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Frequency and factors leading to unsafe injection practice among health care providers at district Sanghar Sindh

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Background & Aim: Health Care Providers (HCP) are at high risk exposed to blood borne infections such as Hepatitis B (HBV), C (HCV) and Immune Deficiency Viruses (HIV). A huge number of injections are being administered in private clinics in Pakistan; majority of clinics run by unqualified quacks in a rural area. The risk exposures to HCPs in these clinics differ from those working in tertiary care hospitals due to accessibility of resources, infection control management, workshops, awareness, and qualifications. Many studies have shown strong association between transmission of blood borne pathogens and needle stick injuries. To determine the frequency and factors leading with unsafe injection practices at four major cities of district Sanghar (Sindh).

Methodology: A cross sectional study was conducted in HCPs running private clinics at four major cities of District Sanghar, Sindh Pakistan. By using multi stage sampling technique 370 clinics proportionately selected through cluster sampling and stratified sampling. A pre-tested questionnaire was used to determine the percentage of unsafe injection practices among HCP.

Analysis: Categorical variables were calculated in frequency with percentage, and continuous scale variables with mean and standard deviation such as age and years of experience. 95% confidence interval with proportion was used to calculate at least one needle stick injury in the last one year.

Results: Out of 370 clinics, 368 HCPs were interviewed; 37.8% paramedics, 29.9% quacks, 22.6% MBBS, 4.9% DHMS and 1.4% Hakeem. Mean age (SD) of HCPs was 39 (8.92) years, and with mean (SD) experience of 14.7 (7.2) years. 55.71% were collecting used syringes in dustbin, 22.01% in sharp container and 22.28% using needle cutter. At least one needle stick injury (NSI) in last one year among HCPs at clinics in District Sanghar Sindh was 27.4%.

Conclusion: HCPs running private clinics are at higher risk in acquiring blood borne infection (BBIs) due to reused needle stick injuries, and poor hepatitis B vaccination program. There is an emergency need in launching protective measure for HCWs, and shield them from epidemic of blood borne infections (BBIs).

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