

COMPLIANCE OF STANDARD PRECAUTIONS IN NURSING PRACTICES IN CHILDREN HOSPITAL FAISALABAD

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ABSTRACT

Background: Universal precautions dealt with the exercise, in medication, or keeping off contact with patients' bodily fluids, with the aid of the carrying of nonporous articles including scientific gloves, goggles, and face shields. In many studies, compliance with standard precautions among healthcare workers was reported to be inadequate. **Objective:** The main objectives of this study is to identify the compliance of standard precautions among nurses. **Study Design:** Observational Study. **Setting:** Children hospital Faisalabad. **Period:** Jun 2017 to Dec 2017. **Material & Methods:** This research was conducted in Children hospital Faisalabad. A questionnaire was designed to be filled by 129 nurses working in the hospital. The gathered data was processed and analyzed by SPSS to examine their results and to view. **Result:** The sample size of this research was 129 nurses working in hospital to identify the compliance of standard precautions. The study showed cleared results that there is unsatisfactory compliance of standard precautions. **Conclusion:** The study showed cleared results that there is unsatisfactory compliance of standard precautions.

Keywords: Compliance Standard Precautions, Nurses

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INTRODUCTION

Universal precautions dealt with the exercise, in medication, or keeping off contact with patients' bodily fluids, with the aid of the carrying of nonporous articles including scientific gloves, goggles, and face shields. The exercise became delivered in 1985–88. In 1987, the practice of conventional precautions turned into adjusted by fixed rules called frame substance isolation. In 1996, both practices had been replaced through the latest approach referred to as general precautions. Use of personal shielding gadget is now advocated in all fitness settings.

Standard Precautions are the base contamination counteractive action rehearses that pursue to all patient consideration, regardless of associated or affirmed disease fame with the influenced individual, in any putting wherein medicinal services is included. These practices are intended to each shield DHCP and

counteract DHCP from spreading diseases among sufferers. Standard Precautions comprise of Hand cleanliness, use of private self-protective equipment (e.g., gloves, covers, eyewear), Respiratory cleanliness/hack decorum, Sharps wellbeing (building and compositions exercise controls), Safe infusion rehearses (i.e., aseptic system for parenteral meds), Sterile units and gadgets, Clean and sanitized ecological surfaces. Each detail of Standard Precautions is depicted in the accompanying areas. Training and instruction are fundamental components of Standard Precautions because of the reality they help DHCP to make appropriate determinations and pursue energized rehearses. At the point when Standard Precautions all alone can't avoid transmission, they're enhanced with Transmission-Based Precautions.

Standard Precautions are pointers supported with the guide of the middle for ailment control

and counteractive action (CDC) 2015 for bringing down the threat of transmission of blood borne and various pathogens inside the clinical setting. Standard Precautions concentrate to blood and edge liquids and it includes all the most critical abilities of conventional safety measures and intended to reduce the threat of transmission of microorganisms from both perceived and obscure assets. Standard Precautions alludes to an enormous technique for pollution control wherein all human blood and edge liquid example are treated as though respected to be irresistible for HBV, HCV, HIV, and unmistakable pathogens.

Objectives of the research study

- To identify the compliance of standard precautions among nurses

MATERIAL AND METHODS

Present research study was descriptive. This research was conducted in the children hospital Faisalabad. For this purpose, a questionnaire was developed by using the five likert scale. Data was collected randomly from 129 nurses working in the hospital. Briefly interview survey method was used for the collection of data. Each item has five response options like strongly disagree, disagree, agree, neutral and strongly agree against their perceptions and experiences.

RESULTS

Th survey results indicated that Upto 20 years age respondents are 44, 21 to 40 years are 64 and the 41 to 60 years age were 21 respondents. 30 respondents are not married and the remaining 99 respondents are married. 37 nurses having the education of BSN, 65 general nursing degree and the remaining other respondents having other level of education.

The results about nurse's compliance regarding the standard precautions. 26 nurses strongly disagreed the compliance that nurses wash hands while dealing patients. 41 nurses disagreed, 10 remained neutral, 21 agreed and the 31 strongly agreed with the given statement.

Table 1. Demographic Information

Demographic Information		Results	
		Frequency	%
Age	Upto 20 years	44	34.1
	21-40 Years	64	49.6
	41-60 years	21	16.3
Marital Status	single	30	23.3
	Married	99	76.7
Education	General Nursing	37	28.7
	BSN	65	50.4
	Other	27	20.9

16 nurses strongly disagreed the compliance that nurses use only water to wash hands. 37 nurses disagreed, 21 remained neutral, 35 agreed and the 20 strongly agreed with the given statement. 23 nurses strongly disagreed the compliance that nurses use alcoholic hand rubs if hands not soiled visibly. 31 nurses disagreed, 23 remained neutral, 34 agreed and the 18 strongly agreed with the given statement. 14 nurses strongly disagreed the compliance that nurses recapped the needles after injecting patients. 31 nurses disagreed, 30 remained neutral, 36 agreed and the 18 strongly agreed with the given statement. 15 nurses strongly disagreed the compliance that nurses put sharps boxes. 39 nurses disagreed, 39 remained neutral, 23 agreed and the 13 strongly agreed with the given statement.

15 nurses strongly disagreed the compliance that nurses disposed sharps box when it is full. 35 nurses disagreed, 35 remained neutral, 37 agreed and the 7 strongly agreed with the given statement. 15 nurses strongly disagreed the compliance that nurses removed the personal equipment in designated area. 32 nurses disagreed, 28 remained neutral, 40 agreed and the 8 strongly agreed with the given statement. 18 nurses strongly disagreed the compliance that nurses removed the personal equipment in designated area. 30 nurses disagreed, 40 remained neutral, 32 agreed and the 9 strongly agreed with the given statement. 18 nurses strongly disagreed the compliance that nurses covered the wounds before patient's contacts. 28 nurses disagreed, 32 remained neutral, 40 agreed



Table 2. Compliance about standard precautions

Statements	Strongly disagree	disagree	Neutral	Agree	Strongly agree
	Freq %	Freq %	Freq %	Freq %	Freq %
I wash my hands between patient contacts.	26 20.2	41 31.8	10 7.8	21 16.3	31 24
I only use water for hand washing.	16 12.4	37 28.7	21 16.3	35 27.1	20 15.5
I use alcoholic hand rubs as an alternative if my hands are not visibly soiled.	23 17.8	31 24	23 17.8	34 26.4	18 14
I recap used needles after giving an injection	14 10.9	31 24	30 23.3	36 27.9	18 14
I put used sharp articles into sharps boxes.	15 11.6	39 30.2	39 30.2	23 17.8	13 10.1
The sharps box is disposed only when it is full.	15 11.6	35 27.1	35 27.1	37 28.7	7 5.4
I remove Personal Protective Equipment (PPE) in a designated area.	21 16.3	32 24.8	28 21.7	40 31	8 6.2
I take a shower in case of extensive splashing even after I have put on Personal Protective Equipment (PPE).	18 14	30 23.3	40 31	32 24.8	9 7
I cover my wound(s) or lesion(s) with waterproof dressing before patient contacts.	18 14	28 21.7	32 24.8	40 31	11 8.5
I wear gloves when I am exposed to body fluids, blood products, and any excretion of patients.	20 15.5	32 24.8	30 23.3	35 27.1	12 9.3
I change gloves between patient contacts.	12 9.3	29 22.5	42 32.6	38 29.5	7 5.4
I decontaminate my hands immediately after removal of gloves.	20 15.5	27 20.9	26 20.2	36 27.9	20 15.5
I wear a surgical mask alone or in combination with goggles, face shield and apron whenever there is a possibility of a splash or splatter.	17 13.2	37 28.7	37 28.2	27 20.9	11 8.5
My mouth and nose are covered when I wear a mask.	13 10.1	32 24.8	47 36.4	26 20.2	10 7.8
I reuse a surgical mask or disposable Personal Protective Equipment (PPE).	16 12.4	28 21.7	32 24.8	44 31.1	9 7
I wear a gown or apron when exposed to blood, body fluids or any patient excretions	23 17.8	21 16.3	54 41.9	26 20.2	5 3.9
Waste contaminated with blood, body fluids, secretion and excretion are placed in red plastic bags irrespective of the patient's infection status.	20 15.5	24 18.6	35 27.1	37 28.7	13 10.1
I decontaminate surfaces and equipment after use.	19 14.7	29 22.5	31 24	38 29.5	12 9.3

and the 11 strongly agreed with the given statement. 20 nurses strongly disagreed the compliance that nurses immediately decontaminate the hands. 27 nurses disagreed, 26 remained neutral, 36 agreed and the 36 strongly agreed with the given statement. 17 nurses strongly disagreed the compliance that nurses wear surgical mask with goggles. 37 nurses disagreed, 37 remained neutral, 27 agreed and the 11 strongly agreed with the given

statement. 23 nurses strongly disagreed the compliance that nurses wore the gown. 28 nurses disagreed, 21 remained neutral, 54 agreed and the 26 strongly agreed with the given statement.

23 nurses strongly disagreed the compliance that nurse's plastic bags of waste disposed properly. 30 nurses disagreed, 42 remained neutral, 30 agreed and the 4 strongly agreed with the given

statement. 20 nurses strongly disagreed the compliance that nurse's after using the decontaminated. 24 nurses disagreed, 35 remained neutral, 37 agreed and the 13 strongly agreed with the given statement. 19 nurses strongly disagreed the compliance that nurse's gloves decontaminated the used equipment. 29 nurses disagreed, 31 remained neutral, 38 agreed and the 12 strongly agreed with the given statement. 16 nurses strongly disagreed the compliance that nurse's spillage is used with the disinfectants. 29 nurses disagreed, 39 remained neutral, 35 agreed and the 21 strongly agreed with the given statement.

DISCUSSION

Assessing other variables that maximum in all likelihood have an effect on the compliance with SP among nurses within the vicinity may additionally provide big information. The firm dedication of nurses to a workplace and their process delight may additionally have an effect on their compliance. Other factors also include the commitment of hospital administration to protection software for healthcare workers, as well as the extent of pressure, and the boundaries to the secure practice of nurses.¹ The compliance with SP amongst nurses has been unsatisfactory universally (Gammon et al., 2008). With using a questionnaire for this present look at, the information acquired has been confined by its dependence on self-reporting rather than via looking at the nurse's exercise of SP. However, some human beings generally tend to work tougher and carry out higher in reaction to their awareness of being discovered because of Hawthorne Effect (Cherry, 2014).

Vaz et al.⁶ in addition posited that, commonplace precautions cognizance training has now not been suggested amongst health care workers, especially in developing countries. This won't be unconnected to the inadequacy of curriculum in faculties of education and insufficient schooling of medical examiners.

MCGraw.³ asserted that universal precautions is a manner in which all human blood positive blood fluids in addition to clean tissue and cells of human beginning are treated as though regarded to be inflamed with HIV, HBV and or different blood borne pathogens. Universal precautions include hand washing earlier than and after procedures, use of barriers such as gloves, robe cap and mask, care with gadgets, system and apparel used throughout care, environmental control, good enough discarding of sharp instrument such as needles and patient's lodging in accord to requirement tiers as contamination transmission source.

Sadoh et al.⁷ said that 94.6% practice hand washing and recapping of needles turned into usual. The negative use of boundaries can be attributed to negative expertise of established precautions and lack of supply of barrier gadget.

Tobin et al.⁵ assessed the knowledge and practice of infection manage the various HCWs. In the have a look at, they discovered that handiest 1/2 of the participant chose the correct responses to all the questions on awareness of the USP, which consistent with them (the authors) suggested low degrees of consciousness. A comparable survey of HCWs (medical doctors and nurses handiest) in eight public fitness facilities in north-primary Nigeria found that best 16.6% of participants responded efficiently to all of the questions about the focus of the USP.

Kermode et al.² of their study in India pronounced that forty% of HCWs nevertheless recap used needle and that is supported by way of that by way of Anupam et al. (2010) in India wherein fifty-one % of the HCWs worried inside the take a look at nevertheless practice used needle recapping. In India, Sonya.⁴ confirmed that medical experts used publish-exposure techniques poorly. In Ozamiz City, this publish-exposure care is also a situation.

Regarding publicity to blood and different body

fluids, outcomes showed that compliance with SP changed into higher among nurses not uncovered to patient's frame fluids. Those exposed have to have been cautious after their publicity to lessen the chance of acquiring and spreading blood-borne infections within the clinic. In this study, nurses with hepatitis B vaccination conformed noticeably to SP than those without the immunization. Those now not immunized need to have been compliant due to the fact they're susceptible to blood-borne infections. The vaccination isn't always obligatory for nurses within the Philippines.

CONCLUSION

The study showed cleared results that there is unsatisfactory compliance of standard precautions. Research participants were nurses of different age groups having different level of professional education. 52% of nurses told that they properly wash their hands between patients contacts. 52% using alcoholic hand rubs. Only 44% told that the box containing sharp items disposed off only when it is full. Almost 37% using personal protective equipment in required area. Only 36% wear gloves when exposed to body fluids, blood products, and any excretion of patients. 29% wear a surgical mask alone or in combination with goggles, face shield and apron whenever there is a possibility of a splash or splatter.

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