IME-23-28696

Occupational Exposure of Dental Nurses in a Tertiary Dental Hospital in Beijing

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Received: 27-Dec-2023, Manuscript No. IME-23-28696; **Editor assigned:** 01-Jan-2024, PreQC No. IME-23-28696 (PQ); **Reviewed:** 15-Jan-2024, QC No. IME-23-28696; **Revised:** 17-Jan-2025, Manuscript No. IME-23-28696 (R); **Published:** 27-Jan-2025, DOI: 10.35248/2165-8048.25.15.503
Citation: Zhang Y, Zhang Y, Liu Y, Wang L (2025) Occupational Exposure of Dental Nurses in a Tertiary Dental Hospital in Beijing. Intern Med. 15:503.

SUPPLEMENTARY DATA

Occupational exposure questionnaire for dental nurses	
This survey aims to improve the quality of hospital safety management and enhance the occupational protection awareness of dental nurses. Please fill out the form according to your actual situation	
Have you participated in occupational exposure training courses?	□Yes □No
If you chose 'Yes', please select the type of training course (multiple choices)	□ Training within the department □ Hospital-level training □ Off campus training □ Network platform training □Other, _____
Have you ever been vaccinated against hepatitis B?	□Yes □No
Do you need to undergo HBV, HIV and TP testing every year?	□Yes □No
Do you have a history of professional contact?	□Yes □No
If you chose 'Yes', please select the number of times	□Once; □2 times; □3 or □More times
Have you ever had sharp injuries at work before?	□Yes □No
If you chose 'Yes', please select the device (multiple choices)	□Suture needle □Syringe needle □Dental pulp file □Scalpel □Ultrasonic tip □Drilling needle □Periodontal probe □Arcuate wire □Tray □Other, _____
At what time did you suffer equipment damage? (Multiple choices)	□During preparation □During the delivery of items □ During nursing operations □During postprocessing

	□ Unclear
Have you ever experienced mucosal exposure?	□Yes □No
Where does mucosal exposure occur? (Multiple choices)	□ Eyes □ Nasal cavity □ Oral cavity
What type of fluid causes mucosal exposure?	□ Blood □ Treatment chair tubing water □ Saliva □ Unclear
At what time did you experience mucosal exposure?	□ Time points while cleaning instruments □ Time points during patient conversations □ Time points during operations □ Time points while discarding waste
Are you willing to care for patients with infectious diseases?	□Yes □No
Are you afraid of this profession due to occupational exposure?	□Yes □No
Have you ever thought about giving up this profession due to occupational exposure?	□Yes □No