

World Hand Hygiene Day 2025

May 2025

Prof. Benedetta Allegranzi

Director, Department of Communicable Diseases
Global Lead for Infection Prevention and Control,
World Health Organization, Eastern Mediterranean Regional Office

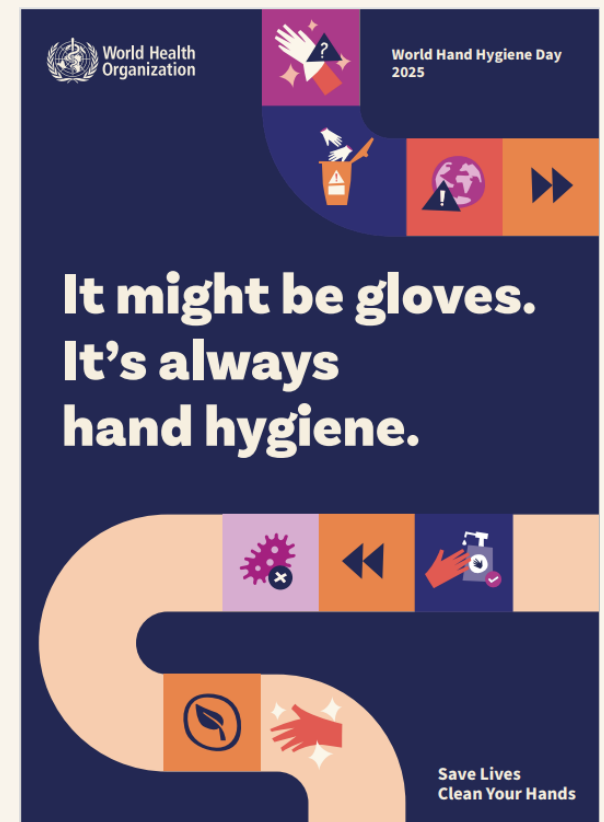
Miranda Deeves

Infection Prevention and Control Technical Officer
World Health Organization, Geneva

Hosted by Paul Webber

paul@webbertraining.com

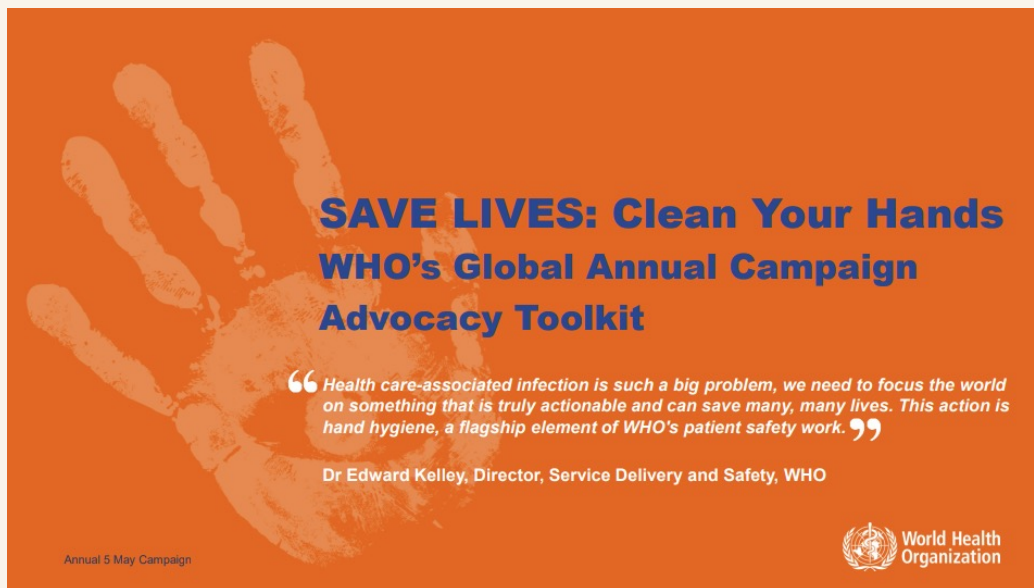
www.webbertraining.com



May 5, 2025

Annual 5 May Advocacy Toolkit

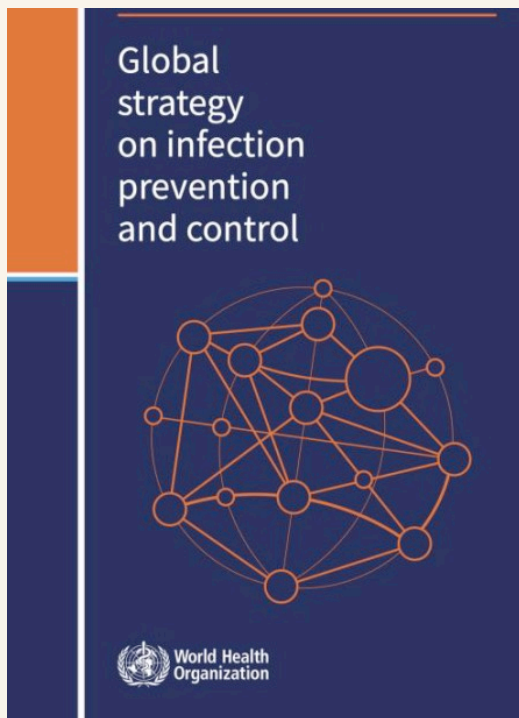
SAVE LIVES: Clean Your Hands WHO's Global Annual Campaign Advocacy Toolkit



This toolkit is aimed at all health care workers who plan to undertake hand hygiene campaign activities on or around 5 May every year. It provides a framework for advocacy, as well as guidance on how to develop campaign materials at the local level.

<https://www.who.int/publications/m/item/annual-5-may-advocacy-toolkit>

SD #3: Advocacy and communications



<https://www.who.int/publications/i/item/9789240080515>

Eight strategic directions provide the overall guiding framework for country actions to implement the GSIPC



2025 Campaign objectives



- **Promote optimal hand hygiene practices** (using the appropriate technique and according to the WHO 5 Moments) and the times for **appropriate glove use** within the health care workflow.
- **Promote inclusion of hand hygiene within national IPC strategies**, as well as **standard operating procedures (SOPs) at facility level**, according to the recommendations of the WHO global action plan and monitoring framework 2024-2030.
- **Raise awareness of the environmental and climate impact of gloves** on waste generation and management, especially when used unnecessarily.

<https://www.who.int/campaigns/world-hand-hygiene-day/2025>

Target audience messages

Health and care workers



Practice hand hygiene as per the WHO 5 Moments and use gloves appropriately.

- Follow guidance on when and how to clean your hands and when to use gloves.
- Understand that gloves do not replace the need for hand hygiene.
- Be aware of how glove waste impacts overall waste management and the environment/climate change.

World Hand Hygiene Day 2025



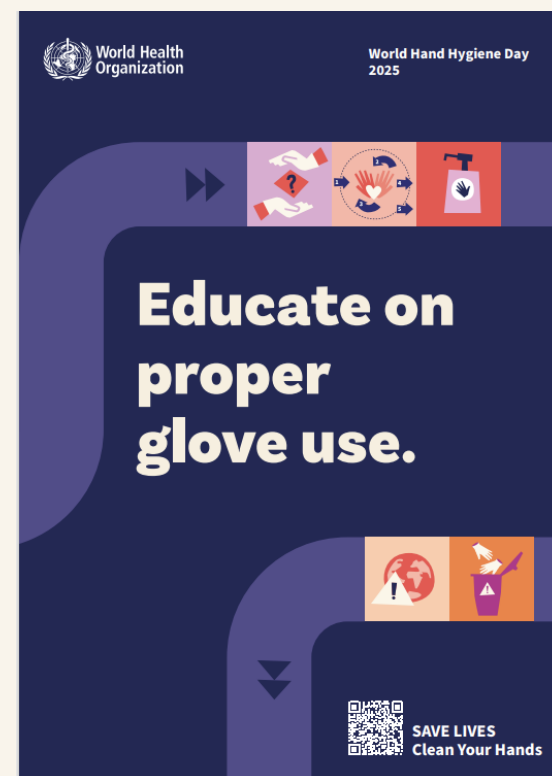
Target audience messages

IPC professionals

Educate health and care workers and managers/leaders on the appropriate use of gloves, as well as the WHO 5 Moments for hand hygiene.

- Support others to learn about when and how to perform hand hygiene.
- Promote the importance of access to hand hygiene products at point of care and toilets.
- Support others to learn about when to use gloves.
- Seek input from health and care workers about access to hand hygiene products and availability of gloves.

[World Hand Hygiene Day 2025](#)

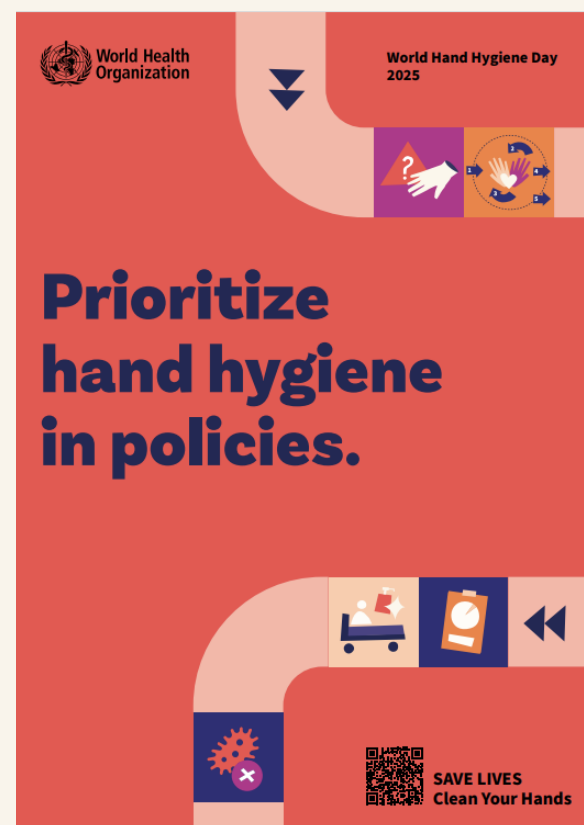


Managers and leaders

- Follow the recommendations of the WHO global action plan and monitoring framework 2024-2030.
- Support universal access to hand hygiene products at the point of care and toilets.
- Establish hand hygiene compliance monitoring and feedback as a national indicator.
- Save costs and reliance on supply chains by using gloves only when appropriate.



**World Health
Organization**



Target audience messages

People who access care

Be aware of the correct times for your care provider to clean their hands and to wear gloves.

- Be aware that gloves are not a replacement for hand hygiene.
- Be aware of how glove waste impacts overall waste generation and the environment/climate change.

World Hand Hygiene Day 2025



Social media tiles

Germs can get through gloves due to:

Material quality

Tears and holes

Activity

Clean your hands.

World Health Organization

Wearing gloves doesn't replace hand hygiene.

Clean hands before a task requiring gloves, and upon removal.

World Health Organization

Environmental impact

Used medical gloves are treated as infectious waste.

Excessive medical glove use impacts the environment.

Save lives and the environment: clean your hands.

Myth:

Medical gloves can be worn indefinitely between tasks and patients.

Fact:

Medical gloves are designed for single use.

Not changing gloves and cleaning hands after body fluid exposure can lead to cross contamination and potentially to infection.

World Health Organization



Exploring misuse and overuse of gloves



- Use of medical gloves does not replace the need for hand hygiene
- There are specific times when medical gloves are required
- Change medical gloves when they become contaminated while providing care
- Disposable medical gloves are single-use and single-patient-use

Existing resources:

• [WHO HH and gloves leaflet](#)

• All 5 Moments resources <https://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene/training-tools>

When to use medical gloves

Medical gloves are recommended to be worn for two main reasons:

1. To reduce the risk of contamination of health-care workers hands with blood and other body fluids.
2. To reduce the risk of germ dissemination to the environment and of transmission from the health-care worker to the patient and vice versa, as well as from one patient to another.

Gloves should be used during all patient-care activities that may involve exposure to blood and all other body fluid (including contact with mucous membrane and non-intact skin), during contact precautions and outbreak situations.

1. [WHO guidelines on hand hygiene in health care](#)
2. [glove-use-information-leaflet.pdf](#)



World Health
Organization

Patient Safety
A World Alliance for Safer Health Care

WHO Guidelines on Hand Hygiene in Health Care

First Global Patient Safety Challenge
Clean Care is Safer Care



World Health
Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

Glove Use Information Leaflet

Outline of the evidence and considerations on medical glove use to prevent germ transmission

Definitions

Medical gloves are defined as disposable gloves used during medical procedures; they include:

1. Examination gloves (non sterile or sterile)
2. Surgical gloves that have specific characteristics of thickness, elasticity and strength and are sterile
3. Chemotherapy gloves – these gloves are not addressed within this document

The impact of wearing gloves on adherence to hand hygiene policies has not been definitively established, since published studies have yielded contradictory results. However, the recommendation to wear gloves during an entire episode of care for a patient who requires contact precautions, without considering indications for their removal, such as an indication for hand hygiene, could actually lead to the transmission of germs.

Key learning point: prolonged use of gloves for contact precautions in the absence of considering the need to perform hand hygiene can result in the transmission of germs.

Glove use and the need for hand hygiene:

- When an indication for hand hygiene precedes a contact that also requires glove usage, hand rubbing or hand washing should be performed **before donning gloves**.
- When an indication for hand hygiene follows a contact that has required gloves, hand rubbing or hand washing should occur **after removing gloves**.
- When an indication for hand hygiene applies while the health-care worker is wearing gloves, then gloves should be **removed** to

Rationale for using medical gloves:


Medical gloves are recommended to be worn for two main reasons:

1. To reduce the risk of contamination of health-care workers hands with blood and other body fluids.
2. To reduce the risk of germ dissemination to the environment and of transmission from the health-care worker to the patient and

Glove use and hand hygiene

- When an indication for hand hygiene precedes a contact that also requires glove usage, hand rubbing or hand washing should be performed before donning gloves.
- When an indication for hand hygiene follows a contact that has required gloves, hand rubbing or hand washing should occur after removing gloves.
- When an indication for hand hygiene applies while the health-care worker is wearing gloves, then gloves should be removed to perform handrubbing or handwashing.


1. [WHO guidelines on hand hygiene in health care](#)
2. [glove-use-information-leaflet.pdf](#)


**World Health Organization**

Patient Safety
A World Alliance for Safer Health Care

**WHO Guidelines
on Hand Hygiene in Health Care**

First Global Patient Safety Challenge
Clean Care is Safer Care



**World Health Organization**

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

Glove Use Information Leaflet

Outline of the evidence and considerations on medical glove use to prevent germ transmission

Definitions
Medical gloves are defined as disposable gloves used during medical procedures; they include:

1. Examination gloves (non sterile or sterile)
2. Surgical gloves that have specific characteristics of thickness, elasticity and strength and are sterile
3. Chemotherapy gloves – these gloves are not addressed within this document

The impact of wearing gloves on adherence to hand hygiene policies has not been definitively established, since published studies have yielded contradictory results. However, the recommendation to wear gloves during an entire episode of care for a patient who requires contact precautions, without considering indications for their removal, such as an indication for hand hygiene, could actually lead to the transmission of germs.

Key learning point: prolonged use of gloves for contact precautions in the absence of considering the need to perform hand hygiene can result in the transmission of germs.

Glove use and the need for hand hygiene:

- When an indication for hand hygiene precedes a contact that also requires glove usage, hand rubbing or hand washing should be performed **before donning gloves**.
- When an indication for hand hygiene follows a contact that has required gloves, hand rubbing or hand washing should occur **after removing gloves**.
- When an indication for hand hygiene applies while the health-care worker is wearing gloves, then gloves should be **removed** to

Rationale for using medical gloves:

Medical gloves are recommended to be worn for two main reasons:

1. To reduce the risk of contamination of health-care workers hands with blood and other body fluids.
2. To reduce the risk of germ dissemination to the environment and of transmission from the health-care worker to the patient and

SYSTEMATIC REVIEWS

Glove utilization in the prevention of cross transmission: a systematic review

Picheansathian, Wilawan; Chotibang, Jutamas

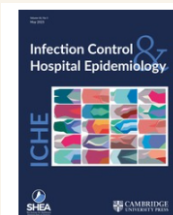
Author Information 

JBI Database of Systematic Reviews and Implementation Reports 13(4):p 188-230, April 2015.



- gloving can reduce acquisition of microorganisms on the hands.
- gloving does not completely prevent contamination of the hands.
- Compliance with glove use among healthcare workers is poor.
- Gloves were also overused and often misused.
- Inappropriate glove use can increase the risk of cross transmission via contaminated gloved hands.

Adherence to the “five moments” concept of the WHO has been found to be lower when gloves are worn



“The Dirty Hand in the Latex Glove”: A Study of Hand Hygiene Compliance When Gloves Are Worn

Published online by Cambridge University Press: 02 January 2015

Christopher Fuller, Joanne Savage, Sarah Besser, Andrew Hayward, Barry Cookson, Ben Cooper and Sheldon Stone

Show author

Gloves are often worn when not indicated and vice versa. The rate of compliance with hand hygiene was significantly lower when gloves were worn. Hand hygiene campaigns should consider placing greater emphasis on the World Health Organization indications for gloving and associated hand hygiene.



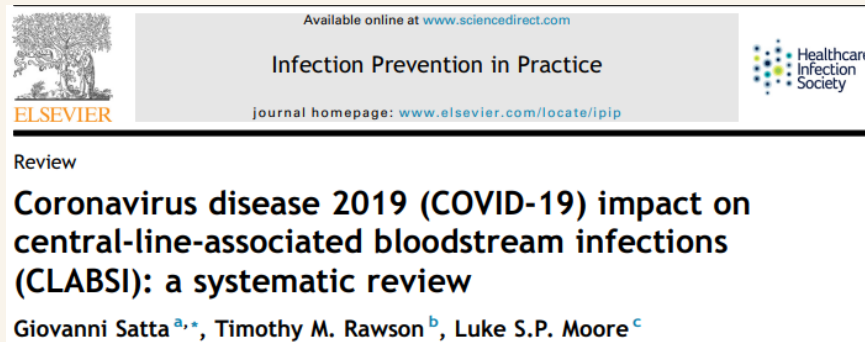
Major article

Improved hand hygiene compliance after eliminating mandatory glove use from contact precautions—Is less more?

Alexia Cusini MD^{a,*}, Doris Nydegger RN^a, Tanja Kaspar RN, MPH^a, Alexander Schweiger MD^a, Rolf Kuhn PhD^{a,b}, Jonas Marschall MD^a

Eliminating mandatory glove use in the care of patients on contact precautions increased HH compliance in our institution, particularly before invasive procedures and before patient contacts. Further studies on the effect on pathogen transmission are needed before revisiting the current official guidelines on the topic.

Fuller C et al. Infect Control Hosp Epidemiol. 2011;32:1194–1199. doi: 10.1086/662619; Cusini A et; Am J Infect Control. 2015;43:922–927. doi: 10.1016/j.ajic.2015.05.019.



- Increase in device-associated infections during COVID-19
- Observations related to double-gloving:
 - 2 pairs of gloves worn, first pair is not removed but disinfected with alcohol-gel

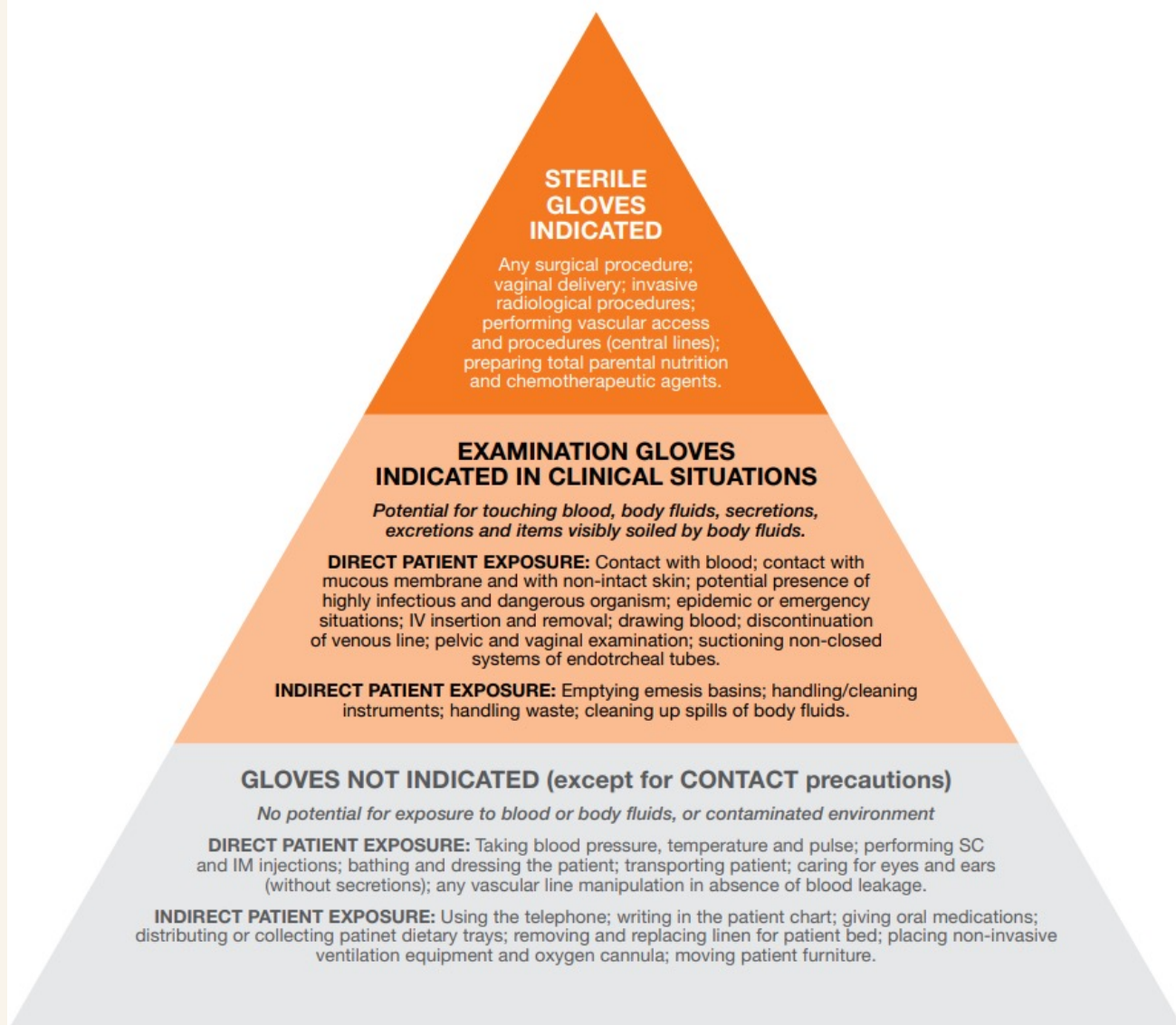
Infection Prevention in Practice, Volume 5, Issue 4, December 2023; [doi:10.1016/j.infpip.2023.100313](https://doi.org/10.1016/j.infpip.2023.100313);

The Glove Pyramid

Gloves must be worn according to STANDARD and CONTACT PRECAUTIONS.

Hand hygiene should be performed according to the 5 moments, regardless of indications for glove use.

[glove-use-information-leaflet.pdf](#)



➤ GMS Hyg Infect Control. 2024 Nov 5;19:Doc55. doi: 10.3205/dgkh000510. eCollection 2024.

Commentary by the Commission for Hospital Hygiene and Infection Prevention (KRINKO) on the indication-based use of disposable medical gloves in the healthcare sector

Commission for Hospital Hygiene and Infection Prevention (KRINKO)



The use of medical disposable gloves according to the indication is associated with at least four advantages:

1. Increase the use of appropriate hand disinfection.
2. Improve occupational safety (reduce skin exposure for employees).
3. Increase empathic perception of medical and nursing care through direct hand contact.
4. Increase sustainability in healthcare through lower consumption and reduced waste generation.

Source: GMS Hygiene and Infection Control 2024, Vol. 19, ISSN 2196-5226, Credit: Scheithauer S – KRINKO – Gloves/HandHygiene

SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update



Ensure appropriate glove use to reduce hand and environmental contamination.

- a. Use gloves for all contact with the patient and environment as indicated by standard and contact precautions during care of individuals with organisms confirmed to be less susceptible to biocides (eg, *C. difficile*, norovirus).
- b. Educate HCP about the potential for self-contamination and environmental contamination when gloves are worn.
- c. Clean hands immediately following glove removal. If handwashing is indicated and sinks are not immediately available, use ABHS and then wash hands as soon as possible.
- d. Educate and confirm the ability of HCP to doff gloves in a manner that avoids contamination.

Approaches that Should Not Be Considered a Routine Part of Hand Hygiene

- Do not routinely disinfect gloves during care except when specifically recommended in response to certain high-consequence pathogens.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10015275/pdf/S0899823X2200304Xa.pdf>

Educate, educate, educate

Animated video



Highlighting the role of hand hygiene and glove use during injections



Overuse of gloves and the impact on waste management

- Excessive use of gloves contributes a significant volume of health care waste.
- Waste minimization can be achieved by appropriate use of gloves and hand hygiene.
- The use of gloves in situations when their use is not indicated represents a waste of resources without necessarily leading to a reduction of cross-transmission.

Existing resources:

Global analysis of health care waste in the context of COVID-19
<https://www.who.int/publications/i/item/9789240039612>

Waste management in health care training module (PPT and OpenWHO)
<https://www.washinhcf.org/wash-fit-training-modules/>

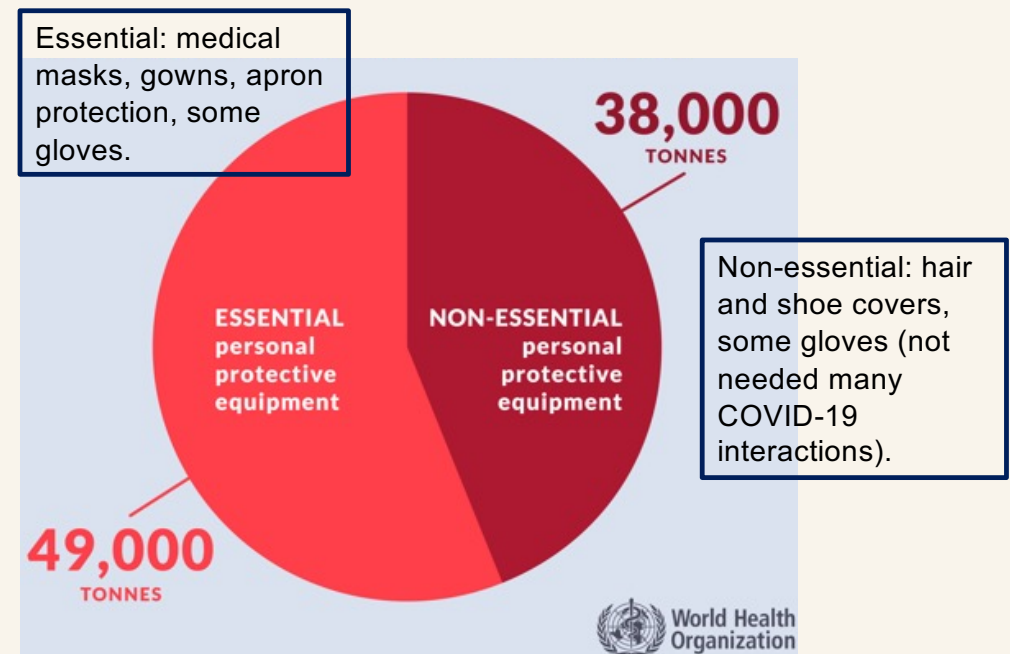


This Photo by Unknown Author is licensed under CC BY-SA-NC

COVID-19 highlighted problems of health care waste



- Analyzed data from UN COVID-19 supply portal + country data and experiences
- Waste volumes increased 3-4 times and where no segregation 10 x!
- 44% of volume of COVID-19 waste items were “non-essential”



No regrets actions to protect health and environment



- Change how we procure and what we procure: don't use PPE if not needed, biobased packaging and PPE materials
- Strengthen national sustainable waste standards and regulations
- Increase investments in training, waste workers and expertise, recycling and non-burn waste treatment technology
- Utilize reverse logistics to transport waste to better quality, centralized treatment.

<https://www.who.int/publications/i/item/9789240039612>



Modifiable poster templates accessible for additional translations

Click on the terms of agreement



[← World Hand Hygiene Day 2025](#)

Modifiable campaign materials

Q&A

Editable posters

Campaign materials and editable files **can be accessed upon agreement with terms of use below.**

Campaign materials and logo use

All interested parties, individuals and organizations are broadly encouraged to disseminate campaign materials through various channels.

Partners belonging to these categories only: WHO Member States, intergovernmental organizations and non-State actors in official relations with WHO may add their organizational logos to WHO campaign materials to raise public awareness and action. However, they may not add additional logos to WHO campaign materials or change the materials in any other way without the permission of the Organization.

Other organizations and partners wishing to support the campaign may use the campaign logos alone without the WHO logo. For access to the files and subsequent use, you need to indicate your agreement to comply with the following terms of use:

- The campaign logos are made available only for informational purposes to promote the campaign. Use of the campaign logos must be consistent with the identity guide for the logo, the terms of use, and the goals of the campaign.
- The campaign logos may not be used to promote any activity, service, or product of a non-State actor and should in no case be used in conjunction with commercial or promotional marketing or advertisement purposes.
- The campaign logos may not be used by the tobacco or arms industries or non-State actors that work to further the interests of the tobacco industry.
- All rights to the campaign logos remain with the World Health Organization (WHO).
- This permission to use the campaign logos does not include any right to use the name or emblem of WHO, or imply any affiliation with WHO or endorsement by WHO of any entity, its views, opinions or activities.
- WHO does not award the entity (its members, branches or subsidiaries) any privilege or competitive advantage.
- WHO shall not be responsible for the way the campaign logos are used.
- WHO may revoke the right to use the campaign logos at any time without any further explanation, including in the event that these terms of use are not complied with.
- The user of the campaign logos shall not register a trademark containing the campaign name, logo or visual element developed from the logo in any language or media.

☐ I agree to comply with the above-mentioned Terms of Use.

**Remove WHO logo
if campaign
materials modified in
any way*

<https://www.who.int/campaigns/world-hand-hygiene-day/2025/modifiable-campaign-materials>

Your questions answered

New! Hand hygiene and glove use FAQ



World Health Organization Health Topics Countries Newsroom Emergencies Data About WHO

Frequently asked questions

It might be gloves. It's always hand hygiene

< World Hand Hygiene Day 2025

Frequently asked questions

Modifiable campaign materials

This information is taken from the WHO Guidelines on hand hygiene in health care, the WHO glove information leaflet and the WHO My 5 Moments for Hand Hygiene resources. All resources are accessible on the [hand hygiene technical page](#).

A lot of this information can be reinforced by playing the [My 5 Moments of hand hygiene game](#).

Hand hygiene and medical glove use

What are medical gloves?	+	Do the times for wearing gloves change depending on the setting?	+
Is wearing gloves safer than bare hands?	+	What are some examples of glove misuse?	+
When should medical gloves be worn?	+	What are some of the reasons for inappropriate glove use?	+
When should gloves be removed?	+	Can gloves be re-used, including if cleaned with bleach or alcohol?	+
Do gloves worn in situations when their use is not indicated pose a problem for health care?	+	What is one solution to appropriate glove use?	+
Do medical gloves provide 100% protection?	+	What specialties might be interested in ensuring appropriate medical glove use and hand hygiene?	+
Does wearing gloves change the times for hand hygiene?	+		

Gloves and surgery

What are surgical gloves?	+		
What is the concern about gloves and surgery?	+		

Gloves and maternal and neonatal health (MNH)

Are the indications for glove use and hand hygiene different for maternal and neonatal care?	+
--	---

<https://www.who.int/campaigns/world-hand-hygiene-day/2025/frequently-asked-questions>

- Hand hygiene and medical glove use
- Gloves and surgery
- Gloves and maternal and neonatal health
- Personal protective equipment waste in healthcare
- The impact of gloves on the environment
- Strategies to support glove use and hand hygiene

Summary of available resources

World Hand Hygiene Day, 5 May 2025!



Arabic

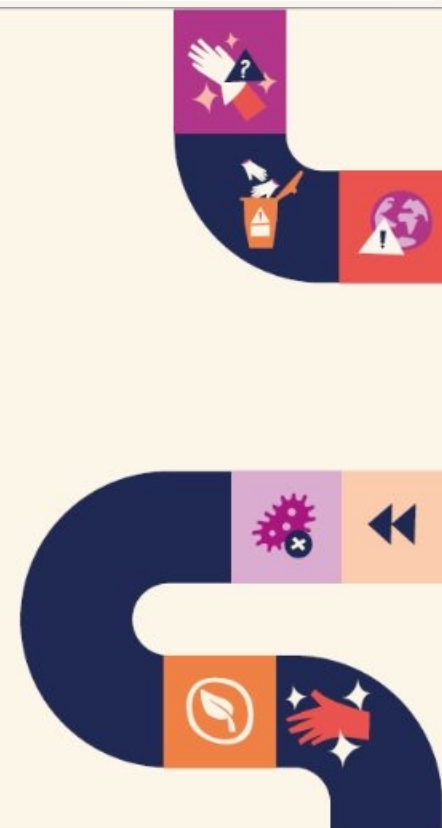
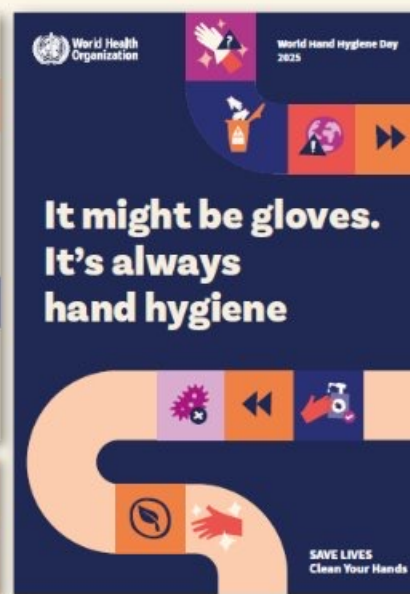
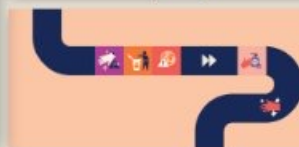
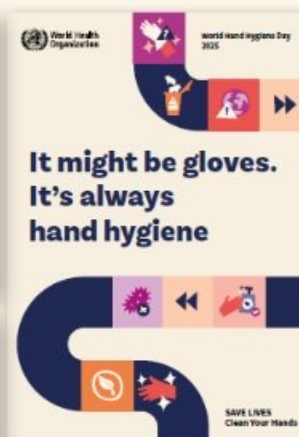
Chinese

English

French

Russian

Spanish



Global strategy on infection prevention and control



Eight strategic directions provide the overall guiding framework for country actions to implement the GSIPC

1 Political commitment and policies



2 Active IPC programmes



3 IPC integration and coordination



4 IPC knowledge of health and care workers and career pathways for IPC professionals



5 Data for action



6 Advocacy and communications



7 Research and development

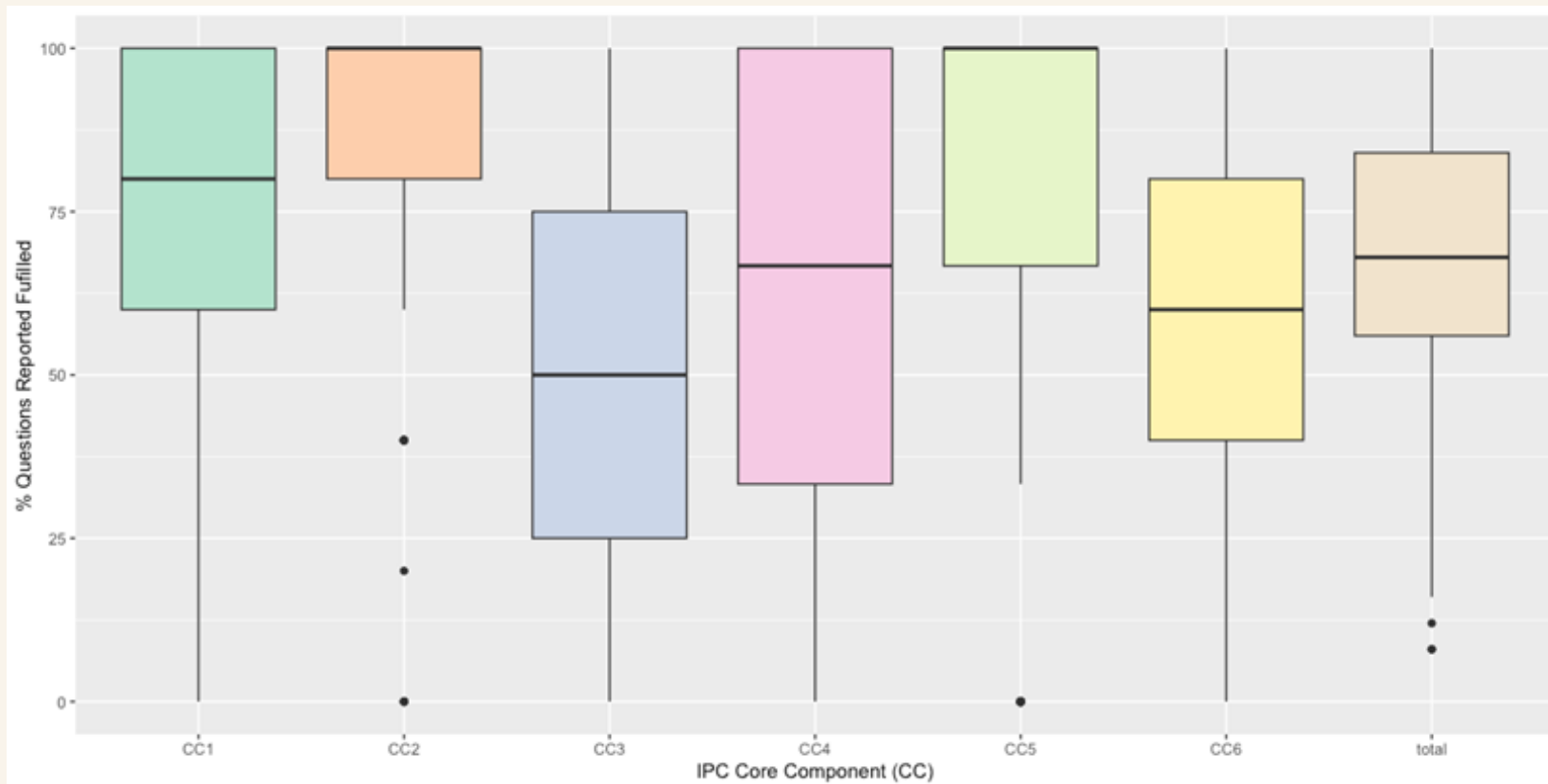


8 Collaboration and stakeholders' support



<https://www.who.int/publications/m/item/global-strategy-on-infection-prevention-and-control>

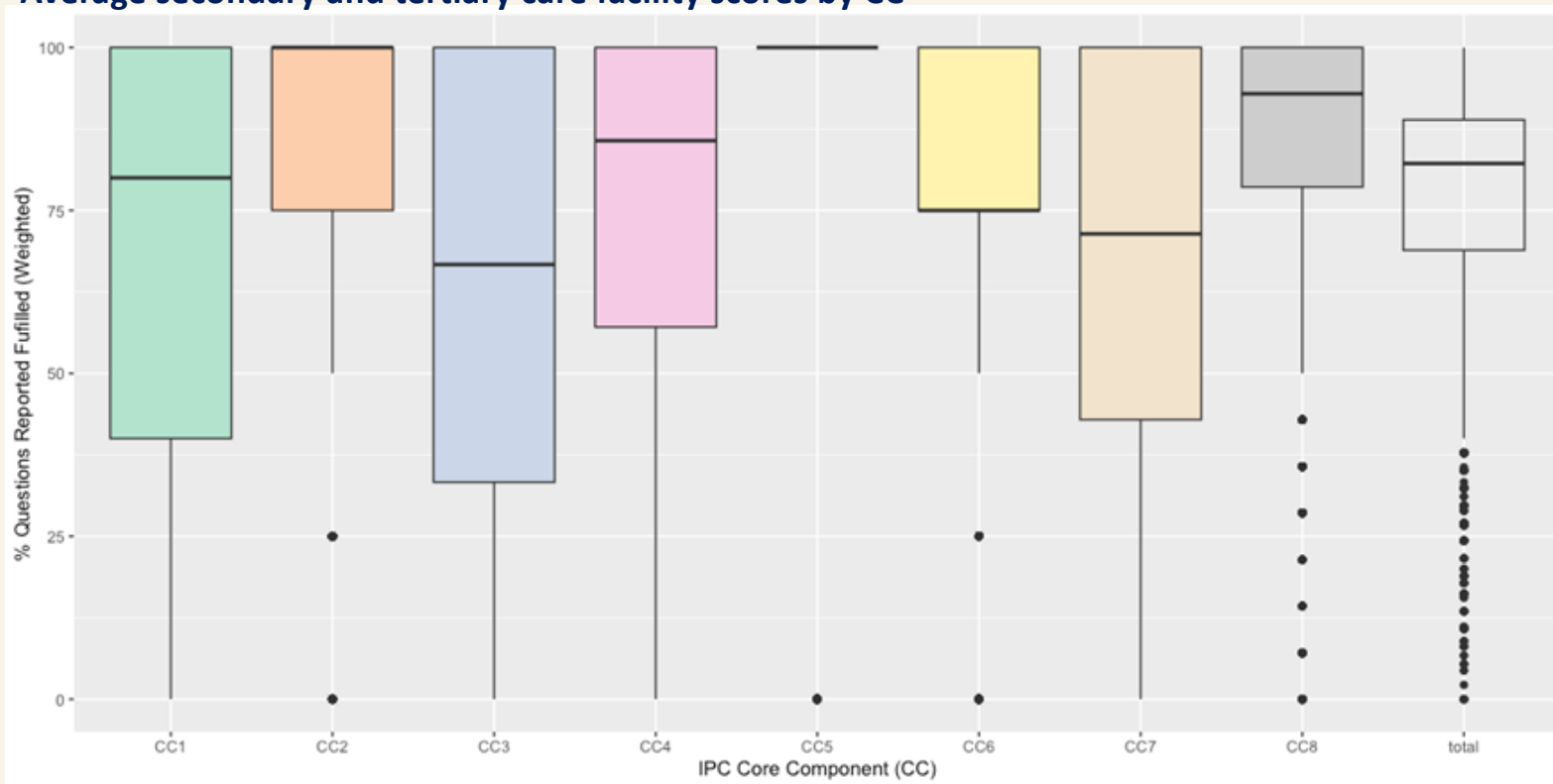
Implementation of the WHO core components, national level, 2023-24



Implementation of the WHO core components, facility level, 2023-24



Average secondary and tertiary care facility scores by CC



2024–2030 WHO global action plan and monitoring framework: strategic direction 4



National actions and indicators

- **National in-service IPC curriculum** developed (by 2026)
- **Legal mechanism or well-defined strategies** established to mandate IPC in service training (by 2028)
- **Curriculum for IPC professionals** developed or international curriculum endorsed and in use (by 2028)
- **IPC pregraduate curriculum** for all relevant health care disciplines developed and endorsed by the appropriate national or international body ensuring that quality and standards (national/international) are met (by 2028)
- **Postgraduate IPC certificate programme** established or requirement for an existing certificate (by 2030)

IPC monitoring framework: national priority target 2024-2030



Increase** of proportion of health care facilities:

1. meeting **all WHO IPC Minimum Requirements** for IPC programmes
2. **with a dedicated and sufficient funding for WASH services and activities**
3. providing and/or requiring IPC training to all frontline clinical and cleaning staff and managers
4. having an **HAI and related AMR surveillance system**

IPC monitoring framework: national priority target 2024-2030



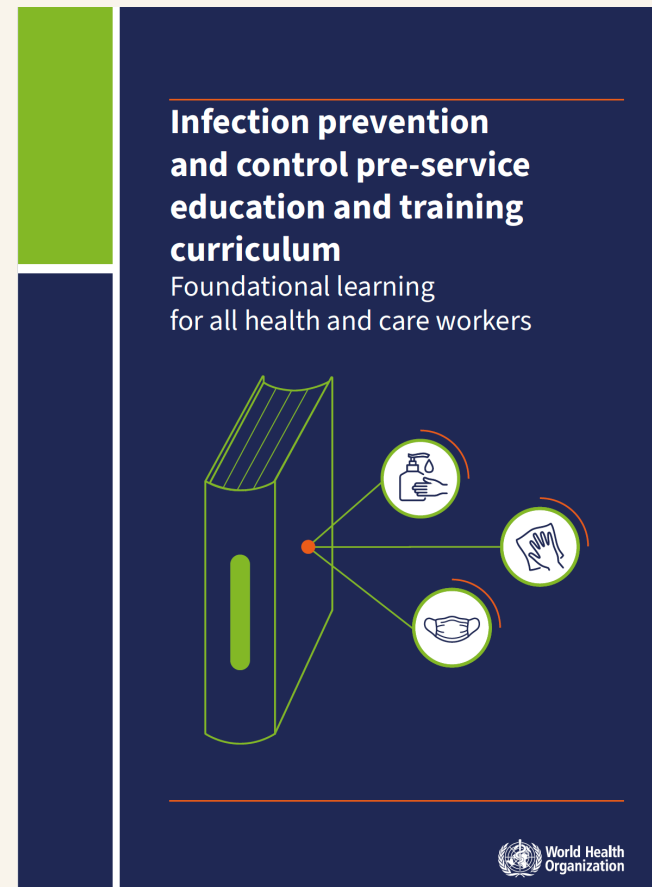
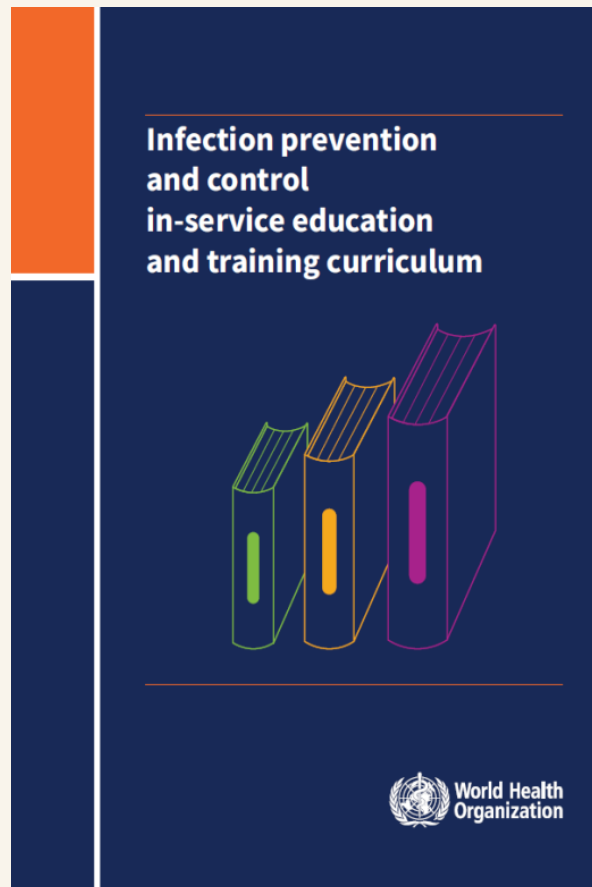
Increase** of proportion of health care facilities:

1. meeting **all WHO IPC Minimum Requirements** for IPC programmes
2. **with a dedicated and sufficient funding for WASH services and activities**
3. providing and/or requiring IPC training to all frontline clinical and cleaning staff and managers
4. having an **HAI and related AMR surveillance system**

Additional indicators for SD4:

- Proportion of facilities providing and/or requiring mandatory training for all health and care workers, in particular frontline clinical and cleaning staff upon employment and annually thereafter and for managers upon employment
- Proportion of facilities achieving all WHO's minimum requirements for IPC training and education according to facility level

IPC education, training and curricula





The purpose of this document is to define who is the IPC professional and identify what core competencies are needed to be qualified in this discipline and at what level, that is, junior versus senior.

The ultimate goal of this document is to support the achievement of the specific expertise and competencies of IPC professionals needed at country and facility level.

<https://www.who.int/publications/i/item/9789240011656>

Core competencies



Core competencies refer to the **knowledge, skills and attitudes** required for an IPC professional to practice with an in-depth understanding of situations, using reasoning, critical thinking, reflection and analysis to inform assessment and decision-making in the prevention and control of HAIs and AMR (see glossary).

Core competencies



Core competencies refer to the **knowledge, skills and attitudes** required for an IPC professional to practice with an in-depth understanding of situations, using reasoning, critical thinking, reflection and analysis to inform assessment and decision-making in the prevention and control of HAIs and AMR (see glossary).

The **attributes (skills and attitudes)** that are useful to becoming an effective IPCP are (but not limited to):

acting as a role model and visible advocate for IPC, quality of care and patient and HW safety; encouraging individuals and teams to learn and develop IPC best practices; appropriately communicating about risks and recommended IPC practices while explaining the evidence basis; and supporting individuals and teams with audit/surveillance and feedback (15).

Core competencies



Core competencies refer to the **knowledge, skills and attitudes** required for an IPC professional to practice with an in-depth understanding of situations, using reasoning, critical thinking, reflection and analysis to inform assessment and decision-making in the prevention and control of HAIs and AMR (see glossary).

The **attributes (skills and attitudes)** that are useful to becoming an effective IPCP are (but not limited to):

acting as a role model and visible advocate for IPC, quality of care and patient and HW safety; encouraging individuals and teams to learn and develop IPC best practices; appropriately communicating about risks and recommended IPC practices while explaining the evidence basis; and supporting individuals and teams with audit/surveillance and feedback (15).

Core behaviours that are considered essential for an IPC professional are:

to be passionate, advocative and persuasive about IPC; being accountable for his/her own actions; approachable; communicative; thorough; and perceptive (15).

**Infection prevention
and control
in-service education
and training curriculum**



Purpose of this document

- support health care facilities and local and national IPC programmes to design, develop and deliver educational programmes
- emphasizes the integration of evidence-based IPC measures as a core component of all initial, induction, and annual in-service training, ensuring that every member of the health care team, from clinical to support staff, is proficient and confident in IPC practices

<https://iris.who.int/handle/10665/376810>

IPC in-service curriculum

Target Audience:

IPC and other professionals responsible for the IPC training for HCWs in their organizations.

All HCWs involved in service delivery and patient care and all other personnel that support health service delivery.

Foundational

All HCWs regardless of their role, years of experience, setting and interaction with patients

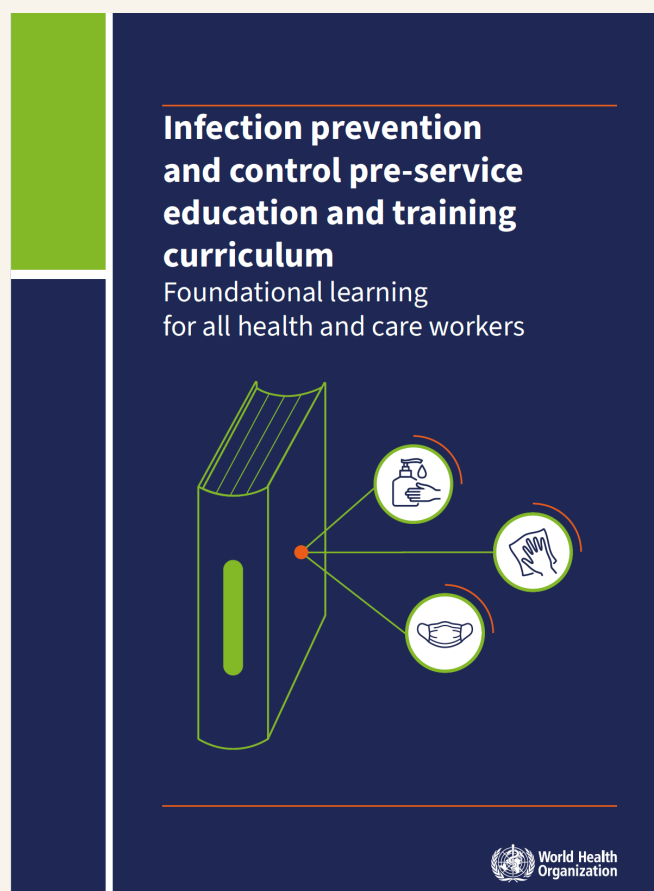
Intermediate

clinical practitioners who interact with patients and those accessing health services, such as nurses, doctors, allied health care professionals, health care assistants, etc.

Advanced

staff who require additional specialized knowledge and skills determined by their clinical roles and settings, such as specialists working in clinical areas where invasive procedures are performed and facility managers

New! Pre-service IPC curriculum



Foundational: IPC principles, evidence-based practices and key competencies in IPC applicable to all pre-service health science students.

Target audience: educators and curriculum developers in health care educational institutions responsible for designing, delivering and evaluating IPC training for preservice health science students across diverse health science disciplines (e.g., medicine, nursing, midwifery, dentistry, public health, and allied health professions, including paramedicine, physiotherapy, and other related fields).

<https://iris.who.int/handle/10665/381225>

Foundational IPC content

Pre-service



General concepts of microbiology

Introduction to HAI and AMR

Chain of transmission

What is IPC and why it matters

Standard precautions (risk assessment, hand hygiene, respiratory etiquette, personal protective equipment, environmental cleaning, waste management, management of reusable medical equipment/devices, linen management, prevention of needle-stick injury, aseptic technique, patient placements)

Transmission-based precautions

General concepts of AMR prevention

Prevention of infection in HCW, including the role of occupational health and safety, vaccinations, and post-exposure evaluations and follow-up

Pre-service IPC curriculum framework



Two key components:

Foundational: core IPC content covering essential principles, evidence-based practices and key competencies.

Targeted: specialized modules, with discipline-specific applications of IPC tailored to the unique clinical tasks and responsibilities of various health care professions.

◆ 2.2. Introduction to HAI and AMR

HAIs are infections acquired by a patient during the process of receiving health care (including preventive, diagnostic and treatment services) in a hospital or other health care facility, which were not present or incubating at the time of admission, including post-discharge. They can also be acquired by HCWs during health care delivery and visitors (6).

HAIs affect millions of patients worldwide, leading to prolonged hospital stays, long-term disabilities, increased AMR, significant health care costs, emotional distress for patients and families, and preventable deaths.

AMR occurs when bacteria, viruses, fungi and parasites do not respond to antimicrobial medicines. It is a major threat to health and human development, affecting our ability to treat a range of infections. The scale of the AMR threat is such that no single country is free from its health and socioeconomic impact. Treatments for a growing number of HAIs have become less effective across the world due to the increasing incidence of infections becoming resistant to antimicrobials.

🎯 Learning aims

On completion of this section, the learner will be able to explain the risks related to HAIs in health care settings, act to identify potential infections that may be encountered, and start to apply this knowledge to act to decrease transmission risks.

★ Learning outcomes

🧠 Knowledge

The learner is able to:

1. define HAI and the most frequent types of HAI encountered in health care settings;
2. discuss the risk factors that contribute to the occurrence of HAIs, including those related to health systems, the provision of health care, and behavioural factors related to HCWs;
3. describe the consequences of infection to the person receiving care and the wider health system.

👉 Skills

The learner is able to:

1. communicate about the consequences of HAIs and AMR on patient safety, health care costs, the health system and public health;
2. identify situations where individuals might be at higher risk of infection;
3. discuss with colleagues any signs and symptoms that indicate a potential HAI.

🗣️ Attitudes

The learner is able to:

1. reflect on and identify any limitations in their personal knowledge about risk factors or indications related to HAI and AMR;



Structure:

- Technical content
 - Learning aims
 - Learning outcomes (knowledge, skills, attitudes)
- Developing teaching competence
- Teaching strategies
- Assessment methods

My 5 Moments: The Game



- A collaboration between WHO IPC Unit and Hub, WHO Academy, game designers, learning game experts, and end users
- "My 5 Moments: the Game"
- Set 200 years in the future at the international alien hospital;
- Players encounter a series of challenges to test their knowledge of the Five Moments within their clinical routines;
- Supports clinical health professionals and Students in healthcare education in translating hand hygiene principles into practice.

<https://5mgame.lxp.academy.who.int/>

Standard precautions: Hand hygiene

WHO Academy



The screenshot shows the WHO Academy website interface. At the top, there is a blue header with the WHO Academy logo, navigation links for "Courses" and "About us", a search icon, and buttons for "Login" and "Register". Below the header, the breadcrumb trail reads "Home > Courses > Standard precautions: Hand hyg ...". The main title "Standard precautions: Hand hygiene" is displayed, followed by "0 Modules". A central diagram illustrates the four steps of hand hygiene: 1. BEFORE TOUCHING A PATIENT, 2. AFTER TOUCHING A PATIENT, 3. AFTER BODY FLUID EXPOSURE RISK, and 4. AFTER. To the right of the diagram is a "Register to start learning" box with an "Enroll" button. Below the diagram, there are tabs for "Overview" and "Modules". The "Overview" tab is active, showing a paragraph about the WHO Guidelines on hand hygiene in health care.

Home > Courses > Standard precautions: Hand hyg ...

Standard precautions: Hand hygiene

0 Modules

1 BEFORE TOUCHING A PATIENT

2 AFTER TOUCHING A PATIENT

3 AFTER BODY FLUID EXPOSURE RISK

4 AFTER

Register to start learning

Enroll

Self-paced

English

Started on Jan 28th, 2025

Ending on Dec 24th, 2030

Share

Overview Modules

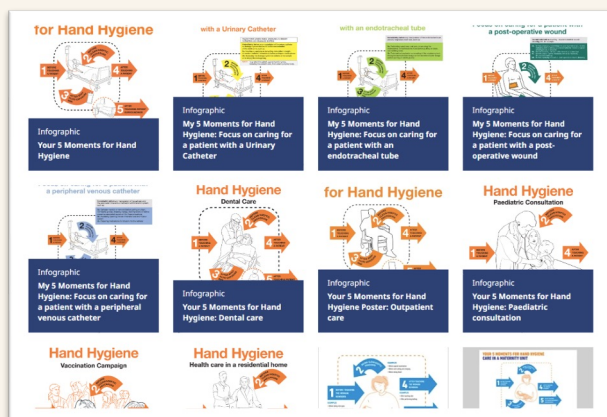
The WHO Guidelines on hand hygiene in health care support hand hygiene promotion and improvement in health care facilities worldwide and are complemented by the WHO multimodal hand hygiene improvement strategy, the guide to implementation, and implementation toolkit, which contain many ready-to-use practical tools. This course has been prepared to help summarize the WHO guidelines on hand hygiene, associated tools and ideas for effective implementation.

18 different self-directed learning courses available on IPC topics on the new WHO Academy

https://whoacademy.org/coursewares/course-v1:WHOAcademy-Hosted+H0108EN+2025_Q1?source=edX

Access the WHO hand hygiene training resources

Reference manuals, slide sets, leaflets, posters, videos and more!

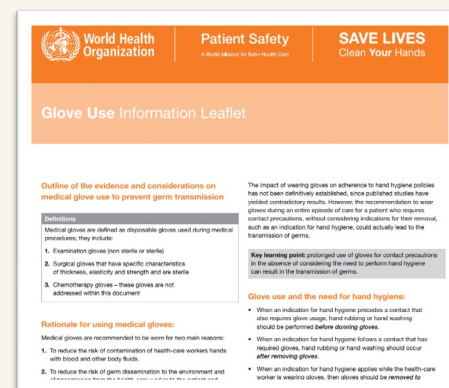


Reminders and infographic posters to prompt and inform HH practice

Videos demonstrating HH best practices

Topic specific leaflets and infographics

<https://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene/training-tools>



Hand Hygiene Monitoring Digital Tool



WHO in collaboration with ECDC aims to adapt/ develop a digital tool for monitoring hand hygiene

1. Develop a Hand Hygiene Monitoring Application

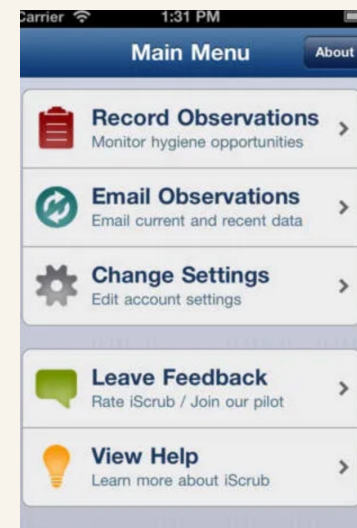
- Develop/ adapt a digital tool designed for data entry, analysis, performance feedback and reporting of all hand hygiene audit data based on “My 5 Moments for Hand Hygiene”.

2. Enhance IPC Programmes

- To support and enhance IPC programmes at both local and national levels by providing a digital solution that supports the systematic observation, reporting and feedback of hand hygiene compliance rates.

3. Facilitate Immediate Feedback and Data-Driven Improvements

- To enable real-time performance feedback of hand hygiene practices supporting data-driven decision improvement process.





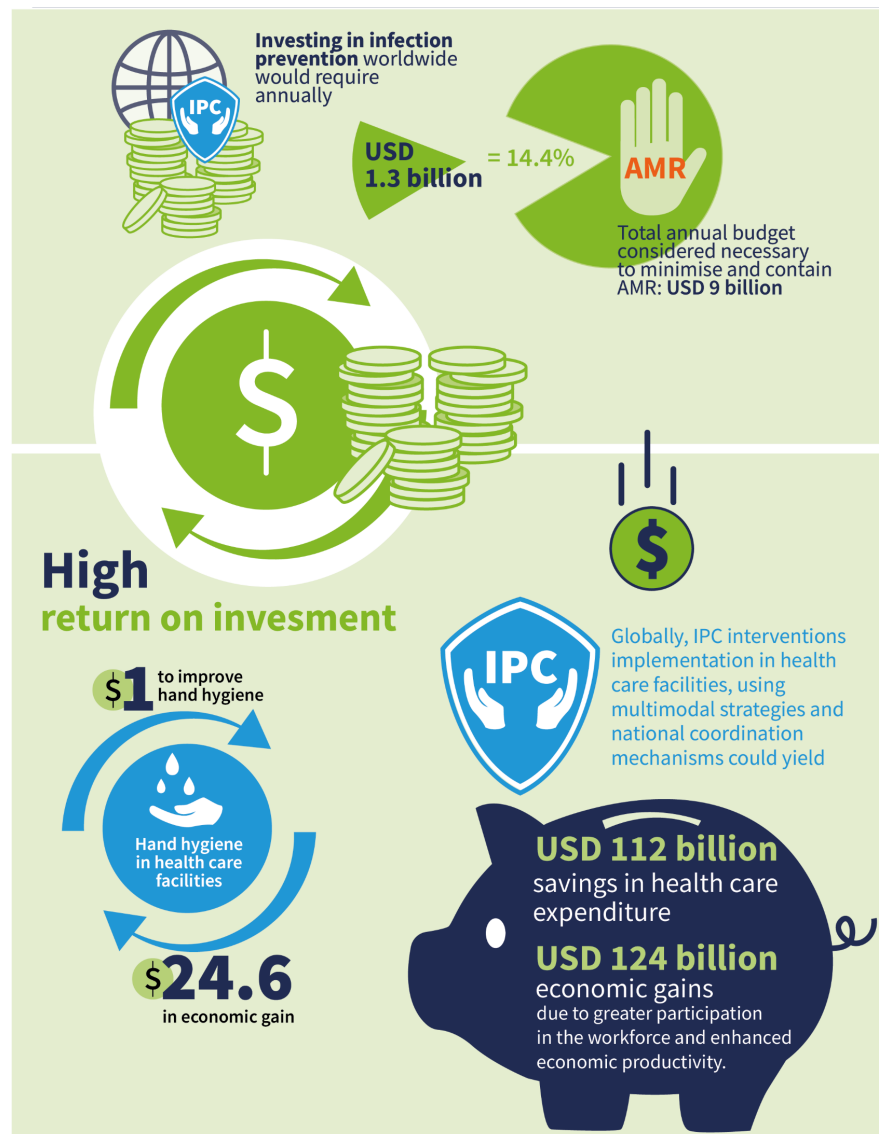
<https://www.who.int/publications/i/item/9789240103986>



<https://www.who.int/publications/m/item/the-case-for-investment-and-action-in-infection-prevention-and-control>

The economic return in IPC investment: IPC reduces health care costs and generates economic gains

<https://www.who.int/publications/m/item/the-case-for-investment-and-action-in-infection-prevention-and-control>



2023-2030 WHO Hand Hygiene Research Agenda



Infection Control & Hospital Epidemiology (2025), 1–16
doi:10.1017/ice.2025.32

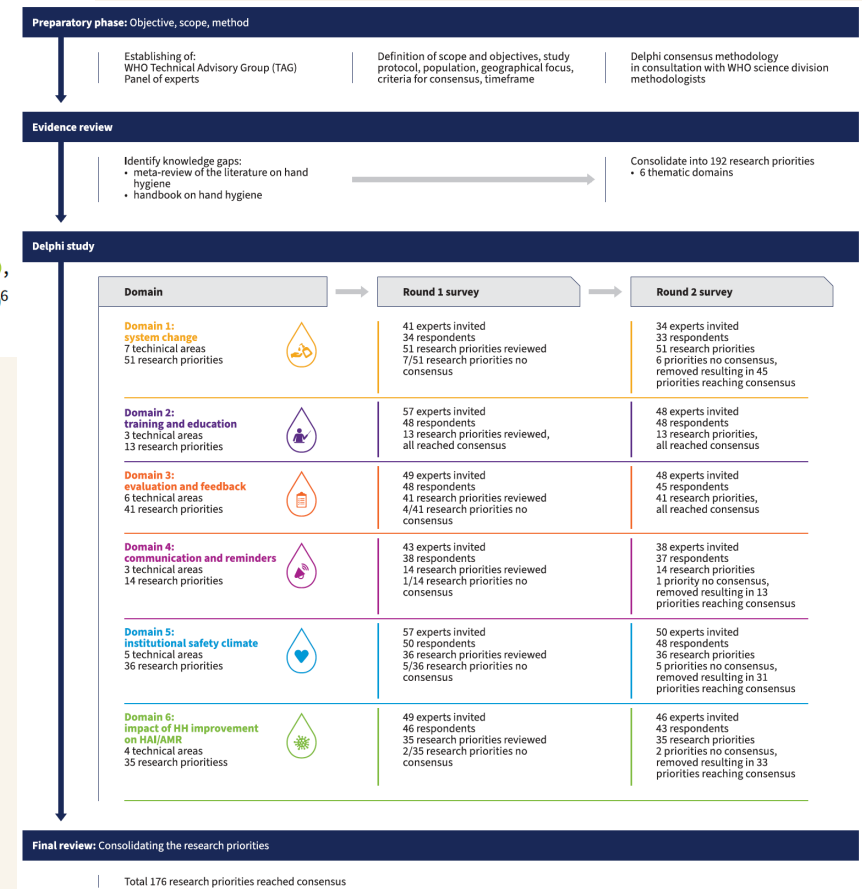
Original Article

WHO global research agenda for hand hygiene improvement in health care: a Delphi consensus study

Benedetta Allegranzi MD^{1*}, Ermira Tartari PhD^{1,2,*}, Claire Kilpatrick DSc¹, Julie Storr MHS¹, Nita Bellare MPH¹, João Bana MSc³, Ana Flávia Santos MSc⁴, Sarah Charnaud PhD⁵, Anna Laura Ross PhD⁵, Mitchell J. Schwaber MD⁶ and Didier Pittet MD⁷ on behalf of the WHO Technical Advisory Group on Hand Hygiene Research*

Next step:
Global research agenda on IPC, including
for public health emergencies

Allegranzi et al. Infection Control & Hospital Epidemiology. 2025:1-6.



Thank you very much for your attention



<https://www.who.int/teams/integrated-health-services/infection-prevention-control>

MAY

- 5 ... It Might Be Gloves. It's Always Hand Hygiene (*Special Lecture for World Hand Hygiene Day*)
With Miranda Deeves, Claire Kilpatrick, and Dr. Neil Wigglesworth, World Health Organization
- 15 ... Non-Ventilator Hospital Acquired Pneumonia
With Prof. Michael Klompas, US
- 22 ... COVID-19 Preparedness – What Went Wrong? What Are the Next Steps? The Point of View of a Biomedical Engineer
With Prof. Davide Piaggio, UK

JUNE

- 2 ... IPAC Considerations in Global Emergencies (*Broadcast live from the IPAC Canada conference*)
With Dr. Bois Marufov, Canada
- 3 ... Persuasive Conversations (*Broadcast live from the IPAC Canada conference*)
With Ryan Mullen, Canada
- 18 ... Oral Care Practices and Healthcare-Acquired Pneumonia
Australasian Teleclass With Prof. Brett Mitchell, Australia
- 19 ... Carbapenem Resistant *A.baumannii* Outbreak on a Burn ICU in a Non-Endemic Setting
With Prof. Peter Werner Schreiber, Switzerland
- 26 ... Do We Still Need to Talk About Antibiotic Resistance
With Prof. Jean-Paul Zahar, UK

JULY

- 10 ... Challenges to Maintaining Asepsis in Patient Care Settings Beyond the Operating Department
With Prof. Dinah Gould, UK
- 22 ... Proposal for a Screening Protocol for *Candida auris* Colonization
Afro-European Teleclass With Juliette Severin, Netherlands

Thanks to Teleclass Education
PATRON SPONSORS



diversey.com



virox.com



gamahealthcare.com