

Journal of Pharmaceutical Research International

33(60B): 3386-3393, 2021; Article no.JPRI.80850 ISSN: 2456-9119 (Past name: British Journal of Pharmaceutical Research, Past ISSN: 2231-2919, NLM ID: 101631759)

Assessment of Compliance Level of Healthcare Personnel at AVBRH to Appropriate Hand Hygiene Practices: A Study Protocol

Prachi Ramteke ^{a*†}, Rupali Naik ^{b‡} and Vandana Gudhe ^{a¥}

 ^a Department of MHA, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences (Deemed to be University), Sawangi, Wardha, India.
^b Acharya Vinoba Bhave Rural Hospital, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences (Deemed University), Wardha, India.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JPRI/2021/v33i60B35022

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: https://www.sdiarticle5.com/review-history/80850

Study Protocol

Received 20 November 2021 Accepted 25 December 2021 Published 27 December 2021

ABSTRACT

Background: In COVID scenario World Health Organization (WHO) recommends washing hands with water and soap or alcohol-based hand rubs for cleaning hands. Hand hygiene has been considered a central component in every program related to infection control. It is applicable to healthcare personnel handling critical patients as well. Poor hand hygiene during intrapartum and newborn care is associated with increased death rates among newborns due to sepsis. This study aims to assess the knowledge, attitude, and practices of handwashing by healthcare staff in the hospital.

Methodology: This is an observational study which is conducted among the healthcare personnel at AVBRH hospital, Wardha. A tool consisting of a self-administered observation record form on knowledge and practices of handwashing will be used for data collection from 60 healthcare workers. Data will be analyzed using appropriate statistical tests.

Expected Results: Appropriate levels of knowledge and practices about proper hand hygiene are

[†]PG Student;

- [‡]Administrative Officer;
- *Faculty In-Charge;

^{*}Corresponding author: E-mail: ramtekeprachu23@gmail.com;

expected within healthcare workers of AVBRH. Availability of alcohol-based hand rubs, sanitizers, soap and water is expected at all times.

Conclusion: Considering the pandemic situation, the availability and use of hand sanitizers can be effective to limit the spread of infections COVID -19.

Keywords: WHO; infection control; hand hygiene; hand washing; healthcare workers; compliance; knowledge; practices.

1. INTRODUCTION

The WHO has recommended a streamline or a piece of advice for hand hygiene and its bottom line is to wash hands by using soap and water while it seems dirty or involving blood sanguineous or other body fluids or after the lavatorv. Since, the guidelines of WHO suggested washing hands with water and soap or one can be used alcohol - based hand rubs for handwashing. Hand hygiene has heen considered as a foundation or central component or main ingredient in every program related to infection control which is held by any of the healthcare personnel who are the supporters of a cause of infection in critical patients through their hands. WHO introduced "Five methods for Hand Hygiene" to reduce the problems concerned with washing. According, hand to the recommendation of WHO, the time duration required for the proper cleaning and removal of transient flora should be extended up to 15 - 20 seconds. Due to poor hand hygiene among the HCWs, there is the major cause of spreading of Nosocomial infection which leads to the increase in morbidity and mortality within the hospitalized patients. Our developing countries lead a high prevalence of infection by 19% which is a challenge for healthcare personnel. Washing hands cleanly and neatly is effectively the simplest method to prevent 50% of infection.

Hand hygiene has been considered as the treating interference that will cause the crosstransmission of pathogens in a healthy healthcare environment and hence, Hand hygiene according, to WHO has been proven to decrease the occurrence of Nosocomial infections. Relevant hand hygiene practices have shown the reduction rates of all infections such as gastrointestinal, respiratory tract and skin infections. In today's modern period, WHO has included the implementation of alcohol-based lotions or rubs. The highest rate of infection is found in the ICU, which is the place where very critically ill patients are placed, in such critical care areas chances of infections are majorly by touching the non-movable objects which may

directly lead to object contamination. The WHO has put forward an application of the evidencebased practice of hand hygiene which is referred to as "five – methods of hand hygiene". These five moments of hand hygiene is regarding the washing of hands before performing any aseptic procedure, after the condition of being laid open to undesirable body fluids or touching a patient or its surrounding. But from another point of view, regular hand hygiene may be challenging to the health care workers (HCWs) who lead hand dermatitis because of water, detergents and disinfectants.

Now when we perform this handwashing method so it includes after doing some daily activities such as after arrival at workplaces it could be anything, after removal of gloves or socks, etc, before taking meals, after excretion of any sort of body wastes urination and defecation, after coming in contact with the contaminated equipment [1]. Most of the healthcare associated infections are transmitted via healthcare workers. This is because most of the pathogenic organisms stay on the body for maximum 60 minutes [1]. WHO has recommended the five steps moments of hand hygiene which should be performed by all healthcare workers before coming in contact with the patient or performing aseptic procedures, after dealing with the highrisk body fluid procedure, etc [1]. Sometimes in many hospitals, many of the healthcare workers had bad practices of hand hygiene, as they do not wash their hands cleanly and sometimes not at all [2]. Washing hands daily for an effective measure so as to prevent the infection. In hospital's major transmission or spread of infection is mainly among the front line survivor's that is healthcare worker's [3,4]. To avoid or prevent the spreading of infection among health care workers (HCWs) they have to apply alcoholbased hand sanitizers, or other antiseptic agents [4]. The whole world is fighting with a novel coronavirus pandemic since 2019, so as the duty of healthcare worker's they can't avoid coming in contact with CoV 19 positive patients. Hence, hand hygiene is very much important for HCW [4]. The whole world is fighting with the novel

coronavirus pandemic since 2019. Novel coronavirus is the type of SARS-CoV-2 hence also known as COVID-19 or CoV-19. The emergence of the novel coronavirus CoV-19 has a major challenge for the public all around the world [5].

Reducing the transmission of this pandemic COVID-19 is only by the simplest method ie., hand hygiene and this is very effective among the public [5]. The origin of the novel coronavirus which is the main cause of the current pandemic named COVID-19 is in Wuhan. China [6-9]. This infection has started in December 2019, and now the spread has reached to 113 countries [7]. SARS-CoV-2 or COVID -19 is mostly present in Human's this does not infect any animals. This disease shows some symptoms such as fever, cough, and dyspnea [7]. Just like Severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS -CoV), these SARS -CoV -2/ COVID-19 also transmitted from person to person through respiratory droplets during sneezing and also by close contact [7]. In the healthcare sector the infection is caused due to insufficient hand hygiene which is directly linked with the mortality rate, the economical burden also the patients suffer a lot [10]. Emergency Medical Service (EMS) is a highly rated contaminated department where any type of patient arrives from different surrounding and are thus a high-risk way of spreading microbial transmission. In EMS, hand hygiene practices are rarely been studied since, as we all know that this is a proven infection control intervention [10]. Healthcare-associated infections have many reasons lacking for the compliance of hand washing practices. This may include lacking required proper equipment, ratios of staff with patients which is very low, also some of them may have an allergic infection from hand washing products, incomplete knowledge of some staff regarding the risks behind the infection and procedures, regarding bio-safety some of them shows a very casual attitude towards infection control and doesn't even value time [11]. In some sectors, the main focus was given on the compliance or bad attitude of healthcare workers towards hygiene, so many studies were also done for the barriers but instead, they are lacking with the knowledge and attention-related with the pediatric settings regarding hand hygiene compliance [12]. As we all know small children are generally affected by infections and caused harmful diseases therefore, it is very much essential to give focus on such

settings in hospitals. In the case of nursing education, compliance with hand hygiene is one of the most difficult tasks of outcomes [13]. It is somewhat difficult to ensure nursing students recognize the use of hand hygiene when, where, what and how in increasing rates of healthcareassociated infections [13]. Patient safety is the first most priority for any healthcare system and the most effective measure regarding hand hygiene [14]. And for this, it is very much important to know that the healthcare staff has proper knowledge about the technique and awareness about infection [14]. Otherwise, if the health staff itself doesn't have proper information then this can lead to a major increase in the compliance related to the nosocomial infection [14]. The only aim here was to analyze the effect of different methods, training related to hand hygiene and education among nursing staff to ensure whether they maintained proper awareness over time [14]. Chances of having transmission of microbial vector's such as Staphylococcus aureus and other common respiratory infections occurs mainly through facetouching behavior [15]. Most of the people had bad habits of not covering their face by using clothes before going outside. They may reach in hospital after coming from surrounding's with any type of microbial vector stuck on their face and these personnel's may come directly in contact with patients or vice versa [15]. Hand hygiene is globally a critical infection prevention or infection control practice all over the healthcare sector [16]. There are many approaches that come forward to monitor hand hygiene compliance varying from simple methods such as observational а methods or using different products to taking examples of advanced methods such as automated electronic monitoring system method. Current approach supports the multimodal supplemented by educating towards enhancement of hand hygiene performance [16]. The practice of having hand hygiene at right time is a very much effective major for the prevention of healthcare-associated infections. This can be easily undertaken by any of the healthcare professionals [17]. But in case of changing the behavior of staff requires a multifaceted approach to ensure the appropriate practice of hand hygiene. This article gives main highlights on two important aspects ie., the need for hand hygiene, when it is to be needed, and how it is to be done [17]. To convince the user's we only need to educate them and pay their attention to the importance of hand hygiene, give the evidence in reducing bacterial flora which is mostly present on the palms of both hands [18].

The present study was done in a rural hospital so as to demonstrate the presence of bacterial flora. In order to reduce the outcome of floral bacteria present on the hands. It is very important to give emphasis on teaching the healthcare workers the technique of using alcohol-based hand rub in different ways [18]. Professionals were lacking with the congruence in hand hygiene training for infection prevention and control ie., IPC. Therefore, we need to give emphasis on the approach to train the professionals using the concept of. "Train-the-Trainers"(TTT) especially for the Infection- prevention and control personnel and observe the impact on hand hygiene knowledge [19]. As we know, Hand Hygiene is an essential factor for the safety of patients, for quality care, this creates major challenges for the healthcare personnel [20]. To overcome this major challenge, especially nursing staff has the proper knowledge about hand hygiene as they stay more in contact with the patients [20]. It is very effective to provide the healthcare workers with feedback related to their daily practices of hand hygiene, to monitor the compliance of hand hygiene to improve the multidisciplinary program [21]. Product using or consumption is less time-consuming and is very much helpful in monitoring and collecting information about the frequency of hand hygiene and this information can be use as feedback for the healthcare personnel [21]. To decrease the level of pathogen transmission and nosocomial infections hand hygiene play a very important role in every healthcare facilities. However, most of the interventions have not been sustainable [22]. The given review gives an overview in the community regarding hand hygiene which includes some aspects such as hand drying, and some issues related to hand hygiene behavior [23,24]. Hand hygiene play's a role of barrier between the transmission of microbial infection both in community and healthcare sector. As of now currently we all, the whole world are dealing with the novel coronavirus, but now it is very much in control of spreading and this is only due to proper hand sanitization and covering our face with a mask. The transmission of infection is under control now. The pandemic outbreak can be achieved by self-isolation, maintaining social distancing, good hand hygiene and strictly follow up for infection control tools both in hospital premises and in public areas [25]. To achieve success on Pandemic outbreak, one needs to use formulated effective hand sanitizers agents such as water, soaps, sanitizer liquids, wateralcohol-based hand based or sanitizer antimicrobial soaps such that, and now at

present each and every hospital are widely using these effective hand sanitizers [25]. Related evidences are reflected from GBD studies [26-30].

2. METHODS

Site of Study: Acharya Vinoba Bhave Rural Hospital, Sawangi, Wardha.

Study Population: Healthcare professionals including nursing staff's at Acharya Vinoba Bhave Rural Hospital, Wardha.

Study Duration: 2 months study.

Study Design: Observational study.

Participants: Healthcare workers' specially main focus was given on nursing staff.

Sample size: 60 HCWs.

Research Tool: Tool consisting of self administered observation record form contains observations including knowledge of handwashing and practice of handwashing among nurses.

Source of Data Collection: Data will be collected by using observation recorded form.

3. EXPECTED OUTCOMES

This observational study will be done at Acharya Vinoba Bhave Rural Hospital, Wardha to assess the level of compliance of healthcare personnel to appropriate hand hygiene practices. To analyze the drift or direction of hand hygiene practices for 2 months. The study will be done on 60 healthcare worker's and the main focus will be given to nursing staff as they are in close contact with the patients. We had done this study so as to get good results about proper hand hygiene within HCW to reduce the rate of transmission. We expect at least 50% of the participants have a good knowledge of hand hygiene practices.

4. DISCUSSION

WHO recommended five-moment alcohol-based hand rubbing formula which has much better antimicrobial properties. The commonly used cleaning agents among the HCW were soap and water. Most of the HCWs had the training on handwashing, from multiple sources. Many of the doctors who directly came in contact with the patients had more training on handwashing than other HCWs. Having knowledge of hand sanitization is important because basic hand hygiene is very much important in preventing transmission of infection among patients and health workers. Some constraints may be observed among them such as lack of water and soap and knowledge of how to wash hands. For drying hands after washing most preferable method is drying in free air. Hand washing can help the people from the bacterial infection or diseases that can cause by viruses, bacteria's etc. This only protect people from transmission with direct physical contact. But this does not mean that all the germs all over the body have been killed. And the illness caused by bacteria or viruses or any type of germs can be very serious. Diseases like Diarrhea respiratory infection and many more can be preventable by simply washing our hands daily. Unwashed hands can transfer many infections from one person to another person by touching their hands to objects such as handrails, surfaces of tables, toys of small children. Most of skin and eve infections can be prevented only by hand washing. Few of the related studies were reported. Khanam et al. assessed knowledge, attitude and practice on the uses of plastic products, their disposal [31]. Khandelwal et al. assessed knowledge of Hepatitis B virus infection and its control practices among dental students [32]. Similar study about Dengue was reported by Meshram et al. [33]. Pasari et al. assessed knowledge about covid-19 and practices among hemodialysis technicians [34]. Swapnil P. et al. reported on knowledge, attitude and practices of allied health care professional students towards universal precaution [35-49].

5. CONCLUSION

Considering the pandemic situation, the availability and use of hand sanitizers can be effective to limit the spread of infections COVID - 19.

CONSENT

As per international standard or university standard, respondents' written consent will be been collected and preserved by the author(s).

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

- 1. Jemal S. Knowledge and practices of handwashing among health professionals in Dubti Referrals Hospital, Dubti, Afar, Northeast Ethiopia. Advances in Preventive Medicine. 2018 Nov 22;2018.
- 2. Gwarzo GD. Hand Hygiene practices among healthcare workers in a public hospital in North-western Nigeria. Nigerian Journal of Basic and Clinical Sciences. 2018 Jul 1;15(2):109.
- Tyagi M, Hanson C, Schellenberg J, Chamarty S, Singh S. Hand hygiene in hospitals: An observational study in hospitals from two southern states of India. BMC Public Health. 2018 Nov 27;18(1):1299.
- 4. Araghi F, Tabary M, Gheisari M, Abdollahimajd F, Dadkhahfar S. Hand Hygiene Among HealthCare workers During COVID -19 Pandemic: Challenges and Recommendations. Dermatitis. 2020 Jul/Aug;31(4):233-237.
- Golin AP, Choi D, Ghahary A. Hand Sanitizers: A review of ingredients, mechanisms of action, modes of delivery, and efficacy against coronavirud. Am J Infect Control. 2020 Sep;48(9):1062-1067.
- Shobowale EO, Adegunle B, Onyedibe K. An assessment of hand hygiene practices of healthcare workers of a semi-urban teaching hospital using the five moments of hand hygiene. Niger Med J. 2016 May-Jun;57(3):150-4.
- Lotfinejad N, Peters A, Pittet D. Hand hygiene and the novel coronavirus pandemic: the role of healthcare workers. J Hosp Infect. 2020 Aug;105(4):776-777.
- 8. von Lengerke T, Lutze B, Krauth C, Lange K, Stahmeyer JT, Chaberny IF. Promoting Hand Hygiene Compliance. Dtsch Arztebl Int. 2017 Jan 20;114(3):29-36.
- 9. Le CD, Lehman EB, Nguyen TH, Craig TJ. Hand Hygiene Compliance Study at a large Central Hospital in Vietnam. Int J Environ Res Public Health 2019 Feb 19;16(4):607.
- Vikke HS, Vittinghus S, Giebner M, Kolmos HJ, Smith K, Castren M, Lindstrom V. Compliance with hand hygiene in emergency medical services: an international observational study. Emerg Med J. 2019 Mar; 36(3):171-175.
- 11. Shanu S.J., Trivandrum, A study to assess the hand hygiene practices among Health

care workers in CSICU. Code no: 6197; 2011.

- 12. Monteiro Abigail, Evaluating Hand Hygiene Compliance among Healthcare workers in a Specialized Paediatric Hospital. Thesis, Geogia State University; 2018. Available:https://scholarworks.gsu.edu/iphtheses/592
- Labrague LJ, Mc Enroe- Petitte DM, van de Mortel T, Nasirudeen AMA. A systematic review on hand hygiene knowledge and compliance in student nurses. Int Nurs Rev. 2018 Sep;65(3):336-348.
- Martos Cabrera MB, Mota-Romero E, Martos - Garcia R, Gomez-Urguiza JL, Suleiman - Martos N, Albendin - Garcia L, Canadas- De la Fuente GA. Hand Hygiene Teaching Strategies among Nursing Staff: A systematic Review. Int J Environ Res Public Health. 2019 Aug 22;16(17):3039.
- 15. Kwok YL, Gralton J, Mclaws ML. Face touching: A frequent habit that has implications for hand hygiene. Am J Infect Control.2015 Feb;43(2):112-4.
- Masroor N, Doll M, Stevens M, Bearman G. Approches to hand hygiene monitoring: From low to high technology approaches. Int J Infect Dis. 2017 Dec;65:101-104.
- Kilpatrick C, Hosie L, Storr J. Hand hygiene--when and how should it be done* Nurs Times. 2013 Sep 25- Oct 1;109(38):16-8. PMID:24313110.
- Kapil R, Bhavsar HK, Madan M. Hand hygiene in reducing transient flora on the hands of healthcare workers: An educational intervention. Indian J Med Microbiol. 2015 Jan -Mar;33(1):125-8.
- Tartari E, Fankhauser C, Masson Roy S, Marguez - VillarrealH, Feenandez Moreno I, Rodriguez Navaz ML, Sarabia O, Bellissimo- Rodrigues F, Hernandez -de Mezerville M, Lee YF, Aelami MH, Mehtar S, Agostinho A, Camilleri L, Allegranzi B, Pires D, Pittet D.Train-the-Trainers in hand hygiene: A standardized approch to guide education in infection prevention and Control. 2019 Dec 30;8(1):206.
- 20. Konicki T, Miller E. Use of a Simulation Intervention to examine differences in nursing students hand hygiene knowledge, beliefs, and behaviours.Nurse Educ Today. 2016 Oct;45:96-101.
- 21. Boyce JM. Measuring healthcare worker hand hygiene activity: Current practices and emerging technologies. Infect Control Hosp Epidemiol. 2011 Oct; 32(10):101628.

- Neo JR, Sagha Zadeh R, Vielemeyer O, Franklin E. Evidence - based practices to increase hand hygiene compliance in healthcare facilities: An integrated review: Am J Infect Control. 2016 Jun 1;44(6):691-704.
- Jumaa PA. Hand hygiene: simple and complex. Int J Infect Dis. 2005 Jan;9(1):3-14.
- 24. Allegranzi B, Sax H, Pittet D. Hand hygiene and healthcare system change within multi-modal promotion: a narrative review. J Hosp Infect. 2013 Feb;83 suppl 1:S3 -10.
- 25. Jing JLJ, Pei YiT, Bose RJC, McCarthy JR, Tharmalingam N, Madheswaran T. Hand Sanitizers: A Review on Formulation Aspects, Adverse Effects, and Regulations, Int J Environ Res Public Health. 2020 May 11;17(9):3326.
- Murray, Christopher J L, Aleksandr Y 26. Aravkin, Peng Zheng, Cristiana Abbafati, Kaia M Abbas, Mohsen Abbasi-Kangevari, Foad Abd-Allah, et al. Global Burden of 87 Risk Factors in 204 Countries and 1990-2019: A Systematic Territories. Analysis for the Global Burden of Disease Study 2019. The Lancet. 2020;396(10258):1223-49. Available:https://doi.org/10.1016/S0140-6736(20)30752-2
- 27. Vos, Theo, Stephen S Lim, Cristiana Abbafati, Kaja M Abbas, Mohammad Abbasi, Mitra Abbasifard, Mohsen Abbasi-Kangevari, et al. Global Burden of 369 Diseases and Injuries in 204 Countries and 1990-2019: A Systematic Territories, Analysis for the Global Burden of Disease Study 2019. The Lancet. 2020;396(10258r):1204-22. Available:https://doi.org/10.1016/S0140-6736(20)30925-9
- 28. Wang, Haidong, Kaja M Abbas, Mitra Abbasifard, Mohsen Abbasi-Kangevari, Hedayat Abbastabar, Foad Abd-Allah, Ahmed Abdelalim, et al. Global Age-Sex-Specific Fertility, Mortality, Healthy Life Expectancy (HALE), and Population Estimates in 204 Countries and Territories, 1950-2019: А Comprehensive Demographic Analysis for the Global Burden of Disease Study 2019. The Lancet. 2020;396(10258):1160-1203. Available:https://doi.org/10.1016/S0140-6736(20)30977-6.
- 29. Kinyoki DK, Ross JM, Lazzar-Atwood A, Munro SB, Schaeffer LE, Abbasalizad-

Farhangi M. et al. Mapping local patterns of childhood overweight and wasting in low- and middle-income countries between 2000 and 2017. Nat Med 2020;26(5):750-759.

- 30. Lozano R, Fullman N, Mumford JE, Knight M, Barthelemy CM, Abbafati C, et al. Measuring universal health coverage based on an index of effective coverage of health services in 204 countries and territories. 1990–2019: A systematic analysis for the Global Burden of Disease Study 2019, Lancet: 2020.
- 31. Khanam N, Wagh V, Gaidhane AM, Quazi SZ. Knowledge, Attitude and Practice on Plastic Products, Uses of Their Disposal and Environmental Pollution: A Study among School-Going Adolescents. Journal of Datta Meghe Institute of Medical Sciences University. 2019;14(2): 57-60.

Available:https://doi.org/10.4103/idmimsu.i dmimsu_27_19

32. Khandelwal V, Khandelwal S, Gupta N, Nayak UA, Kulshreshtha N, Baliga S. Knowledge of Hepatitis B Virus Infection and Its Control Practices among Dental Students in an Indian City. International Journal of Adolescent Medicine and Health. 2018;30(5).

Available:https://doi.org/10.1515/ijamh-2016-0103

33. Meshram K, Meshram A, Chopra S, Gajbe U. Impact of community based awareness education about dengue by assessing knowledge and preventive practices in rural population. International Journal of Research in Pharmaceutical Sciences. 2020;11(3):3729-35.

Available:https://doi.org/10.26452/ijrps.v11i 3.2539.

- 34. Pasari AS, Bhawane A, Balwani MR, Tolani P, Ramteke V, Deshpande N. Knowledge about Covid-19 and Practices among Hemodialysis Technicians in the Covid-19 Pandemic Era. International Journal of Nephrology. 2020;2020. Available:https://doi.org/10.1155/2020/671 0503.
- 35. Swapnil P, Sarika D, Alka R, Varsha P. Assessment of knowledge, attitude and practices of allied health care professional students towards Universal Precaution. Indian Journal of Forensic Medicine and Toxicology. 2020;14(4):280-85. Available:https://doi.org/10.37506/ijfmt.v14i

4.11485

- Rai A. Datarkar A. Borle RM. Are 36. maxillomandibular fixation screws a better option than Erich arch bars in achieving maxillomandibular fixation? A randomized clinical study. Journal of Oral and Maxillofacial Surgery. 2011 Dec 1;69(12):3015-8.
- 37. Agrawal A, Timothy J, Cincu R, Agarwal T, Waghmare LB. Bradycardia in neurosurgery. Clinical Neurology and Neurosurgery. 2008 Apr 1;110(4):321-7.
- 38. Bourne R, Steinmetz JD, Flaxman S, Briant PS, Taylor HR, Resnikoff S, Casson RJ, Abdoli A, Abu-Gharbieh E, Afshin A, Ahmadieh H. Trends in prevalence of blindness and distance and near vision impairment over 30 years: An analysis for the Global Burden of Disease Study. The Global Health. 2021 Feb Lancet 1:9(2):e130-43.
- Borle RM, Nimonkar PV, Rajan R. 39. Extended nasolabial flaps in the management of oral submucous fibrosis. British Journal of Oral and Maxillofacial Surgery. 2009 Jul 1;47(5):382-5.
- 40. Agrawal A, Cincu R, Goel A. Current concepts and controversies in the management of non-functioning giant macroadenomas. Clinical pituitary Neurology and Neurosurgery. 2007 Oct 1;109(8):645-50.
- 41. Franklin RC, Peden AE, Hamilton EB, Bisignano C, Castle CD, Dingels ZV, Hay SI, Liu Z, Mokdad AH, Roberts NL, Sylte DO. The burden of unintentional drowning: global, regional and national estimates of mortality from the Global Burden of Disease 2017 Study. Injury Prevention. 2020 Oct 1;26(Supp 1):i83-95.
- 42. Chole RH, Gondivkar SM, Gadbail AR, Balsaraf S, Chaudhary S, Dhore SV, Ghonmode S, Balwani S, Mankar M, Tiwari M. Parikh RV. Review of drug treatment of oral submucous fibrosis. Oral Oncology. 2012 May 1;48(5):393-8.
- 43. Korde SD, Basak A, Chaudhary M, Goyal M, Vagga A. Enhanced nitrosative and oxidative stress with decreased total antioxidant capacity in patients with oral precancer and oral squamous cell carcinoma. Oncology. 2011;80(5-6):382-9.
- 44. Gondivkar SM, Gadbail AR. Gorham-Stout syndrome: A rare clinical entity and review of literature. Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology. 2010 Feb 1;109(2):e41-8

- 45. Gadbail AR, Chaudhary M, Gawande M, Hande A, Sarode S, Tekade SA, Korde S, Zade P, Bhowate R, Borle R, Patil S. Oral squamous cell carcinoma in the background of oral submucous fibrosis is a distinct clinicopathological entity with better prognosis. Journal of Oral Pathology & Medicine. 2017 Jul;46(6):448-53.
- Gadre PK, Ramanojam S, Patankar A, Gadre KS. Nonvascularized bone grafting for mandibular reconstruction: myth or reality?. Journal of Craniofacial Surgery. 2011 Sep 1;22(5):1727-35.
- 47. Sorte K, Sune P, Bhake A, Shivkumar VB, Gangane N, Basak A. Quantitative assessment of DNA damage directly in

lens epithelial cells from senile cataract patients. Molecular Vision. 2011;17:1.

- 48. Basak S, Rajurkar MN, Mallick SK. Detection of Blastocystis hominis: a controversial human pathogen. Parasitology Research. 2014 Jan;113(1): 261-5.
- 49. Khodary EF, Altamimi AS, Alghamdi HH, Alshehri MM, Almehmadi SJ, Harazi N, et al. Assessing knowledge, attitude, and practices of hand hygiene among health care workers in eradah complex in Jeddah. Journal of Pharmaceutical Research International. 2021;33(59B):740-752.

DOI: 10.9734/jpri/2021/v33i59B34441

© 2021 Ramteke et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history: The peer review history for this paper can be accessed here: https://www.sdiarticle5.com/review-history/80850