

# THE SCHOOL NURSE BULLETIN JANUARY 2014



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## Welcome Back!

The start of a new year is usually a time juxtaposed between reflections of the past year and planning for the new year. For school nurses, this process occurs at the end of mostly every school day as we look ahead to a fresh new start every school morning.

As the Connecticut State Department of Education's School Health Administrator and Consultant for School Nurses, it is my privilege to have you as my colleagues and to serve you in this capacity. Thank you for your continued dedication to your school communities and for assisting in ensuring that Connecticut's children and youth are healthy, safe and present in their learning environments.

Always,

Stephanie G. Knutson.

# **School Nurse Advisory Council**

## **Purpose**

Section I of Public Act No. 13-187, An Act Concerning A School Nurse Advisory Council and an Advisory Council on Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections, calls for the establishment of a School Nurse Advisory Council (Council), effective July I, 2013. This Council shall advise the Commissioners of Public Health and Education concerning professional development for school nurses; school nurse staffing levels; the level of health care services by school nurses in schools; and other matters that affect school nurses.

### **Members**

Verna Bernard-Jones, American Federation of Teachers, Connecticut, AFL-CIO Gary Brochu, Connecticut Association of Boards of Education Marie Burlette, District 1199/Service Employee International Union Healthcare

Suzanne Couture, Association of School Nurses of Connecticut

Leah Hendriks. Connecticut Association for Healthcare at Home

Theresa Kane, Connecticut Association of Public School Superintendents

Stephanie Knutson, Connecticut State Department of Education

Donna Kosiorowski, Connecticut Nurses Association

Gary Maynard, Connecticut Federation of School Administrators

Dr. Ann Milanese, Connecticut Chapter of the American Academy of Pediatrics

Gayle Pagoni, Connecticut Department of Public Health

Dr. Steve Updegrove, Connecticut Chapter of the American Academy of Pediatrics

### Web site

May be accessed on the Connecticut State Department of Education's School Health Promotion/School Nurse Web site at <a href="https://www.ct.gov/sde/school nurse">www.ct.gov/sde/school nurse</a>.

# **State of Connecticut Department of Public Health Immunization Department** 860-509-7929

# Immunization Requirements for Enrolled Students in Connecticut Schools 2014-15 School Year

GRADE 11-12



### STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

IMMUNIZATION REQUIREMENTS FOR ENROLLED STUDENTS IN CONNECTICUT SCHOOLS

PRESCHOOL

2014-2015 SCHOOL YEAR 4 doses by 18 months
3 doses by 18 months
1 dose on or after 1"birthday
3 doses, last one on or after 24
weeks of age
1 dose on or after 1"birthday or
verification of disease
1 dose on or after 1"birthday
1 dose do no rafter 1"birthday
1 dose administered each year between August 1st-December 31st
(2 doses separated by at least 28 days required for those receiving flu for
the first time)
2 doses given six calendar months apart, 1st dose on or after 1st birthday DTaP: Polio: MMR:

KINDERGARTEN

At least 4 doses. The last dose must be given on or after 4<sup>th</sup> birthday At least 3 doses. The last dose must be given on or after 4<sup>th</sup> birthday 2 doses separated by at least 28 days, 1<sup>th</sup> dose on or after 1<sup>th</sup> birthday 3 doses, last dose on or after 4<sup>th</sup> birthday; 2 doses have a dose on or after 1<sup>th</sup> birthday; 2 doses separated by at least 3 months-1<sup>th</sup> dose on or after 1<sup>th</sup> birthday; Polio: MMR: Hep B:

2 objects separated by a reast or initiation of disease
or verification of disease
1 dose on or after 1" birthday for children less than 5 years old
200al: 1 dose on or after 1" birthday for children less than 5 years old
A: 2 doses given six calendar months apart, 1" dose on or after 1" birthday
1 dose on or after 1" birthday for children less than 6 years old
4. 2 doses given six calendar months apart, 1" dose on or after 1" birthday Hepatitis A:

GRADES 1-2

DTaP/Td: At least 4 doses. The last dose must be given on or after  $4^{th}$  birthday. Students who start the series at age 7 or older only need a total of 3

Students who sust up serious and open doses. At least 3 doses. The last dose must be given on or after 4<sup>th</sup> birthday 2 doses separated by at least 28 days, 1<sup>th</sup> dose on or after 1<sup>th</sup> birthday 3 doses, last dose on or after 24 weeks of age 2 doses separated by at least 3 months-1<sup>th</sup> dose on or after 1<sup>th</sup> birthday, or verification of disease. Polio: MMR: Hep B: Varicella

2 doses given six calendar months apart, 1st dose on or after 1st birthday

GRADE 3

DTaP/Td: At least 4 doses. The last dose must be given on or after  $4^{th}$  birthday. Students who start the series at age 7 or older only need a total of 3

Oisses.

At least 3 doses. The last dose must be given on or after 4<sup>th</sup> birthday 2 doses separated by at least 28 days, 1<sup>th</sup> dose on or after 1<sup>th</sup> birthday 3 doses, last dose on or after 24 weeks of age 2 doses separated by at least 3 months-1<sup>th</sup> dose on or after 1<sup>th</sup> birthday; or verification of disease Polio: MMR: Hep B:

GRADES 4-6

DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4<sup>th</sup> birthday. Students who start the series at age 7 or older only need a total of 3

At least 3 doses. The last dose must be given on or after 4<sup>th</sup> birthday 2 doses separated by at least 28 days, 1<sup>st</sup> dose on or after 1<sup>st</sup> birthday Polio: MMR: 3 doses, last dose on or after 24 weeks of age

1 dose on or after the 1st birthday; or verification of disease GRADES 7-10

Tdap/Td: 1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine, one of which must be

At least 3 doses. The last dose must be given on or after 4th birthday 2 doses separated by at least 28 days, 1st dose on or after 1st birthday

Polio: MMR: Meningoo Hep B:

3 doses, last dose on or after 24 weeks of age 2 doses separated by at least 3 months-1<sup>st</sup> dose on or after 1<sup>st</sup> birthday; or verification of disease

Td/Tdap:

At least 3 doses. The last dose must be given on or after  $4^{th}$  birthday Students who start the series at age 7 or older only need a total of 3 doses one of which should be 1 dap. At least 3 doses. The last dose must be given on or after  $4^{th}$  birthday 2 doses separated by at least 2 days.  $1^{th}$  dose on or after  $1^{th}$  birthday 3 doses, last dose on or after  $2^{th}$  weeks of age on or after  $1^{th}$  birthday or verification of disease MMR-

mportant Reminders:

• DTaP vaccine is not given on or after the 7<sup>th</sup> birthday and may be given for all doses in the primary series

Tdap can be given in lieu of Td vaccine for children 7 years and older unless contraindicated. Tdap is only licensed for one dose.

Hib is not required for children 5 years of age or older

Phelumococcal is required for all Pre-K and K students born on or after 1/1/2007 and less than 5 years of age Hepatitis A requirement for school year 2014-15 applies to all Pre-K, K, 1<sup>st</sup> and 2<sup>nd</sup> grade students born on or 1/1/2007.

1/1/2007.

Hep B requirement for school year 2014-2015 applies to all students in grades K-12.

Spacing intervals for a valid Hep B series: at least 4 weeks between doses 1 and 2; 0 weeks between doses 2 and 3; at least 10 weeks between doses 1 and 3; dose 3 should not be given before 24 weeks of age.

Second MMR for school year 2014-2015 applies to all students in grades K-12. If two live virus vaccines (MMR, Varicella, MMRV, Intransal Influenza) are not administered on the same day, they must be separated by at least 28 days, there is no 4 day grace period for live virus vaccines). If they are not separated by at least 28 days, the vaccine administered second must be repeated.

Lab confirmation of immunity is only acceptable for Hep B, Hep A, Measles, Mumps, Rubella, and Varicella.

VERIFICATION OF VARICELLA DISEASE: Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

For the full legal requirements for school entry visit <a href="https://www.ct.gov/dph/cwp/view.asp?a=31388Q=4673748PM=1">www.ct.gov/dph/cwp/view.asp?a=31388Q=4673748PM=1</a>

New Entrant Definition:

\*New entrants are any students who are new to the school district, including preschoolers and all students coming in from Connecticut, private, parochial and charter schools located in the same or another community. All students entering kindergarten, including those repeating kindergarten, those moving from any public or private pre-school program, even in the same school district, are considered new entrants. The one exception is students returning from private approved special education placements—they are not considered new entrants.

Vaccine:	Commonly Administered Vaccines:		
	Brand Name:	Vaccine:	Brand Name:
DTaP-IPV-Hib	Pentacel	MMRV	ProQuad
DTaP-HIB	TriHibit	PCV7	Prevnar
HIB-Hep B	Comvax	PCV13	Prevnar 13
DTaP-IPV-Hep B	Pediarix	DTaP-IPV	Kinrix

Hepatitis A Havrix, Vaqta Fluzone, FluMist, Fluviron, Fluarix, FluLaval

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# **State of Connecticut Department of Public Health** Immunization Program

# **Immunization Grace Periods and Waivers**



### STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Superintendents of Schools School Medical Advisors School Nurse Supervisors Local Directors of Health Health Care Provider

FROM: Vincent Sacco, MS

Immunization Program Manager

DATE: November 15, 2011

SUBJECT: Immunization Grace Period and Waiver Requests

The purpose of this communication is to define and clarify the grace period allowed on immunizations, and to notify you that the process of requesting a waiver for vaccines administered during the grace period is no longer necessary.

The following is an excerpt from the Advisory Committee on Immunization Practices' (ACIP), General Recommendations on Immunization, January 2011, page 5, "In clinical practice, vaccine doses occasionally are administered at intervals less than the minimum interval or at ages younger than the minimum age. Doses administered too close together or at too young an age can lead to a suboptimal immune response. However, administering a dose a few days earlier than the minimum interval or age is unlikely to have a substantially negative effect on the immune response to that dose. Vaccine doses administered ≤4 days before the minimum interval or age are considered valid... (Day 1 is the day before the day that marks the minimum age or minimum interval for a vaccine.) Doses of any vaccine administered ≥5 days earlier than the minimum interval or age should not be counted as valid doses and should be repeated as age appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval... If the first dose in a series is given ≥5 days before the recommended minimum age, the dose should be repeated on or after the date when the child reaches at least the minimum age. If the vaccine is a live vaccine, ensuring that a minimum interval of 28 days has elapsed from the invalid dose is recommended."

The Department of Public Health has formerly recognized this 4 day grace period, but has had a waiver application process at the Immunization Program for individual students vaccinated during the grace period. However, due to the significant burden this process places on health care providers and school nursing staff, we will no longer be supporting the waiver application process. Doses administered to students during the 4 day grace period should be counted as valid and no further action is necessary. However, doses administered 5 or more days prior to the minimum age or interval will not be counted as valid shots and will need to be repeated for school entry. This policy change does not impact or alter the recommended minimum age and/or intervals and should not be viewed as a change in practice.

The minimum age and intervals between immunization doses can be found in the Centers for Disease Control and Prevention's Epidemiology and Prevention of Vaccine Preventable Diseases (also known as The Pink Book), Appendix A at:

http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf.

If you have any questions, please contact the Immunization Program at 860-509-7929.

# Professional Development Opportunity

# Online Continuing Education Learning Center



Continuing Education On Your Time

E-Learning Your Way: Any Day, Any Time, Any Where!

The National Association of School Nurses offers continuing education opportunities for FREE or reduced rate for members. The following educational opportunities are available and additional information may be accessed at <a href="https://live.blueskybroadcast.com/bsb/client/CL\_DEFAULT.asp?Client=74&title=Learning Center Home">https://live.blueskybroadcast.com/bsb/client/CL\_DEFAULT.asp?Client=74&title=Learning Center Home</a>:

- The HPV Vaccine Enhancing School Nurse Knowledge to Support Informed Vaccine Decision-making 1.5 Continuing Nursing Education (CNE);
- Tick-borne Illness: Prevention, Assessment and Care 1.0 CNE; and
- A New Way Forward: Promoting Access to Student Health Services Through Innovative Health Financing Models 1.0 CNE.

The American Nurses Association
Navigating Staffing Issues: Framing the Economic Value (Part I)
Wednesday January 15, 2014
I:00 p.m. – 2:00 p.m.

Organizations are being asked to do more with less; however, often nurses don't focus on the business side of patient care. The economics of staffing is indeed an integral component of providing high quality, safe, patient care. Understanding the relationship between optimal staffing, patient outcomes and the economic impact to your health care organization is critical to both your professional success and organizational sustainability. So how do you improve patient outcomes and optimize staffing, while realizing an economic benefit? Join staffing expert, Joanne Spetz, PhD, as she presents the latest in evidence-based research on the relationship between nurse staffing and patient outcomes.

## This webinar includes:

- discussion arourd the relationships between nurse staffing, patient outcomes, and health care costs;
- examination of how the recent changes in health care financing impacts hospitals' investment in quality improvement; and
- learning how to calculate simple return on investment and identify cost-saving strategies.

Registration and information is available at <a href="http://eo2.commpartners.com/users/anan2/session.php?id=12329">http://eo2.commpartners.com/users/anan2/session.php?id=12329</a>.

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