workshop discussions. As well, the typology of workplace violence that distinguishes between four distinct types of events helped to organize workshop discussions. The four categories of workplace violence are: Type I-The perpetrator has no legitimate relationship with the workplace and is committing a criminal act prior to the violence (e.g., robbery, shoplifting); Type II-The perpetrator has a legitimate relationship to the workplace and becomes violent during a transaction or delivery of goods/services (e.g., customers, clients, students, patients); Type III-The perpetrator is an employee or past employee and threatens or attacks another employee(s) or past employee(s); and Type IV-The perpetrator does not have any relationship to the workplace but has a personal relationship with the intended victim. Both large and small group discussions were employed and served to facilitate brainstorming as well as refinement of ideas. Several overarching themes emerged such as the need for improved surveillance in order to better inform intervention efforts, the need for participatory research approaches that involve all interested parties in the development, implementation and evaluation of interventions, the need for different approaches for the four different categories of workplace violence, and the critical need for evaluation research of all kinds (process, impact and outcome).

Session: F4.0
Title: Needlestick/Eye Injuries
Category: Injury Surveillance
Moderator(s): Thomas K. Hodous

F4.1 Injuries and Illnesses in Nurses in Delhi—Joshi TK, Jugal Kishore, Sagar B, Singh B

Introduction: Occupational hazards in health care workers including nurses are well recognized, more so in developing countries due to inadequacy of health and safety programs.

Objectives: To study the frequency of injuries and illnesses in nursing care workers in a teaching hospital in Delhi.

Sample: A sample of 123 nurses out of 400 working in different health care facilities under Delhi Government.

Tools: Each subject filled up a Pre-tested Self Reporting Questionnaire after giving an informed oral consent.

Variables: Number of injuries occurring in last one week, abuse and violence at workplace, illness status, vaccination, use of PPE, and general socio-demographic data was collected.

Analysis: Data was analysed using WHO software package Epi-Info. Appropriate statistical tests were applied.

Result: There were 4016.2 needle prick injuries per 100 nurses years. Most injuries occurred in operation theatre and medical ward. Nearly 10% reported workplace abuse and violence. Low back pain was reported in 33.3%, sprain in 6% and burns in 1.6% of nurses. The range of illnesses reported was varied and a total of 36.6% were on medication. The contact with blood infected with HIV was 17.4%, and with Hepatitis B 27.0%. Such contact was more frequent in operation theatre, burn and medical wards. Majority (80%) reported the availability of gloves. However, only 47.8% reported using them always. 54.5% were vaccinated against hepatitis B. 22% reported glove allergy presenting as itchy skin (84%). Use of tobacco products and alcohol was not reported.

Conclusion: Injuries and illnesses were frequent in nursing care workers. Immunization and use of protective equipment was not universal despite availability. There is an urgent need for health surveillance and well-designed training program to prevent injuries and illnesses in Delhi.

F4.2 Sharps-Related Injuries in California Healthcare Facilities: Preliminary Results From the Sharps Injury Registry—Gillen M, Davis M, Lewis J, McNary J, Boyd A, Curran C, Cone J

Background: Senate Bill 2005 (Thompson) mandated that the California Department of Health Services (CDHS) collect information on sharps-related injuries from healthcare facilities, on a voluntary basis. Under contract with the University of California, San Francisco, a Sharps Injury Registry was created. The aims of the registry are 1) to collect statewide data on sharps injuries; 2) to disseminate this information in aggregate form; and 3) to assist healthcare workers and facilities in making informed decisions to better protect care providers from sharps injuries and life-threatening illnesses.

Methods: A letter inviting participation in the registry was sent to California hospitals, home health agencies, and skilled nursing facilities (n = 2,654) along with a sample sharps injury log. Data was accepted in all formats, including hand-written, electronic, and summary reports.

Analysis: As of 12/31/99, reports of approximately 2,000 sharps injuries from 213 facilities have been received. Data has been collected on the following variables: type of facility, date/time of injury, sex, age, job classification, department, procedure being performed by the original user of the sharp (e.g., injection), procedure being performed by a non-original user of the sharp, when indicated (e.g., cleaning room), circumstances surrounding the injury, body part, type of device, activation of safety mechanism, when appropriate, and the employee's opinion regarding safety equipment use and work practice controls. (Note: Data is currently being reviewed by the CDHS and will be released in the near future.)

Conclusions: Despite the voluntary nature of this project, these findings represent an attempt to collect sharps injury

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ABSTRACTS

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