

Student Health Advisory Committee

September 30, 2020

District Wellness Policy and Plan distributed for discussion and review. Superintendent DeSpain will review and advise if any changes need to be implemented. Covid-19 has introduced many challenges to the school setting. The District has developed a plan for reopening which will be posted on the ICISD website. Parents have been instructed to screen their child before sending them to school and to keep them home if they exhibit any of the following symptoms: temp of 100.4 or above, sore throat, new uncontrolled cough, new onset of severe headache (especially with a fever), diarrhea, or vomiting. Any positive cases will be reported to DSHS and the Health Department. Attached is the "Plan for Reopening 2020-2021" and the daily home screening for student.

Nurse Feller reported that as well as tracking Covid cases, she will again be working with the Texas Dept of State Health Services to tract flu-like illnesses in the district. There will not be a community flu shot clinic because of the Covid pandemic but students, families, and staff will be encouraged to get their flu shots at their personal physician's office or at any number of local pharmacies. She also reported that she will be educating 1st graders about the importance of dental hygiene and will pass out "Fantastic Teeth Fan Club" kits as soon as they are delivered which should be some time in November.

Shannon Medical Center has introduced a school based Telemedicine Program. With parent's consent, a student may be evaluated by a provider through a telemedicine conference. Information on the program and the registration packet is attached. There is no cost to enroll in the program and if a child has a visit, insurance will be billed. Those without insurance will receive a self-pay discount and be billed after the visit.

2020-2021 Texas Minimum State Vaccinations will be uploaded to website.

The next SHAC meeting will be held in November. Exact date and time will be determined after meeting with members and will be announced.

Committee members-Gina Feller-school nurse, Kristi Miller-Food Service Director, Ray DeSpain-Superintendent, Jessica Parker-elementary principal, Shannon Chapman-secondary principal, LeAnn Rutherford-counselor, parents-Amy Greenwood, Emily Cooper, Anne Casey, Susie Campbell

IRION COUNTY INDEPENDENT SCHOOL DISTRICT

"PLAN FOR RE-OPENING 2020 – 2021"

INTRODUCTION:

The Irion County Independent School District is committed to continuing to provide the highest quality, TEKS-Based instruction to all ICISD students during these challenging Coronavirus (COVID-19) times. While we realize that it is not possible to eliminate all risk of furthering the spread of the pandemic, current science suggests that there are many steps schools can take to significantly reduce the risks to students, teachers, staff, and their families. This guidance document contains information on four sets of practices that minimize the likelihood of viral spread, including some that are requirements for all schools and others that are recommendations. These include:

- PROVIDING NOTICES and Updates to stakeholders;
- PREVENTION MEASURES and practices to keep the virus from entering;
- RESPONDING to any lab confirmed positive case in the school; and
- MITIGATION by utilizing required practices to reduce spread.

Through this plan, we are committed to: (1) The safety, health, and well-being of all staff and students; (2) The highest levels of achievement by all students; and (3) Equal access and adequate time for high level instruction for all. This plan has been created with input and guidance from the Texas Education Agency (please see their Public Health Guidance document at <https://tea.texas.gov/sites/covid19-SY-20-21>), the Region XV Education Service Center, the ICISD administrative team, and has been approved by the Irion County Independent School District Board of Trustees.

By a survey vote of Irion County ISD stakeholders, a 94% response indicated that the community is overwhelmingly ready to return to the "traditional" school setting. With that in mind, we have taken several measures to ensure that our facilities are as sanitary, safe, and effective as possible. In addition, President Trump, Governor Abbott, and TEA Commissioner Mike Morath have dictated that schools will need to re-open this fall.

As with any situational issue, there are four key factors to be considered. These will be a vital part of our plan. They include: PREVENTION, which includes activities and measures to intervene to stop an incident (i.e. positive case) from occurring in order to protect the health and safety of all involved such as building access, wearing protective equipment (i.e. masks – which will be provided by ICISD), covering cough, social distancing, etc.; PREPAREDNESS, incorporating a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective actions where needed to ensure effective coordination during incident response; MITIGATION, which includes activities to reduce spread and/or loss by avoiding or lessening the impact of the situation; and RESPONSE via activities that address the short-term, direct effects of the incident or case to include immediate actions to save lives.

HEALTH AND SAFETY PROTOCOL (On-Site, Traditional Setting):

The key to returning to successful, sustained in-person instruction will be our commitment to health and safety guidelines. On-site, in-person traditional setting will resume on Thursday, August 20th, 2020. Irion County will be following the requirements listed below. Please understand that several of these are "out of the norm" for us as well, but designed for the safety of all concerned.

AT-HOME SCREENING

All employees will be expected to conduct and monitor self-health screening every morning before reporting to work. Employees will also be expected to practice all recommended health and safety precautions at all times.

Parents and guardians are expected to closely screen and monitor their children for COVID-19 symptoms each day prior to sending their child to school. We need parents' cooperation in not sending children to school who are exhibiting any signs of the virus, especially if they are running a fever.

SYMPTOMS OF COVID-19

(Any Of The Following Indicate Covid-19 Infection)

- A temperature of 100.4 or above (Oral Thermometer)
- Sore Throat or Persistent Cough
- Difficulty Breathing or Shortness of Breath
- Diarrhea, Vomiting, or Abdominal Pain
- New Onset of Severe Headache, Aching, or Pain

ARRIVAL AT SCHOOL

We ask that no student drop-off or arrival at school be prior to 7:30 in the morning. Students are to arrive by walk-up, car drop-off, or school bus, but parents, guardians, relatives, and/or siblings are asked to not leave their vehicles (not allowed to escort their child to the building) until further notice.

On the first two days of school (Thursday, August 20th, and Friday, August 21st), parents of students in Pre-K through 2nd Grade only (WEARING MASKS) will be allowed to escort their child to classes.

Alcohol based hand sanitizer will be available (use required) via touch-free dispensers at all campus main entrances, cafeteria, gymnasiums, and the auditorium. In addition, all classrooms will have hand sanitizers available.

Only students who choose to eat breakfast in the cafeteria will be allowed in the dining area before school until further notice.

VISITORS TO ACADEMIC CAMPUS FACILITIES:

Due to the unique nature of the Coronavirus situation, ICISD will be temporarily not allow visitors past the main entrances (Please check in with the Campus Secretary) until further notice. While we understand that this is very much “out of the norm” from our normal protocol (i.e. allowing parents to have lunch with their child), please understand that we are making every possible attempt to prevent the spread of germs and disease. We sincerely appreciate your cooperation and understanding in this area.

As outlined above in the “Arrival at School” section, we will be making an exception for the first two days of school for parents of PK – 2nd Grade students only.

IN THE EVENT OF A “POSTIVE” CASE:

The following steps will be taken if and when a confirmed “Positive” case of the Coronavirus is known:

- The Principal, Superintendent, or Director should be immediately notified, identifying the student or staff member who has been affected.

- An affected person will not be allowed in the buildings or on school properties until return protocol (with proper documentation) has been met or achieved.

- The person affected is to let school personnel know who the student or staff member had close contact with.

- The affected area will be immediately sanitized and disinfected by ICISD staff personnel, and students and staff will be temporarily relocated from the affected site until it has been deemed safe to return.

- The affected person (student or staff member) and immediate family/household members are asked to self-quarantine per the CDC required length of time.

- The affected person will not be allowed to return to school facilities until all of the following criteria have been met:

- At least 72 hours have passed since recovery or Negative test.

- At least 10 days have passed since symptoms first appeared.

- The individual has been officially (medically) released and cleared for school (Per Center For Disease Control) protocol.

- Parents will be notified if their child has come in close contact with an affected person. Also, per regulation, ICISD is also required to notify Health Department officials and all members of the District.

*****Due to confidentiality issues (i.e. FERPA), the District will be unable to share the student’s or employee’s name publicly. Please know that we appreciate your understanding in this highly sensitive matter.*****

Students who choose this option will not be eligible for course credit which require "hands-on" learning (i.e. Welding). All grading policy requirements and methods will be the same as for Traditional, On-site students. Details for this paradigm will be posted soon, and must be made by written request.

ASYNCHRONOUS (OFF-SITE) LEARNING:

The Asynchronous setting will be offered only for students who have deemed to require this setting for medical reasons. The District believes that students choosing this option have health concerns related to possible contact with others. As with the Synchronous approach, this protocol will be significantly more difficult than in the Spring of 2020. Asynchronous, off-site instructional options for ICISD will be limited to students in Grades Kindergarten – 2nd Grade.

This option will be significantly more difficult than in the Spring of 2020 (i.e. "Packets" will no longer be utilized). Students will follow the same expectations as those attending face to face instruction. All students will be required to complete at least 180 minutes of academic instruction in order to attain a day's credit for attendance. All dress code stipulations will be in effect. Workspaces will be expected to be conducive to learning and performance, and free of distractions.

All grading policy requirements and methods will be the same as for Traditional, On-site students. Details for this paradigm are being finalized by school administration, and will be posted soon on the school's website.

Instruction for this format must be made in writing to the campus principal.

GRADING AND STANDARDIZED TESTING:

ICISD will return to established grading requirements, policies, and protocol to start the new school year. These will be outlined in your student's respective campus handbook.

The state has dictated to school districts that "...student outcomes are to be measured as before, to include standardized (i.e. STAAR and End of Course) testing for all students in grades 3 – 12. As always, Irion County ISD will continue to hold students to the very highest standards of accountability academically.

EXTRACURRICULAR ACTIVITIES:

The University Interscholastic League (the governing body of extracurricular activities in Texas schools) has issued the following:

--"Individual school districts have the authority to mandate rules for participation on extracurricular activities." The Board of Trustees of ICISD has approved the following policy: "Students who wish to participate in extracurricular activities at ICISD must be enrolled in and attend as a 'Traditional, On-Site' student".

Daily Home Screening for Students

Parents: Please complete this short check each morning and report your child's information [INSERT YOUR SCHOOL REPORTING INSTRUCTIONS] in the morning before your child leaves for school.

SECTION 1: Symptoms

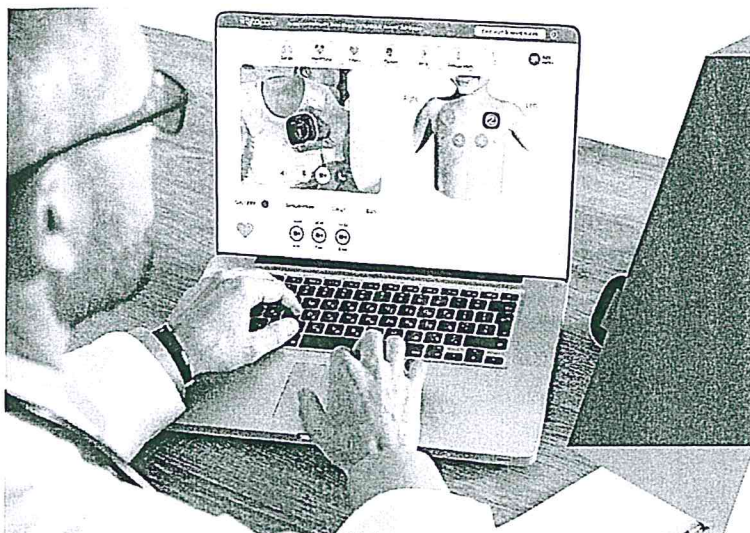
If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

☐	Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
☐	Sore throat
☐	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
☐	Diarrhea, vomiting, or abdominal pain
☐	New onset of severe headache, especially with a fever

SECTION 2: Close Contact/Potential Exposure

☐	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
☐	Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the <u>Community Mitigation Framework</u>
☐	Live in areas of high community transmission (as described in the <u>Community Mitigation Framework</u>) while the school remains open





SHANNON **SCHOOL TELEHEALTH** **PROGRAM**

MISSION

Founded on a legacy of caring, Shannon is a locally owned health care system dedicated to providing exceptional health care for our family, friends and neighbors.

Shannon is applying innovative technologies to improve access to healthcare for students in our service area through telemedicine.



BENEFITS

- Convenient access to pediatric healthcare; especially to those with limited resources
- Ability to confirm illnesses in a more timely manner
- Reduce unnecessary visits to urgent care and ER
- Helps to minimize exposure & provides opportunity to protect others from spread of illness
- Decreasing unnecessary absences from school and keeping students in the classroom
- Utilization of TytoClinic™ - delivers a portable, reliable, and cost-effective tool to facilitate effective diagnosis



PROCESS

Program Roll-Out

- School is given a TytoClinic™ unit with training on how to use the tool and connect with Shannon to initiate visits
- Telehealth program is introduced and communicated and publicized to parents/guardians of students
- Participating families “enroll” in the program & sign a written consent per student (occurs annually)

Telehealth Visit

- Student presents to office due to illness
- Enrollment consent for student is confirmed
- Phone call to guardian/parent for verbal consent prior to each visit
- Nurse/school representative calls clinic to initiate/schedule telehealth visit
- Shannon Telehealth Visit initiated with TytoClinic™ equipment; child assessed
- Shannon Provider establishes plan of care (stay at school, seek specialty or follow up care, etc.), prescribes medication if needed
- Follow up is completed with guardian/parent



MORE INFO: <https://www.youtube.com/watch?v=skVW98o3vRA>



School Telemedicine Program

Connecting Your Child to Convenient Care

Patient Registration Packet



Shannon's School Based Telemedicine Program

Shannon Clinic ("Shannon") is excited to be working with your child's school district to offer parents and students a new option for pediatric care. Through high-definition telemedicine video and communications equipment, the school nurse can connect with a Shannon physician or an advanced practice professional ("Provider") for quick assessment and treatment to care for your child while at school.

How does the program work?

With the parent's consent, a student may be evaluated by a Provider through a telemedicine conference. The school nurse will first quickly evaluate the student in person. If the nurse determines the child could benefit from further evaluation, they will contact the parent to inform them about the telemedicine visit and invite them to participate if available. The Provider will complete an assessment of the student to include input from the school nurse and participating parent or legal guardian during the visit.

The school nurse will assist the Provider during the evaluation through the use of special equipment, as needed. The provider can hear the student's heart and lungs with a digital stethoscope. The Provider can closely examine the student's ears, throat, rash, or abrasions with a high-definition camera.

Upon completion of the evaluation, the Provider will give instructions for follow-up care and submit an order to your pharmacy of choice for prescription medications, if needed. A record of your child's visit will be kept in their medical record at Shannon Clinic for future reference. The parent or legal guardian will have access to all treatment information through My Chart, Shannon's online health record portal.

What are examples of conditions that could be treated?

Examples of conditions that could be treated by telemedicine are:

- Earaches
- Fever
- Coughs and colds
- Rashes and minor skin infections
- Abrasions and scrapes
- Strep throat and Influenza
- Headaches
- Pinkeye
- Asthma
- Allergies
- Head Lice

There are medical needs that will require an in-person evaluation by a medical provider. You may be asked to schedule an appointment with your child's primary care physician directly if evaluation by telemedicine isn't sufficient for diagnosis.

How do I enroll my child for the program?

You can register by completing a paper packet (available at your school nurse's office) and return to your child's school. They will submit all required documentation to Shannon to enroll your child in the program.

What is the cost?

There is no cost to enroll in this program. If your child has a visit, we will bill your insurance and any required co-pay amounts after the visit. It will bill as an urgent care visit. Those without insurance will receive a self-pay discount and be billed after the visit.

How do I register to see my child's visit summary in the healthcare portal?

Once registration into the program is completed for your child, you may access Shannon's MyChart by taking the following steps:

If you are a current patient of Shannon, please login to your MyChart account, click Profile button for dropdown menu and choose, Personalize. Please follow instructions on filling out the online Request access to a minor's record.

If you are not currently a patient of Shannon, please call the MyChart Help Desk at 325-481-8810 or email mychart@shannonhealth.org.

How will I know if my child has a scheduled telemedicine appointment?

When a student presents to the school nurse's office, the nurse will assess the student's condition and contact the parent or legal guardian to discuss if it is appropriate to schedule an appointment. An appointment cannot be scheduled without the consent of the parent or legal guardian.

How can I participate in my child's telemedicine appointment?

You may participate in your child's telemedicine appointment in two different ways. The provider may ask you about your child's medical history or current medications so please have this information ready and available.

- 1) You may attend the telemedicine appointment in person at your child's school.
- 2) You may listen to your child's telemedicine appointment by phone.

Who should I contact if I have questions?

- Registration or Follow-up questions about my child's school based clinic visit – If you have questions regarding registration for the Shannon School Based Telehealth Program or questions regarding recommendations made for your child's care, medication questions, or to report a change in your child's condition, please contact the Shannon Pediatric Clinic at 325-481-2287.
- Routine Healthcare Needs – Please contact your child's primary care physician for any routine healthcare checkups/vaccinations.
- School Based Healthcare Needs – Please discuss any healthcare needs your child may have while at school directly with the school nurse at your child's campus.

Please return the following documentation to your school nurse:

1. Registration Form - Demographic and insurance information for your child.
2. Telemedicine Consent and Acknowledgements - Authorizes a Shannon Clinic provider to evaluate and treat your child by telemedicine.
3. Patient Information and Medical History Form - Medical history and general health information for your child that the Shannon Clinic provider will reference during your child's visit.
4. Notice of Privacy Practices - Detailed handout regarding Shannon Clinic's privacy practices for parent/guardian to keep. *Do not need to return.*

2020 - 2021 Texas Minimum State Vaccine Requirements for Students Grades K - 12

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-.97.72. This document is not intended as a substitute for the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38.

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level												Notes									
	Grades K - 6th						Grade 7th	Grades 8th - 12th														
	K	1	2	3	4	5		6	7	8	9	10		11	12							
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap)							5 doses or 4 doses	3 dose primary series and 1 booster dose of Tdap / Td within the last 5 years	3 dose primary series and 1 booster dose of Tdap / Td within the last 10 years	For K – 6 th grade: 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4 th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4 th birthday. ¹ For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4 th birthday. ¹ For 7 th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.* For 8 th – 12 th grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine.* *Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.												
Polio							4 doses or 3 doses			For K – 12 th grade: 4 doses of polio; 1 dose must be received on or after the 4 th birthday. ¹ However, 3 doses meet the requirement if the 3 rd dose was received on or after the 4 th birthday. ¹												
Measles, Mumps, and Rubella ² (MMR)							2 doses			For K – 12 th grade: 2 doses are required, with the 1st dose received on or after the 1 st birthday. ¹ Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella and mumps satisfy this requirement.												
Hepatitis B ²							3 doses			For students aged 11 – 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax [®]) was received. Dosage (10 mcg /1.0 mL) and type of vaccine (Recombivax [®]) must be clearly documented. If Recombivax [®] was not the vaccine received, a 3-dose series is required.												
Varicella ^{2,3}							2 doses			For K – 12 th grade: 2 doses are required, with the 1st dose received on or after the 1 st birthday. ¹												
Meningococcal (MCV4)							1 dose			For 7 th – 12 th grade, 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11 th birthday. NOTE: If a student received the vaccine at 10 years of age, this will satisfy the requirement.												
Hepatitis A ²							2 doses			For K – 11 th grade: 2 doses are required, with the 1st dose received on or after the 1 st birthday. ¹												

NOTE: Shaded area indicates that the vaccine is not required for the respective grade.

↓ Notes on the back page, please turn over. ↓

- 1 Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
- 2 Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.
- 3 Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

Information on exclusions from immunization requirements, provisional enrollment, and acceptable documentation of immunizations may be found in §97.62, §97.66, and §97.68 of the Texas Administrative Code, respectively and online at <https://www.dshs.texas.gov/immunize/school/default.shtm>.

Exemptions

Texas law allows (a) physicians to write medical exemption statements which clearly state a medical reason exists that the person cannot receive specific vaccines, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.dshs.texas.gov/immunize/school/exemptions.aspx. The original Exemption Affidavit must be completed and submitted to the school.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

Provisional Enrollment

All immunizations must be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule.

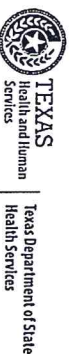
Student must not be overdue for the next dose in a series to be considered provisional. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school.

A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Additional guidelines for provisional enrollment of students transferring from one Texas public or private school to another, students who are dependents of active duty military, students in foster care, and students who are homeless can be found in the TAC, Title 25 Health Services, Sections 97.66 and 97.69.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. Validation includes a signature, initials, or stamp. An immunization record generated from an electronic health record must include clinic contact information and the provider's signature/stamp, along with the vaccine name and vaccination date (month, day, and year). An official record generated from a health authority is acceptable. An official record received from school officials, including a record from another state is acceptable.



Requisitos mínimos de vacunas en el estado de Texas de 2020 - 2021 para estudiantes de kínder a 12.o grado

Esta gráfica resume los requisitos de vacunación incorporados al Código Administrativo de Texas (TAC), título 25, Servicios de salud, secciones 97.61 a 97.72. Este documento no tiene como propósito sustituir al TAC, el cual contempla otras disposiciones y detalles. El Código de Educación de Texas, capítulo 38, confiere al Departamento Estatal de Servicios de Salud (DSHS) la autoridad para establecer los requisitos de inmunización.

REQUISITOS DE INMUNIZACIÓN

Los estudiantes deberán mostrar comprobantes de vacunación aceptables antes de inscribirse, asistir o ser transferidos a una guardería o una escuela primaria o secundaria pública o privada de Texas.

Vacuna requerida (Vea las notas y notas de pie de página)	Número mínimo de dosis requeridas por nivel de grado												Notas	
	De kínder a 6.o grado						7.o grado	De 8.o a 12.o grado						
	K	1	2	3	4	5	6	7	8	9	10	11		12
Difteria, tétanos, tos ferina (DTaP, DTP, DT, Td, Tdap)	5 dosis o 4 dosis						Una serie primaria de 3 dosis y 1 refuerzo de la vacuna Tdap / Td dentro de los últimos 5 años	Una serie primaria de 3 dosis y 1 refuerzo de la vacuna Tdap / Td dentro de los últimos 10 años						Para los grados kínder a 6.o: 5 dosis de la vacuna contra la difteria, el tétanos y la tosferina; debe haberse recibido 1 dosis en o después del 4.o cumpleaños. Sin embargo, con 4 dosis se cubre el requisito si la 4.a dosis se recibió en o después del 4.o cumpleaños. ¹ Para los estudiantes de 7 años de edad o más, con 3 dosis cumplen con el requisito si recibieron 1 de las dosis en o después del 4.o cumpleaños. ¹ Para el 7.o grado: Se requiere 1 dosis de la vacuna Tdap si han pasado al menos 5 años desde la última dosis de una vacuna que contenga tétanos.* Para los grados 8.o a 12.o: Se requiere 1 dosis de la vacuna Tdap cuando hayan pasado 10 años desde la última dosis de una vacuna que contenga tétanos.* *La vacuna Td es aceptable en lugar de la vacuna Tdap si existe una contraindicación médica para la vacuna contra la tosferina.
Polio	4 dosis o 3 dosis												Para los grados kínder a 12.o: 4 dosis de la vacuna contra la polio; debe recibirse 1 dosis en o después del 4.o cumpleaños. ¹ Sin embargo, con 3 dosis se cumple con el requisito si la 3.a dosis se recibió en o después del 4.o cumpleaños. ¹	
Sarampión, paperas y rubéola ² (MMR)	2 dosis												Para los grados kínder a 12.o: Se requieren 2 dosis de la vacuna, la 1.a de las cuales debe recibirse en o después del 1.er cumpleaños. ¹ Los estudiantes que fueron vacunados antes de 2009 con 2 dosis contra el sarampión y una dosis contra la rubéola y una dosis contra las paperas cumplen con este requisito.	
Hepatitis B ²	3 dosis												Para los estudiantes de 11 a 15 años de edad, con 2 dosis cumplen con el requisito si recibieron la vacuna contra la hepatitis B para adultos (Recombivax [®]). Tanto la dosis (10 mcg / 1.0 mL) como el tipo de vacuna (Recombivax [®]) deben documentarse claramente. Si la vacuna recibida no fue Recombivax [®] , se requiere una serie de 3 dosis.	
Varicela ^{2,3}	2 dosis												Para los grados kínder a 12.o: Se requieren 2 dosis, de las cuales la 1.a dosis debe recibirse en o después del 1.er cumpleaños. ¹	
Vacuna antimeningocócica (MCV4)	1 dosis												Para los grados 7.o a 12.o, se requiere 1 dosis de la vacuna antimeningocócica tetravalente conjugada en o después del 11.o cumpleaños del estudiante.	
Hepatitis A ²	2 dosis												Para los grados kínder a 11.o: Son necesarias 2 dosis, la 1.a de las cuales debe recibirse en o después del 1er cumpleaños. ¹	

NOTA: Las casillas sombreadas indican que no se requiere la vacuna para el grupo de edad correspondiente.

↓ Notas al reverso, por favor dé la vuelta. ↓

- 1 Recibir la dosis hasta (e inclusive) 4 días antes del cumpleaños satisfará el requisito de inmunización para inscribirse en la escuela.
- 2 Son aceptables en lugar de la vacuna una prueba serológica de infección o la confirmación serológica de inmunidad al sarampión, las paperas, la rubéola, la hepatitis B, la hepatitis A o la varicela.
- 3 Si se ha tenido la enfermedad previamente, puede documentarse con una declaración escrita de un médico, un enfermero escolar o uno de los padres o tutor del niño, la cual diga algo como: "Esto es para comprobar que (nombre del estudiante) tuvo la enfermedad de la varicela (*varicella* o *chickenpox*) el (fecha) o alrededor de esa fecha y no necesita la vacuna contra la varicela". Dicha declaración escrita será aceptable en lugar de alguna o todas las dosis requeridas de la vacuna contra la varicela.

Podrá encontrar información sobre las exclusiones de requisitos de vacunas, la inscripción provisional y la documentación aceptada de las vacunas en las secciones 97.62, 97.66 y 97.68 del Código Administrativo de Texas, respectivamente, y en línea en <https://www.dshs.texas.gov/immunize/school/default.shtm> (en inglés).

Exenciones

La ley de Texas autoriza a que (a) los médicos redacten declaraciones de exención médica, las cuales deben indicar claramente que existe una razón médica que le impide a la persona recibir determinadas vacunas específicas, y (b) los padres o tutores opten por una exención de los requisitos de inmunización por razones de conciencia, incluidas las creencias religiosas. La ley no permite que los padres o tutores opten por una exención simplemente para evitarse inconvenientes (por ejemplo, cuando un registro se haya perdido o esté incompleto y sea mucha molestia ir con un médico o a una clínica para corregir el problema). Las escuelas deben mantener una lista actualizada de los estudiantes con exenciones, de forma que se les pueda excluir en casos de emergencias o epidemias declaradas por el comisionado de salud pública.

Encontrará las instrucciones para solicitar la declaración jurada de exención oficial, la cual debe ser firmada por los padres o tutores que elijan la exención por razones de conciencia, incluidas las creencias religiosas, en www.dshs.texas.gov/immunize/school/exemptions.aspx (en inglés). El original de la declaración jurada de exención debe llenarse y entregarse en la escuela.

En el caso de los niños para quienes se reclamen exenciones médicas, es necesario presentar a la escuela una declaración escrita del médico. A menos que en la declaración conste por escrito que existe una afección de por vida, la declaración de exención es válida solo por un año a partir de la fecha en que el médico la firmó.

Inscripción provisional

Todas las inmunizaciones deben haberse completado antes del primer día de asistencia. La ley exige que los estudiantes estén completamente vacunados contra las enfermedades específicas. Un estudiante puede inscribirse de manera provisional si cuenta con un registro de inmunización que indique que el estudiante ha recibido al menos una dosis de cada vacuna específica apropiada para su edad según lo exige esta regla. Para que el estudiante se considere como inscrito de manera provisional, no debe estar atrasado en su calendario para recibir la siguiente dosis que le corresponda en la serie de dosis de la vacuna. Para seguir inscrito, el estudiante debe completar las dosis posteriores requeridas de cada serie de vacunas a tiempo según el calendario y tan rápidamente como sea médicamente posible, y debe proporcionar a la escuela un comprobante aceptable de que ha sido vacunado.

Un enfermero escolar o administrador escolar revisará cada 30 días el estado de inmunización de los estudiantes inscritos de manera provisional para garantizar el cumplimiento ininterrumpido de la aplicación de las dosis de vacunas requeridas. Si, al final del periodo de 30 días, un estudiante no ha recibido una dosis posterior de la vacuna, el estudiante no está cumpliendo con las normas, y la escuela excluirá al estudiante de su asistencia a la escuela hasta que se le administre la dosis requerida.

Las normas adicionales para la inscripción provisional de estudiantes transferidos de una escuela pública o privada de Texas a otra, estudiantes que dependen de militares en servicio activo, estudiantes que viven en hogar de acogida y estudiantes en situación sin hogar, se encuentran en el TAC, título 25, Servicios de salud, secciones 97.66 y 97.69.

Documentación

Dado que se usan muchos tipos de registros de inmunización personales, cualquier documento es aceptable si un médico o el personal de salud pública lo ha validado. La validación debe incluir una firma del responsable, sus iniciales o el sello. Un registro de vacunas generado a partir de un registro de salud electrónico debe incluir la información de contacto de la clínica y la firma o sello del proveedor, junto con el nombre de la vacuna y la fecha de vacunación (mes, día y año). Se acepta un registro oficial elaborado por una autoridad sanitaria. Se acepta un registro oficial recibido de parte de los funcionarios de la escuela, incluido un registro procedente de otro estado.



TEXAS
Health and Human
Services

Texas Department of State
Health Services

2020 - 2021 Texas Minimum State Vaccine Requirements for Child-Care and Pre-K Facilities

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements for child-care facilities by the Human Resources Code, Chapter 42.

A child shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility in Texas.

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	Diphtheria / Tetanus / Pertussis (DTaP)	Polio	Hepatitis B (HepB) ¹	Haemophilus influenzae type b (Hib) ²	Pneumococcal conjugate vaccine (PCV) ³	Measles, Mumps, & Rubella (MMR) ^{1, 4}	Varicella ^{1, 4, 5}	Hepatitis A (HepA) ^{1, 4}
0 through 2 months								
By 3 months	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose			
By 5 months	2 Doses	2 Doses	2 Doses	2 Doses	2 Doses			
By 7 months	3 Doses	2 Doses	2 Doses	2 Doses	3 Doses			
By 16 months	3 Doses	2 Doses	2 Doses	3 Doses	4 Doses	1 Dose	1 Dose	
By 19 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	1 Dose
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	2 Doses

↓ Notes on the back page, please turn over. ↓

- ¹ Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.
- ² A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12 - 14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 - 59 months of age is in compliance with these specified vaccine requirements. Children 60 months of age and older are not required to receive Hib vaccine.
- ³ If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required. Please reference the information below to assist with compliance:
 - For children seven through 11 months of age, two doses are required.
 - For children 12 - 23 months of age: if three doses have been received prior to 12 months of age, then an additional dose is required (total of four doses) on or after 12 months of age. If one or two doses were received prior to 12 months of age, then a total of three doses are required with at least one dose on or after 12 months of age. If zero doses have been received, then two doses are required with both doses on or after 12 months of age.
 - Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, an additional dose is required. Children 60 months of age and older are not required to receive PCV vaccine.
- ⁴ For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday. Vaccine doses administered within 4 days before the first birthday will satisfy this requirement.
- ⁵ Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of child) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." The written statement will be acceptable in place of any, and all varicella vaccine doses required.

Information on exclusions from immunization requirements, provisional enrollment, and acceptable documentation of immunizations may be found in §97.62, §97.66, and §97.68 of the Texas Administrative Code, respectively and online at <https://www.dshs.texas.gov/immunize/school/default.shm>.

Exemptions

Texas law allows (a) physicians to write medical exemption statements which clearly state a medical reason exists that the person cannot receive specific vaccines, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.dshs.texas.gov/immunize/school/exemptions.aspx. The original Exemption Affidavit must be completed and submitted to the school.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. Validation includes a signature, initials, or stamp. An immunization record generated from an electronic health record must include clinic contact information and the provider's signature/stamp, along with the vaccine name and vaccination date (month, day, and year). An official record generated from a health authority is acceptable. An official record received from school officials, including a record from another state is acceptable.



TEXAS
Health and Human
Services | Texas Department of State
Health Services

Requisitos mínimos de vacunación en el estado de Texas de 2020 a 2021 para centros de cuidado infantil y de prekind

Esta gráfica resume los requisitos de vacunación incorporados en las secciones 97.61 a 97.72 del título 25 (Servicios de salud) del Código Administrativo de Texas (TAC). La gráfica no pretende sustituir la consulta del TAC, el cual contiene otras disposiciones y detalles. Según lo dispuesto en el capítulo 42 del Código de Recursos Humanos, se confiere al Departamento Estatal de Servicios de Salud (DSHS) la facultad de establecer los requisitos en materia de inmunización para los centros de cuidado infantil.

Los niños deberán presentar comprobantes de vacunación aceptables antes de inscribirse, asistir o ser transferidos a un centro de cuidado infantil en Texas.

Edad a la que el niño debe recibir las vacunas para cumplir con los requisitos:	Número mínimo de dosis necesarias de cada vacuna							
	Difteria / tétanos / tos ferina (DTaP)	Polio	Hepatitis B (HepB) ¹	<i>Haemophilus influenzae</i> , tipo b (Hib) ²	Vacuna anti-neumocócica conjugada (PCV) ³	Sarampión, paperas y rubéola (MMR) ^{1, 4}	Varicela ^{1, 4, 5}	Hepatitis A (HepA) ^{1, 4}
De 0 desde 2 meses								
Antes de los 3 meses	1 dosis	1 dosis	1 dosis	1 dosis	1 dosis			
Antes de los 5 meses	2 dosis	2 dosis	2 dosis	2 dosis	2 dosis			
Antes de los 7 meses	3 dosis	2 dosis	2 dosis	2 dosis	3 dosis			
Antes de los 16 meses	3 dosis	2 dosis	2 dosis	3 dosis	4 dosis	1 dosis	1 dosis	
Antes de los 19 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	
Antes de los 25 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	1 dosis
Antes de los 43 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	² dosis

↓ Notas al reverso, por favor dé la vuelta. ↓

- 1 Una prueba serológica de infección o la confirmación serológica de inmunidad al sarampión, paperas, rubéola, hepatitis B, hepatitis A o varicela se aceptarán en lugar de la vacuna.
 - 2 Una serie completa de la vacuna Hib consta de dos dosis más una dosis de refuerzo a los 12 meses de edad o después (tres dosis en total). Si un niño recibe la primera dosis de la vacuna Hib entre los 12 y los 14 meses de edad, solo será necesaria una dosis adicional (dos dosis en total). Si un niño ha recibido una sola dosis de la vacuna Hib en o después de los 15 a 59 meses de edad, cumple con los requisitos de esta vacuna específica. Los niños mayores de 60 meses de edad no necesitan recibir la vacuna Hib.
 - 3 Si la serie de vacunas PCV se empieza a administrar cuando el niño es mayor de siete meses de edad, o si el niño se atrasó al recibir alguna dosis de la serie, entonces puede que no sean necesarias las cuatro dosis. Para ayudarse a cumplir con los requisitos, refiérase a la información siguiente:
 - Para los niños de siete a 11 meses de edad, se requieren dos dosis.
 - Para los niños de 12 a 23 meses de edad: si han recibido tres dosis antes de los 12 meses de edad, entonces deberán recibir una dosis adicional (para un total de cuatro dosis) a los 12 meses de edad o después. Si han recibido una o dos dosis antes de los 12 meses de edad, entonces necesitan un total de tres dosis, una de las cuales al menos deben recibirla a los 12 meses de edad o después. Si no han recibido ninguna dosis, entonces necesitan recibir dos dosis y ambas deberán recibirlas a los 12 meses de edad o después.
 - Los niños de 24 a 59 meses de edad cumplan con los requisitos si recibieron al menos tres dosis, una de las cuales la recibieron a los 12 meses de edad o después; o dos dosis, ambas recibidas a los 12 meses de edad o después; o una dosis recibida a los 24 meses de edad o después. De lo contrario, es necesaria una dosis adicional. Los niños mayores de 60 meses de edad no necesitan recibir la vacuna PCV.
 - 4 Para la vacuna MMR y las vacunas contra la varicela y la hepatitis A, la primera dosis debe administrarse en el primer cumpleaños o después. Las dosis de vacunas administradas en los 4 días anteriores al primer cumpleaños satisfacen los requisitos.
 - 5 Si se ha padecido anteriormente la enfermedad, esto puede documentarse con una declaración por escrito de un médico, del personal de enfermería de la escuela, o del padre o tutor del niño, y debe contener una afirmación como la siguiente: "Mediante este documento confirmo que (nombre del niño) tuvo varicela el día (fecha), o alrededor de esta fecha, y no necesita la vacuna contra la varicela". Esta declaración por escrito será aceptable en lugar de cualquiera de las dosis requeridas de la vacuna contra la varicela.
- La información sobre las exclusiones de los requisitos de inmunización, la inscripción provisional y la documentación aceptable de las inmunizaciones puede encontrarse en las secciones 97.62, 97.66 y 97.68, respectivamente, del Código Administrativo de Texas, y en línea en <https://www.dshs.texas.gov/immunize/school/default.shtm> (en inglés).

Exenciones

La ley en Texas permite: (a) que los médicos declaren por escrito la exención médica, siempre que en ella se indique claramente que existe un motivo médico por el que la persona no puede recibir determinadas vacunas, y (b) que los padres o tutores opten por la exención de los requisitos de inmunización por motivos de conciencia, incluida una creencia religiosa. La ley no autoriza, sin embargo, a que los padres o tutores elijan la exención simplemente para evitarse molestias (por ejemplo, que se hubiera extraviado un registro o este estuviera incompleto, y para ellos fuera demasiado difícil acudir con un médico o a una clínica para corregir el problema). Las escuelas deben mantener una lista actualizada de los estudiantes con exenciones, con el fin de que puedan ser excluidos en el caso de una emergencia o una epidemia declarada por el comisionado de salud pública.

Podrá encontrar las instrucciones para solicitar la declaración jurada de exención oficial, que debe ser firmada por los padres o tutores que opten por la exención por motivos de conciencia, incluida una creencia religiosa, en www.dshs.texas.gov/immunize/school/exemptions.aspx (en inglés). La declaración jurada de exención debe llenarse y enviarse a la escuela en su versión original.

En el caso de los niños sujetos a exenciones médicas, es necesario presentar a la escuela una declaración por escrito del médico. A menos que en la declaración conste por escrito que existe un padecimiento médico de por vida, la declaración de exención es válida por solo un año a partir de la fecha en que la firmó el médico.

Documentación

Dado que se utilizan distintos tipos de registros personales de vacunación, cualquier documento será aceptable siempre y cuando un médico o el personal de salud pública lo haya validado. La validación incluye una firma, las iniciales o el sello. Un registro de vacunación procedente de un registro de salud electrónico debe incluir la información de contacto de la clínica o centro médico y la firma o el sello del proveedor, junto con el nombre de la vacuna y la fecha de vacunación (mes, día y año). Se acepta un registro oficial que provenga de una autoridad de salud. También se acepta un registro oficial que se haya recibido de funcionarios de la escuela, incluido un registro de otro estado.

