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Occupational Needlestick Injuries Studies of a Tertiary Care Institute

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It is a pleasure writing a Letter to the Editor for the published article: **Fazili AB, Shah RJ, Iqbal QM, Wani FA, Beenish M. Occupational Exposure and Needlestick Injuries among Employees of a Tertiary Care Institute in Kashmir. Int J Cur Res Rev. 2017;9(7):44-8.**

Although similar work has been done before in many health care institutes elsewhere, it is true that data differs from centre to centre. Hence, it is a bold step not to become intimidated that it may be a repetition of previous work. In fact, it provides the ground reality in our country which we can refer to. Needle Stick Injuries (NSI) is a known occupational health hazard of health care professionals that can result in blood-borne infections. As NSI is preventable, it should be emphasized that all precautions should be taken to prevent it, as diseases like Human Immunodeficiency Virus which may be transmitted by NSI, are incurable. This cross-sectional study was carried out for a period of six months. All categories of the workforce participated in the study. Out of a total of 2763 employees studied the prevalence of NSIs was 39.19%. NSIs were more common in males, doctors, nursing staff, and employees belonging to high-risk groups and the differences were statistically significant.

This study can be a starting point for a longitudinal study to identify the rate of new NSI injuries occurring over a time period, like annually. Subsequently, people more prone to NSI can be identified and subjected to Health Education and compliance with safety measures like the use of reinforced rubber gloves. If followed over a five-year period, we may be able to identify if seasonal trends are present or not and the reason thereof.

In the new study, the Table-1 of this study should be split into two tables: (a) Distribution of employees by Gender to see

whether males or females are more injury-prone and (b) Distribution of employees by Age with narrow Class Intervals. This will identify which Age-groups are more susceptible. Studies on Industrial injuries have shown that extremes of ages are more susceptible: the younger being inexperienced and the aged being over-confident. This study will show whether similar findings are present here or not. The next Table may be on Time: whether more injuries are during morning hours or afternoon, as fatigue sets up over the working period. Next, a Table on how many people had NSI more than once in a one-year period to identify injury prone person. Such people need to be identified for health education and counselling. Low-risk people having already been identified, and hence they need not be included in the next study.

The study should not end by stating data only, but identifying where the problems are present and take remedial measures to reduce them. Amongst the doctors, it is likely that Interns and House-Staffs may be more affected as they are inexperienced and a Consultant will not be drawing blood and hence not affected. Similar may be the case with Trainee Nurses rather than their seniors. NSI at 39.19% is very high and needs to be brought down. As a temporary measure, all routine blood should be drawn by Pathology Technicians only and intense training of Junior Doctors and Trainee Nurses emphasized and their job restricted to emergency blood drawing only for the present.

I would like to thank the authors for their efforts to highlight the problem in their Hospital, particularly because data on the subject in this country are few. This study should be the starting point for further studies with the aim of bringing down NSI to a negligible level.