

Infection Prevention and Control

Current Awareness Bulletin

January 2026

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The hospital washing its hands of sinks

BBC News

At Wexham Park Hospital dozens of sinks have been removed from across the hospital as part of the fight against antimicrobial-resistant superbugs. It follows the introduction of similar practices in the Netherlands and Germany as part of a landmark “water-safe” initiative

Anti-microbial resistant superbugs have killed an estimated one million people worldwide every year since 1990, according to research.

But Slough's Wexham Park Hospital has worked out that your average superbug loves nothing more than a damp hospital sink, as well as the drains and waste pipes that come with them.

In what's thought to be the first experiment of its kind in the UK, it has removed nearly all of the sinks on its intensive care unit to minimise the risk to patients from water-borne contamination.

Wexham's bosses say it could help turn the tide in the battle against superbugs.

In a world where hand washing has long been deemed the best way to keep hospital wards free of infections, it may sound counterintuitive.

But not according to Dr Manjula Meda, a consultant microbiologist at the Frimley Health Trust, which runs Wexham Park.

"Previously we said washing your hands is the single most important thing you can do to protect patients," she said.

"But we now know that washing hands is ineffective in the majority of instances because people don't do it properly.

"For it to be effective you have to wash your hands thoroughly for 20 seconds and then dry them properly afterwards, something most people don't do."

Dr Manjula Meda says we need to completely change the way we think about controlling infection in healthcare environments

Walking around the Slough hospital's intensive care unit, where patients are highly vulnerable to infection, it's no surprise that everything is spotlessly clean.

The sheets are pristine white, there are no rubbish bins in public view, and bottles of hand sanitisers are everywhere.

All but a couple of the unit's sinks have been removed to reduce the risk of contamination, and the ones that do remain look nothing like the ones we're used to seeing.

One of the few remaining sinks on Wexham Park Hospital's intensive care unit

There's a tap coming out of the wall, but you don't set the water running by physically turning anything on.

Rather you sweep your hand under a sensor to get things moving and there's no basin underneath this faucet.

That means no drain and no waste pipe, two locations identified by the hospital's microbiologists as superbug hotspots.

For nurses wanting to wash a patient in their bed, this means putting a bowl under a faucet with a plastic sleeve wrapped around it, to limit any water-borne splashes from the slowly running water.

After washing their patients they then have to carry away the waste water and wipes they have been using.

They are then disposed of safely elsewhere, away from the intensive care unit and its often immunocompromised patients.

Wexham Park Hospital says its water-safe project could help the NHS stay ahead in its fight against superbugs

Dr Meda says: "If you want to control these bugs it has to be in hospital settings, because waste water is a super reservoir for these superbugs.

"Changing practices that we are pioneering at Wexham Park could be one of the ways we start to win the battle against these bugs."

The hospital says its initial surveillance shows that removing sinks hasn't compromised anyone's safety, while it has started to reduce many types of hospital-acquired infections.

Hospital bosses are so convinced that they're onto something, they are now rolling out their new "water-safe" approach to other wards.

And last week a medical team from Japan flew over to see what they could learn from Wexham's project.

While the government's NHS Hospital programme, which is looking at how it can build more than 40 new hospitals over the next decade or so, is also showing an interest.

The Slough hospital's microbiologists hope their work could act as a blueprint for the wider NHS.

View online at <https://www.bbc.co.uk/news/articles/c0593drvrl1o>

1. Effective nursing interventions for infection prevention and control in acute and critically ill patients with a peripherally inserted venous catheter: an umbrella review

Authors: Costa, José;Teixeira, Joana;Sousa, Eliana and do Rosário Pinto, Maria

Publication Date: 2026

Journal: Intensive & Critical Care Nursing 92, pp. N.PAG

Abstract: Infections related to peripherally inserted venous catheters are among the most serious and frequent complications in acute and critical care. If unaddressed, these infections markedly escalate morbidity, mortality, and healthcare expenditures. To synthesize scientific evidence about effective nursing interventions that prevent and control infections in acute and critically ill patients with peripherally inserted venous catheters. This umbrella review followed Joanna Briggs Institute guidelines and the PRISMA statement for reporting systematic reviews. A systematic search was carried out in CINAHL, MEDLINE, JBI Evidence Synthesis, Cochrane Database of Systematic Reviews, Web of Science, and SCOPUS. Rayyan software supported study extraction and selection. Each study was assessed for methodological quality, grade of recommendation, and level of evidence. Six systematic reviews were included, allowing the identification of nursing-led interventions that demonstrably reduce catheter-related infection. Evidence supports infection risk reduction through chlorhexidine gluconate for skin preparation, insertion and maintenance bundles, and strategies to support bundle implementation. Additional effective interventions include in-line filters, limiting device dwell time, minimizing continuous antibiotic infusions, and avoiding using Teflon cannulas, instead of polyethylene or Vialon cannulas. For patients with peripherally inserted central catheters (PICCs), quantified grip exercises improved circulation and reduced infection and thrombosis risk. Integrated short peripheral catheters were associated with significantly fewer complications than non-integrated ones. Nurses are pivotal in preventing peripherally inserted venous catheter-related infection through specific evidence-based interventions. Nurse leaders should also prioritize selecting lower-risk devices to enhance patient outcomes and reduce complications. This review underscores the need for nurses to consistently implement evidence-based interventions to prevent infections related to venous catheters, reduce complications, and improve patient outcomes. It reinforces the importance of ongoing education, institutional support, and leadership in fostering safer practices in acute and critical care environments.

2. *Candidozyma auris* in The Netherlands: No Evidence of Nosocomial Transmission Supported by Effective Infection Control Policies

Authors: de Groot, Chiara,C.;Spruijtenburg, Bram;Severin, Juliëtte A.;van Dijk, Karin;Buil, Jochem B.;Verweij, Paul E.;de Jong, Auke,W. and Meijer, Eelco F. J.

Publication Date: 2026

Journal: Mycopathologia 191(1), pp. 17

Abstract: The yeast *Candidozyma auris* has emerged globally as a major threat to public health. Outbreaks are frequently reported and difficult to control. In the Netherlands, *C. auris* is rarely detected although national surveillance has been set up. Here, we present all Dutch *C. auris* cases reported from March 2018 until April 2025. Antifungal susceptibility testing (AFST) using broth microdilution and whole genome sequencing (WGS) were conducted to evaluate antifungal resistance and genetic relatedness. A total of 26 cases of *C. auris* infection or colonization were reported across 22 different medical institutions in the Netherlands. Most patients had a history of travel to countries with prior reports of *C. auris* and were hospitalized in foreign medical centers. All patients were admitted in isolation, and all but one remained in isolation for the duration of their hospitalization. WGS showed isolates belonged to clade I or III. Analysis of travel history, contact tracing and WGS data showed no evidence of nosocomial transmission. All isolates were non-wild type to fluconazole with many harboring corresponding mutations in ERG11. One isolate was non-wild type to 5FC and another one to echinocandins including rezafungin. The latter harbored a FKS1 F635Y mutation and was imported from Greece. To conclude, *C. auris* cases are steadily increasing in the Netherlands. Nonetheless, until now cases seem solely imported from abroad with no evidence for nosocomial transmission. This can be attributed to effective infection prevention and control policies. The *C. auris* isolates were all non-wild type for fluconazole and a single isolate was non-wild type for echinocandins. (© 2026. The Author(s).)

3. Assessment of Surgical Site Infection Prevention Strategies in Obstetric Nursing Practice: A Retrospective Analysis

Authors: Guo, Qianwen;Lan, Ling and Wu, Ruoshi

Publication Date: 2026

Journal: Journal of Nursing Care Quality 41(1), pp. 49–55

Abstract: Background: Surgical site infections (SSIs) pose significant challenges in obstetric nursing, affecting maternal and neonatal safety.; Purpose: This study aimed to evaluate the effectiveness of comprehensive strategies for preventing SSIs in obstetric nursing.; Methods: A retrospective analysis was conducted on 200 obstetric surgical patients from January 2018 to December 2022. The observation group received comprehensive SSI prevention strategies and the control group received routine nursing care.; Results: The observation group had a significantly lower SSIs rate (3.0% vs 10.0%, $P = .045$), fewer complications (1.0% vs 7.0%, $P = .028$), better incision healing (98.0% vs 91.0%, $P = .028$), fewer adverse events (4.0% vs 13.0%, $P = .022$), and lower pain scores on postoperative days 1 and 2.; Conclusion:

Implementing comprehensive SSI prevention strategies in obstetric nursing significantly reduces SSIs, complications, and pain, while enhancing wound healing and recovery. (Copyright © 2025 The Authors. Published by Wolters Kluwer Health, Inc.)

4. The Effect of Short Messaging on Improving Nurses' Hand Hygiene Behaviors: A Randomized Controlled Trial

Authors: Özduran Ören, Bahar and Kes, Duygu

Publication Date: 2026

Journal: Journal of Continuing Education in Nursing 57(1), pp. 29–35

Abstract: Background: Nurses' hand hygiene is critical for preventing nosocomial infections, yet evidence on effective interventions is limited. This study examined the effect of short messaging on nurses' hand hygiene behaviors. Method: A randomized controlled trial was conducted with 60 nurses in Turkey (intervention, 30; control, 30). The intervention group received eight educational Short Message Service-based messages twice weekly for 4 weeks. Data were collected using validated hand hygiene assessment tools. Analyses included two-way robust tests, Bonferroni, and Mann–Whitney U tests. Results: Posttest scores for the Hand Washing Form, Surgical Hand Washing Form, and Form for Hand Rubbing with Antiseptic Agent were significantly higher in the intervention group compared with baseline ($p < .001$). Conclusion: The Short Message Service-based education significantly improved nurses' hand hygiene and represents a practical, scalable strategy for clinical training and behavior change.

5. Urgent need for infection prevention and control in prisons

Authors: The Lancet, Infectious Diseases

Publication Date: 2026

Journal: The Lancet.Infectious Diseases 26(1), pp. 1

6. The Impact of Environmental Contamination and Carriage of Methicillin-Resistant Staphylococci by Patients on the Hand Hygiene of Healthcare Workers

Authors: Yang, Xiaoyu;Liu, Yuting;Yang, Qingqing;Zu, Shulong and Xu, Zhen

Publication Date: 2026

Journal: Nursing in Critical Care 31(1), pp. e70284

Abstract: Background: Methicillin-resistant staphylococci (MRS) pose a great health threat to hospital-associated infections. Healthcare workers (HCWs) are known as sources, vectors and victims for MRS.; Aim: This study aimed to identify non-hand hygiene factors associated with the higher prevalence of MRS colonisation among ICU HCWs compared to those in non-ICU

settings.; Study Design: Samples were collected from HCWs, patients and environment sites of a community hospital in Tianjin. 16s rRNA sequencing was used to identify the species of bacteria, and the disc diffusion method was used to explore the antimicrobial susceptibility profile of staphylococci. The *mecA* gene and SCCmec types were determined by PCR.; Results: Two hundred and eighty staphylococcal isolates were recovered and 186 isolates were identified as MRS. The prevalence of MRS carriage among HCWs, patients, and environmental dissemination in the ICU was significantly elevated compared to that in the non-ICU setting ($p<0.05$). Moreover, HCWs of the ICU had a higher hand hygiene compliance ($p<0.05$) and rates of correct answers in comparison with non-ICU HCW regarding the hand hygiene knowledge ($p<0.05$).; Conclusions: In this study, the MRS carriage among HCWs in the ICU was significantly higher than that of HCWs in the non-ICU in the same hospital who followed the same hand hygiene rules. The high-level MRS colonisation among patients and the transmission of MRS in the environment may be risk factors for the higher carriage level of MRS in HCWs.; Relevance to Clinical Practice: Clinicians should consider eradicating the environmental contamination of MRS and decolonisation of MRS in patients. (© 2026 British Association of Critical Care Nurses.)

7. Targeting the root: How behavioral feedback and cultural engagement transformed hand hygiene at a tertiary acute care hospital

Authors: Lipford, Adam G.;Johnson, Patrick W.;Kunze, Katie L.;Wu-Ballis, Melody;Bateh, Said M.;Edwards, Michael A.;Pareek, Aayushi;Saleem, Faiz Ur Rehman;Blumenfeld, Sophia G.;Munipalli, Bala;Jena, Anek;Brockman, Elyse;Shapiro, Anna B.;Bumble, Lisa;Elwasila, Sammer M.;Franco, Pablo Moreno;Sanghavi, Devang K.;Bosch, Wendelyn;Coward, Jennifer B. and Cortes, Melissa P.

Publication Date: 2025

Journal: American Journal of Infection Control

Abstract: Background: Hand hygiene is vital to infection prevention, but sustaining high compliance remains an ongoing challenge. This project aimed to determine if a culturally focused hand hygiene program, leveraging existing resources and context-driven data, could sustain high compliance in an acute care hospital setting.; Methods: In June 2023, our tertiary acute care hospital implemented a hand hygiene program targeting roots of non-compliance. Light-duty nurses and patient care technicians observed compliance through security cameras, provided real-time feedback, and acted as cultural change agents. Context-specific data were leveraged to create targeted education and recognition programs. Results were analyzed using an interrupted time series analysis, logistic regression, and a decision tree algorithm to assess impact and predictors of compliance.; Results: 191,403 observations were collected across 11 inpatient units. Overall post-implementation compliance improved by 11.6% (effect size: 0.34). Improvements were observed across all units, roles, and shifts. Significant predictors of compliance were identified, including staff roles and shifts. Improvements were resilient to the hourly census and showed a 54% reduction in the variance of compliance.; Conclusion: Our program sustainably improved and stabilized hand hygiene compliance. The approach offers a practical and scalable model for institutions seeking to overcome common challenges to achieve sustainable compliance. (Copyright © 2026. Published by Elsevier Inc.)

8. Current state of training needs and programs for infection control liaison nurses

Authors: Ni, Li;Du, Qingqing;Bian, Hailei;Manan, Norhafizah Ab and Mohamad, Abd Rahim

Publication Date: 2025

Journal: Frontiers in Medicine 12, pp. 1703523

Abstract: Amid the continuous advancement of medical technologies and increasingly stringent requirements for hospital infection management, the infection control liaison nurse serves as a critical bridge between the infection control department and clinical units. The professional competence and training quality of these nurses directly influence the effectiveness of infection prevention and control measures within hospitals. At present, there is a significant variation in the job competency, mastery of professional knowledge, and application of practical skills among infection control liaison nurses, leading to diversified training needs. The design and implementation of training programs face challenges such as incomplete systems, uniformity in training models, and non-standardized criteria for outcome evaluation. An analysis of the current training landscape reveals significant gaps in the integration of theory and practice, a lack of pertinence in training content, and the absence of a robust mechanism for continuous education. There is an urgent need to develop a more scientific, systematic, and effective training model to enhance the overall quality and professional level of infection control liaison nurses. (Copyright © 2025 Ni, Du, Bian, Manan and Mohamad.)

9. Patient satisfaction with infection prevention and control interventions in acute hospitals: a systematic review and meta-analysis

Authors: Skally, Mairead;Kearney, Aoife;Strawbridge, Judith;Heritage, John;Cox, Cheryl;Bennett, Kathleen E.;Humphreys, Hilary and Fitzpatrick, Fidelma

Publication Date: 2025

Journal: BMJ Open 15(12), pp. e103431

Abstract: Introduction: Infection prevention and control (IPC) interventions are multifactorial and are used to prevent healthcare-associated infections in healthcare facilities. However, patient views and enabling patient and public involvement (PPI) in their development has been minimal.; Objectives: This systematic review aims to identify peer-reviewed publications reporting patient satisfaction outcomes in the context of IPC interventions, to document the methods used to assess patient satisfaction and to conduct a meta-analysis on reported satisfaction outcomes.; Design: Systematic review and meta-analysis following the Joanna Briggs Institute (JBI) methodology and the PRISMA statement, with oversight from a steering group including PPI partners. Studies in peer-reviewed journals were included based on eligibility criteria.; Data Sources: MEDLINE, Scopus, Web of Science, EMBASE, Cochrane Library, CINAHL and PsycINFO were searched in June 2024.; Eligibility Criteria: Included studies investigated satisfaction among hospitalised patients in acute care settings following IPC measures, including isolation, cohorting, screening, hand hygiene, antimicrobial stewardship, patient flagging, education, personal protective equipment use, visiting

restrictions and treatment delays DATA EXTRACTION AND SYNTHESIS: Titles and abstracts were screened independently by two reviewers; disagreements were resolved by a third. Study quality was assessed using the JBI manual for evidence synthesis. A meta-analysis was conducted where four or more studies used comparable designs and methods within the same areas of IPC, with heterogeneity evaluated using Cochran's Q statistic and I² and pooled estimates calculated with 95% CIs using the Wilson (score) method.; Results: Twenty-nine studies were identified. Among IPC measures, isolation precautions were the most commonly reported intervention (11 studies, 38%). The Likert scale was the predominant assessment method (13 studies, 45%). Patient satisfaction with IPC interventions ranged from 58.3% to 97.2%. Meta-analysis of four studies using the Hospital Consumer Assessment of Healthcare Providers and Systems survey showed substantial heterogeneity (I² , 55%, p=0.08) and a pooled patient satisfaction level of 69% (95% CI 63.6% to 74.4%) for isolation precautions.; Conclusion: Sixty-nine percent of isolated patients reported satisfaction with their care. Patient satisfaction with IPC interventions varies widely, highlighting limitations in current measurement approaches. Strengthening PPI in the design and evaluation of satisfaction measures is essential to capture meaningful data and improvements in IPC programmes.; Prospero Registration Number: IS 2024 CRD42024558385. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY. Published by BMJ Group.)

10. Does a multimodal educational intervention involving pre-intern 'hand hygiene covert observers' improve hand hygiene compliance among medical interns?

Authors: Wong, Shuk-Ching;Chiu, Edwin Kwan-Yeung;Chiu, Kelvin Hei-Yeung;Chau, Pui-Hing;Chau, Benny Yu;Ng, Wing Yan;Kwok, Monica Oi-Tung;Yuen, Kwok-Yung and Cheng, Vincent Chi-Chung

Publication Date: 2025

Journal: Antimicrobial Resistance and Infection Control

Abstract: Background: Hand hygiene is vital for infection prevention, yet compliance among medical staff remains low. This study assessed whether training medical students using a multimodal educational intervention, including their roles as 'hand hygiene covert observers' (HHCOs) in their pre-internship phase, could improve hand hygiene compliance during their internship.; Methods: A retrospective study was conducted at Queen Mary Hospital, Hong Kong, comparing two consecutive cohorts of medical interns: cohort A (historical control, starting July 1, 2024) and cohort B (intervention group, starting July 1, 2025). Cohort B participated in a half-day training workshop and covertly observed hand hygiene compliance as HHCOs during a 19-day pre-internship clinical attachment in June 2025. Hand hygiene compliance observed by HHCOs was compared with infection control nurses (ICNs) observations collected concurrently. Additionally, hand hygiene compliance among cohorts A and B was monitored by ICNs using World Health Organization audit tools. Baseline knowledge and attitudes of cohort B regarding hand hygiene were assessed by questionnaire.; Results: Seventy-four pre-interns in cohort B completed the baseline questionnaire; 38 (51.4%) identified alcohol-based hand rub (ABHR) as the most effective hand hygiene method, while 36 (48.6%) selected soap and water. Positive attitudes were evident, with 54 (73.0%) strongly agreeing on hand hygiene's role in preventing healthcare-associated infections and 52 (70.3%) strongly agreeing that compliance impacts patient safety. During the pre-internship

clinical attachment, hand hygiene compliance observed by HHCOs among cohort A was significantly higher than that observed by ICNs (96%, 682/713 vs. 59%, 144/244; $p < 0.001$). Comparison of ICN-observed compliance showed a non-significant increase for cohort B versus cohort A (66%, 230/348 vs. 58%, 156/267; $p = 0.051$). However, cohort B demonstrated a significantly higher proportion of hand hygiene episodes using ABHR compared to cohort A (90%, 208/230 vs. 79%, 123/156; $p = 0.001$).; Conclusions: Engaging pre-interns in a multimodal educational intervention, including their roles as covert observers, did not significantly increase overall hand hygiene compliance compared to historical controls. However, there was a notable rise in ABHR use among the intervention group. This approach may promote awareness and foster a culture of patient safety. (© 2025. The Author(s).)

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