

Research Journal of Pharmaceutical, Biological and Chemical Sciences

To Study On Standard Precautions Among Health Care Worker.

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ABSTRACT

Health care can protect staff and the patient from infection remembers to follow careful precautions. Speculation and coherence are identified using standard monitoring methods for the current study. A review of the determination of non-compliance between the HCWS and Emergency Victim Services. A separate study was conducted to collect relevant information from study participants using a systematic questionnaire. A total of 162 HCWS employees in the study reported varying degrees of compliance with standard precautionary measures that did not meet the risk of contracting sclerosis despite the perceived risk of 87. People manually completed the HCWM hepatitis-B vaccination program. In the last one year, there were about 17 / listed waterfall but development was only 5.69. People only found the end. The level of national monitoring strategies and monitoring of adherence to adequate adherence are common resources among crowd care providers. The establishment of an active health cell that combines these factors including periodic monitoring can be a way forward.

Keywords: Health Workers, Infection Controlled, Northern Nigeria, Standard Precaution practice.

<https://doi.org/10.33887/rjpbcs/2022.13.3.2>

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INTRODUCTION

Typical precautionary measures are low-level infection control measures that apply to all patient care, regardless of the suspect's or the patient's confirmed condition, in any health care. These practices aim to protect both health care workers (HCWs) and to prevent them from transmitting the disease to their patients. Typical precautionary measures include hand hygiene, the use of protective equipment (eg. gloves, gowns, and masks), needle safety, and safe handling of equipment or areas that may be contaminated in the patient's environment including respiratory hygiene (cough behavior) and disposal of sharp objects, body fluids, and other contaminants accordingly [1-3].

Health care workers face the risk of work exposure to a blood-borne pathogen during their normal work in wards, intensive care units, emergency / trauma rehabilitation, and so on. Worldwide, about three million HCWs suffer from the direct exposure to blood-borne pathogens each year. In addition to measures to control infection and the availability of the hepatitis B vaccine, health care providers remain at risk of contracting blood-borne diseases. Excessive exposure can be prevented by carefully following existing infection control measures, vaccinating against hepatitis B, and providing protective equipment during emergency management [4-9].

Despite the availability of detailed guidelines, the knowledge and compliance with standard precautions vary among HCWs and have been found to be inadequate in both developed and developing countries.

Although there are reports of compliance and common monitoring among HCWs in various parts of India, there is a lack of similarity between HCWs working in the emergency department of health care settings. In this context the current study was conducted to identify ideas and compliance with the use of standard surveillance measures and to assess indications of non-compliance between HCWs in an emergency and trauma hospital higher education hospital in southern Karnataka, India [9-11].

Why do you need to understand the healthcare system?

You need to know about the healthcare system so you can be effective on the job. The image below shows the different groups you will be working with. As you work with the healthcare team, you will need to know about hospital systems, types of care, and the roles of each member of the healthcare team. As you work with patients, you will need to understand different types of insurance, how to help uninsured patients and how to protect patient rights and privacy. You also need to know what community resources are available and how to access those services for patient

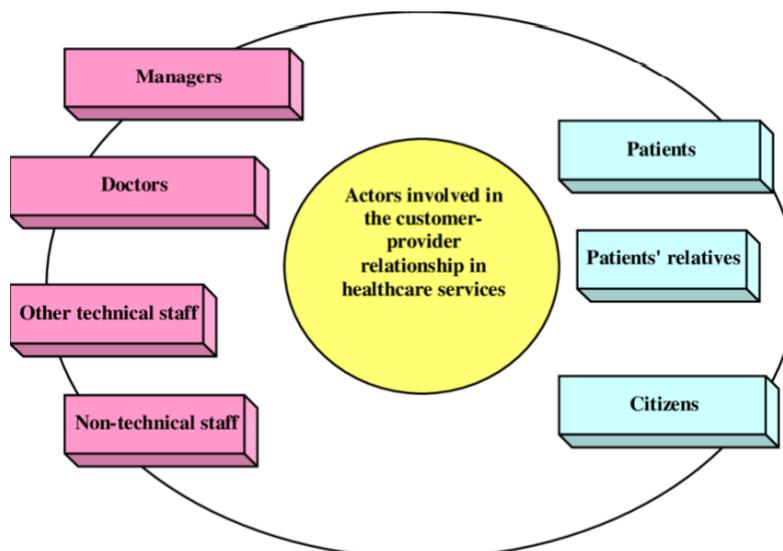


FIG. HEALTHCARE RELATIONSHIP



Standard precautions in health care:

Hand hygiene

Summary technique

- Hand wash (40-60 seconds): wet hands and soap; rub all over; wash hands and dry thoroughly with one use towel; use a towel to turn off the taps.
- Hand rub(20-30 seconds): apply enough product to cover all areas of the hands; rub hands until dry.

Summaryindications

- Before and after any direct patient contact and between patients, whether or not gloves are worn.
- Immediately after gloves are removed.
- Before handling an invasive device.
- After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn.
- During patient care, when moving from a contaminated to a clean body site of the patient.
- After contact with inanimate objects in the immediate vicinity of the patient.

Gloves

- Wear when touching blood, body fluids, fluids, discharge, mucous membranes, fragile skin.
- Switch between the activities and procedures of a single patient after contact with contagious objects.
- Remove after use, before handling contaminants and before going to another patient. Perform hand cleaning immediately after removal.

Facial protection (eyes, nose, and mouth)

- Wear (1) a surgical or surgical and eye protection mask (eye visor, glasses) or (2) a face mask to protect the mucous membranes of the eyes, nose, and mouth during activities that may produce punctures or sprays of blood, body fluids, fluids, and exfoliation.

Gown

- Wear protective clothing and prevent contamination of clothing during activities that may cause bleeding or spasm, body fluids, fluids or discharge.
- Remove dirty clothing as soon as possible, and wash your hands.

Prevention of needle stick and injuries from other sharp instruments

Use care when

- Handling needles, scalpels, and other sharp instruments or devices.
- Cleaning used instruments.
- Disposing of used needles and other sharp instruments.

Respiratory hygiene and cough etiquette

Persons with respiratory symptoms should apply source control measures:

- Close their nose and mouth when coughing / sneezing with tissue or mask, disposing of tissues and masks used, and washing hands after contact with respiratory tissues.

Health facilities should:

- Keep patients with acute respiratory symptoms at least 1 meter (3 feet) away from the rest of the waiting area, if possible.
- Send visual warnings to the health care department's office instructing people with respiratory symptoms to practice good breathing / coughing habits.
- Consider making hand sanitizers, tissues and masks available in common areas and areas used to diagnose patients with respiratory diseases.

Environmental cleaning

- Use adequate procedures for the routine cleaning and disinfection of environmental and other frequently touched surfaces.

Linens

Handle, transport, and process used linen in a manner which:

- Prevents skin and mucous membrane exposures and contamination of clothing.
- Avoids transfer of pathogens to other patients and or the environment.

Waste disposal

- Ensuring safe waste management.
- Treat waste contaminated with blood, body fluids, fluids and discharge such as clinical waste, in accordance with local regulations.
- Human tissue and laboratory waste directly related to the processing of the sample should also be regarded as clinical waste.
- Dispose of waste items properly.

Patient care equipment

- Containers contaminated with blood, body fluids, fluids, and excretions that prevent skin and mucous membranes, contamination, and transmission of germs to other patients or the environment.
- Clean, disinfect and reassemble efficient equipment before using it with another patient.

DISCUSSION

In this study, 35% of health care workers did not adhere to normal monitoring practices and 65% of health care workers followed standard monitoring methods. These findings are in contrast to a study conducted which showed that 43% of health care workers adhere to standard precautionary measures. This may be due to differences in social conditions and the availability of adequate equipment (11). The study showed that health care workers under 5 years of age or equivalent to 5 years of service were 2.5 times more likely to follow a standard monitoring procedure compared to those health workers with more than five years of service. This finding is consistent with a study conducted on mekele (12). This may be due to recent memory, strong commitment and fear of nosocomial infection. This finding is inconsistent with the study done in Bihar Dar; in which health care workers who had working experience greater than 10 years complied with standard precaution practices 1.48 times higher than their counterparts (13). This discrepancy might be due to the greater compliance to standard precaution practices among health care workers with longer years of experience due to their participation in a greater number of seminars, conferences and training which include standard precaution practices which not only encouraged safer work practices but also improved concordance with policy and procedures. In this study, 137(54.8%) of health care workers who complied with standard precaution practices had practiced hand hygiene techniques (14). This finding is lower than study done in Pune (India) in which 85% of health care workers who complied with standard precaution practices had practiced hand hygiene techniques (15).

CONCLUSION

The study has revealed that the majority of HCWs who participated in this study has an unsatisfactory level of knowledge, inadequate practice, and negative attitude toward standard precautions at the workplace. The types of occupations were one of the attributable factors to significantly influence their perception and compliance with SPs. Moreover, nurses have shown to be the highest risk group in experiencing NSIs among all. It is highly recommended for hospital management and stakeholders to provide a periodic training program, which is tailored to each occupation group based on their job descriptions and risk exposures.

Having an actively functioning hospital infection control committee would positively affect HCWs' adherence with SPs. The results of this study might provide preliminary evidence to the stakeholders and government to take action to conduct further nationwide studies on this topic to fill the gap in knowledge. Furthermore, in the long run, the systematic improvement in HCWs' knowledge and practice toward SPs will improve the overall quality of the service delivery and economy of the entire healthcare system as a result of improving the health of HCWs and reducing various hospital-associated infections.

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