

## Role of Nurses in Limiting Healthcare Associated Infection in Primary Healthcare Center

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### Abstract:

Infection control practices in nursing are essential for ensuring patient safety and reducing the transmission of healthcare-associated infections (HAIs). These practices encompass a wide range of procedures, including hand hygiene, the use of personal protective equipment (PPE), sterilization of instruments, and the implementation of isolation protocols. Effective infection control not only protects patients but also safeguards healthcare staff and the broader community. By adhering to evidence-based guidelines and regularly updating protocols based on the latest research, nursing professionals can significantly diminish the incidence of HAIs and improve overall health outcomes. The effectiveness of infection control practices in nursing can be measured through various indicators such as infection rates, compliance levels among staff, and patient satisfaction. Studies have shown that rigorous training and education in infection control significantly improve adherence to protocols among nurses, leading to a decrease in infection rates. Moreover, utilizing technology, such as electronic health records and surveillance systems, enhances monitoring and reporting of infections, which furthermore drives quality improvement initiatives within healthcare settings. Continuous evaluation and adaptation of infection control strategies are crucial to meeting the challenges posed by emerging pathogens and ensuring the highest standard of care for patients.

**Keywords:** Infection Control, Nursing Practices, Healthcare-Associated Infections, Hand Hygiene, Personal Protective Equipment, Sterilization, Isolation Protocols, Compliance, Training, Electronic Health Records, Quality Improvement.

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### Introduction:

Infection control is a critical aspect of patient safety and healthcare quality. Hospitals and other healthcare settings are breeding grounds for pathogens, making them vulnerable to healthcare-associated infections (HAIs). According to the Centers for Disease Control and Prevention (CDC), approximately one in every 31 hospital patients has at least one healthcare-associated infection on any given day. The consequences of these infections can

be severe, including increased morbidity and mortality rates, prolonged hospital stays, and elevated healthcare costs. Therefore, the implementation of effective infection control practices (ICP) in nursing is imperative for safeguarding patient health and enhancing overall care quality [1].

Infection control practices refer to a set of specialized procedures and protocols designed to prevent the spread of infections within healthcare

environments. These practices encompass a range of activities, from hand hygiene and the appropriate use of personal protective equipment (PPE) to the safe handling of sharps and the proper cleaning and disinfection of surfaces and medical equipment. The World Health Organization (WHO) emphasizes that effective infection control is a fundamental component of high-quality healthcare and must be integrated into all aspects of clinical practice. Nurses, being at the forefront of patient care, play a pivotal role in executing ICPs and fostering a culture of safety within healthcare facilities [2].

The effectiveness of infection control practices in nursing is a nuanced subject that encompasses various dimensions, including the adherence to established guidelines, the education and training levels of nursing staff, and the availability of resources and institutional support. Research has shown that adherence to infection control protocols can significantly reduce the incidence of HAIs, but compliance often varies widely among healthcare professionals. Factors such as workload, staffing levels, and the healthcare environment itself can influence the ability of nurses to implement best practices consistently [3].

Nonetheless, the persistent challenges of antibiotic resistance and emerging infectious diseases underscore the need for ongoing evaluation and enhancement of infection control practices in nursing. The COVID-19 pandemic has further spotlighted the importance of robust infection prevention strategies and has brought to light the gaps in existing protocols, necessitating a reevaluation of current practices. Emerging research is increasingly focused on understanding the dynamics of compliance in infection control, exploring innovative methods for education and training, and leveraging technology to improve monitoring and adherence [4].

This review aims to synthesize existing research on the effectiveness of infection control practices within the nursing profession. It will examine empirical studies that investigate compliance rates, barriers to effective implementation, and the impact of various educational interventions. Additionally, the review will analyze policy frameworks and guidelines set forth by authoritative bodies, assessing their relevance and application in the nursing context. By gathering and critically

evaluating existing literature, this research seeks to inform best practices in infection control, identify areas for improvement, and ultimately contribute to the creation of healthier healthcare environments [5].

### **Historical Perspectives on Infection Control Practices:**

The roots of infection control can be traced back to ancient civilizations. In ancient Egypt, the practice of cleanliness was promoted in medical texts, which emphasized the importance of bathing and personal hygiene, and indeed, evidence exists of early surgical procedures that highlighted the importance of keeping wounds clean. However, a comprehensive understanding of infectious diseases was largely absent [6].

During the time of Hippocrates (circa 460–370 BC), the concept of the "four humors" dominated medical thought, yet some early observations hinted at the contagious nature of diseases. The Hippocratic Corpus included references to conditions resembling plague, suggesting that certain diseases could spread from person to person. However, concrete infection control strategies were minimal, often reliant on isolation due to fear and superstition rather than scientific understanding [6].

The medieval period witnessed the emergence of more formal responses to infectious diseases, particularly during and after the devastating Black Death in the 14th century, which led to the deaths of millions in Europe. The plague prompted some of the earliest organized public health responses, such as quarantine. Port cities instituted isolation measures for ships arriving from areas afflicted by the plague, arising from the belief that the disease could be transmitted through contact with contaminated individuals or goods. These quarantine measures laid the groundwork for future infection control practices [6].

The Renaissance period marked a turning point in the approach to infection control. Advances in science, the development of the microscope, and a growing body of medical knowledge began to challenge long-standing beliefs regarding disease transmission. Notably, in the 17th century, Antonie van Leeuwenhoek's discoveries of microscopic organisms provided a basis for understanding that unseen pathogens could lead to infections. However,

it wasn't until the 19th century that these theories became cemented in public health practices [7].

The work of scientists such as Louis Pasteur and Robert Koch was instrumental in developing germ theory, which posited that specific microorganisms are responsible for specific diseases. Pasteur's experiments disproved the theory of spontaneous generation and demonstrated that microorganisms could cause spoilage and disease, while Koch established the postulates that became foundational in identifying the causative agents of infectious diseases [8].

With the rise of germ theory, the focus shifted towards preventing infection through sanitation and hygiene. Public health initiatives emerged in response to the recognition that crowded and unsanitary conditions fostered the spread of pathogens. Measures such as improving water supply, waste disposal, and sanitation were gradually enforced, particularly in urban areas where infectious diseases were rampant [9].

As the 20th century progressed, the understanding and management of infectious diseases underwent revolutionary changes, particularly with the discovery and widespread use of antibiotics and vaccines. The establishment of microbiology as a discipline allowed for more systematic approaches to infection control. The development of handwashing protocols, sterilization techniques, and the use of personal protective equipment (PPE) became standard practices within healthcare settings [10].

The introduction of the aseptic technique in surgical practice, largely attributed to Joseph Lister, fundamentally transformed surgical infection control. Lister advocated for sterilization methods, including antiseptic solutions and heat sterilization of surgical instruments, which significantly reduced postoperative infections and mortality rates. This advancement not only improved patient outcomes but also instilled a culture of hygiene and cleanliness within medical practices [11].

Additionally, the mid-20th century saw the establishment of infection control teams within hospitals, tasked with implementing and overseeing practices to minimize the risk of healthcare-acquired infections (HAIs). The emergence of organizations such as the Centers for Disease Control and

Prevention (CDC) in the United States provided overarching guidance on infection control protocols and promoted research and education in infectious disease prevention [11].

The turn of the 21st century brought new challenges in infection control, highlighted by global epidemics such as HIV/AIDS, SARS, and most recently, the COVID-19 pandemic. These events underscored the importance of robust infection control measures and demonstrated how rapidly infectious diseases could spread in a globalized world. Modern infection control now employs a multidisciplinary approach that incorporates technology, surveillance systems, and evidence-based practices to combat emerging pathogens [12].

Contemporary infection control practices emphasize the importance of vaccination as a preventative measure. Vaccination campaigns have successfully reduced the incidence of diseases such as measles, polio, and influenza, highlighting the role of infection control in public health. Additionally, the use of antibiotics has raised concerns regarding antibiotic resistance, prompting a renewed focus on stewardship practices to ensure the continued effectiveness of these vital tools [13].

The COVID-19 pandemic further revolutionized infection control practices worldwide, necessitating the swift implementation of new protocols such as widespread mask usage, social distancing, and enhanced sanitation measures. The pandemic spotlighted the need for a global coordinated response to infectious diseases, reinforcing the notion that infection control transcends national borders [14].

### **Key Infection Control Guidelines and Standards:**

Infection control is a systematic approach aimed at preventing the transmission of infections in healthcare settings, community environments, and even at home. The primary goal of these guidelines and standards is to reduce the risk of infection, particularly in vulnerable populations such as the elderly, immunocompromised individuals, and those undergoing invasive procedures [15].

The concept of infection control encompasses several strategies, including hand hygiene, the use of personal protective equipment (PPE), environmental cleaning, and the appropriate use of

antimicrobial agents. It also involves surveillance to monitor the incidence of infections, thus enabling healthcare facilities to implement timely interventions [15].

### **Key Infection Control Guidelines**

#### **1. Hand Hygiene:**

Hand hygiene remains the cornerstone of infection prevention. The World Health Organization (WHO) emphasizes the “Five Moments for Hand Hygiene,” which includes cleanliness before patient contact, before aseptic tasks, after body fluid exposure risk, after patient contact, and after contact with patient surroundings. Facilities must ensure adequate access to handwashing facilities and alcohol-based hand rubs to encourage compliance [16].

#### **2. Personal Protective Equipment (PPE):**

PPE serves as a barrier between healthcare workers and infectious agents. Guidelines specify the appropriate use of PPE—gloves, gowns, masks, and eye protection—depending on the type of procedure being performed and the level of risk involved. Proper training in the correct application and removal of PPE is also crucial [16].

#### **3. Injection Safety:**

Safe injection practices mitigate the risk of pathogens transmission. This includes using sterile equipment for each injection, adhering to the WHO guidelines for safe injections, and employing single-dose vials whenever possible to avoid cross-contamination [17].

#### **4. Environmental Infection Control:**

Cleaning and disinfection of surfaces and equipment are vital to reduce the presence of pathogens in healthcare settings. Guidelines recommend using appropriate cleaning agents and following protocols for routine cleaning and targeted disinfection of high-touch surfaces and shared equipment [18].

#### **5. Antimicrobial Stewardship:**

The judicious use of antimicrobial agents is critical in combating antibiotic resistance, a growing public health concern. Guidelines advocate for antimicrobial stewardship programs that promote the appropriate prescribing of antibiotics, thus preserving their effectiveness for future use [19].

#### **6. Infection Surveillance:**

Regular surveillance of infectious diseases supports early detection and intervention. Healthcare facilities are encouraged to collect data on infection rates, perform root cause analyses of HAIs, and implement quality improvement initiatives based on surveillance findings [20].

#### **7. Patient Isolation Protocols:**

Standard precautions suggest the isolation of patients with highly transmissible infections such as tuberculosis or COVID-19. Guidelines specify criteria for patient placement in isolation and the necessary precautions to ensure that staff, visitors, and other patients are protected [21].

### **Major Organizations and Standards**

Several prominent organizations provide frameworks and resources for infection control guidelines. The Centers for Disease Control and Prevention (CDC) in the United States has developed comprehensive infection prevention guidelines for various healthcare settings, including hospitals, outpatient facilities, and long-term care. The WHO also plays a crucial role on a global scale, addressing infection control in resource-limited settings [21].

The Joint Commission, an independent organization that accredits healthcare organizations, emphasizes the need for infection control in its accreditation standards. Compliance with these standards is imperative for healthcare institutions to maintain their accreditation and improve patient safety [21].

#### **1. Hospitals:**

Strict adherence to infection control guidelines in hospitals is vital, given the complex nature of healthcare delivery. Hospitals must establish infection control committees, conduct regular training for staff, and ensure reporting mechanisms for HAIs are in place [22].

#### **2. Outpatient Clinics:**

In outpatient settings, where the patient turnover is high, ensuring compliance with infection control standards is instrumental. Protocols for hand hygiene, patient screening, and environmental cleaning should be rigorously followed [22].

### 3. Long-Term Care Facilities:

These facilities cater to vulnerable populations and thus face unique infection challenges. Infection control measures must be tailored to the specific needs of residents, emphasizing both preventive strategies and responsive actions to potential outbreaks [22].

### 4. Community Settings:

In light of increasing recognition of the role of community settings in infection spread, public health guidelines have begun to incorporate infection control measures in schools, public transport, and communal living [22].

### Essential Infection Control Measures: Hand Hygiene and PPE:

In an increasingly interconnected world, the spread of infectious diseases poses a significant threat to public health. The emergence of global pandemics and the prevalence of healthcare-associated infections (HAIs) have highlighted the critical importance of effective infection control measures. Among the various strategies employed to mitigate infection risks, two fundamental practices stand out: hand hygiene and the use of personal protective equipment (PPE) [23].

Hand hygiene is universally recognized as one of the most effective ways to prevent the spread of infections. The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) assert that proper hand hygiene can reduce the likelihood of healthcare-associated infections by up to 50%. The act of washing hands with soap and water or using an alcohol-based hand sanitizer significantly diminishes the presence of pathogens, including bacteria and viruses, on the skin. This is particularly essential in healthcare settings where patients may have weakened immune systems and be at higher risk for infection [24].

Pathogens can be transmitted through various routes, including direct contact with contaminated surfaces or individuals. The hands serve as a primary vector for pathogen transmission, as they often come into contact with high-touch surfaces, medical equipment, and patients. Bacteria such as *Staphylococcus aureus* and viruses like norovirus and influenza can be easily spread through

inadequate hand hygiene practices. By implementing rigorous hand hygiene protocols, healthcare providers can significantly decrease the incidence of infections among patients and healthcare workers alike [25].

Effective hand hygiene involves a systematic approach that emphasizes the necessity of washing hands at appropriate times. The WHO recommends a five-step procedure: wetting hands with water, applying soap, scrubbing all hand surfaces for at least 20 seconds, rinsing thoroughly, and drying with a clean towel or air dryer. In situations where soap and water are not readily available, alcohol-based hand sanitizers containing at least 60% ethanol or 70% isopropanol provide an effective alternative [25].

Furthermore, healthcare facilities are encouraged to implement hand hygiene audits and educate staff about the critical moments when hand hygiene should be performed, such as before and after patient contact, before performing invasive procedures, and after contact with potentially contaminated surfaces. Training and continuous education play a vital role in reinforcing the importance of these practices and fostering a culture of safety within healthcare settings [26].

Personal protective equipment (PPE) is another essential component of infection control, designed to create a barrier between healthcare workers and potentially infectious materials. PPE includes a range of items such as gloves, masks, gowns, face shields, and respirators, each serving a specific purpose in reducing the risk of exposure to harmful pathogens [26].

### Types of PPE and Their Uses

1. **Gloves:** Disposable gloves are used to prevent direct contact with bodily fluids, microorganisms, and contaminated surfaces. They are crucial during procedures that may involve exposure to blood or other infectious materials. Proper donning and doffing of gloves is critical to prevent cross-contamination [26].
2. **Masks and Respirators:** Surgical masks protect against the spread of droplets from respiratory secretions, while respirators are designed to filter out airborne particles.

These are particularly important in the context of controlling infections transmitted through respiratory routes, such as influenza or COVID-19 [27].

3. **Gowns and Aprons:** Protective clothing is essential during procedures that may involve splashes or contact with infectious materials. Gowns should be worn when the risk of contamination is high, providing a physical barrier to protect the skin and clothing [27].
4. **Face Shields and Goggles:** Eye protection is necessary when there is a risk of splashes or droplets entering the eyes. Face shields offer comprehensive protection and can be used in conjunction with masks for added safety [28].

#### Guidelines for PPE Use

The effectiveness of PPE relies on the correct selection and use of the equipment. The CDC provides guidelines to ensure that healthcare workers are properly trained in selecting the appropriate PPE based on the level of risk associated with specific tasks. Facilities must conduct risk assessments to determine what PPE is necessary for various procedures, and workers should be trained to don and doff each type correctly. Adherence to these practices is essential for maintaining a safe working environment and minimizing the risk of pathogen transmission [28].

Despite the proven effectiveness of hand hygiene and PPE, several challenges remain. Compliance with hand hygiene practices can be inconsistent among healthcare workers, often due to busy work environments or lack of reminders. Similarly, PPE shortages—especially noted during the COVID-19 pandemic—can hinder effective infection control measures. Additionally, over-reliance on PPE may lead to a false sense of security, diminishing the emphasis on other critical infection prevention practices, such as hand hygiene [28].

Effective communication and leadership are crucial in addressing these challenges. Healthcare organizations should foster an environment that emphasizes the importance of infection control measures through ongoing education, provision of adequate resources, and active monitoring of

compliance. Encouraging teamwork and shared responsibility among healthcare workers can also enhance adherence to proper practices [29].

#### Evaluation of Infection Prevention Strategies and Their Effectiveness:

In a world characterized by increasing mobility and urbanization, the threat of infectious diseases has never been more pertinent. Throughout history, pandemics have reshaped societies, economies, and health systems, emphasizing the critical need for robust infection prevention strategies. The evaluation of these strategies is essential not only for their effectiveness in curtailing the spread of infections but also for understanding their implications on public health, healthcare systems, and community resilience [30].

Infection prevention strategies encompass a range of practices designed to reduce or eliminate the risk of infection transmission. These strategies can be broadly categorized into three primary areas:

#### surveillance, vaccination, and control measures.

1. **Surveillance:** Effective surveillance systems are essential for detecting and responding to infectious disease outbreaks. Surveillance involves the systematic collection, analysis, and interpretation of health data. Timely identification of rising infection rates allows for prompt implementation of control measures, making surveillance a critical aspect of public health. The integration of technology, such as electronic health records and data analytics, has enhanced the ability to monitor infections and trends, facilitating data-driven decision-making [31].
2. **Vaccination:** Vaccination is one of the most effective means of preventing infectious diseases. The development and distribution of vaccines have significantly reduced the incidence of diseases such as measles, polio, and hepatitis. Vaccination programs also protect vulnerable populations who may be at greater risk for severe disease, thereby contributing to herd immunity. Evaluations of vaccination strategies often focus on their coverage

rates, safety profiles, and the extent to which they reduce morbidity and mortality associated with vaccine-preventable diseases [31].

3. **Control Measures:** Control measures encompass a variety of interventions aimed at limiting the spread of infections. These include practices such as hand hygiene, the use of personal protective equipment (PPE), isolation of infected individuals, and environmental cleaning. The effectiveness of these measures is influenced by adherence to guidelines, public awareness, and cultural attitudes toward hygiene and health practices [31].

### Effectiveness of Infection Prevention Strategies

The effectiveness of infection prevention strategies can be assessed through a multifaceted approach, considering various indicators such as incidence and mortality rates, healthcare-associated infections (HAIs), and community spread of infectious diseases [32].

1. **Incidence and Mortality Rates:** The introduction of comprehensive vaccination programs has led to marked decreases in disease incidence and mortality rates. For instance, the Global Polio Eradication Initiative has successfully reduced polio cases by over 99% since its inception, demonstrating the potency of vaccination as a preventive strategy. Similar results have been observed with the eradication of smallpox, showcasing the transformative impact of vaccination on public health [33].
2. **Healthcare-Associated Infections (HAIs):** In hospitals, control measures such as hand hygiene protocols, use of PPE, and sterilization of medical equipment are crucial to preventing HAIs. Studies have shown that adherence to these protocols can lead to a significant decline in infection rates among patients. For example, the implementation of a multimodal intervention that included education, feedback, and reminders has been linked to a sustained reduction in central line-associated bloodstream infections (CLABSI) in intensive care

units. This underscores the importance of structured interventions and continuous education in enhancing compliance with infection prevention practices [33].

3. **Community Spread:** Effective surveillance combined with control measures can mitigate the community spread of infectious diseases. During the COVID-19 pandemic, countries that implemented timely lockdowns, comprehensive contact tracing, and effective communication strategies were able to manage the spread more effectively than those that did not. For instance, New Zealand's robust response, characterized by early border controls and strict public health policies, resulted in the successful containment of the virus, showcasing the vital role of timely intervention [34].

### Challenges in Infection Prevention

Despite the advancements in infection prevention strategies, several challenges persist that hinder their overall effectiveness. These include:

1. **Vaccine Hesitancy:** One of the significant barriers to effective vaccination programs is vaccine hesitancy. Misinformation, distrust in pharmaceutical companies, and concerns over vaccine safety have led some individuals to reject vaccinations. Addressing these concerns through public education, transparent communication, and community engagement is essential to improve vaccination uptake [35].
2. **Resource Limitations:** Low-resource settings often struggle with the implementation of infection prevention strategies due to inadequate funding, lack of trained personnel, and insufficient infrastructure. Strengthening healthcare systems in these areas is imperative for the effective delivery of preventive measures [36].
3. **Antimicrobial Resistance (AMR):** The rise of AMR poses a significant threat to infection prevention efforts. Infections caused by antibiotic-resistant pathogens are more difficult to treat, leading to

prolonged illness and increased mortality. Addressing AMR requires a multifaceted approach, including appropriate prescribing practices, development of new antibiotics, and promotion of infection control measures in healthcare settings [37].

4. **Behavioral Factors:** Adherence to infection prevention measures can be influenced by behavioral and cultural factors. Effective communication strategies that resonate with diverse populations are essential for fostering compliance with recommended practices such as hand hygiene and mask-wearing [38].

#### **Impact of Healthcare Technology on Infection Control Practices:**

In recent years, the evolution of healthcare technology has significantly transformed infection control practices in clinical settings. The increasing sophistication of healthcare technologies not only enhances the ability to prevent, identify, and manage infections but also optimizes the overall quality of care provided to patients [38].

One of the most profound impacts of healthcare technology on infection control practices is reflected in the realm of diagnostics. Rapid and accurate identification of pathogens is crucial for effective infection control. Traditional culturing methods often require days to yield results, which can delay appropriate treatment and exacerbate infection spread. However, the advent of molecular diagnostic techniques, such as polymerase chain reaction (PCR) and next-generation sequencing, has revolutionized this aspect of healthcare. These methods allow for the rapid detection of bacterial, viral, and fungal pathogens within hours, enabling healthcare providers to implement timely interventions [39].

Moreover, point-of-care testing has emerged as a game-changer in infection management. These portable diagnostic devices facilitate on-the-spot testing, significantly reducing the turnaround time for results. For instance, the development of bedside molecular tests for respiratory pathogens has enabled healthcare workers to respond swiftly to cases of influenza and other viral infections,

implementing isolation protocols to prevent outbreaks [40].

Healthcare-associated infections (HAIs) remain a considerable concern worldwide. To combat this issue, advancements in sterilization and disinfection technologies have been developed to enhance infection control protocols. One notable innovation is the use of automated disinfection systems, which utilize ultraviolet (UV) light or hydrogen peroxide vapor to efficiently disinfect hospital rooms and equipment. These technologies can eliminate a wide range of pathogens, including antibiotic-resistant bacteria, thereby substantially reducing the risk of transmission between patients [40].

Furthermore, advancements in chemical disinfectants have emerged, with new formulations yielding faster kill times and broader efficacy against a range of microbial threats. Real-time monitoring of disinfection efficacy through the use of bioluminescence and ATP testing ensures that surfaces are adequately cleaned, thereby reinforcing a culture of safety in clinical environments [40].

The integration of information technology and data analytics in infection control has proved invaluable in tracking, surveilling, and managing infection outbreaks. Healthcare facilities increasingly employ electronic health records (EHR) and surveillance systems that allow for the collection and analysis of infection-related data. These systems can identify trends, monitor antibiotic resistance patterns, and alert healthcare providers to potential outbreaks swiftly [41].

For instance, health information exchanges (HIEs) enable seamless communication between different healthcare institutions, promoting a collaborative approach to infection control. By sharing information regarding local infection rates or specific strains of pathogens, healthcare providers can make informed decisions about patient care and preventative measures [42].

Moreover, the use of artificial intelligence (AI) and machine learning algorithms in predicting infection rates and modeling outbreak scenarios represents a frontier in infection control. These technologies can analyze vast datasets to identify risk factors associated with particular infections, thereby enabling proactive measures tailored to individual patient populations and their unique challenges [42].



The COVID-19 pandemic underscored the critical role of personal protective equipment (PPE) in infection control. The evolution of healthcare technology has led to the development of advanced PPE that not only offers superior protection but is also designed for comfort and usability. Innovations such as respirators with enhanced filtration capabilities and smart monitoring technologies that provide real-time feedback on exposure risks have emerged as vital tools in safeguarding healthcare workers and patients alike [43].

Furthermore, the advent of design-thinking approaches in PPE development ensures that equipment is user-friendly, promoting adherence among healthcare workers. Better-fitting masks, goggles, and gowns not only enhance comfort but also improve overall compliance with infection prevention protocols [43].

Hospital design plays a crucial role in infection control, and technological advancements have led to the implementation of designs that inhibit pathogen transmission. Innovations such as negative pressure isolation rooms effectively contain airborne pathogens, protecting other patients and healthcare workers. Moreover, advanced ventilation systems that utilize HEPA filters and UV light help reduce the risk of airborne infections in healthcare environments [44].

Smart building technologies, which allow for better monitoring of environmental conditions such as humidity and temperature, have also been incorporated into healthcare architecture. These technologies can track and mitigate factors conducive to infection growth, such as stagnant air and inadequate sanitation [45].

### **Challenges and Barriers to Compliance in Infection Control:**

One of the primary barriers to effective infection control is found within the organizational structure of healthcare facilities. Often, resources allocated for infection control are insufficient, which limits the capacity to implement and maintain rigorous protocols. Budget constraints can hinder the procurement of necessary supplies such as personal protective equipment (PPE), disinfectants, and hand hygiene products. This shortage can lead to a compromise in overall infection prevention efforts [45].

Additionally, the lack of leadership commitment to infection control can exacerbate compliance challenges. If senior management does not prioritize infection control through visible support or by dedicating appropriate resources, frontline staff may perceive infection control as a lower priority. Studies have shown that strong leadership engagement is positively correlated with better compliance rates. When leaders fail to communicate the importance of infection control, staff may become disengaged, leading to lapses in protocol adherence [46].

Human behavior is another critical aspect influencing compliance rates in infection control. Research indicates that although healthcare workers may be aware of best practices—for instance, the importance of hand hygiene—many fail to consistently apply these practices in their daily routines. Behavioral compliance can be influenced by several factors, including workload, stress, and routine. In high-pressure environments, such as emergency rooms, the urgency of tasks may lead to shortcuts in infection control practices. This "under pressure" phenomenon often results in neglecting basic protocols that are vital for infection prevention [47].

Training and education also play significant roles in shaping behaviors. Inadequate training programs can leave staff feeling unprepared to execute infection control measures effectively. Continuous education is essential given the evolving nature of pathogens and resistance patterns. When healthcare personnel do not receive regular updates or refreshers on infection control guidelines, compliance is likely to falter [48].

The environment and culture within healthcare settings can significantly impact infection control compliance. A culture of safety and accountability is critical for ensuring that all staff members feel responsible for adhering to protocols. In some facilities, however, a hierarchy may exist that discourages open communication about lapses in infection control practices. For instance, junior staff may hesitate to question the practices of their superiors, even if they believe that these practices are inadequate or risky. This culture of silence can contribute to ongoing compliance issues [49].

Moreover, variations in professional backgrounds and levels of expertise can create discrepancies in

adherence to infection control guidelines. Different healthcare professionals may have different training, which can lead to misunderstandings or misinterpretations of infection control protocols. Fostering a unified approach and ensuring that all staff members are on the same page is vital for comprehensive compliance.

On a broader scale, systemic barriers also play a significant role in infection control compliance. Regulatory frameworks and accreditation bodies set standards for infection control practices; however, enforcement of these standards can be inconsistent. Facilities with fewer resources may struggle to meet these guidelines, leading to a gap between recommended and actual practices. Additionally, the complexity of healthcare systems can hinder effective communication and collaboration among different departments, which is essential for cohesive infection control efforts [50].

Furthermore, the global landscape of infectious diseases continues to evolve, making it imperative for infection control policies to adapt promptly. Outbreaks of new pathogens—such as COVID-19—demonstrate that existing infection control protocols may need to change quickly to address emerging threats. Systems that fail to incorporate flexibility and adaptability into their infection control policies may find themselves struggling to maintain compliance during a shift in circumstances [51].

To enhance compliance in infection control, targeted strategies must be deployed. Firstly, increasing resource allocation can bolster infection control efforts. Ensuring that staff have readily accessible supplies and equipment is crucial. Furthermore, investing in training programs that emphasize the importance of infection control and its impact on patient outcomes can help to shift the culture within healthcare environments. Regular workshops and reminders about best practices can foster an environment of continuous learning [52].

Promoting a culture of safety where all staff feel comfortable reporting lapses in compliance is also essential. Encouraging open communication and incorporating feedback mechanisms can help identify problems before they escalate. Additionally, implementing structured reporting and accountability systems can help ensure that everyone adheres to the necessary protocols [53].

Finally, healthcare organizations need to commit to reevaluating and adjusting their infection control policies continually. Engaging in regular audits and performance assessments can identify areas for improvement and allow organizations to adapt their strategies to meet evolving challenges [54].

### **Future Directions in Infection Control Research and Nursing Practice:**

One of the most promising directions for infection control is the integration of advanced technologies. Rapid developments in robotics, artificial intelligence (AI), and the Internet of Things (IoT) are revolutionizing how infections are monitored, controlled, and prevented in healthcare settings. For instance, AI-driven algorithms can analyze vast datasets to predict infection outbreaks and identify high-risk patients. Machine learning can uncover patterns in infection rates and contribute to the execution of proactive measures [55].

Moreover, robotic systems are increasingly being employed to assist with disinfection processes. Robots equipped with ultraviolet (UV) light can effectively decontaminate surfaces in hospitals, significantly reducing the burden of healthcare-associated infections (HAIs). Furthermore, IoT devices can remotely monitor the cleanliness of environments, alerting healthcare staff to potential risks before infections occur [56].

Telehealth is another technological advancement that has gained traction during the COVID-19 pandemic and is likely to persist. By enabling remote consultations, telehealth reduces the number of in-person visits, thereby minimizing the risk of infections. As healthcare systems continue to embrace this approach, further research into the effectiveness of telehealth in infection prevention will be essential [57].

Infection control research must also extend to nursing education. As the healthcare landscape evolves, nursing programs need to incorporate the latest evidence-based practices related to infection control. Enhanced education on antibiotic stewardship, adherence to infection prevention protocols, and the importance of hand hygiene is crucial. These fundamental components not only improve patient outcomes but also prepare nurses to respond effectively to emerging infectious diseases [58].

Furthermore, ongoing professional development opportunities should focus on teaching nurses how to utilize new technologies related to infection control. Webinars, workshops, and simulation training can provide critical skills and knowledge in a rapidly changing environment. By investing in education and training, the nursing workforce will be better equipped to adapt to new challenges in infection control [59].

As infection control challenges become more complex, interdisciplinary collaboration will play a vital role in research and practice. Nurses, physicians, pharmacists, microbiologists, and infection control specialists must work closely together to develop comprehensive strategies for preventing and managing infections. Collaborative approaches not only enhance the quality of care delivered to patients but also promote innovation and expedite research progress [59].

Research projects that include diverse teams can benefit from varied perspectives, leading to more effective interventions. For instance, collaboration between nurses and epidemiologists can help identify infection trends and target specific areas for improvement within healthcare facilities. Engaging patients in this collaborative process is equally important; understanding their perspectives can provide insights into behavioral changes that support infection prevention efforts [60].

Effective infection control requires strong leadership and supportive policies at institutional, national, and global levels. Future research must focus on understanding the impact of existing policies and practices on infection rates and prevention efforts. Evidence-based policy-making can drive change in infection prevention practices, funding allocations, and public health initiatives [61].

Nursing leaders have an essential role in advocating for effective infection control strategies within their organizations and influencing policies at higher levels. Empowering nurses to take on leadership roles in infection control will ensure that patient safety remains a top priority. Research into leadership styles that foster collaboration and promote a culture of safety can yield valuable insights for developing future leaders in infection control [62].

Infection control is not exclusively a local issue; it is a global concern. Emerging infections can quickly transcend borders, underscoring the need for international collaboration in infection prevention efforts. Future research should emphasize global health perspectives and the importance of a unified response to infectious diseases. This will involve examining how vaccination strategies, surveillance systems, and infection control protocols can be standardized and implemented globally [63].

Moreover, training healthcare workers in low- and middle-income countries is essential for strengthening global health security. Investing in infection control training for nurses and other healthcare providers worldwide can help mitigate the risk of infections and improve healthcare outcomes in resource-limited settings [64].

### **Conclusion:**

In conclusion, the review of infection control practices in nursing underscores their critical role in enhancing patient safety and minimizing the risk of healthcare-associated infections (HAIs). The implementation of evidence-based guidelines, along with rigorous training and ongoing education, is essential for promoting adherence to infection control protocols among nursing staff. The findings indicate that successful infection control strategies, such as meticulous hand hygiene and the appropriate use of personal protective equipment (PPE), significantly lower infection rates and improve overall patient outcomes.

As the healthcare landscape continues to evolve, it is imperative for nursing professionals to stay informed about the latest developments in infection control practices and emerging pathogens. Addressing challenges related to compliance and resource allocation will require collaborative efforts and a commitment to fostering a culture of safety within healthcare settings. Future research should focus on innovative approaches, such as leveraging technology for surveillance and reporting, to further enhance the effectiveness of infection control measures. By prioritizing infection control, nurses can play a pivotal role in safeguarding the health of patients and the broader community.

## References:

1. Rummukainen M.L., Jakobsson A., Matsinen M., Jarvenpaa S., Nissinen A., Karppi P., Lyytikainen O. Reduction in inappropriate prevention of urinary tract infections in long-term care facilities. *Am. J. Infect. Control.* 2012;40:711–714. doi: 10.1016/j.ajic.2011.09.013.
2. World Health Organization. Improving Infection Prevention and Control at the Health Facility: Interim Practical Manual Supporting Implementation of the WHO Guidelines on Core Components of Infection Prevention and Control Programmes. World Health Organization; Geneva, Switzerland: 2018.
3. Dawson S.J. The role of the infection control link nurse. *J. Hosp. Infect.* 2003;54:251–257. doi: 10.1016/S0195-6701(03)00131-2.
4. World Health Organization. Report on the Burden of Endemic Health Care-Associated Infection Worldwide. World Health Organization; Geneva, Switzerland: 2011.
5. Ali-Brandmeyer O., Blanckaert K., Nion-Huang M., Simon L., Birgand G., Network C.P. Consumption of alcohol-based hand rub in French nursing homes: Results from a nationwide survey, 2018–2019. *J. Hosp. Infect.* 2021;118:27–31. doi: 10.1016/j.jhin.2021.09.002.
6. Jenner E.A., Wilson J.A. Educating the infection control team—Past, present and future. A British perspective. *J. Hosp. Infect.* 2000;46:96–105. doi: 10.1053/jhin.2000.0822.
7. Thandar M.M., Matsuoka S., Rahman O., Ota E., Baba T. Infection control teams for reducing healthcare-associated infections in hospitals and other healthcare settings: A protocol for systematic review. *BMJ Open.* 2021;11:e044971. doi: 10.1136/bmjopen-2020-044971.
8. Peter D., Meng M., Kugler C., Mattner F. Strategies to promote infection prevention and control in acute care hospitals with the help of infection control link nurses: A systematic literature review. *Am. J. Infect. Control.* 2018;46:207–216. doi: 10.1016/j.ajic.2017.07.031.
9. Hale R., Powell T., Drey N.S., Gould D.J. Working practices and success of infection prevention and control teams: A scoping study. *J. Hosp. Infect.* 2015;89:77–81. doi: 10.1016/j.jhin.2014.10.006.
10. Umscheid C.A., Mitchell M.D., Doshi J.A., Agarwal R., Williams K., Brennan P.J. Estimating the proportion of healthcare-associated infections that are reasonably preventable and the related mortality and costs. *Infect. Control Hosp. Epidemiol.* 2011;32:101–114. doi: 10.1086/657912.
11. Dekker M., Jongerden I.P., van Mansfeld R., Ket J.C.F., van der Werff S.D., Vandenbroucke-Grauls C., de Bruijne M.C. Infection control link nurses in acute care hospitals: A scoping review. *Antimicrob. Resist. Infect. Control.* 2019;8:20. doi: 10.1186/s13756-019-0476-8.
12. Rummukainen M., Jakobsson A., Karppi P., Kautiainen H., Lyytikainen O. Promoting hand hygiene and prudent use of antimicrobials in long-term care facilities. *Am. J. Infect. Control.* 2009;37:168–171. doi: 10.1016/j.ajic.2008.09.020.
13. Schreiber P.W., Sax H., Wolfensberger A., Clack L., Kuster S.P., Swissnoso. The preventable proportion of healthcare-associated infections 2005–2016: Systematic review and meta-analysis. *Infect. Control Hosp. Epidemiol.* 2018;39:1277–1295. doi: 10.1017/ice.2018.183.
14. Harbarth S., Sax H., Gastmeier P. The preventable proportion of nosocomial infections: An overview of published reports. *J. Hosp. Infect.* 2003;54:258–266. doi: 10.1016/S0195-6701(03)00150-6.
15. Office of Disease Prevention and Health Healthcare-Associated Infections. Available online: <https://www.healthypeople.gov/2020/topics-objectives/topic/healthcare-associated-infections>.
16. Mazzeffi M., Galvagno S., Rock C. Prevention of Healthcare-associated Infections in Intensive Care Unit Patients. *Anesthesiology.* 2021;135:1122–1131. doi: 10.1097/ALN.0000000000004017.
17. Page M.J., Moher D., Bossuyt P.M., Boutron I., Hoffmann T.C., Mulrow C.D., Shamseer L., Tetzlaff J.M., Akl E.A., Brennan S.E., et al. PRISMA 2020 explanation and elaboration: Updated guidance and exemplars for reporting systematic reviews. *BMJ.* 2021;372:n160. doi: 10.1136/bmj.n160.

18. Psevdos G., Papamanoli A., Barrett N., Bailey L., Thorne M., Ford F., Lobo Z. Halting a SARS-CoV-2 outbreak in a US Veterans Affairs nursing home. *Am. J. Infect. Control.* 2021;49:115–119. doi: 10.1016/j.ajic.2020.10.022.
19. Ahlbrecht H., Shearen C., Degelau J., Guay D.R. Team approach to infection prevention and control in the nursing home setting. *Am. J. Infect. Control.* 1999;27:64–70. doi: 10.1016/S0196-6553(99)70078-7.
20. Moralejo D., El Dib R., Prata R.A., Barretti P., Correa I. Improving adherence to Standard Precautions for the control of health care-associated infections. *Cochrane Database Syst. Rev.* 2018;2:CD010768. doi: 10.1002/14651858.CD010768.pub2.
21. Tanner-Smith E.E., Grant S. Meta-Analysis of Complex Interventions. *Annu. Rev. Public Health.* 2018;39:135–151. doi: 10.1146/annurev-publhealth-040617-014112.
22. Guyatt G.H., Oxman A.D., Vist G.E., Kunz R., Falck-Ytter Y., Alonso-Coello P., Schünemann H.J., Group G.W. GRADE: An emerging consensus on rating quality of evidence and strength of recommendations. *BMJ Clin. Res. Ed.* 2008;336:924–926. doi: 10.1136/bmj.39489.470347.AD.
23. Seto W.H., Ching T.Y., Yuen K.Y., Chu Y.B., Seto W.L. The enhancement of infection control in-service education by ward opinion leaders. *Am. J. Infect. Control.* 1991;19:86–91. doi: 10.1016/0196-6553(91)90044-D.
24. Aboelela S.W., Stone P.W., Larson E.L. Effectiveness of bundled behavioural interventions to control healthcare-associated infections: A systematic review of the literature. *J. Hosp. Infect.* 2007;66:101–108. doi: 10.1016/j.jhin.2006.10.019.
25. McConeghy K.W., Baier R., McGrath K.P., Baer C.J., Mor V. Implementing a Pilot Trial of an Infection Control Program in Nursing Homes: Results of a Matched Cluster Randomized Trial. *J. Am. Med. Dir. Assoc.* 2017;18:707–712. doi: 10.1016/j.jamda.2017.03.003.
26. Ista E., van der Hoven B., Kornelisse R.F., van der Starre C., Vos M.C., Boersma E., Helder O.K. Effectiveness of insertion and maintenance bundles to prevent central-line-associated bloodstream infections in critically ill patients of all ages: A systematic review and meta-analysis. *Lancet Infect. Dis.* 2016;16:724–734. doi: 10.1016/S1473-3099(15)00409-0.
27. Furuya E.Y., Dick A.W., Herzig C.T., Pogorzelska-Maziarz M., Larson E.L., Stone P.W. Central Line-Associated Bloodstream Infection Reduction and Bundle Compliance in Intensive Care Units: A National Study. *Infect. Control Hosp. Epidemiol.* 2016;37:805–810. doi: 10.1017/ice.2016.67.
28. Donati D., Biagioli V., Cianfrocca C., De Marinis M.G., Tartaglino D. Compliance with Standard Precautions among Clinical Nurses: Validity and Reliability of the Italian Version of the Compliance with Standard Precautions Scale (CSPS-It) *Int. J. Environ. Res. Public Health.* 2019;16:121. doi: 10.3390/ijerph16010121.
29. Lee M.H., Lee G.A., Lee S.H., Park Y.H. Effectiveness and core components of infection prevention and control programmes in long-term care facilities: A systematic review. *J. Hosp. Infect.* 2019;102:377–393. doi: 10.1016/j.jhin.2019.02.008.
30. Baldwin N.S., Gilpin D.F., Tunney M.M., Kearney M.P., Crymble L., Cardwell C., Hughes C.M. Cluster randomised controlled trial of an infection control education and training intervention programme focusing on meticillin-resistant *Staphylococcus aureus* in nursing homes for older people. *J. Hosp. Infect.* 2010;76:36–41. doi: 10.1016/j.jhin.2010.03.006.
31. Sydnor E.R., Perl T.M. Hospital epidemiology and infection control in acute-care settings. *Clin. Microbiol. Rev.* 2011;24:141–173. doi: 10.1128/CMR.00027-10.
32. Harbarth S, Sax H, Gastmeier P. The preventable proportion of nosocomial infections: an overview of published reports. *J Hosp Infect.* 2003;54(4):258–66. doi: 10.1016/S0195-6701(03)00150-6.
33. Smith MJ, Carpenter RD, Fitzpatrick JJ. Encyclopedia of nursing education. Springer Publishing Company; 2015.
34. Siegel JD, Rhinehart E, Jackson M, Chiarello L. 2007 guideline for isolation precautions: preventing transmission of infectious agents in health care settings. *Am J Infect Control.*

- 2007;35(10):65–S164. doi: 10.1016/j.ajic.2007.10.007.
35. Al-Maani A, Al Wahaibi A, Al-Zadjali N, Al-Sooti J, AlHinai M, Al Badawi A, Al Saidi A, AlZadjali N, Elshoubary W, Al-Harthi K. The impact of the hand hygiene role model project on improving healthcare workers' compliance: a quasi-experimental observational study. *J Infect Public Health*. 2022;15(3):324–30. doi: 10.1016/j.jiph.2022.01.017.
36. Donati D, Miccoli GA, Cianfrocca C, Di Stasio E, De Marinis MG, Tartaglini D. Effectiveness of implementing link nurses and audits and feedback to improve nurses' compliance with standard precautions: a cluster randomized controlled trial. *Am J Infect Control*. 2020;48(10):1204–10. doi: 10.1016/j.ajic.2020.01.017.
37. Grove SK, Burns N, Gray J. The practice of nursing research: Appraisal, synthesis, and generation of evidence. Elsevier Health Sciences; 2012.
38. Sofirala MM, Yahle-Dunbar L, Smyer J, Wellington L, Dickman J, Zikri N, Martin J, Kulich P, Taylor D, Mekhjian H. Infection control link nurse program: an interdisciplinary approach in targeting health care-acquired infection. *Am J Infect Control*. 2014;42(4):353–9. doi: 10.1016/j.ajic.2013.10.007.
39. Sax H, Allegranzi B, Chraïti M-N, Boyce J, Larson E, Pittet D. The World Health Organization hand hygiene observation method. *Am J Infect Control*. 2009;37(10):827–34. doi: 10.1016/j.ajic.2009.07.003.
40. Picheansathian W, Pearson A, Suchaxaya P. The effectiveness of a promotion programme on hand hygiene compliance and nosocomial infections in a neonatal intensive care unit. *Int J Nurs Pract*. 2008;14(4):315–21. doi: 10.1111/j.1440-172X.2008.00699.x.
41. Hillier MD. Using effective hand hygiene practice to prevent and control infection. *Nurs Stand*. 2020;35(5):45–50. doi: 10.7748/ns.2020.e11552.
42. Poulouse V, Punithavathi A, Ali M, Assalam FM, Phyto KK, Soh A, Tan SH, Li J, Ang WB, Chew A. Improving hand hygiene in a medical ward: a multifaceted approach. *BMJ Open*. 2022;11(2):e001659. doi: 10.1136/bmjopen-2021-001659.
43. Fouad M, Eltaher S. Hand hygiene initiative: comparative study of pre-and postintervention outcomes. *Eastern Mediterranean Health Journal*. 2020;26(2).
44. Dekker M, Jongerden IP, van Mansfeld R, Ket JC, van der Werff SD, Vandenbroucke-Grauls CM, de Bruijne MC. Infection control link nurses in acute care hospitals: a scoping review. *Antimicrob Resist Infect Control*. 2019;8(1):1–13. doi: 10.1186/s13756-019-0476-8.
45. Masoudifar M, Gouya MM, Pezeshki Z, Eshtrati B, Afhami S, Farzami MR, Seifi A. Health care-associated infections, including device-associated infections, and antimicrobial resistance in Iran: the national update for 2018. *J Prev Med Hyg*. 2021;62(4):E943–E949. doi: 10.15167/2421-4248/jpmh2021.62.4.1801.
46. Farhoudi F, Sanaei Dashti A, Hoshangi Davani M, Ghalebi N, Sajadi G, Taghizadeh R. Impact of WHO hand hygiene improvement program implementation: a quasi-experimental trial. *BioMed Research International*. 2016.
47. The World Health Organization. WHO launches first ever global report on infection prevention and control.
48. Standard precautions. Hand hygiene.
49. Lam SC. Universal to standard precautions in disease prevention: preliminary development of compliance scale for clinical nursing. *Int J Nurs Stud*. 2011;48(12):1533–9. doi: 10.1016/j.ijnurstu.2011.06.009.
50. Quilab M, Johnson S, Schadt C, Mitchell A. The effect of education on improving hand hygiene compliance among healthcare workers. *Hos Pal Med Int Jnl*. 2019;3(2):66–71.
51. Seifi A, Dehghan-Nayeri N, Rostamnia L, Varaei S, Ali Akbari S, Haghani H, Ghanbari V. Health care-associated infection surveillance system in Iran: reporting and accuracy
52. Siddique K, Mirza S, Tauqir SF, Anwar I, Malik AZ. Knowledge attitude and practices regarding needle stick injuries amongst healthcare providers. *Pak J Surg*. 2008;24:243–8.
53. Wicker S, Stirn AV, Rabenau HF, von Gierke L, Wutzler S, Stephan C. Needlestick injuries:

- causes, preventability and psychological impact. *Infection*. 2014;42:549–52. doi: 10.1007/s15010-014-0598-0.
54. DiCenso A, Guyatt G, Ciliska D. Evidence-based nursing: a guide to clinical practice. St. Louis, USA: Elsevier Health Sciences; 2014.
55. Nawafleh HA, El Abozead S, Al Momani MM, Aaraj H. Investigating needle stick injuries: incidence, knowledge and perception among South Jordanian nursing students. *J Nurs Educ Pract*. 2017;8:59–69. doi: 10.5430/jnep.v8n4p59.
56. Lee WC, Nicklasson L, Cobden D, Chen ER, Conway D, Pashos CL. Short-term economic impact associated with occupational needlestick injuries among acute care nurses. *Curr Med Res Opin*. 2005;21:1915–22. doi: 10.1185/030079905X65286.
57. Azadi A, Anoosheh M, Delpisheh A. Frequency and barriers of underreported needlestick injuries amongst Iranian nurses, a questionnaire survey. *J Clin Nurs*. 2011;20:488–93. doi: 10.1111/j.1365-2702.2010.03252.x.
58. Cui Z, Zhu J, Zhang X, Wang B, Li X. Sharp injuries: a cross-sectional study among health care workers in a provincial teaching hospital in China. *Environ Health Prev Med*. 2018;23:2. doi: 10.1186/s12199-017-0691-y.
59. Hanmore E, Maclaine G, Garin F, Alonso A, Leroy N, Ruff L. Economic benefits of safety-engineered sharp devices in Belgium - a budget impact model. *BMC Health Serv Res*. 2013;13:489. doi: 10.1186/1472-6963-13-489.
60. Memish ZA, Assiri AM, Eldalatony MM, Hathout HM, Alzoman H, Undaya M. Risk analysis of needle stick and sharp object injuries among health care workers in a tertiary care hospital. *J Epidemiol Glob Health*. 2013;3:123–9. doi: 10.1016/j.jegh.2013.03.004.
61. Leigh JP, Gillen M, Franks P, Sutherland S, Nguyen HH, Steenland K, et al. Costs of needlestick injuries and subsequent hepatitis and HIV infection. *Curr Med Res Opin*. 2007;23:2093–105. doi: 10.1185/030079907X219517.
62. Fashafsheh I, Ayed A, Eqtait F, Harazneh L. Knowledge and practice of nursing staff towards infection control measures in the Palestinian hospitals. *J Educ Pract*. 2015;6:79–90.
63. Shiao J, Guo L, McLaws ML. Estimation of the risk of bloodborne pathogens to health care workers after a needlestick injury in Taiwan. *Am J Infect Control*. 2002;30:15–20. doi: 10.1067/mic.2002.119928.
64. Prüss-Ustün A, Rapiti E, Hutin Y. Estimation of the global burden of disease attributable to contaminated sharps injuries among health-care workers. *Am J Ind Med*. 2005;48:482–90. doi: 10.1002/ajim.20230.
65. Wicker S, Stirn AV, Rabenau HF, von Gierke L, Wutzler S, Stephan C. Needlestick injuries: causes, preventability and psychological impact. *Infection*. 2014;42:549–52. doi: 10.1007/s15010-014-0598-0.
66. Feng TH, Liu HE. Initial evaluation of a new safety needle system at a clinical setting in Taiwan. *Int J Nurs Pract*. 2009;15:394–402. doi: 10.1111/j.1440-172X.2009.01789.x.