

Awareness and Experience of needle stick injuries among Dental Students at the University of Nairobi, Dental Hospital

Abstract:

Needle stick injuries (NSI) are the commonest route by which blood borne viruses and/or infections such as HIV, Hepatitis B and C are transmitted from patients to health care workers (HCW). Dental students are also at risk of such infections and injuries due to accidental contamination during their practical occupational exposure. There is hardly any information regarding the knowledge and experiences of NSI among dental students in Kenya. To determine the knowledge and experiences of NSI among dental students at the University of Nairobi Dental Hospital (UONDH). Descriptive cross-sectional study. University of Nairobi Dental Hospital premises. The population included undergraduate and postgraduate dental students pursuing their degrees at the university. Seventy two questionnaires were issued and a response rate of 62 (81%) was achieved. The age of the respondents ranged from 21-35 years with a mean age of 24 years (SD +/- 4.7) years. There were 33 (53%) males and 29 (47%) females. Most of the students were undergraduates (87%) while the rest were postgraduate students (13%). The majority (97%) of the respondents reported that NSI was a means of cross-infection. Only 29% of the respondents had suffered NSI. Of those who had suffered NSI, 36% of the incidents occurred when administering local anaesthesia, while 23% were during scaling, 18% when recapping needles, 18% while clearing up and 5% when suturing. Only seven of those who had suffered NSI (39%) had reported of NSI. The reasons for not reporting were: fear of stigmatisation (25%) or the fear of consequences of cross-infection (38%). All the respondents who had experienced NSI were undergraduates with no statistical significant difference between the undergraduate and postgraduate students ($\chi^2=3.758$, $p=0.052$). Among the respondents who had experienced NSI, nine were males and nine were females with no statistical significance between the two genders ($\chi^2=0.106$, $p=0.481$). All the respondents recorded inadequate knowledge on the modes of prevention of NSI. Less than half (27%) of the respondents had accurate knowledge on the procedure followed in case of NSI. Only 27% of the respondents had taken post-exposure prophylaxis (PEP) after suffering NSI with no statistically significant difference between males and females ($\chi^2=44$, $p=0.108$). Although the level of knowledge on the risk of cross-infection from NSI was high, there was decreased awareness on the means of prevention and protocol