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HEALTH EDUCATION: PRACTICE OF HYGIENIZATION OF THE HANDS TO THE ACCOMPANYERS IN THE MATERNITY SERVICE

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ABSTRACT

Introduction Healthcare-related infections are considered a public health problem worldwide, as they cause suffering for the patient and his / her family and raise morbidity and mortality rates, hospital stay time and treatment costs. **Materials and methods:** An exploratory-descriptive study, with a qualitative approach of the type of experience report, performed at the Maternity service of a teaching hospital, in the period of March, 2018. **Results:** The action allows us to reflect on the need to use active methodologies in the process of health education, by fostering greater involvement among all involved and making learning more meaningful. **Discussion:** The prevention and control of hospital infections must be inherent in the care process from the point of view of integrality that materialize in practice and support the sustainable measures capable of transforming care and overall patient safety. **Conclusion:** Thus the multiprofessional team of residents is of paramount importance for the promotion of health education in the various services in the hospital environment, contributing to the clarification of the family members about the correct hand hygiene technique.

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INTRODUCTION

Care-Related Infections (HCRI) are considered a public health problem worldwide, as they cause suffering for the patient and his / her family and raise morbidity and mortality rates, hospital stay time and treatment costs (PRADO; MARAN, 2014). According to WHO (2009), HCRI occurs in all institutions, in different countries, both developed and developing, and affects around 1.4 million patients worldwide. One out of every 20 patients during the hospital stay, represent the type of adverse event resulting from the most frequent care (KINGSTON *et al.*, 2016). Thus, it is evaluated as an unwanted outcome of care, being responsible for high rates of morbidity and mortality, increased resistance of microorganisms to antimicrobials, prolongation of hospitalization time, generate long-term incapacities, high costs for patients and families, deaths and have a large impact on the financial costs of the system (MARRA, 2016). In view of the above, hand hygiene is considered the single most

simple, least costly measure to prevent the spread of health care-related infections. According to the National Agency of Health Surveillance (ANVISA), hands are the main route of transmission of microorganisms during the care provided to patients, since the skin is a possible reservoir of several microorganisms (BRASIL, 2007). However, there is a need to carry out educational intervention measures that propose to disseminate the importance of hand hygiene in hospital settings. In a study by Pittet (2005), the World Alliance for Patient Safety of the World Health Organization (WHO) suggested the first Global Challenge for Patient Safety, which was called "Clean Care is Safer Care". Therefore, one of its main objectives was the improvement of Hand Hygiene practices (HM, in order to prevent infections and promote the safety of patients and professionals. Health education practices cover three segments of priority actors: health professionals who understand the importance of prevention and promotion as well as curative practices; managers who support these professionals; and the population that needs to amplify their knowledge and autonomy in care, individually and collectively (Falkenberg *et al.*, 2014). According to Mallmann, *et al.* (2015), health education is the activity developed by health

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professionals in which it establishes the relationship of dialogue and reflection between professional, client and family, whose objective is to raise awareness about their health and the perception as an active participant in the transformation of life.

MATERIALS AND METHODS

This is an exploratory-descriptive study, with a qualitative approach of the type of experience report, carried out at the Maternity service of a teaching hospital in the municipality of Sobral / CE, in the period of March 2018. At that time, all the attendants were present in the sector. This is a sentinel network hospital belonging to the brotherhood of the Holy House of Mercy. It is a teaching hospital, a regional philanthropic hospital, with 92% of its area dedicated to the Unified Health System (SUS). It currently has 411 beds, being a large hospital, performing a current average of 22 thousand hospitalizations. Its geographic coverage covers the demand of 75 municipalities, with around 1,750,000 inhabitants, being a reference center in health for the entire northern region of Ceará (ALBUQUERQUE, 2012). The Hospital de Ensino is structured in hospital admission units. The study included 105 surgical beds, 86 clinical beds, 31 obstetric beds, 55 pediatric beds, 15 neonatal intensive care units (ICUs), 10 pediatric ICU beds, 22 emergency beds, 9 adult ICU beds and 10 adult ICU beds - emergency block. The institution provides care to SUS patients, private and with health plans (SCMS, 2018).

RESULTS

The activity took place through a circle of conversation with the family members, in which the theme of hand hygiene was discussed. The moment was built in stages, where we initially asked the participants about the knowledge about the procedure of hand hygiene, and then carried out a brief orientation on the following topics: What is hand hygiene? Why to do hand hygiene, how and when to do hand hygiene, followed by demonstration of the correct hand hygiene technique according to ANVISA manual (BRASIL, 2007). As an example, one of the blindfolded participants was asked to carry out the hygienization of the hands with gouache paint and gel alcohol. After the hygienization, it was noticed that the hands were not totally covered by the paint, characterizing the deficiency of the correct technique in hygienizing the hands. Finally one of the facilitators with the dirty hand of talc touched some of the participants to demonstrate through the black light how the process of cross-transmission of microorganisms through the hands occurs. Therefore, it was evidenced from this intervention that the use of inappropriate techniques for hand hygiene does not remove the dirt extensions of the hands, which are often not seen with the naked eye, causing a false impression of hand cleaning.

In this way, the moment allowed us to know the degree of understanding of the participants about the theme. In the first stage, when we questioned them about the hygiene of the hands, we obtained answers that go according to the literature and that makes us think that they understood in a satisfactory degree the theme and its importance. However, when we asked them to demonstrate the way of hand hygiene performed by them daily, we realized that many did not perform the technique correctly, although they affirmed in their speeches to know it. Therefore, it was also evidenced that they had not yet experienced a practical demonstration of hand hygiene. During

demonstration of the technique, there was an active participation of all the participants and many stressed the importance of that moment for the reduction of the crossed transmission and that would modify his routine in the care to his patient. The action allows us to reflect on the need for the use of active methodologies in the health education process, for allowing greater involvement among all involved and making learning more meaningful.

DISCUSSION

The practice of hand hygiene is able to reduce significantly the transmission of microorganisms and consequently the incidence of preventable infections, thus reducing morbidity and mortality in health services (PRATT *et al.*, 2017). The prevention and control of hospital infections are associated with health education practices in the awareness of the companions with regard to harmful behaviors that influence the health of patients and their patients, in order to minimize the risks of cross-contamination. Therefore, the inclusion of caregivers in health education activities reveals the importance and contribution to a better understanding of biosafety practices in the hospital environment (ALVES and PACHECO, 2015). In this sense, the adoption of technological resources is an important tool to support health care in the systematization of care, thus guaranteeing greater resolution, quality of care, accessible communication, and exchange of knowledge and experiences between professionals and users of health care in the shared care process (AZEVEDO *et al.*, 2018). In this way, the prevention and control of hospital infections must be inherent to the process of caring in the perspective of integrality that materialize in the practice and support to the sustainable measures capable of transforming the care and the global security of the patient (SANTOS *et al.* 2015).

Conclusion

In view of what has been experienced, we emphasize the importance of realizing moments that aim at the inclusion of the family member in the care process, considering that this component is the tripod of health education. It is noted that these moments strengthen the bond with the health team, propitiates the exchange of knowledge and enables co-responsibility in care. Thus, the multiprofessional team of residents is extremely important for the promotion of health education in the various services in the hospital environment, contributing to the clarification of the family members about the correct hand hygiene technique, aiming at the importance of the quality of care provided to the patient and mainly contributing to the reduction of hospital infection rates, since it is the relatives who are closest to the patient.

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