Introduction

The National Health Service (NHS) is the biggest employer in the United Kingdom (UK). Depression and anxiety are the most common reasons for sickness absence in the NHS. As part of a trial feasibility study, we developed an intervention to facilitate an earlier return to work (RTW) in NHS staff absent with common mental health disorders (CMHD).

Methods

We used iterative methodology, based on MRC guidance. Evidence was sought from systematic reviews, guidelines, and work known to the research team on the key components of the case-management (Stage 1). During Stage 2, the evidence from Stage 1 was mapped onto the proposed intervention together with input from international experts and key stakeholders.

Results

Evidence suggests that an intervention based on a case-management model using a biopsychosocial approach could be cost-effective and lead to earlier RTW. In our study, specially trained occupational health nurses will deliver the intervention. Case-management will be conducted during regular consultations (every 2 to 4 weeks). Key components will include: identifying obstacles to RTW, collaborative problem solving based on cognitive behaviour principles focussing on work outcomes, work-focused goal setting, development of a RTW plan, and peer support to increase return to work self-efficacy. Work adjustments, work visits or therapeutic RTW will be considered. The case-manager will communicate with the line and human resources managers and treating healthcare professionals after each consultation. A bespoke information leaflet will be developed and given to line managers and workers emphasising the therapeutic importance of early RTW.

Discussion

To our knowledge WB2W is the first intervention addressing RTW among UK healthcare staff with CMHDs. A key output from this research will be a complete specification of the intervention package including a manual for training the case managers and practical service information to guide the design of a randomised controlled trial.

SHARPS INJURIES AMONG HEALTH CARE PERSONNEL IN A CHINESE HOSPITAL

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Introduction

Sharps injury is a penetrating wound from a needle, scalpel, or another sharp object that may result in exposure to blood or other body fluids. Sharps injuries constitute a serious occupational health problem for health care personnel and can result in high direct and indirect costs for the health care facility. The aim of the study was to examine the prevalence and characteristics of sharps injuries among Chinese health care workers.

Methods

A questionnaire survey was carried out in a Chinese hospital to collect demographic and occupational data, information on sharps injuries and their reporting. Multiple logistic regression was used to analyse the potential risk factors of sharps injuries, including gender, age, education level, position, department and perception of the safety culture.

Results

The 5 year prevalence of sharps injuries was found 41% among the hospital personnel. Sex, age and education did not influence significantly sharps injuries (p=0.798, p=0.886 and p=0.47, respectively). However, the position of staff and especially the department where they work significantly correlated with sustaining such an accident (p=0.025 and p<0.0001, respectively). 86% of accidents hurt fingers, 90% of injuries were sustained in inpatient units. Six sharp devices were responsible for nearly 95% of all injuries and 86% of them occurred when health care workers were using the devices. Association could not be described between sharps injuries and the perceived culture of safety. About three-fourth of sharps injuries were not reported.

Discussion

A high prevalence rate of sharps injuries was observed in the studied hospital, the majority of injured workers were nurses. The rate varied significantly by department and position. The study found significant under-reporting. Adequate level of occupational health and safety for health care personnel can only be provided with efficient prevention from sharps injuries, which needs information on risk factors and a well-functioning reporting system.