

Health Services in Charter Schools August 23, 2016

Required by statute, Title 20-A Section 2412

<http://legislature.maine.gov/legis/statutes/20-A/title20-Asec2412.html>

5. Applicability of other laws, rules and regulations. The applicability of other laws, rules and regulations to public charter schools is as set out in this subsection.

A. Public charter schools are **subject to the same civil rights and health and safety requirements applicable to other noncharter public schools in the State**, except as otherwise specifically provided in this chapter. [2011, c. 414, §5 (NEW).]

Those requirements include:

Title 20-A Chapter 223 – Health and Safety

Subchapter 1 – Student Health

Subchapter 2 - Immunizations

Subchapter 3 – School Health Services (including school nurse and school health advisor)

Subchapter 4 – Health Screenings

<http://legislature.maine.gov/legis/statutes/20-A/title20-Ach223sec0.html>

Department of Education Chapter Rules -

<http://www.maine.gov/sos/cec/rules/05/chaps05.htm>

Chapter 40 – Medication Administration

Chapter 45 – Health Screenings

Chapter 126/261 – Immunization

Title 20 – A Section 6403 Definition of school nurse – “To fulfill the role of school nurse, the school board shall appoint a registered professional nurse who meets any additional certification requirements established by the state board.”

<http://legislature.maine.gov/legis/statutes/20-A/title20-Asec6403-A.html>

DOE certification is 524 School Nurse -

<http://www.maine.gov/doe/cert/initial/requirements.html>

Role of the school nurse

- Assessment and follow-up of acute and chronic health issues*
- Screening
- General medication administration
- Immunization tracking • Communicable disease management for the school
- Health services policies
- Crisis management such as injury**
- Education of staff (e.g. train staff regarding student's health issues and educating staff on OSHA blood borne pathogen requirements)
- Coordination and collaboration with parents, community health providers, and others, relating to the above functions.

* In many schools, this function can prevent the accomplishment of other functions, due to the volume of acute and chronic health issues that the school nurse is responding to.

**This may vary depending upon what other health professionals are at the school (I.e. Nurse Practitioner) However, the SN is usually the first person called and is responsible for triage.

For more information, contact Nancy Dube RN MPH at 624-6688 or nancy.dube@maine.gov

Maine Revised Statutes

Title 20-A: EDUCATION

Part 3: ELEMENTARY AND SECONDARY EDUCATION

Chapter 223: HEALTH, NUTRITION AND SAFETY

Subchapter 3: SCHOOL HEALTH SERVICES

§6403-A. School nurse

Each school board shall appoint at least one school nurse for the school administrative unit. [1985, c. 258, §4 (NEW).]

1. Duties. The school nurse shall supervise and coordinate the health services and health-related activities required by this Title.

[1985, c. 258, §4 (NEW) .]

2. Other functions. The school nurse shall also perform such other health-related activities as are assigned by the school board.

[1985, c. 258, §4 (NEW) .]

3. Appointment. To fulfill the role of school nurse, the school board shall appoint a registered professional nurse who meets any additional certification requirements established by the state board.

[1985, c. 258, §4 (NEW) .]

4. Special contract for services. The school board may provide school nurse services through special agreements with a public health agency. All nurses who serve as school nurses under those agreements shall be registered professional nurses who meet applicable certification requirements.

[1985, c. 258, §4 (NEW) .]

5. Guidelines. The commissioner shall issue guidelines on the provision of school health services and health-related activities.

[1985, c. 258, §4 (NEW) .]

SECTION HISTORY

1985, c. 258, §4 (NEW).

The Revisor's Office cannot provide legal advice or interpretation of Maine law to the public.
If you need legal advice, please consult a qualified attorney.

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Maine Revised Statutes

Title 20-A: EDUCATION

Part 3: ELEMENTARY AND SECONDARY EDUCATION

Chapter 223: HEALTH, NUTRITION AND SAFETY

Subchapter 3: SCHOOL HEALTH SERVICES

§6402-A. School health advisor

Each school board shall appoint one or more physicians or family or pediatric nurse practitioners to act as school health advisor. [2013, c. 78, §1 (AMD).]

1. Duties. The school health advisor shall advise the administrative unit on school health issues, policies and practices and may also perform any other health-related functions assigned by the board.

[2013, c. 78, §1 (AMD) .]

2. Other functions. A school health advisor may perform other medical and health-related duties assigned by the school board, which may include all or some of the following:

A. Examine and diagnose students referred by teachers and other school employees to protect against the outbreak of contagious diseases in the schools; [1985, c. 258, §2 (NEW) .]

B. Examine students for participation in physical education and athletic activities; [1985, c. 258, §2 (NEW) .]

C. Advise and serve as medical consultant to the school nurse; or [1985, c. 258, §2 (NEW) .]

D. Examine school employees and property if the school health advisor believes it is necessary to protect the health of students. [2013, c. 78, §1 (AMD) .]

[2013, c. 78, §1 (AMD) .]

3. Prohibition. A school health advisor may not treat any student examined under this subchapter unless the school health advisor is also the student's personal health care provider. A school health advisor that advises a school board pursuant to subsection 1 or performs other functions under subsection 2 may not act outside the scope of practice of the physician or nurse practitioner who functions as a school health advisor as established by law or rule of the applicable licensing board.

[2013, c. 78, §1 (AMD) .]

4. Appointment. Appointment is on a yearly basis.

[2013, c. 78, §1 (AMD) .]

SECTION HISTORY

1985, c. 258, §2 (NEW). 2013, c. 78, §1 (AMD).

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Chapter 40: RULE FOR MEDICATION ADMINISTRATION IN MAINE SCHOOLS

SUMMARY: This rule provides directions to public and private schools approved pursuant to 20-A MRSA §2902 in the administration of medication to students during the students' attendance in school programs. It is to assist school administrative units in implementing the provision of the medication statute [20-MRSA §254(5)(A-C)] that provides direction for training of unlicensed school personnel in the administration of medication, and requires that students be allowed to carry and self-administer prescribed emergency medications; specifically, asthma inhalers or epinephrine auto-injectors with health care provider approval and school nurse assessment demonstrating competency.

1. Definitions

Administration: Administration means the provision of prescribed medication to a student according to the orders of a health care provider.

Allergen: An allergen is a substance that can cause an allergic reaction.

Anaphylaxis: Anaphylaxis is a severe, whole-body allergic reaction to a chemical that has become an allergen.

Asthma inhaler: An asthma inhaler is a device for the delivery of prescribed asthma medication which is inhaled. It includes metered dose inhalers, dry powder inhalers and nebulizers.

Health Care Provider: A health care provider is a medical/health practitioner who has a current license in the State of Maine with a scope of practice that includes prescribing medication.

Indirect Supervision: Indirect supervision means the supervision of an unlicensed school staff member when the school nurse or other health provider is not physically available on site but immediately available by telephone.

Medication: Medication means prescribed drugs and medical devices that are controlled by the U.S. Food and Drug Administration and are ordered by a health care provider. It includes over-the-counter medications prescribed through a standing order by the school health advisor or prescribed by the student's health care provider.

Medication Error: A medication error occurs when a medication is not administered as prescribed. This includes when the medication prescribed is not given to the correct student, at the correct time, in the dosage prescribed, by the correct route, or when the medication administered is not the correct medication.

Parent: Parent means a natural or adoptive parent, a guardian, or a person acting as a parent of a child with legal responsibility for the child's welfare.

School Health Advisor: School health advisor means a physician or family or pediatric nurse practitioner per §6402-A.

School Nurse: School nurse means a registered professional nurse with Maine Department of Education certification for school nursing.

Self-Administration: Self-administration is when the student administers medication independently to him or her self under indirect supervision of the school nurse.

Training for Unlicensed School Personnel: Training for unlicensed school personnel means the organized and systematic education of unlicensed school personnel who will administer medications to students.

Unlicensed School Personnel: Unlicensed school personnel are persons who do not have a professional license that allows them, within the scope of that license, to administer medication.

2. ADMINISTERING MEDICATIONS IN A SCHOOL SETTING.

- A. The school nurse will provide direction and oversight for the administration of medication in the school.
- B. School nurses are responsible for their own actions in the administration of medication. It is the school nurse's responsibility to clarify any medication order which he or she believes to be inappropriate or ambiguous. The school nurse has the right and responsibility to decline to administer a medication if he/she believes it jeopardizes student safety. In this case, the nurse must notify the parent, the student's health care provider and the school administrator.
- C. Any public or private school approved pursuant to 20-A MRSA §2902 shall have a written, local policy for administering medication. The policy must include the following:
 - i. All unlicensed school personnel who administer medication must be trained before receiving authorization to do so.
 - ii. Before medication is administered to a student there must be:
 1. A current written request from the parent for any medication administered to a student during school or a school sponsored event.
 2. A current written order from the prescribing health care provider for any medication administered at school. The order must include the student's name, the name of the medication, the dose, the route of administration, time intervals to be given, any special instructions, and the name of the prescribing licensed health care provider. A medication label that provides sufficient information may be used in lieu of a written order unless the medication is to be administered for more than 15 consecutive days.
 3. Written parental permission forms and physician orders must be renewed at least annually. Physician orders must be renewed if there are changes in the order.

- iii. It is recommended that the first dose of a newly prescribed medication be given at home. The exception will be the use of epinephrine autoinjector for an unknown anaphylaxis.
 - iv. The medication must be delivered to school in its original container, properly labeled.
 - v. Students may possess and self-administer emergency medication of an inhaled asthma medication or an epinephrine auto-injector under the following conditions:
 - 1. Written approval is received from the student's health care provider stating that the student has the knowledge and skills to safely possess and use an inhaled asthma medication or an epinephrine auto-injector. The Maine School Asthma Plan is preferred for students who have been prescribed an asthma inhaler.
 - 2. Written approval is received from the parent indicating that his/her child may carry and self-administer the medication.
 - 3. The student demonstrates to the school nurse their ability to properly and responsibly carry and use the inhaled asthma medication or epinephrine auto-injector.
- D. Procedures/protocols for medication administration (when not included in the school's policy) must be developed for:
- i. How medications are to be safely transported to and from school.
 - ii. Medication administered on field trips and other off campus activities that is in compliance with the Department of Education's Procedure for Medication Administration on Field Trips.
 - iii. Accountability of medications, particularly those regulated by the Federal Narcotics Act.
 - iv. The proper storage of medication at school.
 - v. The training of appropriate staff on administration of emergency medications including the detailed standards for the signs and symptoms of anaphylaxis and the use of epinephrine autoinjector for previously unknown severe allergies.
 - vi. The procedure to use should a medication reaction occur.
 - vii. Access to medications in case of a disaster.
 - viii. The process for documenting medications given and medication errors.
 - ix. The proper disposal of medications not retrieved by the parents.

- E. Within school administrative units or approved private schools personnel shall follow the guidelines for the stocking and administration of epinephrine autoinjectors pursuant to 20-A MRSA §6305 (1-9).

3. REQUIRED TRAINING OF UNLICENSED SCHOOL PERSONNEL TO ADMINISTER MEDICATION.

- A. Any unlicensed school personnel who administer medication to a student in a school setting must be trained in the administration of medication before being authorized to carry out this responsibility. Following the initial training, a training review and information update must be held at least annually for those staff members authorized to administer medications.
- B. The training must be provided by a registered professional nurse or physician.
- C. The training on administration of medication must include the following components:
 - i. Current laws and school policies related to medication administration,
 - ii. Resources available to staff regarding medication administration,
 - iii. Basic anatomy of routes of medication (ex. gastro-intestinal route, lung, ear, eye, and nose),
 - iv. Basic classification of medications,
 - v. Common medications with side effects,
 - vi. How to read a medication label,
 - vii. How to document medications administered and medication errors,
 - viii. The five rights of medication administration (right student, right medication, right dose, right time, and right route),
 - ix. Procedure/protocols for administering medication(s),
 - x. Signs and symptoms of anaphylaxis,
 - xi. Signs and symptoms of adverse effects,
 - xii. Responding to emergencies,
 - xiii. Working with parents, and
 - xiv. Protecting the confidentiality of student health information.
- D. The trainer shall document the training and the competency of school personnel trained. Based upon the documentation of training and competency of unlicensed personnel to

administer medication, the school nurse shall make a recommendation to the Superintendent concerning the authorization of such persons to administer medication to students.

- E. School personnel trained in the administration of fluoride as part of the Oral Health Program in the Bureau of Health, are exempt from this rule for the administration of fluoride.

4. REPORTING

- A. Each school administrative unit and approved private school is encouraged to submit to the Department of Education , on a form developed by the Department, a report of each incident in the school administrative unit or the approved private school or at a school event involving a severe allergic reaction or the administration of an epinephrine autoinjector; and
 - B. Each school administrative unit and approved private school shall provide an annual report to the Department of Education summarizing and analyzing all the incident reports.
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STATUTORY AUTHORITY:

20-A M.R.S.A. §254(5)(A-C); Resolve 2005 ch. 11; PL 2013 ch. 526

EFFECTIVE DATE:

June 24, 2005 – filing 2005-186 (Final adoption, major substantive)

NON-SUBSTANTIVE CORRECTIONS:

February 1, 2007

AMENDED:

May 11, 2016 – filing 2016-061 (Final adoption, major substantive)

Chapter 45: RULE FOR VISION AND HEARING SCREENING IN MAINE PUBLIC SCHOOLS

SUMMARY: This rule provides directions to public and private schools approved pursuant to 20-A MRSA Chapter 2902 in health screening of students. It is to assist school administrative units in implementing the provision of the health screening statute [20-MRSA §6451- §6455] that requires periodic health screening to identify students that may have a health defect.

1. Definitions

Binocular vision: Binocular vision, also referred to as muscle balance, means the ability of the eyes to function together. Screening for muscle balance is intended to identify students with a binocular disorder.

Distance Vision: Distance vision means the ability to adequately see objects at a distance. Screening for distance vision is intended to identify students with myopia, a refractive error in which light rays converge before they reach the retina.

Eye Specialist: An eye specialist is a health care provider specializing in diagnosing and treating vision problems and/or diseases of the eye. Eye specialists include optometrists and ophthalmologists.

Health Care Provider: A health care provider is a medical/health practitioner who has a current license in the State of Maine with a scope of practice that includes assessment, diagnosis and treatment of health disorders. Health care providers include physicians, physician's assistants and advance nurse practitioners.

Near Vision: Near vision means the ability to adequately see objects near, such as when reading. Screening for near vision is intended to identify students with hyperopia, a refractive error in which light rays have not converged before reaching the retina.

Optotypes: An optotype is a focal image or target on a screening tool used to determine visual acuity.

Parent: Parent means a natural or adoptive parent, a guardian, or a person acting as a parent of a child with legal responsibility for the child's welfare.

Puretone Audiometer: A puretone audiometer is a machine designed to screen for hearing loss. A variety of frequencies (Hz) audible to the human ear are played in each ear at a defined decibel (dB).

Referral: Referral means the submission of a written form from school directing the parent to bring their child to a health professional for an evaluation of the potential health problem.

School Nurse: School nurse means a registered professional nurse with Maine Department of Education certification for school nursing.

Screening: Screening means a process of identifying students with a possible health problem in order to facilitate early intervention or treatment.

2. School Nurse Responsibility

- A. The school nurse will provide direction and oversight for the health screening program in the school. All children must receive a hearing, vision, and health screening upon entry to the public preschool program. The health screening must include information pertaining to oral health and lead poisoning awareness. If hearing, vision, and health screening has been done in the public preschool, the screenings do not have to be redone in kindergarten, unless there is a concern.

3. Vision Screening

- A. Any public or private school approved pursuant to 20-A MRSA §2902 shall screen students for vision as follows:
- i. Distance vision acuity will be screened in public preschool, kindergarten and grades, 1, 3, 5, 7, and 9.
 - a. The screening tools recommended for kindergarten students unable to read distance acuity chart are:
 - i. HOTV chart
 - ii. Tumbling E chart
 - iii. Lea Symbols chart
 - iv. Public preschool observational chart
 - b. Public preschool and kindergarten students must read the majority of optotypes at line 20/40 to pass. Student will be considered to fail the screening if they are unable to read the majority of optotypes at line 20/40 or if they have a two line difference between the right and left eyes. If using screening tools other than those above, the equipment manufacturer's specifications will determine screening failure.
 - c. Screening tools recommended for students in grades 1 and above are:
 - i. Sloan letter chart (illuminated preferred)
 - ii. Snellen letter chart
 - iii. HOTV or tumbling E if unable to test with Sloan or Snellen
 - d. Students in grades 1 and above must read the majority of optotypes at line 20/30 to pass. Students will be considered to fail the screening if they are unable to read the majority of optotypes at line 20/30 or if they

have a two line difference between the left and right eyes. If using screening tools other than those above, the equipment manufacturer's specifications will determine screening failure.

- ii. Near vision will be screened in grade 1 and 3. It is recommended that public preschool and kindergarten students and students in grade 5 also be screened.
 - a. Screening tools recommended are:
 - i. Near vision acuity card
 - b. The same criteria used for distance vision, will be used to determine screening failure for near vision acuity cards.
- iii. Binocular vision will be screened in grade 1 and 3. It is recommended that public preschool and kindergarten students also be screened.
 - a. Screening tools recommended are:
 - i. Random dot E
 - ii. Maddox Rod muscle balance card
 - b. Students considered to fail the screening will be determined by equipment manufacturer's specifications.
- iv. For those students with glasses, screening should occur with student wearing glasses.
- v. Students who fail the vision screening will be referred to their parents and provided with a referral form to bring to their health care provider or eye specialist.

4. Hearing Screening

- A. Any public or private school approved pursuant to 20-A MRSA §2902 shall screen students for hearing as follows:
 - i. Hearing screening will be conducted in public preschool programs, kindergarten and grades 1, 3, and 5. It is recommended that students in grade 7 also be screened.
 - ii. A pure tone audiometer will be used to screen hearing. Observational checklist will be used for public preschool.
 - a. Students will be screened in both ears at 25dB with a sweep check at 1000 Hz, 2000 Hz, and 4000 Hz. It is recommended that students also be screened at 6000 or 8000 Hz.
 - b. It is recommended that a hearing rescreen occur in 2 – 4 weeks for students who fail.

- c. A student will be considered to fail when the student is unable to hear all frequencies in both ears.
- d. Students who fail the hearing screening at 1000 Hz, 2000 HZ, or 4000 Hz will be referred to their parents and provided with a referral form to bring to their health care provider.
- e. Students who fail the hearing screening at 6000 or 8000 Hz will be referred to their parents and provided information on how to avoid further high frequency hearing loss. Parents will be encouraged to inform the student's health care provider of the high frequency hearing loss.

5. **Other**

- A. A student whose parent objects in writing to screening on religious grounds shall not be screened unless a sight or hearing defect is reasonably apparent.
- B. It is recommended that health screening occur early in the school year. Pre-K screening must be completed within thirty (30) days of the start of school.
- C. Health screening of students outside the grade level required for screening should occur upon referral from teachers or with presentation of signs or symptoms of a problem.
- D. Students transferring to the school without record of previous screening should be screened.
- E. When a trained, unlicensed individual conducts the initial screening, rescreening of failures must be conducted by the school nurse before a referral is made.
- F. The school nurse shall follow-up with the parents of students referred to their health provider to determine the disposition of the referral.
- G. An annual report will be made to the Maine Department of Education on the results of health screenings to include the number of students screened by type of health screening, the number of student referred, and the number of referrals returned by disposition.
- H. Public preschool screening must include lead and oral health screening resources for parents.

STATUTORY AUTHORITY: 20-A M.R.S.A. §6451

EFFECTIVE DATE:

April 1, 2006 – filing 2006-136

AMENDED:

December 13, 2015 – filing 2015-243

05-071 DEPARTMENT OF EDUCATION

Chapter 126: IMMUNIZATION REQUIREMENTS FOR SCHOOL CHILDREN

A joint rule with

10-144 DEPARTMENT OF HUMAN SERVICES, BUREAU OF HEALTH

Chapter 261: IMMUNIZATION REQUIREMENTS FOR SCHOOL CHILDREN

SUMMARY: This rule is issued jointly by the Commissioner of Education and the Bureau of Health, Department of Human Services, to implement the provisions of the School Immunization Law (20-A MRSA §§ 6352-6358). It prescribes the dosage for required immunizations and defines record-keeping and reporting requirements for school officials.

1. DEFINITIONS

The definitions in this rule are those adopted in the School Immunization Law and include the following:

Certificate of Immunization. "Certificate of immunization" means a written statement from a physician, nurse or public health official who has administered an immunizing agent to a child, specifying that the required dosage was administered and the month, day and year in which it was administered.

Children Entering School / School Enterers. "Children entering school / school enterers" means any child who will be entering a school for the first time via kindergarten enrollment, transfer from one school to another, or otherwise enrolls in a school for the first time.

Disease. "Disease" means diphtheria, varicella (chickenpox), measles, mumps, pertussis, poliomyelitis, rubella and tetanus.

Immunizing agent. "Immunizing agent" means a vaccine, toxoid or other substance used to increase an individual's immunity to disease.

Parent. "Parent" means a child's parent, legal guardian or custodian. A person shall be regarded as a child's custodian if that person is an adult and has assumed legal charge and care of the child.

Public health official. "Public health official" means the Director of the Bureau of Health, or any designated employee or agent of the Department of Human Services.

School. "School" means any public and private elementary and secondary school and special education facility which operates for children of compulsory school age.

Student Health Record. "Student Health Record" means documentation of health information and school nursing services provided to individual students including, but not limited to, immunizations, health screening, health assessment, and nursing care plans as needed.

Superintendent. "Superintendent" means the superintendent of a school administrative unit or his designee, or the chief administrative officer of a private school.

2. IMMUNIZATION REQUIRED

A. Parental Responsibility

Except as otherwise provided by law, every parent shall cause to be administered to his child the required dosage of an immunizing agent against each disease.

B. Superintendents' Responsibility

No superintendent may permit any student to be enrolled in or to attend school without a certificate of immunization for each disease or other acceptable evidence of required immunization or immunity against the disease.

3. EXCEPTIONS

A. Enrollment Without Immunization Information

A child who does not meet the immunization/immunity requirements may be enrolled in school under the following circumstances:

1. The parent provides the school with a written assurance that the child will be immunized by private effort within ninety days of enrolling (officially registering) in school or first attendance in school classes, whichever date is the earliest.

The granting of this 90 day period is a one-time provision. A child transferring from one school to another within the state may not be granted a second 90-day period, however, a period of 21 calendar days may be granted to allow for the transfer of health records from one school to another.

2. The parent grants written consent for the child's immunization by a public health officer, physician, nurse or other authorized person in their employ, or acting as an agent of the school, where such immunization programs are in effect.
3. The parent (or child) presents to the school each year a physician's written statement that immunization against one or more of the diseases may be medically inadvisable.
4. The parent states in writing each year an opposition to immunization because of a sincere religious belief or for philosophical reasons.

B. Medical Exemptions

The following are medical contraindications for which medical exemptions may be certified by a physician for immunizations required by 20-A MRSA §§ 6352-6358:

Pertussis vaccine: 1) fever greater than or equal to 40.5 C (105 F); collapse or shocklike state (hypotonic-hyporesponsive episode), or persistent, inconsolable crying lasting three or more hours within 48 hours of receiving a prior dose of pertussis vaccine; 2) seizures occurring within 3 days of receiving a prior dose of pertussis vaccine; 3) encephalopathy within 7 days of administration of a previous dose of pertussis vaccine; 4) anaphylactic reaction to pertussis vaccine or a vaccine constituent; or 5) the student has reached the seventh birthday.

Diphtheria or tetanus toxoid: 1) anaphylactic reaction to diphtheria or tetanus toxoids or a toxoid constituent.

Measles or mumps vaccine: 1) pregnancy; 2) known altered immunodeficiency (hematologic and solid tumors; congenital immunodeficiency; and long-term immunosuppressive therapy); 3) anaphylactic reactions to egg ingestion or to neomycin; 4) anaphylactic reaction to measles or mumps vaccine or a vaccine constituent.

Rubella vaccine: 1) pregnancy; 2) known altered immunodeficiency (hematologic and solid tumors; congenital immunodeficiency; and long-term immunosuppressive therapy); 3) anaphylactic reactions to neomycin; 4) anaphylactic reaction to rubella vaccine or a vaccine constituent.

Live polio vaccine: 1) known altered immunodeficiency (hematologic and solid tumors; congenital immunodeficiency; long-term immunosuppressive therapy); other immunodeficient condition; 2) immunodeficient household contact; 3) anaphylactic reaction to polio vaccine or a vaccine constituent.

or

Inactivated polio vaccine: 1) anaphylactic reactions to neomycin or streptomycin;
2) anaphylactic reaction to polio vaccine or a vaccine constituent.

Varicella: 1) pregnancy; 2) immunosuppression; 3) anaphylactic reaction to a
vaccine component ; 4) recent recipient of antibody-containing blood product.

4. CERTIFICATE OF IMMUNIZATION; EVIDENCE OF IMMUNITY

A. Certificate of Immunization

To demonstrate adequate immunization against each disease, a child shall present the school with a Certificate of Immunization from a physician, nurse or public health official who has administered the immunizing agent(s) to the child. The certificate shall specify the immunizing agent, the dosage administered and the date(s) on which it was administered.

B. Proof of Immunity

The child shall present the school with laboratory evidence demonstrating immunity or reliable documented history provided by a physician or other primary care provider.

5. IMMUNIZATION DOSAGE

The following schedule is the schedule of minimum requirements for immunizing agents administered to children entering school.

Diphtheria/Pertussis/Tetanus: Five doses of any DTP containing vaccine or DT (pediatric). If the fourth dose was administered on or after the fourth birthday, then only four doses are required. The first dose must be administered at least 6 weeks after birth. The first three doses must be given at least 4 weeks apart and the fourth dose must be given at least 6 months after the third dose.

Td (Adult) may be substituted for DTP containing vaccine for non-immunized or incompletely immunized students who have reached the seventh birthday. If administering Td (Adult) vaccine, only 3 doses are required, with the first two doses given at least 4 weeks apart and the third dose given 6 months after the second.

Measles/Mumps/Rubella: All students in grades kindergarten - 12 shall be immunized against measles, mumps, and rubella with 2 doses of MMR vaccine, provided the first

dose is administered no sooner than 12 months of age and at least 4 weeks separate the 2 doses.

Poliomyelitis: Four doses of oral polio vaccine. The first dose of OPV must be administered at least 6 weeks after birth, with subsequent doses given at least 4 weeks apart. The fourth dose is not needed if the third dose is given on or after the 4th birthday.

or

Four doses of inactivated polio vaccine. The first dose of IPV must be administered at least 6 weeks after birth, with subsequent doses given at least 4 weeks apart. The fourth dose is not needed if the third dose is given on or after the 4th birthday. An all-IPV schedule is the preferred schedule for routine polio vaccination, including children who began the series with OPV. If a child receives both types of vaccine, four doses of any combination of IPV or OPV by 4-6 years of age is considered a complete polio vaccination series.

Varicella: Effective for the start of school year 2003, 1 dose of varicella vaccine is required for children entering kindergarten and 1st grade, with implementation of additional grades to occur as follows:

- a) Start of school year 2003 – Kindergarten (K) and 1st grade (K-1)
- b) Start of school year 2004 – K-2 and grade 9
- c) Start of school year 2005 – K-3 and 6, 9 and 10
- d) Start of school year 2006 – K-4 and 6, 7, 9, 10 and 11
- e) Start of school year 2007 – K-12

Children age 13 and over with no reliable history of chickenpox or vaccination should receive 2 doses of varicella given at least 4 weeks apart.

Any such immunizing agent must meet the standards for such biological products as are approved by the United States Public Health Service.

6. EXCLUSION FROM SCHOOL

A. Exclusion by Order of Public Health Official

A child not immunized or immune from a disease shall be excluded from school and school activities when in the opinion of a public health official the child's continued presence in school poses a clear danger to the health of others. The superintendent shall exclude the child from school and school activities during the period of danger or until the child is immunized.

The following periods are defined as the "period of danger:"

Measles: 15 days (one incubation period) from the onset of symptoms of the last identified case.

Rubella: 23 days (one incubation period) from the onset of symptoms of the last identified case.

Mumps: 18 days (one incubation period) from the onset of symptoms of the last identified case.

Varicella: 16 days (one incubation period) from the onset of symptoms of the last identified case. (The 16-day exclusion will not take effect until the start of school year 2007 when all students K-12 are required to be immunized against varicella as indicated under Section 5 of this rule.)

B. Exclusion by Order of Superintendent

A superintendent shall also exclude from schools and school activities any child on account of filth or communicable disease, in accordance with 20-A MRSA §6301. The superintendent shall also exclude from public school any child or employee who has contracted or has been exposed to a communicable disease as directed by a public health official or as recommended by the school physician.

C. Requirement for Educational Arrangements

For any child so excluded from school for more than 10 days, the superintendent must make arrangements to meet his educational needs.

This section does not require the provision of off-site classes or tutoring. Instead, the child's educational needs may be met by making arrangements for the delivery of school assignments, correction of papers, and similar activities which can be accomplished at home. Any child who is unable to take examinations during this period shall be afforded the opportunity to make up the examinations, similar to arrangements made for children who have other excused absences.

7. RECORDS AND RECORD-KEEPING

A. Designated Record Keeping

The school nurse (or head school nurse) in each school unit or private school shall be responsible for the maintenance of immunization records. If no school nurse has been employed, the superintendent shall designate another responsible person.

If immunization and school health records are maintained in individual school buildings, a designated person in each building shall have responsibility for supervision of the records.

B. Individual Health Records

Each school/unit shall adopt a uniform student health record for maintaining information regarding the health status of each child as defined under Section 1.

The immunization status of each student regarding each disease shall be noted on the child's individual student health record. These records are confidential, except that state and local health personnel shall have access to them in connection with ensuring compliance with these regulations or an emergency, as provided by the United States Family Educational Rights and Privacy Act of 1974, 20 U.S.C. §1232g(b)(1) and the regulations adopted under that act.

Where an exemption has been granted for sincere religious or philosophical reasons, the parent's written request for exemption must be on file with the school health record and updated annually.

C. List of Non-Immunized Children

The designated record keeper in each school unit or school shall keep a listing of the names of all children within the school unit or school who are not currently immunized against each disease. This list shall include the names of all students with authorized exemptions from immunization as well as any who might not be in compliance with the law. The purpose of the list is to provide an efficient referral to non-immunized children in time of disease outbreaks.

A child who has not received all the required doses of vaccine shall not be permitted to attend school beyond the first day without a statement, which indicates the child will be immunized by private effort within ninety days (or the parent grants written consent for the child's immunization by a public health officer, physician, nurse or other authorized person acting as an agent of the school), unless the parent is claiming an exemption due to a sincere religious

belief or for philosophical reasons, or the school is presented with a medical exemption signed by the child's physician.

8. REQUIRED REPORTS

A. Superintendent's Responsibility

The superintendent is responsible for submitting a summary report regarding the immunization status of students within his or her jurisdiction by December 15 of each year, on a prescribed form, to the Director of the Bureau of Health and the Commissioner of Education.

B. Summary Report

The summary report will include the following information at a minimum: specific information identifying the school, the superintendent; the total student enrollment, the number of new students identified by vaccine type, as either immunized, exempt or out of compliance, and the number of students who are previously enrolled and unimmunized. The summary report will be constructed so as to reflect meaningful data by grade groupings, but with kindergarten treated separately. Each report shall be signed by the school superintendent as a certification that the information is accurate and complete.

The Bureau of Health will from time to time select a small sample of student health records for the purpose of comparing reported results against the criteria delineated in these rules. The results of this sample survey will be shared with school superintendents for the purpose of identifying problem areas that may be occurring in the completion of their school health records. Individual students will not be identified by name.

Additional requirements regarding the immunization of children or employees of any school may be adopted by ordinance of the municipality, regulation of school board policy or policy of a private school's governing board.

STATUTORY AUTHORITY: 20-A MRSA §6352-6358

EFFECTIVE DATE:

April 26, 1981 - as "Health and Safety Standards"

REPEALED AND REPLACED:

May 29, 1985 - as "Immunization Requirements for School Children"

EFFECTIVE DATE (ELECTRONIC CONVERSION):

May 19, 1996

(APA Office Note: the Department of Human Services amended its version, 10-144 CMR Ch. 261, effective July 14, 1996, but the Department of Education did not simultaneously revise Ch. 126.)

NON-SUBSTANTIVE CORRECTIONS:

January 15, 2002 - minor formatting, history notes

AMENDED:

June 20, 2002 - major substantive

NON-SUBSTANTIVE CORRECTIONS:

June 6, 2002 - minor formatting and minor corrections based on a clean copy filed with the June 20 filing

