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Research Article

**NEEDLESTICK INJURIES AMONG HEALTHCARE  
PROFESSIONALS**<sup>1</sup>Dr Burhan Ul Haq, <sup>2</sup>Dr. Sharjeel Adnan, <sup>3</sup>Dr. Muhammad Irfan<sup>1</sup>Ittefaq Hospital Trust, Model Town Lahore<sup>2</sup>Sheikh Zayed Medical College Rahimyar Khan<sup>3</sup>Sheikh Zayed Medical College Rahimyar Khan**Article Received:** November 2019 **Accepted:** December 2019 **Published:** January 2020**Abstract:**

*Needle-stick injuries are common. Such accidents are associated with a small, but significant, risk to our career, health, families and not least our patients. The purpose of this study is to see the prevalence of needlestick injuries among the healthcare professionals. The mean age of the respondents was 26.34±45 years. As per the responses, 59 males and 39 females suffered from needlestick injuries occasionally (once or twice in their career), while 31 males and 51 females suffered frequently (more than two times in their career). A lot of healthcare professionals undergo needlestick injury in their career. So, there is a need to formulate the standards for proper handling of these kinds of materials.*

*Keywords: Needlestick injury, Healthcare professionals*

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**INTRODUCTION:**

The National Audit Office report “A Safer Place to Work” highlighted the risk to National Health Service (NHS) staff posed by contaminated ‘sharps’. Needle-stick injuries are the second most commonly reported adverse incident within the NHS (17%), and constitute a major hazard for the transmission of viral disease—hepatitis B and C and HIV. They are also a potential source of transmission of prion diseases. The risk of transmission of hepatitis C (3%), hepatitis B (30%), and HIV (0.3%) from the patient to the healthcare worker depends on the viral load of the patient and the amount of blood that passes from one to the other. The prevalence of these viruses in the hospital patient population and in healthcare workers is uncertain (1-3).

Needle-stick injuries are common. Such accidents are associated with a small, but significant, risk to our career, health, families and not least our patients. National guidelines steer institution-specific strategies to provide a consistent and safe method of dealing with such incidents. Surgeon-specific guidelines are not currently available. It has been observed that hospital sharps policy is often considered cumbersome to the surgeon, resulting in on-the-spot decision making with potential long-term implications. By their essence, these decisions are inconsistent, not reproducible and, thus, believed to be unsafe. The under-reporting to occupational health departments is well documented. Current

surgical practice has the potential to expose the surgeon to unnecessary risk (4-6).

The purpose of this study is to see the prevalence of needlestick injuries among the healthcare professionals. This study will help in formulating policies and standards related to safety protocols.

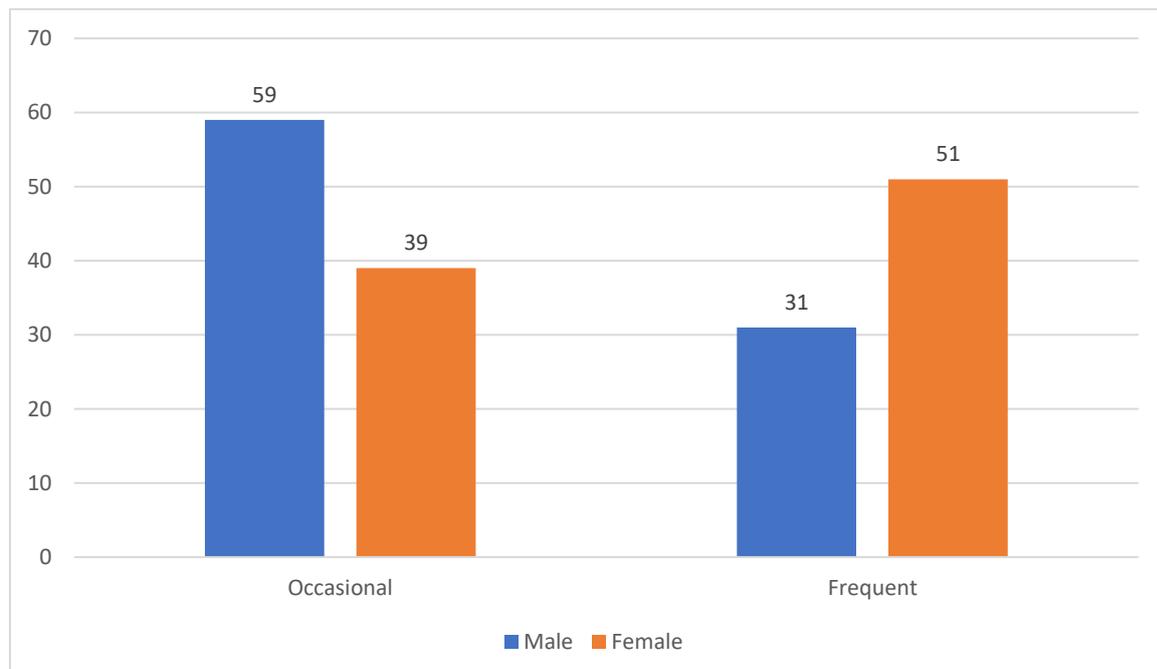
**MATERIAL AND METHODS:**

This cross-sectional study included 180 healthcare professionals including doctors, nurses and paramedical staff at Sheikh Zayed Medical College Rahim Yar Khan. The data was entered and analyzed on SPSS Ver. 25.0. The qualitative variables were presented as percentages and frequencies. The quantitative variables were presented as mean and standard deviation.

**RESULTS:**

The mean age of the respondents was  $26.34 \pm 45$  years, mean age of male was  $27.72 \pm 24$  years and of female was  $25.99 \pm 1.23$  years. There were 90 males (50%) and 90 (50%) females. In this study 41 male and 35 female doctors, 13 male and 41 female nurses, 36 male and 14 female paramedical staff was included.

As per the responses, 59 males and 39 females suffered from needlestick injuries occasionally (once or twice in their career), while 31 males and 51 females suffered frequently (more than two times in their career).



**DISCUSSION:**

Needle-stick injury is still a common problem, particularly in the surgical cohort and remains significantly under-reported. The disparity between hospital sharps policy and actual surgical practice is considered and an explanation for the difference sought. Without this awareness of 'real-life' surgical practice, the occupational health figures for sharps injury will always tell a rosy story under-estimating a real problem (7-9).

The responsibility for protection against lethal viral pathogens lies partly with the healthcare workers, who must handle sharps carefully and adhere to guidelines. The employer, in turn, has a duty to provide a safe environment, to educate all employees about the risk of viral transmission and to enforce reporting of all incidents. Simple, rapid, confidential access to postexposure tests must be made available. In the event of injury, the onus of taking blood and getting consent from the involved patient should not lie with the healthcare professional. There must be a clear and adequate compensation policy (3, 6, 10).

**CONCLUSION:**

A lot of healthcare professionals undergo needlestick injury in their career. So, there is a need to formulate the standards for proper handling of these kinds of materials.

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