

Immunization Policies



ARMY COLLEGE OF DENTAL SCIENCES

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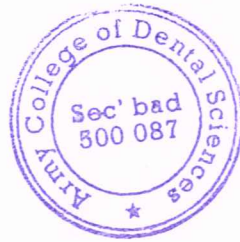
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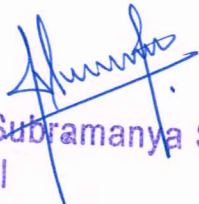
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NAAC Accredited 'A' & Certified ISO 9001 : 2015 & ISO 14001 : 2015

Policies/ Documents Regarding Preventive Immunization of Students, Teachers and Hospital Staff Likely to Be Exposed to Communicable Diseases During Their Clinical Work

1. Immunization Policy for Hepatitis
2. Immunization Policy for COVID



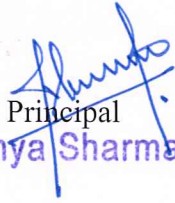

(Dr. S Subramanya Sharma)
Principal
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Immunization Policy For Hepatitis B

Immunization Policy for Hepatitis B

- Among health-care professionals, risks for percutaneous & per mucosal exposures to blood vary during the training and working career of each person but are often highest during the professional training period. Therefore, vaccination should be completed during training in dentistry, before trainees have contact with blood.
- Any HCW who performs tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps should be vaccinated.
- Hepatitis B vaccine should always be administered by the intramuscular route in the deltoid muscle with a needle 1-1.5 inches long.
- Pre vaccination serologic screening for previous infection is not indicated for persons being vaccinated because of occupational risk unless the hospital or health-care organization considers screening cost-effective.
- Post-exposure prophylaxis with hepatitis B immune globulin (HBIG) (passive immunization) and/or vaccine (active immunization) should be used when indicated (e.g., after percutaneous or mucous membrane exposure to blood known or suspected to be HBsAg-positive).
- Needle-stick or other percutaneous exposures of unvaccinated persons should lead to initiation of the hepatitis B vaccine series. Post-exposure prophylaxis should be considered for any percutaneous, ocular, or mucous membrane exposure to blood in the workplace and is determined by the HBsAg status of the source and the vaccination and vaccine-response status of the exposed person.
- If the source of exposure is HBsAg-positive and the exposed person is unvaccinated, HBIG also should be administered as soon as possible after exposure (preferably within 24 hours) and the vaccine series started. The effectiveness of HBIG when administered greater than 7 days after percutaneous or per mucosal exposures is unknown. If the exposed person had an adequate antibody response (greater than or equal to 10 mIU/mL) documented after vaccination, no testing or treatment is needed, although administration of a booster dose of vaccine can be considered.
- One to 2 months after completion of the 3-dose vaccination series, HCWs who have contact with patients or blood and are at ongoing risk for injuries with sharp instruments or needlesticks should be tested for antibody to hepatitis B surface antigen (anti-HBs). Persons who do not respond to the primary vaccine series should complete a second three-dose vaccine series or be evaluated to determine if they are HBsAg-positive. Revaccinated persons should be retested at the completion of the second vaccine series. Persons who prove to be HBsAg-positive should be counseled accordingly. Primary non-responders to vaccination who are HBsAg-negative should be considered susceptible to HBV infection and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood. Booster doses of hepatitis B vaccine are not considered necessary, and periodic serologic testing to monitor antibody concentrations after completion of the vaccine series is not recommended.




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Immunization Policy for Covid 19

Immunization Policy for Covid -19

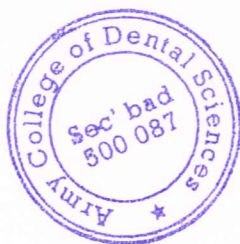
Army College of Dental Sciences is committed to protecting the health and well-being of health care personnel and the patients and communities that they serve.

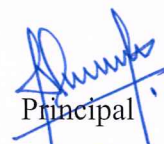
The best available scientific evidence indicates that:

- COVID-19 vaccinations are safe.
- COVID-19 vaccinations are effective at reducing both the risk of becoming infected and spreading the infection to others
- COVID-19 has a significant risk of transmission both before the onset of symptoms and in the absence of symptoms. These risks are substantially higher among unvaccinated individuals.
- Among unvaccinated individuals, COVID-19 infections pose a substantial risk of severe illness and death and may lead to long-term adverse impacts to health.

These risks are higher among those individuals with certain underlying health conditions, like many patients in hospitals or who are seen in hospital-based ambulatory settings. To protect all patients, communities and personnel from the known and substantial risks of COVID-19, ACDS strongly urges the vaccination of all health care personnel and students. COVID-19 vaccines protect health care personnel when working both in health care facilities and in the community. They provide strong protection against workers unintentionally carrying the disease to work and spreading it to patients and peers.

ACDS had a tie up with local Government hospital where all the staff, teaching and non-teaching and students were given Covishield vaccination without any charges and hassle followed by the booster doses for the same.




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