

ORIGINAL ARTICLE

Date of submission: 24 May 2024

Date of acceptance: 19 Jun 2024

Date of Publication: 14 Jul 2024

Correspondence:

Dr. Mahesh Silwal

Dept. of General Practice & Emergency
Medicine, Lamahi Hospital, Dang, Nepal
Email: me_silu@hotmail.com

How to cite:

Silwal M. Knowledge and practice of
standard precautions among healthcare
workers of tertiary hospital of Banke
district, Nepal. J Gen Pract Emerg Med
Nepal. 2024 Jun;11(17):78-82.

Online information**DOI:**

<https://doi.org/10.59284/jgpeman269>



This work is licenced under creative
commons attribute 4.0 international
licence

Knowledge and practice of standard precautions among healthcare workers of tertiary hospital of Banke district, Nepal

Mahesh Silwal  

General Practitioner, Dept. of General Practice & Emergency Medicine, Lamahi Hospital, Dang, Nepal

Abstract

Introduction: The healthcare workers are at risk of occupational exposure to blood or air-borne pathogens through contact with human blood, droplets and other body fluids. World Health Organization standardized the precautionary measures which prevent them from contracting and spreading infections among patients or into the community. This study was undertaken to assess the knowledge and practice of standard precautions among the healthcare workers.

Method: This is a hospital based observational cross-sectional study done over a period of six months (August 2021 to January 2022) at Nepalgunj Medical College Teaching Hospital which includes 422 participants. The information was recorded via semi-structured proforma. Data were entered in Microsoft Excel 20.

Result: The study shows 294 (70%) participants had adequate knowledge about hand hygiene but the practice was found to be 64 (52%), 152 (67%) and 39 (52%) in doctors, nurses and house-keeping staff respectively. The participants, who safely practiced the use of gloves, were 299 (71%). The use or change of masks in each work shift among doctors, nurses and house-keeping staff was found to be 68 (56%), 103 (46%) and 33 (45%) respectively. Only 16 doctors and 109 nurses were trained regarding standard precautions. The study participants responded the hygiene materials were not adequately provided during each work shift.

Conclusion: The strategies to facilitate the standard precaution practice should be adopted to ensure prevention of nosocomial transmission of infection. The training programs, provision of hygiene materials and regular supervision will clear the gaps in knowledge and practice of standard precautions.

Keywords: Healthcare Workers; Infection Control; Standard Precautions.

INTRODUCTION

A healthcare worker, who provides care and services to the sick and ailing patients, could be doctors, nurses, or medical waste handlers. In any setting where health care is delivered, 'Standard Precautions' are the infection prevention strategies applied with the objective to protect healthcare workers and prevent them from spreading infections among patients. Standard precautions include:

1. Hand hygiene
2. Use of personal protective equipment (e.g., gloves, masks, eyewear)
3. Respiratory hygiene / cough etiquette
4. Sharps safety (engineering and work practice controls)
5. Safe injection practices (i.e., aseptic technique for parenteral medications)
6. Sterile instruments and devices
7. Clean and disinfected environmental surfaces.¹

These measures minimize the risk of potential exposure to blood, all body fluids, secretions, and excretions (except sweat), non-intact skin, and mucous membranes.²

Nearly 2.5% of human immunodeficiency virus (HIV) cases and 40% of Hepatitis B and C cases among health care workers resulted from sharp injuries and contact with body fluids.^{3,4} The strict compliance with standard precautions has not only protected the health care workers from such

infections, but also prevented the spread of respiratory viral infection (e.g., SARS-CoV, avian influenza, pandemic influenza).^{5,6} This study aims to find the knowledge of standard precautions among different healthcare workers and whether those are being practiced.

METHOD

This is a hospital-based cross-sectional study conducted over a period of six months (August 2021 to January 2022) at Nepalgunj Medical College, Kohalpur after obtaining an ethical clearance from Institutional Review Committee in August, 2021. A total of 422 participants, including doctors, nurses and house-keeping staffs were included in the study after informed consent. Information on different aspects of standard precautions, including hand hygiene, use of gloves, respiratory hygiene, contact precautions, sharps safety and disinfection/sterilization was recorded using a semi-structured proforma. Data were analyzed using Microsoft excel 2010 and standard statistical software SPSS 20.0. Descriptive statistics used were frequency and percentage.

RESULT

In this study, 422 healthcare workers participated which included 123 doctors, 225 nurses and 74 house-keeping staffs. A total of 294 participants (70%) had adequate knowledge about hand washing. They responded

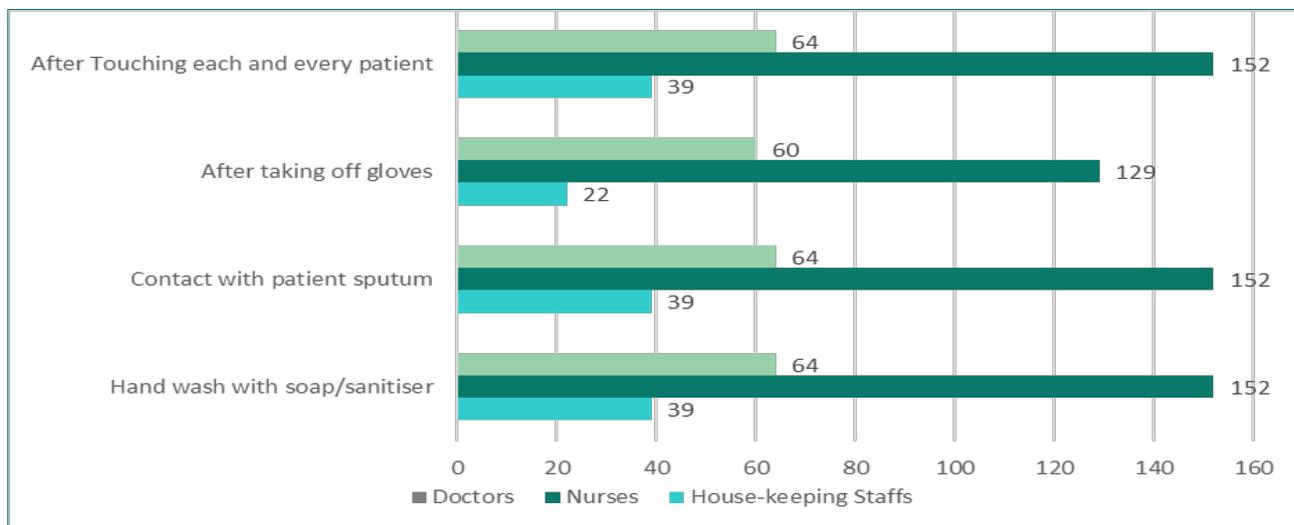


Figure 1. Practice of hand wash among healthcare workers

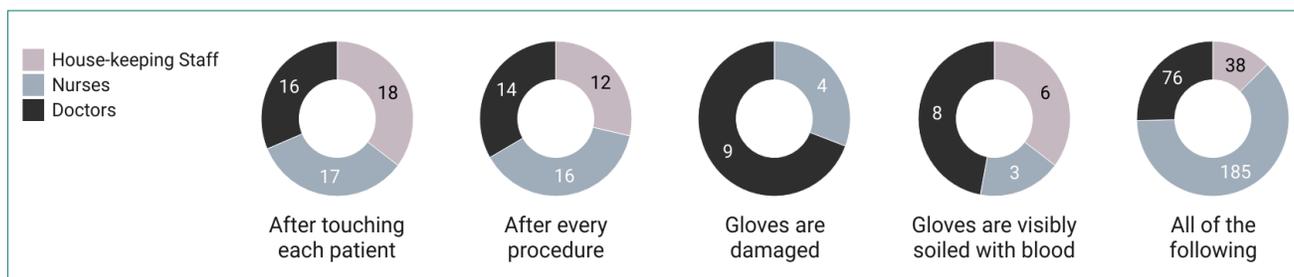


Figure 2. Practice on change of gloves among healthcare workers

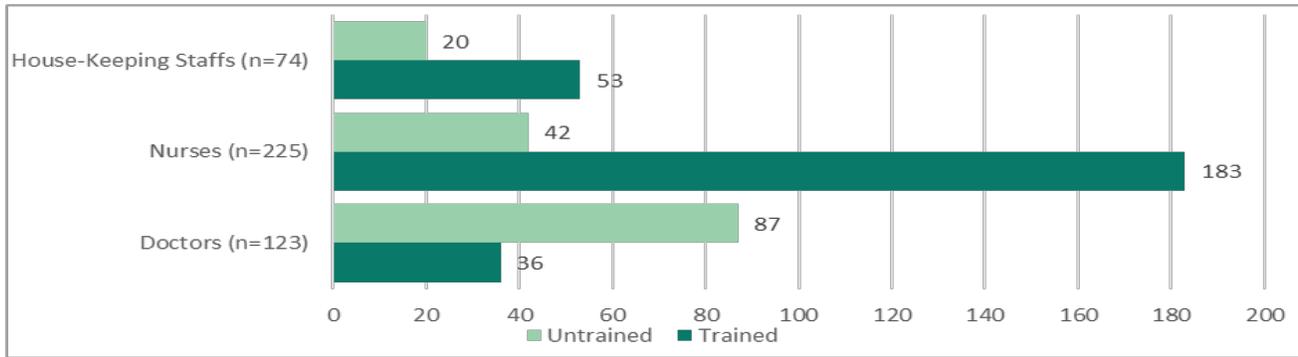


Figure 3. Donning and doffing of personal protective equipment

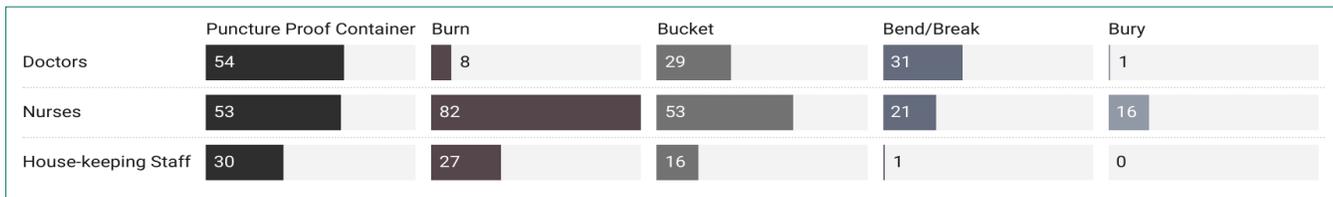


Figure 4. Knowledge/practice of sharp disposal among healthcare workers

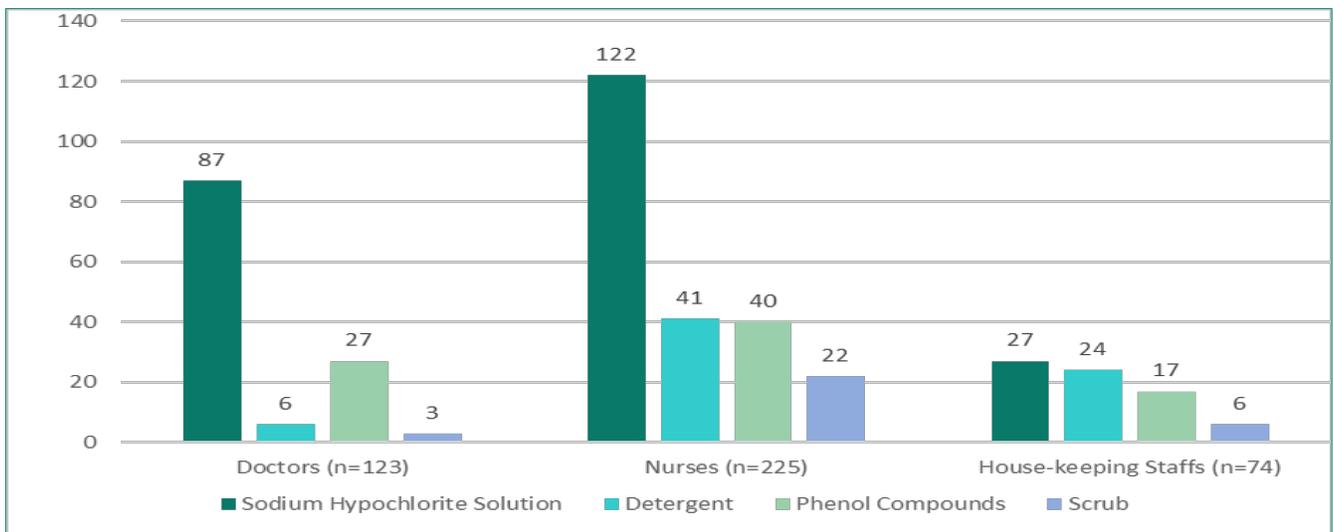


Figure 5. Knowledge/Practice of sterilization of blood spill/sputum

Table 1. Acquisition of knowledge on standard precautions among healthcare workers

Knowledge of Standard Precautions via	Training	Lectures	Demonstrations	None
Doctors	16	43	8	56
Nurses	109	4	13	99
House-keeping Staff	0	0	21	53

accurately the hand wash should be done after touching a patient, after contact with blood/body fluids and when hands were visibly soiled. However, there were varied responses regarding the practice of hand wash as illustrated in Figure 1.

This study found 299 respondents (71%) had known or practiced the change of gloves as shown in Figure 2. However, 55 doctors (45%) and 181 nurses (81%) used gloves during IV access. Among the house-keeping staff, 45

(61%) responded the use of gloves while handling soiled bed sheet.

Regarding the respiratory hygiene, 68 doctors (56%), 103 nurses (46%) and 33 house-keeping staff (45%) used/changed the masks during their work shifts. A significant proportion of healthcare workers were trained in donning and doffing of personal protective equipment as a part of contact precautions which is illustrated in Figure 3.

In this study, 81 doctors (66%) and 158 nurses (71%) used one hand while recapping the needle safely. There was a considerable variation among the healthcare workers about the sharp disposal as illustrated in Figure 4.

The respondents, who had known/practiced sterilization of blood spill/sputum with sodium hypochlorite solution, were found to be 236 (56%) as shown in Figure 5.

The participants were also enquired about any training or demonstration they received regarding the standard precautions and the responses are tabulated in Table 1.

The availability of the resources for safe practice was also enquired with the participants in this study and the responses are shown in Table 2.

Table 2. Availability of resources for standard precautions

Availability of resources	Adequate
Soap/Sanitizer	69%
Gloves	63%
Masks	40%
Personal Protective Equipment	95%
Puncture Proof Container	52%

DISCUSSION

Standard precautions are an array of measures for infection control implemented to prevent disease transmission that can be disseminated by contact with blood, body fluid, and non-intact skin.⁷ Such practice has proven to improve morbidity and mortality, and amplify a cost effective healthcare.⁸⁻¹¹ A growing body of literature has supported the notable reduction in the frequency of healthcare associated infections and thus risk in epidemics with hand hygiene,^{12,13} use of masks¹⁴⁻¹⁶ and personal protective equipment.¹⁷⁻¹⁹

In this study, despite the knowledge about hand hygiene and use of gloves in a sizeable percentage (>70%) of participants, there was a clear disparity in practice of such infection control measures. A significant proportion of healthcare workers did not exercise the measures like use or change of masks in each shift, proper sharp disposal and sterilization of blood spill/sputum. This study shows either inadequate knowledge or significant 'know-do' gap as one of the major hindrance to compliance with standard precautions which is consistent with many studies.²⁰⁻²² In contrast to the study done by Akagbo et al,²³ the workload during the patient care was not perceived as a limiting factor for adherence with standard precautions.

The strategies to address the gaps in knowledge and practice of standard precautions must be adopted to improve the compliance with infection control measures. Many authors have argued that training of healthcare workers on standard precautions and provision of infection prevention materials would enhance the adherence to

good practice.^{24,25} In a study done by Osaigbovo,²⁶ the author has discussed training and retraining of health care workers can be provided in the form of seminars, workshops and orientation programs. Such approach can enable positive attitude and practice.²⁷ Lee et al²⁸ inferred proper education on hand hygiene improved the practice of hand washing among healthcare workers. In a study done by Black et al,²⁹ the authors have suggested the protective protocols at workplace had to be prioritized to safeguard the healthcare workers.

The results of this study has pointed out there is an immediate need to focus on infection prevention mechanisms. In order to enhance the good practice, rehearsals on the components of standard precautions must be emphasized.

There are some notable limitations to this study. As this was a cross-sectional study using semi-structured questionnaires, the information provided by study participants is prone to recall bias. The practice of standard precautions among health care workers was not directly observed. Since the data were collected from a single health-care center, the study findings could not be generalized.

This study has provided an insight into the knowledge and practice of standard precautions among health care workers. The findings of the study will guide the administration to incorporate policies to improve compliance to infection prevention practices and thus, reduce the risk of disease transmission.

CONCLUSION

This study shows there are knowledge gaps in the various components of standard precautions among the health care workers. The arrangement of training programs will not only address such issues but also facilitate positive attitude towards correct practice. A regular worksite observation and feedback can reduce the knowledge gap as well as improve compliance to standard precautions. The provision of hygiene materials like soap/sanitizer, gloves and masks will prompt strict adherence to infection prevention practice. These strategies will ultimately lead to safe working environment for health care workers and thus, check the outspread of infections from the health-care facilities.

REFERENCES

- Centers for Disease Control & Prevention. Dental infection prevention and control. 2021: Standard precautions [Internet]. U.S. Centers for Disease Control & Prevention. | [Weblink](#) |
- Broussard IM, Kahwaji CI. Universal precautions [internet]. U.S. National Library of Medicine; 2021. Available from: | [Weblink](#) |

3. Sharps injuries among health care workers; In: The World Health Report 2002: Reducing risks, promoting healthy life. Geneva: World Health Organization; 2002; p74. | [Full Text](#) |
4. Prüss-Üstün A, Rapiti E, Hutin Y. Estimation of the global burden of disease attributable to contaminated sharps injuries among health-care workers. *Am J Indl Med.* 2005;48(6):482-90. | [DOI](#) |
5. Cheng VC, Chan JF Hung IF, Yuen KY. Viral infections, an overview with a focus on prevention of transmission. *International Encyclopedia of Public Health.* 2017;368–77. | [DOI](#) |
6. Siegel JD, Guzman-Cottrill JA. Pediatric healthcare epidemiology. *Principles and Practice of Pediatric Infectious Diseases.* 2018;10-25 e2. | [DOI](#) |
7. Ndu AC, Arinze-Onyia SU. Standard precaution knowledge and adherence: do doctors differ from medical laboratory scientists? *Malawi Med J.* 2018;29(4):294-300. | [DOI](#) |
8. Chen YC, Sheng WH, Wang JT, Chang SC, Lin HC, Tien KL, et al. Effectiveness and limitations of hand hygiene promotion on decreasing healthcare-associated infections. *PLoS One.* 2011;6(11):e27163. | [DOI](#) |
9. Erasmus V, Huis A, Oenema A, van Empelen P, Boog MC, van Beeck EH, et al. The accomplish study. a cluster randomised trial on the cost-effectiveness of a multicomponent intervention to improve hand hygiene compliance and reduce healthcare associated infections. *BMC Public Health.* 2011;11(1):721. | [DOI](#) |
10. D'Agata EM, Horn MA, Ruan S, Webb GF, Wares JR. Efficacy of infection control interventions in reducing the spread of multidrug-resistant organisms in the hospital setting. *PLoS One.* 2012;7(2):e30170. | [DOI](#) |
11. Hanmore E, Maclaine G, Garin F, Alonso A, Leroy N, Ruff L. Economic benefits of safety-engineered sharp devices in Belgium – a budget impact model. *BMC Health Serv Res.* 2013;13(1):489. | [DOI](#) |
12. Boyce JM, Pittet D. Guideline for hand hygiene in health-care settings: recommendations of the healthcare infection control practices advisory committee and the HICPAC/SHEA/APIC/IDSA hand hygiene task force. *Infect Control Hosp Epidemiol.* 2002;23(S12):S3-40. | [DOI](#) |
13. Kampf G, Löffler H, Gastmeier P. Hand hygiene for the prevention of nosocomial infections. *Dtsch Ärztelb Int.* 2009;106(40):649-55. | [DOI](#) |
14. Lai AC, Poon CK, Cheung AC. Effectiveness of facemasks to reduce exposure hazards for airborne infections among general populations. *J R Soc Interface.* 2011;9(70):938–48. | [DOI](#) |
15. Milton DK, Fabian MP, Cowling BJ, Grantham ML, McDevitt JJ. Influenza virus aerosols in human exhaled breath: particle size, culturability, and effect of surgical masks. *PLoS Pathog.* 2013;9(3):e1003205. | [DOI](#) |
16. Esposito S, Principi N, Leung CC, Migliori GB. Universal use of face masks for success against COVID-19: evidence and implications for prevention policies. *Eur Respir J.* 2020;55(6):2001260. | [DOI](#) |
17. Gamage B, Moore D, Copes R, Yassi A, Bryce E. Protecting health care workers from SARS and other respiratory pathogens: a review of the infection control literature. *Am J Infect Control.* 2005;33(2):114-21. | [DOI](#) |
18. Balkhy HH, Perl TM, Arabi YM. Preventing healthcare-associated transmission of the Middle East respiratory syndrome (MERS): Our achilles heel. *J Infect Public Health.* 2016;9(3):208-12. | [DOI](#) |
19. Kim CJ, Choi WS, Jung Y, Kiem S, Seol HY, Woo HJ, et al. Surveillance of the Middle East respiratory syndrome (MERS) coronavirus (COV) infection in healthcare workers after contact with confirmed MERS patients: Incidence and risk factors of MERS-COV seropositivity. *Clin Microbiol Infect.* 2016;22(10):880-6. | [DOI](#) |
20. Parmeggiani C, Abbate R, Marinelli P, Angelillo IF. Healthcare workers and health care-associated infections: knowledge, attitudes, and behavior in emergency departments in Italy. *BMC Infect Dis.* 2010;10(1):35. | [DOI](#) |
21. Habib F, Khan DK, Abbas SE, Bhatti F, Zafar A. Knowledge and beliefs among health care workers regarding hepatitis B infection and needle stick injuries at a tertiary care hospital, Karachi. *J Coll Physicians Surg Pak.* 2011;21(5):317-8. Available from: | [Full Text](#) |
22. Gadzama Gb, Bawa Sb, Ajinoma Z, Saidu Mm, Umar AS. Injection safety practices in a main referral hospital in northeastern Nigeria. *Niger J Clin Pract.* 2014;17(2):134-9. | [DOI](#) |
23. Akagbo SE, Nortey P, Ackumey MM. Knowledge of standard precautions and barriers to compliance among healthcare workers in the lower Manya Krobo District, Ghana. *BMC Res Notes.* 2017;10(1):432. | [DOI](#) |
24. Haile TG, Engeda EH, Abdo AA. Compliance with standard precautions and associated factors among healthcare workers in Gondar University Comprehensive Specialized Hospital, Northwest Ethiopia. *J Environ Public Health.* 2017;2017:2050635. | [DOI](#) |
25. Beyamo A, Dodicho T, Facha W. Compliance with standard precaution practices and associated factors among health care workers in Dawuro Zone, South West Ethiopia, Cross Sectional Study. *BMC Health Serv Res.* 2019;19(1):381. | [DOI](#) |
26. Osaigbovo I, Ephraim OE. Assessment of knowledge and barriers to the practice of standard precautions among healthcare workers in a Nigerian tertiary hospital. *Ann Med Surg Pract.* 2018;3(2):80-9. | [Full Text](#) |
27. Abalkhail A, Al Imam MH, Elmosaad YM, Jaber MF, Hosis KA, Alhumaydhi FA, et al. Knowledge, attitude and practice of standard infection control precautions among health-care workers in a university hospital in Qassim, Saudi Arabia: s cross-sectional survey. *Int J Environ Res Public Health.* 2021;18(22):11831. | [DOI](#) |
28. Lee SS, Park SJ, Chung MJ, Lee JH, Kang HJ, Lee J, et al. Improved hand hygiene compliance is associated with the change of perception toward hand hygiene among medical personnel. *Infect Chemother.* 2014;46(3):165-71 | [DOI](#) |
29. Black JR, Bailey C, Przewrocka J, Dijkstra KK, Swanton C. Covid-19: The case for health-care worker screening to prevent hospital transmission. *Lancet.* 2020;395(10234):1418-20. | [DOI](#) |