ESIC 2024 Posted: 28/10/2024

# Barriers to Effective Sterilization in Nursing Practice

Intisar Madallah M Alanazi<sup>1</sup>, Wejdan Saleh Mohamed Alharbi<sup>2</sup>, Meshal Ayad Alrashdi<sup>3</sup>, Mashael Musnad Aladhi<sup>3</sup>, Hanouf Mahdi Fayhan Al-Ruwaili<sup>4</sup>, Alanazi, Reem Daham M<sup>5</sup>, Alsulobi, Furayjah Sultan O<sup>6</sup>, Maha Alkumi H Alruwaili<sup>7</sup>, Abeer Hattam R Alanazi<sup>8</sup>, Mohamed Mudhhi Alruwwaili<sup>9</sup>

<sup>1</sup>Specialist-Nursing, Directorate of Health Affairs in the Northern Border Region, Saudi Arabia

<sup>2</sup>Specialist-Nursing, King Salman bin Abdulaziz Medical City in Madinah, Saudi Arabia
<sup>3</sup>Specialist-Nursing, Al-Ghazalah General Hospital, Hail, Saudi Arabia
<sup>4</sup>Nursing technician, Al-Haditha General Hospital Al-Jouf, Saudi Arabia
<sup>5</sup>Nursing technician, Maternity and Children's Hospital, Arar, Saudi Arabia
<sup>6</sup>Nursing technician, Turaif General Hospital, Turaif, Saudi Arabia
<sup>7</sup>Nursing technician, Eradah Complex for Mental Health, Arar, Saudi Arabia
<sup>8</sup>Nursing technician, North Medical Tower at Arar, Saudi Arabia
<sup>9</sup>Nurse, Maternity and Children's Hospital, Arar, Saudi Arabia

# **Abstract**

Effective sterilization is crucial in nursing practice to prevent infections and ensure patient safety. However, various barriers impede the implementation of proper sterilization techniques. One significant barrier is a lack of education and training among nursing staff regarding sterilization protocols and best practices. Many nurses report feeling inadequately prepared to perform sterilization procedures, stemming from insufficient formal instruction during their training. Additionally, high turnover rates and varying levels of experience among nursing staff can lead to inconsistencies in adherence to sterilization protocols, ultimately compromising patient care and increasing the risk of healthcare-associated infections. Another critical barrier to effective sterilization is the availability and accessibility of necessary resources, such as sterilization equipment and supplies. Many healthcare facilities, particularly in underserved areas, struggle with limited budgets that hinder their ability to procure up-to-date sterilization tools and materials. Furthermore, environmental factors, such as time constraints and high patient-to-nurse ratios, can exacerbate challenges in maintaining rigorous sterilization practices. Addressing these barriers requires a scalable approach that includes ongoing education, investment in sterilization resources, and the integration of best practices into nursing workflows to ensure patient safety and uphold the standards of care.

**Keywords:** Sterilization, nursing practice, barriers, infection prevention, education, training, healthcare-associated infections, resources, healthcare facilities, best practices, patient safety.

Effective sterilization is a cornerstone of infection control in health care settings, particularly in nursing practices where patient

safety is paramount. The critical role of nurses in promoting and maintaining hygiene standards through effective sterilization cannot be

overstated. Inadequate sterilization protocols can lead to increased rates of healthcare-associated infections (HAIs), prolonged hospital stays, heightened medical costs, and, in severe cases, increased morbidity and mortality among patients. Despite the established protocols and guidelines for sterilization, numerous barriers persist that hinder the successful implementation of these practices in nursing environments [1].

The importance of effective sterilization encompasses a wide range of activities, including the cleaning, disinfection, and sterilization of surgical instruments, medical devices, and non-critical items that come into contact with patients. The World Health Organization (WHO) emphasizes that proper sterilization techniques are necessary to prevent the transmission of infectious agents in healthcare settings. Nevertheless, research has indicated that compliance with these practices remains inconsistent across various healthcare facilities. This inconsistency can be attributed to an array of factors that collectively contribute to ineffective sterilization practices [2].

One of the significant barriers to effective sterilization in nursing practice is the lack of proper education and training among nursing staff. Many nursing programs may provide limited training on infection control and sterilization techniques, leaving nurses without the necessary knowledge or skills to execute these critical processes safely. Moreover, ongoing education regarding updated guidelines and advancements in sterilization technology is equally essential; however, many institutions do not prioritize continuous education in this area, leading to a gap in knowledge and practice [3].

In addition to educational deficiencies, systemic issues such as staffing shortages and high nurse-to-patient ratios can impede the ability of nurses to adhere to proper sterilization protocols. In high-pressure environments with limited resources, nurses may prioritize immediate patient care over sterilization processes, especially when faced with time constraints. This compromises the quality of care

and increases the risk of HAIs, posing significant challenges to patient safety [4].

Moreover, there exists a palpable tension between established protocols and the practical realities of nursing practice. Implementation of sterilization procedures often relies on the availability of appropriate equipment and materials. In some healthcare facilities. inadequate resources or outdated equipment may hinder effective sterilization efforts. instance, some instruments may not withstand certain sterilization methods due to material limitations, necessitating reliance on alternative methods that may not be as effective, thereby exposing patients to increased risk [5].

Cultural factors within healthcare organizations also play a crucial role in influencing sterilization practices. adherence to sterilization protocols can be affected by the organizational culture, including the attitudes of leadership towards infection control and the prioritization of safety in clinical settings. An environment that lacks a strong emphasis on infection control measures may inadvertently foster a culture of complacency among staff, further exacerbating the challenges faced in implementing effective sterilization [6].

Furthermore, the diverse nature of patient populations in healthcare facilities, including varying levels of health literacy and cultural beliefs, presents an additional layer of complexity to sterilization practices. The understanding and perception of infection control measures among patients can influence their compliance with pre-operative and post-operative care instructions. This may subsequently impact nursing responsibility and the overall effectiveness of sterilization efforts [7].

As the healthcare landscape continues to evolve, it becomes increasingly paramount to identify and address the barriers to effective sterilization in nursing practice comprehensively. Addressing these challenges necessitates a multifaceted approach encompassing education, adequate resource

allocation, fostering a culture of safety, and enhancing teamwork and communication within healthcare teams. The present research aims to explore these barriers in depth, examining their influence on sterilization practices in nursing and identifying potential strategies to overcome these obstacles. By enhancing the understanding of these issues, healthcare facilities can work towards implementing more effective sterilization protocols, ultimately improving patient outcomes and reducing the incidence of HAIs [8].

#### Understanding Sterilization:

Sterilization is defined as the complete elimination or destruction of all forms of microbial life, including bacteria, viruses, fungi, and spores. This process is essential in healthcare settings prevent healthcare-associated to infections (HAIs), which can lead to severe complications, prolonged hospital stays, and increased healthcare costs. The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) provide foundational guidelines that inform sterilization practices across various healthcare settings, including nursing [9].

The CDC's "Guideline for Disinfection and Sterilization in Healthcare Facilities" serves as a cornerstone for sterilization practices. Updated periodically to reflect emerging evidence and technologies, these guidelines categorize medical instruments based on their intended use—critical, semi-critical, and non-critical—each requiring different levels of reprocessing. Critical items, such as surgical instruments that enter sterile tissues, must be sterilized using methods that ensure complete microbial destruction [10].

The Association for the Advancement of Medical Instrumentation (AAMI) also plays a significant role in setting standards for sterilization. AAMI's guidelines, particularly ANSI/AAMI ST79, outline comprehensive practices for steam sterilization, including the use of biological indicators, monitoring sterilization cycles, and maintaining sterilization

records. Compliance with these standards is essential for nursing professionals to ensure patient safety and quality care [11].

In nursing, various sterilization methods are employed, each with specific applications and effectiveness. The choice of method depends on the type of instrument, the nature of the procedure, and the level of microbial contamination. The most common sterilization methods include:

#### 1. Steam Sterilization

Steam sterilization, or autoclaving, is the most widely used method in healthcare settings due to its effectiveness and cost-efficiency. It utilizes high-pressure steam at temperatures of 121-134°C for a specified duration to kill microorganisms. Autoclaves are equipped with monitoring systems to ensure that the correct temperature and pressure are maintained throughout the cycle. Biological indicators, such as Bacillus stearothermophilus spores, are used to validate the sterilization process, ensuring that the autoclave is functioning correctly [12].

# 2. Ethylene Oxide (EtO) Sterilization

Ethylene oxide sterilization is employed for heat-sensitive medical instruments that cannot withstand high temperatures. This method involves exposing items to ethylene oxide gas, penetrates packaging which and microorganisms. Although effective. sterilization requires careful handling due to the potential health risks associated with gas exposure. Facilities must adhere to strict safety protocols, including aeration processes to ensure that residual gas is eliminated before items are used on patients [13].

# 3. Hydrogen Peroxide Plasma Sterilization

Hydrogen peroxide plasma sterilization is a low-temperature method suitable for heat-sensitive instruments. This process uses vaporized hydrogen peroxide, which is then converted into plasma, effectively destroying microorganisms. It is favored for its rapid cycle times and minimal environmental impact. However, the process requires specific equipment and is not suitable for all materials,

which limits its application in some nursing settings [14].

#### 4. Dry Heat Sterilization

Dry heat sterilization is another method used for materials that can withstand high temperatures without moisture. This method involves exposing items to hot air at temperatures of 160-180°C for extended periods. While effective, dry heat sterilization is less commonly used due to longer cycle times and the potential for material degradation [15].

To ensure the effectiveness of sterilization protocols, nursing professionals must adhere to best practices throughout the sterilization process. Key practices include [16-19]:

- Pre-cleaning: Instruments must be thoroughly cleaned before sterilization to remove organic matter and bioburden, which can inhibit the effectiveness of the sterilization process.
- Proper packaging: Instruments should be packaged in materials that allow steam or gas penetration while maintaining sterility after the process. The use of appropriate indicators, such as chemical indicators that change color when exposed to sterilization conditions, is crucial for verifying the integrity of the packaging.
- Monitoring and documentation: Regular monitoring of sterilization equipment and maintaining detailed records of sterilization cycles, including biological indicator results, is essential for compliance and quality assurance.
- Training and education: Continuous education and training for nursing staff on sterilization protocols and emerging technologies are vital for maintaining high standards of patient care and safety.

Effective sterilization practices have profound implications for patient care in nursing. By minimizing the risk of HAIs, nurses can enhance patient outcomes, reduce the length of hospital stays, and decrease healthcare costs. Furthermore, adherence to sterilization protocols fosters a culture of safety and quality within healthcare institutions, reinforcing the trust patients place in their caregivers [20].

The Importance of Effective Sterilization Practices

Before delving into knowledge gaps, it is to comprehend why effective essential sterilization practices are crucial in healthcare settings. Sterilization refers to the complete elimination of all forms of microbial life, including bacteria, viruses, spores, and fungi. In the context of nursing, this process is vital for ensuring the safe management of medical instruments, equipment, and environments in patient care occurs. which Inadequate sterilization can lead to the proliferation of HAIs, which not only impede patient recovery but also contribute to increased healthcare costs and prolong patient hospitalization [21].

According to the Centers for Disease Control and Prevention (CDC), HAIs affect one in every 31 hospital patients on any given day, underscoring the imperative of robust sterilization practices among nursing staff. The failure to adhere to sterilization protocols can result from various factors, primarily educational deficiencies and knowledge gaps among nursing personnel [22].

Identifying Knowledge Gaps Inadequate Formal Training

One of the primary reasons for the educational deficiencies among nursing staff is the lack of comprehensive training on sterilization protocols during their formal education. Although nursing programs cover fundamental topics such as infection control and sterile techniques, the depth of content and practical application often varies significantly. Current curriculums may not provide extensive hands-on training or the most up-to-date information on sterilization technologies and practices, particularly those influenced by ongoing technological advancements evolving standards [23].

Moreover, there is often an inadequate emphasis on critical thinking and decisionmaking skills necessary for nurses to adapt standard sterilization protocols to specific clinical situations. When formal education does not align with real-world challenges faced by nursing staff in hospitals, the gap between theory and practice widens, leading to inadequate implementation of sterilization techniques [24].

Continuing Education Deficiencies

Postgraduate and continuing education is critical for nursing professionals to stay updated on the latest guidelines, technologies, and best practices in the field. Unfortunately, many hospitals and healthcare systems do not mandate ongoing education in sterilization, leading to a stagnation of knowledge as the healthcare landscape evolves. This lack of reinforcement often results in a reliance on outdated practices that can compromise patient safety [25].

Misunderstanding of Hazard Assessments

Another significant factor contributing to knowledge gaps is the lack of understanding of hazard assessments related to sterilization practices. Nursing staff must comprehend the implications of reusing instruments, the necessity of validated processes for sterilization, and how to implement proper monitoring systems to ensure sterility. Without adequate training in hazard assessment, nurses may overlook necessary precautions, putting patient safety at risk [26].

Consequences of Educational Barriers Increased Risk of Healthcare-Associated Infections

The most immediate consequence of educational deficiencies in sterilization practices is an increased risk of HAIs. Failure to properly sterilize instruments may allow pathogens to be transmitted from one patient to another, leading to severe complications, extended hospital stays, and even increased mortality. A study published in the Journal of Hospital Infection found that improper sterilization processes contributed to a significant percentage of post-surgical infections, underscoring the need for robust educational frameworks [27].

Loss of Public Trust

When HAIs arise due to poor sterilization practices, it affects not only patients and healthcare facilities but also public trust in the healthcare system. Patients expect that their health providers will maintain the highest standards of care, including infection control through proper sterilization. The prevalence of HAIs can harm the reputation of hospitals and nursing staff, leading to decreased patient volumes and complications such as litigation and regulatory scrutiny [28].

Negative Impact on Nursing Staff

Educational deficiencies also create a challenging environment for nursing staff. When nurses are ill-prepared to handle sterilization protocols, they may experience increased stress, job dissatisfaction, and a lack of confidence in their clinical judgment. Such dissatisfaction can contribute to high turnover rates in nursing staff, further exacerbating the knowledge gap as new staff may similarly lack adequate training [29].

Solutions to Address Educational Gaps

To effectively address the knowledge gaps and educational barriers impacting sterilization practices among nursing staff, a multifaceted approach is essential [30].

**Enhanced Curriculum Development** 

Healthcare institutions must prioritize revising existing nursing curriculums to integrate more comprehensive sterilization training. This curriculum should include updated guidelines, hands-on practice, critical thinking components, and assessments that accurately reflect the real-world challenges nurses face in sterilization [31].

Mandatory Continuing Education Programs

To ensure that nursing staff remain informed about best practices, hospitals and healthcare systems should implement mandatory continuing education programs focusing on sterilization protocols. These programs must be regularly updated to reflect current industry standards and technological advancements in sterilization methods [32].

Simulation-Based Training

Incorporating simulation-based training can be an effective way to enhance nurses' proficiency in sterilization practices. Simulations can provide realistic scenarios that require nursing staff to make decisions regarding

sterilization protocols and patient safety, fostering a deeper understanding of the importance of these practices [33].

**Interdisciplinary Training Initiatives** 

A collaborative approach involving nursing teams, infection control specialists, and equipment manufacturers can help bridge the knowledge gaps. Interdisciplinary training initiatives can provide a broader perspective on sterilization practices, emphasizing the importance of teamwork and communication in maintaining patient safety through effective sterilization [34].

Work Environment and Staffing Challenges:

- 1. Physical Environment: The layout of the healthcare facility, availability of essential resources, and access to sterilization equipment significantly affect adherence levels. Inadequate or poorly designed workspaces can hinder efficient workflow, leading to lapses in sterilization protocols. For instance, if sterilization stations are not easily accessible, nursing staff might skip or rush through sterilization practices to save time, particularly in high-pressure settings like operating rooms [35].
- 2. Organizational Culture: The work environment also encompasses the organizational culture, which includes the values, beliefs, and behaviors that shape how staff interact with one another and approach patient care. A culture that prioritizes safety and quality will foster adherence to best practices, including sterilization protocols. Conversely, a lack of emphasis on safety might lead to complacency, where staff may rationalize deviations from established protocols [36].
- 3. Emotional and Physical Well-Being: A supportive work environment also contributes to employees' emotional and physical well-being. Stress, burnout, and fatigue can negatively impact nurses' concentration and adherence to protocols. Research shows that high-stress environments correlate with increased errors in patient care. When nurses are overwhelmed by excessive workloads, their capacity to follow

meticulous sterilization protocols may diminish, thereby increasing the risk of HAIs [37].

Staffing Challenges: Nurse-to-Patient Ratios

- 1. Impact of Ratios: Nurse-to-patient ratios are a vital component in shaping the work environment. Insufficient staffing levels often lead to higher patient loads per nurse. Studies demonstrate that when nurses are responsible for too many patients, the quality of care diminishes, including adherence to sterilization practices. Higher ratios have been associated with increased workload and reduced time available for nurses to focus on specific tasks, such as proper sterilization of instruments [38].
- 2. Quality of Care: As the nurse-to-patient ratio increases, the ability to engage in critical practices such as hand hygiene, equipment sterilization, and maintaining sterile fields is compromised. Nurses may also prioritize immediate patient needs over procedural adherence due to time constraints, leading to shortcuts being taken in sterilization practices. The consequence is a heightened risk of infection and worsening clinical outcomes [38].
- 3. Retention and Labor Shortages: Staffing challenges extend beyond mere ratios; they also encompass issues related to nurse retention and acute labor shortages. High turnover rates can strain remaining staff, create a vicious cycle of increasing workloads, and further exacerbate compliance problems. In environments characterized by staff shortages, newly employed nurses often require time to acclimate to established sterilization processes, which can inadvertently lead to lapses in adherence during their adjustment period [39].

Addressing the Challenges

1. Improving Nurse-to-Patient Ratios: One of the most effective solutions to enhance adherence to sterilization practices is to ensure adequate staffing levels. Policies aimed at improving nurse-to-patient ratios are essential. Legislative measures and healthcare organizations should advocate for appropriate staffing that allows nurses the time and capacity

to fulfill their roles comprehensively and safely [40].

- 2. Enhancing Work Environment: Fostering a positive work environment is crucial. Hospitals and healthcare organizations must prioritize the establishment of a culture centered on safety and adherence to protocols. Investing in staff training, providing mental health support, and ensuring open lines of communication can bolster adherence rates [41].
- 3. Regular Training and Continuous Education: Continuous education and regular training sessions on sterilization protocols can keep staff updated on best practices and reinforce the importance of adherence. Simulation-based training could be particularly effective in training nurses on the correct sterilization techniques in a controlled, high-pressure environment [40].
- 4. Utilization of Technology: Incorporating technology, such as barcode systems for tracking sterilized instruments or sterilization automated machines. could potentially reduce These human error. innovations can streamline the sterilization process and provide real-time data to assist nurses in maintaining high standards of care [41].

The Role of Organizational Policies

Organizational policies are formal guidelines established by hospitals and healthcare facilities to govern their operations, including sterilization practices. These policies inform staff on the standard procedures for sterilization, delineate the roles and responsibilities of personnel, and stipulate how compliance with sterilization protocols will be monitored and enforced. The composition and clarity of these policies significantly affect how effectively sterilization practices are implemented [42].

#### 1. Standardization of Protocols

One key impact of organizational policies is the standardization of sterilization protocols. When a hospital establishes clear, evidencebased policies regarding sterilization methods and procedures, it ensures that all staff follow a consistent approach. Standardization can reduce variability in practices, which is crucial in minimizing the risk of infection. For instance, specific policies may dictate the required temperature and duration for autoclaving, ensuring that all surgical instruments are treated adequately before use. Policies that provide training and ongoing education on these protocols further reinforce compliance and competency among staff [43].

# 2. Addressing Compliance Challenges

Despite the best-designed policies, compliance remains a challenge in many healthcare settings. Organizational policies play a pivotal role in tackling these challenges by creating a culture that emphasizes the importance of adherence to sterilization protocols. This cultural shift often involves a multifaceted approach, including [44]:

- Education and Training: Comprehensive staff training programs are fundamental. Policies that include mandatory training on sterilization techniques help staff understand the rationale behind sterilization practices and recognize their role in infection prevention. Regular workshops and refresher courses can keep personnel updated on best practices and emerging technologies [42].
- Accountability Mechanisms: Policies should incorporate clear accountability measures. For instance, hospitals can mandate audits and inspections of sterilization processes and equip staff to report non-compliance without fear of retribution. Encouraging a culture of openness allows for continuous improvement and adaptation of practices as new challenges arise [45].
- Performance Monitoring: Policies that incorporate performance metrics can also enhance compliance. By tracking sterilization rates and infection outcomes, hospitals can identify patterns and areas for improvement. Establishing benchmarks for compliance with sterilization practices can motivate staff to maintain high standards [44].

# 3. Regulatory Compliance

In many countries, regulatory bodies impose strict standards for sterilization practices in

ESIC | Vol. 8 | No. 3 | Fall 2024

healthcare facilities. Hospital policies must align with these external regulations to ensure compliance and accreditation. Policies that prioritize adherence to national and international guidelines, such as those set forth by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), can help mitigate risks and prevent costly fines or litigations. Additionally, facilitating relationship between hospital policies and regulatory frameworks can foster an environment of accountability and enhance the facility's reputation for patient safety [12].

**Broader Implications for Patient Care** 

The influence of organizational policies on sterilization extends beyond compliance metrics; it has profound implications for patient care and the overall healthcare environment.

- 1. Improved Patient Outcomes: High compliance rates with sterilization protocols directly correlate with reduced infection rates, which is especially critical in settings like surgical wards and intensive care units. Ensuring that all medical instruments are sterile before use reduces the risk of healthcare-associated infections (HAIs), which can lead to prolonged hospital stays, additional medical interventions, or even loss of life [40].
- 2. Enhancing Patient Trust: Transparency in sterilization practices bolstered by robust organizational policies can enhance patient trust in healthcare institutions. When patients are assured that hospitals adhere to stringent sterilization protocols, their confidence in receiving quality care increases. This trust is paramount in fostering effective patient-provider relationships and encouraging adherence to treatment regimens [45].

3. Cost-Effectiveness: Maintaining high standards of sterilization can also be cost-effective. By reducing infection rates, hospitals can avoid the significant expenses associated with treating HAIs, such as extended hospitalizations, supplemental treatments, and potential legal liabilities. Thus, investing in comprehensive sterilization policies not only prioritizes patient safety but also enhances the financial sustainability of healthcare facilities [45].

### Conclusion:

In conclusion, the study of barriers to effective sterilization in nursing practice highlights the multifaceted challenges that healthcare professionals face in ensuring optimal patient safety and infection control. Insufficient training and education, coupled with limitations in resources and staffing, significantly hinder adherence to established sterilization protocols. Understanding these barriers is crucial for developing targeted interventions that can enhance knowledge, improve access necessary equipment, and foster a culture of safety and accountability in nursing practice. By addressing these issues through ongoing education, policy reform, and investment in healthcare infrastructure, it is possible to mitigate risks associated with ineffective sterilization and improve overall patient outcomes. Future research and collaborative efforts are essential to create sustainable solutions that empower nurses and healthcare organizations to uphold the highest standards of care and safety in patient treatment.

## **WORKS CITED**

Healthcare-associated infections (HAIs): challenges and measures taken by the radiology department to control infection transmission. Alamer A, Alharbi F, Aldhilan A, Almushayti Z, Alghofaily K, Elbehiry A, Abalkhail A. Vaccines (Basel) 2022;10:2060. doi: 10.3390/vaccines10122060.

- Knowledge, attitude and practice of standard infection control precautions among health-care workers in a university hospital in Qassim, Saudi Arabia: a cross-sectional survey. Abalkhail A, Al Imam MH, Elmosaad YM, et al. Int J Environ Res Public Health. 2021;18:11831. doi: 10.3390/ijerph182211831.
- Surveillance of antimicrobial resistance in low- and middle-income countries: a scattered picture. Iskandar K, Molinier L, Hallit S, et al. Antimicrob Resist Infect Control. 2021;10:63. doi: 10.1186/s13756-021-00931-w.
- Knowledge of infection prevention and control among healthcare workers and factors influencing compliance: a systematic review. Alhumaid S, Al Mutair A, Al Alawi Z, et al. Antimicrob Resist Infect Control. 2021;10:86. doi: 10.1186/s13756-021-00957-0.
- The role of environmental contamination in the transmission of nosocomial pathogens and healthcare-associated infections. Suleyman G, Alangaden G, Bardossy AC. Curr Infect Dis Rep. 2018;20:12. doi: 10.1007/s11908-018-0620-2.
- Impact of healthcare-associated infections connected to medical devices—an update. Dadi NC, Radochová B, Vargová J, Bujdáková H. Microorganisms. 2021;9:2332. doi: 10.3390/microorganisms9112332.
- Mortality related to hospital-associated infections in a tertiary hospital; repeated cross-sectional studies between 2004-2011. Koch AM, Nilsen RM, Eriksen HM, Cox RJ, Harthug S. Antimicrob Resist Infect Control. 2015;4:57. doi: 10.1186/s13756-015-0097-9.
- Strategies to prevent healthcare-associated infections: a narrative overview. Haque M, McKimm J, Sartelli M, et al. Risk Manag Healthc Policy. 2020;13:1765-1780. doi: 10.2147/RMHP.S269315.
- Infection prevention and control in tertiary care hospitals of Bangladesh: results from WHO infection prevention and control assessment framework (IPCAF). Harun MG, Anwar MM, Sumon SA, et al. Antimicrob Resist Infect Control. 2022;11:125. doi: 10.1186/s13756-022-01161-4.
- Health care-associated infections an overview. Haque M, Sartelli M, McKimm J, Abu Bakar M. Infect Drug Resist. 2018;11:2321-2333. doi: 10.2147/IDR.S177247.
- Health care-acquired infections in low- and middle-income countries and the role of infection prevention and control. Maki G, Zervos M. Infect Dis Clin North Am. 2021;35:827-839. doi: 10.1016/j.idc.2021.04.014.
- Knowledge, attitude and practice concerning healthcare-associated infections among healthcare workers in Wuhan, China: cross-sectional study. Wu W, Wang W, Yuan Y, et al. BMJ Open. 2021;11:0. doi: 10.1136/bmjopen-2020-042333.
- 2007 guideline for isolation precautions: preventing transmission of infectious agents in health care settings. Siegel JD, Rhinehart E, Jackson M, Chiarello L. Am J Infect Control. 2007;35:0-164. doi: 10.1016/j.ajic.2007.10.007.
- Barriers to hand hygiene compliance in intensive care units during the COVID-19 pandemic: a qualitative study. Ahmadipour M, Dehghan M, Ahmadinejad M, Jabarpour M, Mangolian Shahrbabaki P, Ebrahimi Rigi Z. Front Public Health. 2022;10:968231.
- Healthcare-associated infections in Africa: a systematic review and meta-analysis of point prevalence studies. Abubakar U, Amir O, Rodríguez-Baño J. J Pharm Policy Pract. 2022;15:99. doi: 10.1186/s40545-022-00500-5.
- Knowledge and practices of infection control among healthcare workers in a tertiary referral center in north-western Nigeria. Iliyasu G, Dayyab FM, Habib ZG, Tiamiyu AB, Abubakar S, Mijinyawa MS, Habib AG. Ann Afr Med. 2016;15:34-40. doi: 10.4103/1596-3519.161724.
- Preventing surgical site infections: facilitators and barriers to nurses' adherence to clinical practice guidelines-a qualitative study. Lin F, Gillespie BM, Chaboyer W, et al. J Clin Nurs. 2019;28:1643-1652. doi: 10.1111/jocn.14766.
- Occupational exposure to blood and risk of bloodborne virus infection among health care workers in rural north Indian health care settings. Kermode M, Jolley D, Langkham B, Thomas MS, Crofts N. Am J Infect Control. 2005;33:34-41. doi: 10.1016/j.ajic.2004.07.015.
- Health care-associated infections among hospitalized patients with COVID-19, March 2020-March 2022. Sands KE, Blanchard EJ, Fraker S, Korwek K, Cuffe M. JAMA Netw Open. 2023;6:0. doi: 10.1001/jamanetworkopen.2023.8059.
- Optimum operating room environment for the prevention of surgical site infections. Gaines S, Luo JN, Gilbert J, Zaborina O, Alverdy JC. Surg Infect (Larchmt) 2017;18:503-507. doi: 10.1089/sur.2017.020.

ESIC | Vol. 8 | No. 3 | Fall 2024 1009

- Intisar Madallah M Alanazi, Wejdan Saleh Mohamed Alharbi, Meshal Ayad Alrashdi, Mashael Musnad Aladhi, Hanouf Mahdi Fayhan Al-Ruwaili, Alanazi, Reem Daham M, Alsulobi, Furayjah Sultan O, Maha Alkumi H Alruwaili, Abeer Hattam R Alanazi, Mohamed Mudhhi Alruwaili
- Undergraduate nursing students' education and training in aseptic technique: a mixed methods systematic review. Hawker C, Gould D, Courtenay M, Edwards D. J Adv Nurs. 2022;78:63-77. doi: 10.1111/jan.14974.
- Perception of nursing staff in ICU regarding measures to prevent hospital-acquired infections: a qualitative approach. Dimitriadou I, Pittas S, Sidiropoulos A, Zarkali O. Cureus. 2022;14:0. doi: 10.7759/cureus.33029.
- Challenges faced by nurses in implementing aseptic techniques at the surgical wards of the Bamenda Regional Hospital, Cameroon. Tambe TA, Nkfusai NC, Nsai FS, Cumber SN. Pan Afr Med J. 2019;33:105. doi: 10.11604/pamj.2019.33.105.16851.
- Local anaesthetics and regional anaesthesia versus conventional analgesia for preventing persistent postoperative pain in adults and children. Weinstein EJ, Levene JL, Cohen MS, et al. Cochrane Database Syst Rev. 2018;6:0. doi: 10.1002/14651858.CD007105.pub3.
- Application of infection control guidelines among nurses working in surgical units: a cross-sectional study in Sudan. Jarelnape AA. Med Sci. 2022;26:0.
- Peery A.F., Dellon E.S., Lund J. Burden of gastrointestinal disease in the United States: 2012 update. Gastroenterology. 2012;143:1179-1187.
- Food and Drug Administration. FDA-cleared sterilants and high level disinfectants with general claims for processing reusable medical and dental devices, March 2015.
- Rutala W.A., Weber D.J. Cleaning, disinfection and sterilization. In: Grota P., editor. APIC text of infection control and epidemiology. 4th edition. Association for Professionals in Infection Control and Epidemiology, Inc.; Washington, DC: 2014. pp. 31.1-31.15.
- Epstein L., Hunter J.C., Arwady M.A. New Delhi metallo-beta-lactamase-producing carbapenem-resistant Escherichia coli associated with exposure to duodenoscopes. JAMA. 2014;312:1447-1455.
- Rutala W.A., Weber D.J. Disinfection and sterilization of prion-contaminated medical instruments, reply to Belay. Infect Control Hosp Epidemiol. 2010;31:1306-1307.
- Wendorf K.A., Kay M., Baliga C. Endoscopic retrograde cholangiopancreatography-associated AmpC Escherichia coli outbreak. Infect Control Hosp Epidemiol. 2015;36:634-642.
- Rutala W.A., Gergen M.F., Weber D.J. Efficacy of a washer-disinfector in eliminating healthcare-associated pathogens from surgical instruments. Infect Control Hosp Epidemiol. 2014;35:883-885.
- Centers for Disease Control and Prevention. Immediate need for healthcare facilities to review procedures for cleaning, disinfecting, and sterilizing reusable medical devices. 2015.
- Rutala W.A., Weber D.J. Lessons learned from outbreaks and pseudo-outbreaks associated with bronchoscopy. Infect Control Hosp Epidemiol. 2012;33:230-234.
- Rutala W.A., Weber D.J. Disinfection, sterilization and control of hospital waste. In: Bennett J.E., Dolan R., Blaser M.J., editors. Principles and practice of infectious diseases. Elsevier Saunders; Philadelphia: 2015. pp. 3294-3309.
- Centers for Disease Control and Prevention. National hospital discharge survey: 2010 table, procedures by selected patient characteristics-number by procedure category and age. 2010.
- Sehulster L., Chinn R.Y.W., Healthcare Infection Control Practices Advisory Committee Guidelines for environmental infection control in health-care facilities. MMWR Morb Mortal Wkly Rep. 2003;52:1-44.
- Kovaleva J., Peters F.T., van der Mei H.C. Transmission of infection by flexible gastrointestinal endoscopy and bronchoscopy. Clin Microbiol Rev. 2013;26:231-254.
- Rutala W.A., Weber D.J. Disinfection, Sterilization and Antisepsis: An Overview. Am J Infect Control. 2016;44:e1-e66.
- Ofstead C.L., Wetzler H.P., Snyder A.K. Endoscope reprocessing methods: a prospective study on the impact of human factors and automation. Gastroenterol Nurs. 2010;33:304-311.
- Spaulding E.H. Chemical disinfection of medical and surgical materials. In: Lawrence C., Block S.S., editors. Disinfection, sterilization, and preservation, Lea & Febiger: Philadelphia: 1968, pp. 517-531.
- Rutala WA, Weber DJ. Disinfection and sterilization in healthcare facilities. In: Han J, editor Practical healthcare epidemiology. 4th edition: University of Chicago Press, in press.
- Rutala WA, Weber DJ. Disinfection and sterilization in healthcare facilities. In: Han J, ed. SHEA practical healthcare epidemiology University of Chicago Press.

Rutala W.A., Weber D.J. How to assess risk of disease transmission to patients when there is a failure to follow recommended disinfection and sterilization guidelines. Infect Control Hosp Epidemiol. 2007;28:146-155.

Rutala W.A., Weber D.J. Disinfection and sterilization in healthcare facilities. In: Han J, editor. Practical healthcare epidemiology. 4th edition: University of Chicago Press.

ESIC | Vol. 8 | No. 3 | Fall 2024