Royal United Hospitals Bath
NHS Foundation Trust

Infection Prevention and Control

Current Awareness Bulletin

March 2025

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New training via MS Teams available from the Academy Library:

- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**
  45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.
  Next sessions: 10th April @ 12 noon & 9th May @ 2pm

- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
  30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.
  Next sessions: 11th April @ 11am & 12th May @ 12 noon

- **Quickfire health literacy – getting your message across**
  30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.
  Next sessions: 2nd April @ 1pm & 15th May @ 2pm

Book a session today at https://forms.office.com/e/HyiSXfDaYV (these sessions will be held on a monthly basis)

Guidance: Tattooing and body piercing: infection prevention and control.

UK Health Security Agency (UKHSA); 2025.

Reducing infection in tattooing and body piercing and promoting safety and consistency across practices.

www.gov.uk/guidance/tattooing-and-body-piercing-infection-prevention-and-control

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1. **Nurse Perceptions of Barriers to Infection Prevention and Control in Labor and Delivery**

Authors: Anderson, Laura E.;White, Katelyn A.;Cochran, Ronda L. and Perkins, Kiran M.

Publication Date: 2025

Journal: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing 54(2), pp. 210–218

Abstract: To identify nurse perceptions of barriers to performing recommended infection prevention and control practices in labor and delivery to inform future resources tailored to this setting. Qualitative focus groups. The 2023 annual convention of the Association of Women's Health, Obstetric and Neonatal Nurses, New Orleans, LA. A convenience sample of 16 labor and delivery nurses. Staff of the Centers for Disease Control and Prevention conducted two focus groups using a standardized script. Coding was performed by three reviewers using Krueger's systematic analysis process. Among the 16 participants, 94% were registered nurses, and 6% were advanced practice registered nurses. From our analysis of the data, five

major themes emerged, including the following: Lack of Individual and Organizational Accountability in Implementing Recommended Infection Prevention and Control Practices ; Inconsistent Application of Guidance Across State, Hospital, and Specialty ; The Unpredictable Nature of the Labor and Delivery Setting ; Labor and Delivery Is Not Prioritized in the Hospital for Infection Prevention and Control Resources ; and Lack of Coordination Across Stages of Care From Prenatal to Postpartum. We identified barriers experienced by nurses to consistently implementing infection prevention and control practices in the labor and delivery setting. These barriers can be addressed through targeted interventions and the development of obstetric-specific infection prevention and control resources. Participants described barriers they experienced to implementing infection prevention and control practices in the labor and delivery setting.

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2. **Gel nail polish does not have a negative impact on the nail bacterial burden nor on the quality of hand hygiene with an alcohol-based hand rub**

Authors: Arreba, P.;Iglesias, J.;Ríos, J.;Herrera, S.;Marco, D. N.;Montoya, M.;Brey, M.;Pitart, C.;Hernández-Meneses, M.;Cardozo, C.;García, N.;Sempere, A.;Verdejo, M.;Morata, L.;Bodro, M.;García-Vidal, C.;García, F.;Soriano, A.;Martínez, J. A. and Río, A. del

Publication Date: 2025

Journal: Journal of Hospital Infection 157, pp. 40–44

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3. **Optimizing Training for Environmental Services Staff: A Critical Component of Patient Safety and Infection Control**

Authors: DAVIS, TOMMY

Publication Date: Mar ,2025

Journal: Infection Control Today 29(2), pp. 22–23

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4. **Hand hygiene implementation in ICUs: A critical pillar of patient safety**

Authors: Günther, Silvia Calvino

Publication Date: 2025

Journal: Intensive & Critical Care Nursing 87, pp. N.PAG

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5. **Kotter's 8-step change model to improve hand hygiene compliance in intensive care unit: A 41-month prospective longitudinal quality improvement study**

Authors: Hu, Fen;Wang, Ying;Cao, Rui;Hu, Chang;Feng, Bilong;Li, Jin;Ding, Xinbo;Ma, Jing;Li, Huilin;Wang, Pei;Xu, Ying;Xu, Dandan;Pei, Juanjuan;Zhu, Xiaoping;Chen, Jie;Liang, Ke;Peng, Zhiyong;Kashani, Kianoush;Hu, Bo and Yuan, Yufeng

Publication Date: 2025

Journal: Intensive & Critical Care Nursing 87, pp. N.PAG

Abstract: Despite numerous studies assessing bundled interventions to enhance hand hygiene compliance (HHC), compliance rates persist at suboptimal levels. Our objective was to employ Kotter's Change Model (KCM) to enhance HHC and conduct a comprehensive process evaluation among medical staff within the intensive care unit (ICU). KCM was implemented at the ICU of Zhongnan Hospital of Wuhan University from March 2018 to August 2021, with a 41-month longitudinal monitoring of HHC. The primary outcome focused on the absolute monthly change in HHC. Secondary outcomes encompassed the HHC characteristics across different phases, varying trends in HHC concerning different hand hygiene opportunities and occupations, quarterly incidences of central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI). This study included 20,222 hand hygiene actions and 24,195 opportunities. The overall HHC was 83.58 % (95 %CI, 83.11 %-84.04 %). Following the KCM implementation, HHC surged from 35.71 % (95 % CI, 22.99 %–50.83 %) to 87.75 % (95 % CI, 85.53 %–89.67 %), reflecting a notable increase of 145.73 %. The most rapid growth in HHC occurred post-patient contact, elevating from 35.29 % to 89.8 %. Despite escalating patient numbers and treatment complexities annually, the quarterly rates of CLABSI (0 ‰–3.53 ‰) and CAUTI (0.96 ‰-4.26 ‰) remained consistently low. Utilizing KCM systematically alters healthcare providers' perception of hand hygiene, fostering an environment that advocates for and sustains improved HHC among ICU personnel. The Kotter's change model can be an effective framework for healthcare organizations to systematically improve and maintain hand hygiene compliance among healthcare providers, which can in turn help reduce healthcare-associated infections.

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6. **The Mediating Effects of COVID-19 Infection Control Fatigue on Quiet Quitting: Focusing on Organisational Justice, Role Ambiguity and Job Satisfaction**

Authors: Kang, Jaejin;Jeong, Wonseok and Kim, Seungju

Publication Date: 2025

Journal: Journal of Advanced Nursing

Abstract: Aim: This study explored the mediating effects of organisational justice, role ambiguity and job satisfaction on the relationship between infection control-associated fatigue and quiet quitting.; Design: This study used an exploratory cross-sectional survey design.; Methods: Between 1 February and 29 February 2024, data were collected from 323 nurses-who worked in general or tertiary hospitals during the pandemic-using an online self-report questionnaire distributed via a popular nursing community platform. Path analysis was used to evaluate the mediating effect of infection control fatigue on quiet quitting.; Results: Correlation analysis showed a negative relationship between quiet quitting and organisational justice and positive relationships with job satisfaction, role ambiguity and infection control fatigue. Infection control-associated fatigue was associated with quiet quitting (B = 0.1117, p < 0.05). Job satisfaction (IE = 0.1397, 95% confidence intervalCI]: 0.0795-0.2031) and organisational justice (IE = -0.0455, 95% CI: -0.0938 to -0.0051) mediated the relationship between infection control-associated fatigue and quiet quitting, whereas role ambiguity did not. The total indirect

effect of mediators on quiet quitting was positive (IE total = 0.0978, 95% confidence interval: 0.0357-0.1623).; Conclusion: Quiet quitting increased among nurses experiencing infection control fatigue during the coronavirus disease 2019 pandemic, with job satisfaction and organisational justice acting as mediators.; Implications for the Profession And/or Patient Care: Increasing job satisfaction and achieving organisational justice may help improve the quality of nursing and mitigate quiet quitting. Hospitals must find ways to improve nurses' work and increase their satisfaction. No Patient or Public Contribution. (© 2025 John Wiley & Sons Ltd.)

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7. **Hand hygiene compliance among hospital visitors: A systematic review and meta-analysis of observational studies**

Authors: Khalish, Gaviota and Gautama, Made Satya Nugraha

Publication Date: 2025

Journal: Journal of Infection Prevention , pp. 17571774251324373

Abstract: Background: Hand hygiene is a crucial measure for preventing the spread of healthcare-associated infections. While healthcare workers receive emphasis, hospital visitor hand hygiene compliance is limited.; Aim: To investigate hand hygiene compliance among hospital visitors.; Methods: A comprehensive search of four databases (PubMed, Embase, Scopus, ScienceDirect) and a hand search were performed from inception to October 2023. Observational studies in hospital settings were included if estimates for adult hospital visitors' observation were reported. Joanna Briggs Institute critical appraisal checklist was used to assess the risk of bias in the included studies. Meta-analysis was conducted using STATA software version 17 to estimate a weighted pooled compliance rate with a 95% confidence interval.; Results: 17 studies were included in this study. The pooled hand hygiene compliance among hospital visitors was 37% (95% CI: 25 - 49). Subgroup analysis revealed that in low-middle-income countries, covert observation, ICU and various ward studies, longer observation durations, measuring hand hygiene at entrance and exit points, and smaller sample sizes were all associated with higher visitor hand hygiene compliance rates.; Discussion: The visitor hand hygiene compliance rate was notably low, much lower than that reported for doctors and nurses. This significant difference highlights the urgent need for focused attention and interventions to improve visitor hand hygiene practices.; Competing Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. (© The Author(s) 2025.)

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8. **Beyond Hand Hygiene: The 5 Critical Moments for Environmental Disinfection in Health Care**

Authors: MARTONICZ, TORI WHITACRE

Publication Date: Mar ,2025

Journal: Infection Control Today 29(2), pp. 32–33

9. **Impact of infection prevention measures on the occurrence of cutaneous lesions and the quality of life of frontline and non-frontline healthcare workers: A multicentre cross-sectional study**

Authors: Sellami, Imen;Abbes, Anwar;Haddar, Aicha;Feki, Afef;Kotti, Nada;Halweni, Hayfa;Masmoudi, Mohamed Larbi;Hajjaji, Mounira and Jmal Hammami, Kaouthar

Publication Date: 2025

Journal: Journal of Infection Prevention , pp. 17571774251324382

Abstract: Background: Infection prevention measures are crucial to prevent contamination among frontline healthcare workers (FL-HCWs) and non-frontline healthcare workers (NFL-HCWs). However, these measures can lead to skin lesions, potentially affecting their quality of life.; Objectives: Determine the prevalence of skin lesions caused by infection prevention measures and assess the impact of skin lesions on the quality of life.; Methods: A cross-sectional study was conducted, utilizing a self-administered questionnaire covering demographic and occupational information, self-reported skin lesions, and the Dermatology Life Quality Index (DLQI) for healthcare workers (HCWs) from three medical centres.; Results: Out of the 190 FL-HCWs and 199 NFL-HCWs surveyed, 37.2% reported skin lesions. Female and FL-HCWs exhibited a higher occurrence of skin lesions. Prolonged use of masks was significantly associated with facial skin lesions. While the use of personal protective equipment and hand hygiene had little to no effect on the Dermatology Life Quality Index (DLQI) for 80.7% of healthcare workers (HCWs) with skin lesions, those with facial skin lesions, papules, or a history of any skin lesions, as well as those who more frequently washed their hands, showed a more altered DLQI.; Conclusions: FL-HCWs had more skin symptoms than NFL-HCWs, but these issues were generally not severe and had minimal impact on overall quality of life.; Competing Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. (© The Author(s) 2025.)

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10. **Infection prevention and control of epidemic-prone acute respiratory infections in healthcare setting**

Authors: Simniceanu, Alice and Satta, Giovanni

Publication Date: 2025

Journal: Current Opinion in Pulmonary Medicine

Abstract: Purpose of Review: The recent COVID-19 pandemic sparked discussions and highlighted significant gaps on the most appropriate infection prevention and control (IPC) measures when dealing with acute respiratory infections (ARIs). This narrative review aims to provide an overview of the existing international and national guidelines on the IPC measures to control epidemic and pandemic-prone ARIs in healthcare settings.; Recent Findings: The WHO has recently produced a report proposing an updated terminology for respiratory pathogens. One of the key outcomes of this consultation was the adoption of the term 'infectious respiratory particles' (IRPs). According to the report, IRPs are defined as infectious particles that can be expired from an infected person through activities like breathing, talking,

singing, coughing, sneezing, or even spitting. Most notably, there is no longer the clear and traditional distinction between droplet and aerosol based on the cut-off of particle size, but rather a continuum of particle sizes of IRPs.; Summary: Among other recommendations, all international guidelines place emphasis on the use of standard and transmission-based precautions when dealing with respiratory viruses. It is important to assess how the new proposed terminology for respiratory pathogens may affect the current existing IPC measures.

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11. **Optimizing healthcare staffing for infection prevention: Insights from the Association for Professionals in Infection Control and Epidemiology's staffing pattern calculator**

Authors: Soni, Manya;Balaraman, Ashok Kumar and Rai, Nishant

Publication Date: 2025

Journal: Journal of Infection Prevention 26(2), pp. 95–96