

Table 1: Health personnel reporting at least one needlestick or sharps injury as a proportion of all personnel with the subgroup (491 out of 676 respondents)

Variables	NSSI (%)	Variable	NSSI (%)
Hospital		Ethnicity	
Hospital A	104 (80)	Pashtoon	320 (74.8)
Hospital B	130 (73)	Tajik	130 (68.8)
Hospital C	82 (74.5)	Hazara	12 (66.7)
Hospital D	120 (65.6)	Uzbek	14 (66.7)
Hospital E	55 (73.3)	Sadaat	15 (75.0)
Occupation		Marital status	
Gyn/Obs.	49 (96.1)	Single	87(76.3)
Surgeon	102 (91.9)	Married	404(71.9)
Nurse	150 (80.2)	Education	
Dentist	52 (75.4)	Nursing School	150 (78.9)
Midwife	62 (62.0)	University	238 (74.1)
Technician	19 (50.0)	Dental School	25(71.4)
Physician	57 (47.5)	Midwifery School	63 (61.8)
Age		Medical Technology Inst.	15 (53.6)
20-29	118 (73.8)	Experience	
30-39	239 (72.9)	0-3yrs	134 (72)
40-49	101 (74.8)	4-6yrs	95 (77.9)
50-59	19 (52.8)	7-10yrs	57 (76)
60 and over	1 (50)	More than 10 yrs	205 (70)
Gender		Vaccine hepatitis B	
Female	194(76.4)	Not vaccinated	137 (76.1)
Male	297(70.4)	Vaccinated	354 (72.1)

Table 2: Frequency and percentage of sharps injuries by objects during practice

Variable	Frequency	Percent
While re-capping a needle	186	24.5
While opening an ampoule or vial	150	19.8
By myself during surgery	100	13.2
While suturing by suture needle	97	12.8
By my colleague during surgery	94	12.4
While opening a needle cap	52	6.9
Needle penetrated the cap	32	4.2
While withdrawing medication	20	2.6
During the disposal of sharps	13	1.7
While collecting sharps box	9	1.2
By needle penetrated sharps box	5	0.7
Total	758	100

Table 3: Percentage agreement (strongly agree or agree) regarding beliefs, knowledge and practice of HCWs towards HIV and viral hepatitis (response scale options were: strongly agree; agree; no view; disagree; strongly disagree)

Beliefs	strongly agree/agree	
My employer provides adequate safety measures to minimize HIV and viral hepatitis transmission	613	92.5%
My employer provides satisfactory education regarding HIV/AIDS and viral hepatitis	614	92.3%
I have the right to be informed if an HIV positive patient or a patient with viral hepatitis is present in my direct work area	581	88.8%
All patients admitted to hospital or attending hospital clinics should be tested for HIV	589	89.2%
Knowledge	Correct	
Universal precautions are applied to patients with HIV and viral hepatitis only (W)	459	67.9%
Isolation is necessary for patients with blood-borne infections (W)	203	30%
Used needles can be recapped after giving an injection (W)	121	17.9%
For decontamination of devices (with only contact with skin) washing with usual detergent is enough (C)	275	40.7%
Universal precautions are not necessary in situations that might lead to contact with saliva (C)	192	28.4%
HCWs with non intact skin should not be involved in direct patient care until the condition resolves (C)	459	67.9%
Blood spills should be cleaned up promptly with sodium hypochlorite (C)	549	81.2%
Practice	Correct	
I assume that blood and all body fluids of patients are infectious (C)	318	47%
I wear mask, gown and eye wear if procedures and patient care activities are likely to cause splashing of blood and deep body fluids (C)	548	81.1%
I dispose of used needles into a sharp box after injection (C)	576	85.2%
I wear gloves as the first step in cleaning surfaces contaminated with blood or other bloody body fluids (C)	580	85.8%
Washing with soap and water for 5 minutes is my first step after contact with infective material (C)	558	82.5%
I apply universal precautions in situations that might lead to contact with sweat (W)	127	18.8%
If I have a wound, I wear gloves before caring for patients (C)	608	89.9%
I apply universal precautions in situations that might lead to contact with vaginal discharge (C)	543	80.3%

W = Wrong, C= Correct

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