**Introduction**

This document serves to provide a framework and recommendations around School Health Advisor (SHA) [1] roles and responsibilities in Maine. The Maine Chapter of the American Academy of Pediatrics (MAAP) School Health Committee, collaborating with the Maine Department of Education (DOE) and Maine Association of School Nurses (MASN), drafted the following template containing a composite list of certain responsibilities included in various communities throughout Maine. This template is intended to 1. Provide information pertaining to the Maine Law as it defines the roles and responsibilities of a SHA [2] and 2. Offer guidance to the school administrator and SHA as they further define the role for their specific school district and student population. This document appreciates that each school system is unique and may need to adjust the guidance found in this publication to its unique situations and needs.

**Section 1: Minimum Requirements According to Maine Law**

Title 20-A: EDUCATION   
Part 3: ELEMENTARY AND SECONDARY EDUCATION  
Chapter 223: HEALTH, NUTRITION AND SAFETY   
Subchapter 3: SCHOOL HEALTH SERVICES   
§6402-A: School health advisor

Each school board shall appoint one or more physicians or family or pediatric nurse practitioners. Family and pediatric nurse practitioners are required to practice for a minimum of 24 months under the supervision of a licensed physician or a supervising nurse practitioner to act as SHA.

1. Duties. The SHA shall advise the administrative unit on school health issues, policies and practices and may also perform any other health-related functions assigned by the board.
2. Other functions. A SHA may perform other medical and health-related duties assigned by the school board, which may include all or some of the following:
   1. Examine and diagnose students referred by teachers and other school employees to protect against the outbreak of contagious disease in the schools;
   2. Examine students for participation in physical education and athletic activities;
   3. Advise and serve as medical consultant to the school nurse; or
   4. Examine school employees and property if the SHA believes it is necessary to protect the health of students.
3. Prohibition. A SHA may not treat any student examined under this subchapter unless the SHA is also the student's personal health care provider. A SHA that advises a school board pursuant to subsection 1 or performs other functions under subsection 2 may not act outside the scope of practice of the physician or nurse practitioner who functions as a school health advisor as established by law or rule of the applicable licensing board.
4. Appointment. Appointment is on a yearly basis.

**Section 2: Additional Guidelines for Consideration**

The following framework is provided for consideration as School Administrators and their SHA consider the components of this role that best fit their mutually agreed upon needs. The specific details in any school district/SHA relationship may change or evolve as the relationship and needs of the district change. Periodic review and update is recommended.

Cultural competency, diversity and equity should remain a cornerstone of the district/SHA relationship. The SHA may: 1. Articulate the impact of health equity on overall health and academic achievement among students. 2. Advocate for equitable policies and practices in all key areas related to student health. 3. In partnership with school leaders and community partners, identify actions that schools can take to promote equity in their school.

This document also recognizes that any SHA may benefit from collaboration and support from their peers. SHA may seek HIPAA compliant support for the Maine AAP School Health Committee, the Maine School Health Advisory Committee, the Maine Association of School Nurses, the Maine CDC, and the Maine Department of Education.

The SHA functions as part of a team addressing the health needs of the students in each school district. In this unique position, the school health advisor has opportunities to influence the health of large numbers of children and adolescents in many ways. Coordinated, comprehensive school health programs, as defined by the United States Centers for Disease Control and Prevention, include the following components: health education, health services, social and physical environment, physical education, guidance and support services, food service, school and work-site health promotion, and integrated school and work-site health promotion. Depending on the school district, the SHA may play a role in any or all these components.

While the SHA in most school districts will continue to work most closely with the school nursing lead, who is responsible for the daily management of the health service program, additional health team members may include, but not be limited to, the health coordinator/educator, social worker, other mental health professionals, food service directors, athletic directors, and so forth. The role of the SHA will continue to expand and evolve in different school districts. This template offers some concrete recommendations that can be applied based on the needs of the specific school district, its student population, and the community which it serves.

The depth and breadth of the SHA role can be categorized into 8 different functions: administration and planning, liaison to community physicians, clinical consultation, policy consultation, health education, public relations, advocacy, and systems development consultation.

**Administration and Planning**

In collaboration with the school nursing leader and other staff who administer components of the comprehensive school health program, the SHA may:

* Support the school nursing leader and school nursing staff in planning and implementing the school health service programming.
* Assist in administering the program cooperatively with the school nursing leader, administration, and local school committee.
* Meet on a regular basis with the school nursing leader (and school nurses as appropriate) to review, evaluate and revise the program as needed.
* Participate as a member of the school health advisory council/committee and assists in emergency care planning for the school district.
* Participate in professional development relevant to school health.

**Liaison to Community Providers**

Because the school health service program emphasizes health promotion and is an important part of the health care delivery system serving children in the community, the SHA may be involved in some or all of the following:

* Interpret federal and state school health regulations to community primary care providers. (These regulations include but are not limited to the regulations governing physical examinations, immunizations, medication administration in the schools and the rights of students with disabilities.
* Consult with local providers on pertinent medical issues of individual students as they affect the child’s performance in the educational environment (e.g., a child with a complex medical need).
* Facilitate connection for students who do not currently identify a medical home to community providers or a school-based health center for sports participation physicals or immunizations to enable participation in full school events.
* Collaborate with local providers to prevent duplication of services between the school health program and the primary care providers (e.g., annual physical examinations for students participating in competitive sports, vision, and hearing screening).
* Promote communication and exchange of pertinent medical information (with parental consent) between the school health program and the primary care providers.

**Clinical Consultation**

Every child and adolescent in Maine should have a designated primary care provider. Given this, the role of the SHA is primarily that of a medical consultant to the school and particularly to the school nurses. These consultation duties may include:

* Consult on a regular basis with the school nurse
* Consult with school administrators and other school personnel, as needed
* If mutually agreed upon, the SHA may assume the role of sports team medical consultant and the responsibility for identifying a medical provider for coverage of school-sponsored sports events

Examples of areas where SHAs may be consulted include:

* Students with special health care needs
* Immunization administration or implementation of state-mandated immunization requirements
* Infection and outbreak control (e.g., COVID-19, pertussis, influenza, meningitis) • Health screenings such as vision and hearing
* Consult with school leadership to develop their comprehensive school mental health program
* School environmental issues as they arise (e.g., air quality, building safety, playground safety, “sick building syndrome”)
* Medical orders for emergency medications, including collaborative practice agreements for medications including EpiPens and Naloxone

**Policy Consultation**

The school health program offers many opportunities to promote the health of large populations of children. To do this effectively, the school must have effective evidence-based policies. In the school health advisor’s policy consultation role, it is recommended that the SHA:

* Participates in the school health advisory council/committee
* Collaborates with the school nurse, providers consultation on policies pertaining to the health and safety of school students and staff

Policies may include but are not limited to:

* Crisis intervention (depression, suicide and violence)
* Emergency and disaster planning and preparedness (collaborating with local emergency medical services)
* Immunization policies
* Substance use/abuse, including tobacco
* Healthy school environment (both physical and social)
* Nutrition issues including food services
* Infection control and universal precautions
* Attendance, including exclusion for illness
* Medication administration, including nonprescription medications
* Management of children with chronic medical conditions (e.g., asthma, diabetes)
* Child abuse/neglect

**Health Education**

The school offers many opportunities to encourage students to obtain information about health and skills, which promote healthy behaviors. The SHA:

* Provides consultation, as needed, on health education curricula in grades PreK through 12
* Presents classroom or community lectures on relevant topics
* Provides education to staff and athletes on issues relating to sports medicine and injury prevention
* Provides medical information and health education for parents as appropriate
* Participates in school-sponsored health fairs

**Public Relations**

In collaboration and communication with the school administration team, the school health advisor may:

* Interpret health issues to the community (e.g., contributes articles to the local newspaper, provides health education)
* Represent the school on health issues in the media (as requested by school administration) when a crisis occurs in the school or regarding the school-age population

Speak at School Board or Town Council meetings to help these committees understand and navigate complex health policy decisions.

**Advocacy**

As comprehensive school health programs continue to grow and change to meet the needs of the student populations in modern society, there is an increasing demand for advocacy from the medical profession. As a respected medical professional in the community, the school physician may:

* Support comprehensive health education, Pre-K through high school graduation
* Advocate for additional resources as needed
* Testify at public hearings regarding school health issues (e.g., immunizations)
* Coordinate with policymakers (local, state, and national) about issues pertaining to the health of children and adolescents and the role of the comprehensive school health program

**Systems Development Consultation**

As the health care delivery system caring for children continues to incorporate the school health program as an active partner, some school districts are exploring organizational structures and mechanisms to enhance access and efficiency by providing onsite services and/or arrangements with local agencies to provide services. In these schools, the SHA, in collaboration with the school nursing leader, administrators and other appropriate staff, may:

* Provide consultation on the development of a system of mental/behavioral health services delivered in the school and linked to local providers
* Identify new programs for integrating and coordinating services with both internal and external providers
* Establish an ongoing system to identify students at risk for health or education issues
* Establish standards and quality assurance programs for the provision of services by external providers in the school
* Identify the need for a school-based health center to lower barriers to healthcare access for students and families
* Play an active role in coordinating services and developing collaborative arrangements with other municipal agencies having a role in school health (e.g., the local health department)

**Minimum Qualifications**

* In accordance with Maine law, a SHA may be a physician or family or pediatric nurse practitioner. Family and pediatric nurse practitioners are required to practice for a minimum of 24 months under the supervision of a licensed physician or a supervising nurse practitioner to act as school health advisor 2
* Licensed to practice in the state of Maine
* Knowledgeable about the health needs of children and adolescents

**Footnotes**

1. The term “school physician” is the traditional term for the role. As the role expands to include more consultation functions, we recommend the term “school health advisor.”
2. https://www.mainelegislature.org/legis/statutes/20-a/title20-Asec6402-A.html
3. This section is adapted from the Connecticut document by Martin Sklaire, M.D., "Suggested Qualifications and Role of the School Medical Advisor.