

Navigating the new normal: infection prevention and control strategies post-COVID-19

Khadizah H. Abdul-Mumin^{1,2,*}, Yea Fui Chung³, and Zairul Haji Awang-Mohamad-Zaini⁴

¹ Nursing and Midwifery Programme, Pengiran Anak Puteri Rashidah Sa'adatun Bolkiah (PAPRSB) Institute of Health Sciences, Universiti Brunei Darussalam, Gadong, Brunei Darussalam

² School of Nursing and Midwifery, La Trobe University, Bundoora, Australia

³ Departement of Nursing, Jerudong Park Medical Centre, Jerudong, Brunei Darussalam

⁴ Department of Nursing Services, Ministry of Health, Bandar Seri Begawan, Brunei Darussalam

*Correspondence: Khadizah H. Abdul-Mumin. Address: Nursing and Midwifery Programme, Pengiran Anak Puteri Rashidah Sa'adatun Bolkiah (PAPRSB) Institute of Health Sciences, Universiti Brunei Darussalam, Gadong, Brunei Darussalam and School of Nursing and Midwifery, La Trobe University, Bundoora, Australia. Email: khadizah.mumin@ubd.edu.bn

It is now more than three years since the Corona Virus Disease 2019 (COVID-19) phenomenon occurred unprecedentedly creating tremendous chaos and profoundly affecting the world. The phenomenon moved into a trajectory of epidemic, pandemic and currently, the endemic phase. The door to opportunities for evaluating and improving nursing practices remains open along this trajectory. Fear and anxiety are the two common emotional responses during the COVID-19 pandemic among nurses at all level, be them trained, academics or students. Intensely echoed in extensive global COVID-19 studies, the emotions are identified to be rooted from the deficiency in preparedness for infection prevention and control (IPC). Efforts encompassing ad hoc and regular practical interventions at healthcare settings and educational institutions were undertaken to compromise these deficits. The urgency of providing a timely, adequate and sufficient amount of IPC training reached its uttermost significance than ever before.

Without any doubt, IPC is consumed in a daily nurse's life, even before COVID-19 exists. But, when COVID-19 attacked the world, the first that was intensely disconcerting was and still, is the spread of infection and its implications to the wider populations and healthcare professionals, including nurses, not only physically but also emotionally. If the nurses has acquired IPC skills, why were nurses still anxious? International organizations also play their roles extensively at a global scale through publications of recommendations papers and guidelines for the IPC, such as the Centers for

Disease Control and Prevention (CDC, [2020](#)) and the World Health Organization (WHO, [2016](#), WHO, [2021](#)).

Nurses assigned to COVID-19 care, especially those who are recent graduates, have reported feelings of insecurity, low confidence, hesitancy, and significant concerns about becoming infected and transmitting the virus to their families (Maideen et al., [2022](#)). This sentiment is echoed in empirical studies from around the world. A systematic review by (Alhumaid, [2021](#)) highlighted that effective infection prevention and control (IPC) goes beyond just COVID-19-specific measures. It also encompasses a broader understanding of common infectious diseases, best practices in hand hygiene, instrument decontamination, proper procedures for putting on and removing personal protective equipment (PPE), and responsible healthcare waste management.

It is not premature to assume that the deficiency in IPC preparedness is neither distinctly related to any level of nursing education, be it locally or internationally. Even though nurses were educationally prepared for IPC, but upon embarking work, they are not highly exposed to situations requiring intensive utilization of this IPC skills, not until the emergence of the COVID-19 phenomenon. Wastage of human potential in nursing can occur when nurses do not use and practice their skills (in this case, IPC) which later resulted in deprivation and even loss of such skills (Tura et al, [2022](#)).

Additionally, the current emphasis of IPC predominantly evolved around aseptic techniques encapsulated basic nursing procedures. It is high time to evaluate nursing curricula and acknowledge the

emphasis of IPC on communicable diseases which are currently limited. Earlier research on the nursing curriculum during the Influenza pandemic already evident that little attention has been paid to IPC and emergency response (Yonge et al., 2007). COVID-19 phenomenon again rings the bell for the need of strong IPC among nurses. IPC should not only be ad hoc, a one-time off, and a 'knee-jerk' response, instead, be proactive and meticulously monitored and sustained through consistent and robust training. The need for IPC education remains fundamental for nurses not merely in response to the COVID-19 but also in preparation for future pandemics.

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