

The Role of Multi-Medical Teams in Reducing Infection Transmission: A Pilot Study of the Practices of Family Physicians, Emergency Physicians and Technicians, Otolaryngologists, and Allied Health Care Technicians

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Abstract

Infection prevention and control (IPC) systems are critical frameworks designed to reduce the transmission of infections in healthcare settings, ensuring the safety of patients, healthcare workers, and visitors. This study examines the core components, practices, and multidisciplinary collaboration that underpin effective IPC systems. Key elements include the development of evidence-based policies, robust surveillance systems, and targeted risk assessments. Essential practices such as hand hygiene, proper use of personal protective equipment (PPE), environmental disinfection, patient isolation, and antimicrobial stewardship are highlighted as integral measures. Furthermore, the role of training and education in enhancing healthcare workers' adherence to IPC protocols is emphasized, along with the importance of monitoring and auditing compliance to drive continuous improvement. The study also addresses crisis management and outbreak response strategies, including vaccination campaigns and contact tracing, as vital components of IPC systems. By fostering a culture of safety and collaboration across multidisciplinary teams, IPC systems significantly reduce healthcare-associated infections, improve patient outcomes, and strengthen public health resilience. This research underscores the necessity of investing in and prioritizing IPC measures to ensure sustainable, high-quality healthcare environments.

Keywords:

Introduction

Germs are part of our everyday lives. They live in the air, soil, and water, in and on our bodies. Some germs are good, and some are bad. Infections occur when germs enter the body, increase in number, and the body reacts to them. Only a small percentage of germs can cause an infection. All health systems must include infection prevention and control (IPC) since it is essential to the health and safety of those who provide and receive healthcare. Healthcare-associated infections (HAI) represent a significant public health concern due to their widespread detrimental effects on patient care, as well as their endemic burden and pandemic potential. According to data released by the World Health Organization (WHO) in 2011, the incidence of healthcare-associated infections (HAIs) is 7% in affluent nations and 15% in low- and middle-income countries (LMICs) at any given moment [1].

Infection transmission in healthcare settings is one of the biggest challenges facing healthcare systems, directly impacting the quality of healthcare and patient safety. With the rapid development of medical fields and the increasing complexity of disease conditions, collaboration between multidisciplinary medical teams has become essential to reduce the risk of infection and improve health outcomes [2].

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission [3].

Multidisciplinary teams, including family and emergency physicians, otorhinolaryngologists, and health technicians, play a vital role in combating the spread of infection. These teams rely on preventive practices that include adherence to infection control guidelines, the use of personal protective equipment, and the application of modern sterilization and hygiene techniques [4]. Within the hospital, healthcare workers (HCWs) are often exposed to infections. Any transmissible disease can occur in the hospital setting and may affect HCWs. HCWs are not only at risk of acquiring infections but also of being a source of infection to patients. Therefore, both the patient and the HCW need to be protected from contracting or transmitting hospital-acquired infections by using recommended infection control measures [5].

This pilot study aims to evaluate the effectiveness of the practices of these different groups in reducing infection transmission within hospitals and clinics. It also highlights the importance of integration and coordination between different medical specialties to enhance the safety of patients and health workers. Through this research, we aim to provide practical recommendations that contribute to the development of comprehensive strategies based on collaboration between medical teams, which supports improving the quality of healthcare and reducing the challenges related to infection transmission. This study includes a systematic analysis of preventive practices among family and emergency physicians, otolaryngologists, and health technicians, including radiology and laboratory technicians.

Infection prevention and control systems

Evidence-based systems are used to mitigate the risk of infection. These systems account for individual risk factors for infection, as well as the risks associated with the clinical intervention and the clinical setting in which care is provided. A precautionary approach is warranted when evidence is emerging or rapidly evolving [5].

Patients, consumers and members of the workforce with suspected or confirmed infections are identified promptly, and appropriate action is taken. This includes persons with risk factors for transmitting or acquiring infection or colonization with an organism of local, national or global significance [6].

Infection control is a health and safety issue. All people working in the health service organization are responsible for providing a safe environment for consumers and the workforce. Infection prevention and control programs should be in place, in conjunction with the use of the hierarchy of controls, to reduce transmission of infections so far as is reasonably practicable [7].

Infection Prevention and Control (IPC) systems are structured frameworks designed to prevent the spread of infections within healthcare settings, ensuring the safety of patients, healthcare workers, and visitors [8]. Infection Prevention and Control (IPC) systems are comprehensive frameworks designed to mitigate the spread of infections in healthcare environments, ensuring the safety of patients, healthcare workers, and visitors. These systems are built on evidence-based guidelines and consist of structured policies, procedures, and practices. Key components of IPC systems include policy development, surveillance mechanisms, risk assessment, and targeted interventions to address specific vulnerabilities in various healthcare settings [9].

A critical aspect of IPC systems is the establishment of clear policies and guidelines. These policies, aligned with global standards such as those from WHO and CDC, provide a foundation for effective infection control. They include detailed standard operating procedures (SOPs) for maintaining hygiene, proper usage of personal protective equipment (PPE), and safe handling of infectious materials. Surveillance systems play an essential role in tracking healthcare-associated infections (HAIs), identifying trends, and managing outbreaks. Robust data collection and reporting processes allow for the evaluation of intervention effectiveness and continuous improvement [10].

Implementing key IPC practices is vital for preventing infections. Hand hygiene is one of the most effective measures, with healthcare workers encouraged to follow the WHO's "Five Moments for Hand Hygiene." Proper use of PPE, including gloves, masks, gowns, and eye protection, is crucial to safeguarding healthcare workers and patients, particularly during outbreaks. Environmental cleaning and disinfection are also fundamental, ensuring that patient care areas remain sterile, and biohazardous waste is appropriately disposed of. Additionally, proper patient placement and isolation procedures, such as designating specific areas for infectious patients, help reduce transmission risks [11].

Antimicrobial stewardship is another significant component of IPC systems. It involves promoting the rational use of antibiotics to prevent antimicrobial resistance and monitoring their use to minimize overprescription. Complementing these practices, regular training and education programs are essential for healthcare workers to remain updated on IPC protocols and outbreak management [12]. Patients also benefit from education on personal hygiene and infection prevention, which reduces the spread of infections in the community. Monitoring and auditing are integral to ensuring adherence to IPC protocols. Regular evaluations, audits, and feedback mechanisms help identify areas for improvement. Key performance indicators (KPIs) are often used to measure compliance and track progress. In addition to routine measures, IPC systems include crisis management and outbreak response protocols, which are critical during infectious disease outbreaks such as influenza

or COVID-19. Coordinated efforts, including vaccination campaigns and contact tracing, are essential for effective containment [13].

A multidisciplinary approach is vital for the success of IPC systems. Collaboration among infection control teams, microbiologists, epidemiologists, and clinical staff ensures comprehensive implementation across all healthcare departments. By integrating IPC measures into daily practices and fostering a culture of safety and accountability, healthcare facilities can significantly enhance patient safety, reduce healthcare-associated infections, and safeguard public health [14]. Effective IPC systems are vital for enhancing patient safety, reducing healthcare-associated infections, and maintaining overall public health. Implementing and regularly updating these systems ensures resilience in the face of emerging infectious threats.

Roles of Medical Professionals in Reducing Infection Transmission

Transmission-based precautions are specific interventions to interrupt the mode of transmission of infectious agents. They are used to control infection risk with patients who are suspected or confirmed to be infected with agents transmitted by contact, droplet or airborne routes. Transmission-based precautions are recommended as extra work practices in situations where standard precautions alone may be insufficient to prevent transmission. Transmission-based precautions are also used during outbreaks to help contain the outbreak and prevent further infection. Transmission-based precautions should be tailored to the infectious agent involved and its mode of transmission – this may involve a combination of practices.

1. Family Physicians:

- **Primary Prevention:** Promote vaccination and educate patients on personal hygiene and infection control measures to prevent the spread of communicable diseases in the community.
- **Early Detection:** Identify potential infectious diseases early through routine screenings and rapid referrals.
- **Chronic Care Management:** Manage chronic conditions to reduce vulnerability to infections, particularly in immunocompromised patients [14].

2. Emergency Physicians and Technicians:

- **Rapid Triage and Isolation:** Quickly identify and isolate patients with suspected infectious diseases to prevent cross-contamination in emergency settings.
- **Infection Control in High-Risk Settings:** Adhere to stringent hand hygiene protocols, personal protective equipment (PPE) use, and sterilization of equipment in emergency care. Hands should be washed thoroughly upon entering a patient's room and before contacting the patient or any objects that may come in contact with the patient. After a healthcare professional has completed their tasks, they should use an alcohol-based hand rub while exiting the patient's room.
- **Communication and Coordination:** Collaborate with infection control teams to implement containment measures during outbreaks [11].

3. Otolaryngologists:

- **Safe Handling of Procedures:** Perform surgeries and procedures in a manner that minimizes exposure to infectious agents, especially in respiratory or ear infections.
- **Airway Management:** Follow strict sterilization protocols for equipment used in airway examinations and surgeries.

- **Patient Education:** Advise patients on managing upper respiratory infections and prevent disease transmission within households [9].

4. Allied Health Care Technicians:

- **Supportive Care in Infection Control:** Ensure proper sterilization of medical instruments and maintain cleanliness in patient care areas.
- **Monitoring and Compliance:** Assist in implementing infection control policies, including environmental disinfection and safe disposal of biohazardous waste.
- **Training and Advocacy:** Participate in educating healthcare teams about updated infection prevention guidelines and best practices [14].

Each of these roles is integral to a coordinated effort to reduce infection transmission within healthcare settings. By aligning their practices with evidence-based guidelines, these professionals contribute to safer healthcare environments and improved patient outcomes.

Conclusion

In conclusion, effective Infection Prevention and Control (IPC) systems are essential for ensuring the safety and well-being of patients, healthcare workers, and the broader community. These systems, grounded in evidence-based practices, provide a structured approach to mitigating the spread of infections through comprehensive policies, surveillance, risk assessment, and targeted interventions. Key practices such as hand hygiene, proper use of PPE, environmental disinfection, and antimicrobial stewardship form the backbone of these efforts, while training, education, and multidisciplinary collaboration enhance their implementation and effectiveness. Regular monitoring, auditing, and feedback mechanisms ensure continuous improvement, while robust crisis management protocols prepare healthcare facilities to respond effectively to outbreaks. By fostering a culture of accountability and adherence to infection control measures, IPC systems not only improve patient outcomes but also reduce healthcare-associated infections and promote public health resilience. Investing in and prioritizing these systems is a crucial step toward achieving safer healthcare environments and a healthier society.

References

1. Storr J, Twyman A, Zingg W, Damani N, Kilpatrick C, Reilly J, et al. Core components for effective infection prevention and control programmes: New WHO evidence-based recommendations. *Antimicrobial Resistance & Infection Control*. 2017 Jan 10;6(1). doi:10.1186/s13756-016-0149-9
2. Crabtree SJ, Cohen SH. The role of multidisciplinary infection prevention teams in identifying community transmission of SARS-CoV-2 in the United States. *Infect Control Hosp Epidemiol*. 2021 Jun;42(6):780-781. doi: 10.1017/ice.2020.360. Epub 2020 Jul 23. PMID: 32698916; PMCID: PMC7417973.
3. <https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html>
4. Thandar MM, Matsuoka S, Rahman O, et al. Infection control teams for reducing healthcare associated infections in hospitals and other healthcare settings: a protocol for systematic review. *BMJ Open* 2021;11:e044971. doi:10.1136/bmjopen-2020-044971

5. Peter D, Meng M, Kugler C, Mattner F. Strategies to promote infection prevention and control in acute care hospitals with the help of Infection Control Link Nurses: A systematic literature review. *American Journal of Infection Control*. 2018 Feb;46(2):207–16. doi:10.1016/j.ajic.2017.07.031
6. Pranavi Sreeramoju, Reducing Infections “Together”: A Review of Socioadaptive Approaches, *Open Forum Infectious Diseases*, Volume 6, Issue 2, February 2019, ofy348, <https://doi.org/10.1093/ofid/ofy348>
7. World Health Organization . Improving Infection Prevention and Control at the Health Facility: Interim Practical Manual Supporting Implementation of the WHO Guidelines on Core Components of Infection Prevention and Control Programmes. World Health Organization; Geneva, Switzerland: 2018
8. Peter D., Meng M., Kugler C., Mattner F. Strategies to promote infection prevention and control in acute care hospitals with the help of infection control link nurses: A systematic literature review. *Am. J. Infect. Control*. 2018;46:207–216. doi: 10.1016/j.ajic.2017.07.031
9. Mejhez Saud Alotaibi⁷, Bander Ali Alrashdi⁸, Majedah Fehan Saud Alshammari⁹, Saud Mohammed Altamimi¹⁰, Abdulaziz Eid Alhamzani¹¹, Hamza Zaki Alhussaini¹², Salman Saad Mohammad Shaber¹³ Omar Mohamed Amer Asiri ¹⁴, M. M. F. M. A. M. A. O. S. A. Z. H. R. S. A. A. F. A. A. (2022). Reducing Hospital-Acquired Infections: Collaborative Efforts from Dentists, Operation Technicians, Pharmacists, Radiologists, Nurses, Optometric technicians and Physiotherapists. *Journal of Population Therapeutics and Clinical Pharmacology*, 29(04), 1409-1417. <https://doi.org/10.53555/jptcp.v29i04.5902>
10. Agars, S., & Brown, M. (2017). Physiotherapist adherence to standard precautions: Knowledge and practice. *Infection, Disease & Health*, 22, S14.
11. Aziz, A. M. (2016). Antimicrobial stewardship. *Journal of Global Infectious Diseases*, 8(3), 99-100.
12. Ban, K. A., Minei, J. P., Laronga, C., Harbrecht, B. G., Jensen, E. H., Fry, D. E., ... & Duane, T. M. (2017). American College of Surgeons and Surgical Infection Society: Surgical Site Infection Guidelines, 2016 Update. *Journal of the American College of Surgeons*, 224(1), 59-74.
13. Chitimwango, P. C. (2017). Knowledge, attitudes and practices of nurses in infection prevention and control within a tertiary hospital in Zambia. Stellenbosch: Stellenbosch University.