New York State Education Department

IMMUNIZATION GUIDELINES FOR SCHOOLS

2014

The Regents of the University of the State of New York
Office of Student Support Services

THE UNIVERSITY OF THE STATE OF NEW YORK

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FOREWORD

Immunization Guidelines for Schools provides local educational agencies with a framework for developing policy and procedures that meet the immunization requirements for school attendance as defined in state law and regulation. The document explains the purpose of immunization policy and procedures in schools, and provides guidelines for developing an effective program including planning, implementation, and follow-up procedures. This document is intended for use by administrators and school health personnel. Every attempt has been made to ensure that the information and resources contained in this document reflect best practice in the field of school nursing. Local educational agencies (LEAs) should review these guidelines with their counsel as necessary, to incorporate the guidance with district policy.

ACKNOWLEDGEMENTS

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INTRODUCTION

In the early 1900's, communicable disease control was the primary reason for the establishment of school health services. There has been a decline in communicable diseases over the past fifty years due to the widespread use of immunizations (also known as vaccines) against many diseases. However, with this success has come complacency and fear regarding vaccines. Vaccine preventable diseases (e.g., diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, *Haemophilus influenzae* type b, hepatitis B, varicella, pneumococcal and meningococcal disease and others) still occur among students who are either under immunized or lack any immunizations. The development of an effective communicable disease control program remains a primary responsibility public health authorities. Schools assist in this effort by ensuring students meet immunization requirements as defined in Public Health Law. This document has been developed to provide schools with guidance for implementing an effective school immunization program. It is intended for use in all school settings, both public and non-public.

LEGISLATIVE BACKGROUND

Immunization requirements are based on both Education Law and Public Health Law. Immunization requirements apply to all schools (public, charter, BOCES, and non-public) in the State.

Education Law Article 19 governs school health services and includes: §906 - Existence of Contagious Diseases; Return after illness, and §914 - Immunization of Children. The Regulations of the Commissioner of Education, 8NYCRR §136.3, provide more detail on the school health services program and each of its specific components, inclusive of the responsibility of the trustees and boards of education to require that every student entering or attending school provide proof of immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, *Haemophilus influenzae* type b (Hib) and hepatitis B in accordance with the provisions of Public Health Law §2164.

Public Health Law 2164 and the regulations of the Commissioner of Health 10 NYCRR §66-1, define immunization program requirements for day cares, nursery schools, and pre-K-12 schools.

DEFINITION OF TERMS

Acceptable proof (a.k.a. proof of compliance)- Documents indicating the required receipt of all vaccines such as: an original signed certificate of immunization, a New York State Immunization Information System (NYSIIS); or New York Citywide Immunization Registry (CIR) immunization record; immunization records from a previous school; an out of state immunization registry specifying the dates and products administered, serologic proof of immunity for specific diseases(10NYCRR 66-1.5); an electronic health record, and/or an official record from a foreign nation may be accepted without a health practitioner's signature; or a physician, physician assistant, or nurse practitioner diagnosed history of varicella. [10NYCRR 66-1.3(a)]

Certificate of Immunization - a document prepared by the health practitioner who administers the immunizations to the student, specifying the product(s) administered and the dates of administration. It may also show verification of history of physician, nurse practitioner, or physician assistant diagnosed varicella, and/or serological evidence of immunity to measles, mumps, rubella, varicella, hepatitis B, and poliomyelitis. The certificate must be signed by the health practitioner who administered the immunization. (10NYCRR 66-1.6)

Contraindication - Any medical condition or circumstance as determined by a physician licensed to practice in New York State, certifying that an individual's health history or current health status would make it detrimental to immunize the individual with a particular vaccine(s).

Cumulative Health Record (CHR) - Health record maintained by a pre K-12 school, and is considered part of the educational record.

Diagnosed Disease – Verification of history of varicella diagnosed by a physician, nurse practitioner, or physician assistant.

Entering school, new entrants, and transferring student - Any student entering or being admitted to a district or school for the first time, irrespective of the age of the student or the grade level entered, including students who transfer from one school district to another.

Exclusion - The process whereby students are not permitted to attend school due to not meeting the immunization requirements as determined by school principal, teacher, owner, or person in charge of the school. This includes the exclusion of susceptible students in the event of a vaccine preventable disease outbreak as ordered by the Commissioner of Health or his/her designee.

Fully immunized - Any student who has had all of the doses of each of the vaccines for their age as currently required in 10NYCRR 66-1.1(f).

Health practitioner - person authorized by law to administer an immunization to a child under 18. This includes a physician, nurse practitioner, physician assistant, nurse-midwife caring for a pregnant student, registered professional nurse (RN), and licensed practical nurse (LPN) under the direction of an RN.[10NYCRR 66-1.1(e)]

Immunity- For measles, mumps, rubella, hepatitis B, and all 3 serotypes of poliomyelitis found in the polio vaccines [polio virus type 1 (PV1), type 2 (PV2), and type 3 (PV3)], a child has had a positive serologic test, as defined in 10 NYCRR 66-1.1 (h). For varicella, a child has either had a positive serologic test, as defined in 10 NYCRR 66-1.1 (h), or had the disease as verified by a physician, nurse practitioner, or physician's assistant statement.

Immunization Registry - The New York State Immunization Information System (NYSIIS), a statewide automated and electronic immunization program that combines immunization information from different sources into a single record and provides official immunization records for school. In New York City it is the Citywide Immunization Registry (CIR).

Immunization survey process - The collection, compilation and reporting to DOH of immunization data for all students entering and/or attending schools in New York State.

Immunizing agents - Vaccines which are administered for the purpose of immunizing an individual against vaccine preventable diseases.

In process – A student who is not up to date on immunizations for their age according to ACIP recommendations. Such a student must not be excluded if they have received at least the first dose in each immunization series required by PHL § 2164 and has age appropriate appointments to complete the immunization series, according to the catch up schedule required in 10 NYCRR 66-1.1(f)(2); or is obtaining serological tests within 30 days of notification to the parent/guardian of the need for such tests. [10NYCRR 66-1.1(j)] If a child is obtaining serologic tests, he/she has a total of 30 days to provide test results and if necessary (based on negative test results), appointment dates to begin or complete the vaccine series.

Medical exemption - A health reason/condition for not immunizing a student with one or more of the vaccines as certified by a physician. The written exemption must be renewed annually and specify the valid medical contraindication, the vaccine(s), the length of the time the vaccine(s) are medically contraindicated, and must be signed by a physician licensed to practice in New York State.[10NYCRR 66-1.3(c)]

Non-immunized student - A student who has none of the required immunizations.

Partially immunized - Any student who has completed some but not all of the currently required doses of a series, and does not have serological evidence of immunity, or history of medical provider diagnosed varicella.

Religious Exemption - Immunizations will not be required where a parent, or person in parental relation to the student, objects to the immunization(s) on the grounds that the immunization(s) conflicts with their genuine and sincere religious beliefs. A written and signed statement from the parent or person in parental relation to the student that they hold such beliefs must be submitted to the principal or the principal's designee. The principal or principal's designee may require supporting documents.[10 NYCRR 66-1.3(d)]

School - Includes any public or non-public school: pre-Kindergarten, Kindergarten, elementary, intermediate or secondary school.[10NYCRR 66-1.1(a)]

Serologic test for immunity- a blood test that measures Immunoglobulin G (IgG)antibody against a recognized vaccine protective antigen(for example anti-measles IgG antibody), or anti-HBs test for hepatitis B antibody. Serology results reported as equivocal are not acceptable proof of immunity. [10NYCRR 66-1.1(h)] Acceptable evidence of such immunity is a copy of the original laboratory report demonstrating positive IgG antibody concentrations, or a signed note from a health care provider that indicates antibody concentrations are positive. (10NYCRR 66-1.6)

Susceptible student - A student who is either not immunized, or is partially immunized. This includes those students who have medical or religious exemptions, or those students who are in process.

Vaccine - A specially prepared antigen, which upon administration to a person, will result in immunity.

SCHOOL IMMUNIZATION PROGRAM

Elements of a School Immunization Policy

All schools in the state; public, BOCES, charter, and non-public; are required to adhere to state laws regarding the immunization. Each district's board of education and administration, or the school's governing body is responsible for their school immunization program. The immunization program should be a part of the school's total plan for the control of communicable disease. The goal of a school immunization program should be to have all students adequately immunized unless they have been exempted for medical or religious reasons. [Public Health Law §2164, 10NYCRR 66-1.3(c)(d)].

An effective immunization program requires planning, implementation, enforcement and evaluation. Planning for the program should be the joint collaboration of school administrators and school health service personnel.

The planning process should include, but is not limited to:

- Development of a written immunization policy and procedures to guide the program and staff, consistent with state and federal laws. The procedures should be detailed to ensure consistency of practice within the district;
- Identification of staff member's roles and responsibilities;
- Identification of professional development and education needs of staff; and
- Policy and procedures should be evaluated, reviewed, and revised periodically at a rate necessary to keep them up-to-date with current best practice.

Implementation of the program should include:

- Education of students, parents, and the community; and
- Collection of appropriate resource materials (including materials in languages other than English).

Implementation of the program must include:

- Review of immunization records of all entrants, and reporting annually to DOH(10NYCRR 66-1.7, Education Law Article 19 §914);

- Identification and maintenance of a list of susceptible students [10NYCRR 66-1.10(c)];

- Accurate recordkeeping of each student's immunization status along with supporting original documentation in the student's cumulative health record (CHR);

- Identification of students who lack required immunization(s), and exclusion of students who fail to meet requirements within 14 days of attendance (calendar days), which may be extended to 30 days for students transferring from out of state or from another country and can show a good faith effort to get the necessary evidence of immunization (10NYCRR 66-1.4); and

- Referral of students lacking required immunizations to their medical provider or the local DOH to obtain the required immunization(s), and notify the local health department of the name and address of the excluded student and the immunizations he/she lacks (10NYCRR 66-1.8).

The following pages provide detailed information to assist schools and districts in developing immunization policies, along with implementing and enforcing such policies.

Implementation of a School Immunization Program

A. Minimum Immunization Requirements for School Attendance

PHL 2164 and the regulations of the Commissioner of Health, 10NYCRR §66-1, define terms and immunization requirements for admission into pre K-12 schools.

A chart of current immunization requirements for school attendance is available at http://www.health.ny.gov/publications/2370.pdf

Please Note: *Students entering eighth through twelfth grade (or comparable age level grade equivalents) in the* ***2015-2016*** *school year only shall be deemed in compliance with the immunization requirements until the last grade of this cohort graduate from school in 2020,* ***if they had satisfied the immunization requirements in effect in regulation on June 30, 2014****. This cohort does not need the immunization dose intervals assessed.*
Please see the following link to the chart specifying the immunization requirements that were in effect June 30, 2014:
http://www.schoolhealthservicesny.com/files/filesystem/NYSImmunizationRequirementsForSchool%202013%2014Rev%202-13dk.pdf

B. Communication

Schools should establish methods to communicate and disseminate information to parent/guardians of any incoming student on the immunization requirements and the district's or school's policies for school attendance, along with any required forms. There should also be a plan in place to communicate to parents/guardians of current students about any additional immunization requirements related to their child's age (e.g. the Tdap vaccine is required for students age 11 and older entering 6th grade). Upon request, districts should provide information and any school required forms, on how to apply for a religious or medical exemption. Finally, schools should develop a system to address parent/guardian questions regarding immunization requirements.

C. Review of Immunization Status for School Attendance

A review of the immunization certificates and/or other proof of immunity are needed at the time of registration of all students, inclusive of both new entrants and transfers. The New York State Department of Health (DOH) encourages schools to obtain original documents **when possible**. If obtained- original documents should be copied, with a

copy returned to the parent/guardian and the original retained in the student's cumulative health record (CHR). If the student transfers to a new school, the original documentation should be forwarded to the new school, and the old school should retain copies only.

Acceptable documents and proof of immunity:

- A certificate of immunization specifying the vaccines administered and the dates of administration, signed by a health practitioner.
- An electronic health record.
- An immunization record issued by NYSIIS or CIR (no signature required) which may be provided by the parent/guardian or can be accessed by designated school personnel.
- A copy of an electronic immunization record from another state registry.
- An official record from a foreign nation may be accepted without a health practitioner's signature.
- A copy of immunization records from a previous school which includes who administered the immunization agents, the products administered (products administered can mean either the vaccine or its brand name) and dates of administration.
- A statement verifying history of varicella, diagnosed by a physician, nurse practitioner, or physician assistant.
- Original laboratory report of positive serological test as defined in 10NYCRR 66-1.1(h) for measles, mumps, rubella, varicella, hepatitis B, and all three serological subtypes of poliomyelitis [polio virus type 1 (PV1), type 2 (PV2), and type 3 (PV3)] contained in the polio vaccines. A signed note from a health care provider that indicates antibody concentrations are positive will also meet the requirement for serological evidence of immunity for school entrance/attendance.

Partially Immunized Students

Students who do not have all of the required immunizations for their age, but qualify as a student in process, **must be allowed to attend school** [10NYCRR 66-1.3(b)]. A student is in process when:

- they have received at least the first dose in each immunization series required by PHL §2164 and have age appropriate appointments to complete the immunization series, according to the catch up schedule of the Advisory Committee on Immunization Practices (ACIP) required in 10NYCRR 66-1.1(f)(2); at http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html; or

- they are obtaining serological test(s) within 30 days of notification to the parent/guardian of the need for such tests. If a child is obtaining serologic tests, he/she has a total of 30 days to provide test results and if necessary (based on negative test results), appointment dates to begin or complete the vaccine series.

Parents/guardians are required to present proof of future appointments such as an appointment card, receipt, or other statement from the provider's office that includes the date(s) of appointments with a specified health care provider or facility for completion of the required immunizations or serological test(s).The school should follow and track such student's immunization status and follow through on appointments. When determining whether or not a student in process is not meeting the requirements, schools should consult with the family and make decisions on a case by case basis. Students who are not in process, and do not have all of the immunizations required for their age must be excluded. See information below on non-immunized students for details on the exclusion process.

Non-Immunized Students

District boards of education, or school administrative governing bodies should develop policies specifying whether or not students presenting without documentation of receiving any, or an insufficient number of, immunizations or proof of immunity may be permitted a grace period to attend school for not more than 14 calendar days; which may be extended to not more than 30 calendar days for an individual student who is transferring from out of state or from another country and can show a good faith effort to get the necessary evidence of immunization. (10NYCRR 66-4)

Parents/guardians of students who do not meet the immunization requirements and cannot be admitted to school, or permitted continued attendance, should be provided with:

- A verbal explanation and a written copy of the school policy;
- Written documentation specifying the immunization(s) their child is missing;
- Information on where to obtain the missing immunization(s). Whenever possible, information should be provided in the parents'/guardians' primary language. This may be accomplished utilizing outside resources such as the DOH website, the Centers for Disease Control and Prevention website (CDC), and/or interpreters.

  Please see the Statewide School Health Services Center's site for a template letter for parents/guardians informing them of immunizations needed in order for their child to attend school that is available in several languages at: http://www.schoolhealthservicesny.com/tool_kit.cfm?subpage=324

Schools must notify the local health department of any child who is refused admittance or continued attendance due to the lack of immunizations. The school must provide the local health department with the name and address of the child and the immunizations that he/she lacks. The school must also provide, with the cooperation of the local health department, for a time and place at which the required immunizations may be administered. [10NYCRR 66-1.8 (b)(c)]

Local departments of health are responsible for cooperating with school authorities to provide a time and place, within two weeks of exclusion, at which the appropriate immunization(s) may be administered by a health practitioner; or notify the Commissioner of Health that the required immunizations will not be administered by the local health department or school, and that the cost of doing so by the agents of the Commissioner may be recovered from the amount of State aid the local health authority would otherwise be entitled to. [10NYCRR 66-1.9 (a)(b)]

Local departments of health and schools should consider the following when determining the place and time for administering the missing immunizations:

- Only RNs employed by agencies legally authorized to provide nursing services by the New York State Education Department may administer immunizations to children under a *non-patient specific order*. School nurses do not meet this requirement;
  (See p.2 appendix http://www.schoolhealthservicesny.com/uploads/MemoLaw.PDF)
- Schools have read only access to NYSIIS and CIR. It is required that the ordering provider enters the immunization data into NYSIIS or CIR;
- Public school directors of school health services (commonly referred to as the medical director) who oversee school health services programs should be consulted prior to immunizations being administered in the school;
- Schools will need to obtain written parent/guardian consent prior to the administration of any immunizations in a school;
- Schools are not mandated to employ a school nurse. The title “school nurse” is for an RN per 8NYCRR 136.1(c). If a school chooses to employ an LPN, such LPN must be under the direction of an RN;
- Only an RN may follow a non-patient specific order for immunizations, though he/she may delegate the administration to an LPN as long as the RN remains on site. For more information on non-patient specific for immunizations (see http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/immunizationnonpatientspecific.pdf)
- Health practitioners administering immunizations must be currently certified in cardiopulmonary resuscitation (CPR);
- Primary medical providers will need notification of vaccine administration; and
- A copy of vaccine administration at school will need to be kept in the CHR.

Schools should develop procedures for documenting all communication, along with efforts undertaken by school personnel to assist the parent/guardian in meeting the immunization requirements. Schools should have policies in place regarding notifying Child Protective Services (CPS) after more than 14 days of exclusion if the parent refuses to allow the local department of health or another appropriate health practitioner to immunize their child, and no actions steps are reported by the parent/guardian for pursuing another education option such as home schooling.

Schools should be aware of potential financial consequences that could be imposed on the school by DOH if they allow a student to attend school without the required immunizations.
(See http://www.health.ny.gov/prevention/immunization/schools/2004-09_exclusion_letter.htm)

D. Special Circumstances

Homeless Students

Homeless students are not required to present proof of immunity or immunization in order to be admitted to school. Under the Federal Law, The McKinney-Vento Act, homeless children and youth are to have equal access to a free, appropriate, public education. Such students are entitled to enrollment in school even if they lack the documents normally needed, including proof of immunization. Every school district, BOCES, and charter school is required to have a liaison for homeless students whose duties include making eligibility determinations on a case-by-case basis, and to help the student obtain the immunization records or immunizations. More information is available at http://www.p12.nysed.gov/accountability/homeless/

Students with IEPs

Students with IEPs who attend non-graded classrooms should be assessed for meeting the requirements based on their chronological age. Students with IEPs can be excluded for lack of immunizations, though the services outlined in their IEP must be provided.

Homeschooled Students

The provisions of Public Health Law §2164 which require parents to submit proof of immunization prior to admission of their children to a school do not apply to students being educated at home. If the Commissioner of Health notifies school officials of the outbreak of a disease for which immunization is required, however, parents of children on home instruction who seek to participate in testing or other activities on the premises

of a public or nonpublic school must produce proof of immunization or the children must be denied access to the school building.

Refugee Students

Refugees come from diverse regions of the world and bring with them varying histories of immunizations received in their countries of origin. Refugees, unlike most other immigrant populations, are not required to have any vaccinations before arrival in the

U.S. In addition, many vaccines have limited or no availability in some developing countries or in specific refugee settings.
To allow time for immunization assessment, and possible immunization administration, vaccination requirements do not apply to refugees at the time of their initial arrival to the U.S. During the medical screening visit for new arrivals, a healthcare provider should review any written vaccination records presented by the refugee, assess reported vaccinations for adherence to acceptable U.S. recommendations, and subsequently, initiate necessary immunizations.

See the following for more specific information:
http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/VaccinationsInRefugeeChildren.pdf

E. Exemptions

Commissioner's Regulation 10NYCRR 66-1.3 permit exemptions to immunization requirements for medical or religious reasons only. Schools are encouraged to consult with their legal counsel and/or medical director, whenever they have questions regarding whether or not to grant a request for medical or religious exemption.

Medical Exemptions

A student may continue to attend school without the required immunizations if they have a medical exemption. A medical exemption is a written statement, or sample form from DOH (http://www.health.ny.gov/forms/doh-5077.pdf), completed and signed by a physician licensed to practice medicine in NYS certifying that the immunization may be detrimental to the child's health. It must contain sufficient information to identify a medical contraindication to a specific immunization, and specifying the length of time the immunization is medically contraindicated. The principal or designee may require additional information supporting the exemption. Schools are encouraged to consult

with their medical director to determine if additional documentation is required. A medical exemption must be reissued annually. [10NYCRR 66-1.3(c)]

Religious Exemptions

Parent/guardians who have religious reasons for not immunizing their child, or the student, may file for a religious exemption by submitting a written and signed statement, or *Request for Religious Exemption to Immunization* form (http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/modelreligiousexemptionformmarch10.pdf) stating that they object to immunizations because of sincere and genuine religious beliefs which prohibit the immunization for their child. The principal or designee may require supporting documentation. A religious exemption request that is granted, is valid throughout the time the student is attending school in that district. If the student transfers to another district or nonpublic school, they must apply for a religious exemption in the district or nonpublic school.

Districts and schools who deny a request for religious exemption to immunizations must inform the parent/guardian of their decision in writing with the specific reason(s) for denial, along with informing the parent/guardian of their right to an appeal. If a request for a religious exemption is denied, a parent/guardian may file an appeal to the Commissioner of Education within thirty (30) days receipt of the school's decision, pursuant to Education Law, §310. (See http://www.counsel.nysed.gov/appeals/)

For more information on religious exemptions see:
http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/#IMMUNIZATIONS

Copies of such exemptions, both medical and religious, must be kept in the student's cumulative health record. Additionally, schools must inform the parent/guardian of exempted students about the school policy/procedure for exclusion of students with exemptions during the outbreak of a vaccine preventable disease for the vaccine(s) the student does not have, as required by 10NYCRR 66-1.10(a).

F. Documentation/Recordkeeping

Schools must maintain an immunization record for each student, as part of the CHR. In addition, schools should maintain an original copy, in so far as possible, of the health care provider immunization record as part of the CHR.

Information contained in education records, including the CHR maintained by a school is governed by federal law, the Family Educational Rights and Privacy Act (FERPA).

Any information released from education records to an outside entity where parent/guardian consent would normally be required, such as the local department of health in response to a public health threat; must be documented in the student's education record as required by FERPA [34CFR Part 99.32 (a)(5)]

Non-public schools may or may not be governed by FERPA and should consult with their counsel on the release of information as needed. Information on FERPA is available at http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Graduating Seniors

The Department is encouraging high schools to forward a copy of the student's immunization certificate at the same time the final transcript is sent to the college or university. Additionally, high schools are encouraged to provide a copy of the immunization certificate to all graduates to assist them in gaining employment or pursuing higher education at a later date.
http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/ImmunizationCertificatesHSgrads.pdf

The *ED-1 Records Retention and Disposition Schedule* indicates the minimum length of time that officials of school districts (including community school districts in New York City and "special act" or institutional school districts), BOCES, County Vocational Education & Extension Boards, Teacher Resource & Computer Training Centers must retain their records before they may be disposed of legally. The State Archives has prepared and issued this Schedule in accordance with state law and regulation. See the Health Section of the following:
http://www.schoolhealthservicesny.com/files/filesystem/Record%20Retention%20HEALTH.pdf

Student's individual immunization records must be kept for a minimum of 6 years, or 3 years after the student is 18 years of age, whichever is longer.

NOTE: These records may be requested beyond their minimum legal retention period by persons needing proof of certain immunizations for college admission or other purposes. The State Archives recommends that school districts and BOCES evaluate the need to retain immunization records longer than the stated minimum retention period for these purposes.

G. Immunization Surveys

Education Law Article 19 §914 in compliance with Public Health Law §2164 and §613, requires all schools in the state to annually provide an immunization survey to the New York State Commissioner of Health on the Health Commerce System website. The New

York State Department of Health conducts these annual surveys of school immunization records to determine the immunization level of students in school.

The Department of Health also may conduct special audits of school immunization records at any time to ensure that students are adequately protected against vaccine preventable diseases. Each school/school district must provide the New York State Commissioner of Health or his/her designee with any redacted immunization records and/or reports required for the purpose of such audit in compliance with applicable State and Federal confidentiality laws. Further information and instructions are available at: http://www.schoolhealthservicesny.com/datareporting.cfm?subpage=111\

H. Disease Surveillance

Assessment

According to Education Law Article 19 §906, whenever the medical director or other licensed health professional who is his/her designee* assess a student in the public schools as showing symptoms of any communicable or infectious disease reportable under the public health law, that student will be sent home immediately. This is done because such diseases pose a significant risk of infection to others in the school

The medical director, or his/her designee*, may also assess teachers and any other school employees, school buildings and premises as they may deem necessary to protect the health of the students and staff.
**Please note-LPNS are not permitted to do this, as assessment is not within the scope of practice of an LPN.*

Schools must maintain a complete and current list of susceptible students who are at risk in the event of an outbreak of a vaccine preventable disease listed in PHL 2164. This list must include all students who have a current medical exemption or have been granted a religious exemption to immunization(s), students who are in process or who are awaiting the results of serologic testing. The list must be updated each time a new student enrolls in the school or a student's immunization status changes. [10NYCRR 66-1.10(c)]

Actions

If a communicable disease (a list of the reportable communicable diseases is available at http://www.health.ny.gov/forms/instructions/doh-389_instructions.pdf) is diagnosed in a student or staff member, the medical director or school nurse must report the case to the local DOH in compliance with applicable State and Federal confidentiality laws.

Schools should work in consultation with their medical director and DOH to develop school policy and procedures specific to disease outbreak surveillance and control.

If the disease is a vaccine preventable disease listed in Public Health Law §2164, the Commissioner of Health, or his/her designee (such as the local DOH), may order schools to exclude from attendance all susceptible students. The exclusion will

continue until the Commissioner or his/her designee determines it is permissible for susceptible students to return to school. (10NYCRR66-10)

During any communicable disease outbreak it is recommended to inform any staff member or the parent/guardian of any student, who has a condition that may put them at increased risk from exposure to a communicable disease (e.g. persons with immunosuppressed conditions, pregnancy, etc.) in coordination with the local DOH.
Such persons should be instructed to contact their provider for direction related to possible exposure to the communicable disease. During such an outbreak, it is best practice for schools in collaboration with the local DOH to provide information and education to all in the school community about the disease, along with district or school policy and procedures related to communicable diseases.

Return to School after illness

Education Law Article 19 §906 states, the school medical director or the school nurse should assess a returning student who was diagnosed with a communicable disease and who is without a certificate from a local public health officer, a duly licensed physician, physician assistant or a nurse practitioner clearing him/her to return to school; to determine that such student does not pose a threat to the school community.

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