

SINGLE USE MEDICAL ITEMS

WEBINAR CLIMAT ACTION ACCELERATOR

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AGENDA

- Wear With Care Campaign on reduction of glove consumption
- Reusable fabric masks
- Rethinking Single Use Medical Items

#WearWithCare

CAMPAIGN





**STAFF DON'T ALWAYS NEED TO WEAR
GLOVES WHEN DELIVERING CARE**

IT IS SAFER TO WEAR GLOVES ONLY WHEN
NECESSARY

USING FEWER EXAMINATION GLOVES IS BETTER
FOR STAFF, PATIENTS, AND THE ENVIRONMENT.

PLEASE FEEL FREE TO TALK TO US IF YOU HAVE ANY
QUESTIONS

#WearWithCare

OBJECTIVES

➤ Objectives of Wear With Care campaign

- Rationalising glove consumption to improve compliance with standard precautions and minimise the environmental impact of glove use.
- Lower the risk of healthcare-associated infections

➤ Objective of the pilot campaign

- Developing a methodology to replicate the campaign in other contexts

PILOT METHODOLOGY (1)

➤ Target audience:

- Medical staff (e.g., nurses, physicians, midwives, etc.)
- Non-medical staff (e.g., receptionists, drivers, security guards, etc.)
- Facility staff (e.g., cleaners, hygienists, laundry staff, etc.)

➤ Campaign Manager for 9 months

➤ Communication campaign: official kick-off presentation and posters

➤ Trainings and refresher courses



PILOT METHODOLOGY (2)

➤ Data collection methods:

- **Surveys:** to assess knowledge and attitude about best practices regarding hand hygiene and glove use.
- **Onsite audits** to observe participant's behaviour.
- **Feedback** when intervention was necessary due to violating standard precautions and quality of care.
- **Network of champions** to gather insights and suggestions on rationalising glove use through consultations.

➤ Monitoring and evaluation

- **Qualitative indicator:** improvement in the results of the surveys and audits.
- **Quantitative indicator:** glove consumption per consultation in the participating wards.

KEY FINDINGS & RESULTS

- ✓ Staff members have **good knowledge around good practices regarding glove use**
- ✓ **Compliance with SOPs increased** throughout the campaign.
- ✓ **Main barriers to change: habits, fear of infection** and mistrust in SOPs.
- ✓ **Pivotal role of the campaign manager** in inducing behavior change caused by the fact of being observed as well as in tailoring the communication messages and identifying trainings needs.
- ✓ **Overall reduction of 40% in gloves use** per patient consultation.
- ✓ **Estimated savings** over a 12 months period: CHF 3'000, 360 kg less waste produced, 1.5 tons less of CO2 for gloves production.

REUSABLE FABRIC MASKS



MEDECINS SANS FRONTIERES
8 RUE SAINT-SABIN - 75011 PARIS - TEL (1) 40 21 29 29
MINITEL : 3615 MSF / CCP 4060 U PARIS

PRODUCT DESCRIPTION

- Reusable type IIR cloth masks commercialized by Revolution Zero
- Washable up to 40 times at 60°C minimum
- 8 times less waste
- End of life management: used masks can be easily sown together and upcycled or repurposed.
- Price: the reusable mask is the cheapest option if we consider strictly the price per use.



PILOT

➤ Objectives:

1. Compare currently used single-use masks and reusable masks in terms of:
 - a. Environmental impact over the entire life cycle
 - b. Comfort and suitability for medical staff
2. Determine whether reusable masks can work logistically in different MSF settings, considering aspects such as collection and distribution, washing, drying, and effectively tracking the number of washes.

➤ **Locations** : Mozambique (MZ) & Kyrgyzstan (KG) = total of 70 staff members

➤ Data collection method

- Comparative Life Cycle Assessments (LCA) based on assumptions for MSF.
- User Experience Surveys: baseline, mid and end pilot surveys
- Monitoring of logistical aspects: mainly through direct observations by a focal point

KEY FINDINGS

➤ **Comparative LCA Results. Reusable mask**

- Outperforms single-use mask in terms of environmental impacts, except for “Freshwater Consumption”.
- Generates only a third of the emissions compared with single-use masks (= “Climate Change” impact)

➤ **User Experience Feedback:**

- Staff members expressed a slightly more positive experience with reusable masks.
- Main advantages: perceived increase in safety, reduced need for mask adjustment during wear.

➤ **Logistical aspects**

- Personal use vs Multiple users
- Central washing vs Home washing
- Tracking system with bars

➤ Higher trust in the new product lies with an **official presentation**



CHALLENGES IN SCALING UP IMPLEMENTATION

- **Tracking system:** with bars not appropriate in many settings.
- **MSF mask use indications:**
 - Outside outbreaks situations, there are very few indications for mask use (highly aseptic techniques, after risk assessment).
 - Reusable masks are not suitable for isolation setups.

PROJECT ON RETHINKING SINGLE USE MEDICAL ITEMS



PROJECT OBJECTIVES



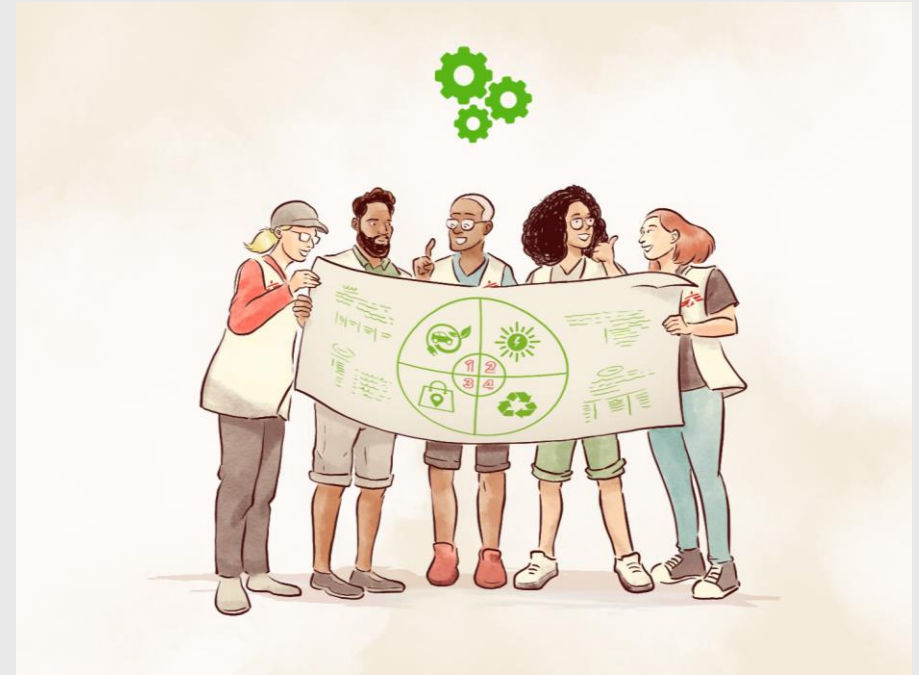
Reduce the environmental impact of single-use medical items and their packaging



By orienting procurement towards more sustainable products and improving rational use

PROJECT JUSTIFICATION

- What items are most problematic in terms of environmental impact?
- Methodologies such as the Life Cycle Assessment not feasible because too expensive and time consuming



Where to start ?

DELIVERABLES



A framework



Key priority items in terms of environmental impacts & mitigation efforts

Focus on medical devices + intravenous devices

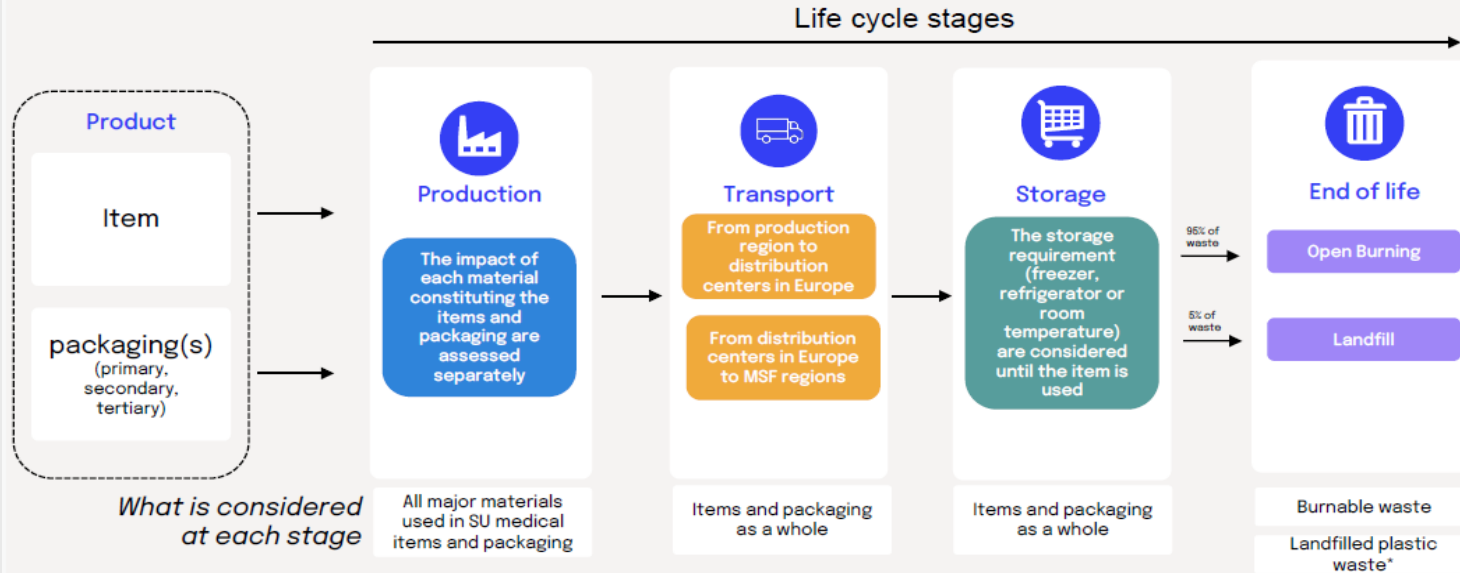


Concrete mitigation measures

ANALYTICAL FRAMEWORK (1)

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A life-cycle assessment approach



*it is assumed that other landfilled waste does not have short-term impact as Plastic waste does

ANALYTICAL FRAMEWORK (2)

Three indicators

The analytical framework is articulated around three indicators of sustainability:

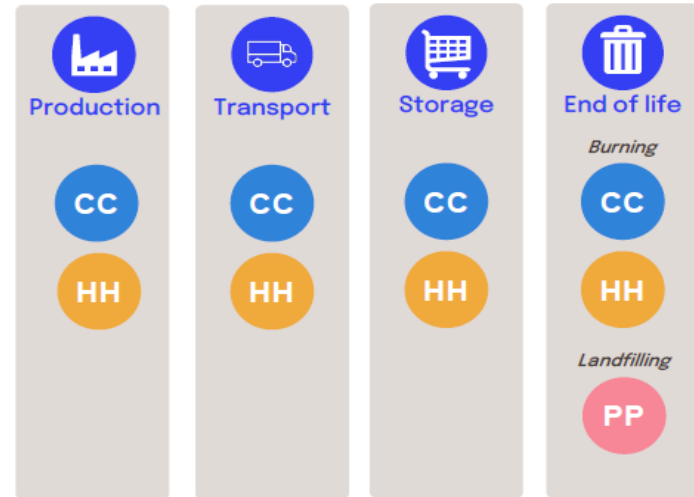
CC **Climate Change**
GHG emissions released during all life cycle stages.

HH **Human Health**
Adverse effect on health occurring during all life cycle stages. For example, ashes, particles and burnt chloride can result in occupational hazard.

PP **Plastic Pollution**
Micro and macro Plastics leak in land and waterways when plastic waste is mismanaged (e.g. littered, unsanitary landfill).

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Overview of indicators across the life-cycle stages



PRIORITISATION TOOL

1. Reduced list of 75 items

2. Data collection on materials and weight constituting the product and packaging

3. Hotspotting result:

✓ Top 20 items for MSF

✓ Next steps > mitigation measures

1 - Collecting data for single use medical items

MSF CODE: ...

LEGEND

Item	Label English	MSF Code	Component of the item and its packaging
1	HELIOPROTECTA	BUBBLEON	..
2	MSF gauze	BUBBLEON	..
3	MSF gauze	BUBBLEON	..
4	MSF gauze	CLAMNET1	..
5	SLICE	MANGOLDIA	..
6	SLICE	MANGOLDIA	..
7	SLICE	MANGOLDIA	..
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75	SLICE	MANGOLDIA	..

2 - Identifying hotspots

Ranking Threshold: 1000000

Ranking	Label English	Procurement quantity 2019	Total mass per item	Contribution to the total weight per item	Ranking	Ranking
1	SLICE	1803200	1803200	100%	1	1
2	SLICE EXAMINATION/SLICE	501600	501600	28%	2	2
3	ISOLATION GOWN	629700	629700	35%	3	3
4	MALARA HP 2 TEST	170000	170000	10%	4	4
5	MALARA BACTA-PAN TEST	170000	170000	10%	5	5
6	MICROQUANTE	203400	203400	11%	6	6
7	SAFETY GLOVES	1803200	1803200	100%	7	7
8	STRIP Quicometer	203500	203500	11%	8	8
9	MSF GLOVES (paquet)	203500	203500	11%	9	9
10	MSF HP 2 Rapid Test	629700	629700	35%	10	10
11	COVERALL	140700	140700	8%	11	11
12	MSF HP 10 TEST	203500	203500	11%	12	12
13	COMPRESS GAZE 10 cm	1001600	1001600	56%	13	13
14	STERILISED DRESSING	629700	629700	35%	14	14
15	SYRINGE TEST	629700	629700	35%	15	15
16	INFUSION SET Y	629700	629700	35%	16	16
17	MSF COU 2 Rapid Test	629700	629700	35%	17	17
18	MSF HP 2 Rapid Test	629700	629700	35%	18	18
19	MSF HP 2 Rapid Test	629700	629700	35%	19	19
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72	MSF HP 2 Rapid Test	629700	629700	35%	72	72
73	MSF HP 2 Rapid Test	629700	629700	35%	73	73
74	MSF HP 2 Rapid Test	629700	629700	35%	74	74
75	MSF HP 2 Rapid Test	629700	629700	35%	75	75



THANK YOU