



ese professionals had a mean experience of 7.04 years with a wider range of 1 year to 40 years. 144 (56.5) respondents had experience <5 years and 94 (65.3) belong to the age <30 years.

From table 1, rst 6 responses reveal that 70 (27.5) had participated

**Citation:** Sharma SS, Saravanan C, Sathyabama V, Sharma A, Parameaswari PJ, et al. (2012) Hand Hygiene Practice–Perception and Performance.

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over the years. Boyce [14] in his review has highlighted successful methods used to improve compliance, such as electronic monitoring systems, electronic motion sensing audible warning system [15] along with other time tested methods such as multimodal interventions, data feedback, active infection control surveillance teams to improve competence and compliance in routinely doing HHP in clinical practice.

## Conclusion

Dental and medical professionals are currently facing a daunting task of identifying and treating a myriad range of disease conditions caused by the so called superbugs and bugs resistant to conventional anti-microbial therapy. The onus is now on us to revisit our basics of infection control procedures to evaluate, introspect and implement effective measures to control and overcome the challenges we face in effective infection control measures.

Dental teachers are tasked with teaching and training future dentists in best practices of infection control. Currently there are lacuna in competence (awareness and training) and compliance (performance and monitoring) of HHP among healthcare workers in general and teaching faculty in particular.

There is an urgent need among stakeholders (teachers, practitioners, professional association bodies (Indian Dental Association), monitoring agencies (Dental Council of India) and the Ministry of Health and Family Welfare, Government of India, to draft and implement national guidelines for infection control measures that include:

1. Structured multi-modal hands-on education programs that are on similar lines to programs recommended world-wide.
2. Set up monitoring agencies at the national, state and hospital levels, that are mandated to monitor audit, review and recommend best practices from time to time
3. Motivate and monitor the implementation and performance of these guidelines at all points of contact with patients by encouraging all participants to constantly revisit, renew their accreditation to practice using the continuous credit based, certified learning programs conducted at various levels at a minimum interval of six months.
4. Encourage all practitioners to commit themselves to practice the guidelines at all times through multi-modal approach (posters, hand-outs, videos, short communications) in various scientific forums.
5. Ensure appropriate materials (alcohol based hand rub solutions, single use alcohol based medicated anti-microbial tissue wipes) be present at all points of contact in a hospital environment and encourage newer technologies (electronic, audio based monitors) that act as performance indicators.
6. This will help us to implement the WHO Guidelines [10,16] in letter and spirit (epitomized by the slogan “Clean Hands, Save Lives”), in the best interests of quality patient care.

## Acknowledgement

The authors wish to express their sincere thanks to the following CRI doctors, Dr. Sriram, Dr. Rahul K, Dr. Rahul Aggarwal, Dr. SahirAlam, Dr. Shashank (Compulsory Rotatory Interns) who have helped in visiting all the dental colleges, made multiple attempts to meet and collect data from many faculty to include in the study and collating the survey forms and in compiling the data.

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