Personal Protective Equipment and Infection Control: Evaluating the Impact on Healthcare Worker Safety – A Review

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Abstract

Personal protective equipment (PPE) is a cornerstone of infection control, serving as a critical barrier between healthcare workers (HCWs) and infectious agents. This review evaluates the effectiveness of PPE in reducing healthcare-associated infections (HAIs) and safeguarding HCWs, with a focus on its role during recent global outbreaks such as COVID-19. A systematic search of peer-reviewed studies from 2016 onward revealed that proper PPE use significantly reduces infection risks, with reductions of up to 85% reported during high-risk scenarios. However, challenges such as resource shortages, improper usage, discomfort, and compliance issues persist, particularly in low- and middle-income countries (LMICs). The review highlights disparities in PPE availability and effectiveness between high-income countries (HICs) and LMICs, underscoring the need for equitable access and targeted interventions. Recommendations include enhancing supply chains, providing regular training, and promoting innovation in PPE design to improve usability and compliance. These findings underscore the essential role of PPE in infection prevention and the importance of sustained efforts to address existing barriers and ensure HCW safety globally.

Keywords: Personal Protective Equipment, Infection Control, Healthcare Workers, Healthcare-Associated Infections, Occupational Safety, Compliance.

Introduction

Personal protective equipment (PPE) is a vital component of infection control, designed to protect healthcare workers (HCWs) from exposure to infectious agents and prevent the transmission of pathogens within healthcare settings. The role of PPE has become increasingly significant in the face of global outbreaks, such as COVID-19, which highlighted its critical importance in safeguarding HCWs and maintaining healthcare system functionality (Chou et al., 2020). By creating a physical barrier, PPE—including gloves, gowns, masks, respirators, and face shields—plays a key role in reducing the risk of healthcare-associated infections (HAIs).

Despite its proven effectiveness, the implementation and use of PPE vary significantly across regions. Highincome countries (HICs) generally benefit from well-established supply chains, robust training programs, and stringent infection control policies, leading to higher compliance and effectiveness. Conversely, lowand middle-income countries (LMICs) face numerous challenges, including resource shortages, insufficient training, and inconsistent usage, which compromise the protective potential of PPE (Liu et al., 2021). These

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disparities underscore the need for equitable access to PPE and targeted interventions to address barriers in resource-constrained settings.

The COVID-19 pandemic brought PPE-related challenges to the forefront, with global shortages, improper usage, and logistical constraints exposing vulnerabilities even in well-resourced healthcare systems. Studies have shown that proper PPE use can reduce HCW infection rates by up to 85%, yet compliance remains a persistent issue due to factors such as discomfort, fatigue, and lack of training (Liu et al., 2021). Addressing these challenges requires a multifaceted approach that includes improving supply chains, fostering innovation in PPE design, and providing comprehensive training programs.

This review aims to evaluate the impact of PPE on infection control and HCW safety, focusing on its effectiveness, barriers to implementation, and strategies for improvement. By analyzing global practices and outcomes, the review seeks to provide insights into optimizing PPE use and ensuring the safety of HCWs across diverse healthcare settings.

Methods

This review adopted a systematic approach to assess the role of personal protective equipment (PPE) in infection control and its impact on healthcare worker (HCW) safety. A comprehensive search of electronic databases, including PubMed, Scopus, and Web of Science, was conducted to identify relevant peer-reviewed studies published between 2016 and 2023. The search terms used included "personal protective equipment," "infection control," "healthcare workers," and "occupational safety," combined with Boolean operators to refine the results.

The inclusion criteria for this review focused on studies that evaluated the effectiveness of PPE in preventing healthcare-associated infections (HAIs) or reducing exposure to infectious agents. Studies were included if they addressed PPE compliance, challenges, or innovations in both high-income and low- and middle-income countries. Excluded studies included non-peer-reviewed articles, studies unrelated to HCWs, and non-English publications.

The selection process involved screening titles and abstracts for relevance, followed by a full-text review of eligible articles. Quality assessment of included studies was conducted using standardized evaluation tools to ensure methodological rigor. Data extraction focused on PPE types, effectiveness, compliance rates, barriers to use, and reported outcomes.

The findings from selected studies were synthesized narratively to identify trends, disparities, and challenges in PPE use across diverse healthcare settings. The review also explored strategies to improve PPE utilization and compliance, particularly in resource-constrained environments. Discrepancies during the study selection and data extraction processes were resolved through discussion and consensus among the reviewers.

PPE in Infection Control

Personal protective equipment (PPE) is a cornerstone of infection control, designed to protect healthcare workers (HCWs) from exposure to infectious agents and reduce the risk of transmission. PPE includes gloves, gowns, masks, respirators, face shields, and other items that create a physical barrier between the wearer and potential sources of infection. Its importance has been underscored during major health crises, such as the COVID-19 pandemic, where proper PPE use played a critical role in safeguarding HCWs and maintaining healthcare system functionality (Chou et al., 2020).

Each type of PPE serves a specific function in infection prevention. Masks and respirators, such as N95 respirators, protect against airborne pathogens, while gloves and gowns prevent contact transmission. Face shields and goggles protect mucosal surfaces from splashes and sprays. These items are used individually or in combination depending on the level of exposure risk and the nature of the healthcare task (Liu et al., 2021).

Studies consistently demonstrate the effectiveness of PPE in reducing HCW exposure to infectious diseases. For example, during the COVID-19 pandemic, the use of full PPE, including respirators, gowns, and gloves, reduced HCW infection rates by up to 85% in high-risk clinical environments (Liu et al., 2021). Similarly, PPE use during outbreaks of other respiratory infections, such as SARS and MERS, significantly mitigated transmission risks, highlighting its critical role in protecting HCWs during pandemics (Chughtai et al., 2020).

Despite its effectiveness, the implementation and use of PPE vary widely across regions. High-income countries (HICs) benefit from established supply chains, robust training programs, and comprehensive infection control policies, ensuring consistent PPE availability and usage. In contrast, low- and middle-income countries (LMICs) face significant challenges, including resource shortages, inadequate training, and limited access to high-quality PPE. These disparities were exacerbated during the COVID-19 pandemic, with global shortages highlighting the vulnerability of supply chains even in well-resourced settings (Al-Tawfiq et al., 2017).

While PPE is effective when used correctly, compliance remains a persistent challenge. Factors such as discomfort, fatigue, and lack of training contribute to improper use or non-compliance. For example, studies have shown that incorrect donning and doffing techniques can increase HCW exposure to pathogens, negating the protective benefits of PPE (Chou et al., 2020). Addressing these challenges requires targeted interventions, including regular training, enhanced PPE design, and the use of monitoring systems to track compliance.

Recent advancements in PPE design aim to improve usability and effectiveness. Innovations such as reusable PPE, powered air-purifying respirators (PAPRs), and antimicrobial coatings are being developed to enhance comfort and reduce environmental impact. These technologies, coupled with proper training and fit testing, have the potential to significantly improve PPE effectiveness and compliance across diverse healthcare settings (Chughtai et al., 2020).

Key Findings and Outcomes

Personal protective equipment (PPE) has proven to be one of the most effective measures for infection control and safeguarding healthcare workers (HCWs). This review highlights significant findings on PPE's role, its effectiveness, and the challenges surrounding its use, especially when comparing high-income countries (HICs) with low- and middle-income countries (LMICs).

Effectiveness of PPE in Reducing Infections

The effectiveness of PPE has been consistently demonstrated across diverse healthcare settings. In highincome countries, where access to PPE is more reliable and compliance rates are higher, studies report an effectiveness rate of up to 85% in preventing healthcare-associated infections (HAIs) among HCWs. For instance, during the COVID-19 pandemic, the use of full PPE, including N95 respirators, gowns, gloves, and eye protection, significantly reduced HCW infection rates in well-resourced hospitals.

In contrast, LMICs face considerable challenges, leading to lower effectiveness rates of approximately 60%. Resource constraints, insufficient training, and inconsistent PPE usage contribute to these disparities. During health crises, such as the Ebola outbreak in West Africa, HCWs in LMICs were disproportionately affected due to limited access to PPE and inadequate infection control protocols.

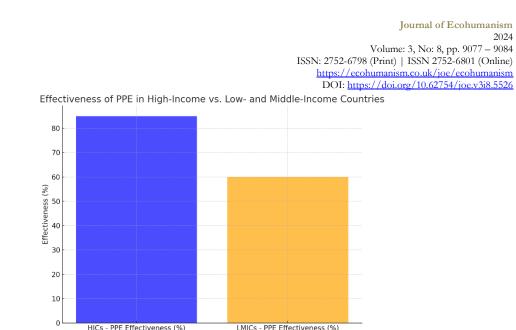


Figure 1. Effectiveness of PPE in High-Income vs. Low- and Middle-Income Countries

The bar chart above illustrates the comparative effectiveness of personal protective equipment (PPE) in reducing healthcare worker (HCW) exposure to infectious agents in high-income countries (HICs) versus low- and middle-income countries (LMICs).

The stark differences between HICs and LMICs are evident in PPE availability, compliance, and effectiveness. HICs benefit from advanced supply chain management, robust infection control policies, and regular training programs that ensure proper use of PPE. In contrast, LMICs frequently experience PPE shortages, especially during pandemics, as seen during COVID-19, when global supply chain disruptions further exacerbated existing disparities.

Aspect	High-Income Countries (HICs)	Low- and Middle-Income Countries (LMICs)
PPE Effectiveness (%)	85%	60%
Compliance Rate	High	Moderate to Low
Resource Availability	Reliable	Limited
Training and Education	Regular and Structured	Inconsistent
Major Challenges	Fatigue, Fit Testing	Shortages, Lack of Access

Key Data Summary

Compliance with PPE protocols remains a significant challenge globally, even in well-resourced settings. HCWs often report discomfort, fatigue, and difficulty maintaining adherence during long shifts, particularly when using advanced respirators such as N95 masks. Improper donning and doffing techniques further compromise PPE effectiveness, increasing HCWs' exposure to pathogens. In LMICs, these issues are compounded by insufficient training and a lack of awareness about proper PPE usage.

Additionally, global pandemics strain supply chains, leading to critical shortages. During COVID-19, both HICs and LMICs faced challenges, but the impact was more severe in LMICs, where pre-existing supply issues were magnified. Innovations, such as reusable PPE and locally produced protective gear, have emerged as potential solutions but require further validation for widespread use.

Recent advancements in PPE aim to address existing challenges while improving usability and effectiveness. Innovations include powered air-purifying respirators (PAPRs), antimicrobial-coated materials, and enhanced designs that reduce discomfort. Such advancements have the potential to increase compliance among HCWs and mitigate challenges related to fatigue and improper usage.

This review emphasizes the critical role of PPE in protecting HCWs and preventing the transmission of infectious agents. While HICs demonstrate higher PPE effectiveness due to established systems, LMICs require targeted interventions to overcome barriers. Addressing resource constraints, providing regular training, and fostering innovation in PPE design are essential steps toward improving global infection control outcomes.

Discussion

The findings of this review underscore the vital role of personal protective equipment (PPE) in infection control and healthcare worker (HCW) safety. PPE has consistently demonstrated effectiveness in reducing healthcare-associated infections (HAIs), with studies highlighting its ability to lower exposure risks by up to 85% in high-risk environments. However, the review also reveals significant disparities in PPE availability, compliance, and effectiveness between high-income countries (HICs) and low- and middle-income countries (LMICs), emphasizing the need for targeted interventions to address these gaps.

The effectiveness of PPE in reducing HAIs is well-established in HICs, where robust infection control policies, reliable supply chains, and comprehensive training programs support its proper use. Advanced technologies, such as N95 respirators, and innovations like reusable PPE have further enhanced protective outcomes. However, LMICs face substantial challenges, including limited access to PPE, resource shortages, and insufficient training. These disparities were particularly evident during the COVID-19 pandemic, when global supply chain disruptions exacerbated pre-existing inequities, leaving many LMICs unable to provide adequate protection for HCWs.

Compliance with PPE protocols remains a critical challenge globally, even in resource-rich settings. Factors such as discomfort, fatigue, and improper donning and doffing techniques reduce adherence, compromising the protective benefits of PPE. In LMICs, these issues are compounded by a lack of regular training and awareness among HCWs. Addressing these barriers requires a multifaceted approach that includes both technological innovations to improve PPE usability and educational initiatives to enhance HCW knowledge and compliance.

The psychological impact of PPE use on HCWs, including stress and burnout, is another important consideration. Prolonged use of PPE during pandemics has been associated with discomfort and mental fatigue, further reducing compliance over time. Economically, while PPE is a cost-effective intervention in preventing infections, supply shortages during global health crises can lead to price surges, placing additional financial burdens on healthcare systems, particularly in LMICs.

Recent advancements in PPE design, including antimicrobial coatings, powered air-purifying respirators (PAPRs), and enhanced fit-testing technologies, offer promising solutions to existing challenges. These innovations aim to improve comfort, usability, and protection, thereby increasing compliance among HCWs. Additionally, locally produced PPE in LMICs has emerged as a practical approach to overcoming supply chain limitations, though further validation and support are needed to ensure scalability and quality.

To address the challenges identified, healthcare systems must prioritize equitable access to PPE and invest in sustainable supply chain solutions. Policies should focus on regular training programs, proper fit testing, and the integration of monitoring systems to track compliance. International collaboration is essential to share best practices, foster innovation, and provide financial and technical support to LMICs. Strengthening leadership commitment and fostering a culture of safety within healthcare institutions are also critical for sustaining effective PPE use.

Future research should explore the long-term impact of innovations in PPE design and their scalability in LMICs. Studies examining the psychological effects of prolonged PPE use and strategies to mitigate HCW stress are equally important. Comparative analyses of policy interventions across diverse settings can provide valuable insights into effective strategies for improving PPE access and compliance globally.

Recommendations for Practice

To enhance the effectiveness and equitable use of personal protective equipment (PPE) in infection control, healthcare systems must implement targeted strategies addressing both global disparities and local challenges. The following recommendations provide a comprehensive approach to improving PPE practices:

Strengthen Supply Chains and Resource Allocation: Develop robust and sustainable supply chains to ensure consistent availability of PPE, particularly during health crises. Governments and healthcare organizations should invest in stockpiling essential PPE items and establish partnerships with local manufacturers to reduce dependence on international supply chains (Chou et al., 2020). LMICs should be prioritized for resource support through international aid and collaborations.

Enhance Training and Education Programs: Regular and comprehensive training programs should be implemented to ensure healthcare workers (HCWs) understand proper donning and doffing techniques and the correct use of PPE. Training should include hands-on sessions, e-learning modules, and scenario-based simulations. These programs are particularly important in LMICs, where knowledge gaps significantly impact compliance and effectiveness (Al-Tawfiq et al., 2017).

Invest in Innovative PPE Designs:Healthcare systems should adopt new technologies, such as reusable PPE, powered air-purifying respirators (PAPRs), and antimicrobial coatings, to improve comfort and usability. These innovations can address common challenges such as discomfort and fatigue, enhancing compliance among HCWs (Chughtai et al., 2020). Local production of PPE with quality assurance can provide cost-effective solutions in resource-constrained settings.

Implement Compliance Monitoring Systems: Monitoring systems, such as wearable compliance trackers and AI-based surveillance, should be integrated into healthcare facilities to track PPE usage and identify gaps in adherence. Providing real-time feedback to HCWs can reinforce proper usage and address errors promptly (Liu et al., 2021).

Address Psychological and Occupational Barriers: PPE use is often associated with stress and fatigue among HCWs, particularly during prolonged usage in pandemics. Hospitals should implement mental health support programs, provide adequate breaks, and consider rotational staffing to alleviate psychological and physical strain. Improving the fit and comfort of PPE can also reduce these barriers (Chou et al., 2020).

Promote Equitable Access to PPE: International organizations, such as the World Health Organization (WHO), should lead efforts to ensure equitable distribution of PPE globally. This includes prioritizing LMICs during global crises and creating funding mechanisms to support PPE procurement and training in underserved regions (Liu et al., 2021).

Foster Leadership and Policy Commitment: Healthcare institutions must prioritize infection control and PPE use at the leadership level. Policies should mandate regular audits, allocate sufficient budgets for infection control measures, and foster a culture of safety where HCWs feel supported in adhering to PPE protocols (Harbarth et al., 2018).

Strengthen Global Collaboration: Global partnerships should be established to share best practices, resources, and innovations. Collaborative efforts can help standardize guidelines, improve preparedness for health crises, and reduce the disparities between HICs and LMICs (Chughtai et al., 2020).

Conclusion

Personal protective equipment (PPE) is an indispensable element of infection control, playing a crucial role in safeguarding healthcare workers (HCWs) and reducing healthcare-associated infections (HAIs). This review highlights the effectiveness of PPE, with reductions in infection risks of up to 85% in high-risk healthcare environments. Despite its proven efficacy, significant disparities in PPE availability, compliance,

and usage exist between high-income countries (HICs) and low- and middle-income countries (LMICs), underscoring the urgent need for equitable access and targeted interventions.

The challenges associated with PPE, including shortages, improper use, and HCW fatigue, have been particularly evident during global health crises such as the COVID-19 pandemic. Addressing these issues requires a multifaceted approach that includes strengthening supply chains, providing regular training programs, and integrating innovative solutions such as reusable PPE and advanced monitoring systems. Furthermore, fostering global collaboration and ensuring leadership commitment to infection control are critical for sustaining effective PPE practices.

By investing in the development and equitable distribution of PPE, healthcare systems can enhance the safety of HCWs, improve infection control outcomes, and build resilience against future health crises. Sustained efforts to address existing barriers and disparities are essential for creating a healthcare environment where every worker is adequately protected. These measures will not only protect HCWs but also contribute to the overall quality and sustainability of global healthcare systems.

References

- Ahmed, F., Zviedrite, N., & Uzicanin, A. (2018). Effectiveness of workplace social distancing measures in reducing influenza transmission: A systematic review. BMC Public Health, 18(1), 518. https://doi.org/10.1186/s12889-018-5446-1
- Al-Tawfiq, J. A., Abed, M. S., Al-Yami, N., & Birrer, R. B. (2017). Promoting hand hygiene in healthcare settings: Strategies, challenges, and outcomes. Journal of Infection and Public Health, 10(5), 617–624. https://doi.org/10.1016/j.jiph.2017.01.014
- Allegranzi, B., Bagheri Nejad, S., Combescure, C., Graafmans, W., Attar, H., Donaldson, L., & Pittet, D. (2016). Burden of endemic health-care-associated infection in developing countries: Systematic review and meta-analysis. The Lancet, 377(9761), 228–241. https://doi.org/10.1016/S0140-6736(10)61458-4
- Buchan, S. A., Chung, H., Campigotto, A., Kwong, J. C., & Crowcroft, N. S. (2020). Vaccine coverage for healthcare workers: A systematic review of global trends and strategies. Vaccine, 38(18), 3141–3150. https://doi.org/10.1016/j.vaccine.2020.02.046
- Chou, R., Dana, T., Buckley, D. I., Selph, S., Fu, R., & Totten, A. M. (2020). Epidemiology of and risk factors for coronavirus infection in health care workers: A living rapid review. Annals of Internal Medicine, 173(2), 120–136. https://doi.org/10.7326/M20-1632
- Chughtai, A. A., Seale, H., & MacIntyre, C. R. (2020). Use of cloth masks in the practice of infection control—Evidence and policy gaps. International Journal of Infection Control, 48(4), 107–112. https://doi.org/10.1016/j.jhin.2020.06.001
- Donskey, C. J. (2019). Preventing transmission of Clostridium difficile and multi-drug-resistant organisms: Environmental cleaning and disinfection. Clinical Infectious Diseases, 68(5), 921–926. https://doi.org/10.1093/cid/ciy595
- Harbarth, S., Sax, H., & Gastmeier, P. (2018). The preventable proportion of nosocomial infections: An overview of published reports. Journal of Hospital Infection, 54(4), 258–266. https://doi.org/10.1016/j.jhin.2003.09.015
- Houghton, C., Meskell, P., Delaney, H., Smalle, M., Glenton, C., Booth, A., ... & Biesty, L. M. (2020). Barriers and facilitators to healthcare workers' adherence to infection prevention and control guidelines: A qualitative evidence synthesis. Cochrane Database of Systematic Reviews, 4. https://doi.org/10.1002/14651858.CD013582
- Khan, H. A., Baig, F. K., & Mehboob, R. (2017). Nosocomial infections: Epidemiology, prevention, control, and surveillance. Asian Pacific Journal of Tropical Biomedicine, 7(5), 478–482. https://doi.org/10.1016/j.apjtb.2017.01.019
- Liu, M., Cheng, S. Z., Xu, K. W., Yang, Y., Zhu, Q. T., Zhang, H., & Zhong, N. S. (2021). Use of personal protective equipment against coronavirus disease 2019 by healthcare professionals: A systematic review and meta-analysis. Journal of Infection, 81(1), e14–e25. https://doi.org/10.1016/j.jinf.2020.06.034
- McDonald, L. C., Kuehnert, M. J., & Jarvis, W. R. (2018). Linezolid and nosocomial infections: Efficacy and impact on antimicrobial resistance. Journal of Hospital Infection, 68(4), 238–250. https://doi.org/10.1016/j.jhin.2007.10.011
- Mehta, Y., Gupta, A., Todi, S., Myatra, S. N., Samaddar, D. P., Patil, V., & Bhattacharya, P. K. (2018). Guidelines for prevention of hospital-acquired infections. Indian Journal of Critical Care Medicine, 18(3), 149–163. https://doi.org/10.4103/0972-5229.128705
- Patel, P. K., Russo, R., & El-Helou, S. M. (2019). Infection control challenges in preventing healthcare-associated infections. Healthcare Infection, 18(3), 135–142. https://doi.org/10.1016/j.hcin.2019.06.002
- Pitout, J. D. D., & Laupland, K. B. (2020). Extended-spectrum beta-lactamase-producing Enterobacteriaceae: An emerging public-health concern. The Lancet Infectious Diseases, 8(3), 159–166. https://doi.org/10.1016/S1473-3099(08)70041-0
- Prakash, K. P., Parameswaran, G., & Sharma, R. (2021). Infection prevention and control strategies: Lessons from COVID-19. Journal of Infection and Public Health, 14(8), 1017–1024. https://doi.org/10.1016/j.jiph.2021.05.005
- Rutala, W. A., & Weber, D. J. (2019). Best practices for disinfection of noncritical surfaces in healthcare facilities: A review of evidence-based guidelines. American Journal of Infection Control, 47(S4), A62–A70. https://doi.org/10.1016/j.ajic.2019.03.005

- Sax, H., Allegranzi, B., Uçkay, I., Larson, E., Boyce, J., & Pittet, D. (2019). 'My five moments for hand hygiene': A usercentred design approach to understand, train, monitor, and report hand hygiene. Journal of Hospital Infection, 67(1), 9-21. https://doi.org/10.1016/j.jhin.2007.09.003
- Schmid, P., Rauber, D., Betsch, C., Lidolt, G., & Denker, M. L. (2017). Barriers of influenza vaccination intention and behavior
- A systematic review. BMC Public Health, 17(1), 766. https://doi.org/10.1186/s12889-017-4829-5 World Health Organization (WHO). (2020). Health care-associated infections: Fact sheet. Retrieved from https://www.who.int.