

16 DEPARTMENT OF PUBLIC SAFETY

163 ~~BUREAU OF EMERGENCY MEDICAL SERVICES~~ EMERGENCY MEDICAL SERVICES BOARD (MAINE EMS)

CHAPTER 21: IMMUNIZATION REQUIREMENTS

§1. Definitions

1. “Certificate of Immunization” means documentation from a health official of the administration of an immunization, specifying the vaccine administered and the date it was administered. Electronic health records, having been compiled and maintained as an official document based on certificates of immunization, which provide at a minimum the month and year that the immunization was administered may also be accepted as proof of immunization.
2. “Covered Emergency Medical Services Person” means a licensed ambulance operator, basic emergency medical services person, an advanced emergency medical services person, or any person licensed by this Board who routinely provides Direct Patient Care. For the purposes of this definition, EMS students that provide Direct Patient Care are Covered Emergency Medical Services Persons. ~~Licensed Ambulance Operators are not considered Covered Emergency Medical Services Persons.~~
3. “Direct Patient Care” means any activity that places an individual within six (6) feet of a patient for a period of 15 minutes or more.
4. “Disease” means the following conditions which may be preventable by immunization:
 - a. Influenza (Seasonal Influenza),
 - b. Mumps,
 - c. Rubella (German Measles),
 - d. Rubeola (Measles),
 - e. Pertussis, and
 - f. Varicella (Chicken Pox).
5. “Effective Date” means November 1, 2023, for Influenza, and November 1, 2025, at the time a Covered Emergency Medical Services Person is added to the entity’s roster for all other required vaccinations.
6. “Entity” means an organization that holds a license issued by the Board authorizing it as an organization to provide emergency medical services or a training center licensed by the Board.
7. “Masking Agreement” means a signed, voluntary agreement between an Entity and a Covered Emergency Medical Services Person obligating the Covered Emergency Medical Services Person to wear at minimum a procedural/surgical mask while providing

47 direct patient care between November 30th and March 31st. This agreement expires
 48 annually on November 30th.

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- 50 8. “Medical Exemption” means a formal procedure to procure discharge from the
 51 requirement to vaccinate under this rule in accordance with Section 3 below.
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- 53 9. “Immunization” means a vaccine, antitoxin, or other substance used to increase an
 54 individual’s immunity to a specific Disease.
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- 56 10. “Proof of Immunity” means laboratory evidence demonstrating immunity or other
 57 acceptable evidence of immunity. No Proof of Immunity is available for Influenza.
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60 **§2. Immunization Required**

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62 Each Entity with which a Covered Emergency Medical Services Person is associated shall
 63 ensure that the Covered Emergency Medical Services Person providing Direct Patient Care
 64 on behalf of the entity has a valid Certificate of Immunization, Proof of Immunity, or
 65 documentation of a Medical Exemption pertaining to each of the diseases enumerated in this
 66 chapter. Covered Emergency Medical Services Persons may refuse seasonal immunization
 67 for influenza when in compliance with this chapter.
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- 69 1. No Entity shall permit a Covered Emergency Medical Services Person to provide Direct
 70 Patient Care without a Certificate of Immunization, Proof of Immunity, Medical
 71 Exemption, and/or a Masking Agreement (only applicable to influenza) for the diseases
 72 enumerated in this chapter.
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74 2. Vaccination Schedule

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76 a. Table 1: Immunization Requirements by Disease

| Disease | Vaccination | Proof of Immunity | Schedule |
|--------------------------|--|---------------------------------|-----------------|
| Influenza | Current annual dose of FDA-approved seasonal influenza vaccine | Not Applicable | Annual |
| Mumps | Two doses of live Rubeola or MMR Vaccine | Laboratory Evidence of Immunity | One time |
| Rubella (German Measles) | One dose of live Rubeola or MMR Vaccine | Laboratory Evidence of Immunity | One time |
| Rubeola (Measles) | Two doses of live Rubeola or MMR Vaccine | Laboratory Evidence of Immunity | One time |

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|-----------|---|--|----------------------|
| Pertussis | Tdap Vaccination | Laboratory Evidence of Immunity (Every 10 years) | Every ten (10) years |
| Varicella | Two doses of live Varivax or MMRV Vaccine | Laboratory Evidence of Immunity | One time |

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b. The Influenza vaccine is required annually by November 30th, or as otherwise recommended by the US Centers for Disease Control and Prevention.

c. The Tdap vaccination, which includes Pertussis, is required every ten (10) years.

3. Any such immunization must meet the standards for biological products which are approved by the US Public Health Service.

§3. Exemptions

1. A Medical Exemption is available to a Covered Emergency Medical Services Person who provides a written statement from a licensed physician, nurse practitioner or physician assistant that, in the clinician’s professional judgment, immunization against a disease enumerated in this chapter may be medically inadvisable. To be valid, Medical Exemptions must originate from a physician, nurse practitioner, or physician assistant with whom the Covered Emergency Medical Services Person has an established patient-provider relationship with the clinician issuing the written statement. An exemption is considered permanent unless otherwise denoted in the exemption from the authorized healthcare professional.

2. A Covered Emergency Medical Services Person without a Certificate of Immunization, or valid Proof of Immunity, but in possession of a Medical Exemption may provide Direct Patient Care. If the Medical Exemption is related to seasonal influenza immunization, the Covered Emergency Medical Services Person must complete a Masking Agreement and comply with Section 4 of this chapter to provide Direct Patient Care.

§4. Masking

1. Covered Emergency Medical Services Persons who refuse immunization for influenza or have a medical exemption for an influenza vaccination are required to wear, at minimum, a procedural/surgical mask, as specified in the Masking Agreement.

2. An Entity must obtain and maintain a Masking Agreement for those associated Covered Emergency Medical Services Persons who are required to wear a mask prior to allowing those persons to provide Direct Patient Care on their behalf.

3. Failure of an Entity to ensure that an associated Covered Emergency Medical Services Person complies with this section is considered unprofessional conduct subject to disciplinary action by the Board.
4. Failure of a Covered Emergency Medical Services Person to comply with this section is considered unprofessional conduct subject to disciplinary action by the Board.

§5. Record Keeping

- ~~1. Prior to January 1, 2025, an Entity must keep a record of the immunization status of each Covered Emergency Medical Services Person associated with the Entity. The record must include, at a minimum, the month and year that each immunization dose was administered.~~
- ~~2. Prior to January 1, 2025, where an Exemption has been granted to a Covered Emergency Medical Services Person, the Entity must maintain the written documentation of the Exemption on file.~~
- ~~3. Prior to January 1, 2025, each Entity must maintain a listing of the names of all Covered Emergency Medical Services Persons associated with the Entity who are not currently immunized against Diseases enumerated in the Chapter. The list must also include the names of all Covered Emergency Medical Services Persons with Exemptions.~~
1. After January 1, 2025, An Entity must ensure a record of the immunization status of each Covered Emergency Medical Services Person associated with the Entity for the Diseases enumerated in this chapter, with the exception of Influenza, is submitted through the system prescribed by the Office of Emergency Medical Services, at the time a Covered Emergency Medical Services Person is added to the entity’s roster.
2. An entity must ensure that the immunization status for Influenza of each Covered Emergency Medical Services Person on the entity’s roster is submitted annually on or before November 30th, through the system prescribed by the Office of Emergency Medical Services.
3. After January 1, 2025, Entities must review submissions made by Covered Emergency Medical Services Persons on the associated with their Entity’s roster in the system, and attest to valid documentation of Certificate(s) of Immunization, Proof of Immunity, Medical Exemption(s), and Masking Agreement (where applicable).
4. All records required under this chapter shall be deemed, for the purposes of public access, confidential medical records under 22 M.R.S. §1711-C. Notwithstanding this statement, the Board may obtain and disclose records required under this chapter in accordance with 32 M.R.S. § 91-B.

§6. Required Reports

161 Annual Reporting

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163 Prior to January 1, 2025, each Entity, as part of the EMS service licensure renewal, must
164 report on the immunization status of all Covered Emergency Medical Services Persons
165 associated with the Entity during the Entity’s ending licensure term, including in the
166 report the following information: specific contact information identifying the Entity; the
167 total number of Covered Emergency Medical Services Persons who possess a Certificate
168 of Immunization; the total number of Covered Emergency Medical Services Persons who
169 possess an Exemption; and the total number of Covered Emergency Medical Services
170 Persons who do not possess a Certificate of Immunization, Exemption, or as applicable, a
171 signed Masking Agreement.

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173 AUTHORITY: 32 M.R.S. §84(1)(A)

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175 ADOPTION: June 1, 2022

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177 **AMENDED:** November 30, 2023
178 **TBD**

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180 EFFECTIVE DATE: July 13, 2022

181 **January 10, 2024**

182 **~~AMENDED: November 30, 2023~~**