زانکۆی پۆلیتەکنیکی هەولێر
ERBIL POLYTECHNIC UNIVERSITY

Ministry of higher education and scientific research
Erbil polytechnic university
Shaqlawa technical college
Department of Nursing
Morning Classes
Grade "2"

Graduation project(Research)

Assessment of Nurses' Practice Concerning Infection Control measures in emergency departments of Erbil hospitals

Prepared by:

Darya Aswad

Karwan Mhyadin

Skalla Abdulla

Kanyaw Saman

Paywast Khdr

Narmin Osman

Supervised by:

Mr. Dler M. Saeed

2023 – 2024

Supervisor's Certification

I certify that this thesis was prepared under my supervision at Erbil polytechnic university, Shaqlawa Technical College, Nursing Department in partial fulfilment of the requirements for the degree of diploma of Science in Nursing.

Lecturer
Dler M. Saeed
Nursing Department
Shaqlawa Technical College
Erbil polytechnic university
(2023-2024)

Hashem H. Abdullah
Head of Nursing Department
Shaqlawa Technical College
Erbil polytechnic university
(2023-2024)

Acknowledgement

Before all, greatest thanks to Allah the glorious merciful and the compassionate. we would like to express our sincere thanks gratitude to our supervisor Dr.Dler Muhammad for his guidance and help. We would like to express our thanks for Mr. Hashm Hamad, Head of Nursing Department Finally we want to express our appreciation to all samples who participated in the study.

Darya Aswad

Karwan Mhyadin

Skalla Abdulla

Kanyaw Saman

Paywast Khdr

Narmin Osman

COMMITTEE CERTIFICATE

We, the members of the Examining Committee certify that, after reading this thesis and examining the student in its contents, it is adequate for the award of the degree of Diploma in Nursing Science.

Signature:
Member
Dler M. saeed
Assistant Lectures
Nursing Department
Shaqlawa Technical College
Erbil Polytechnic University
Date: 29/4/2024

Signature:
Member
Rdhwan Shukr Uso
Nursing Department
Shaqlawa Technical College
Erbil Polytechnic University
Date: 29/4/2024

Signature:
Chairman
Nihayet. Shekh
Assistant Lecture
Nursing department
Shaqlawa Technical College
Erbil Polytechnic University
Date: 29/4/2024

Approved by the council of the Erbil polytechnic university, Shaqlawa Technical College, Nursing Department.

Hashem H. Abdollah

Head of Nursing Department

Shaqlawa Technical College

Erbil polytechnic university

Date: 29/4/2024

Contents list

Abstract

Infection control refers to policies and procedures used to minimize the risk of spreading infections, especially in hospitals and health care facilities. The purpose of infection control is to reduce the occurrence of infectious diseases. Infections contracted in hospitals are also called noso-comial infections. They occur in approximately 5% of all hospital patients. These infections result in increased time spent in the hospital and, in some cases, death. Emergency Hospital(EH) often are the busiest hospital, generating enormous amounts of foot traffic and dramatically increasing the odds of transmission of infectious pathogens. Hospital infections are still major causes of mortality and morbidity among hospitalized patients and they create a major health hazards for hospital staff, visitors, and also their families and community. There for all health personnel need to be aware of this problem of they can apply their intellect and energies for developing appropriate control measures and strategies . The purpose of this study was to assess the nurse's practice concerning infection control during patient care. A descriptive study was performed to assess nurses adherence to infection control measures in Erbil hospital. This study performed from Jan 2024 to April 2024. Total 50 nurses from different Emergency departments of Erbil hospitals chosen to participate in the study after taking ethical considerations. A self-designed questionnaire was prepared to assess biographic data of participants as well as practice of nurses regarding infection control. The findings reveals that even though infection control measures is considered in some areas by the nurses, but unfortunately adherence to infection control measures as general is not well considered by the nurses.

Key words: infection control, nurses, nosocomial infections

Chapter one

Introduction

Infection control refers to policies and procedures used to minimize the risk of spreading infections, especially in hospitals and health care facilities. The purpose of infection control is to reduce the occurrence of infectious diseases. These diseases are usually caused by bacteria or viruses and can be spread by human to human contact, animal to human contact, human contact with an infected surface, airborne transmission through tiny droplets of infectious agents suspended in the air, and, finally, by such common vehicles as food or water. Diseases that are spread from animals to humans are known as zoonoses; animals that carry disease agents from one host to another are known as vectors .(Beers,2004).

Hospital Infection control is rather deep rooted in the Islamic History and belief. Also Interpreted through the holy Quran and teaching of the Prophet Mohammed for controlling of the contagion, personal hygiene and protect healthy environment, such as cleanliness is part of faith, and make not your own hands contribute to your destruction.

Infections contracted in hospitals are also called noso-comial infections. They occur in approximately 5% of all hospital patients. These infections result in increased time spent in the hospital and, in some cases, death. There are many reasons noso-comial infections are common, one of which is that many hospital patients have a weakened immune system which makes them more susceptible to infections. This weakened immune system can be caused either by the patient's diseases or by treatments given to the patient. Second, many medical procedures can increase the risk of infection by introducing infectious agents into the patient. Thirdly, many patients are admitted to hospitals because of infectious disease. These infectious agents can then be transferred from patient to patient by hospital workers or visitors. Infection control has become a formal discipline in the United States since the 1950s, due to the spread of staphylococcal infections in hospitals. Because there is both the risk of health care providers acquiring infections themselves, and of them passing infections on to patients, the Centers for Disease Control and Prevention (CDC established guidelines for infection control procedures. In addition to hospitals, infection control is important in nursing homes, clinics, child care centers, and restaurants, as well as in the home. (Beers,2004)

To lower the risk of noso-comial infections, the CDC began a national program of hospital inspection in 1970 known as the National Noso-comial Infections Surveillance system, or NNIS. The CDC reported that over 300 hospitals participate in the NNIS system as of the early 2000s. Data collected from the participating hospitals show that infection control programs can significantly improve patient safety, lower infection rates, and lower patient mortality (Kohn,2003) .

Infection prevention and control measures aim to ensure the protection of those who might be vulnerable to acquiring an infection both in the general community and while receiving care due to health problems, in a range of settings. The basic principle of infection prevention and control is hygiene . (WHO,2011).

Emergency Hospital(EH) often are the busiest hospital, generating enormous amounts of foot traffic and dramatically increasing the odds of transmission of infectious pathogens patients' at risk for infection and presents an increased infection risk for healthcare workers (HCWs) in the EH. Opportunities for cross contamination escalate when EH personnel provide life-saving, therapeutic interventions to acutely ill and trauma patients (Pyrek,2002)

Hospital infections are still major causes of mortality and morbidity among hospitalized patients and they create a major health hazards for hospital staff, visitors, and also their families and community. There for all health personnel need to be aware of this problem of they can apply their intellect and energies for developing appropriate control measures and strategies.

The Aim of the study

Is to assess the nurse's practice concerning infection control during contact with patient care.

Objective

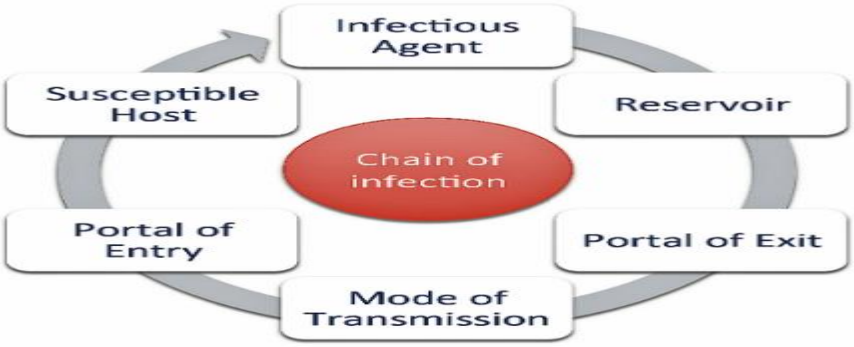
1- To assess nurses practice regarding infection control measures
2- To identify the demographical data which may affect practice of nurses regarding infection control.

Review of literature

1.2 Infection

Infection arises from invasion and multiplication of microorganisms in a host, with an associated host response (e.g. fever, purulent drainage). Infections may require antibiotic treatment aimed at inhibiting or ceasing further growth of the infectious agent. Infection is preceded by colonization (ICGQH,2010)

Infection may be transmitted by direct contact, indirect contact, or vectors. Direct contact may be with body excreta such as urine, feces, or mucus, or with drainage from an open sore, ulcer, or wound. Indirect contact refers to transmission via inanimate objects such as bed linens, bedpans, drinking glasses, or eating utensils. Vectors are flies, mosquitoes, or other insects capable of harboring and spreading the infectious agent (Sehulster,2003).



1.3. Infection Control

Infection control refers to policies and procedures used to minimize the risk of spreading infections, especially in hospitals and health care facilities. The purpose of infection control is to reduce the occurrence of infectious disease(Beers,2004).

Infection prevention and control measures aim to ensure the protection of those who might be vulnerable to acquiring an infection both in the general community and while receiving care due to health problems, in a range of settings. The basic principle of infection prevention and control is hygiene (WHO,2011)

1.4. Hand hygiene

Hand hygiene is widely acknowledged to be the single most important activity for reducing the spread of disease, yet evidence suggests that many health care professionals do not decontaminate their hands as often as they need to or use the correct technique which means that areas of the hands can be missed. Hands should be decontaminated before direct contact with patients and after any activity or contact that contaminates the hands, including following the removal of gloves. Hand preparation increases the effectiveness of decontamination. The nurse should:

-Keep nails short, clean and polish free

-avoid wearing wrist watches and jewellery, especially rings with ridges or stones

- Artificial nails must not be worn(RCN,2005).

1.5. Hand hygiene techniques

There are three types of hand hygiene techniques

: 1-Routine/social hand hygiene - soap and water or alcohol-based hand product

2-Aseptic/clinical hand hygiene

3-Surgical

1.5.1 Routine/social hand hygiene - Soap and water:

Plain liquid soaps have minimal, if any, antimicrobial activity and are suitable for routine/social hand washing. Hand washing with plain liquid soap can remove dirt, soil, and various organic substances from the hands and loosely adherent (micro-organisms) transient flora.

1.5.2 Routine/social hand hygiene - Alcohol-based hand product (ABHP):

ABHs are more effective against most bacteria and many viruses than either plain liquid soap or antimicrobial soap. If hands are visibly soiled they must be washed with soap and water

1.5.3 Aseptic/clinical Hand Hygiene

Aseptic/clinical hand hygiene is undertaken to remove transient micro-organisms and inhibit the growth of resident micro-organisms prior to any care activity that implies a direct or indirect contact with a mucous membrane, non-intact skin or an invasive medical device. During such a procedure no micro-organisms should be transmitted (ICGQH,2010)

1.5.4 Surgical Hand Hygiene :

Surgical hand antisepsis is required prior to performing any surgical procedure that enters a sterile site. There are many products suitable for use to ensure surgical hand antisepsis including traditional methods and more recently, alcohol-based products

1.6. Using personal protective equipment

Personal protective equipment (PPE) is used to protect both yourself and your patient from the risks of cross-infection. It may also be required for contact with hazardous chemicals and some pharmaceuticals. PPE includes items like gloves, aprons, masks, goggles or visors. In certain situations such as theatre, it may also include hats and footwear. (RCN,2005).

1.6.1 **Personal protective equipment is required in the following situations: -**

- when there is risk of exposure to blood and other body fluids, secretions and excretions regardless of whether they contain visible blood (excluding sweat)
- Contact with non-intact skin, including skin rashes
- Contact with mucous membranes

1.6.2Personal protective equipment for standard precautions comprises:-

- Use of gloves (appropriate to the task)
- Facial protection: use of protective eyewear and a fluid repellent surgical face mask, or use of a face shield
- Use of impermeable aprons or gowns (ICGQH,2010)

1.7. Disposable gloves

Gloves should be worn whenever there might be contact with blood and body fluids, mucous membranes or non intact skin. They are not a substitute for hand washing. They should be put on immediately before the task to be performed, then removed and discarded as soon as the procedure is completed. Hands must always be washed . (RCN,2005).

Glove selection is to be task appropriate:-

1.7.1 Non sterile gloves - for contact with non-sterile body areas and performing procedures that do not require sterile technique

1.7.2Sterile gloves - for sterile procedures. It is recommended that surgeons wear double sterile gloves during exposure prone procedures.

1.7.3Utility gloves - for instrument cleaning and housekeeping activities, wear general purpose utility gloves. These are to be cleaned and stored dry between uses, and replaced when showing signs of deterioration . (ICGQH,2010)

1.8.Gowns

Are available in both sterile (surgical) and non sterile (clean) versions and in fabrics of varying permeability (impervious, fluid-resistant, permeable). Gowns protect skin and prevent soiling of clothing during procedures and patient-care activities that are likely to involve contact with or generate splashes or sprays of blood or body fluids . (ICGQH,2010)

1.9. Masks, visors and eye protection

These should be worn when a procedure is likely to cause blood and body fluids substances to splash into the eyes, face or mouth Masks may also be necessary if infection is spread by an airborne route also masks should be discarded immediately after use. (RCN, 2005).

1.10. Safe handling and disposal of sharps

Sharps include needles, scalpels, stitch cutters, glass ampoules and any sharp instrument to reduce the risk of injury and exposure to blood borne viruses, it is vital that sharps are used safely and disposed of carefully, following your workplace's agreed policies on safe working procedures . (RCN, 2005).

1.11. Aseptic technique

Aseptic techniques are measures to lower the risk of infection risk by minimizing the number of pathogenic microorganisms people are exposed to:

1.11.1 'clean' technique involves the use of standard precautions to limit the number of microorganisms present, such as hand hygiene, reprocessing of equipment between patients, environmental cleaning, and other measures to reduce microbial load

1.11.2 'sterile technique involves practices that aim to eliminate the introduction of microorganisms into surgical incisions, tissue or wounds (e.g. use of sterile instruments, dressing materials and gloves, skin antisepsis, and creation of a 'sterile field' within which to operate). Refer to "antisepsis (ICGQH,2010)

1.12. Routine Equipment Cleaning and Disinfection

1.12.1 Cleaning

The process of removing all visible and invisible contamination from a surface using soap detergent or enzyme. The physical action of cleaning is more important than the cleaning product used. Cleaning includes removal of blood, body fluids and other biological materials from a surface. Cleaning must always be performed from the clean area to the dirty area (Brown et al,2007)

1.12.2 Disinfection

A process which kills many microorganisms on a surface with the exception of bacterial spores. There are three level of disinfection: low level disinfection, intermediate level disinfection and high level disinfection. When disinfection, selecting the proper level of disinfection and the corresponding disinfection product is essential. (Brown et al,2007)

Chapter Two

Methodology

2.1. Design of the study:

A descriptive study design was chosen to assess nurses adherence to infection control measures in Erbil hospitals

2.2. Duration of the study:

This study performed from Jan 2024 to April 2024 .

2.3. Sample of the study:

we selected a purposive sample of 50 nurses from different Erbil hospitals to participate in the study.

2.4. Setting of the study:

study was conducted at Rizgary Hospital , CMC hospital, and Shaqlawa Hospital.

2.5. Method and tool of data collection:

A questionnaire which was consists of two parts was used in this study. the first part of questionnaire was designed to collect biographic data about participants. the second part was designed to assess practice of nurses regarding infection control measures.

2.6. Ethical considerations:

The agreement of participants was taken verbally to participate in the study.

2.7. Statistical analysis:

Data management and statistical analysis: Data reordered on a specially designed questionnaire, collected and included number and percentages of each
category of the questionnaire. the results presented as numbers & percentage and collected data analyzed by Excel program.

Chapter Three

Result

Table No 1. Age of participants

Table(1):
In this research out of 50 nurses according to age , 36%(18) nurses was between 20 _ 25years , 30% (15) nurses was between 26-30 years , 22% (11) nurses was between 31-40 , 12%(6) nurses was above 40. The average age of nurses was (33 years)

Table(1) Age			
N	Age	Frequency	Percentage
1	**20-25**	18	36%
2	**26-30**	15	30%
3	**31-40**	11	22%
4	**>40**	6	12%
5	**Average**	33	

Table No 2. Gender of participants

Table(2):
Out of 50 nurses according to gender, 46% (23) was male, 54 % (27) was female.

Table (2) Gender			
N	Gender	Frequency	Percentage
1	Male	23	46%
2	Female	27	54%

Table No 3. Qualification of participants

Table(3):
Out of 50 nurses according to nurses Qualification, 58% (29) was Diploma ,42% (21) was Bachelors.

Table(3) qualification			
N	Qualification	Frequency	Percentage
1	Diploma	29	58%
2	Bachelor	21	42%

Table No 4. Work place of participants

Table(4):
Out of 50 nurses according to works place , 68% (34 nurses) was in rizgary hospital , 12% (6 nurses) was in Shaqlawa hospital , 20% (10 nurses) was in CMC hospital

Table(4) work place			
N	Work place	Frequency	Percentage
1	Rizgary hospital	34	68%
2	Shaqlawa hospital	6	12%
3	CMC hospital	10	20%

Table No 5. Years of Experience of participants

Table(5):
Out of 50 nurses according to Years Of Experience , 64% (32 nurses) had below 10 years experience ,32% (16 nurses) had between 10_30 years of experience , and 4% (2 nurses) had above 30 years of experience and the average years of experience was 15years

Table (5) years of Experience			
N	Years of experience	Frequency	Percentage
1	<10	32	64%
2	10-30	16	32%
3	>30	2	4%
4	**Average**	15	

Table No 6. Material Status of participants

Table(6):
Out of 50 nurses according to material status
46% (23) nurses was married , 54% (27) nurses was single.

Table(6) Material Status			
N	Material status	Frequency	Percentage
1	Married	23	46%
2	Single	27	54%

Table No. 7 Nurses adherence to infection control measures

No:	Questions :	Yes	No
1	Do you consistently wear appropriate personal protective equipment (PPE) when providing care to patients in the emergency department?	%82	%18
2	Do you use proper techniques for donning and doffing PPE in the emergency department?	%70	%30
3	Do you adhere to respiratory hygiene and cough etiquette practices in the emergency department?	%84	%16
4	Do you follow proper techniques for cleaning and disinfecting medical equipment in the emergency department?	%74	%26
5	Do you demonstrate proper disposal of infectious waste materials in the emergency department?	%54	%46
6	Do you engage in appropriate hand hygiene practices, including the use of soap and water or alcohol-based hand sanitizers?	%88	%12
7	Do you use Standard precautions for all patients ?	%84	%16
8	Does your unit use isolation precautions for all patients?	%30	%70
9	Do you keep finger nails short with out artificial ?	%28	%72
10	Do you Using sterile technique for (suturing dressing ,cathetarization ,intubation cannulations or injection ,cleaning the mask of oxygenation?)	%86	%14

11	Will you ensure that medical equipment is disinfected and disposed ofproperly?	**%78**	**%22**
12	Do you consider handwashing technique important before and after theprocess?	**%92**	**%8**
13	Will you make sure sharp objects like glass ampoules and broken glassare safely used and disposed of to prevent injury?	**%82**	**%18**
14	Do you agree with taking preventive measures against patients withcommunicable diseases?	**%78**	**%22**
15	Would you wear safety equipment such as gloves, masks, gowns, andeye protection?	**%90**	**%10**
Average		**%73.33**	

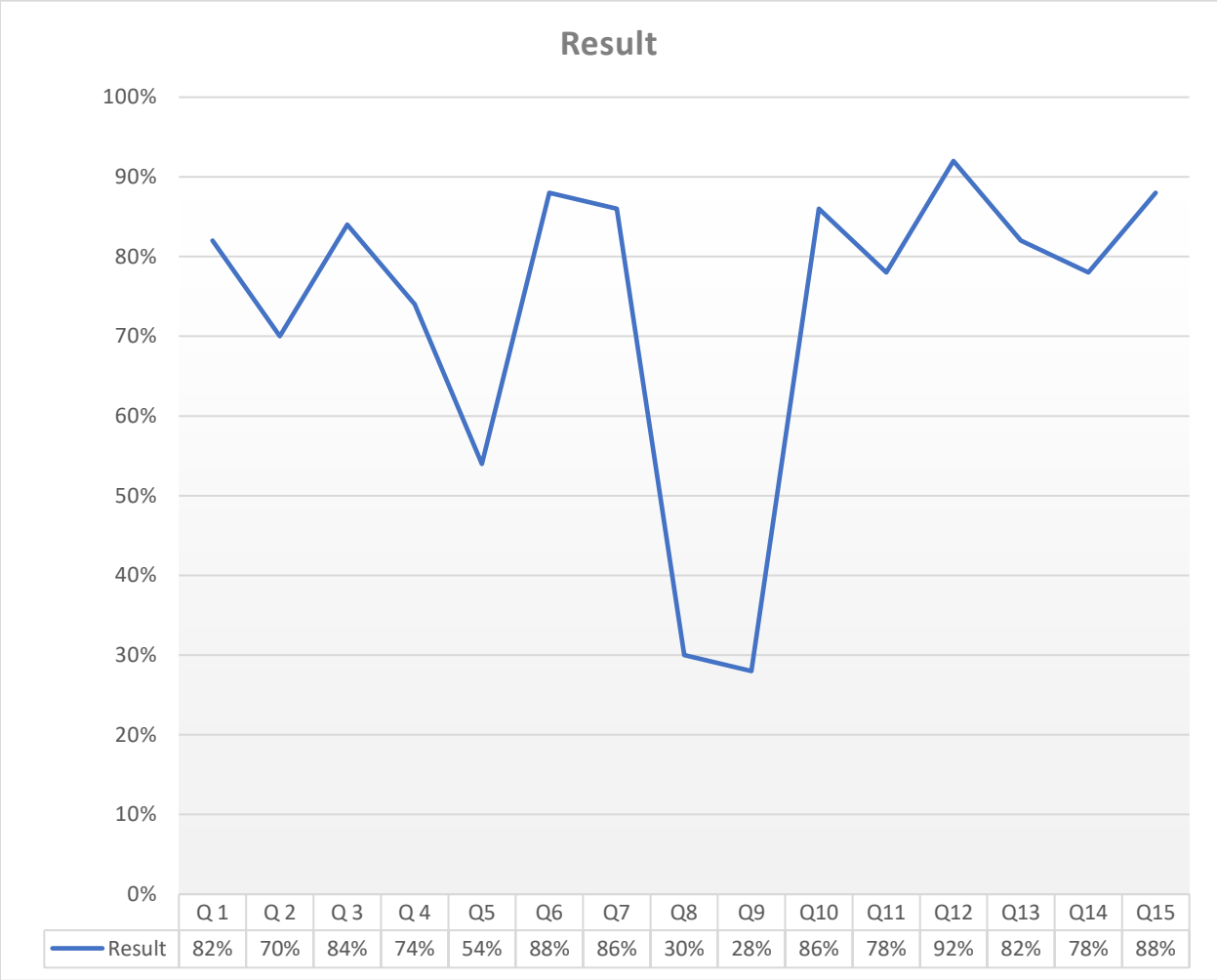
Table(7)::

- In question 12, the majority of nurses exhibit maximum practical engagement, with 92% actively involved in practical tasks out of the total surveyed. The question was about considering the importance of hand washing before and after doing the procedures.

- Conversely, in question 9, the minimum level of practical involvement is apparent, with only 28% of nurses engaging in practical work out of the total surveyed. The question was about keeping the nails short and free from artificials.

- the average compliance rate of 73.33% suggests a moderate to good level of adherence across the surveyed practices, but it is not still excellent and ideal for the nurses

Rate of nurses adherence to infection control measures according to Questionnaire



	Q 1	Q 2	Q 3	Q 4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
Result	82%	70%	84%	74%	54%	88%	86%	30%	28%	86%	78%	92%	82%	78%	88%

Chapter four

Discussion

-In the current stud , the average age of participating nurses was 33 years, indicating a relatively young workforce. This is compatible with the findings of Mozhgan et al. (2018), where the average age was 29 years, but incompatible with the younger average age of 27.8 years reported by Hany Girgis et al. (2020) and 26.69 years by Zhwan et al. (2020).

The gender distribution was predominantly female, with 54% female and 46% male participants in our study. This is compatible with the findings of Mozhgan et al. (2018), where females comprised 53.6% of participants, but incompatible with the higher proportion of males reported by Zhwan et al. (2020) at 55.9% and Hany Girgis et al. (2020) at 57.1%.

The average years of work experience were 15 years in our study, indicating a highly experienced cohort of nurses. This is compatible with the higher average years of experience reported by Hany Girgis et al. (2020) at 11.6 and Mozhgan et al. (2018) at 12.5, but incompatible with the lower average years of experience reported by Zhwan et al. (2020) at 5.53.

-In our study on infection control, the average nursing practice score was 73.33%, indicating a moderate level of adherence to infection control protocols.

Comparatively, Hany Girgis et al. (2020) reported an average nursing practice score of 81.7%, which is higher than the average observed in our study. Mozhgan et al. (2018) found an average nursing practice score of 75.8%, also higher than our study's average. However, Zhwan et al. (2020) reported a lower average nursing practice score of 66.67%, which is slightly lower than the average observed in our study.

Chapter five

5.1 conclusion

- The average level of adherence to infection control measures among nurses was 73.33 %
- The average age of nurses was 33 years
- The average Years Of Experience nurses was 15 years
- Majority of participants was female (54%)

5.2 recommendation

1. Asking Polytechnique universities and nursing colleges to integrate their curriculum with infection control measures to increase the knowledge of nursing students about infection control measures, which may positively affect the practice of nursing students (future nurses) about adherence to infection control measures.
2. Asking Ministry of Health and hospital management to provide training courses for the nurses about infection control measures to enhance the knowledge and practice of nurses about this important issue.
3. Asing nurses to participate in the training courses and updating themselves regularly about latest innovations and techniques in this field.
4. Assessing the barriers (like lack of knowledge, lack of time or equipment, existence of negative attitude among nurses for adhering to infection control measures, lack of effective communications or administrative issues, etc.) which may exist in the working area and hinder nurses from adherence to infection control measures.

Questionnaire

Thank you for agreeing to participate in this research.

Please answer these questions.

Part one : Data collection

Number Case ( )

Age :

Gender:

nurse's qualifications:

Works place:-

years of experience :

Material status :

No:	Questions :	Yes	No
1	Do you consistently wear appropriate personal protective equipment (PPE) when providing care to patients in the emergency department?		
2	Do you use proper techniques for donning and doffing PPE in the emergency department?		
3	Do you adhere to respiratory hygiene and cough etiquette practices in the emergency department?		
4	Do you follow proper techniques for cleaning and disinfecting medical equipment in the emergency department?		
5	Do you demonstrate proper disposal of infectious waste materials in the emergency department?		
6	Do you engage in appropriate hand hygiene practices, including the use of soap and water or alcohol-based hand sanitizers?		

No:	Questions :	Yes	No
7	Do you use Standard precautions for all patients ?		
8	Does your unit use isolation precautions for all patients?		
9	Do you keep finger nails short with out artificial ?		
10	Do you Using sterile technique for (suturing dressing , cathetarization ,intubation cannulations or injection ,cleaning the mask of oxygenation?)		
11	Will you ensure that medical equipment is disinfected and disposed of properly?		
12	Do you consider handwashing technique important before and after the process?		
13	Will you make sure sharp objects like glass ampoules and broken glass are safely used and disposed of to prevent injury?		
14	Do you agree with taking preventive measures against patients with communicable diseases?		
15	Would you wear safety equipment such as gloves, masks, gowns, and eye protection?		

Reference

1. *Alen D. (2010). Definition of Nursing Practice. [Cited in Feb 10, 2012].Available from http://health.ezinemark.com/definition-of-nursing-practice-31911a3fe00.html*
2. *ARNOLD Ayliff J.5 Oxford Friase. A.5 University Geddes, Press, 4.; and 2000, Pp Mitchell, (17-19, K.: 98-99, Control of 348-352) Hospital Infection 44 Ed, References:*
3. Assessment of Nurses' Knowledge Attitude and Practice regarding Infection Controls in Intensive Care Unit at Hospitals in Kirkuk City-Iraq (Zhwan,et al 2020)
4. *Beers, Mark H., MD, and Robert Berkow, MD, editors. "Immunizations for Adults." Sectian 13, Chapter 152. In The Merck Marual of Diagnosis and Therapy. Whitehouse Station, NJ: Merck Research Laboratories, 2004.*
5. *Brown D, Campeau T, Francis C , Nishman R, Van Pelt J , Welsford M , Burgess R (2007). Infection Prevention and Control Best Practice Manual for Land Ambulance*
6. *(ICGQH) Infection Control Guidelines Queensland Health. 2010. Pp (2-6). [Cited inNovIl,201 1].Availablefrom http://www.health.qld.gov.au/chrisp/ic_guidelines/sect2_elements.pdf*
7. Intensive care nurses' knowledge & practices regarding infection control standard precautions at a selected Egyptian cancer hospital (hany girgis,et al 2020)
8. Knowledge and practice of nurses about the control and prevention of nosocomial infections in emergency departments (mozhgan,et al 2018)
9. *Kohn, G, Collins A, Cleveland J, et al. "Guidelines for Infection Control in Dental Health-Care Settings-2003." Morbidity and Mortality Weekly Reports: Reports and Recommendations 5$2, RR-17 (December 19, 2003): 1-61 http://medical- dictionary.thefreedictionary.com/Infection-+control+and+hospital+epidemiology*
10. *Korn SP, Lux J. (2001) .Infection Control for Nursing Student Truman College. March [Cited in rom http://www.faculty.ccc.edu/tr- , 2012].Available infectioncontrol/chain.htm*

11. *Pyrek K. (2002). Cleaning and disinfection Infection Control Today Magazine [Cited in Dec 13, 201 1].Available from http://www.infectioncontoltoday.com*
12. *(RCN) Royal College of Nursing (2005) Methicillin-resistant Staphylococcus aureus (MRSA). Guidance for nursing staff London: RCN. Publication code: 002 740. [Cited in Feb 6, 2012]. Available from http://www.wales.nhs.uk/sites3/Documents/739/RCN infection control.doc.pdf*
13. *(RCN) Royal College of Nursing. (2005) a uniform approach. A checklist for nursing staff. London: RCN. Publication code 002 723 [Cited in Feb 6, 2012] .Available from http://www.rcn.org.uk/mrsa*
14. *Sehulster, L., and R. Y. Chinn. "Guidelines for Environmental Infection Control in Health-Care Facilities. Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)." Morbidity and Mortality Recommendations and Reports 52, RR-10 (June 6, 2003): 1-42.*
15. *WHO 2012 Health topics. Infection control (Western Pacific Region); Food Challenge Safety care: First Global atien care safer safety; clean is [Cited in Dec 10, 2011].Available from http://www.who.int/topics/infection_control/en (2011)*
16. *Wilson , J.;and Jenner .A.: Infection Control in Clinical Practice , 2nd Ed , Bailliere Tindall, 2003 , Pp(133-139, 175-178 , 225-226)*

پوخـــــتە

کۆنترۆڵی تووشبوون ئاماژەیە بۆ ئەو سیاسەت و ڕێکارانەی کە بەکاردەهێنرێن بۆ کەمکردنەوەی مەترسی بڵاوبوونەوەی هەوکردنەکان، بەتایبەتی لە نەخۆشخانەکان و دامەزراوەکانی چاودێری تەندروستی. مەبەست لە کۆنترۆڵکردنی هەوکردن کەمکردنەوەی ڕوودانی نەخۆشییە تووشبووەکانە. هەروەها ئەو هەوکردنانەی لە نەخۆشخانەکاندا تووشی دەبن، پێیان دەوترێت هەوکردنی نەخۆشخانە. لە نزیکەی 5%ی هەموو نەخۆشەکانی نەخۆشخانەدا ڕوودەدەن. ئەم هەوکردنانە دەبێتە هۆی زیادبوونی کات بەسەربردن لە نەخۆشخانە و لە هەندێک حاڵەتدا مردن. زۆرجار نەخۆشخانەی فریاکەوتن سەرقاڵیترین نەخۆشخانەیە، کە بڕێکی زۆر هاتوچۆی پێ دروست دەکات و ئەگەری گواستنەوەی مادده نەخۆشخوازە تووشبووەکان بە شێوەیەکی سەرنجڕاکێش زیاد دەکات. هەوکردنی نەخۆشخانەکان هێشتا هۆکاری سەرەکی مردن و نەخۆشییە لەنێو نەخۆشانی نەخۆشخانەدا و مەترسییەکی تەندروستی گەورە بۆ کارمەندانی نەخۆشخانە، سەردانکەران و هەروەها خێزان و کۆمەڵگاکەیان دروست دەکەن. لەوێ بۆ هەموو کارمەندانی تەندروستی پێویستە ئاگاداری ئەم کێشەیە بن کە دەتوانن عەقڵ و وزەکانیان بۆ پەرەپێدانی ڕێوشوێن و ستراتیژییەکانی کۆنترۆڵکردنی گونجاو بەکاربهێنن. ئامانجی ئەم توێژینەوەیە هەڵسەنگاندنی پراکتیکی پەرستار بوو سەبارەت بە کۆنترۆڵکردنی هەوکردن لە کاتی چاودێری نەخۆشدا. توێژینەوەیەکی وەسفکەر بۆ هەڵسەنگاندنی پابەندبوونی پەرستاران بە ڕێکارەکانی کۆنترۆڵکردنی تووشبوون لە نەخۆشخانەی هەولێر ئەنجامدرا. ئەم توێژینەوەیە لە مانگی یەکی ساڵی ٢٠٢٤ تا مانگی نیسانی ٢٠٢٤ ئەنجامدرا، کۆی گشتی ٥٠ پەرستار لە بەشە جیاوازەکانی فریاکەوتنی نەخۆشخانەکانی هەولێر هەڵبژێردران بۆ بەشداریکردن لە توێژینەوەکەدا دوای ڕەچاوکردنی ئەخلاقی. پرسیارنامەیەکی خۆدارێژراو ئامادەکرا بۆ هەڵسەنگاندنی داتای ژیاننامەی بەشداربووان و هەروەها پراکتیکی پەرستاران سەبارەت بە کۆنترۆڵکردنی تووشبوون. دۆزینەوەکان دەریدەخەن کە هەرچەندە ڕێوشوێنی کۆنترۆڵکردنی تووشبوون لە هەندێک بواردا لەلایەن پەرستارانەوە لەبەرچاو گیراوە، بەڵام بەداخەوە پابەندبوون بە ڕێوشوێنی کۆنترۆڵکردنی تووشبوون وەک گشتی لەلایەن پەرستارانەوە بە باشی لەبەرچاو نەگیراوە .وشەی سەرەکی: کۆنترۆڵکردنی هەوکردن، پەرستاران، هەوکردنی نەخۆشخانە

الخلا صة

تشير مكافحة العدوى إلى السياسات والإجراءات المستخدمة لتقليل مخاطر انتشار العدوى، خاصة في المستشفيات ومرافق الرعاية الصحية .الغرض من مكافحة العدوى هو الحد من حدوث الأمراض المعدية . وتسمى أيضًا حالات العدوى التي تحدث في المستشفيات باسم عدوى المستشفيات .تحدث في حوالي 5٪ من جميع مرضى المستشفى .وتؤدي هذه العدوى إلى زيادة الوقت الذي يقضيه المريض في المستشفى، وفي بعض الحالات، إلى الوفاة .غالبًا ما يكون مستشفى الطوارئ أكثر المستشفيات ازدحامًا، حيث يولد عددًا هائلاً من حركة المرور ويزيد بشكل كبير من احتمالات انتقال مسببات الأمراض المعدية .لا تزال عدوى المستشفيات من الأسباب الرئيسية للوفيات والمراضة بين المرضى في المستشفيات، كما أنها تشكل مخاطر صحية كبيرة لموظفي المستشفى والزوار، وكذلك أسرهم ومجتمعهم .ويجب على جميع العاملين في مجال الصحة أن يكونوا على دراية بهذه المشكلة حتى يتمكنوا من استخدام فكرهم وطاقاتهم لتطوير تدابير واستراتيجيات المكافحة المناسبة .كان الغرض من هذه الدراسة هو تقييم ممارسة الممرضة فيما يتعلق بمكافحة العدوى أثناء رعاية المرضى .تم إجراء دراسة وصفية لتقييم التزام الممرضات بإجراءات مكافحة العدوى في مستشفى أربيل . أجريت هذه الدراسة في الفترة من يناير 2024 إلى نيسان 2024. تم اختيار إجمالي 50 ممرضة من أقسام الطوارئ المختلفة في مستشفيات أربيل للمشاركة في الدراسة بعد أخذ الاعتبارات الأخلاقية .تم إعداد استبيان ذاتي التصميم لتقييم البيانات السيرة الذاتية للمشاركين وكذلك ممارسات الممرضات فيما يتعلق بمكافحة العدوى .تكشف النتائج أنه على الرغم من أخذ تدابير مكافحة العدوى في الاعتبار في بعض المناطق من قبل الممرضات، إلا أن الالتزام بتدابير مكافحة العدوى بشكل عام لا يأخذ في الاعتبار من قبل الممرضات .الكلمات المفتاحية: مكافحة العدوى، الممرضات، عدوى المستشفيات

زانکۆی پۆلیتەکنیکی هەولێر
ERBIL POLYTECHNIC UNIVERSITY

وەزارەتی خوێندنی باڵاو توێژینەوەی زانستی

زانکۆی پۆلیتەکنیکی هەولێر

کۆلێژی تەکنیکی شەقڵاوە

بەشی پەرستاری

قۆناغی دووەم

پڕۆژەی دەرچوون (توێژینەوە) بۆکۆلێژی تەکنیکی شەقڵاوە

دەربارەی (هەڵسەنگاندنی پراکتیکی پەرستاران سەبارەت بە ڕێکارەکانی کۆنترۆڵکردنی هەوکردن لە بەشی فریاکەوتنی نەخۆشخانەکانی هەولێر)

ئامادەکردنی

دەریا اسود

کاروان محی الدین

سکاڵا عبدالله

کانیاو سامان

نەرمین عوسمان

پەیوەست خدر

سەرپەرشتیکراوە لەلایەن:

م.دلێرمحەمەد

(2024-2023)