

# [Health care workers needlestick injuries health and social care essay](https://assignbuster.com/health-care-workers-needlestick-injuries-health-and-social-care-essay/)

[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/), [Healthcare](https://assignbuster.com/essay-subjects/health-n-medicine/healthcare/)

A needlestick hurt is a transdermal piercing lesion typically set by a hollow-borne acerate leaf or crisp instrument, including, but non limited to, acerate leafs, lancets, scalpels, and contaminated broken glass. This type of hurt can happen at the clip people use, disassemble, or dispose of acerate leafs. In thehealthcare work topographic point, needlestick hurt has become a major concern to wellness attention workers in the decennaries. The Centers for Disease Control estimates that, in the United States, about 600, 000 to one million needlestick hurts occur each twelvemonth. Unfortunately, about half of these needlestick hurts go unreported ( CDC, 2007 ) . In Canada, hurts from needlesticks and other sharps remain a major concern in the healthcare field with the figure around 70, 000 per twelvemonth, or norm of 192 per twenty-four hours.

Health attention worker exposures to bloodborne pathogens as a consequence of hurts caused by acerate leafs and other crisp devices are a important societal concern these yearss. The bloodborne pathogens related to needlestick hurt are more than 30 species including human immunodeficiency virus ( HIV ) , hepatitis B virus ( HBV ) , and hepatitis C virus ( HCV ) and others. Needlestick hurts expose workers to bloodborne pathogens that can do infection such as AIDS, hepatitis B, hepatitis C and so on. The first instance of occupationally acquired human immunodeficiency virus ( HIV ) infection was reported in1984and highlighted the hazard of occupational exposure to HIV and hepatitis. Center for Disease Control and Prevention reported that over 1400 wellness attention worker infection to Hepatitis B occurred due to needlestick hurts In 1993.

To minimise the hazard of occupational exposure to the bloodborne pathogens through transdermal hurts, the US federal statute law has been acted with the beginning of OSHA Bloodboren Pathogens criterion in 1991 and culminating in the Needlestick Safety and Prevention Act of 2000 . From the ordinance, the cardinal constituent is the usage of safety-engineered devices, which are medical sharps that have been designed to include safety characteristics or mechanisms, including design characteristics to extinguish the crisp wholly, to extinguish or minimise the hazard of hurt to the user or others. Pugliese found that about 80 % of sharps hurts are preventable through either a procedural alteration or the debut of a safety device.

During the past decennary, the Occupational Safety and Health Administration ( OSHA ) of the U. S. Department of Labor has led authorities attempts to diminish the hazard of exposure through needlestick hurts. The US Occupational Safety and Health Agency monitors the usage of acerate leafs and sharps and mandates the usage and rating of inactive safety systems for sharps withoutrespectto cost. Contrary to the United States, Canada'sA occupational safety and wellness plans are organized and administered at the provincial degree.

In Alberta, the authorities had passed ordinances to include demands for the usage of safety-engineered devices to cut down sharps hurts and exposure to blood and organic structure fluids in November 2003 which set criterions for protecting the wellness and safety of workers. ( OHS Code )

## Study Design and Methods

Database from infirmaries ( see Appendix A ) comparison before and after the SEN, underreport [ 9 ] andinterviewwith RN

### Study Population - ( Gender and Minority Inclusions ) :

Describe the features of the capable population, include the awaited figure of normal voluntaries, age scopes, sex, cultural background, and wellness position. Identify the standards for inclusion or exclusion ( particularly adult females and/or minorities ) . Explain the principle for the usage of particular categories of topics, such as foetuss, pregnant adult females, or others who are likely to be vulnerable, particularly those whose ability to give voluntary informed consent may be questionable.

## Plan of Statistical Analysis

1. Analysiss will be performed utilizing Microsoft Access, Excel and State 10 package.
2. Describe plans for enlisting of topics and the consent processs to be followed ; including the fortunes under which consent will be sought and obtained, who will seek it, who will give degree Celsius

## Ethical Issues

All research will be conducted following verbal and written consent of the participants. Approval will be obtained by the University of Alberta research moralss board ( REB ) prior to the beginning of the survey.

## Timetable:

* Completion of proposal for research February 31, 2010
* Completion of questionnaire April 31, 2010
* Edmonton Part July-August, 2010
* Data Import and Analysis Septemper 31, 2010
* Writing Up November 31, 2010

## References & A ; Literature Cited

### Appendix A:

* Edmonton infirmaries information
* University of Alberta Hospital
* 8440 - 112 Street, Edmonton
* Ph 780-407-8822
* MedicalEducationOffice
* 1F1. 08 WMC Ph 407-7455
* Royal Alexandra Hospital
* 10240 - Kingsway Avenue, Edmonton
* Ph 780-735-4111
* Medical Education Office
* Room 1108H Ph 735-5239
* Alberta Hospital Edmonton
* 17480 Fort Road, Edmonton
* Ph 780-472-5555
* Cross Cancer Institute
* 11560 University Avenue, Edmonton
* Ph 780-432-8771
* Edmonton General Continuing Care
* 11111 - Jasper Avenue, Edmonton
* Ph 780-482-8111
* Glenrose Rehabilitation Hospital
* 10230 - 111 Avenue, Edmonton
* Ph 780-735-7999
* Grey Nuns Community Hospital and Health Centre
* 1100 Youville Drive W, Edmonton
* Ph 780-735-7000
* Medical Education Office
* Room 1712 Ph 780-735-7434
* Misericordia Community Hospital and Health Centre
* 16940 - 87 Avenue, Edmonton
* Ph 780-735-5611
* Medical Education Office
* Room 1N98 Ph 780-735-2991
* Northeast Community Health Centre
* 14007 - 50 Street, Edmonton
* Ph 780-472-5000
* Queen ElizabethII Hospital
* 10409 - 98 Street, Grande Prairie
* Ph 780-538-7100
* Red Deer Regional Hospital Centre
* 3942 - 50 A Avenue, Red Deer
* Ph 403-343-4422
* Stollery Children 's Hospital
* Administrative Offices
* 4H2. 36 WMC
* 8440 - 112 Street, Edmonton
* Ph 780-407-8655
* Sturgeon Community Hospital and Heath Centre
* 201 Boudreau Road, St Albert
* Ph 780-418-8200

## OCCUPATIONAL HEALTH, SAFETY & A ; WELLNESS ( OHS & A ; W )

1. Report all blood/body fluid and needle stick exposures to:
2. RAH/UAH/SCH/GRH/LCH/FSHC/RHC/WHC/DGH
3. - Alberta Health Services LINK at 780-401-2669.
4. MIS/Caritas - 780-735-2806
5. GNH/Caritas - 780-735-7310