Knowledge, Awareness and Practice Regarding Needle Stick Injuries in Dental Profession in India

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Findings of a study conducted on dental students reported that on an average 89.23% of the students had correct knowledge about NSI and 89% of them were aware of taking postexposure prophylaxis (PEP) after an accidental NSI.

According to some other study reports, 11% of the students were not aware that the virus could be transmitted through infected needles and found that 44% of the students would destroy the needle using needle destroyer and 15% would destroy in puncture-resistant container with disinfectant.

Only 39.8% of the health care students could correctly define sharp instrument injury in some other study reports and 75.4% of the students experienced sharp instrument injuries during the last 1-year and 52.3% of the sharp instrument injuries occurred during administration of local anesthetic injection.

Reports of another study revealed that 88% of the dental students were aware of the occupational blood-borne diseases, and 75% of them reported exposures majority of who were postgraduate students.

It can be concluded that knowledge, awareness and practices of the dental students in among different studies is adequate though there is considerable variation in practice and management of NSI. Not every NSI can be preventable, but according to research 83% of injuries from hollow-bore needles can be prevented.

The present article also concludes that for prevention of NSI, knowledge and awareness amongst dental HCWs should be increased. More studies should be conducted involving dentists and other dental professionals as there is scarcity of literature on knowledge and awareness levels of dentists in India. Various health and safety measures can be adopted to decrease the incidence of NSI.

Workers should be properly trained.
Table 1: Various determinants of NSIs

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<th>Determinants</th>
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<td>Excessive of injections and unnecessary sharps</td>
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<td>Lack of supplies: disposable syringes, safer needle devices and sharps disposal containers</td>
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<tr>
<td>Lack of access to and failure to use sharps containers immediately after injection</td>
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<tr>
<td>Inadequate or short staffing</td>
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<td>Recapping needles after use</td>
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<td>Lack of engineering controls such as safer needle devices</td>
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<td>Passing instruments from hand to hand in the operatory</td>
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- Personal protective equipment and clothing should be provided
- An effective occupational health and safety program should be established that includes immunization, PEP, medical and dental surveillance.

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REFERENCES