

# Comparing Pharmacists' Triggers for Hand Hygiene in a Community Pharmacy Pre and Post the COVID19 Pandemic.

Kathryn Matthias, PharmD, BCPS & Nicole Zand, PharmD Candidate

<sup>1</sup>The University of Arizona



Pharmacy



THE UNIVERSITY OF ARIZONA

R. Ken Coit  
College of Pharmacy

## BACKGROUND

- Hand hygiene is one of the most important factors when it comes to preventing the spread of an illness, contracting an illness or even just carrying germs from one origin to another. The World Health Organization (WHO) has identified hand hygiene as the *most important* measure to take to prevent sharing harmful bacteria or viruses, especially in the healthcare setting.
- In the past 2 years almost all healthcare systems have been affected by the COVID 19 pandemic, an easily and highly transmissible respiratory disease. Because community pharmacies handle a high volume of patient interaction (often going from one patient to another with no break), they have a high risk of contracting, and then transmitting diseases to patients unknowingly.
- Previous data in 2018 was collected on triggers on hand hygiene in the community pharmacy setting (triggers consist of anything that prompts pharmacy personnel to seek out hand sanitizing or washing after performing certain tasks) and showed a low incidence of hand washing or rubbing in this population.

## OBJECTIVES

- Understand what triggers hand hygiene in community pharmacists.
- To compare the performance (or the process of seeking) hand hygiene in pharmacy personnel, and to determine if different triggers emerged before and during the COVID 19 pandemic.

## METHODS

- This study will be utilizing an analytical design approach, in order to compare past results to results collected during this investigation.
- The design will also be observational, as data collection from questionnaires will be the primary source of information collected.
- This study will mainly be prospective, as new information will be collected but will use past information collected by a previous study of similar design.

Subjects included in the study for 2023.  
N = 158

Exclusion :

- Pharmacists who did not work in the community pharmacy setting
- Did not work during the COVID 19 pandemic
- No contact with the public
- Younger than 18 years old
- N = 61

Subjects who were eligible for the study  
N = 97

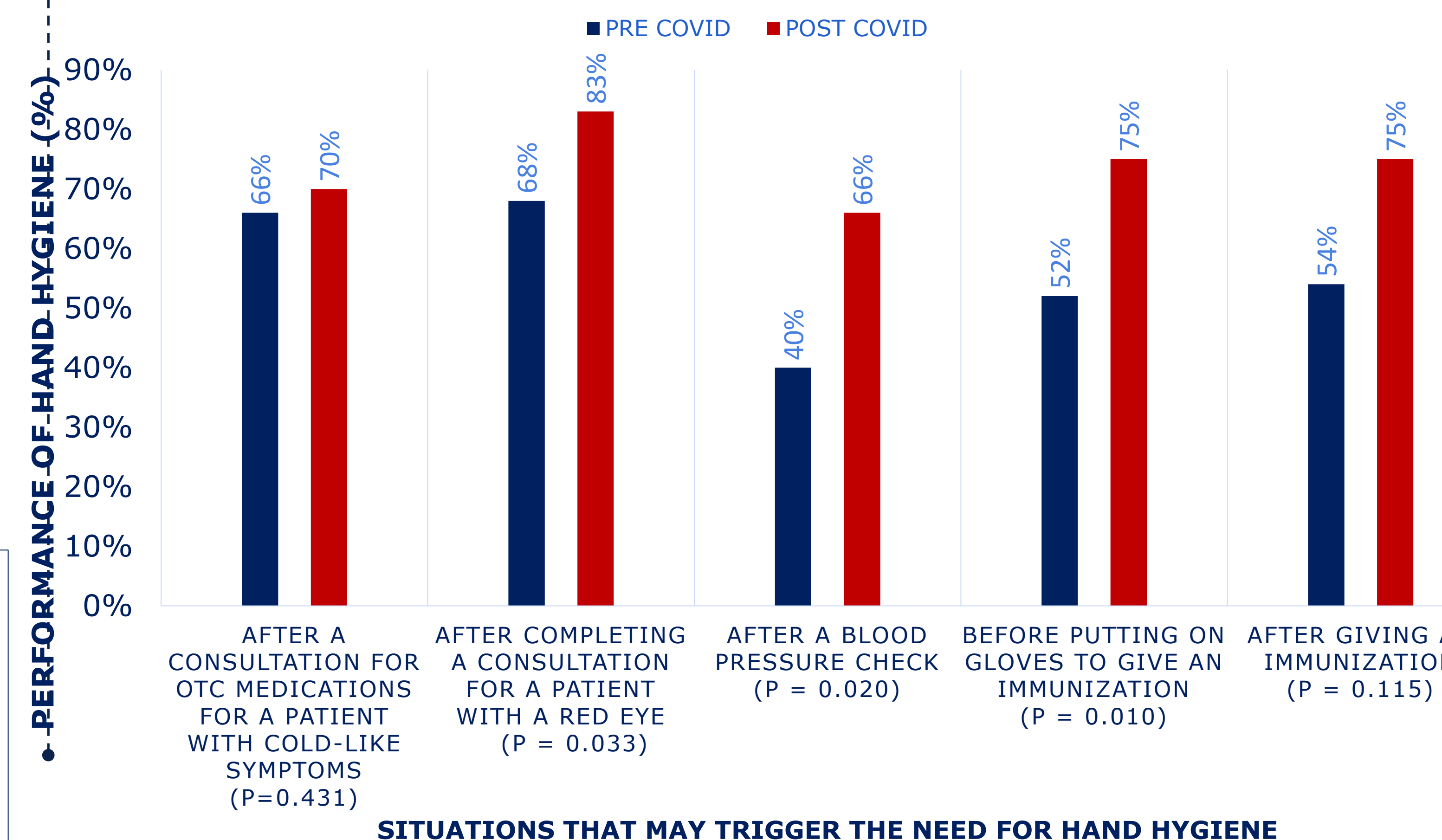
## RESULTS

- Total of 152 participants completed the 2023 survey (compared to 105 of the pre-COVID questionnaire administered in 2018).
- Of this, a total of 98/158 identified as working in the community setting (again compared to 61/105 in the previous survey).
- When comparing the two populations to each other there was not a significant difference in the performance of hand hygiene in any situations included in the questionnaire.

**TABLE 1: PERFORMANCE OF DIFFERENT METHODS OF HAND HYGIENE IN POST COVID 19 COMMUNITY PHARMACISTS.**

Situation	Wash with soap/water [N(%)]	Use alcohol-based hand sanitizer [N(%)]	Normally no hand hygiene [N(%)]	Other [N(%)]
After completing a consultation for a patient with a red eye	30 (40%)	26 (34.7%)	9 (12%)	12 (13.4%)
After a blood pressure check	14 (18.2%)	32 (41.6%)	10 (13%)	21 (27.3%)
After a consultation for over-the-counter medications for a patient with cold-like symptoms (e.g., coughing, sneezing, etc.)	17 (22.4%)	28 (36.8%)	16 (21.1%)	15 (19.8%)
After giving an immunization	23 (29.9%)	23 (29.9%)	14 (18.2%)	17 (22.1%)
Before putting on gloves to give an immunization	20 (26%)	29 (37.7%)	10 (13%)	18 (23.4%)
After shaking hands with anyone.	24 (31.2%)	31 (40.3%)	9 (11.7%)	13 (16.9%)

**FIGURE 1: COMPARISON OF HAND HYGIENE IN PRE AND POST COVID 19 PHARMACISTS**



## DISCUSSION

- Common triggers identified by the participants in both studies included: coming into contact with sick or ill looking patients, touching something that a patient has touched, using the register or restroom, giving an immunization, or touching a visibly sick or ill patient.
- While these are desirable triggers can be identified by our community pharmacists, proper performance is still lacking especially after the COVID 19 pandemic as none of the situations had a significant increase based on the resulted data.
- Per the CDC, any health-care worker should be concerned and able to perform correct hand hygiene and at the right time.
- When compared with the data collected in 2018, there was a slight increase using some sort of hand hygiene, but the numbers for no hand hygiene stayed relatively the same and no significance (P < 0.001) was observed at this time.
- Some reasons for this could be due to covid exhaustion, since this survey was given in 2023, many have either gotten sick or no longer consider the consequences of improper hand hygiene that were seen during peak pandemic times.
- Additionally, although there were an anticipated 500 responses to be collected, only 158 finished the survey given which is a limitation to this study.

## CONCLUSIONS

- Other factors may play into the performance of completing appropriate hand hygiene, especially in the community setting that can be attributed to lack of breaks, understaffing, and lack of access to cleansing products.
- Although this survey was administered after the pandemic was over, it should still serve as a reminder that hand hygiene is not only to be used during flu seasons and periods of high transmissions, but as an every day safe practice to protect other patients and staff members.

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