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Occupational exposure to bodily fluids in oral and maxillofacial surgery: an evaluation of reporting practices and attitudes among staff at a major teaching hospital in the UK

P. Leavy *, I. Siddique, R. Mohammed-Ali

Department of Oral & Maxillofacial Surgery, Charles Clifford Dental Hospital, Sheffield S10 2SZ, UK

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Abstract

Our aim was to evaluate experience, practice, and beliefs about reporting of occupational exposures to blood and other body fluids among a sample of 88 healthcare providers working in oral and maxillofacial surgery at Sheffield Teaching Hospitals. We used a cross-sectional survey to evaluate awareness of the Trust's policy for reporting occupational exposure, recent incidence of exposure, and current reporting practices. Beliefs were measured using questions derived from the theory of planned behaviour. Fifty-five people responded, 14 of whom had been exposed to bodily fluids in the previous 12 months. Of those, 10 did not report it. Fifty-three respondents were certain that the Trust had a protocol in place for reporting sharps injuries to staff. Most (n = 51) said the Trust had a protocol for reporting mucocutaneous exposure to blood. Respondents placed equal importance on reporting exposures that affected both themselves and patients, but intention to report exposure of patients was significantly higher than for themselves (z score −3.18, $p < 0.0001$). We conclude that OMFS healthcare workers generally think that occupational exposures should be reported, but there are shortcomings in practice.

Keywords: Occupational; Exposure; Reporting; Oral; Maxillofacial

Introduction

Healthcare workers in OMFS take part in procedures prone to exposure to bodily fluids every day. These carry the risk of occupational exposure to blood-borne viruses including HIV and hepatitis B and C through percutaneous injuries or mucocutaneous incidents.[1] According to a 2014 UK report, more than 75% of reported injuries sustained by doctors were by sharps perioperatively.[2] Evidence to date suggests that most perforations of gloves and percutaneous injuries to OMFS surgeons occur during orthognathic procedures, reduction of fractures, and intermaxillary fixation, and commonly involve wires, syringes, and needles.[3–6] Under-reporting of incidents is a recognised shortcoming in both primary and secondary care.[7–10]

A study by Lazenby et al. in 2011 examined the incidence among OMFS surgeons and found up to 70% went unreported, with overly complicated reporting procedures and perceived low risk of transmission of viruses being cited as reasons.[11] These findings were echoed by Winchester et al. in a study of 120 members of staff (including OMFS) at a London hospital.[9] They found that while up to 58% of respondents had reported all previous incidents, 38% had

* Corresponding author.
E-mail addresses: paulleavy@ymail.com (P. Leavy), ibrazsiddique@gmail.com (I. Siddique), ricardomohammed-ali@nhs.net (R. Mohammed-Ali).

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Question	Likert scale answer matrices
What is your view of reporting every exposure you / your patients have to blood, saliva or other body fluid at work:	*Not at all important* 1 2 3 4 5 6 7 *Very important* *Not at all necessary* 1 2 3 4 5 6 7 *Very necessary* *Very difficult* 1 2 3 4 5 6 7 *Not at all difficult* *Not at all practical* 1 2 3 4 5 6 7 *Very practical*
I intend to report every exposure to blood, saliva or other body fluid I / patients have at work I feel under pressure to report every exposure I / patients have to blood, saliva or other body fluid at work I think the costs outweigh the benefits of reporting every exposure I / patients have to blood/saliva/body fluid I think reporting every exposure I / patients have to blood, saliva or other body fluid at work would result in my colleagues/patients losing faith in my competence	*Strongly disagree* 1 2 3 4 5 6 7 *Strongly agree*
In regard to you reporting exposure to blood, saliva or other body fluid at work, how difficult is it for you to: • Find the time necessary to do the reporting? • Find out the reporting procedure? • Do the reporting? • Keep confidentiality? • Assess whether the patient/exposure type is low risk for HIV and /or Hepatitis B or C?	*Very difficult* 1 2 3 4 5 6 7 *Not at all difficult*

Fig. 1. Summary of section 2 of the questionnaire: measurement of beliefs and attitudes.

reported only some.[9] Commonly cited reasons for not reporting echoed those of Lazenby et al.[11]

Aims

The problem of under-reporting of these incidents is well-established and, although there have been studies of some of the reasons behind lack of reporting in secondary care, further insight is needed into attitudes and beliefs about reporting. The findings of a study that investigated incidents among primary care dentists found that while clinicians generally thought reporting was a good idea (in terms of importance and need for reporting), there were shortcomings in practice.[7] The aim of the present study therefore was to evaluate current reporting behaviour, attitudes to reporting, and beliefs about it among healthcare workers in OMFS at Sheffield Teaching Hospitals Trust.

Subjects and Methods

This was a cross-sectional survey of a convenience sample of all 88 clinical OMFS staff based at the Royal Hallamshire Hospital and Charles Clifford Dental Hospital. Questionnaires, which were in three sections, were distributed in November 2015 with self-addressed envelopes enclosed within survey packs for ease of return. To protect anonymity, questionnaires did not ask for names, dates of birth, or any other identifiable information.

Section one measured awareness of the Trust's protocols for reporting various types of exposure (for example, percutaneous, mucocutaneous blood/saliva, exposure of patients) as well as respondents' own experience during the previous year. Beliefs and attitudes about reporting exposure were measured in section two of the survey (Fig. 1). The final section recorded demographic information.