

ENHANCING HEALTHCARE WORKER SAFETY: EFFECTIVE INFECTION CONTROL STRATEGIES IN MEDICAL SETTINGS

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Abstract

Healthcare-associated infections (HAIs) represent a significant global health challenge, endangering both patients and healthcare workers. This comprehensive review examines the current landscape of infection prevention and control (IPC) strategies designed to enhance healthcare worker safety across various medical settings. Drawing from extensive research, this article analyzes various organizational models for infection control programs, explores the role of environmental factors in infection transmission, evaluates healthcare worker knowledge and practices, and identifies barriers to effective implementation of IPC measures. The review highlights the importance of multifaceted approaches that combine administrative controls, environmental modifications, and behavioral interventions. Significant attention is given to the challenges faced in resource-limited settings and during emerging infectious disease outbreaks such as COVID-19. The article concludes by identifying innovative technological solutions and emphasizing the critical need for comprehensive training programs, institutional commitment, and systems thinking to create safer healthcare environments. Effective infection control not only protects healthcare workers but also improves patient outcomes and contributes to global efforts to combat antimicrobial resistance.

Keywords: infection control, healthcare workers, personal protective equipment, hand hygiene, healthcare-associated infections, COVID-19, resource-limited settings

INTRODUCTION

Healthcare workers (HCWs) operate at the frontline of patient care, routinely exposing themselves to infectious agents in the course of their duties. This occupational hazard makes infection prevention and control (IPC) strategies crucial not only for patient safety but also for protecting the healthcare workforce. Healthcare-associated infections (HAIs) affect millions of patients globally each year, resulting in prolonged hospital stays, increased healthcare costs, and significant morbidity and mortality (Haque et

workers themselves, potentially resulting in occupational illness, staff absenteeism, and compromised healthcare delivery.

The importance of effective infection control has been dramatically highlighted by the COVID-19 pandemic, which has had devastating impacts on healthcare workers worldwide. Beyond pandemic contexts, everyday infection control practices remain essential in preventing the transmission of endemic hospital pathogens and containing the spread of multidrug-resistant organisms (MDROs), which represent an escalating global health threat.

This study examines current evidence on infection prevention and control strategies aimed at enhancing healthcare worker safety across various medical settings. By analyzing organizational models, environmental factors, healthcare worker knowledge and practices, and implementation challenges, this review provides a comprehensive overview of effective approaches to infection control and identifies areas for improvement in protecting those who protect public health.

Organizational Models for Infection Control Programs

Structural Components and Governance

Effective infection prevention and control requires robust organizational structures and clear governance. Gordts (2005) describes various models for organizing hospital infection control programs, emphasizing that regardless of the specific structure, key elements must include dedicated IPC professionals, administrative support, and clear lines of accountability. Successful programs typically feature multidisciplinary infection control committees that bring together expertise from various domains including infectious diseases, microbiology, nursing, and hospital administration.

The World Health Organization (WHO) recommends that healthcare facilities establish dedicated IPC programs with adequate staffing and resources proportional to the facility's size and complexity (Sydnor & Perl, 2011). These programs should be led by trained infection preventionists with dedicated time allocation for IPC activities and direct reporting relationships to senior leadership.

Surveillance Systems and Outbreak Management

Surveillance represents a cornerstone of effective infection control programs. Aghdassi et al. (2021) describe the implementation of an automated cluster alert system in a tertiary care university hospital, demonstrating how technology can enhance early detection of potential outbreaks. Effective surveillance systems enable healthcare facilities to establish baseline infection rates, detect deviations from normal patterns, and implement timely interventions when outbreaks occur.

Comprehensive surveillance should include monitoring of:

- HAI incidence by type and location
- Antimicrobial resistance patterns
- Healthcare worker compliance with IPC practices
- Environmental sampling results where applicable
- Post-exposure follow-up of healthcare workers

When outbreaks are detected, robust response protocols should be activated, including enhanced surveillance, contact tracing, implementation of additional precautions, and communication strategies (Choi et al., 2021).

Performance Monitoring and Quality Improvement

Continuous monitoring of IPC practices and outcomes allows for identification of gaps and implementation of improvement measures. Liu et al. (2020) describe a comprehensive approach to healthcare-associated infection prevention and control management in a tertiary hospital, incorporating performance indicators and quality improvement methodologies.

Drohan et al. (2019) discuss the potential role of incentives in improving hospital infection control, suggesting that financial incentives, public reporting of performance metrics, and peer comparison can drive institutional commitment to infection prevention. However, the authors note that these approaches must be carefully designed to avoid unintended consequences such as underreporting or creating perverse incentives.

Environmental Factors in Infection Control

Hospital Environment and Infrastructure

The physical environment of healthcare facilities plays a crucial role in infection transmission. Facciola et al. (2019) review the role of the hospital environment in healthcare-associated infections, highlighting how surfaces, air, water systems, and medical equipment can serve as reservoirs for pathogens. The authors emphasize that environmental cleaning and disinfection, proper ventilation, water safety management, and appropriate facility design are essential components of comprehensive infection control strategies.

Peters et al. (2022) conducted a systematic review on the impact of environmental hygiene interventions on healthcare-associated infections and patient colonization, finding that enhanced

cleaning and disinfection protocols can significantly reduce infection rates. However, the effectiveness of environmental interventions depends on proper implementation, appropriate selection of cleaning agents, and comprehensive coverage of high-touch surfaces.

Medical Equipment and Device Management

Medical devices and equipment represent significant potential sources of infection transmission. Turner and Anderson (2020) discuss infection control measures for *Clostridioides difficile*, highlighting the importance of proper cleaning and disinfection of shared medical equipment. Similarly, Johnston and Bryce (2009) address control strategies for multidrug-resistant organisms such as vancomycin-resistant *Enterococcus* (VRE) and methicillin-resistant *Staphylococcus aureus* (MRSA), emphasizing the role of equipment decontamination in breaking transmission chains.

Effective management of medical equipment includes:

- Clear protocols for cleaning and disinfection between patient uses
- Regular maintenance and monitoring of complex equipment such as ventilators
- Appropriate selection of single-use versus reusable equipment
- Proper storage to prevent contamination

Isolation Practices and Patient Placement

Strategic patient placement and isolation practices constitute critical environmental controls for preventing infection transmission. Cohen et al. (2015) conducted a qualitative study on decision-making regarding isolation-based practices in nursing homes, highlighting the complexities of implementing isolation measures in long-term care settings. The authors identified barriers including physical space limitations, staffing constraints, and concerns about negative psychosocial impacts on residents.

Taconelli et al. (2014) provide guidelines for infection control measures to reduce transmission of multidrug-resistant Gram-negative bacteria, recommending patient isolation or cohorting as a key strategy. However, the authors acknowledge that implementation must be balanced with considerations of resource availability and patient well-being.

Healthcare Worker Knowledge, Attitudes, and Practices Knowledge and Training Gaps

Multiple studies have identified significant knowledge gaps among healthcare workers regarding infection control practices. Tenna et al. (2013) assessed infection control knowledge, attitudes, and practices among healthcare workers in Addis Ababa, Ethiopia, finding variable levels of knowledge across different professional categories and topic areas. Similarly, Sodhi et al. (2013) evaluated knowledge of infection control practices among intensive care nurses in a tertiary care hospital, identifying specific knowledge deficits that could be addressed through targeted education.

Voss et al. (2005) outline the essential components of a training curriculum in hospital infection control, emphasizing the need for both theoretical knowledge and practical skills development. The authors recommend that training programs cover basic microbiology, epidemiology of HAIs, standard and transmission-based precautions, surveillance methodologies, and outbreak management.

Compliance with Hand Hygiene

Hand hygiene remains the most fundamental infection control measure, yet compliance rates often fall below optimal levels. Ojanperä et al. (2020) examined the relationship between hand hygiene compliance by hospital staff and the incidence of healthcare-associated infections in Finland, finding a significant inverse correlation. The authors demonstrated that sustained improvements in hand hygiene practice were associated with reductions in HAI rates.

Graveto et al. (2018) studied nurses' adherence to hand hygiene protocols after training, identifying factors that influenced compliance. These included workload, accessibility of hand hygiene facilities, organizational culture, and role modeling by senior staff. The authors concluded that while training is necessary, it must be complemented by systemic approaches that address barriers to implementation.

Personal Protective Equipment Use

Appropriate use of personal protective equipment (PPE) is essential for healthcare worker protection, particularly when caring for patients with known or suspected infectious diseases. Ruskin et al. (2021) discuss the challenges associated with PPE use during the COVID-19 pandemic, highlighting how PPE can impact human performance through increased physical workload, communication difficulties, and cognitive effects.

Mohamad et al. (2022) evaluated compliance with infection prevention and control practices among healthcare workers during the COVID-19 pandemic in Malaysia, finding variable adherence to PPE protocols. The authors identified factors influencing compliance, including risk perception, availability of equipment, training adequacy, and institutional support.

Challenges and Barriers to Effective Implementation

Resource Limitations

Resource constraints represent significant barriers to effective infection control, particularly in low- and middle-income countries. Alp et al. (2011) discuss infection control practices in countries with limited resources, highlighting challenges such as inadequate infrastructure, insufficient staffing, limited access to hand hygiene supplies, and competing healthcare priorities.

Sengupta et al. (2019) identify opportunities to overcome implementation challenges of infection prevention and control in low-middle income countries, emphasizing the need for context-appropriate strategies, capacity building, and innovative approaches that maximize impact within resource constraints. The authors suggest that focusing on high-impact, low-cost interventions such as hand hygiene, environmental cleaning, and judicious use of antibiotics can yield significant benefits even in resource-limited settings.

Behavioral and Cultural Factors

Beyond resource considerations, behavioral and cultural factors significantly influence infection control practices. Gilbert and Kerridge (2019) conducted a qualitative case study examining senior clinicians' perceptions of professional and cultural factors that influence doctors' attitudes and practices regarding infection control. The authors identified themes including professional autonomy, competing priorities, risk perception, and the impact of hierarchical structures on adherence to protocols.

Brooks et al. (2021) performed a rapid evidence review on factors affecting healthcare workers' compliance with social and behavioral infection control measures during emerging infectious disease outbreaks. The review identified key factors including clear communication, perceived personal risk, organizational support, and professional responsibilities. The authors emphasized that interventions addressing these factors must be multifaceted and tailored to specific contexts.

Special Challenges in Different Healthcare Settings

Infection control challenges vary significantly across different healthcare settings. Mackay et al. (2014) review infection control in community healthcare settings, noting that traditional hospital-based approaches may not translate effectively to community contexts. The authors highlight challenges including limited supervision, variable environment control, and the need for patient and caregiver education.

Ariza-Heredia and Chemaly (2018) discuss infection control practices specific to cancer hospitals, where immunocompromised patients require enhanced protection. The authors emphasize the importance of specialized protocols for neutropenic patients, construction-related infection control, and management of multidrug-resistant organisms in oncology settings.

Similarly, Lowe et al. (2021) examined challenges and opportunities for infection prevention and control in hospitals in conflict-affected settings, identifying unique barriers including damaged infrastructure, supply chain disruptions, overcrowding, and security concerns. The authors emphasized the need for context-adapted strategies and international support for infection control in humanitarian contexts.

Innovative Approaches and Solutions

Technological Innovations

Emerging technologies offer promising solutions to enhance infection control effectiveness. Huang et al. (2021) conducted a scoping review on how innovative technology impacts nursing in infectious diseases and infection control, identifying technologies such as electronic surveillance systems, automated hand hygiene monitoring, ultraviolet disinfection devices, and mobile applications for infection control education and reporting.

Automated surveillance systems can improve the timeliness and accuracy of outbreak detection, as demonstrated by Aghdassi et al. (2021). Similarly, advanced environmental disinfection technologies such as hydrogen peroxide vapor and ultraviolet-C light systems offer enhanced killing of pathogens on surfaces, potentially addressing gaps in manual cleaning processes.

Behavioral Science Applications

Applying behavioral science principles can significantly improve adherence to infection control practices. Gesser-Edelsburg et al. (2018) employed a positive deviance approach to characterize and address "gray areas" in infection prevention and control, identifying individuals and units that achieved exceptional compliance despite systemic challenges, and leveraging their strategies for broader implementation.

Behavioral interventions that have shown promise include:

- Nudging approaches that make desired behaviors easier

- Peer comparison feedback
- Social norms messaging
- Leadership engagement and role modeling
- Just-in-time coaching and feedback

Systems Thinking and Human Factors Engineering

Adopting systems thinking and human factors engineering principles can lead to more effective infection control programs. These approaches recognize that individual behavior occurs within complex systems and that sustainable improvements require addressing system-level factors rather than focusing solely on individual compliance. factors considerations for infection control include:

- Workload management and staffing adequacy
- Workplace design that facilitates compliance
- Equipment and supplies that are easily accessible
- Processes designed to minimize steps and complexity
- Clear roles and responsibilities

Strategies for Different Healthcare Settings

Acute Care Hospitals

Acute care hospitals represent complex environments with diverse patient populations and high potential for infection transmission. Sydnor and Perl (2011) provide a comprehensive overview of hospital epidemiology and infection control in acute-care settings, emphasizing the importance of multidisciplinary approaches, robust surveillance, and strategic use of both standard and transmission-based precautions.

Key strategies for acute care settings include:

- Comprehensive hand hygiene programs
- Antimicrobial stewardship initiatives
- Device-associated infection prevention bundles
- Environmental cleaning and disinfection protocols
- Isolation and cohorting of patients with transmissible infections

Long-Term Care Facilities

Infection control in long-term care facilities presents unique challenges due to the residential nature of these settings, the chronicity of care, and the vulnerability of the resident population. Cohen et al. (2015) examined decision-making regarding isolation-based practices in nursing homes, highlighting the need for balanced approaches that consider both infection prevention and quality of life concerns.

Effective strategies for long-term care settings include:

- Resident and family education on infection prevention
- Staff vaccination programs
- Surveillance systems adapted to detect infections in elderly populations
- Environmental modifications that balance infection control with home-like environments
- Protocols for managing residents with cognitive impairment who may not understand or comply with infection control measures

Ambulatory and Community Settings

As healthcare delivery increasingly shifts to outpatient and community settings, infection control strategies must adapt accordingly. Mackay et al. (2014) review infection control challenges in community healthcare, noting the diversity of settings and the limited infrastructure for infection control compared to hospitals.

Verkola et al. (2021) examined infection prevention and control practices in ambulatory veterinary settings in Finland, providing insights potentially applicable to human ambulatory care. The authors identified the importance of clear protocols, adequate supplies, and training specific to the ambulatory context.

Implementation Strategies for Effective Infection Control Programs

Leadership Engagement and Institutional Commitment

Successful infection control programs require strong leadership support and institutional commitment. Alslamah and Abalkhail (2022) review national strategies for infection prevention and control in Saudi Arabia, highlighting the importance of governance structures and political will in driving effective implementation.

Key leadership actions include:

- Allocating adequate resources for infection control
- Establishing clear accountability mechanisms
- Recognizing and rewarding compliance
- Modeling appropriate infection control behaviors

- Integrating infection control into organizational strategy and performance metrics

Comprehensive Training and Education

Education and training are foundational elements of effective infection control programs. Carrico et al. (2008) identify infection prevention and control competencies for hospital-based health care personnel, providing a framework for developing comprehensive training programs. The authors emphasize the importance of tailoring education to specific roles while ensuring all healthcare workers have foundational knowledge.

Effective training approaches include:

- Baseline and refresher education for all staff
- Role-specific training with practical skills assessment
- Just-in-time training during outbreaks or when new procedures are implemented
- Peer-to-peer education and champions programs
- Use of simulation and scenario-based learning

Monitoring, Feedback, and Continuous Improvement

Continuous monitoring, feedback, and improvement cycles are essential for sustaining effective infection control practices. Huis et al. (2020) describe infection prevention practices in the Netherlands based on a national survey, highlighting the role of regular audits, performance feedback, and quality improvement methodologies in driving practice improvements.

Effective monitoring and feedback systems include:

- Regular audits of infection control practices
- Surveillance of healthcare-associated infections
- Investigation of infection clusters or outbreaks
- Feedback of performance data to frontline staff and leadership
- Action planning based on identified gaps

Special Considerations for Resource-Limited Settings

Adapted Strategies for Low-Resource Environments

Resource-limited settings require adapted infection control strategies that maximize impact while acknowledging constraints. Alp et al. (2011) discuss infection control practices in countries with limited resources, emphasizing the need for pragmatic approaches that prioritize high-impact interventions. Savul et al. (2020) assessed the infection prevention and control situation in public hospitals of Islamabad, identifying significant resource challenges but also opportunities for improvement through low-cost interventions and policy changes. The authors emphasized that even in resource-constrained environments, significant improvements can be achieved through strategic prioritization and creative problem-solving.

Effective approaches for resource-limited settings include:

- Focusing on hand hygiene with locally produced alcohol-based hand rub where commercial products are unavailable
- Implementing administrative controls that require minimal resources
- Adapting single-use items for safe reuse when necessary
- Leveraging community resources and partnerships
- Emphasizing interventions with multiple benefits (e.g., improved water supply that enhances both hand hygiene and environmental cleaning)

International Collaboration and Support

International collaboration can play a crucial role in strengthening infection control in resource-limited settings. Deryabina et al. (2021) describe core components of infection prevention and control programs at the facility level in Georgia, highlighting how international partnerships supported capacity building and systems strengthening.

Effective international support includes:

- Technical assistance and knowledge transfer
- Support for developing context-appropriate guidelines
- Training programs for infection control professionals
- Resource mobilization and sustainable financing mechanisms
- Research collaborations to generate evidence on effective interventions in specific contexts

The Role of Healthcare Workers in Infection Control

Professional Responsibility and Advocacy

Healthcare workers play a crucial role not only in implementing infection control practices but also in advocating for systemic improvements. Saloojee and Steenhoff (2001) discuss the health professional's

role in preventing nosocomial infections, emphasizing the ethical responsibility to protect patients and colleagues through adherence to infection control protocols.

Jeong and Eun (2023) examined factors influencing SARS-CoV-2 infection control practices of nurses caring for COVID-19 patients in South Korea, finding that perceived susceptibility, severity, benefits, and self-efficacy significantly influenced compliance. The authors highlight that healthcare workers' beliefs about infection risks and the effectiveness of preventive measures shape their behaviors.

Occupational Health and Staff Protection

Protecting healthcare workers from occupational infections is both an ethical imperative and a practical necessity for maintaining healthcare system capacity. Moodley et al. (2021) conducted a health worker knowledge, attitudes and practices survey of SARS-CoV-2 infection prevention and control in South Africa, identifying concerns about personal safety that influenced work practices.

Key elements of healthcare worker protection include:

- Comprehensive vaccination programs
- Post-exposure prophylaxis protocols
- Regular health screening and surveillance
- Personal protective equipment that is appropriate, available, and properly fitted
- Psychological support for staff dealing with infectious disease outbreaks

Infection Control in the Context of Emerging Infectious Diseases

Lessons from COVID-19

The COVID-19 pandemic has generated valuable lessons for infection control in healthcare settings. Mohamad et al. (2022) evaluated compliance with infection prevention and control practices among healthcare workers during COVID-19 in Malaysia, identifying both challenges and successful adaptation strategies.

Key lessons include:

- The importance of surge capacity planning for both equipment and staffing
- Need for clear, consistent, and timely communication during evolving situations
- Value of flexible and adaptable infection control protocols that can respond to emerging evidence
- Importance of addressing healthcare worker mental health and burnout
- Critical role of institutional trust in facilitating adherence to infection control measures

Preparedness for Future Threats

Building on experiences from COVID-19 and previous outbreaks, healthcare systems must strengthen preparedness for future infectious disease threats. Maltezou et al. (2012) examined infection control practices in facilities for highly infectious diseases across Europe, identifying significant variability in preparedness and capabilities.

Elements of effective preparedness include:

- Regular drills and simulations
- Stockpiling of essential supplies
- Training on emerging infectious disease protocols
- Established communication channels and decision-making structures
- Surveillance systems capable of detecting novel pathogens

CONCLUSION

Effective infection control strategies are essential for protecting healthcare workers and the patients they serve. This review has examined various aspects of infection prevention and control in medical settings, highlighting the importance of comprehensive approaches that address organizational, environmental, behavioral, and systemic factors.

Key themes emerging from this analysis include:

1. The critical importance of robust organizational structures and leadership commitment to infection control
2. The need for tailored approaches that address the specific challenges of different healthcare settings
3. The value of continuous education, monitoring, and feedback to sustain effective practices
4. The potential of technological innovations and behavioral science applications to enhance infection control
5. The particular challenges faced in resource-limited settings and during emerging infectious disease outbreaks

Moving forward, healthcare organizations should prioritize infection control as a fundamental aspect of quality and safety, investing in the necessary infrastructure, training, and systems to protect healthcare workers from infectious hazards. By implementing comprehensive infection control strategies, healthcare facilities can create safer environments for their workforce, improve patient outcomes, and contribute to global efforts to combat healthcare-associated infections and antimicrobial resistance.

Future research should focus on developing and evaluating context-specific interventions, particularly for resource-limited settings, as well as exploring the potential of emerging technologies to enhance infection control effectiveness. Additionally, greater attention should be paid to the human factors that influence infection control practices, moving beyond individual compliance to address the complex systems in which healthcare workers operate.

Ultimately, protecting healthcare workers through effective infection control is not only an organizational responsibility but also a societal imperative. By safeguarding those who provide care, we ensure the resilience and sustainability of healthcare systems worldwide.

REFERENCES

1. Aghdassi, S. J., Kohlmorgen, B., Schröder, C., Peña Diaz, L. A., Thoma, N., Rohde, A. M., Behnke, M., Gastmeier, P., & Schwab, F. (2021). Implementation of an automated cluster alert system into the routine work of infection control and hospital epidemiology: experiences from a tertiary care university hospital. *BMC Infectious Diseases*, 21, 1075. <https://doi.org/10.1186/s12879-021-06771-8>
2. Alojaimy, R. S., Nakamura, K., Al-Sobaihi, S., Tashiro, Y., Watanabe, N., & Seino, K. (2021). Infection prevention and control standards and associated factors: case study of the level of knowledge and practices among nurses in a Saudi Arabian hospital. *Journal of Preventive Medicine and Hygiene*, 62, E501-E507. <https://doi.org/10.15167/2421-4248/jpmh2021.62.2.1957>
3. Alp, E., Leblebicioglu, H., Doganay, M., & Voss, A. (2011). Infection control practice in countries with limited resources. *Annals of Clinical Microbiology and Antimicrobials*, 10, 36. <https://doi.org/10.1186/1476-0711-10-36>
4. Alslamah, T., & Abalkhail, A. (2022). The national strategies for and challenges in infection prevention and control of the healthcare system in the Kingdom of Saudi Arabia (review study). *Vaccines*, 10, 1302. <https://doi.org/10.3390/vaccines10081302>
5. Ariza-Heredia, E. J., & Chemaly, R. F. (2018). Update on infection control practices in cancer hospitals. *CA: A Cancer Journal for Clinicians*, 68, 340-355. <https://doi.org/10.3322/caac.21462>
6. Brooks, S. K., Greenberg, N., Wessely, S., & Rubin, G. J. (2021). Factors affecting healthcare workers' compliance with social and behavioural infection control measures during emerging infectious disease outbreaks: rapid evidence review. *BMJ Open*, 11, e049857. <https://doi.org/10.1136/bmjopen-2021-049857>
7. Carrico, R. M., Rebmann, T., English, J. F., Mackey, J., & Cronin, S. N. (2008). Infection prevention and control competencies for hospital-based health care personnel. *American Journal of Infection Control*, 36, 691-701. <https://doi.org/10.1016/j.ajic.2008.05.017>
8. Choi, U. Y., Kwon, Y. M., Kang, H. J., Song, J. H., Lee, H. Y., Kim, M. S., Yoon, S. Y., Lim, S. K., Yoon, J. W., & Choi, J. W. (2021). Surveillance of the infection prevention and control practices of healthcare workers by an infection control surveillance-working group and a team of infection control co-ordinators during the COVID-19 pandemic. *Journal of Infection and Public Health*, 14, 454-460. <https://doi.org/10.1016/j.jiph.2021.01.012>
9. Cohen, C. C., Pogorzelska-Maziarz, M., Herzig, C. T., Carter, E. J., Bjarnadottir, R., Semeraro, P., Travers, J. L., & Stone, P. W. (2015). Infection prevention and control in nursing homes: a qualitative study of decision-making regarding isolation-based practices. *BMJ Quality & Safety*, 24, 630-636. <https://doi.org/10.1136/bmjqs-2015-003952>
10. Deryabina, A., Lyman, M., Yee, D., Kamkamidze, G., Chikviladze, T., Gutierrez, R., Adegbite, O., Chakvetadze, N., & Mitaishvili, N. (2021). Core components of infection prevention and control programs at the facility level in Georgia: key challenges and opportunities. *Antimicrobial Resistance & Infection Control*, 10, 39. <https://doi.org/10.1186/s13756-020-00879-3>
11. Drohan, S. E., Levin, S. A., Grenfell, B. T., & Laxminarayan, R. (2019). Incentivizing hospital infection control. *Proceedings of the National Academy of Sciences of the United States of America*, 116, 6221-6225. <https://doi.org/10.1073/pnas.1812231116>
12. Facciola, A., Pellicanò, G. F., Visalli, G., Paolucci, I. A., Squeri, R., Nunnari, G., & La Fauci, V. (2019). The role of the hospital environment in the healthcare-associated infections: a general

- review of the literature. *European Review for Medical and Pharmacological Sciences*, 23, 1266- 1278. https://doi.org/10.26355/eurev_201902_17020
13. Gesser-Edelsburg, A., Cohen, R., Halavi, A. M., Zemach, M., van Heerden, P. V., Svir, S., Benenson, S., Trahtemberg, U., Orenbuch-Harroch, E., Lowenstein, L., Shteinberg, D., Salmon, A., & Moses, A. E. (2018). Beyond the hospital infection control guidelines: a qualitative study using positive deviance to characterize gray areas and to achieve efficacy and clarity in the prevention of healthcare-associated infections. *Antimicrobial Resistance & Infection Control*, 7, 124. <https://doi.org/10.1186/s13756-018-0418-x>
 14. Gilbert, G. L., & Kerridge, I. (2019). The politics and ethics of hospital infection prevention and control: a qualitative case study of senior clinicians' perceptions of professional and cultural factors that influence doctors' attitudes and practices in a large Australian hospital. *BMC Health Services Research*, 19, 212. <https://doi.org/10.1186/s12913-019-4044-y>
 15. Gordts, B. (2005). Models for the organisation of hospital infection control and prevention programmes. *Clinical Microbiology and Infection*, 11, 19-23. <https://doi.org/10.1111/j.1469-0691.2005.01085.x>
 16. Graveto, J. M., Rebola, R. I., Fernandes, E. A., & Costa, P. J. (2018). Hand hygiene: nurses' adherence after training. *Revista Brasileira de Enfermagem*, 71, 1189-1193. <https://doi.org/10.1590/0034-7167-2017-0239>
 17. Haque, M., Sartelli, M., McKimm, J., & Abu Bakar, M. (2018). Health care-associated infections - an overview. *Infection and Drug Resistance*, 11, 2321-2333. <https://doi.org/10.2147/IDR.S177247>
 18. Huang, F., Brouqui, P., & Boudjema, S. (2021). How does innovative technology impact nursing in infectious diseases and infection control? A scoping review. *Nursing Open*, 8, 2369-2384. <https://doi.org/10.1002/nop2.863>
 19. Huis, A., Schouten, J., Lescure, D., Krein, S., Ratz, D., Saint, S., van Dijk, M., Akkerman, A., van Goor, H., Friedrich, A., Hulscher, M., & Borg, M. (2020). Infection prevention practices in the Netherlands: results from a national survey. *Antimicrobial Resistance & Infection Control*, 9, 7. <https://doi.org/10.1186/s13756-019-0667-3>
 20. Jeong, D., & Eun, Y. (2023). Factors influencing SARS-CoV-2 infection control practices of nurses caring for COVID-19 patients in South Korea: based on health belief model. *International Journal of Environmental Research and Public Health*, 20, 3223. <https://doi.org/10.3390/ijerph20043223>
 21. Johnston, B. L., & Bryce, E. (2009). Hospital infection control strategies for vancomycin-resistant *Enterococcus*, methicillin-resistant *Staphylococcus aureus* and *Clostridium difficile*. *Canadian Medical Association Journal*, 180, 627-631. <https://doi.org/10.1503/cmaj.080195>
 22. Lam, K. L. (1978). Prevention of hospital infection. *Medical Journal of Malaysia*, 33, 133-136.
 23. Liu, W., Guo, T., Li, H., Yang, Y., Gu, Y., Shi, K., Chang, Y., & Wang, H. (2020). Healthcare-associated infection prevention and control management in a tertiary hospital and an overall evaluation. *Annals of Palliative Medicine*, 9, 1536-1544. <https://doi.org/10.21037/apm-20-65>
 24. Lowe, H., Woodd, S., Lange, I. L., Janjanin, S., Barnett, J., & Graham, W. (2021). Challenges and opportunities for infection prevention and control in hospitals in conflict-affected settings: a qualitative study. *Conflict and Health*, 15, 94. <https://doi.org/10.1186/s13031-021-00428-8>
 25. Mackay, W. G., Smith, K., Williams, C., Chalmers, C., & Masterton, R. (2014). A review of infection control in community healthcare: new challenges but old foes. *European Journal of Clinical Microbiology & Infectious Diseases*, 33, 2121-2130. <https://doi.org/10.1007/s10096-014-2191-y>
 26. Maltezou, H. C., Fusco, F. M., Schilling, S., De Iaco, G., Gottschalk, R., Brodt, H. R., Bannister, B., Brouqui, P., Thomson, G., Leitmeyer, K., Ippolito, G., & European Network for Highly Infectious Diseases (2012). Infection control practices in facilities for highly infectious diseases across Europe. *Journal of Hospital Infection*, 81, 184-191. <https://doi.org/10.1016/j.jhin.2012.04.019>
 27. Mohamad, N., Pahrol, M. A., Shahrudin, R., Rahim, S. S. S. A., Awang, T. S. T., Ismail, N. N., Razak, F. I. A., Mokhtar, S., Noor, S. M., & Che Ahmad, A. (2022). Compliance to infection prevention and control practices among healthcare workers during COVID-19 pandemic in Malaysia. *Frontiers in Public Health*, 10, 878396. <https://doi.org/10.3389/fpubh.2022.878396>
 28. Moodley, S. V., Zungu, M., Malotle, M., Voyi, K., Claassen, N., Ramodike, J., Thunzi, N., & Mlangeni, N. (2021). A health worker knowledge, attitudes and practices survey of SARS-CoV-2 infection prevention and control in South Africa. *BMC Infectious Diseases*, 21, 138. <https://doi.org/10.1186/s12879-021-05812-6>
 29. Morikane, K. (2012). Infection control in healthcare settings in Japan. *Journal of Epidemiology*, 22, 86-90. <https://doi.org/10.2188/jea.je20110085>

30. Ojanperä, H., Kanste, O. I., & Syrjala, H. (2020). Hand-hygiene compliance by hospital staff and incidence of health-care-associated infections, Finland. *Bulletin of the World Health Organization*, 98, 475-483. <https://doi.org/10.2471/BLT.19.247494>
31. Peters, A., Schmid, M. N., Parneix, P., Lebowitz, D., De Angelis, G., Ricchizzi, E., Martin, P., Zingg, W., & EUCIC StopNegative Pressure Wound Therapy Working Group (2022). Impact of environmental hygiene interventions on healthcare-associated infections and patient colonization: a systematic review. *Antimicrobial Resistance & Infection Control*, 11, 38. <https://doi.org/10.1186/s13756-022-01075-1>
32. Raza, M. W., Gould, F. K., & Kazi, B. M. (2001). Infection control policies and practice in Pakistan. *Journal of the Pakistan Medical Association*, 51, 292-295.
33. Ruskin, K. J., Ruskin, A. C., Musselman, B. T., Harvey, J. R., Nesthus, T. E., & O'Connor, M. (2021). COVID-19, personal protective equipment, and human performance. *Anesthesiology*, 134, 518-525. <https://doi.org/10.1097/ALN.0000000000003684>
34. Saloojee, H., & Steenhoff, A. (2001). The health professional's role in preventing nosocomial infections. *Postgraduate Medical Journal*, 77, 16-19. <https://doi.org/10.1136/pmj.77.903.16>
35. Savul, S., Lalani, F. K., Ikram, A., Khan, M. A., Khan, M. A., & Ansari, J. (2020). Infection prevention and control situation in public hospitals of Islamabad. *Journal of Infection in Developing Countries*, 14, 1040-1046. <https://doi.org/10.3855/jidc.12779>
36. Sengupta, S., Barman, P., & Lo, J. (2019). Opportunities to overcome implementation challenges of infection prevention and control in low-middle income countries. *Current Treatment Options in Infectious Diseases*, 11, 267-280. <https://doi.org/10.1007/s40506-019-00200-w>
37. Sharif, F., Khan, A., Samad, M. A., Zaheer, S., Mubarak, S. S., & Qamar, N. (2018). Knowledge, attitude, and practices regarding infection control measures among medical students. *Journal of the Pakistan Medical Association*, 68, 1065-1069.
38. Sodhi, K., Shrivastava, A., Arya, M., & Kumar, M. (2013). Knowledge of infection control practices among intensive care nurses in a tertiary care hospital. *Journal of Infection and Public Health*, 6, 269-275. <https://doi.org/10.1016/j.jiph.2013.02.004>
39. Sydnor, E. R., & Perl, T. M. (2011). Hospital epidemiology and infection control in acute-care settings. *Clinical Microbiology Reviews*, 24, 141-173. <https://doi.org/10.1128/CMR.00027-10>
40. Tacconelli, E., Cataldo, M. A., Dancer, S. J., De Angelis, G., Falcone, M., Frank, U., Kahlmeter, G., Pan, A., Petrosillo, N., Rodríguez-Baño, J., Singh, N., Venditti, M., Yokoe, D. S., & Cookson, B. (2014). ESCMID guidelines for the management of the infection control measures to reduce transmission of multidrug-resistant Gram-negative bacteria in hospitalized patients. *Clinical Microbiology and Infection*, 20, 1-55. <https://doi.org/10.1111/1469-0691.12427>
41. Tadesse, A. W., Alagaw, A., Kassa, M., & Bekele, M. (2020). Tuberculosis infection control practices and associated factors among healthcare workers in hospitals of Gamo Gofa Zone, Southern Ethiopia, institution-based cross-sectional study. *PLoS One*, 15, e0239159. <https://doi.org/10.1371/journal.pone.0239159>
42. Tenna, A., Stenehjem, E. A., Margoles, L., Kacha, E., Blumberg, H. M., & Kempker, R. R. (2013). Infection control knowledge, attitudes, and practices among healthcare workers in Addis Ababa, Ethiopia. *Infection Control and Hospital Epidemiology*, 34, 1289-1296. <https://doi.org/10.1086/673979>
43. Turner, N. A., & Anderson, D. J. (2020). Hospital infection control: *Clostridioides difficile*. *Clinics in Colon and Rectal Surgery*, 33, 98-108. <https://doi.org/10.1055/s-0040-1701234>
44. Verkola, M., Järvelä, T., Järvinen, A., Jokelainen, P., Virtala, A. M., Kinnunen, P. M., & Heikinheimo, A. (2021). Infection prevention and control practices of ambulatory veterinarians: a questionnaire study in Finland. *Veterinary Medicine and Science*, 7, 1059-1070. <https://doi.org/10.1002/vms3.464>
45. Voss, A., Allerberger, F., Bouza, E., Cookson, B. D., Daschner, F., Dettenkofer, M., Gastmeier, P., Gordts, B., Heczko, P., Kaufmann, M. E., König, C., Krcmery, V., Krüger, W., Leeming, J., Maher, K., Marples, R., Mayer, K. H., Pittet, D., Romling, U., ... Widmer, A. F. (2005). The training curriculum in hospital infection control. *Clinical Microbiology and Infection*, 11, 33-35. <https://doi.org/10.1111/j.1469-0691.2005.01088.x>