OBA NURSING ACADEMY · HAND HYGIENE & PPE · OBA-HHP-2026

Course Syllabus

Hand Hygiene and Personal Protective Equipment · OBA-HHP-2026 · 10.0 CPD hours · fully self-directed online

DOCUMENT CONTROL

- Programme: Hand Hygiene and Personal Protective Equipment (OBA-HHP-2026)
- Audience: Student and Facilitator
- Version 1.0 | Issued 19/09/2026 | Review due 19/09/2027
- Provider: OBA Nursing Academy

SCOPE OF PRACTICE AND CURRENCY

- This programme is professional development. It is not a qualification and it is not a unit of competency from a training package. Completing it does not of itself establish that a learner performs hand hygiene or uses personal protective equipment correctly - those are observed behaviours, measured in the workplace by direct observation, and this course ships the tools for that. It does NOT credential anyone as a hand hygiene auditor: national auditor credentialling comes from Hand Hygiene Australia, and a compliance figure collected by an uncredentialled observer must not be reported as national audit data. It does NOT substitute for respirator fit testing, which requires trained personnel and specific equipment and is arranged by your employer. THIS COURSE NAMES NO PRODUCTS AND SETS NO CONTACT TIMES OF ITS OWN. Where a specific appears - twenty seconds of washing, EN 1500, 0.3 micron, 85 litres per minute - it is quoted from a named national source and cited on the page. The amount of alcohol-based hand rub to apply, the contact time for your skin antiseptic, the donning and doffing sequence on your wall and the fit check method for your respirator all come from your employer and the manufacturer's instructions for use, not from a course.
- Regulatory and clinical currency: this content was written against the NSQHS Preventing and Controlling Infections Standard (2nd edition, 2021 update) Action 3.10, the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019 - still the current edition at the date below), the ACSQHC 5 Moments for Hand Hygiene (poster images updated December 2021), and AS/NZS 1715:2009 and AS/NZS 1716:2012, all as published at 19/09/2026. Four things are local, not national, and this course will not answer them for you: which products your service uses and the amount and contact time their manufacturers specify, your donning and doffing sequence, whether and when your jurisdiction requires respirator fit testing, and your own service's dress, jewellery and nail policy. Confirm each against your own policy before you act.

1. Programme overview

Hand Hygiene and Personal Protective Equipment is a fully self-directed, entirely online professional development programme delivered through the OBA Nursing Academy learning management system. There are no scheduled classes, no live sessions and no clinical placement. Learners complete eleven modules at their own pace, followed by a case study assessment and a single summative assessment.

Who it is for

- Registered nurses (RNs) and enrolled nurses (ENs) in every setting - acute, subacute, peri-operative, aged, disability, community and primary care
- Assistants in nursing, personal care workers and support workers, who perform more episodes of patient contact than anyone else and are audited least often
- Medical practitioners and allied health clinicians, whose hand hygiene compliance is consistently the lowest of any professional group in the national data
- Internationally qualified nurses (IQNs) preparing for Australian practice, where the moments, the products, the auditing method and the 'bare below the elbows' expectation may all differ from where they trained
- Student nurses and student enrolled nurses
- Cleaning, food service, administrative and reception staff working in clinical areas, for whom Modules 01, 02 and 06 are the relevant ones
- Hand hygiene auditors and infection prevention link staff will find Module 10 directly applicable, though formal auditor credentialling comes from Hand Hygiene Australia and not from this course

How it is delivered

- Entirely online and entirely self-directed - no scheduled classes, no live attendance, no clinical placement
- All content, activities and assessment are released inside the OBA learning management system
- Learners move at their own pace; the LMS records progress, attempts and completion
- Every module is built as video (HeyGen avatar narration) + slide deck + student learner guide + knowledge check
- A single summative assessment unlocks the certificate of completion
- This programme delivers knowledge. Observed hand hygiene compliance and correct PPE use are assessed in the workplace, and the course ships the tools for that

Programme outcomes

On completion, learners will be able to:

1. State what standard precautions are, name all nine components, and explain why they apply to every patient regardless of known diagnosis
2. Recite the 5 Moments for Hand Hygiene, state which moments protect the patient and which protect the worker, and name the two required moments that sit outside the five
3. Select between alcohol-based hand rub and soap and water correctly, including the circumstances set out in Recommendations 5 and 6
4. Explain what alcohol-based hand rub does not kill and why, and apply that to C. difficile and to non-enveloped viruses
5. Apply the requirements that govern the hands themselves - bare below the elbow, nails, jewellery and skin integrity - including the religious and cultural provision
6. Apply the three indications for gloves under Recommendation 31, and explain why gloves worn without indication are a hazard rather than a neutral choice
7. Perform the PPE risk assessment on its three stated factors, and select aprons, gowns, eye and face protection accordingly

8. Distinguish fit testing from fit checking, state who performs each and how often, and respond correctly to a respirator that will not seal
9. Apply contact, droplet and airborne precautions in addition to standard precautions, remove PPE safely, and recognise and report a PPE breach
10. Read a hand hygiene compliance figure accurately, state what the four limbs of Action 3.10 require, and explain why the number moves

2. Module structure

Module	Title	CPD hours	Knowledge check items
00	Orientation: How This Course Works	0.50	5
01	Why Hands, and What Standard Precautions Are	0.50	5
02	The 5 Moments - and the Two Outside Them	0.75	6
03	Technique and Products	0.50	6
04	What Alcohol Does Not Kill	0.50	5
05	The Hands Themselves	0.75	5
06	Gloves: the Most Misused PPE in Healthcare	0.75	7
07	Aprons, Gowns, Eye and Face Protection	0.75	5
08	Masks and Respirators: Fit Testing and Fit Checking	0.75	7
09	Precautions, Doffing and Breaches	0.75	6
10	Compliance: Auditing, Action 3.10 and Why the Number Moves	0.75	6
	Module subtotal	7.25	63
	Programme information documents	1.47	-
	Case study assessment (5 unfolding cases)	0.50	-
	Summative assessment	0.95	60
	CLAIMABLE CPD TOTAL	10.0	

Module hours are the measured time for that module's video, learner guide, knowledge check and workbook activity. Section 2 below shows how every figure in this table was measured.

Indicative workload, and how the CPD hours were arrived at

The CPD figure for this programme is not asserted. It is measured from the content: narration at 135 words per minute, reading at 130 words per minute for dense clinical prose, knowledge checks timed to include reading every rationale, and the assessments timed as measured reading plus a stated decision allowance. Individual learners vary, and a learner who claims a different figure should claim their actual time.

Component	Measured time	How it was measured
Module videos (11)	106 min	Narration word count at 135 wpm
Student learner guides (11)	121 min	Guide word count at 130 wpm
Module knowledge checks (11)	109 min	Stem, options and every rationale, read and answered
Reflective workbook activities (11)	88 min	Writing time for the five prompts in each module
Programme information documents	88 min	Rendered page word counts at 130 wpm
Case study assessment	30 min	18 minutes measured reading plus 30 seconds per decision across 23 steps
Summative assessment	57 min	27 minutes measured reading plus 30 seconds per item across 60 items
MEASURED TOTAL	599 min (9.98 h)	Sum of the above
CLAIMABLE CPD	10.0 hours	The measured total, to the nearest half hour

The five optional practice tools - the moment spotter, the product chooser, the PPE selector, the glove decision drill and the scope of practice self-check - add approximately a further 90 minutes. They are deliberately excluded from the claimable figure, because they are optional. A learner who completes them may claim that time as additional self-directed CPD.

Module 00 - Orientation: How This Course Works

How the programme is structured and assessed. Where hand hygiene and PPE sit in relation to aseptic technique, so you know whether you need one course or two. The three things this course does not do - credential an auditor, substitute for fit testing, or establish that you actually perform hand hygiene. And the four questions only your own employer can answer.

Learning outcomes

- Describe the structure of the programme and how it is assessed
- Explain where standard precautions sit in relation to aseptic technique
- State the three things completing this course does not establish
- Explain why standard precautions apply to every patient regardless of diagnosis
- Identify the four questions that only your own organisation can answer
- Locate the documents and data you will need from your own workplace

Key terms: standard precautions; transmission-based precautions; aseptic technique; scope; fit testing; hand hygiene auditing; local policy

Module 01 - Why Hands, and What Standard Precautions Are

Why hands are the pathway: resident and transient flora, the contact and droplet routes, and what the evidence actually shows about improved hand hygiene. The nine components of standard precautions and what they are applied to. And the two sentences in the Australian Guidelines that sit a paragraph apart and appear to contradict each other - hand hygiene is the single most important strategy, and hand hygiene alone is not sufficient. Both are true.

Learning outcomes

- Name the nine components of standard precautions
- State what standard precautions are applied to, including the exclusion
- Distinguish resident from transient flora and explain which one hand hygiene targets
- Describe the evidence associating improved hand hygiene with reduced infection
- Explain why hand hygiene is both the single most important strategy and not sufficient alone
- Describe how transmission-based precautions relate to standard precautions

Key terms: standard precautions; resident flora; transient flora; contact transmission; droplet transmission; MRSA; VRE; multifactorial approach

Module 02 - The 5 Moments - and the Two Outside Them

The 5 Moments in the Commission's own words, with the when and the why for each. The three things the moments collectively achieve. The two moments that are NOT among the five and are the most commonly missed in the national data - before putting on gloves and after removing them. The additional occasions the Guidelines list beyond patient care. And how to read a moment when the care you are giving does not look like the poster.

Learning outcomes

- State the 5 Moments for Hand Hygiene with the when and why for each
- State the three purposes the moments collectively achieve
- Identify the two hand hygiene moments that are not among the five
- Identify the additional occasions for hand hygiene beyond patient care
- Apply the moments to a sequence of care that does not resemble a poster
- Explain why Moment 2 and Moment 3 exist separately from Moments 1 and 4

Key terms: 5 Moments; patient zone; Moment 2; Moment 3; gloves; point of care; National Hand Hygiene Initiative; same-patient transmission

Module 03 - Technique and Products

How to perform each method properly, and when each is required. The three parts of the hand that are missed in almost every observed episode. Why the twenty seconds belongs to soap and water and not to alcohol-based hand rub. What EN 1500 is and why it appears in an Australian guideline. And the reason this course will not tell you how much hand rub to apply.

Learning outcomes

- Perform alcohol-based hand rub and soap and water technique correctly
- State when soap and water is required rather than alcohol-based hand rub
- Name the three areas of the hand most commonly missed, and why
- Explain what the twenty-second duration applies to, and what it does not
- State what EN 1500 is and where it appears in the Australian recommendations
- Explain why the volume of hand rub comes from the manufacturer and not from a course

Key terms: alcohol-based hand rub; soap and water; EN 1500; 20 seconds; friction; fingertips; thumbs; point of care

Module 04 - What Alcohol Does Not Kill

The activity spectrum of alcohol-based hand rub, from excellent to none. Why C. difficile and norovirus are different, and what soap actually does about them - which is not killing.

Recommendation 6 in full, including the condition attached to it that turns the popular version of this rule into a misquotation. And how to act when you do not yet know what you are dealing with.

Learning outcomes

- State the activity spectrum of alcohol-based hand rub across four levels
- Explain why bacterial spores and non-enveloped viruses are not killed by alcohol
- State Recommendation 6 in full, including its condition
- Explain why soap and water helps against spores, and by what mechanism
- Decide correctly between hand rub and soap in a suspected C. difficile or norovirus situation
- Act appropriately when the causative organism is not yet known

Key terms: Clostridioides difficile; norovirus; spores; non-enveloped virus; enveloped virus; mechanical removal; Recommendation 6; outbreak

Module 05 - The Hands Themselves

The hand you are performing hand hygiene on. Bare below the elbow and what it actually means for people who cover their forearms. Nails, artificial nails and chipped polish. Jewellery, the plain band, and the operating suite exception. Cuts and abrasions. And the part most training skips entirely - irritant contact dermatitis, which the Guidelines name as one reason healthcare workers fail to adhere to hand hygiene at all.

Learning outcomes

- Explain what 'bare below the elbow' means, including for staff who cover their forearms
- State the requirements for fingernails, artificial nails and nail polish
- State the position on jewellery, including the plain band and the high-risk setting exception
- Explain how cuts and abrasions affect hand hygiene, and what to do about them
- Explain why damaged skin is both an infection risk and a compliance risk
- Describe appropriate hand care, and when to escalate a skin reaction

Key terms: bare below the elbow; artificial nails; nail polish; jewellery; plain band; irritant contact dermatitis; hand cream; skin integrity

Module 06 - Gloves: the Most Misused PPE in Healthcare

Recommendation 31 and the three indications for gloves. The two hand hygiene moments that bracket every pair. Why gloves are changed between patients AND between episodes of care on the same patient. And the half of this subject nobody teaches - that gloves worn when they are not indicated are a hazard rather than a precaution, because they displace hand hygiene and the Guidelines list that belief by name as a barrier to compliance.

Learning outcomes

- State the three indications for gloves in Recommendation 31
- State the two hand hygiene moments that bracket every pair of gloves
- Explain why gloves are changed between episodes of care on the same patient
- Explain why gloves worn when not indicated are a hazard rather than a precaution
- Describe what a gloved hand does and does not protect
- Decide correctly whether gloves are indicated for a described task

Key terms: Recommendation 31; single-use; fit for purpose; over-gloving; glove change; hand hygiene before and after; barriers to compliance; sterile vs non-sterile

Module 07 - Aprons, Gowns, Eye and Face Protection

How PPE is selected - the three-part risk assessment the Guidelines describe, applied to aprons, gowns and eye protection. Recommendations 29 and 30. Why a gown is removed in the area where the care took place. Where PPE may and may not be worn, and why extended use is a decision for the infection prevention service rather than for you. And the two directions PPE protects in, which decides what you can and cannot compromise.

Learning outcomes

- State the three factors in the PPE selection risk assessment
- State Recommendations 29 and 30 and apply them to a described task
- Explain why an apron or gown is removed in the area where care took place
- State the rules about where PPE may be worn and why
- Explain why extended use of PPE is an organisational decision
- Distinguish PPE worn to protect the patient from PPE worn to protect you

Key terms: risk assessment; apron; gown; eye protection; face shield; Recommendation 29; Recommendation 30; extended use; single episode of care

Module 08 - Masks and Respirators: Fit Testing and Fit Checking

The difference between a surgical mask and a respirator, and what each is for. P2 and N95 - the standards behind them and the one difference that matters. Then the distinction this module exists for: fit TESTING and fit CHECKING are different things, done by different people, at different times, and you need both. Why a fit test result expires in practice even when it does not expire on paper. And what you can and cannot do about a respirator that will not seal.

Learning outcomes

- Distinguish a surgical mask from a P2 or N95 respirator and state what each is for
- State the standards that govern respirators and respiratory protection programmes
- Explain the difference between fit testing and fit checking
- State who performs each, when, and how often
- Explain why a fit test result can become invalid without expiring
- Describe what to do when a respirator will not seal

Key terms: surgical mask; P2 respirator; N95; AS/NZS 1715; AS/NZS 1716; fit testing; fit checking; airborne precautions; source control

Module 09 - Precautions, Doffing and Breaches

The three transmission-based precautions and what each adds to standard precautions. Why doffing rather than donning is where contamination happens, and the principles behind every sequence - without printing a competing one. What counts as a PPE breach, including the two that are not damage at all. And what to do when one occurs, which is a named process with a named first step.

Learning outcomes

- Describe the three transmission-based precautions and what each adds
- Explain why precautions are applied in addition to standard precautions
- Explain why doffing is the higher-risk half of PPE use
- State the principles that underlie every donning and doffing sequence
- Identify what counts as a PPE breach, including breaches that are not damage

- State the first action after a PPE breach or potential self-contamination

Key terms: contact precautions; droplet precautions; airborne precautions; doffing; donning; PPE breach; self-contamination; occupational exposure

Module 10 - Compliance: Auditing, Action 3.10 and Why the Number Moves

Action 3.10 and what an organisation must actually do. How a hand hygiene compliance rate is produced - direct observation by trained auditors, moments as the denominator - and the two things that make it a ceiling rather than an average. The seven barriers the Guidelines list, almost all of which are behavioural rather than educational. Why PPE sits last in the hierarchy of controls. And what to do with your own unit's number.

Learning outcomes

- State what Action 3.10 requires of a health service organisation
- Describe how a hand hygiene compliance rate is produced, and what the denominator is
- Explain why an observed compliance rate is a ceiling rather than an average
- Name the barriers to hand hygiene the Guidelines document
- Explain why PPE is the last line of the hierarchy of controls
- Interpret your own unit's compliance data and decide what to do about it

Key terms: Action 3.10; compliance; direct observation; Hawthorne effect; denominator; barriers; hierarchy of controls; Hand Hygiene Australia; multimodal

3. Assessment

Component	Type	Weighting	Attempts
Module knowledge checks (11)	Formative, immediate feedback with rationales	Not graded	Unlimited
Reflective workbook	Formative, self-directed	Completion required	n/a
Case study assessment	Formative, branching decisions with feedback	Completion required	Unlimited
Summative assessment	60 single-best-answer items	100% - pass mark 80%	2

Summative assessment blueprint

Module	Items
00	2
01	5
02	6
03	6
04	5
05	5
06	7
07	5
08	7
09	6
10	6
TOTAL	60

Pass mark is 80 per cent (48 of 60). Learners have 2 attempts. The certificate of completion is issued automatically on a pass.

4. Standards and regulatory mapping

Framework	Elements addressed	Where
NSQHS Standards, 2nd edition - Preventing and Controlling Infections Standard, Action 3.10 Hand hygiene	A hand hygiene program consistent with the current National Hand Hygiene Initiative and jurisdictional requirements; addressing non-compliance; timely reporting of audit results and the action taken to the workforce, governing body and consumers; and using audit results to improve	Modules 02, 10
NSQHS Preventing and Controlling Infections Standard, Actions 3.06 to 3.09	Standard and transmission-based precautions, the risk of infection transmission, and communicating a patient's known	Modules 01, 09

	or suspected colonisation or infection at transfer	
Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019), section 3.1.1	Hand hygiene: the 5 Moments, Recommendations 1 to 6, technique, products, the activity spectrum of alcohol-based hand rub, nails, jewellery, bare below the elbow, and hand care	Modules 01 to 05
Australian Guidelines (2019), section 3.3	Personal protective equipment: selection by risk assessment, aprons and gowns (Recommendation 29), face and eye protection (30), gloves (31), where PPE may be worn, extended use, and managing a breach	Modules 06 to 09
Australian Guidelines (2019), section 3.2	Transmission-based precautions - contact, droplet and airborne - applied in addition to standard precautions	Module 09
ACSQHC 5 Moments for Hand Hygiene, and the National Hand Hygiene Initiative	The five moments with the Commission's own when and why, the national auditing methodology, and the multimodal implementation approach	Modules 02, 10
AS/NZS 1715:2009 and AS/NZS 1716:2012	Selection, use and maintenance of respiratory protective equipment, and the manufacturing standard for P2 respirators. Fit testing and fit checking both sit here	Module 08
Work Health and Safety Act and Regulations (your jurisdiction)	The employer's duty to provide, maintain and train workers in PPE, and the worker's duty to use it as instructed. PPE is the LAST line of the hierarchy of controls, not the first	Modules 06, 08, 10
NMBA Registered nurse and Enrolled nurse standards for practice; Code of conduct for nurses	Practising safely, role-modelling, and the professional obligation to speak up about a risk to a person receiving care	Modules 00, 10
Australian Guidelines (2019), sections 3.1.5 and 3.1.7	Respiratory hygiene and cough etiquette, and waste management - the standard precautions this programme touches but does not cover in full	Module 01

5. Scope of practice

This programme is written for a mixed audience. Every module identifies what each role may and may not do. The full activity-by-role matrix is published separately as the Scope of Practice Mapping document (facilitator) and the Student Scope of Practice Card.

THE RULE THAT GOVERNS THE PROGRAMME

- Completing this course does not authorise any learner to perform any procedure described in it.
- Knowledge is one of three requirements. The others are assessed competence and authority from the employer, or - for a family carer - individual instruction from a clinician for the person they care for.
- Where an organisation's policy is more restrictive than this course, the organisation's policy applies.

6. Resources and further reading

A full directory of Australian organisations, with live links and a currency note, is published as the Further Reading and Organisation Directory. Three sources matter more than the rest, and all three are free: section 3.1 of the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019), which carries Recommendations 4, 5 and 6 and the two hand hygiene techniques; section 3.2 of the same document, which carries Recommendations 29, 30 and 31 and the PPE risk assessment; and the Hand Hygiene Australia materials that support the National Hand Hygiene Initiative, which is the programme Action 3.10 requires health services to be consistent with. Note that the Guidelines are still the 2019 edition - check the document's own title page rather than the URL it is served from. Nurse & Midwife Support (1800 667 877) is free, confidential and available 24 hours to nurses, midwives and students, including after an incident.

7. Completion and CPD

11. Complete all eleven module knowledge checks.
12. Complete the case study assessment.
13. Achieve 80 per cent or above in the summative assessment within 2 attempts.
14. The certificate of completion is then issued automatically, carrying the learner's name, the completion date, 10.0 CPD hours and a unique certificate identifier.
15. Registered and enrolled nurses should retain the certificate together with their reflective workbook as CPD evidence, as required by the NMBA registration standard.