

ABSTRACT

A cross sectional descriptive study was conducted from September 2010 to identify the knowledge, perception and practice of infection control measures among house officers. Semi-structured self administered questionnaires were delivered to 200 house officers serving from three tertiary hospitals, YGH, NYGH and EYGH. Among ninety percent of respondents who returned the questionnaires, 150 gave completed responses and included in analysis.

Although majority had high knowledge, there were some gaps. About half of the respondents needed to know that hand hygiene was necessary to keep between tasks and procedures on the same patient. Knowledge on detailed procedures of hand washing such as the parts required to be exposed and minimum duration was also low. There was only less than fifty percent who knew to change the mask after dropping down for talking or breathing and when touched by own hand or fingers. Between different tasks and procedures on the same patient was known as the situation to change the gloves among forty-eight percent of respondents. Knowledge on the health care waste was poor especially on cytotoxic drugs, disposal means for sharps, waste treatment plant and needles recapping.

Overall perception score was high among the house officers. As they had high perceived susceptibility to hospital associated infection, they accepted to maintain proper infection control measures. Perceived benefit of hand hygiene and PPE to prevent transmission of infection was also high.

Poor practices were found in all area of infection control measures. Utilization of reused personal towel after hand washing, utilization of non sterile latex rubber glove during PR examination, failure to change the glove between different task and procedure on same patient, recapping of used needles before discard showed poor compliance of house officers which need to be improved. There was only thirty-three percent who could report for utilization of WHO safety box and twenty-three were facing with problem of needle disposal.

Senior house officers had higher mean perception scores than juniors. Formal lecture, health talks and seminars, messages from mass medias and training were major influencing factors to be high knowledge and perception of the respondents. There was significant influence of media such as newspaper and magazines and poster and pamphlet on hand washing practice. Health talks and seminars influenced to use rubber gloves during handling infectious materials.

Compliance on utilization of surgical mask for airborne precaution was mainly associated with underlying knowledge, accessibility of infection control messages from formal lectures and supply of equipments from the wards and donation from medical product company. Knowledge was also significantly related to practice of needle recapping before discard.