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IFH/RSPH study show that developing better understanding of hygiene is key to public hygiene behaviour change.



During the pandemic, the public were encouraged to “wash their hands frequently”. A public poll shows that, although the public fully understood the importance of hand hygiene, they were unclear about when they needed to do this to protect against COVID infection.

This is a finding of a [public poll published this month in Perspectives in Public Health](#) carried out by RSPH

in collaboration with IFH to explore public understanding of hygiene and make recommendations for more effective communication of hygiene, based on learnings from the COVID pandemic. The online poll was conducted with a sample of 1730 adults from England aged 18+ between 12-14 April 2022.

The poll highlighted that the idea that we are suffering from “hygiene fatigue” is unfounded. Ongoing public concern about hygiene and its importance is indicated by the fact that 70% agreed 'I believe getting people to change behaviour to prevent spread of infectious diseases is as important as changing behaviours to prevent climate change’. In all:

- 78-83% of people agreed “COVID has shown me why practising good hygiene in my own home is important to protect against infectious diseases”.
- 77-84% agreed “I have made a big effort during the pandemic to follow government advice and practise good hygiene in my home and intend to continue to do this”.
- Only 15% agreed 'I am fed up with being asked to practise hygiene all the time, I think it's a waste of time.

Whilst this is encouraging, what concerns IFH, is that public hygiene guidance focuses on the *importance* of practices such as frequent handwashing or cleaning and disinfection of surfaces or mask wearing but, critically, pays little attention to *when* this is needed, or that it needs to be applied simultaneously with other actions.

When asked to identify key times for handwashing to prevent spread of COVID, most people (86%–90%) identified ‘after coughing, sneezing etc., before eating food with fingers, after touching contact

surfaces and when returning home’, but a similar number also identified using the toilet, food handling and pet handling, despite the fact that government advice did not identify these as risk actions for COVID-19. This suggests they were unable to use their knowledge of how the virus spreads to make informed decisions about when to practice hygiene. When asked how they thought they became infected with COVID-19, 31% incorrectly said that it could infect by penetrating through the skin of their hands!

The poll also showed the public still hold the conviction that deep cleaning gives added protection, leading them to practise additional cleaning and disinfection in situations where there is little benefit. Without guidance on “when” to practice hygiene, 49% of the public said that, since the onset of the pandemic they had started to use an antibacterial cleaner when cleaning their home, and 57% said that homes should be “deep cleaned” after someone in their home had been infected.



[IFH and RSPH are calling for a fundamental rethink on how we](#)

[communicate hygiene to the public](#)".

To meet the need for clearer guidance, the IFH has developed a [practical resource](#) which shows how, at **moments** when there is risk of spread of infection, hand hygiene works together with other

practices such as surface or air hygiene to minimize risk. This is called Targeted Hygiene because it enables us to focus our actions when, where and how they have maximum effect. We believe that the key challenge is to communicate hygiene in a simple visual way that can be understood and remembered – by setting it out in the way we experience it in our daily lives:

- firstly knowing the moments “WHEN” to act e.g after using the toilet etc,
- secondly “WHERE” to act e.g hands, food contact surfaces etc.
- and finally, HOW to practise hygiene actions e.g Cleaning, disinfectant usage, wearing masks etc.

The public also need to understand that, although some practices may be less effective than others, they work together to minimise population spread of infection. Constant debate about the relative importance of masks and handwashing, during the pandemic encouraged the belief that, if one practice was shown to be less effective than others, it should be abandoned. With ongoing arguments about masks, it will take years to restore public confidence in mask wearing.

For the foreseeable future, public hygiene behaviour will play a key role not only in tackling future epidemics or pandemics, but also food security, shielding vulnerable groups and, importantly, tackling AMR. This requires the public to practice not only respiratory hygiene but also practices related to food handling, using the toilet, caring for domestic animals, laundering clothing etc.

We don't need more hygiene; we need more effective hygiene. Targeted Hygiene is not only effective, it's less time consuming and consumes less resources like energy, water and detergents. It also works to ensure that disinfectant products are only used when needed for management of risk moments.

[IFH responds to government COVID-19 enquiries on what we need to learn from the pandemic](#)

Since 2020, UK government, prompted by the pandemic, has launched a number of national enquiries aimed at learning the lessons from COVID, including developing home and everyday life (HEDL) hygiene to meet future needs. IFH has made submissions to these enquiries, advocating for fundamental re-evaluation of hygiene in home and everyday life. These represent the view of IFH, based on consensus white papers published in [2018](#) and [2021](#), and a 2023 review/briefing document by [IFH](#) and the [Royal Society for Public Health](#) (RSPH).

A [summary](#) of these submissions is available from the IFH website which looks at shortcomings of strategies adopted during the COVID-19 pandemic, discusses why developing public hygiene behaviour is vital in the post-COVID era, and sets out recommendations for change:

- **What should we learn from the COVID-19 pandemic?**

In the event of an epidemic or pandemic, hygiene in our homes and everyday lives (HEDL) is a vital first line defence to mitigate spread before other measures become available. Whilst the speed with which the COVID-19 spread was unprecedented, it highlighted lack of preparedness when it came to public behaviour.

- **Why developing public hygiene resilience is vital in the post COVID era**

[The need to strengthen hygiene resilience has been recognized internationally](#). In 2021 UK Government published a vision for a [National Health Resilience Strategy](#) affirming the need for a “whole-of-society approach” to make us better able to adapt to uncertainty and adversity, including

threats posed by disease outbreaks, and tackling antimicrobial resistance (AMR). The reasons why effective public hygiene behaviour is important have been clear for some time, but were further highlighted by the COVID pandemic:

- **Public hygiene behaviour policies must be based on Microbial Risk Management**

Whilst clinical trials are considered the gold standard for validating medical treatments, COVID-19 highlighted why they are inappropriate for validating public health policies, where risk is correlated with probability of pathogen exposure. Since the 1950s risk management has been the accepted method for microbial quality control of foods, pharmaceuticals, etc. Since 1997, IFH has been adapting this approach for developing [hygiene policy for home and everyday life settings in public places](#).

An issue, highlighted by the pandemic, is the importance of public hygiene behaviour in public spaces. Facility managers in public spaces can only do so much. Preventing spread of infections in public areas must be a shared responsibility. To this end the [Targeted Hygiene/moments approach](#) is being developed by the [Cleaning and Hygiene Industry](#) as a way to develop effective hygiene behaviour in public areas such as in hospitals.

- **Behaviour changes depend on communicating hygiene in a manner which builds understanding and dispels current myths and misunderstandings.**

The 2022 IFH/RSPH poll showed that, although public willingness to practice hygiene is strong, misunderstandings/myths around hygiene (including about [“being too clean”](#)) are undermining efforts to promote behaviour change. The need is not for more hygiene guidance, but more effective guidance.

- **Recommendations for change which provide a framework for workable solutions.**

Based on the evidence outlined above, IFH identifies three key issues that must be addressed to develop public hygiene behaviour that meets ongoing needs, overcomes barriers to change, and develops public hygiene resilience:

1. The separate aspects of hygiene (pandemic preparedness, food safety, healthcare, AMR) must be unified and developed under a leadership team with power and investment to drive change and ensures that hygiene is communicated from the point of view of the public and how they practice hygiene in their daily lives.
2. Strategies for public hygiene behaviour must be based on Microbial Risk Management which focuses on reducing population exposure to harmful microbes to an acceptable level.

Targeted Hygiene not only provides a means to deliver effective hygiene, but also more sustainable use of resources such as heat, water, soap, detergents and biocides.

3. Getting behaviour change and developing hygiene resilience depends on communicating hygiene in a manner which builds understanding and dispels long-held myths and misunderstandings.

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International Scientific Forum on Home Hygiene
Old Dairy Cottage
Woodhouse Lane
Montacute, Somerset TA15 6XL
United Kingdom

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