800. Needle Stick And Sharps Injuries Among Health Care Workers – The Experience of a Tertiary Hospital in Jamaica

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Background. Despite advances in occupational safety protocols in healthcare facilities, needle stick and sharps injuries (NSISs) continue to be a concern among healthcare workers (HCWs). Such exposures lead to the risk of blood borne infections as well as emotional and financial consequences which may be difficult to measure. Few studies on NSISs among Jamaican HCWs have been published in the last decade. We evaluated adherence to established NSIS management protocols and investigated the demographic and work-related characteristics of HCWs sustaining NSISs. The proportion of HCWS affected and frequency and direct costs associated with these injuries were estimated.

Methods. This retrospective case-series reviewed HCWs’ employed or contracted to an urban tertiary teaching hospital in Jamaica, who reported NSISs in the emergency room during the period January 1, 2015 and December 31, 2018. Archived incident reporting forms for these HCWs were reviewed. Data were analyzed using STATA 14 statistical software.

Results. 57 cases of NSISs were reported at an average rate of 1 per month and an annual incidence of 0.14 per 100 beds and 4.75 per 100 workers. 49 (86%) HCWs were female and 18 (14%) were male. 55% of HCWs were between the ages of 24-29 years old. Nurses (53%) and physicians (19%) made up most of the sample. 28 (58%) HCWs reported not wearing gloves during the incident. Improperly handling sharps and re-capping needles were reported by 26 (46.5%) and 17 (30%) of HCWs respectively. HIV and viral Hepatitis screening of source patients were performed 85% and 55% of the time respectively. Only 25% of HCWs were prescribed prophylaxis. Post-injury counselling occurred with 52 (91%) HCWs and follow up care was arranged for 36% of cases. The mean direct cost associated with the initial management of the HCW was US $163.22 per NSSI.

Conclusion. The frequency of reported NSISs by HCWs is low but the burden of direct costs is high. There is inadequate adherence to NSISs management protocols and accurate monitoring systems are lacking. We recommend the need for safer needle disposal methods and devices, routine auditing of sharps practices and training in occupational hazard prevention and management. This may improve occupational risk perception among HCWs and workplace safety.

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801. Patient Reported Experience with Influenza Episode and Impact on Life and Work

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Background. Influenza is a highly prevalent seasonal disease that has a wide range of impact on patients, including experiencing symptoms, social isolation, missing work, and worrying about transmitting to others. The aim of this study was to better understand patients’ experience with influenza, areas of life that were most impacted and what matters most to patients.

Methods. Data for this study were obtained from two online quantitative surveys of influenza patients: A pool of respondents who previously completed the National Health Interview Survey (NHIS) (N=74,977) or LightSpeed M3 Global’s online “General Panel” (N=500,000+) in the US between January 2020 through May 2020. A total sample of 1,005 patients >18 years of age and having a self-reported diagnosis of influenza were recruited. The survey was designed to assess the impact of influenza on patients’ lives and included questions regarding impact on patients’ health, social, and work activities.

Results. Eighty-three cases were identified, including 75 among COVID-19 patients (Figure 1). Among 62 patients identified in 2021, all were ventilated; 58 also had COVID-19, including 4 cases identified on point prevalence survey (PPS). The median time from admission to CS culture was 19 days (range, 0-60). Patients were critically ill; often it was unclear whether CS cultures represented colonization or infection. During the COVID-19 surge, two hospital wings (7W and 7S) were converted to negative-pressure COVID-19 units. Staff donned and doffed personal protective equipment in anterooms outside the units; extended use of gowns was practiced, and lapses in glove changes and hand hygiene (HH) between patients likely occurred. In response to the CS outbreak, patients were placed in Contact precautions and cohorted. Staff were re-educated on IPC for COVID-19 patients. Gowns were changed between CS patients. Subsequent PPS were negative. Two CS clusters were identified by WGS: cluster 1 (5 cases) in unit 7W; and cluster 2 (2 cases) in unit 7S (Figure 2).

Conclusion. A surge in patients, extended use of gowns and lapses in core IPC practices including HH and environmental cleaning and disinfection during the winter 2020-2021 COVID-19 surge likely contributed to this CS outbreak. WGS provides supportive evidence for nosocomial CS transmission among critically ill COVID-19 patients.

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