



POLICIES REGARDING PREVENTIVE IMMUNISATION OF STUDENTS, TEACHERS WHO ARE LIKELY TO BE EXPOSED TO COMMUNICABLE DISEASES

STANDARD OPERATING PROCEDURES

- The teachers, students and the staff of the hospital likely to be exposed to the infection and explained the standard operating procedures, immunization schedule and the follow up schedule at the beginning of the academic tenure.
- The students are trained about use of personal protective equipments to protect them about the contact of infectious agents.
- Standard preventive measures are followed in all departments to avoid spread of infectivity.

Infectious fluids

- Saliva
- Blood
- Breached oral mucosa
- Body fluids and secretions
- Non intact oral cavity membrane
- Non-intact skin
- Mucous membrane.

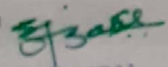
General precautions

General precautions are for the patients and the health care providers of the hospital to protect themselves for contagious infections, respiratory infections, blood or oral fluids born disease.

Special training is taken to prevent contact from harmful microorganisms that may be present in blood or body fluids.

Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.

Phone : 08472 - 227610, 220222 - Fax : 229687 | albadar_glb@yahoo.com


PRINCIPAL
**Al-Badar Rural Dental College
& Hospital, KALABURAGI**



VACCINATION AND IMMUNIZATION:

Three-Dose Hepatitis B Vaccine Schedule

The hepatitis B vaccine is administered as a three-dose series on 0, 1, and 6 months schedule i.e

Shot	Period
I Shot	The day of vaccination
II Shot	At least one month (or 28 days) after the 1st shot
III Shot	6 months after the 1 st shot

- Dose 2 should be separated by dose 1 by at least one month (4 weeks or 28 days)
- Dose 3 should be separated by dose 2 by at least 2 months (8 weeks) AND from dose 1 by at least 4 months (16 weeks).

If the person is unaware of the past vaccine drive, the person schedule is started from the first dose.

A person without protective surface antibodies after completing full series of the hepatitis B vaccine and for whom an acute or chronic hepatitis B infection has been ruled out is considered as **“non-responder”**. It could be attributed to the past infection with hepatitis B.

Vaccination and antibody status of exposed person	HBsAg Seropositive	Treatment when source is HBsAg negative	Treatment when source is not tested or status is unknown
Unvaccinated	HBIG*x 1 and initiate HB vaccine series	Initiate HB Vaccine series	Initiate HB
Previously vaccinated	No treatment	No treatment	If known high-risk source, treat as if source were HBsAg positive
Known responder†	HBIG* X 2 or	No treatment	
Known nonresponder	HBIG* X 1 and initiate revaccination		



Antibody response unknown	Test exposed person for anti-HBs: (1)if adequate, † no treatment (2)if inadequate, † HBIG X 1 and vaccine booster	No treatment	Test exposed person for anti-HBs: (1)if adequate, † no treatment (2)if inadequate, † initiate revaccination
---------------------------	--	--------------	--

HBsAg, Hepatitis B surface antigen; HBIG, Hepatitis B immune globulin; HB, hepatitis vaccine antiHBs, Antibody to hepatitis B surface antigen

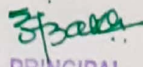
*Dose 0.06 mg/kg IM.

Responder is defined as a person with adequate serum levels of anti-HBs(≥ 10 mIU/ml); inadequate vaccination defined as serum anti-HBs < 10 mIU/ml.

POST-EXPOSURE PROPHYLAXIS

If the health care worker is exposed to blood, tissue, or other body fluids like saliva, blood would be known to have a potential risk of transmission of blood borne pathogens to healthcare workers and therefore post-exposure prophylaxis should be considered if there is:

- A percutaneous injury (for example a needle stick or cut with a sharp object).
- Contact with mucous membrane or non-intact skin (for example, skin chapped or abraded or dermatitis).
- prolonged contact with intact skin or contact that involves extensive areas of skin.


PRINCIPAL
Al-Badar Rural Dental College
& Hospital, KALABURAGI



STEPS TO BE TAKEN FOLLOWING AN EXPOSURE

Allow site to bleed

1. Cuts to be washed with plenty of soap under running water
2. Mucous membrane like eyes/mouth to be irrigated with *clean water or saline* for 5 minutes
3. Pricked finger should not be put into mouth. Encourage the wound to be bleed may be under running water. Avoid scrubbing the wound.
5. Report immediately to the supervisor

Test sample

The patient should be checked for diseases HIV, HBsAg and HCV as *early as possible* after counselling (rapid testing if available) if *infective status* is not known already.

The pharmacological regimen for HIV to be followed for post exposure prophylaxis is

- Basic regimen: zidovudine (300 mg)+lamivudine (150mg), 12 hourly x 4 weeks
- Expanded regimen: basic regimen + nelfinavir 750 mg 8 hourly x 4 weeks
- PEP to be stopped before 8 weeks in case patient is found HIV negative

Precautions taken among health care workers for infection control of Communicable Disease:

- Educating health care officers about critical, semi critical and non critical items

[Signature]
PRINCIPAL

Al-Badar Rural Dental College
& Hospital, KALABURAGI

Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.

Phone : 08472 - 227610, 220222 - Fax : 229687 | albadar_glb@yahoo.com



- Encouraging vaccination at scheduled time period, monitoring sterilisation protocol in the department
- Encouraging the health care providers to use all the personal protective equipments
- Follow the routine blood investigations for the patients with high risk so that required protection is planned.
- Monitoring the health care workers exposures and outbreaks among them.

PRECAUTIONS TAKEN BY THE HOSPITAL:

Disease/problem	Work restriction	Duration
Conjunctivitis	Restrict from patient contact and contact with the patient's environment	Until discharge ceases
Enteroviral infections	Restrict from care of infants, neonates, and immunocompromised patients and their environments	Until symptoms resolve
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food handling	Until 7 days after onset of jaundice
Hepatitis B	No restriction unless epidemiologically linked to transmission of infection	
Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure prone procedures		
Personnel with acute or chronic hepatitis B e antigenemia who perform exposure-prone procedures	Do not perform exposure-prone invasive procedures until expert opinion	Until hepatitis B e antigen is negative
Oro-facial	contact and contact with the patient's environment	

[Signature]
PRINCIPAL

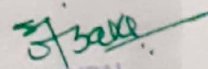
Al-Badar Rural Dental College
& Hospital, KALABURAGI

Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.

Phone : 08472 - 227610, 220222 - Fax : 229687 | albadar_glb@yahoo.com



	Evaluate for need to restrict from care of high-risk patients	
Human immunodeficiency virus	Do not perform exposure-prone invasive procedures until expert review been sought.	
Measles	Exclude from duty	Until 7 days after the rash appears
Active	Exclude from duty	From 12th day after 1st exposure through 26th day after last exposure or until 9 days after onset of parotitis
Post-exposure		
Pediculosis	Restrict from patient contact	Until treated and observed to be free of adult and immature lice
Pertussis	Exclude from duty	From beginning of catarrhal stage IB through 3rd wk after onset of paroxysms or until 5 days after start of effective antimicrobial therapy
Active		
Postexposure asymptomatic	No restriction, Exclude from duty	Until 5 days after start of effective antibiotic therapy
Post-exposure-symptomatic personnel		
Rubella	Exclude from duty	Until 5 days after rash appears
Active		
Post-exposure		From 7th day after 1st exposure through 21st day after last exposure
Active, draining skin lesions	Restrict from patient contact Restrict from contact with patients	Until cleared by medical evaluation Until lesions have resolved
Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the	


PRINCIPAL
Al-Badar Rural Dental College
& Hospital, KALABURAGI

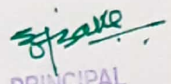


Al-Badar Educational & Charitable Trust's

AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore &
Recognized by Dental Council of India (New Delhi)

	organism	
Streptococcal infection - group A	Restrict from patient care contact with patient's or food handling	Until 24 hours after adequate treatment started
Tuberculosis Active disease	Exclude from duty	Until proved noninfectious
Post-exposure	Exclude from duty	From 10th day after 1st exposure through 21st day
Generalized or localized in immune-suppressed person	Restrict from patient contact	Until all lesions dry and crust
Viral respiratory infections	Consider excluding from the care of high risk acute febrile patients or contact with their environment during community outbreak of RSV and influenza	Until acute symptoms resolve


PRINCIPAL
Al-Badar Rural Dental College
& Hospital, KALABURAGI

Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.

Phone : 08472 - 227610, 220222 - Fax : 229687 | albadar_gib@yahoo.com