

MRMCW/Policy/JAN-2018/20

Standard Operating Procedure (SOP) for Immunization of Medical Students, Faculty, and Healthcare Workers

1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to ensure the effective immunization of medical students, faculty, and healthcare workers in Malla Reddy Medical College for Women, thereby safeguarding them against vaccine-preventable diseases. This initiative aims to enhance the health and safety of all individuals working in a healthcare setting, reducing the risk of transmission of infectious diseases within the hospital environment.

2. Scope

This SOP applies to all medical students, faculty members, and healthcare workers (including nurses, doctors, support staff, and administrative staff) working at the hospital department. It outlines the procedures to be followed for immunization, monitoring, record-keeping, and reporting.

3. Responsibilities

- **Hospital Administration:** Ensure the availability of necessary vaccines, equipment, and trained personnel for vaccination.
- **Infection Control Committee:** Oversee the immunization program, ensure compliance, and maintain records.
- **Immunization Officer (or Designated Medical Officer):** Administer vaccines, monitor for any adverse reactions, and maintain proper records.
- **Healthcare Workers/Faculty/Students:** Adhere to immunization requirements and participate in the immunization program.

4. Immunization Requirements

- **Basic Immunization Schedule**
All medical students, faculty, and healthcare workers must complete the following immunizations prior to or during their induction into the hospital setting. These vaccines are recommended to prevent common infectious diseases transmitted in healthcare settings.
 1. **Hepatitis B Vaccine** (3-dose series)
 - Primary immunization for all healthcare workers.
 - Titer testing (anti-HBs) to ensure immunity.
 2. **Measles, Mumps, and Rubella (MMR) Vaccine**

- Required for those born after 1957 or who have not received two doses of MMR.
- 3. **Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine**
 - Every 10 years.
- 4. **Influenza (Flu) Vaccine**
 - Annually, particularly before the flu season.
- 5. **Varicella (Chickenpox) Vaccine**
 - For individuals who have not had chickenpox or received the vaccine.
- 6. **Polio Vaccine**
 - Ensure complete immunization with a primary series and, where necessary, booster doses.
- 7. **COVID-19 Vaccine**
 - Complete vaccination as per government guidelines and hospital protocols.
- 8. **Other vaccines (as required)**
 - Depending on local epidemiology and risk factors, additional vaccines such as Meningococcal, Typhoid, or others may be recommended.

5. Procedure for Immunization

1. Pre-Immunization Screening

- **Eligibility Check:** Medical students, faculty, and healthcare workers should provide a complete vaccination history.
- **Contraindications:** Individuals with known allergies to vaccine components or those with contraindications based on pre-existing medical conditions should consult with the Immunization Officer for advice.
- **Health Assessment:** Ensure a brief health assessment is conducted by the Immunization Officer to rule out current illness that might interfere with the vaccination process.

2. Vaccination Administration

- **Scheduling:** Vaccinations should be scheduled based on the availability of the vaccine and the healthcare worker's work schedule. Efforts should be made to minimize disruption to work and study hours.
- **Administration:** The immunization officer or designated healthcare provider will administer the vaccines according to the recommended schedule. All vaccines should be administered in compliance with standard immunization guidelines and in a clinical setting with the appropriate equipment.
- **Documentation:** Record the vaccine type, lot number, date of administration, and any side effects or reactions in the individual's immunization record.

3. Post-Immunization Monitoring

- **Observation:** Individuals should be observed for 15-30 minutes post-immunization for any immediate allergic reactions (e.g., anaphylaxis).
- **Adverse Events Reporting:** Any adverse effects, such as swelling, redness, or fever, should be reported to the Immunization Officer or attending healthcare provider for further action. Serious reactions must be reported to the Infection Control Committee and documented.

6. Record-Keeping

- Maintain individual immunization records for all students, faculty, and healthcare workers in the hospital department.
- Keep a centralized, confidential database with vaccine history, dates, and outcomes of immunization.
- Ensure timely updates and ensure that records are accessible for future reference, audits, or regulatory inspections.

7. Compliance and Monitoring

- **Immunization Status Review:** The Infection Control Committee will periodically review the immunization status of all healthcare workers, students, and faculty to ensure that vaccines are up to date.
- **Non-Compliance:** Any healthcare worker, student, or faculty member who has not received required vaccinations or is non-compliant without valid medical reasons will be excluded from direct patient care duties until compliance is achieved.

8. Education and Awareness

- Provide regular training sessions and educational materials to healthcare workers, students, and faculty about the importance of immunization, the diseases being prevented, and the role of immunization in maintaining a safe healthcare environment.
- Promote awareness through posters, emails, and seminars.

9. Emergency Protocols

- In case of a severe allergic reaction or anaphylaxis after vaccination, immediately initiate emergency medical protocols, including the administration of epinephrine, and transfer the individual to the emergency department for further evaluation and management.
- The hospital's emergency response team should be alerted, and the incident should be documented in the incident report

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Options for midcourse improvement claimed by the institution.

The options provided for Midcourse Improvement by MRMCW areas follows:

1. Timely administration of Continuous Internal assessment.

Prior to the start of the academic year, the internal assessments for every stage of medical education are prepared and posted for students' information on the web site and notice boards. This allows them enough time to be ready for the internal exams.

2. On time Assessment and Feed back

To prevent bias, answer sheets are assessed by all department faculty members according to the mark distribution. The mentors deliver the papers that have been examined in a time frame of 7 to 14 days. The mentors provide helpful criticism and suggestions for development.

3. Remedial / Makeup assignments and test.

For the slow learners, the mentors suggest assignments that take in to account the suggestions made for improvement in order to acquaint them with the material.

4. Remedial & supportive teaching

- a. Short tests.
 - b. Doubt clarification sessions.
 - c. Assignments based on reference books unlimited access to the library.
 - d. Training slow learners based on the university question bank.
 - e. Rapid revision of subjects towards the end of the academic year.
 - f. In collaboration with parents helping students to wards better academic performance
- Peer teaching system.
- g. Peer teaching system.
 - h. Model paper answer outline.
 - i. Hands on skill sessions.
 - j. Mentoring & counselling sessions.

