Need of Dental Occupational Injury Department in the Dental Outpatient Department of Government Hospitals of Karachi

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Dear Madam,

Through your esteemed journal, we would like to draw attention for the establishment of dental occupational injury department for health care workers (HCW) in the dental outpatient departments (OPDs) of Karachi. Aim being to aid dentists and dental personnel to report the frequency of occupational exposures to sharp instruments and get the appropriate prophylaxis or treatment. Department established would also help to create awareness among these HCW regarding the knowledge of such injuries, their prevention and immediate management. The professionals who are at high risk of occupational exposure, particularly needle stick injuries, include dentists, dental hygienists, dental staff assistants and dental students working at the OPD.

This department is needed because several times HCW, dental personnel and dental students do not report injuries due to lack of knowledge and awareness and afterwards become sufferers of serious infections¹. In many hospitals, HCWs also suffer needle stick injury/sharp instrument injury (NSI/ SII) but they do not have any reporting department to report their injury and get appropriate treatment. If any HCW, dental personnel and dental students suffers from occupational exposure, they become afraid of it because it may affect their social and professional activities. Inappropriate use of post ex-

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Correspondence: Dr. Maimoona Naeem Department of Dental OPD, Karachi Medical and Dental College E-mail: maimoonanaeem70@gmail.com Date of Submission: 7th February 2017 Date of Acceptance: 30th May 2017 posure procedures and lack of knowledge increases the risk of catching life-threatening infections².

The basic objective of this department is to provide dental occupational injury evaluation along with basic medical evaluation, vaccines and postexposure treatment at a reasonable cost and within suitable time. Proper prophylaxis procedures or treatment can decrease or completely prevent the transmission of some lethal viruses, for example hepatitis B, C and HIV³. In addition, the dental occupational injury department should conduct educational sessions and workshops on NSI/SII, which remarkably decreases the rate of these injuries, and also prevents nosocomial transmission of bloodborne pathogens by providing proper treatment⁴. Dental occupational injury department is responsible for proper counselling of HCWs suffering an incident of occupational exposure and also for proper respective screening and prophylaxis⁵.

Many studies done in Pakistan have shown that dental occupational injury department is needed in every hospital to prevent these injuries and it plays a major role in the augmentation of knowledge and safe behaviour of HCWs. One of the studies was conducted at infection control office, Aga Khan University Hospital (AKUH) Karachi, Pakistan⁶. The study investigated the impact of infection control activities on the rate of needlestick injuries. According to the study, a total of 1382 incidents of NSI were reported by HCWs from January 2002 to December 2007, in which increased number of incidents were noticed between 2002 to 2005, followed by a decline (p=0.03) in the year 2006 to 2007, after the implication of infection control educational and counselling sessions regarding postexposure prophylactic measures against NSI/SII.

It is also the duty of the department to develop policies for protocols to be followed after NSI/SII7. There should be trained and experienced personnel in dental occupational injury department who can manage the emergencies⁸. The department should have a proper record sheet, equipment and facilities to give an estimated idea of risk and guidance for management. Health and safety advisors can assist in identifying areas where employees may be at risk and monitor appropriate infection control measures and follow-ups9. The department should support and assist in the investigation process that seeks to find the cause of the incident and if appropriate, should review the relevant risk assessment and eliminate the cause. In addition, the department should also ensure that HCWs, dental personnel and dental students are following appropriate safety procedures and protocols for cross infection control. It is also the obligation of the department to maintain proper records of the victims about their vaccinations and incidents of occupational exposure and their management. It will also help in keeping the record for future correspondence¹⁰.

Therefore, it is highly recommended that dental occupational injury department should be established and functional in dental hospitals of Karachi to prevent lethal life threatening infections among dental community.

References

 Muralidhar S, Singh PK, Jain RK, Malhotra M, Bala M. Needle stick injuries among health care workers in a tertiary care hospital of India. Indian J Med Res 2010;131:405-10.

- Al-Dabbas M, Abu-Rmeileh NM. Needlestick injury among interns and medical students in the Occupied Palestinian Territory. East Mediterr Health J 2012;18:700-6.
- Burke S, Madan I. Contamination incidents among doctors and midwives: reasons for non-reporting and knowledge of risks. Occup Med (Lond) 1997;47:357-60.
- Tabak N, Shiaabana AM, Shasha S. The health beliefs of hospital staff and the reporting of needlestick injury. J Clin Nurs 2006;15:1228-39. [DOI: 10.1111/j.1365-2702.2006.01423.x].
- 5. Haiduven DJ, Simpkins SM, Phillips ES, Stevens DA. A survey of percutaneous/mucocutaneous injury reporting in a public teaching hospital. J Hosp Infect 1999;41:151-4.
- Zafar A, Habib F, Hadwani R, Ejaz M, Khowaja K, Khowaja R, et al. Impact of infection control activities on the rate of needle stick injuries at a tertiary care hospital of Pakistan over a period of six years: an observational study. BMC Infect Dis 2009;9:78. [DOI: 10.1186/1471-2334-9-78].
- Cervini P, Bell C. BRIEF REPORT: Needlestick Injury and Inadequate Post-Exposure Practice in Medical Students. J Gen Intern Med 2005;20:419-21. [DOI: 10.1111/j.1525-1497.2005.0092.x].
- Cullen BL, Genasi F, Symington I, Bagg J, McCreaddie M, Taylor A, et al. Potential for reported needlestick injury prevention among healthcare workers through safety device usage and improvement of guideline adherence: expert panel assessment. J Hosp Infect 2006;63:445-51. [DOI: 10.1016/j.jhin.2006.04.008].
- Kuhar DT, Henderson DK, Struble KA, Heneine W, 9. Thomas V, Cheever LW, et al. Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiencv virus and recommendations for postexposure prophylaxis. Infect Control Hosp 2013;34:875-92. 10.1086/ Epidemiol [DOI: 672271].
- 10. Henderson DK. Management of needlestick injuries: a house officer who has a needlestick. JAMA 2012;307:75-84. [DOI: 10.1001/jama.2011.1828].