

The healthcare environment is a rich source of bacteria, viruses, and fungi. These organisms can be found on surfaces, in the air, and on the skin of patients and staff. Some of the most common pathogens associated with HAI include *Staphylococcus aureus* (MRSA), *Enterococcus faecium* (VRE), *Clostridium difficile*, *Candida albicans*, and *Pseudomonas aeruginosa*. Reducing the risk of HAI requires a multi-pronged approach that includes infection control practices, antimicrobial stewardship, and patient safety. Evidence-based infection control practices are those that are supported by research and have been shown to be effective in reducing the risk of HAI. These practices include hand hygiene, use of personal protective equipment (PPE), and environmental cleaning. Antimicrobial stewardship involves the judicious use of antibiotics to prevent the development of antibiotic resistance. Patient safety involves ensuring that patients are safe from harm during their stay in the hospital.

One of the most important evidence-based infection control practices is hand hygiene. Hand hygiene is the most effective way to prevent the spread of HAI. It involves washing hands with soap and water or using an alcohol-based hand sanitizer. Hand hygiene should be performed before and after patient contact, after touching surfaces, and after using the restroom. The Centers for Disease Control and Prevention (CDC) has developed a "5 Moments for Hand Hygiene" campaign to promote hand hygiene in healthcare settings. The 5 Moments are: before patient contact, before a procedure, after patient contact, after a procedure, and after contact with a patient's environment. Hand hygiene is a simple but powerful intervention that can significantly reduce the risk of HAI.

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- 1. Masie/JA, Risha/e, R, Harjise KB, ef SL, S d'ia DR. R le fe di ve salc sa vi ai a a i k fao f fao i i i f la c i ci se i sa se se c cci ai e s e e e di a medical ve le cae. A. chl se. Med. [https://doi.org/10.1186/1745-2974-7-77](#)
- 2. H a g SS, Da a R, Pla R. Ri k fao i i ga sibi sic se i sa s ba e ia f i i i i i c c a s . A. ch l se. Med. [https://doi.org/10.1186/1745-2974-7-77](#)
- 3. Dee M, S d'ia DR, Schid CH, et al. P i i e di ve salc sa vi ai i i cea e she i k f a o i i i f la c i ci se i sa se se c cci. Cli l feo Di . [https://doi.org/10.1186/1745-2974-7-77](#)
- 4. Cali g PC, Bigg JL, Pe ki J, Highla de D. I i i ed clea i g f aie s i i i ga e sa ge i g h d. Cli l feo Di . [https://doi.org/10.1186/1745-2974-7-77](#)
- 5. Cali g PC, Pa s MF, V Behe e SM, Heahca e E di ve sal H gie e S d G s . I de sif i g i e s e ha ce e di ve sal clea i gi a ac se ca eh al . I feo C s . I H E ide i i l . [https://doi.org/10.1186/1745-2974-7-77](#) . Abs a o . G d'ia ER, Pla R, Ba R, O de d AB, Y k e DS, H a g SS. I i a o fa e di ve sal clea i gi se. Le s i i she se e ce f h icilli se i sa s Sa h l c c c ta se a d la c i ci se i sa se se c cci . fa e i i se i cae. A . I feo C s . I H E ide i i l . [https://doi.org/10.1186/1745-2974-7-77](#)
- 6. E al ai gh gie ic clea i gi heahca e e i g : What s d s k ca ha . i i i aie s . Phil C. Cali g, MD, a d d e M. Basle , MS, MPH, A i I feo C s . I [https://doi.org/10.1186/1745-2974-7-77](#)

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