

# Implementing Infection Control Guidelines: Barriers and Facilitators

**Khalid Ghazi Sharif Alghamdi<sup>1</sup>, Mohammed Saleh Othman Alghamdi<sup>2</sup>, Adnan Safar Saeed Alghamdi<sup>3</sup>, Serag Omar Salih Alghamdi<sup>4</sup>, Alaa Safar Saeed Alghamdi<sup>5</sup>, Anwar Muidh Muqbil Alzahrani<sup>6</sup>, Hasan Gharam Allah Hasan Alghamdi<sup>7</sup>, Shaker Saleh Saeed Alghamdi<sup>8</sup>, Abdulmajeed Ahmed Dayili<sup>9</sup>**

- 1- Family Medicine Specialist, Jedrah Phc, Albaha, Saudi Arabia
- 2- Nursing Specialist, Jedrah Phc Albaha, Saudi Arabia
- 3- Dental Hygiene, King Abdullah Medical Complex, Jeddah, Saudi Arabia
- 4- Oral And Dental Hygienist, Al-Baha Jedrah Phcc, Albaha, Saudi Arabia
- 5- Health Informatics Technician, Medical Coordination, Department At Al Baha Health Cluster, Albaha, Saudi Arabia
- 6- Nursing Specialist, King Fahad Hospital, Albaha, Saudi Arabia
- 7- Medical Laboratory, Al-Baha Jedrah Phcc, Albaha, Saudi Arabia
- 8- Laboratories And Medical Technology, Department Of Forensic Center, Forensic Medical Services Center, Albaha, Saudi Arabia
- 9- Urologist, Prince Mohammed Bin Nasser Hospital, Jazan, Saudi Arabia

## Abstract:

Implementing infection control guidelines in healthcare settings is crucial for preventing and managing infections, but several barriers can hinder their effectiveness. Common challenges include insufficient training and education among staff, leading to a lack of understanding of the protocols. Limited resources, such as inadequate supplies of personal protective equipment (PPE) or funding for infection control programs, can also impede compliance. Additionally, organizational culture plays a significant role; if the leadership does not prioritize infection control practices, staff may feel disheartened or unmotivated to adhere to guidelines. Lastly, the presence of competing demands, such as high patient volumes and staff shortages, can divert attention away from infection control measures. Despite these barriers, certain facilitators can aid in the successful implementation of infection control guidelines. Effective education and training programs can empower healthcare workers with the knowledge and skills needed to follow protocols consistently. Leadership support is essential; when management actively promotes and models compliance with infection control practices, it can foster a culture of safety. Providing adequate resources, such as sufficient PPE and access to infection control specialists, can further enhance adherence. Additionally, integrating infection control measures into routine workflows and using reminders, such as checklists and signage, can help reinforce behaviors. Ultimately, a multifaceted approach that addresses both barriers and facilitators is necessary for effective infection control in healthcare settings.

**Keywords:** Infection control, implementation, barriers, facilitators, healthcare settings, training, resources, organizational culture, leadership support, compliance, safety culture, education programs, personal protective equipment (PPE), workflow integration.

## Introduction:

Infection control is a fundamental aspect of healthcare that plays a crucial role in preventing the transmission of infectious diseases within various settings, particularly hospitals, outpatient clinics, and long-term care facilities. The implementation of infection control guidelines is essential for safeguarding the health of patients, healthcare workers, and the broader community. These guidelines, developed through rigorous research and clinical expertise, provide a framework for practices designed to minimize the risk of infection and contain outbreaks. However, the

successful integration of these guidelines into everyday healthcare practices often encounters various barriers and facilitators that can significantly influence their effectiveness [1].

The significance of infection control guidelines was underscored by the global response to the COVID-19 pandemic, highlighting the complexities involved in infection prevention and control (IPC) strategies. As healthcare systems worldwide grappled with the unprecedented challenges posed by the virus, the importance of adhering to established infection control protocols became increasingly evident. The pandemic also brought to light disparities in the implementation of these guidelines across different healthcare settings and regions, accentuating the need for a deeper understanding of the factors influencing their adoption [2].

Barriers to the effective implementation of infection control guidelines can be multifaceted and complex. One of the most prominent barriers is the lack of adequate training and education among healthcare professionals regarding infection prevention practices. Many clinicians may not be fully aware of current guidelines or may not have the necessary skills to apply them effectively in clinical settings. Additionally, high levels of healthcare worker turnover and staffing shortages can hinder consistency in adhering to infection control protocols. These issues are further compounded by the varying levels of resources and support available at different healthcare institutions, often leading to inconsistent implementation practices [3].

Cultural factors also play a significant role in influencing the adherence to infection control guidelines. In some healthcare environments, a culture that does not prioritize safety and adherence to protocols can lead to lax practices and non-compliance. The perception of infection control procedures as burdensome or time-consuming can also create resistance among healthcare staff. In contrast, fostering a strong safety culture within healthcare organizations, characterized by open communication, teamwork, and accountability, can enhance adherence to infection control measures by empowering staff to prioritize patient safety [4].

Conversely, several facilitators can enhance the implementation of infection control guidelines. Leadership commitment is critical; when healthcare administrators prioritize infection control and allocate sufficient resources for training and implementation, it sets a tone that underscores the importance of these practices. Regular training sessions, workshops, and reminders can significantly improve knowledge and compliance among staff. Additionally, the involvement of interdisciplinary teams in developing and updating infection control policies can promote a more comprehensive approach and enhance buy-in from various stakeholders [5].

Technology can also serve as a facilitator for effective implementation. Innovations such as electronic health records (EHRs) can streamline processes, ensuring that infection control protocols are integrated into daily workflows. Decision support tools within EHRs can prompt healthcare providers with reminders or alerts about appropriate infection control measures based on patient conditions. Furthermore, telehealth has emerged as a valuable tool for educating healthcare providers and patients on infection prevention practices, particularly amid the challenges posed by social distancing during the COVID-19 pandemic [6].

The ongoing evolution of infection control guidelines necessitates continual research and adaptation to emerging evidence and healthcare challenges. Understanding both barriers and facilitators is pivotal to developing targeted strategies for improving adherence to these essential protocols. Future studies should focus on examining specific healthcare settings and populations to identify tailored solutions that can enhance the implementation of infection control guidelines. By addressing the challenges and leveraging the facilitators inherent in healthcare environments, we can better protect patients and healthcare workers alike and move towards a healthcare system that prioritizes safety and infection prevention [7].

### **Understanding the Importance of Infection Control in Healthcare:**

Infection control has become an increasingly critical aspect of healthcare, playing a pivotal role in ensuring patient safety, reducing morbidity and mortality rates, and maintaining overall public health. The ability to prevent and control infections within healthcare environments is essential not only for protecting patients but also for safeguarding healthcare workers and the broader community. As the world continues to grapple with emerging infectious diseases and antimicrobial resistance, the need for rigorous infection control practices has never been more apparent [8].

Healthcare-associated infections (HAIs) are infections that patients can acquire while receiving treatment for medical or surgical conditions. These infections, which may occur in hospitals, outpatient facilities, and long-term care settings, are a significant public health concern. The Centers for Disease Control and Prevention (CDC) estimates that HAIs affect approximately one in every 31 hospital patients and contribute to thousands of deaths annually. Common types of HAIs include surgical site infections, bloodstream infections, urinary tract infections, and pneumonia, each with implications for patient outcomes and healthcare costs [9].

The financial burden of HAIs is staggering. The additional treatment costs associated with these infections can range from thousands to tens of thousands of dollars per patient. Furthermore, HAIs can lead to longer hospital stays, increased readmission rates, and a greater risk of morbidity and mortality. Therefore, infection control not only plays a critical role in enhancing patient safety but is also economically prudent within the broader healthcare systems [10].

### **Key Components of Infection Control**

Infection control involves various multi-faceted strategies aimed at preventing the transmission of infectious agents in healthcare settings. Central to effective infection control practices are the following components:

1. **Surveillance:** Monitoring infection rates and identifying outbreaks or trends is fundamental to infection control. Surveillance systems allow healthcare facilities to track infections over time, helping to implement timely corrective actions and policies [11].
2. **Standard Precautions:** These are basic infection prevention practices that healthcare providers must follow to protect themselves and patients from infections. Standard precautions include hand hygiene, the use of personal protective equipment (PPE), appropriate handling of sharps, and safe disposal of waste.
3. **Isolation Protocols:** Patients who are known or suspected to be infected with certain pathogens may require isolation to prevent the spread of infection to others. This could involve a range of strategies from contact precautions to airborne precautions, depending on the mode of transmission of the infectious agent.
4. **Education and Training:** Healthcare workers must be continually educated and trained on infection control policies. This education should cover the latest guidelines and evidence-based practices to ensure compliance and foster a culture of safety [11].
5. **Antimicrobial Stewardship:** As antibiotic resistance continues to rise, judicious use of antimicrobials is essential. Infection control teams often work with prescribing clinicians to ensure antibiotics are utilized appropriately, reducing the incidence of resistant infections while not compromising patient care.
6. **Environmental Controls:** Cleaning, disinfection, and sterilization of surfaces and medical equipment are crucial in preventing infection in healthcare settings. The environment should be regularly assessed to ensure high standards of hygiene are maintained to eliminate potential reservoirs for pathogens [12].

## **The Role of Technology in Infection Control**

Advancements in technology have significantly enhanced infection control measures. The use of electronic health records (EHRs) allows for better tracking of infection rates and patient outcomes, facilitating more informed decision-making. Furthermore, innovations such as ultraviolet (UV) light disinfection systems and advanced sterilization techniques have proven effective in reducing the risk of HAIs. Telemedicine also plays a role by enabling remote consultations, thereby minimizing patient exposure in healthcare settings [13].

Despite the established importance of infection control practices, numerous challenges persist. Resistance to change among healthcare workers can lead to non-compliance with established guidelines. Additionally, the complexity of modern healthcare systems can result in fragmentation of care that hinders cohesive infection prevention. Resource limitations in some healthcare facilities, particularly in under-resourced communities, may impede the implementation of comprehensive infection control measures [13].

Moreover, the emergence of new infectious diseases, as seen during the COVID-19 pandemic, has underscored the need for flexible and adaptive infection control policies. Rapid response protocols, along with continuous education and public health communication, are necessary to manage new threats effectively [14].

### **Identifying Barriers to Effective Implementation:**

Effective implementation refers to the process of putting a plan, policy, or initiative into action in such a way that it produces the desired results. Whether in the context of business, education, healthcare, or public policy, effective implementation is critical for achieving goals and improving outcomes. However, organizations and institutions often face numerous barriers that hinder the success of these initiatives. Understanding and identifying these barriers are crucial steps toward addressing them and ensuring that implementation efforts yield positive results [15].

### **Definition of Barriers to Implementation**

Barriers to effective implementation can be defined as obstacles that hinder the smooth execution of plans or strategies. These barriers can be categorized broadly into three areas: structural, human, and contextual. Each category presents unique challenges and can significantly impact the outcomes of implementation efforts [16].

1. **Structural Barriers:** This category encompasses issues related to organizational resources, systems, and processes. Structural barriers often arise from inadequate funding, insufficient staffing, or outdated technology. For example, in healthcare settings, a lack of necessary equipment or a shortage of trained personnel can prevent effective implementation of new care protocols. Furthermore, poorly designed processes can lead to inefficiencies and confusion among team members, hampering progress and diminishing the potential for successful outcomes [17].
2. **Human Barriers:** Human barriers are related to the people involved in the implementation process. These barriers can manifest as resistance to change, lack of motivation, or insufficient training and support. For instance, employees may be resistant to new policies or technologies because they are comfortable with established routines. Additionally, without adequate training, staff may feel unprepared to adopt new practices, leading to frustration and disengagement. Furthermore, communication challenges can exacerbate the situation, as unclear messaging about the reasons for change can contribute to a lack of buy-in and collaboration among stakeholders [18].
3. **Contextual Barriers:** Contextual barriers are external factors that influence the implementation process. These can include socio-political environments, regulatory

frameworks, and community attitudes. For example, in public policy initiatives, political opposition may arise that obstructs funding or support. Additionally, cultural factors in a community may dictate how receptive individuals are to specific policies or programs, which can affect the overall success of implementation efforts [19].

### **Common Barriers to Effective Implementation**

In practice, several common barriers emerge across different sectors and initiatives. Identifying these barriers can help organizations better prepare for and navigate the complexities of implementation [20].

1. **Lack of Clear Vision and Goals:** Without a clear, shared vision of what success looks like, team members may struggle to align their efforts. A poorly articulated goal can lead to confusion and misdirection. Effective implementation requires that all stakeholders understand the intended outcomes and how their roles contribute to achieving those goals [21].
2. **Inadequate Stakeholder Engagement:** Engaging all relevant stakeholders early in the process is vital. When stakeholders, including employees, partners, or community members, do not have a role in the planning or implementation phases, they may resist the changes. Successful implementation relies on collaboration and feedback, which fosters a sense of ownership among those affected [21].
3. **Insufficient Training and Resources:** Even the most well-designed initiatives can falter if those responsible for implementation do not have the necessary resources or training. Investing in staff development and ensuring that adequate resources are available can alleviate many potential pitfalls during the implementation phase [22].
4. **Ineffective Communication:** Communication is one of the most critical aspects of successful implementation. Miscommunication can lead to misunderstandings or a lack of coordination among team members. Establishing clear lines of communication, regular updates, and feedback mechanisms can help mitigate these risks.
5. **Rigid Organizational Culture:** An organizational culture that resists change can significantly hinder implementation efforts. If the prevailing attitude within an organization is one of skepticism or fear of new initiatives, it can create an environment where innovation is stifled, and change is viewed as a threat [22].
6. **Unanticipated External Factors:** Lastly, unforeseen circumstances, such as economic downturns, shifts in political climates, or public health crises, can impact the effectiveness of implementation strategies. The COVID-19 pandemic, for instance, forced many organizations to pivot and adapt their plans quickly, revealing the vulnerabilities in existing frameworks and highlighting the importance of flexibility and resilience in implementation strategies [23].

### **Strategies for Overcoming Barriers**

To navigate these barriers, organizations can adopt several strategies to enhance their chances of successful implementation:

1. **Develop a Comprehensive Framework:** Begin with a well-defined framework that outlines clear goals, processes, and roles. Establish consensus among all stakeholders regarding the objectives and the means to achieve them [24].
2. **Foster Stakeholder Engagement:** Actively involve stakeholders throughout the process. By encouraging participation and soliciting input, organizations can create a sense of shared ownership and commitment to the initiative.

3. **Provide Training and Resources:** Invest in training that equips team members with the skills necessary to implement changes effectively. Additionally, ensure that sufficient resources—financial, technological, and human—are allocated to support the initiative [24].
4. **Enhance Communication:** Establish a robust communication strategy that ensures timely updates, klare messaging, and open channels for feedback. Use various forms of communication to cater to different audiences and preferences [25].
5. **Cultivate a Supportive Culture:** Work towards building an organizational culture that embraces change and innovation. Leadership plays a crucial role in modeling openness to new ideas and encouraging experimentation [26].
6. **Plan for Flexibility:** Given the unpredictable nature of external factors, organizations should adopt a flexible approach to implementation. The ability to adapt plans as circumstances change can be a decisive factor in ultimately achieving success [26].

### **Role of Organizational Culture in Infection Control Practices:**

Infection control is a critical component of healthcare settings, influencing patient safety, clinical outcomes, and the overall functioning of health institutions. While traditional approaches to infection control focus on technical protocols, the increasingly recognized role of organizational culture in shaping these practices cannot be understated. Organizational culture encompasses the shared values, beliefs, and behaviors that characterize an organization. It influences how employees interact, make decisions, and prioritize tasks. In the context of infection control, organizational culture plays a pivotal role in determining the effectiveness of infection prevention measures, compliance with practices, and the overall climate of safety within the healthcare facility [27].

Organizational culture is often described in terms of its elements, which include norms, values, rituals, and symbols. In healthcare, a strong culture of safety promotes a collective sense of responsibility toward infection control practices. The culture should encourage open communication about potential safety concerns and foster an environment where all staff feels empowered to report and mitigate risks without fear of retribution. According to Edgar Schein, a prominent organizational psychologist, culture can be analyzed at three levels: artifacts (visible organizational structures), espoused values (explicitly stated values and rules), and underlying assumptions (unconscious beliefs). Each of these layers significantly impacts infection control practices within healthcare settings [28].

One significant aspect of organizational culture is its influence on employee compliance with infection control protocols. The adherence to guidelines like hand hygiene, use of personal protective equipment (PPE), and following sterilization protocols can vary widely among staff. A culture that prioritizes infection control as a collective responsibility plays a crucial role in ensuring compliance. When leaders demonstrate a commitment to infection control, it sets a behavioral standard that resonates throughout the organization. Leadership should actively promote and model infection prevention behaviors, facilitating continuous training and education while integrating these practices into everyday routines [29].

Engagement of frontline staff is essential for compliance. When team members contribute to discussions about infection control practices, they are more likely to take ownership of the protocols and understand their significance. A culture that values input from all levels, rather than one that is hierarchical and top-down, encourages a greater likelihood of compliance. Fostering a team-oriented approach to infection control can further enhance observance of practices, as staff

members feel accountable not just to their own actions but to the collective wellbeing of their patients and colleagues [30].

Effective communication is another fundamental aspect of organizational culture that significantly impacts infection control practices. Regular and open channels of communication regarding infection trends, emerging pathogens, and changes in protocols are crucial. An organization that cultivates a culture of transparency encourages timely information sharing among staff, which is vital for prompt responses to infection outbreaks and adherence to current best practices [31].

Education also plays a critical role in shaping organizational culture in the infection control context. Regular training sessions, seminars, and workshops on the latest infection control techniques and research findings help reinforce the importance of these practices. By embedding education into the organization's culture, healthcare institutions ensure that employees are well informed and capable of making conscientious decisions regarding infection control. This continuous learning mindset leads to higher engagement and motivation among staff, promoting a culture of safety and vigilance [32].

The underlying values and beliefs of an organization significantly shape its approach to infection control. An organization that places a premium on patient safety will inherently prioritize infection control practices as a means of fulfilling its mission. Conversely, if the culture emphasizes performance metrics at the cost of patient safety, infection control may suffer due to insufficient resources or attention allocated to these practices [33].

Institutions with a strong emphasis on quality improvement often incorporate infection control into broader organizational goals. By employing an evidence-based quality improvement approach, these organizations can systematically evaluate and refine their infection control practices. This alignment of organizational values with infection control creates a robust framework that enhances overall safety and quality of care [34].

Despite the recognition of the importance of organizational culture, transforming an existing culture to prioritize infection control is fraught with challenges. Resistance to change is a common hurdle in many healthcare settings. Staff may be accustomed to established routines and may be skeptical of new practices or protocols. Additionally, the fast-paced, often chaotic environment of healthcare can make it difficult to foster a culture that prioritizes reflection and improvement [34]. To navigate these challenges, leaders must strategically manage change by employing strategies that promote buy-in and collaboration. Engaging stakeholders from the outset, clearly communicating the rationale behind changes, and demonstrating the positive impact of enhanced infection control practices can facilitate a smoother transition. Celebrating small wins and recognizing individuals and teams that exhibit exemplary infection control practices can also help reinforce the desired cultural changes over time [35].

The impact of organizational culture on infection control practices can be challenging to measure. Surveys and assessment tools can gauge staff attitudes toward infection control, openness in communication, and engagement levels. Collecting data on infection rates and compliance with established protocols can provide tangible evidence of the culture's effectiveness. Organizations may consider using frameworks like the Safety Attitude Questionnaire or the Culture Safety Climate Survey to evaluate and improve their infection control culture [35].

### **Facilitators Supporting Successful Implementation:**

Infection control is a critical aspect of healthcare that aims to prevent the spread of infectious diseases, ensuring the safety and well-being of patients, healthcare workers, and the broader community. With the increased global focus on pandemic preparedness, antimicrobial resistance, and healthcare-associated infections, the implementation of effective infection control practices

has gained unprecedented importance. Facilitators in this realm play a vital role in supporting the successful implementation of infection control measures [36].

One of the most crucial facilitators of successful infection control implementation is strong organizational leadership. Healthcare institutions must establish a culture of safety and accountability, where infection control measures are prioritized at all levels of the organization. Leadership commitment entails not only the provision of resources but also active participation and support for infection control initiatives [37].

Effective leaders communicate the importance of infection control to both staff and patients. They promote policies that encourage adherence to hygiene protocols, such as proper handwashing, the use of personal protective equipment (PPE), and adherence to sterilization practices. Moreover, these leaders can allocate necessary resources, including staffing, training, and technology to bolster infection control efforts. A robust leadership presence can cultivate a sense of responsibility among staff, leading to higher compliance rates and ultimately decreasing infection rates [38].

Education and ongoing training are fundamental facilitators in the domain of infection control. Effective training programs ensure that healthcare workers understand the protocols, strategies, and evidence-based practices essential for minimizing the risk of infection transmission. Such training may encompass a range of topics, including the principles of aseptic technique, isolation procedures, and the use of PPE [38].

Regular workshops, simulation exercises, and competency assessments can reinforce knowledge and skills among healthcare personnel. Continual education ensures that all staff, from frontline workers to management, are aligned with current best practices and methodologies. Notably, training should also include communication strategies to properly educate patients about their roles in infection prevention, thus fostering a comprehensive approach to safety [39].

Behavioral change is a critical component of long-term adherence to infection control practices. Different psychological and behavioral modification techniques can facilitate the consistent application of these practices among healthcare workers. Techniques such as reminders, feedback, incentives, and accountability measures can significantly influence behavior.

For example, implementing electronic monitoring systems that provide real-time feedback on hand hygiene compliance can encourage better adherence. Positive reinforcement strategies, such as recognizing departments or individuals who maintain high standards of infection control, can also motivate staff. Additionally, addressing barriers to compliance, such as inadequate resources or time constraints, is essential for successful behavior modification [39].

Collaboration among various healthcare disciplines is another essential facilitator of effective infection control implementation. Infection control is a complex problem that requires input and cooperation from a wide array of professionals, including nurses, doctors, pharmacists, infection preventionists, and microbiologists. Creating multidisciplinary teams fosters diverse perspectives, allowing for a more comprehensive approach to infection control.

These teams can conduct regular meetings to review infection control practices, discuss challenges, and develop solutions collaboratively. The contributions of each discipline can enhance decision-making and ensure that infection control measures are practical and tailored to the unique environment of the healthcare facility. Furthermore, fostering a culture of collaboration can help to break down silos and improve communication, leading to a more cohesive and effective infection control strategy [40].

In the digital age, technology has emerged as a formidable facilitator in infection control. Numerous technological solutions can assist healthcare settings in monitoring, managing, and improving infection control practices. Innovations such as automated hand hygiene monitoring

systems, electronic health records (EHRs), and telemedicine apps play vital roles in infection prevention.

Automated hand hygiene monitoring systems, for example, can track compliance rates and provide feedback to staff, encouraging adherence to hygiene protocols. EHRs can streamline the documentation of infection rates, helping infection preventionists identify trends and areas requiring intervention. Moreover, telemedicine has become a valuable tool, reducing the need for in-person visits and minimizing the risk of infection transmission [41].

Furthermore, advanced data analytics tools can aid healthcare organizations in analyzing infection data to identify outbreaks or clusters of infections more quickly. By leveraging technology, healthcare providers can not only enhance compliance with infection control measures but also create a more responsive and proactive infection control environment [41].

### **Educational Strategies for Enhancing Compliance:**

Infection control is a critical aspect of healthcare that protects both patients and healthcare workers from the proliferation of harmful pathogens. Given the rapid evolution of infectious diseases and the emergence of resistant strains, adherence to infection control protocols is more essential than ever. Despite the existence of well-defined guidelines, compliance remains inconsistent across healthcare settings. To address this issue, a range of educational strategies can be employed to enhance adherence to infection control measures [42].

At the core of effective infection control rests a profound understanding of how infections spread, the risks involved, and the individual responsibilities of healthcare providers. Educational initiatives that focus on training staff about the significance of infection control procedures, such as hand hygiene, the correct use of personal protective equipment (PPE), and environmental cleaning, are paramount in cultivating a culture of safety. Research consistently shows that knowledge gaps among healthcare workers can lead to improper practices, thus highlighting the need for ongoing education as an essential intervention [42].

### **Multimodal Educational Approaches**

To effectively boost infection control adherence, a multimodal approach to education is recommended. Such an approach incorporates a variety of teaching methods, including:

1. **Interactive Workshops and Simulation Training:** Hands-on workshops and simulations allow healthcare providers to practice infection control techniques in a controlled environment. Utilizing real-life scenarios in which participants must make decisions regarding infection control helps reinforce the importance of adherence [42].
2. **Distance Learning and E-Modules:** With technological advancements, online education platforms provide flexibility in learning. E-modules allow healthcare workers to engage with content at their own pace, which is beneficial for individuals with varying levels of knowledge and experience. Including quizzes and interactive elements in these modules enhances engagement and retention of information [43].
3. **Mentoring and Peer Education:** Establishing peer education programs can promote a supportive culture. More experienced staff can mentor newer employees, providing real-time feedback and support as they navigate infection control requirements. This collaborative environment encourages discussion and personal accountability.
4. **Visual Aids and Reminder Systems:** Visual prompts such as posters, infographics, and checklists placed in strategic locations serve as constant reminders of infection control practices. Utilizing technology, such as apps that provide alerts or reminders for hand hygiene, offers a modern approach to reinforcing educational content [43].

## Engaging Leadership and Policy Development

Leadership plays an integral role in promoting and sustaining infection control education. Healthcare organizations must prioritize infection control by developing clear policies and procedures that are disseminated effectively throughout the facility. Involvement from leadership ensures that infection control education is taken seriously and adheres to the highest standards.

1. **Creating a Culture of Safety:** Healthcare leaders can model best practices in infection control, thereby setting a precedent for their teams. By openly discussing adherence to infection control measures during meetings and rounds, leaders can foster a culture that values safety and recognizes the critical role of each team member [44].
2. **Incentivizing Adherence:** Establishing recognition and reward systems for individuals or departments that exemplify adherence to infection control protocols can encourage compliance. Such incentives may include certificates, public acknowledgements, or participation in professional development opportunities.
3. **Feedback Mechanisms:** Regularly collecting feedback from staff regarding the challenges they face in adhering to infection control protocols can guide the development of tailored educational interventions. Creating an open dialogue where employees feel empowered to share concerns or suggestions leads to continuous improvement [44].

## Assessing Educational Impact

For any educational strategy to be effective, it must be systematically evaluated. The implementation of rigorous assessment tools enables organizations to monitor adherence levels, evaluate the effectiveness of educational initiatives, and make data-driven decisions for improvement. Key performance indicators can include direct observation of practices, self-reported adherence rates, and infection rate monitoring within the facility [45].

Regular training refreshers and updates on the latest guidelines based on emerging research should also be standard practice to ensure that all staff are equipped with the most current knowledge and skills necessary for effective infection control [45].

## Addressing Barriers to Compliance

Understanding and addressing barriers to adherence is fundamental to enhancing infection control practices. Common obstacles include:

1. **Time Constraints:** Many healthcare workers report that time pressures hinder their ability to adhere to protocols. Addressing this through better staffing models or streamlining processes can help ensure compliance [46].
2. **Accessibility of Resources:** Making PPE and hand hygiene supplies readily accessible is vital to prevent lapses in adherence. Organizations should regularly assess inventory levels and address shortages promptly.
3. **Resistance to Change:** Healthcare workers may be resistant to new protocols or methods. To combat this, organizations should clearly communicate the rationale behind changes and involve staff in the decision-making process [46].

## Assessment of Resource Availability and Allocation:

Infection control is a critical aspect of public health that aims to prevent the spread of infectious diseases within communities, healthcare facilities, and beyond. The availability and allocation of infection control resources are essential to effectively manage outbreaks and safeguard public health [47].

Infection control resources include a wide array of tools, strategies, policies, and personnel that work synergistically to reduce the incidence and transmission of infections. These resources encompass personal protective equipment (PPE), disinfectants, surveillance systems, staff

training, isolation protocols, and public health initiatives. In the context of a global health crisis, such as the COVID-19 pandemic, the significance of these resources is amplified, as inadequate control measures can lead to widespread illness, prolonged morbidity, and mortality, overwhelming healthcare systems [48].

The availability of infection control resources varies significantly across different geographic regions, healthcare settings, and economic contexts. Affluent countries typically have better access to advanced materials, technologies, and robust public health frameworks compared to low- and middle-income countries. For instance, a report by the World Health Organization (WHO) highlighted that many developing nations experience shortage in essential products like PPE, hand hygiene supplies, and effective sterilization equipment. This disparity underscores a critical challenge in global health: while infectious diseases know no borders, the resources to combat them are often inequitably distributed [49].

In recent years, there have been efforts to improve global access to infection control resources. For instance, several international partnerships have emerged to facilitate resource-sharing during health emergencies. The Access to COVID-19 Tools (ACT) Accelerator, launched in April 2020, aimed to expedite the development and equitable distribution of vaccines, diagnostics, and therapeutics. Governments, philanthropic organizations, and private sector entities collaborated, highlighting the potential for cooperation in the realm of infection control. Despite these initiatives, inconsistent availability remains a concern, particularly in less economically developed regions [49].

The allocation of infection control resources is often guided by frameworks that consider various factors, including population health needs, disease prevalence, and the existing healthcare infrastructure. In many countries, public health agencies take the lead in determining how to allocate resources, often prioritizing areas based on epidemiological data. This prioritization becomes particularly crucial during outbreaks, where rapid responses can dramatically impact transmission rates [50].

One widely recognized framework for resource allocation is the principle of equity, which advocates for the fair distribution of health resources based on need rather than ability to pay. This framework is supported by ethical considerations asserting that vulnerable populations, such as low-income individuals or those in nursing homes, should receive prioritized access to infection control measures. However, implementing this principle can be complex, as various competing demands and logistical constraints often arise [51].

Moreover, local health departments play a vital role in resource distribution, often relying on federal and state guidelines to address public health challenges. However, significant disparities may exist at this level due to varying degrees of funding, expertise, and infrastructure. For instance, some counties may have established infection control task forces equipped with comprehensive training programs and adequate supplies, while others struggle to maintain basic stock levels of PPE and disinfectants [52].

Despite the aforementioned frameworks and cooperative efforts, several challenges hinder the optimal availability and allocation of infection control resources. One major challenge is financial limitations. Many healthcare systems, particularly in low-resource settings, face budget constraints that restrict their ability to procure adequate supplies and invest in proactive infection control measures. Funding for infection prevention often competes with other pressing health issues, which can lead to insufficient prioritization.

Another challenge is the variable capacity of health systems to manage and deploy available resources. For instance, during crises, such as the COVID-19 pandemic, sudden surges in demand

can lead to shortages, even in countries with adequate overall stockpiles. Additionally, logistical issues related to distribution and supply chains can impede the timely delivery of essential infection control supplies to those in need [53].

Human behavior and compliance also play a critical role in the effectiveness of infection control measures. The appropriate use of PPE, adherence to hygiene protocols, and acceptance of vaccination programs can significantly determine the success of infection control strategies. However, misinformation, lack of awareness, and cultural factors may adversely affect compliance levels, leading to suboptimal resource utilization, even when supplies are abundant [54].

### **Recommendations for Improving Infection Control Strategies:**

Infection control is a critical aspect of healthcare that aims to prevent the spread of infectious diseases in various settings, including hospitals, clinics, nursing homes, and community health environments. Effective infection control strategies are essential to safeguard the health of patients, healthcare workers, and the general public. As the global landscape of infectious diseases evolves due to factors such as antimicrobial resistance, urbanization, and the emergence of new pathogens, there is an urgent need to strengthen and refine existing infection control practices [55].

### **Governance and Policy Framework**

Successful infection control relies on robust governance structures and clear policies at local, national, and international levels. To enhance infection control strategies, healthcare facilities should establish comprehensive infection prevention and control (IPC) programs that align with national and international guidelines such as those provided by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) [55].

1. **Establishing Multidisciplinary Teams:** Facilities should create multidisciplinary IPC committees that include healthcare providers from various fields, infection control specialists, and administrative staff. These teams can help develop, implement, and monitor infection control protocols tailored to the specific needs and challenges of the institution [56].
2. **Implementation of Evidence-Based Guidelines:** Hospitals should base their infection control protocols on the latest evidence and guidelines. Regularly revisiting and updating these protocols can ensure that they reflect the current understanding of infectious disease management, including strategies for preventing healthcare-associated infections (HAIs).
3. **Resource Allocation:** Effective infection control requires sufficient resources, including staff, training, and equipment. Healthcare facilities should conduct regular assessments to identify resource gaps and invest in essential areas such as personal protective equipment (PPE), cleaning supplies, and hand hygiene products [56].

### **Education and Training**

Education and training are paramount in improving infection control practices. Continuous education ensures that healthcare workers are well-informed about the latest developments in infection prevention.

1. **Regular Training Sessions:** Healthcare providers should participate in regular training sessions focused on infection control practices, including proper hand hygiene, PPE usage, sterilization techniques, and protocols for managing outbreaks. These sessions should be updated frequently to reflect new research and guidelines [57].
2. **Simulation-Based Learning:** Training programs can incorporate simulation-based learning to prepare staff for real-world scenarios, including outbreak management and emergency response. Such simulations can enhance practical skills and ensure that

healthcare workers are comfortable and confident in their ability to implement infection control measures.

3. **Patient Education:** It is equally important to educate patients and their families about infection prevention strategies. Clear communication can empower patients to take an active role in their care, fostering a culture of safety and hygiene [57].

### Use of Technology

The adoption of technology can significantly bolster infection control efforts, providing innovative solutions to longstanding challenges.

1. **Electronic Health Records (EHR):** EHR systems can facilitate real-time tracking of infection trends within healthcare facilities. By analyzing data from patient records, institutions can identify patterns of infection and deploy targeted interventions more effectively [58].
2. **Automated Surveillance Systems:** Investing in automated surveillance systems can help hospitals monitor infection rates more efficiently. These systems can alert healthcare teams to potential outbreaks, assisting in immediate containment efforts.
3. **Telemedicine:** Expanding telemedicine services can reduce the burden of in-person visits, decreasing the risk of infections associated with crowded waiting rooms and facilities. Telehealth can be particularly beneficial for follow-up visits, screening for infections, and providing care to vulnerable populations [58].

### Environmental Factors

The physical environment plays a significant role in infection control. Maintaining a clean environment is crucial in preventing the spread of pathogens.

1. **Regular Cleaning and Disinfection Protocols:** Healthcare facilities must implement strict cleaning and disinfection protocols, particularly in high-touch areas such as waiting rooms, patient examination rooms, and bathrooms. Utilization of EPA-approved disinfectants and adherence to adequate contact times will enhance decontamination efforts.
2. **Air Quality Management:** Ensuring proper ventilation and air filtration in healthcare settings is another critical factor in infection prevention. Upgrading HVAC systems to include HEPA filters and regularly monitoring air quality can help reduce airborne transmission of pathogens [59].
3. **Water Quality Control:** Regular monitoring and treatment of water sources in healthcare settings are essential to prevent waterborne pathogens. Facilities must adhere to guidelines for the maintenance of water systems, including regular testing and disinfection protocols [60].

### Surveillance and Data-Driven Approaches

Effective infection control requires the continuous collection and analysis of data to understand infection patterns and inform decision-making [61].

1. **Comprehensive Surveillance Systems:** Implementing comprehensive infection surveillance systems at local, regional, and national levels can provide valuable insights into infection trends, allowing for timely intervention strategies.
2. **Benchmarking and Reporting:** Facilities should participate in benchmarking efforts to compare their infection rates with other institutions. Transparent reporting can foster accountability and encourage institutions to adopt best practices [62].
3. **Collaboration with Public Health Agencies:** Healthcare organizations should collaborate effectively with public health agencies to enhance surveillance efforts, share data on infection rates, and coordinate outbreak response strategies [63].

## Conclusion:

The implementation of infection control guidelines is crucial for enhancing patient safety and reducing healthcare-associated infections. This study identifies several key barriers and facilitators impacting the effective execution of these guidelines within clinical settings. While awareness and training among healthcare professionals emerge as significant facilitators, challenges such as resource limitations, staff turnover, and competing priorities hinder adherence to best practices. To improve the implementation process, it is essential to develop targeted strategies that address these barriers, including investing in ongoing education, fostering a culture of safety, and ensuring adequate resources. By addressing these challenges, healthcare organizations can better support their staff in adhering to infection control guidelines, ultimately leading to improved patient outcomes and a safer healthcare environment.

## References:

1. Fischer T. Home care in Germany during the COVID-19 pandemic: A neglected population? *J Nurs Scholarsh.* 2023;55:215–225. doi: 10.1111/jnu.12851.
2. O'Grady N.P., Alexander M., Burns L.A., Dellinger E.P., Garland J., Heard S.O., et al. Healthcare Infection Control Practices Advisory Committee (HICPAC). Guidelines for the prevention of intravascular catheter-related infections. *Clin Infect Dis.* 2011;52:e162–e193. doi: 10.1093/cid/cir257.
3. Genet N., Boerma W., Kroneman M., Hutchinson A., Saltman R.B., editors. Home Care across Europe - Current structure and future challenges. World Health Organization; 2012.
4. McDonald M.V., Brickner C., Russell D., Dowding D., Larson E.L. Observation of Hand Hygiene Practices in Home Health Care. *J Am Med Dir Assoc.* 2021;22:1029–1034. doi: 10.1016/j.jamda.2020.07.031.
5. Standard precautions for the prevention and control of infections. World Health Organization; 2022.
6. Hoxha A., Duysburgh E., Mortgat L. Healthcare-associated infections in home healthcare: an extensive assessment, 2019. *Euro Surveill.* 2021;26. doi: 10.2807/1560-7917.ES.2021.26.5.1900646.
7. Steffens E., Spriet I., Van Eldere J., Schuermans A. Compliance with evidence-based guidelines for the prevention of central line-associated bloodstream infections in a Belgian home care setting: An observational study. *Am J Infect Control.* 2019;47:723–725. doi: 10.1016/j.ajic.2018.10.019.
8. Technology Enabled Care Services (TECS).
9. Rowley S., Clare S. Is ANTT Achievable in the Home Healthcare Setting? *Home Healthc Now.* 2022;40:92–99. doi: 10.1097/NHH.0000000000001051.
10. Chou D.T.S., Achan P., Ramachandran M. The World Health Organization '5 moments of hand hygiene': the scientific foundation. *J Bone Joint Surg Br.* 2012;94:441–445. doi: 10.1302/0301-620X.94B4.27772.
11. Möckli N., Simon M., Meyer-Masseti C., Pihet S., Fischer R., Wächter M., et al. Factors associated with homecare coordination and quality of care: a research protocol for a national multi-center cross-sectional study. *BMC Health Serv Res.* 2021;21:306. doi: 10.1186/s12913-021-06294-7.
12. Peters M., Godfrey C., McInerney P., Munn Z., Tricco A.C., Khalil H. In: *JBIM Manual for Evidence Synthesis*, JBI. Aromataris E., Munn Z., editors. 2020. Chapter 11: Scoping Reviews (2020 version).
13. Infection prevention and control assessment framework at the facility level. World Health Organization; 2018.
14. Busnel C., Vallet F., Ludwig C. Tooling nurses to assess complexity in routine home care practice: Derivation of a complexity index from the interRAI-HC. *Nurs Open.* 2021;8:815–823. doi: 10.1002/nop2.686.

15. Shang J., Dick A., Larson E., Stone P. A research agenda for infection prevention in home healthcare. *Am J Infect Control*. 2018;46:1071–1073. doi: 10.1016/j.ajic.2018.03.010.
16. The 2018 Ageing Report. European Commission; 2018. Economic and budgetary projections for the EU member States (2016-2070).
17. Europe home care market size, share & trends analysis report by component, by region, and segment forecasts, 2020 - 2027. Grand View research. 2020.
18. Shang J., Ma C., Poghosyan L., Dowding D., Stone P. The prevalence of infections and patient risk factors in home health care: A systematic review. *Am J Infect Control*. 2014;42:479–484. doi: 10.1016/j.ajic.2013.12.018.
19. Conley J., Snyder G.D., Whitehead D., Levine D.M. Technology-enabled Hospital at Home: Innovation for Acute Care at Home. *NEJM Catal Innov Care Deliv*. 2022;3. doi: 10.1056/CAT.21.0402.
20. Minimum requirements for infection prevention and control programmes. World Health Organization; 2019.
21. Rowe T.A., Patel M., Conor R.O., McMackin S., Hoak V., Lindquist L.A. COVID-19 exposures and infection control among homecare agencies. *Arch Gerontol Geriatr*. 2020;91 doi: 10.1016/j.archger.2020.104214.
22. Kuyinu YA, Goodman OO, Odugbemi BA, Adeyeye OO, Mohammed AS, Odusanya OO. Tuberculosis infection prevention and control measures in DOTS centres in Lagos State, Nigeria. *International Journal of Tuberculosis and Lung Disease* 2019;23(4):474-81.
23. McPherson CM, Halperin DM, Henry B, Di Castri AM, Kwong JC, et al. Examination of the British Columbia influenza prevention policy for healthcare workers: phase 1 qualitative case study. *Human Vaccines & Immunotherapeutics* 2018;14(8):1883-9.
24. Kuyinu YA, Mohammed AS, Adeyeye OO, Odugbemi BA, Goodman OO, Odusanya OO. Tuberculosis infection control measures in health care facilities offering TB services in Ikeja local government area, Lagos, South West, Nigeria. *BMC Infectious Diseases* 2016;16:126.
25. Emerson C, Lipke V, Kapata N, Mwananyambe N, Mwinga A, Garekwe M, et al. Evaluation of a TB infection control implementation initiative in out-patient HIV clinics in Zambia and Botswana. *International Journal of Tuberculosis and Lung Disease* 2016;20(7):941-7.
26. Kang HS, Son YD, Chae S-M, Corte C. Working experiences of nurses during the Middle East respiratory syndrome outbreak. *International Journal of Nursing Practice* 2018;24(5):e12664.
27. Corley A, Hammond NE, Fraser JF. The experiences of health care workers employed in an Australian intensive care unit during the H1N1 influenza pandemic of 2009: a phenomenological study. *International Journal of Nursing Studies* 2010;47(5):577-85.
28. Matakanye H, Ramathuba DU, Tugli AK. Caring for tuberculosis patients: understanding the plight of nurses at a regional hospital in Limpopo Province, South Africa. *International Journal of Environmental Research and Public Health* 2019;16(24):E4977.
29. Lam KK, Hung SY. Perceptions of emergency nurses during the human swine influenza outbreak: a qualitative study. *International Emergency Nursing* 2013;21(4):240-6.
30. Daftary A, Padayatchi N. Provider perspectives on drug-resistant tuberculosis and human immunodeficiency virus care in South Africa: a qualitative case study. *International Journal of Tuberculosis and Lung Disease* 2016;20(11):1483-8.

31. Chapman HJ, Veras-Estevez BA, Pomeranz JL, Perez-Then EN, Marcelino B, Lauzardo M. The role of powerlessness among health care workers in tuberculosis infection control. *Qualitative Health Research* 2017;27(14):2116-27.
32. Kuyinu YA, Mohammed AS, Adeyeye OO, Odugbemi BA, Goodman OO, Odusanya OO. Tuberculosis infection control measures in health care facilities offering TB services in Ikeja local government area, Lagos, South West, Nigeria. *BMC Infectious Diseases* 2016;16:126.
33. Chughtai AA, Seale H, Chi DT, Maher L, Nga PT, MacIntyre CR. Current practices and barriers to the use of facemasks and respirators among hospital-based health care workers in Vietnam. *American Journal of Infection Control* 2015;43(1):72-7.
34. Chapman HJ, Veras-Estevez BA, Pomeranz JL, Perez-Then EN, Marcelino B, Lauzardo M. Health care workers' recommendations for strengthening tuberculosis infection control in the Dominican Republic. *Revista Panamericana de Salud Publica [Pan American Journal of Public Health]* 2018;42:e169.
35. Chughtai AA, Seal H, Rawlinson WD, Kunasekaran M, Macintyre CR. Selection and Use of Respiratory Protection by Healthcare Workers to Protect from Infectious Diseases in Hospital Settings. *Annals of Work Exposures and Health* 2020;64(4):368-377.
36. Chapman HJ, Veras-Estevez BA, Pomeranz JL, Perez-Then EN, Marcelino Bs, Lauzardo M. Perceived barriers to adherence to tuberculosis infection control measures among health care workers in the Dominican Republic. *MEDICC Review* 2017;19(1):16-22.
37. Kang JH, Kim EJ, Choi JH, Hong HK, Han SH, Choi IS, et al. Difficulties in using personal protective equipment: training experiences with the 2015 outbreak of Middle East respiratory syndrome in Korea. *American Journal of Infection Control* 2018;46(2):235-7.
38. Chau JP, Thompson DR, Twinn S, Lee DT, Lopez V, Ho LS. An evaluation of SARS and droplet infection control practices in acute and rehabilitation hospitals in Hong Kong. *Xianggang Yi Xue za Zhi [Hong Kong Medical Journal]* 2008;14 Suppl 4:44-7.
39. Cowan J, Greenberg CJ, Barnhart S, Demamu S, Fiseha D, Graham W, et al. A qualitative assessment of challenges to tuberculosis management and prevention in Northern Ethiopia. *International Journal of Tuberculosis and Lung Disease* 2013;17(8):1071-5.
40. Locatelli SM, LaVela SL, Hogan TP, Kerr AN, Weaver FM. Communication and information sharing at VA facilities during the 2009 novel H1N1 influenza pandemic. *American Journal of Infection Control* 2012;40(7):622-6.
41. Popp W., Hilgenhoner M., Dogru-Wiegand S., Hansen D., Daniels-Haardt I. Hygiene in home care. A study with home care providers. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*. 2006;49:1195–1204. doi: 10.1007/s00103-006-0089-2.
42. Brouillette N.M., Quinn M.M., Kriebel D., Markkanen P.K., Galligan C.J., Sama S.R. Risk of sharps injuries among home care aides: Results of the Safe Home Care survey. *Am J Infect Control*. 2017;45:377–383. doi: 10.1016/j.ajic.2016.11.018.

43. Felemban O., St John W., Shaban R. Infection prevention and control in home nursing: case study of four organisations in Australia. *Br J Community Nurs.* 2015;20:451–457. doi: 10.12968/bjcn.2015.20.9.451.
44. Adams V., Song J., Shang J., McDonald M., Dowding D., Ojo M., et al. Infection prevention and control practices in the home environment: Examining enablers and barriers to adherence among home health care nurses. *Am J Infect Control.* 2021 Jun;49(6):721–726. doi: 10.1016/j.ajic.2020.10.021.
45. Osei-Poku G.K., Szczerepa O., Potter A.A., Malone M.E., Fain B.A., Prentice J.C. Safety Trade-Offs in Home Care During COVID-19: A Mixed Methods Study Capturing the Perspective of Frontline Workers. *Patient Safety.* 2021;3:6–17. doi: 10.33940/infection/2021.9.1.
46. Dowding D., Russell D., Trifilio M., McDonald M.V., Shang J. Home care nurses' identification of patients at risk of infection and their risk mitigation strategies: A qualitative interview study. *Int J Nurs Stud.* 2020;107. doi: 10.1016/j.ijnurstu.2020.103617.
47. Sitzman K.L., Leiss J.K. Documentation of incidental factors affecting the home healthcare work environment. *Home Healthc Nurse.* 2009 Oct;27(9):516–521. doi: 10.1097/01.NHH.0000361921.20388.5b.
48. Wendt B., Huisman-de Waal G., Bakker-Jacobs A., Hautvast J.L.A., Huis A. Exploring infection prevention practices in home-based nursing care: A qualitative observational study. *Int J Nurs Stud.* 2022;125. doi: 10.1016/j.ijnurstu.2021.104130.
49. Markkanen P., Quinn M., Galligan C., Chalupka S., Davis L., Laramie A. There's no place like home: a qualitative study of the working conditions of home health care providers. *J Occup Environ Med.* 2007;49:327–337. doi: 10.1097/JOM.0b013e3180326552.
50. King E.C., Zagrodney K.A.P., McKay S.M., Hung V., Holness L.D. Determinants of nurse's and personal support worker's adherence to facial protective equipment in a community setting during the COVID-19 pandemic: A pilot study. *Am J Infect Control.* 2023;51:490–497. doi: 10.1016/j.ajic.2022.07.021.
51. Leiss J.K. Provision and use of safety-engineered medical devices among home care and hospice nurses in North Carolina. *Am J Infect Control.* 2010;38:636–639. doi: 10.1016/j.ajic.2010.01.017.
52. Russell D., Dowding D., Trifilio M., McDonald M.V., Song J., Adams V., et al. Individual, social, and environmental factors for infection risk among home healthcare patients: A multi-method study. *Health Soc Care Community.* 2021 May;29(3):780–788. doi: 10.1111/hsc.13321.
53. Amuwo S., Lipscomb J., McPhaul K., Sokas R.K. Reducing occupational risk for blood and body fluid exposure among home care aides: an intervention effectiveness study. *Home Health Care Serv Q.* 2013;32:234–248. doi: 10.1080/01621424.2013.851050.
54. Holden R.J., Carayon P. SEIPS 101 and seven simple SEIPS tools. *BMJ Qual Saf.* 2021 Nov;30(11):901–910. doi: 10.1136/bmjqs-2020-012538.
55. Nyantakyi E., Caci L., Castro M., Schlaeppi C., Cook A., Albers B., et al. Implementation of infection prevention and control for hospitalized neonates: A narrative review. *Clin Microbiol Infect.* 2022;S1198–743X(22):44–50. doi: 10.1016/j.cmi.2022.11.007.

56. Tschudin-Sutter S., Sepulcri D., Dangel M., Ulrich A., Frei R., Widmer A.F. Simplifying the World Health Organization Protocol: 3 Steps Versus 6 Steps for Performance of Hand Hygiene in a Cluster-randomized Trial. *Clin Infect Dis*. 2019;69:614–620. doi: 10.1093/cid/ciy948.
57. Felembam O., John W.S., Shaban R.Z. Hand hygiene practices of home visiting community nurses: perceptions, compliance, techniques, and contextual factors of practice using the World Health Organization's 'five moments for hand hygiene'. *Home Healthc Nurse*. 2012 Mar;30(3):152–160. doi: 10.1097/NHH.0b013e318246d5f4.
58. Backinger C.L., Koustenis G.H. Analysis of needlestick injuries to health care workers providing home care. *Am J Infect Control*. 1994;22:300–306. doi: 10.1016/0196-6553(94)90017-5.
59. Leiss J.K., Sitzman K.L. Provision and use of personal protective equipment among home care and hospice nurses in North Carolina. *Am J Infect Control*. 2011;39:123–128. doi: 10.1016/j.ajic.2010.05.021.
60. Hallett C.E. Infection control in wound care: a study of fatalism in community nursing. *J Clin Nurs*. 2000;9:103–109. doi: 10.1046/j.1365-2702.2000.00316.x.
61. Amuwo S., Sokas R.K., McPhaul K., Lipscomb J. Occupational risk factors for blood and body fluid exposure among home care aides. *Home Health Care Serv Q*. 2011;30:96–114. doi: 10.1080/01621424.2011.569690.
62. Quinn M.M., Markkanen P.K., Galligan C.J., Kriebel D., Chalupka S.M., Kim H., et al. Sharps injuries and other blood and body fluid exposures among home health care nurses and aides. *Am J Public Health*. 2009;99(Suppl 3):S710–S717. doi: 10.2105/AJPH.2008.150169.
63. Keneley I. Infection control in home healthcare: an exploratory study of issues for patients and providers. *Home Healthc Nurse*. 2012;30:235–245. doi: 10.1097/NHH.0b013e31824adb52.