



# **CORE COMPETENCIES FOR INFECTION PREVENTION AND CONTROL PROFESSIONALS**



**World Health  
Organization**

Core competencies for infection prevention and control professionals

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## Abbreviations and acronyms

<b>AMR</b>	antimicrobial resistance
<b>APIC</b>	Association for Professionals in Infection Control and Epidemiology
<b>ARHAI</b>	antimicrobial resistance and health care-associated infections
<b>ECDC</b>	European Centre for Disease Prevention and Control
<b>GIPCN</b>	Global Infection Prevention and Control Network
<b>HAI</b>	health care-associated infection
<b>HAP</b>	health care-associated pneumonia
<b>HW</b>	health worker
<b>ICAN</b>	Infection Control Africa Network
<b>IPAC</b>	Infection Prevention and Control (Canada)
<b>IPC</b>	infection prevention and control
<b>IPCAF</b>	infection prevention and control assessment framework
<b>IPCP</b>	infection prevention and control professional
<b>IPSE</b>	Improving Patient Safety in Europe (project)
<b>MDRO</b>	multidrug-resistant organisms
<b>SOP</b>	standard operating procedures
<b>VAP</b>	ventilator-associated pneumonia
<b>WASH</b>	water, sanitation and hygiene
<b>WHO</b>	World Health Organization

## Glossary of key terms and definitions

**Competency: Proven ability** to use knowledge, skills and personal, social and/or methodological abilities in work or study situations and in professional and personal development – in other words, what a professional should be able to do.

Source: Core competencies for infection control and hospital hygiene professionals in the European Union. Stockholm: European Centre for Disease Prevention and Control; 2013 (<https://www.ecdc.europa.eu/en/publications-data/core-competencies-infection-control-and-hospital-hygiene-professionals-european>, accessed 24 April 2020).

**Core competencies:** Refer to the **knowledge, skills and attitudes** required for an infection prevention and control (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 health care-associated infection and antimicrobial resistance.

**Health worker:** all people primarily engaged in actions with the primary intent of enhancing health. Examples are: Nursing and midwifery professionals, doctors, cleaners, other staff who work in health facilities, social workers, and community health workers, etc.

Source: The World Health Report 2006 – working together for health. Geneva: World Health Organization; 2006 (<https://www.who.int/whr/2006/en/>, accessed 10 September 2020).

**Infection prevention and control professional (IPCP):** Health care professional (medical doctor, nurse, or other health-related professional) who has completed a **certified postgraduate IPC training course**, or a nationally or internationally recognized postgraduate course on IPC, or another core discipline including IPC as a core part of the curriculum as well as **IPC practical and clinical training**.

Source: adapted from 1) Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016 (<https://www.who.int/gpsc/ipc-components-guidelines/en/>, accessed 10 September 2020); and 2) Minimum requirements for infection prevention and control programmes Geneva: World Health Organization; 2019 (<https://www.who.int/infection-prevention/publications/core-components/en/>, accessed 10 September 2020).

**Infection prevention and control professional I (IPCP I - junior):** IPC professional with **up to 3 years** of IPC practical experience.

**Infection prevention and control professional II (IPCP II - senior):** IPC professional with **more than 3 years** of IPC practical experience and more senior roles and responsibilities.

**IPC link person:** Nurse or doctor (or other health professional) in a ward or within the facility (for example, staff working in clinical services such as intensive care unit or maternal and neonatal care, or water, sanitation and hygiene or occupational health professionals) who has been trained in IPC and **links to an IPC focal point/team** at a higher level in the organization (for example, IPC focal point/team at the facility or district level). IPC is not the primary assignment of this professional but, among others, he/she may undertake tasks in support to IPC, including for example supporting implementation of IPC practices; providing mentorship to colleagues; monitoring activities; and alerting on possible infectious risks.

Source: Minimum requirements for infection prevention and control programmes Geneva: World Health Organization; 2019 (<https://www.who.int/infection-prevention/publications/core-components/en/>, accessed 10 September 2020).

**IPC focal point:** IPC professional (according to the above definition) appointed to be **in charge of IPC at the national, sub-national or facility/organization level**.

*Source:* adapted from 1) Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016 (<https://www.who.int/gpsc/ipc-components-guidelines/en/>, accessed 10 September 2020); and 2) Minimum requirements for infection prevention and control programmes Geneva: World Health Organization; 2019 (<https://www.who.int/infection-prevention/publications/core-components/en/>, accessed 10 September 2020).

**Point of care:** The place where three elements come together: the patient, the health care worker, and the care or treatment involving contact with the patient.

*Source:* Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016 (<https://www.who.int/gpsc/ipc-components-guidelines/en/>, accessed 10 September 2020).

**Skills:** An ability and capacity acquired through deliberate, systematic, and sustained effort to smoothly and adaptively carryout complex activities or job functions involving ideas (cognitive skills), things (technical skills), and/or people (interpersonal skills).

*Source:* <http://www.businessdictionary.com/definition/skill.html>, accessed 10 September 2020.

# 1

## Part 1. Introduction

Preventing harm to patients, health workers (HWs) and visitors due to health care-associated infections (HAIs) is fundamental to achieve safe quality care and reduce antimicrobial resistance (AMR) (1-5). Similarly, preventing and reducing the transmission of infectious diseases that may pose global threats, such as pandemic influenza or influenza-like infection, coronaviruses, Ebola virus disease and other emerging epidemic-prone pathogens, is paramount. Supported by many stakeholders in the field of infection prevention and control (IPC), the World Health Organization (WHO) has issued recommendations and specifications for effective IPC programmes, identified as core components of IPC programmes (1) and the approach for their implementation is presented in associated manuals for both the national and facility levels (6, 7).

**IPC is a practical, evidence-based approach that prevents patients and HWs from being harmed by avoidable and preventable infections.**

Preventing HAIs and AMR avoids this unnecessary harm and, at times, even death, and saves money (8-10).

**No country or health system, even the most developed or sophisticated, can claim to be free of HAIs. Preventing HAIs has never been more important.**

**WHO identified eight core components (for the facility level, six of which for the national level) that are necessary to be established in countries to ensure effective IPC programmes (1). In the context of these core components, WHO also identified minimum requirements (2).**

**Core component one** constitutes the foundation for all other components, that is, the need to have functional IPC programmes both at the national and facility level to prevent HAI, promote patient safety, and combat AMR (1, 2, 6, 7).

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