Needle Stick and Sharps Injuries Among Healthcare Workers in Selected Level 3 Hospitals in Metro Manila

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Abstract

INTRODUCTION

Globally, needle stick injuries (NSI) are the most common source of occupational exposures to blood and the primary cause of bloodborne infections of healthcare workers (HCW). These workers incur 2 million NSI that result in Hepatitis B, C, and HIV infections per year.

In the Philippines, 68% of the institutions have current data pertaining to NSI and have existing policies and guidelines regarding reporting of NSI. Thirty-two percent (32%) said that recapping of needles was the primary cause of NSIs.

OBJECTIVES

The goal of this study is to investigate the factors that could affect the incidence of NSI and sharps injuries among healthcare workers in selected level 3 hospitals in Metro Manila. It also seeks to identify the population of healthcare workers most affected and to establish the most frequent cause of NSI and sharps injuries; to determine the level of awareness among healthcare workers with regards to hospital policies and other policies on bloodborne pathogens; and to identify the implementation process of the policies and programs on blood-borne pathogens like Hepatitis B, C, and HIV/AIDS.

METHODS

A descriptive study was conducted. Random selection of participants were asked to fill out a structured questionnaire. Information on the episode of
NSI and sharps injuries and other related data were collected. Hospital safety and health policies of bloodborne pathogens like Hepatitis B, C, and HIV/AIDS and its implementation process will also be documented.

RESULTS

A total of 383 healthcare workers participated in the research. Most of the respondents are nurses (53.8%) followed by physicians (23.2%) and medical technologists (23.0%). Almost 70% of respondents had an injury relative to needle stick and sharps instruments. More than 60% of those who have NSI were injured by a syringe needle and 42% acquired their injuries from an ampoule or vial. The top three reasons of NSI occurrence were too much workload, working under time pressure, and long working hours. Majority of the hospitals (71.7%) have a written policy on Hepatitis B and C and (71%) have a written policy on HIV/AIDS. Hospital administrators give appropriate medical evaluation like post-exposure prophylaxis and counseling to address these diseases due to NSI and sharps injuries.

RECOMMENDATIONS:

Modification of working hours of HCWs is recommended since this is one of the top reasons needle stick and sharps injuries occur. Strengthening policies and programs addressing NSI and sharps injuries like implementation of no needle recapping is also recommended. Increasing compliance on written hospital policies on Hepatitis B, C, and HIV/AIDS and having a National Program on the Prevention and Control of Blood Borne Diseases due to
Needlestick and Sharps Injuries will improve their working conditions with regards to safety and health.