Knowledge and Compliance with Infection Prevention and Control Among Health Workers in Primary Health Care Facilities in a Lassa fever endemic LGA of Edo state, Nigeria

PRESENTED BY

OKONOFUA MARTHA

Irrua Specialist Teaching Hospital, Irrua

Outline

- Background of Study.
- Objective
- Method
- Result
- Conclusion.

Background & Objectives.

Background

- Nosocomial transmission of Lassa Fever can be prevented in all healthcare facilities by strict adherence to infection prevention and control standards.

- The primary and secondary health centers in the rural communities are usually the first point of contact of patients.{1} assessment of primary health care performance in Nigeria.

- Esan North East local Government has high endemicity for Lassa Fever.

- During the 2018 Lassa Fever outbreak in Edo State about 29% of health workers were infected due to poor infection control standard.

- Health workers at this level of health care should be equipped with adequate knowledge of infection prevention and control to avoid being casualties during outbreak.

Objective

- The study sought to assess the knowledge, and compliance with infection control among health workers in Primary and secondary health care facilities in Esan North East Local Government Area of Edo State, Nigeria.

Methodology.

- Study Area: Esan North East Local Government of Edo State.

- Study Design: Descriptive cross-sectional survey.

- Study Population: Consenting health workers comprising Doctors , Nurses, Laboratories Scientist, Community health workers and Health Assistance in 14 Primary health centers and one Government hospital in Esan North-East local government area.

- Sample size: 153 healthcare workers.

- Sampling technique: A total population survey was carried out.

Methodology.

- Data Collection: Self administered questionnaire.

- Data Analysis: Data analyzed using Statistical Package for Social Sciences (SPSS) version 16.

  - Various aspect of infection prevention and control was assessed including: Hand hygiene, use of Personal protective equipment, Injection safety and Waste management.

  - Knowledge , attitude and practice of Infection prevention and control were graded as good , fair and poor.

- Ethical considerations were observed.

Component of Assessing Knowledge of Infection Control.

	TRUE n(%)	FALSE n(%)	DON'T KNOW n(%)
INFECTION CONTROL REFERS TO POLICIES AND PROCEDURES TO MINIMIZE RISK OF SPREADING INFECTIONS	148(96.7)	5(3.3)	0(0.0)
INFECTION CONTROL MUST BE USED WHEN DEALING WITH BLOOD URINE FAECES AND SPUTUM	138(90.2)	13(8.5)	2(1.3)
INFECTION CONTROL SHOULD BE APPLIED TO ALL PERSONS REGARDLESS OF THEIR INFECTION STATUS	114(74.5)	34(22.2)	5(3.3)
TRANSMISSION OF INFECTIOUS ORGANISMS CAN BE REDUCED BY ADHERING TO THE PRINCIPLE OF INFECTION CONTRO	110(71.9)	35(22.9)	8(5.2)
INFECTION CONTROL CAN PREVENT SPREAD OF INFECTION FROM PATIENTS TO HEALTHCARE WORKERS AND VICE VERSA	110(71.9)	36(23.5)	7(4.6)
INFECTION CONTROL TECHNIQUES ARE ONLY MEANT TO PROTECT HEALTHWORKERS AND NOT THE PATIENTS	67(43.8)	83(54.2)	3(2.0)
EDUCATING HEALTHCARE WORKERS AND INCREASING AWARENESS ABOUT INFECTION CONTROL IS IMPORTANT INREDUCING NOSOCOMIAL TRANSMISSION OF DISEASE	117(76.5)	34(22.2)	2(1.3)

Results
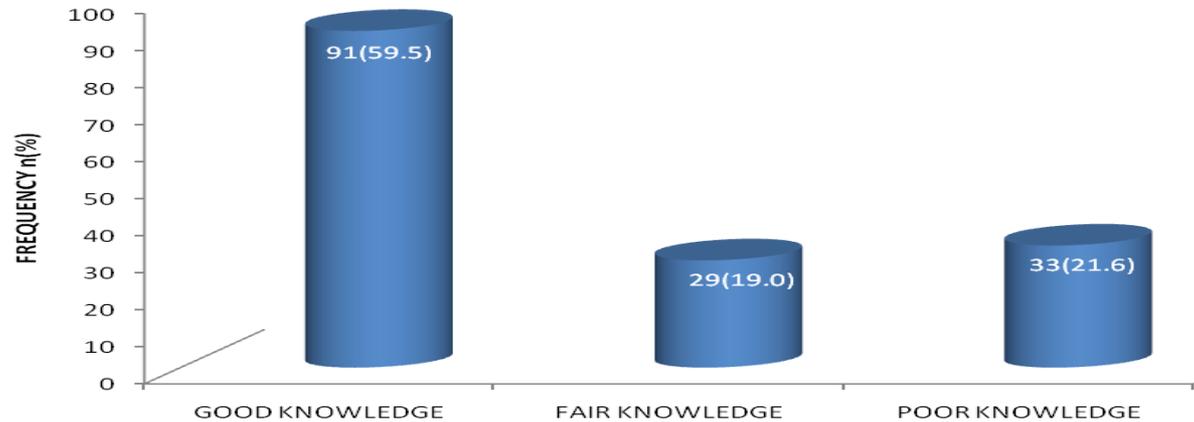
- Ninety one (59.6%) respondents had good knowledge of infection control, 29 (19.0%) had fair knowledge and 33 (21.6%) had poor knowledge of infection control.

- Knowledge was significantly associated with profession as doctor (p <0.001), being of female gender (p = 0.03) , and duration of work > 10 years (p < 0.001).

  - Sex was a determining factor, knowledge of infection control was fair among most males and good among the females.

  - Profession had effect on knowledge, the Doctor and the Nurses had the highest grades of knowledge of infection control.

7

Results
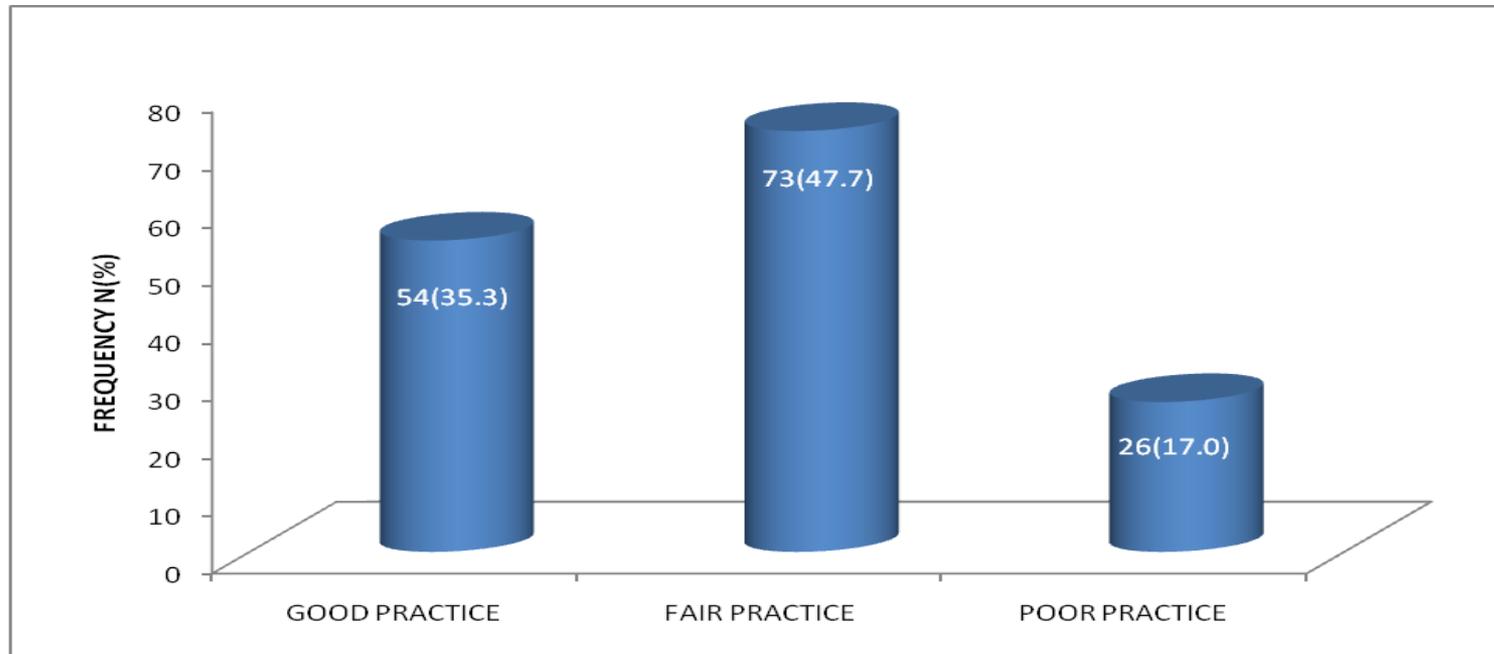
Fifty four (35.3%) respondents were assessed to have good practice, 73 (47.7%) were assessed to have fair practice, and poor practice among was observed among 26 (17.0%) of respondents

Gaps in practice was observed in the area of hand washing ,washing hands before and after seeing patients was poor, hand washing before wearing hand gloves was noted to be poor.

In the area of use of Personal protective equipment, poor practices were found with regards to the changing of gloves in between patients, and limited availability of gowns , apron, caps and face mask.

Results

- Good practice was significantly associated with age > 50 years (p = 0.00), being of male gender (p = 0.03), duration of service > 10 years (p = 0.00) and being a doctor (p = 0.00).

- Good compliance with infection control was significantly associated with good knowledge (p = 0.00).

- There was statically significant association between knowledge and practice of infection control as majority of respondents with good knowledge had good practice, 48 (52.7%).

Conclusion & Recommendations

- There is need to develop a system of continuous education among all primary health facilities that will target all categories of health providers, focus on identified gaps in knowledge, and lay emphasis on compliance cannot be over emphasized.

- There should be a continual supply of personal protective equipment and other items for effective practice of infection prevention and control.

- Infection Prevention and Control committee and teams should be established in the health Facilities with the relevant authority involved.

- A programme of infection prevention and control should be introduced at all health facilities that will include:
  - Standard and additional precautions .
  - Effective work practices and procedures such as waste management, surveillance and incident monitoring, outbreak investigations.

THANK YOU.