Hepatitis B Vaccination Policy and Mechanism

Policy updated - January 2022

Hepatitis B vaccination preventive immunization policy for students, teachers and hospital staff adopted by MNR Medical College Sangareddy, Telangana is as follows.

Hepatitis B Vaccination Policy

For Students:

- I. Hepatitis B Vaccine will be offered free of cost to all students.
- All students admitted in first year are recommended for Hepatitis B Vaccination.
- 3. Students and their Parent will sign consent form prior to vaccination.
- 4. Required infrastructure for HBV vaccination is available in MNR Hospital.
- 5. Students not previously vaccinated will be given three doses at 0, 1 and 6 month schedule.
- Students who are previously vaccinated within last 3 years will be given booster dose of Hepatitis B vaccine.

For Teaching and Non-teaching Staff:

- 1. Hepatitis vaccine will be offered to all the teachers and hospital staff at concessional rate by the institute.
- 2. At the time of recruitment all staff must declare HBV vaccination status.
- 3. If staff is not vaccinated then he/she will be advised to get HBV vaccination at the time of joining the institute.
- 4. Required infrastructure for HBV vaccination is available in MNR Hospital.
- 5. Teachers and hospital staff who are not vaccinated for HBV will be given 3 doses at O day, 1month and 6 months schedule
- 6. Teachers and hospital staff who were previously vaccinated within last 3 years will be given HBV booster dose.

PRINCIPAL HOSPITAL COLLEGE & HOS

Chairperson
Internal Quality Assurance (ell (IQAC)
MNR Medical College & Hospital

MNR Medical College and Hospital, Sangareddy, Telangana

MECHANISM/PROCESS OF HEPATITIS B VACCINATION

Planning of HBV Vaccination

Recommend HBV Vaccination to all students and staff

Document history of previous HBV Vaccination

Screening of students with HBsAg test kit and signing self

Declaration by staff if vaccinated previously

Listing of students and staff eligible for vaccination

Student and their parent/ Staff will sign consent form

HBV vaccination Infrastructure will be checked time to time by faculty incharge & Staff nurse

Vaccination of students and staff is done under supervision of faculty incharge who also

Monitor for any adverse event following vaccination.

Observe students & staff for half an hour & advise them to report any adverse event following HBV vaccination to the Pharmacovigilance all.

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Advise further doses as per the recommendations.

Record and maintain details in vaccination register

Internal Quality Assurance Cell (10AC)
MNR Medical College & Hospital

MNR MEDICAL COLLEGE AND HOSPITAL SANGAREEDY HBV VACCINE CONSENT FORM

Name of the Student/Staff:

DOB:

GENDER: M/F/TG

Address:

I request, consent and authorize MNR Medical College and Hospital to administer the Hepatitis B vaccine(s) to me or to my minor child or ward listed as student/staff onthis Form.

SCREENING QUESTIONNARE:

Have you ever had any allergic or adverse reaction to any vaccination? If Yes, please list	Yes	No
Are you currently taking any medications? If Yes, please list	Yes	No
Have you ever had an allergic reaction to any medication(s)? If Yes, please list	Yes	No
Have you ever had an allergic reaction to any food? If Yes, please list	Yes	No
5. Do you have an allergy to latex?	Yes	No
6. Have you ever had any other allergies or allergic reactions, in addition to those described above? If Yes, please list	Yes	No
7. Have you been sick or had a fever of 101° F or higher in the past 48 hours?	Yes	No
Have you had a seizure or other neurological problems?	Yes	No
9. Do you have (or there is a risk that you have) cancer, leukemia, HIV, AIDS, or any other immune system problem?	Yes	No
10. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?	Yes	No
11. During the past twelve months, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	Yes	No
12. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	Yes	No
13. Have you received any vaccinations in the past 4 weeks?	Yes	No

Signature of the Student/Staff: Signature of the students parent:

DATE:

Signature of In charge

Internal Quality Assurance Coll. (10.31)

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