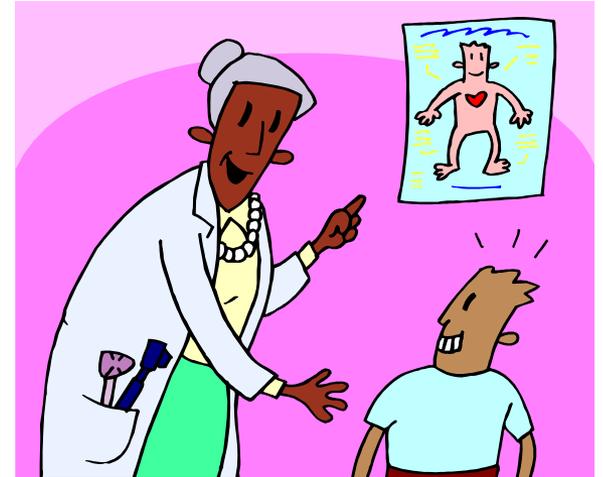


# Health Compliance for Schools



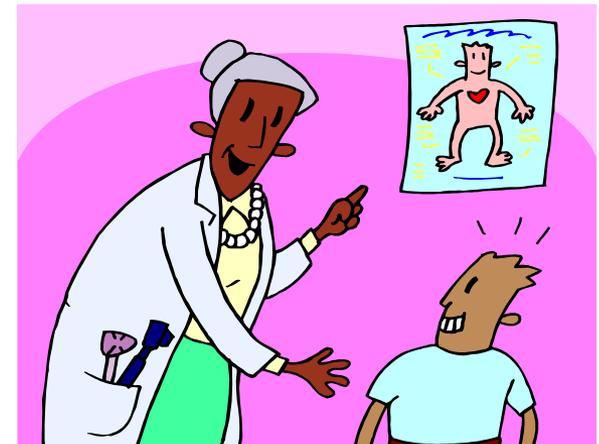
# Health Component

- Immunization compliance
- Immunization Exemptions
- Health Alert
- Section 504
- Vision Screening
- ATS Health screens



# Immunization Requirement

- Immunizations are mandated by law for all students aged 2 to 18 years.
- Immunization records should be evaluated according to the grade the child is attending this school year.
- A child's immunization history must include all of the vaccines listed in the table for the child to be considered fully immunized.
- Children *must* be excluded from school if they do not meet these requirements.



# Immunization Requirement 2012

## Full Compliance

DAY CARE/PRE-KINDERGARTEN	NO. OF DOSES	GRADES 1-12	NO. OF DOSES
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis) .....	.4	DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis) .....	3
Fourth dose should be at least 6 months after the third.		Vaccine type as appropriate for age.	
OPV (oral poliovirus) or IPV (inactivated poliovirus) ....	3	Tdap (effective September 1, 2007) .....	1
MMR (measles-mumps-rubella) .....	1	For all children born on or after January 1, 1994, and entering 6th, 7th, 8th, 9th, 10th or 11th grade.	
On or after the 1st birthday.		OPV or IPV .....	3
Hib (Haemophilus influenzae type b) .....	1, 2, or 3	MMR .....	2
One dose at or after age 15 months. If younger than 15 months, 3 doses required, as age appropriate.		One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered 28 days or more after the first dose.	
Hepatitis B .....	3	Hepatitis B .....	2 or 3
Varicella .....	1	All students in all grades. 3 doses of pediatric hepatitis B vaccine OR, for ages 11-15 only, 2 doses at least 4 months apart of the Merck Recombivax* HB adult vaccine. Documentation must clearly specify vaccine type and dose given.	
Pneumococcal conjugate (PCV) .....	1, 2, or 3	Varicella (Grades 1-12) .....	1 <sup>†</sup>
For all children born on or after January 1, 2008, as age appropriate.		For all children through and including 11th grade, born on or after January 1, 1994, one dose on or after the 1st birthday.	
<b>KINDERGARTEN</b>			
DTaP or DTP .....	4		
Fourth dose should be at least 6 months after the third.			
OPV or IPV .....	3		
MMR .....	2		
One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered 28 days or more after the first dose.			
Hepatitis B .....	3		
Varicella .....	1		
On or after the 1st birthday.			

# Provisional Requirements

DAY CARE/PRE-KINDERGARTEN      NO. OF DOSES	KINDERGARTEN/GRADES 1-12      NO. OF DOSES
<b>DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis)</b> ..... ..1	<b>DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis)</b> .....1 <i>Vaccine type as appropriate for age.</i>
<b>OPV (oral poliovirus) or IPV (inactivated poliovirus)</b> .....1	<b>Tdap (effective September 1, 2007)</b> .....1 <i>For all children born on or after January 1, 1994, and entering 6th, 7th, 8th, 9th, 10th or 11th grade.</i>
<b>MMR (measles-mumps-rubella)</b> ..... 1 <i>On or after the 1st birthday.</i>	<b>OPV or IPV</b> ..... 1
<b>Hib (Haemophilus influenzae type b)</b> .....1	<b>MMR</b> ..... 1 <i>On or after the 1st birthday.</i>
<b>Hepatitis B</b> .....1	<b>Hepatitis B</b> .....1
<b>Varicella</b> ..... ..1 <i>On or after the 1st birthday.</i>	<b>Varicella (Grades K-12)</b> ..... ..1 <i>For all children through and including 11th grade, born on or after January 1, 1994, one dose on or after the 1st birthday.</i>
<b>Pneumococcal conjugate (PCV)</b> .....1 <i>For all children born on or after January 1, 2008.</i> Students must follow a schedule for continuing to receive immunizations according to the above provisional periods. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school until they comply with the requirements.	

# Provisional Requirements

- New students may enter school provisionally with documentation of at least this initial series of immunizations within the previous 2 months.
- Once admitted provisionally, completion must be as follows, or exclusion from school is mandated: (1) no more than 2 months between the first and second dose, and no more than 6 months between the second and third dose of diphtheria, polio, and hepatitis B and (2) no more than 2 months between the first and second dose of a measles vaccine, preferably MMR.
- Students must complete the entire series to comply with the law.
- Students who have not been immunized within the provisional period must be issued warning of exclusion letters and excluded from school until they comply with the requirements.

# Immunization

- Tdap – 1 dose is required for all students born on or after January 1, 1994 and entering the 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> or 11<sup>th</sup> grade.
- Hepatitis B – for pediatric vaccination, 3 doses are required  
Or
- Hepatitis B – for adult vaccination, 2 doses are required – the documentation provided as proof should specify which was administered and entered into ATS accordingly.
- Varicella- 1 dose is required for all students.
- Pneumococcal conjugate (PCV)- 1,2, or 3 doses  
Pre-Kindergarten only

# Immunization

- Students not in compliance with the required immunization may be labeled “Excludable” or “Provisional” in ATS
- Students with an “Excludable” notation should receive a DOHMH “Warning” letter and 2 weeks later, an “Exclusion” letter.  
<http://schools.nyc.gov/NR/ronlyres/26D35D93-81EC-4175-ACAC-A06B13120F48/104893/WarningofExclusion.pdf>
- <http://schools.nyc.gov/NR/ronlyres/26D35D93-81EC-4175-ACAC-A06B13120F48/104894/NoticeofExclusion.pdf>



# Immunization

Excludable – means the student should not be allowed to attend school until the vaccination requirements are satisfied.

- Principals who allow “excludable” students to attend school are out of compliance with the laws of the NYSDOE – Public Health Law – Title VI--Section 2164 (7).
- Principals who allow “excludable” students to attend school are subject to fines by the NYSDOH. These fines are levied against the **principal**, not the school.

# Immunization – Medical Exemptions

**Medical Exemptions** – based on a documented medical reason, a parent requests that a student not take the required vaccination.

- The parent requesting a medical exemption must be given a Medical Request for Immunization Exemption form to be completed by the student's physician. <http://schools.nyc.gov/NR/rdonlyres/26D35D93-81EC-4175-ACAC-A06B13120F48/82001/OSHMedExemptReqForm42010.pdf>
- Principal/designee ensures form is completed accurately (student's name, DOB, OSIS# and school are clearly identified at the bottom of the form). and forwards it to the Supervising Medical Doctor (SMD) for review.
- The student is able to remain in school during the review process.

# Immunization – Medical Exemptions- cont.

- If the Medical Exemption is granted, a notation will be made in ATS. The student is able to attend school, the exemption expires in one year unless the exemption is permanent.
- If the Medical Exemption is denied, the student becomes “Excludable” and should not be allowed to attend school.
- Parent may resubmit additional information for the original SMD’s review, then SMD will have one of their regional colleagues give second opinion.
- If the request is denied a **second time** then the parent can appeal to the Medical Director who will be in consultation with the Bureau of Immunization.
- All decisions will be final.

# Religious Exemptions

**Religious Exemptions** – parents/guardian must provide a written explanation of the foundations for the religious belief opposing immunization.

The statement must address all of the following elements:

- Explain in their own words why they are requesting a religious exemption.
- Describe the religious principles that guide the objection to immunization.
- Indicate whether they are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.
- If the Religious Exemption is granted. The Principal must submit a written statement along with the parent letter to the Department of Education, Office of School Health indicating that he/she approves the request and a “R” notation will be made in ATS.

# Religious Exemptions- cont.

- If the Religious Exemption is denied, Principal may request supporting documentation.
- If the request is denied a second time, the parent may appeal to the NYS Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.
- During this appeal process, the student **will not** be permitted to remain in school.

# Immunization – ATS

There are helpful reports in ATS to keep track of things:

- STAT -on the STAT screen you will see you compliance rate
- RHIL - will tell which students are complete, excludable, date error or provisional
- RHCE- Medical/Religious Exemption (citywide)
- May be organized via class, grade, alphabetical, or by ATS grouping (excludable, complete, provisional, etc.)

# ATS Immunization Codes

## Status Code

- C Complete
- P Provisional
- E Exempt
- X Excludable
- W Waiting Recalculation
- I Incomplete
- U Unknown
- D Date Error

## Medical Documentation

- S Serology
- D Doctor Documentation

## Exemption Codes

- R Religious (entered at Central)
- M Medical (entered at Central)
- A Aged Out (student is 18 or older)
- T Temporary Medical ( entered at Central)
- P Permanent Medical ( entered at Central)

**Please Note: Medical exemptions are only valid for one year unless the exemption is permanent. If a student is absent from classes because they are excluded from school due to their immunization status, use Attendance Code 17**

# VACCINES THAT MAY BE RECORDED ON IMMUNIZATION RECORDS

## Vaccine Abbreviations

DT	Pediatric Diphtheria & Tetanus
DTaP	Diphtheria, Tetanus & Acellular Pertussis
DTP	<u>Diphtheria, Tetanus, whole cell Pertussis</u>
HAV	Hepatitis A
HBV	Hepatitis B
HIB	Haemophilus Influenzae type B
IPV	inactivated- Polio Vaccine
HPV	Human Papilloma Virus Vaccine
LAIV	Live, Attenuated Influenza Vaccine
MMR	Measles, Mumps & Rubella Vaccine

## Vaccine Abbreviations- cont.

MMRV	Measles, Mumps, Rubella & Varicella Vaccine
MPSV4	Meningococcal Polysaccharide Vaccine
OPV/TOPV	Oral Polio Vaccine
PCV7	Pneumococcal Conjugate Vaccine
PRV	Pentavalent Rotavirus Vaccine
PSV23	Pneumococcal Polysaccharide Vaccine
Td	Adult Tetanus & Diphtheria
Tdap	Adult/Adolescent Tetanus, Diphtheria & Acellular Pertussis
TIV	Trivalent Inactivated Influenza Vaccine
VZV	Varicella (Chickenpox)

# Health Alerts

- The Health Alert field was added after there was an incident with a student and no one in the school was aware that the student had a heart condition. So, in order to maintain confidentiality, it was agreed that there would be a health alert code to be checked off (information from parent, blue card, staff, etc.) which would serve as notification that the student has a health need and school administration would need to obtain further information.

# Office of School Health



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