City of St. Louis School Systems Collaborative Re-entry Guidelines

The spread of COVID-19, a novel respiratory illness caused by SARS CoV-2, caused several unexpected challenges for education institutions across the nation. In the City of St. Louis, spread of the virus resulted in the closure of all schools. Consequently, schools were forced to adopt and implement virtual learning programming. Although not sustainable because of limited information technology infrastructure and systemic inequities, implementation of virtual education programming was necessary to protect the health of school age youth, school staff and their families. Nevertheless, there is evidence that in-school learning is essential to child and adolescent development.

Over the past few months, City of St. Louis academic leaders, public health leaders and government officials have been meeting to create re-entry guidance for primary and secondary schools. The purpose of said guidance is to ensure the implementation of standardized evidence-informed protocols necessary to protect the health of students, school staff, and the community at large.

The signature of each City of St. Louis collaborative workgroup organization's representative is a declaration that their organization agrees with, and will support, the implementation of the guidelines to ensure a safe and healthy environment for students, school staff, and families.

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City of St. Louis Schools
Operation Guidelines for Reentry to Schools

Since March 2020, City of St. Louis school executive administrators and City of St. Louis government officials (Mayor's Office, Director of Health) have been meeting weekly. To establish consistency among City of St. Louis school systems, this group is offering the following guidance with regard to returning to school.

The intent of these guidelines is to establish and maintain safe and healthy environments for staff and students, and the guidance should be interpreted to effectuate this intent. The guidance is based on scientific evidence available on July 5, 2020, and may change as more information becomes available.

Requirements:

To protect the health of students and staff, each school district must

- have an infectious disease plan;
- establish a process by which each school in your jurisdiction keeps and maintains accurate records of anyone who has been inside a building;
- comply with the Missouri Revised Statute Section 167.181 and 19 CSR 19c-20-28 which govern immunization of students;
- at a minimum, maintain a 3ft radius around each student's desk in the classroom;
- conduct daily health and temperature screening for students and staff at the beginning of the school day;
- minimize contact and social mixing during school hours ;
- consult and obtain approval from the City of St. Louis Department of Health prior to planning any school assemblies;
- work with the City of St. Louis Department of Health to ensure COVID-19 testing is available and required for all staff prior to returning to work;
- require face coverings for all staff and students in the 4th grade and above while in the school building, and all students when riding school buses;
    - Students with medical conditions that prohibit them from being able to wear face covering will be exempt as long as they have a document from their medical provider.
- establish an isolation area within each school which will be used to remove the ill person from the school's general population;
- require temperature and health screenings and wearing of face coverings for all essential visitors (e.g. parents/guardians, health officials, business officials, vendors that provide essential services for the school);
- prohibit visitation of nonessential visitors;

- not hold any in-person field trips during the Fall semester of the 2020/2021 school year;
- comply with the Missouri statutes (19 CSR 20-20.020) governing communicable disease reporting requirements;
- establish protocols for loading and unloading buses to minimize person to person contact.

Immunizations (See attachments A and B)

It is unlawful for any student to attend school unless they have been immunized or exempted as required under the rules and regulations for the Department of Health and Senior Services. Families in the City of St. Louis who need assistance obtaining immunizations for their child(ren) should contact their medical provider or the City of St. Louis Department of Health (health@stlouis-mo.gov).

Taking Temperatures/Other Screening

Taking temperatures of students at the beginning of the school day is required. Although only a minority of children who have COVID-19 will have a fever it is important that students with other communicable diseases be excluded from school.

Additionally, parents are encouraged to ask their child(ren) about symptoms of illness and take their temperature before sending them to school. This will reduce the chance that parents will send their child(ren) to school when they are ill.

All staff must complete a standardized self-assessment screening before reporting to work. Questions on the self-assessment should ask if the person has had otherwise unexplained onset of fever, cough, chills, shortness of breath, muscle pain/ache that cannot be explained by other activities (i.e. exercising, recent trauma, etc.), sore throat or loss of taste or smell not explainable by a preexisting medical condition(s). The staff member must not be permitted to work if they answer “YES” to any of the screening questions. A sample screening tool will be made available to districts. Districts must also implement reporting and coverage protocols for staff that develop symptoms during the workday.

When Someone Is Sick

We have a culture of working or going to school when sick. We should change that culture and people should stay home when sick. This message should be clearly sent to staff, parents and students. Perfect attendance awards must be eliminated**. In addition, school districts should review their Human Resources policies to make them less punitive for persons who develop illness and are not able to perform their job duties.**

When a staff person is identified with symptoms:

- Remove the individual from the general population immediately. If they are medically stable, send that person home immediately. If they are not stable, please call 911.
- The staff must be advised to contact their healthcare provider if they exhibit symptoms or answered YES to any screening question. The healthcare provider will be able to determine whether the symptoms are a result of COVID-19 infection or if there are other health issues.

When a student is identified with symptoms:

- Remove the individual from the general population immediately.
- If the student is not medically stable, a staff person or school health official should call 911. Only trained staff should provide lifesaving care (e.g., CPR).
- The school nurse or health official must contact the student's parents as soon as possible. If medically stable, the student must be monitored while in isolation until their parent/guardian is able to pick them up.

Please consult the local public health agencies to determine when persons infected with COVID-19 should be allowed to return to school. Currently, the minimum is 10 days when a person is COVID-positive. For other communicable diseases, school health should review the City of St. Louis Infectious Disease Control Administrative Guidelines and Procedures and Exclusion Guide.

Social Distancing

Social distancing is an effective preventive measure. While children are the least likely to exhibit serious symptoms from COVID-19, social distancing helps prevent the spread to others. Please consider the following social distancing strategies:

- Class size – modify class sizes as required to comply with social distancing requirements.
- Cafeteria – staggering lunch periods and using alternative locations for lunch to ensure social distancing can occur during lunch periods.
- Checking in/out-parents or others should remain in a contained area (such as a vestibule) when checking students in/out during the school day. If others are waiting to check their student in/out, it is best if they are able to wait outside so there is a limited number of individuals in the contained area.

For additional information, please review the City of St. Louis Guidance on Social Distancing in Schools.

Face Coverings

Staff and students must be instructed on the proper manner in which a face covering should be worn. Efforts should be made to destigmatize the wearing of face coverings. Staff members and students in the 4th grade and above must wear a face covering when in the school building. Face coverings are not required when providing outdoor instruction and students and staff are able to maintain the recommended physical distance (6ft) between others. Face coverings may be removed during lunch, so individuals can complete their meals. Three reusable face coverings must be made available for all students and staff. Extra face coverings should be kept on site to replace face coverings that may become soiled during the school day.

The wearing of gloves is necessary for health care workers, such as school nurses, who will be working with sick or suspected sick individuals. In addition, as a safety precaution, facility management and cleaning staff should use gloves when using cleaning products. A fresh pair of gloves should be worn when working with each new individual. An individual should use hand sanitizer before putting on gloves and then once again after removing gloves.

Hand Washing

Hands should be washed before eating, after eating, before and after group activities. Ideally, hands should be washed any time the face/mouth are touched (which would not be practical, especially for younger students).

Restroom Usage

- Limit the number of students in the restroom. Try to implement scheduled restroom breaks so each grade/class can go at a specific time and avoid mixing classes.
- Mark spaces outside restrooms to provide visual cues to ensure social distancing while waiting.

Cleaning and Disinfecting

The Centers for Disease Control and Prevention (CDC) has provided information regarding cleaning and disinfecting your building and other areas. These guidelines can be found at:
https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

A few basic recommendations from the CDC, that we support, include:

- Wear disposable gloves to clean and disinfect.
- Clean surfaces using soap and water, then use disinfectant.
- Cleaning with soap and water reduces germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.

- Practice routine cleaning of frequently touched surfaces.
    - More frequent cleaning and disinfection may be required based on level of use.
    - Surfaces and objects in public places should be cleaned and disinfected before each use.
- High touch surfaces include:
    - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.
- Disinfect using EPA-registered household disinfectant (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19), properly diluted bleach solutions, or alcohol solutions with at least 70% alcohol.

For additional information, please see the City of St. Louis FAQ for facilities and cleaning staff.

School Transportation

When possible, assign seats by cohort (same students sit together each day) which will help with contact tracing. However, all students must wear a face covering while riding transportation provided by the school to reduce the potential for COVID-19 transmission.

Recess

Recess activities must be limited to activities that permit social distancing.

Sports

A separate document will be provided that contains recommendations for organized sports.

CITY OF ST. LOUIS SCHOOLS
INFECTIOUS DISEASE CONTROL ADMINISTRATIVE GUIDELINES AND PROCEDURES

City of St. Louis Schools, in collaboration with the City of St. Louis Department of Health (DOH), have developed these Infectious Disease Administrative Guidelines and Procedures with the understanding that:

- All staff have a role in prevention of communicable disease.
- School nurses are responsible for education, identification, reporting, and notification and follow-up.
- School staff, who may feel themselves to be at risk during any potential or suspected exposure, can confidentially identify themselves to the school nurse, or Principal for notification planning.
- Laws and regulation are subject to change, the school nurse is responsible for maintaining up-to-date information through DOH and Missouri Department of Health and Senior Services (DHSS).
- These Administrative Guidelines and Procedures are not exhaustive, but relative to that most often seen in the school setting.
- Environmental safeguards through custodial responsibility are essential.
- These Administrative Guidelines and Procedures will be reviewed and updated annually.

INFECTIOUS DISEASES

Infectious diseases are illnesses caused by specific organisms: viruses, bacteria, fungi, or parasites. Infectious diseases that can be spread from one individual to another are called *contagious* or *communicable* diseases. Contagious illnesses are among the major problems that school health programs face, causing absences and physical discomfort for students and staff.

Infectious disease control measures in schools include:

- preventing infection from spreading;
- requiring certain immunizations;
- reporting some illnesses to DOH;
- temporarily excluding some children or staff who are ill or may be incubating communicable disease; and
- preparing to respond to outbreaks and emergencies of all types.

Diseases are divided into the following 8 categories.

1. Vaccine-Preventable Diseases
2. Diseases Spread Through the Intestinal Tract
3. Diseases Spread Through the Respiratory Tract
4. Diseases Spread Through Direct Contact
5. Diseases Spread Through Blood Contact
6. Sexually Transmitted Diseases
7. Diseases Spread from Animals to People (Zoonotic Diseases)
8. Sports-Associated Infectious Diseases

MISSOURI LAW AND INFECTIOUS DISEASES

Disease Reporting and Control

Some disease control activities are required by law or regulation. DHSS statutes (18 CSR 20-20.020) govern the reporting and control of communicable diseases. Said statute establishes specific reporting and surveillance requirements. In addition, the regulations outline the isolation and quarantine requirements for contacts of persons infected with certain communicable diseases in school and health care settings. These requirements include attendance guidelines for non-immune students and staff when cases of vaccine-preventable diseases are reported. A list of the reportable diseases that are subject to control under general reporting and isolation and quarantine regulations are provided at https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-20.pdf.

Reporting

School nurses are responsible for reporting communicable diseases to DOH. School nurses may hear about a student's reportable disease from a variety of sources, including a local board of health, a child's medical provider, a parent/guardian, or an epidemiologist.

Confidentiality

Confidentiality is required by law and must be maintained by everyone, including the disease investigator (school nurse), clerical staff, administrative staff, teachers, and other school officials who may be aware of personal health information.

Isolation and Quarantine

Two key processes used to prevent the spread of communicable diseases are isolation and quarantine.

- *Isolation* refers to separating *people who are ill* from other people to prevent the spread of a communicable disease.
- *Quarantine* refers to separating and restricting the movement of *people who have been exposed* to a communicable disease and are not yet ill but may

become ill and infectious; these people are often referred to as “contacts” of the person who is known or presumed to be infected and infectious.
- DOH is authorizing agency for determining need for isolation and quarantine.

Immunizations

Missouri statutes (167.181) specifies minimum immunization requirements for enrollment in school. These requirements, as well as exclusion requirements, recordkeeping procedures, and requirements and recommendations for immunization of teachers and staff are discussed in the “Vaccine-Preventable Diseases” section. See also exhibit to Immunization Exemptions and Vaccine-Preventable Disease Exclusion Guidelines in School Settings.

INFECTION PREVENTION AND CONTROL IN THE SCHOOL SETTING

Infection Control Measures

The spread of communicable diseases can be controlled by the use of good infection control practices. Infection control practices include: age-appropriate immunization requirements for school entry; utilizing and teaching proper hand hygiene, respiratory hygiene/cough etiquette and standard precautions; utilizing appropriate personal protective equipment for staff; cleaning and disinfecting as per the school’s custodial protocol.

Some diseases require more specific prevention measures. Please refer to the individual disease sections that follow.

Hand Hygiene

Proper hand hygiene is the single most effective way to prevent the spread of most infections. Several studies have indicated an association between hand washing or use of alcohol-based hand sanitizers and reduction in school absenteeism due to infectious illnesses. Hand sanitizer is *not* a substitute for soap and water for certain situations, specifically after toileting. All bathrooms will be kept supplied with adequate soap and paper towels.

Custodial staff will:

- check bathrooms daily for soap, paper towels and bathroom tissue

Staff and students should practice hand hygiene:

- before eating or handling food; after toileting; and,
- after contact with blood or body fluids, non-intact skin, or nasal and respiratory secretions.

To properly wash and clean hands, the following procedures should be followed:

- Wash hands with soap and water when they are visibly soiled. Wet hands first with water, apply soap, and rub hands together vigorously for at least 20 seconds. Rinse hands with water and dry thoroughly. Use a towel to turn off the faucet.

Purell or other hand sanitizers that contain at least 70% ethanol can be used as a quick and effective way to sanitize your hands when they are **not visibly soiled**.

Fire Safety Issues:

- Purell and other effective hand sanitizers contain 70% ethanol to kill bacteria and viruses. This makes it quite flammable. Fire Regulations require that:
- Dispensers not be installed next to or above electrical outlets, switches, or near other sources of ignition (including electrical devices or oxygen outlets)
- A corridor width of 6 feet or greater is required for dispensers to be mounted in corridors.
- Dispensers must not be installed over carpeted surfaces unless they are located in a sprinklered smoke compartment

Standard Precautions

Standard precautions are used for all contact with blood and other body fluids, secretions, and excretions; non-intact skin; and mucous membranes. These precautions must be used at all times, regardless of a person's infection status or diagnosis.

Appropriate equipment (including personal protective equipment) must be readily available to staff members who are responsible for the clean-up of bodily spills.

Standard precautions include:

- Follow hand hygiene guidelines (see above).
- Wear gloves (clean, nonsterile) when touching blood, body fluids, non-intact skin, or contaminated items. Always practice hand hygiene whenever gloves are removed. **Gloves are not a substitute for hand hygiene.**
- Gowns, masks, and eye protection should be worn during procedures and activities that are likely to generate splashes or a spray of blood or body fluids.
- Disinfect surfaces and equipment contaminated with blood or body fluids using a 1:10 solution of bleach for 30 seconds, or any EPA-approved disinfectant used according to manufacturers' recommendations. Bleach

solutions should be mixed on a routine basis and stored in an opaque bottle.

- Dispose of all sharps in a puncture-proof container, this includes cutting tools that may have caused injury during use. (Scissors, exacto etc.)
- Dispose of infectious waste (anything contaminated with blood or body fluids) in a leak-proof sealable bag.

Custodial Staff Procedure

If necessary, block off area. Assemble the necessary equipment: Approved disinfectant, gloves, paper towels, disposal bag, if necessary, a mop, mop bucket, wringer. Optional equipment: gown, booties, cap, goggles, and wet floor sign.

- Put on gloves
- Spray floor with an approved disinfectant and let soak for 3-5 minutes.
- Wipe up with paper towel and place all contaminated paper towels in plastic disposal bag.
- Repeat process as many times as necessary to make sure that all material has been removed from the floor and other surfaces.
- When all blood or body fluids have been removed, spray area again with an approved disinfectant and allow to dry for 10 minutes.
- Seal bag and dispose outside of classroom.
- If a mop is used, mop head should be removed immediately after use and disposed of.

Respiratory Hygiene/Cough Etiquette

Posters and signs to remind students and staff about cough etiquette and hand hygiene will be displayed in bathrooms, cafeteria, classrooms etc. In addition, parents/guardians will receive similar information through school communication forums such as newsletters, and will be reminded to keep sick children home from school.

Education of students and staff on appropriate cough etiquette includes:

- Cough or sneeze into elbow crease if no tissue is available
- Cover the mouth and nose with a tissue when coughing or sneezing and immediately disposing of tissue into wastebasket and;
- Practice hand hygiene often.
- Classrooms will be supplied with tissues

VACCINE-PREVENTABLE DISEASES

Immunizations and Requirements

Vaccine-preventable diseases include, at the time this document was created, chickenpox (varicella), diphtheria, Haemophilus influenzae type b (Hib), hepatitis A, hepatitis B, invasive pneumococcal disease, pertussis, polio, measles, mumps, rubella, and tetanus.

Missouri statutes (167.181) specifies minimum immunization requirements for enrollment in school. These requirements apply to all students attending a City of St. Louis pre-school program and kindergarten through grade twelve.

Every year, DHSS updates and distributes the most current childhood immunization recommendations and school requirements to all schools that have kindergartens and 7th grades. It is the responsibility of the school nurse and the Family Resource Center to obtain the most current version of the childhood immunization schedule and requirements for school entry.

Exclusion

In accordance with the law and regulations, provides for exclusion of students from school if immunizations are not up to date, but exemptions are permitted at school entry for medical and religious reasons. The only exception for exclusion of unimmunized or partially immunized children without medical or religious exemptions is for homeless children: The federal McKinney Vento Homeless Assistance Act of 2001 stipulates that homeless children cannot be denied entry to school for not possessing immunization records.

DOH is authorized to implement and enforce the requirements for isolation and quarantine pursuant to 105 C.M.R. 300.200.

Exclusion During Disease Outbreaks

In situations when one or more cases of disease are present in a school, all susceptibles, students and staff, **including those with medical or religious exemptions**, are subject to exclusion as described in DHSS statute (19 CSR 20-20.030). The reporting and control of diseases identified as posing a risk to the public health is prescribed by state regulation and law.

Notification

The school nurse and school physician in collaboration with DOH determine whether some or all parents/guardians and staff should be notified immediately.

Teachers and Staff
DOH recommends that *all* adults working in schools (including volunteers and student teachers) have immunity to measles, mumps, rubella, diphtheria, tetanus, and chickenpox. An annual influenza vaccination is also recommended for those who are in contact with children.

DOH in collaboration with the school nurses maintain confidential immunization records for school staff, because staff members without documentation of immunity may be excluded if a vaccine preventable disease manifests in the school.

Reporting Requirements
The School Nurse will report to DOH if a documented case of any of the diseases listed below occurs in the school (19 CSR 20-20.020).

Diseases that must be reported:

- chickenpox (varicella);
- diphtheria;
- *Haemophilus influenzae* type b (Hib);
- hepatitis A; See “Diseases Spread Through the Intestinal Tract”
- hepatitis B; See “Diseases Spread Through the Intestinal Tract”
- pertussis;
- polio;
- measles;
- mumps;
- rubella;
- other, as directed by public health authorities

Standard Measures
The following measures will be taken in the event of the occurrence of any of the vaccine preventable diseases listed above. Exceptions and specific additional measures will be noted in sections discussing each disease. The school nurse will notify the DOH and under the direction of Public Health will:

- Exclude infected individuals during their infectious period.
- Collaborate with DOH Public Health Nurses to identify who has been exposed, determining the “zones of exposure” for the disease (see below).
- Identify all susceptibles among exposed students and staff.
- Identify high-risk, exposed susceptibles and refer them to their health care providers.

- Exclude all exposed susceptibles who cannot be vaccinated (or take antibiotics if indicated) for medical or religious reasons during the appropriate time period.
- Notify students, staff, parents/guardians, and others.
    - Conduct surveillance for two incubation periods.

School Attendance Guidelines

Control measures for vaccine-preventable diseases are complex. Procedures are updated regularly as new vaccines are licensed or as national guidelines change. Detailed nursing protocol confirms with DHSS Prevention and Control of Communicable Diseases. Below, general information for attendance is provided, but is subject to change due to laws and public health authority. The school nurse, in collaboration with DOH, student's primary care physician and DHSS are responsible for determining school attendance.

Varicella/Vaccine Modified Varicella Syndrome: If students or staff have had chickenpox disease with vesicles present, they may return to school when all blisters are crusted over and dry. If no vesicles were present, they may return to school when the lesions are faded (i.e., the skin lesions are in the process of resolving; lesions do not need to be completely resolved) or no new lesions appear within a 24-hour period, whichever is later.

Shingles: Same as varicella.

Diphtheria: No identified cases or carriers of *C. diphtheriae* may return to school until two cultures from the nose, throat, or skin sores are negative for the bacteria.

Haemophilus Influenzae Type B Illness (Hib Disease): Children and staff who are not ill with Hib disease may return as soon as the appropriate antibiotic treatment has begun. Children or staff who are ill should be excluded while they are ill and until 24 hours after initiating antimicrobial treatment.

Measles: A student or staff member with measles should not return until at least 4 days after the appearance of the rash (counting the day of rash onset as day zero).

If there is one case of measles, susceptible individuals must be excluded from days 5 through 21, after exposure to the case during the infectious period. If exposure was continuous, or there were multiple exposures, these individuals must be excluded through the 21st day after rash onset in the last case. After exposure, those defined as susceptible are individuals *without* proof of immunity, as defined by:

- Born in the U.S. before January 1, 1957 (with the exception of individuals in the health care setting, where year of birth doesn't apply).
- Two doses of measles-containing vaccine given at least 4 weeks apart, beginning at $\geq$ 12 months of age, *and* the second dose given prior to or within 72 hours of exposure. (In some situations, individuals receiving their first dose within 72 hours of exposure will be considered immune.)
- Serologic proof of immunity.

When case(s) of disease occur, susceptible individuals, including those with medical or religious exemptions who are not vaccinated, **must also be** excluded for the appropriate time period as outlined in *Rules of Department of Health and Senior Services* (19 CSR 20-20.030).

Additional prevention guidelines: Measles is one of the few diseases that *can* be prevented through prompt immunization after exposure. If a case is reported *or* suspected, all susceptible students and staff who are without contraindication to vaccine should be immunized *within 72 hours of exposure*.

Mumps: A student or staff member will be excluded until 9 days after the onset of swelling (counting the initial day of gland swelling as day zero).

Pertussis (Whooping Cough): A student or staff member with confirmed pertussis will be excluded until 3 weeks after the onset of cough or after they have completed 5 days of appropriate antibiotic therapy.

Polio: Individuals with polio should be excluded for 6 weeks after onset or until the virus can no longer be recovered from sample.

Rubella: A student or staff member with rubella may return 7 days after the onset of the rash (counting the day of rash onset as day zero). Unimmunized persons must also be excluded until 21 days after the date of rash onset in the last case.

DISEASES SPREAD THROUGH THE INTESTINAL TRACT

Because students and staff who have intestinal tract diseases do not always feel sick or have diarrhea, the best method for preventing spread of these diseases is an ongoing prevention program. DOH believes the best prevention program is to promote hand washing after using the bathroom and before preparing or eating food. In addition, DOH recommends all schools ensure that bathrooms have an adequate supply of soap (preferably liquid), running water, paper towels, and toilet paper.

Prevention Guidelines for Infectious Diarrhea:

- Strictly enforce all handwashing, bathroom, diapering, and cleanliness procedures.
- Carefully monitor field trips to farms, cider mills, and petting zoos. Students should not be allowed to drink raw or unpasteurized milk or apple cider, and they should wash their hands after contact with any animals. If hand washing facilities will not be available, provide students with waterless, alcohol-based hand sanitizers.
- Be careful about choosing pets for the classroom. Reptiles such as snakes, iguanas, and turtles can shed salmonella and are poor choices as classroom pets.
- Enforce environmental cleaning and sanitation.
- Instruct students and staff not to share food, drink, or eating/drinking utensils.
- Sharing of water bottles by sports teams should be particularly discouraged.

School Attendance and Return Guidelines for Infectious Diarrhea:

- When students or staff have uncontrolled, severe, or bloody diarrhea and fever or vomiting, or if diarrhea cannot be contained by diapers (in those students using them), they will be excluded until fever and diarrhea are gone
- When students or staff have mild diarrhea, take special precautions or exclude.
- When students or staff who do not prepare food or feed students are found to have infectious diarrheal organisms in their stool (positive stool tests) but have no diarrhea or illness symptoms, take special precautions but do not exclude them. However, during outbreaks, a negative stool test may be required to permit attendance.
- When staff who prepare food or feed children have positive stool tests, exclude them from these duties until the isolation and quarantine (19 CSR 20-20.030) back-to-work requirements are met regarding that particular organism.

Salmonella, Shigella, E. coli O157:H7, Campylobacter: See school attendance and return guidelines for infectious diarrhea above.

Pinworm: Because pinworms are not considered an emergency, students or staff identified with pinworms do not need to be sent home from school. Infected individuals will be referred to a health care provider for diagnosis and treatment and may return after treatment has begun. When pinworm infection occurs in a school, the school nurse and school physician will determine, based on their judgment, whether some or all parents/guardians and staff should be notified.

Hepatitis A: Children and adults with acute hepatitis A will be excluded from school for 1 week after the onset of the illness or until their fever has resolved, whichever is later.

Giardia**:** See school attendance and return guidelines above.

Norovirus: See school attendance and return guidelines for infectious diarrhea in the introduction to this section.

Additional necessary measures during outbreaks: Since norovirus is very easily transmitted person-to-person, staff and students should be reminded not to share food, drink, or eating utensils, especially during an outbreak. It is essential to strictly follow the precautionary measures; monitor and enforce hand washing and ensure that hand washing facilities are properly supplied. When norovirus outbreaks are identified, thorough environmental cleaning is essential, especially where vomiting has occurred.

Hand, Foot, and Mouth Disease (Coxsackievirus): There is no need to exclude anyone who is well enough to attend school.

Prevention guidelines: Follow strict handwashing and personal hygiene procedures. Always wash hands after using the bathroom, after diapering or assisting a student in the bathroom, and before eating or handling food. Careful attention to environmental cleaning and sanitation is also very important in reducing spread. For additional prevention guidelines, see the “Infection Prevention and Control in the School Setting” section in this Administrative Guidelines.

DISEASES SPREAD THROUGH THE RESPIRATORY TRACT

Respiratory tract diseases are spread primarily through microscopic infectious droplets (droplet transmission) generated in or settling on the mucous membranes of the nose, mouth, throat, or eye. These droplets are generated by a person primarily during coughing, sneezing, talking, or nose blowing. Group A streptococcus and *Neisseria meningitidis* are examples of bacteria that are droplet-borne. Respiratory transmission of infectious particles is less frequent and occurs when very small (≤ 5μm) particles remain suspended in the air for long periods of time, or when dust particles contain the infectious agent. Measles and tuberculosis are examples of diseases spread through respiratory transmission.

Respiratory tract diseases may be mild (viral colds and strep throat) or life-threatening (bacterial meningitis). Some of these diseases are more common in children; others, like the viral cold, affect all ages fairly equally.

Prevention Guidelines:

- Hand washing and cleanliness are essential to stop the spread of all respiratory tract diseases. Hands should be washed with soap and warm running water or an alcohol-based hand sanitizer.
- Encourage staff and students to wash their hands after wiping or blowing noses; after contact with any nose, throat, or eye secretions; and before preparing or eating food.
- Keep a supply of disposable towels, alcohol-based hand gel, and tissues in each classroom, and encourage their use.
- Dispose of towels or tissues contaminated with nose, throat, or eye fluids in a step-can with a plastic liner. Keep them away from food and classroom materials.
- Teach children and staff to cough or sneeze toward the floor or to one side, away from people. If they sneeze or cough into a hand or tissue, they must properly dispose of the tissue and wash their hands.
    - Discourage the sharing of food and/or beverages, including water bottles.

Colds and Influenza*:* The school nurse, through clinical assessment, will determine when a student or staff member should go home. Fever guidelines are 100.4^{o} F or higher under the arm, 101.5^{o} F by mouth. Sick students and staff should stay home from school until they have been without fever and have not used fever reducing medication for 24 hours, to help prevent spreading illness to others.

Group A Streptococcal Infections: (strep throat, scarlet fever, etc.) People with streptococcal pharyngitis should not return to school until at least 24 hours after beginning appropriate antibiotic treatment and resolution of their fever. Mildly ill students and staff can continue to attend school while awaiting the results of a strep culture. Antibiotics should be taken for the full course of prescribed treatment, primarily to prevent rheumatic fever or other complications.

Fifth Disease (Erythema Infectiosum): Students or staff with fifth disease should continue to attend school. By the time they are diagnosed with the rash, they are usually no longer contagious.

Special note for pregnant women and women of childbearing age: In view of the high prevalence of parvovirus B19 infections, the low incidence of ill effects on the fetus, and the fact that avoidance of child care or classroom teaching can decrease but not eliminate the risk of exposure, routine exclusion of pregnant women or women of childbearing age from a school where this disease is occurring is not recommended. Pregnant students and staff in schools where fifth disease is circulating should be referred to their health care providers for counseling and possible serologic testing. Women of childbearing age who are concerned can also undergo serologic testing prior to or at the time of exposure to determine if they are immune to the disease.

Invasive Meningococcal Disease: Individuals with invasive meningococcal disease are generally too ill to attend school. They may return to school when they are well (after hospital treatment).

Various strains of the bacterium *Neisseria meningitidis* can cause invasive meningococcal disease that is serious and sometimes fatal. The most common illness is meningitis, an inflammation of the coverings of the brain and spinal cord. People with invasive meningococcal disease are usually very ill and are hospitalized.

Notification guidelines: The school nurse and school physician, collaborating with DOH and school officials, will develop a system for immediate notification of appropriate parties, including parents/guardians and staff.

Severe Acute Respiratory Syndrome: If a student or staff member has SARS, is suspected of having SARS, or has been exposed to a person with SARS, the DOH and DHSS in collaboration with school officials will recommend and enforce

appropriate public health actions. These may include isolation, quarantine and information dissemination and will be determined by circumstances and available information.

Meningitis: Since fecal shedding of virus can continue for several weeks after onset of infection and can also occur without signs of clinical illness, there is no reason to keep people out of school if they feel well enough to attend. For school attendance guidelines for Hib or pneumococcal or meningococcal meningitis, refer to the appropriate section.

- ***Notification guidelines:*** The school nurse and school physician will decide, based on their judgment, whether some or all parents/guardians or staff should be notified.

Infectious Mononucleosis: Since both sick and healthy people can carry and spread this virus intermittently for life, there is no need to exclude students or adults with this disease, as long as they are feeling well.

Tuberculosis: students or staff diagnosed with suspected or confirmed TB disease should not attend school or work in schools until they have begun taking prescribed TB antibiotics and their health care provider states in writing that they are not contagious. Students or staff who have a positive TB skin test and no symptoms of active TB should *not* be restricted from school.

What School Administrators, Staff, and Parents/Guardians Should Know About TB:

- Infants and young children under age 10 with TB lung disease are usually *not* contagious.
- The DOH recommends a *TB risk assessment*, performed by the child's health care provider prior to the child's entry into school. Students or staff who have a positive TB skin test and no symptoms of TB should *not* be restricted from school.
- In, Missouri, TB screening for school employees and volunteers is required.

DISEASES SPREAD THROUGH DIRECT CONTACT

Diseases spread through direct contact include impetigo, ringworm, conjunctivitis, scabies, pediculosis, and herpes simplex infection and are caused by superficial bacterial or viral infections or parasitic infestations. They are common and are generally not serious. They are spread by direct contact with infectious secretions, infected skin areas, or contaminated objects. Because students are constantly

touching their surroundings and the people around them, these infections are easily spread among students and staff.

Prevention Guidelines

- Follow hand hygiene guidelines in the “Infection Prevention and Control in the School Setting” section in this chapter.
- Encourage staff and students to wash their hands after contact with any possibly infectious secretions.
- Keep a supply of disposable towels, alcohol-based hand gel, and tissues in each classroom, and encourage their use.
- Dispose of towels or tissues contaminated with secretions in a step-can with a plastic liner. Keep them away from food and classroom materials.
- Discourage the sharing of food and/or beverages, including water bottles.
- Wash frequently used surfaces such as tables and counters daily.
- Do not permit students to share personal items such as combs, brushes, hats, or clothing.
- Provide adequate individual storage areas for students’ clothing items such as coats, hats, scarves, and mittens.
- Wash and cover sores, cuts, and scrapes promptly, and keep infected eyes wiped dry.
- Report rashes, sores, runny eyes, and severe itching to a student’s parents/guardians so they may contact their health care provider for diagnosis and appropriate treatment.

Impetigo: Impetigo is not considered an emergency, so students or staff identified with a suspected impetigo rash during the day do not need to be sent home from school. Sores should be kept lightly covered. Affected students and staff may return to school after 24 hours of local therapy.

A note about antimicrobial resistance and resistant staph: Some kinds of staph are resistant to certain antibiotics that may be used to treat an infection. Methicillin-resistant *Staphylococcus aureus* (MRSA) is resistant to a family of antibiotics related to penicillin, including methicillin and oxacillin. Like other staph, MRSA may be carried on the nose or skin without causing an infection, or may cause mild skin infections (like impetigo) that do not require antibiotic treatment. MRSA does not usually cause more serious problems than any other staph, but when MRSA does cause an infection that needs antibiotic treatment, the correct antibiotics must be used in order to be effective. Infections with MRSA are relatively rare in community settings (that is, outside of hospitals and nursing homes), but they are increasing. For more information concerning antibiotic resistance and MRSA, including information for school nurses, please go to the following page on the DHSS website:
https://health.mo.gov/data/mrsavre/pdf/MRSASchools.pdf

Ringworm (Tinea): There is no need to exclude students or staff with these common, mild infections. If the affected area can be covered, there is no need for dismissal. School nurse will notify parent/guardian for treatment, and student may return to school as soon as treatment has begun.

Conjunctivitis (Pinkeye): Conjunctivitis is not an emergency, so students or staff who are identified as having conjunctivitis at school do not need to be sent home from school that day.

Scabies: Scabies is not considered an emergency, so students or staff identified as having a rash that appears to be scabies at school do not need to be sent home that day.

Pediculosis (Head Lice): Children need not be excluded or sent home early from school because of head lice. The school nurse will contact parents/guardians of affected children to inform them that their children must be properly treated and may return to school on the day after treatment.

Due to the sensitive nature and confidentiality violation, DOH does not support the use of volunteer/parent/guardian lice inspection.

Herpes Simplex Infection: Exclusion of children with cold sores (i.e., recurrent infection) from school is not indicated.

DISEASES SPREAD THROUGH BLOOD CONTACT

Bloodborne infections such as hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV) are serious illnesses that are spread through direct contact with blood and body fluids. Because intimate contact is required for these diseases to spread, the risk of transmission in the school setting is negligible. However, during adolescence, the likelihood of becoming infected with HIV and HCV increases proportionally with sexual activity, injection drug

use, tattooing, and piercing. Fortunately, as a result of vaccination programs, the risk of transmission of HBV among all students is very low.

All school staff will be educated annually on the use of standard precautions and specific ways to prevent contact with blood and body fluids.

If a question of occupational exposure to hepatitis and HIV arises, consult the PEPline (Post-Exposure Prophylaxis Hotline) at http://www.ucsf.edu/hivcntr.

Available evidence indicates that the risk of transmission of all these diseases is also low during contact sports at the high-school level. Recommendations issued by the American Academy of Pediatrics (AAP) in 1999 for the prevention of HIV and other bloodborne pathogens in the athletic setting include the following:

- Athletes infected with HIV, HBV, or HCV should be allowed to participate in all sports and do not need to disclose their infection status.
- Testing for bloodborne pathogens should *not* be mandatory for athletes.
- Coaches and athletes should be educated on the use of standard precautions and specific ways to prevent direct contact with blood and body fluids.
- Athletes must cover existing cuts, wounds, or other areas of broken skin with a dressing before and during participation.
- Disposable gloves should be worn to avoid contact with blood or other body fluids, as well as any equipment contaminated with these fluids. If gloves are not available, the wound should be wrapped with a towel until a location is reached where gloves can be donned for definitive treatment.
- Hands should be washed with soap and water or an alcohol-based hand cleanser *immediately* after removing gloves.

- Athletes with active bleeding should be removed from competition until the bleeding has stopped and the wound has been covered with an occlusive dressing.
- Equipment and inanimate surfaces contaminated with blood or body fluids should be disinfected with a 1:10 dilution of bleach for 30 seconds, or with any EPA-approved disinfectant.
- Mouthpieces or resuscitator bags should be available for use whenever resuscitation is carried out.

Hepatitis B: Staff and students who are ill with acute HBV infection should stay home until they feel well and until fever and jaundice are gone. Students who are chronically infected with HBV and who have no behavioral or medical risk factors, such as unusually aggressive behavior (e.g., biting), generalized dermatitis, or a bleeding problem, should be admitted to school and child care without restrictions.

Students and staff infected with HBV do not need to be identified to school personnel or parents/guardians of other children attending school or childcare.

Hepatitis C*:* There are no recommendations to exclude persons with hepatitis C from employment, school, sports, or any social situation. Students with hepatitis C do not need to be identified to school personnel.

HIV Infection and AIDS: Students with AIDS or HIV infection pose no risk of transmitting HIV through casual contact in a school setting. Students with HIV/AIDS have the same right to attend classes or participate in school programs and activities as any other student. The only exception is in the rare situation in which a student bleeds uncontrollably or exhibits behaviors that put others at risk. Universal blood and body fluid precautions, now included under “standard precautions,” in all school settings should apply.

No cases have ever been confirmed of HIV transmission from saliva, sweat, or tears. HIV is also *not* transmitted by:

- casual contact such as kissing or hugging;
- insect bites;
- food handled, prepared, or served by a person with HIV/AIDS;
- toilets, telephones, or clothes;
- shared eating utensils or drinking glasses;
- physical proximity to people with HIV/AIDS, in schools or other public places;
- feces or urine;
- blood donation;
- swimming pools and hot tubs; or
- shared musical instruments.

Under Missouri law (34 CFR 300.625), minors in certain circumstances may consent to their own dental care and medical testing and treatment, including treatment for HIV infection. This law mandates confidentiality of medical information and records except when an attending physician or dentist reasonably believes that the minor's condition is so serious that life or limb is endangered.

Protections and Policies

Confidentiality

As with any other medical information, the diagnosis of HIV infection and AIDS is confidential, and students are not obligated to disclose it. Since individuals with AIDS or HIV infection typically pose no public health threat to others by their presence in the school, their medical information is protected.

The privacy of students with HIV infection or AIDS is protected under state privacy law (34 CFR 300.623, which protects against unwarranted invasion of privacy, and by 34 CFR 300.622, which prohibits health care providers and facilities (including school-based clinics) from disclosing HIV test results (or the fact that a test has been performed) without specific, informed, written consent of the person tested. The consent should include the name of the individual to whom the disclosure is to be made. Disclosure by school personnel is also restricted by FERPA (Family Educational Rights and Privacy Act).

Disclosure

A student and/or his or her parent/guardian may wish to disclose the diagnosis of AIDS or HIV infection to the school nurse or school physician, even though they are not obligated to do so. Reasons include:

- A student diagnosed with AIDS or HIV infection may be at a greater risk for other infections. If there is an occurrence of a contagious disease in school, such as chickenpox, the school nurse or physician who is aware of a student's HIV status can alert the student's parent/guardian, who then may consult their personal physician for preventive treatment or a recommendation to keep the child at home.
- A young person with AIDS or HIV infection may be taking medications that should be administered by a health care professional, or he or she may require immunizations (vaccines) different from those of other students or not be able to receive certain vaccines. Schools are bound by state law to comply with regulations governing the administration of medication (The Missouri Nurse Practice Act: Chapter 335, RSMo) and to determine whether a student has had certain immunizations. (See first section in this chapter on immunization requirements.) Therefore, a parent/guardian may decide

that knowledge of an AIDS diagnosis or HIV infection will help the school nurse or school physician meet the child's medical needs.

If, in consultation with the student's primary care physician, a parent/guardian decides to inform certain school personnel, particularly the school nurse and school physician, of the student's HIV/AIDS status, the DESE recommends and notes the following:

- The student's parent/guardian or the student may inform the school nurse or school physician directly.
- The student's parent/guardian may request that the child's personal care physician make the disclosure. In this case, specific, informed, written consent of the student's parent/guardian is required before the physician may disclose the information.
- Further disclosure of a student's HIV status by the school nurse or school physician to other school personnel requires the specific, informed, written consent of the student's parent/guardian or of the student, informing his or her own decisions under FERPA.

A student and the student's parent/guardian may also decide to inform the student's teacher(s), counselor, school principal, or other staff members, but they are not obliged to do so. This is *their* decision alone. Given the privacy protection of Family Educational Rights and Privacy Act (FERPA) and state student record regulations, all school personnel are bound to protect confidentiality.

If and when informed, written consent is given enabling school staff to disclose to others in the school, the form or letter giving this consent should spell out specifically which individuals can be informed, what information is to be shared, and a timeframe during which this consent applies. It should specify *names* of individuals, not their titles or roles in the school. Staff titles and positions change, and a student's family may not want a new person holding the position to be informed.

Privacy of Records

Because licensed physicians, nurses, social workers, and psychologists (according to the federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 45 C.F.R. 164) have a duty to protect HIV/AIDS-related and other private information, the signed consent form and any HIV/AIDS-related information will be kept by the school nurse in a locked file separate from the school health record.

DISEASES SPREAD FROM ANIMALS TO PEOPLE (ZOONOTIC DISEASES)

Diseases spread from animals to people are called *zoonotic diseases.* Some foodborne and waterborne diseases that may be traced to disease in animals are salmonellosis, campylobacteriosis, and giardiasis, discussed earlier in this chapter.

The three disease categories discussed in this section are rabies, tickborne diseases, and arboviral (mosquito-borne) diseases, none of which are transmitted person-to-person.

Animals in the Classroom

Animals can be effective teaching aids, and the benefits of the human-animal bond are well established. However, animals in the classroom necessitate certain safeguards. Because diseases can be transmitted from animals to people, consideration should be given to potential health issues before bringing animals into the classroom.

Animals may carry parasites, bacteria, and other organisms that can be transmitted to people. Zoonotic diseases can be spread by direct contact with an infected animal or its feces, through insects that bite or live on animals, or from contact with organisms that live in the environment where an animal lives. Certain groups of people may be more susceptible to zoonotic diseases, including infants, children, pregnant women, and those with weakened immune systems.

In order to prevent the transmission of enteric disease-causing organisms, students should receive very clear instructions on how to wash their hands thoroughly after handling animals, their cages, or surfaces animals have come in contact with, and always before eating. For questions on safe and proper handling procedures, contact the DOH, Communicable Disease Bureau at (314) 657-1499.

Centers for Disease Control and Prevention (CDC) guidelines on animals in classrooms are available at https://www.cdc.gov/healthypets/specific-groups/schools.html.

Rabies: When any animal bites or scratches a student, school personnel should notify the student's parent/guardian and the City of St. Louis Animal Control and DOH. All animal bites should be reported to the DOH and local animal control official. Dogs, cats, and ferrets that bite people must be observed for signs of rabies. Wild animals that bite children should be captured by the local animal control official and submitted to the State Laboratory for rabies testing.

Tickborne Diseases: There is no need to exclude students or adults bitten by a tick, those diagnosed with a tickborne illness, or those exposed to an individual diagnosed with these diseases.

Prevention guidelines: When outdoors, on field trips or in areas that may harbor ticks, students should:

- Stick to main pathways and the center of trails when hiking.
- Wear long-sleeved, light-colored shirts and long pants tucked into socks.
- Use repellents, according to the manufacturer's recommendations. The two most common active ingredients in repellents are DEET (N-N-diethyl-meta-toluamide) and permethrin. These products remain effective for many hours, so it is not necessary to frequently reapply them.

After returning indoors, students should be told to:

- Check for ticks immediately. This is critical because the longer an infected tick remains attached, the higher the likelihood of disease transmission. Favorite places ticks like to go on the body include between toes, behind knees, groin, armpits, neck, hairline, and behind ears.
- Wash repellent-treated areas with soap and water. (Note: Parents/guardians should also launder treated clothing before reuse.)

If an attached tick is found:

- Students or staff should notify the school nurse immediately.

Facts About Repellents

Repellents containing DEET can be applied to exposed skin and clothing. DEET is effective in repelling ticks and insects when used according to the manufacturer's recommendations. Since DEET can be absorbed through the skin, and in rare cases causes illness, students or parents/guardians should not apply too much, not apply it to broken skin, and not apply it to skin that will be covered by clothing. Repellents should not be applied in closed spaces such as cars or tents. Repellents used on young children should not be applied to hands or faces, as children often rub their eyes and faces and put their fingers in their mouths. Products with DEET concentrations above 10%-15% should be avoided in children, and products with DEET concentrations above 30%-35% should be avoided in adults.

If parents/guardians are concerned about exposures to chemicals, they can be instructed to use the lowest concentration of DEET that provides protection for the length of time the student will be exposed to mosquitoes. Higher concentrations of DEET may provide protection for a longer period of time, but they do not provide better protection.

Permethrin-containing products kill ticks that contact them. Permethrin products are not designed to be applied to the skin. Clothing should be treated and allowed to dry in a well-ventilated area prior to wearing. Because permethrin binds very tightly to fabrics, once the fabric is dry, very little of the permethrin gets onto the skin.

A number of plant-derived products are also available for use as repellents. Limited information is available regarding the short-term and long-term health effects and overall effectiveness of these products. The information that is available indicates that these products do not provide the same level or duration of protection as DEET or permethrin-containing products.

Arboviral Diseases (Disease Spread by Mosquitoes): Because these diseases are not spread person-to-person, there is no need to exclude students or adults diagnosed with or exposed to an individual diagnosed with EEEV or WNV.

- ***Notification guidelines:*** Parents/guardians should be notified of potential health risks before students engage in a school-sponsored outdoor activity where they could be exposed to mosquitoes. Parents/guardians should apply repellent before field trips or teach their children how to apply repellent. Per existing state regulations and school-based guidelines, the school should develop protocols and procedures for notifying and educating parents/guardians about potential health risks and clarifying the home and school's roles and responsibilities.

Prevention guidelines: No human vaccine is available for EEEV or WNV. The following personal protection measures are effective in reducing contact with mosquitoes:

- Wear long-sleeved shirts and long pants.
- Stay indoors at dawn and dusk, when mosquitoes are most active.
- Use mosquito netting on baby carriages or playpens when a baby is taken outdoors.
- Make sure screens are repaired and are tightly attached to doors and windows.
- Make sure water does not collect in school playground equipment, maintenance equipment, or landscaping materials that are left unattended for long periods of time. Remove standing water from ditches, gutters, old tires, wheelbarrows, and wading pools. Mosquitoes that bite people can begin to grow in any puddle of standing water that exists for more than four days.

- Children on field trips should avoid camping overnight near freshwater swamps to reduce their risk of exposure to mosquitoes that carry EEEV. If a trip is scheduled, notify parents/guardians of the risk, use tents with mosquito netting, and use appropriate repellents.
- Use mosquito repellents, making sure to follow directions on the label.

Repellents should be used according to the manufacturer's recommendations. The two most common active ingredients in repellents are DEET and permethrin. Because these products remain effective for many hours, it is not necessary to reapply them frequently. For additional information, see "Facts About Repellents" in the "Tickborne Diseases" section.

SPORTS-ASSOCIATED INFECTIOUS DISEASES

Transmission of infectious diseases in sports settings usually occurs via direct contact, the fecal-oral route, common-source exposure, or respiratory and/or droplet spread. Exposure risk may extend to individual athletes, entire teams, and spectators. In some cases, disease transmission is unavoidable due to infectiousness before symptoms become apparent. In other cases, disease spreads when many people congregate together or share water bottles or other eating/drinking utensils. The following chart lists some infectious diseases that have occurred due to sports-related activities.

Sports-Associated Infectious Diseases

Disease	***Mode of transmission***	***Sport***
<u>Skin</u> • Herpes simplex virus (HSV) • (*herpes gladiatorum*) • *Staphylococcus aureus* • Group A streptococci • Fungi	Direct contact	Wrestling, rugby, sumo wrestling, basketball, football
<u>Skin</u> • *Pseudomonas aeruginosa*	Common-source	Swimming

Gastrointestinal/Respiratory • Enteroviruses (coxsackievirus, echoviruses)	Common-source or fecal-oral	Team sports
• Meningococcal disease	Saliva exchange, droplet	Team sports
• Measles	Respiratory or droplet	Tournaments involving gymnastics, basketball, wrestling, other indoor sports

Team physicians, trainers, school nurses, physical education teachers, and others involved with the health of the student athlete should not only be able to recognize and manage acute problems but also institute policies for the prevention of disease transmission. Good general hygiene practices and limiting exposure of infected individuals form the basis for the following recommendations:

- Coaches, trainers, and physical education instructors should be educated about the need to prevent sharing of water bottles and pails by athletes during sports-related activities.
- Students diagnosed with skin infections should be cautioned about their participation in sports involving close physical contact. Players with open lesions that cannot be covered should not be permitted to participate in sports where they could transmit disease to others. Teammates, coaches, and officials must be actively involved in recognizing these infections.
- All athletic equipment in contact with a student's skin or secretions should be routinely cleaned after use. This would include, but not be limited to, gymnastic and wrestling mats, towels, mouth guards, and other protective equipment.
- All students must be vaccinated against communicable diseases, as described in the section on immunizations.
- When airborne diseases occur, a mechanism should be in place to inform everyone determined to be exposed, including athletes, staff, and spectators.
- Athletes with symptoms of an infectious disease should not be permitted to participate in sports activities until they are evaluated by their health care provider and are not infectious.
- DOH should be notified immediately of a case or suspected case of a reportable disease in an athlete.

- Any outbreaks of infectious disease occurring in the school, regardless of cause, should be reported to public health officials to ensure prompt investigation and institution of control measures.

General prevention guidelines pertaining to particular modes of disease transmission can be found throughout this chapter.

A note about antimicrobial resistance and resistant staph: Some kinds of staph are resistant to certain antibiotics that may be used to treat an infection. Methicillin-resistant *Staphylococcus aureus* (MRSA) is resistant to a family of antibiotics related to penicillin, including methicillin and oxacillin. Like other staph, MRSA may be carried on the nose or skin without causing an infection, or may cause mild skin infections (like impetigo) that do not require antibiotic treatment. MRSA does not usually cause more serious problems than any other staph, but when MRSA does cause an infection that needs antibiotic treatment, the correct antibiotics must be used in order to be effective.

Infections with MRSA are relatively rare in community settings (that is, outside of hospitals and nursing homes), but they are increasing. Small clusters of MRSA infections have been associated with playing contact sports, particularly those sports which involve a lot of direct skin-to-skin contact, and which may involve skin damage (cuts and scrapes). For more information concerning antibiotic resistance and MRSA, including information for school nurses, coaches, and athletic directors, please go to the following page on the DHSS website:
https://health.mo.gov/data/mrsavre/pdf/MRSASchools.pdf

DOH Guidance for Social Distancing in Schools

UPDATED 7/7/2020

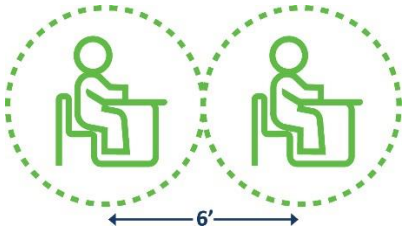
What is social distancing?

"Social distancing" is a term commonly used in today's communications, but it can be difficult to know what it actually means. Social distancing refers to measures being taken to restrict where and when people can gather in order to stop or slow the spread of infectious disease. In general, 6 feet of separation is the distance that should be kept between people interacting within their community. This recommendation is most important in the setting of a large gathering where there is intermingling of people whose symptom status may be hard to monitor.

Why are the guidelines within a school setting different than those out in the community?

The overall goal of social distancing is to increase the physical space between members of the school community to reduce unintended exposures. However, within the more limited setting of a school classroom, more flexible arrangements are allowed. Small, closed classroom groups that serve a consistent group of students and teacher(s) offer the opportunity to more closely control the environment through monitoring of symptoms and adherence to ill-student policies. For example, it is easier to enforce processes that do not allow students into the classroom if they become ill. Additionally, classroom teachers can build routines for students to wash hands upon entering and leaving the classroom, and create regular cleaning practices for desks, equipment, writing utensils, and other classroom materials.

In these situations, social distancing guidance will support a **3-foot radius** around each student, resulting in a 6-foot total distance between any two students.



DOH follows the Centers for Disease Control and Prevention (CDC's) guidance: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission (PDF) (https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf). The guidance describes prevention activities child care facilities, K-12 schools, and colleges and

universities can implement depending on the local impact of COVID-19. This document gives practical examples of how to apply this in school and reduce potential transmission.

DOH recognizes that each school community is unique, and it may not be possible for the proposed strategies to be implemented in every setting. Many strategies that are feasible in primary or secondary schools may be more challenging in child care settings. Administrators are encouraged to think creatively about ways to increase the physical space between staff and students while limiting interactions in large group settings.

How can schools practice social distancing?

Maintain safe classroom spaces.

- **Modify classes where students are likely to be in very close contact.**
  - ☐ Bring in specialist teachers (e.g., music, art, physical education) to individual classrooms versus rotating all kids through a shared space that is not able to be cleaned with each new student introduction.
  - ☐ Whenever possible, hold physical education and music classes outside and encourage students to spread out. Consider using visual cues to demonstrate physical spacing.
- **Rearrange student desks and common seating spaces to maximize the space between students.**
  - ☐ Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
  - ☐ Consider using visual aids (e.g., painter's tape, stickers, etc.) to illustrate traffic flow and appropriate spacing to support social distancing.
- **Encourage and reinforce social norms and health etiquette.**
  - ☐ Ensure the availability of appropriate cleaning supplies (e.g., disinfectant wipes) for cleaning of high-touch surfaces.
  - ☐ Have hand sanitizer and tissues readily available for use by students and staff.
  - ☐ Reinforce handwashing routines. Ask staff and students to wash hands upon entering and leaving classroom or other spaces in the school building.
  - ☐ Educate students on the importance of avoiding touching their faces throughout the day, and washing their hands when they do.
  - ☐ Consider ways to reinforce good hand hygiene. For example, provide incentives (e.g., classroom recognition or special responsibilities) for proper and thorough handwashing.
  - ☐ Ensure sick policies are supportive of students and staff staying home when sick.

- ☐ Consider engaging the school community in developing communications or creative strategies to limit the spread of COVID-19 (e.g., develop a competition to design posters addressing COVID-19 prevention tactics).

- **Avoid community supplies when possible.**
  - ☐ If shared supplies are necessary, consider using designated bins for clean and used supplies. Community supplies are considered high-touch and should be cleaned frequently.
- **Consider ways to accommodate the needs of children and families at risk for serious illness from COVID-19.**
  - ☐ Honor requests of parents who may have concerns about their children attending school due to underlying medical conditions of those in their home.
  - ☐ Staff who cannot be at school due to their own high-risk conditions can provide distance learning instruction to those students who are also unable to attend.
  - ☐ The CDC lists underlying medical conditions that may increase the risk of serious COVID19 for people of any age: Implementation Strategies for Communities with Local COVID-19 Transmission (PDF) (https://www.cdc.gov/coronavirus/2019ncov/downloads/community-mitigation-strategy.pdf).
- **Practice distance learning.**
  - ☐ Use distance learning methods in the classroom to test connectivity and understanding to allowing for an easier transition should longer-term dismissals be recommended.

Promote a safe workplace for school staff.

- **Hold staff meetings virtually or in a large enough space to accommodate social distancing.**
- **Encourage non-essential school planning and preparatory activities be conducted outside of the school environment.**
  - ☐ Consider allowing staff to use alternate spaces (e.g., telecommute) for discretionary preparation time.
  - ☐ Conduct professional development virtually whenever possible.
- **Ensure school policies are supportive of students and staff staying home when sick and offer options for people who are at high risk of developing serious symptoms associated with COVID-19.**

- ☐ Explore opportunities for staff who cannot be at school due to their own high-risk conditions or those of their family members to complete work utilizing alternate spaces (e.g., telecommute).

- **Ensure classroom access to hand hygiene products (e.g., hand sanitizer, soap, tissues, disinfectant wipes).**
  - ☐ Ensure the availability of appropriate cleaning supplies (e.g., disinfectant wipes) for cleaning of high-touch surfaces.
  - ☐ Have hand sanitizer and tissues readily available for use by students and staff throughout the building.
- **Arrange classrooms to allow teachers to practice social distancing.**
  - ☐ Turn teachers' desks to face in the same direction (rather than facing students) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- **Ensure daily cleaning of the school environment.**
  - ☐ Follow the CDC's Environmental Cleaning and Disinfection Recommendations (https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaningdisinfection.html).
- **Dedicate individual classroom and office materials.**
  - ☐ Do not share writing utensils, classroom, and office supplies between students or staff (when possible).
  - ☐ Frequently clean office materials or equipment that cannot be designated.
  - ☐ Place hand hygiene supplies in close proximity to shared equipment (e.g., printer/copier).

Avoid student mixing outside of the classroom.

- **Stagger arrival and/or dismissal times.**
  - ☐ Consider dividing up student entry points rather than funneling all students through the same entry space. These approaches can limit the amount of close contact between students in high-traffic situations and times.
  - ☐ DOH recognizes that busing times are tightly scheduled. Consider making arrival schedule changes for students who walk or are dropped off at school by a parent or caregiver.
- **Cancel field trips, assemblies, and other large gatherings.**
  - ☐ Cancel activities and events like field trips, student assemblies, athletic events, practices, special performances, school-wide parent meetings, or spirit nights.
  - ☐ Consider transitioning field trips to free virtual opportunities.

- ☐ Consider changing in-school events to a virtual format.

- **Explore the use of alternate spaces (e.g., classroom) for eating lunch and breakfast.**
  - ☐ If alternate spaces are not available, ensure classroom groups sit together in lunchrooms.
- **Playgrounds may continue to be used when appropriate safeguards are in place.**
  - ☐ In child care or elementary school settings, consider staggering playground use rather than allowing multiple classes to play together. Limit other activities where multiple classes interact.
  - ☐ Wash hands before and after touching play structures and maintain 6 feet of space from other children as much as possible. When possible, build in visual cues that demonstrate physical spacing.
  - ☐ If possible, consider cleaning high touch areas of the play structure between groups.
  - ☐ Consider allowing flexibility in recess policies and the use of teacher time to allow for supervision of classroom recess.
- **Avoid taking multiple classes to bathrooms at once (e.g., avoid having all classes use the bathroom right after lunch or recess).**

Promote health checks.

- **Reduce congestion in the health office.**
  - ☐ Use the health services office for children with flu-like symptoms and, if possible, create a satellite location for first aid or medication distribution.
  - ☐ Allow for flexible administration of health care tasks for students who are able to independently manage needs.
  - ☐ Consider using visual cues to demonstrate physical spacing.
  - ☐ Create clear communication for families who have a child with a condition listed within the CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission (PDF) (https://www.cdc.gov/coronavirus/2019ncov/downloads/community-mitigation-strategy.pdf). Page 10 lists underlying medical conditions that may increase the risk of serious COVID-19 for people of any age.
- **Emphasize the importance of daily health checks.**
  - ☐ This includes temperature checks and respiratory symptom screening for students and staff to ensure those who develop symptoms are not attending school.
  - ☐ If it is not feasible to conduct health screening given the setting:

- Provide parent education about the importance of monitoring symptoms and staying home while ill through classroom applications and other district messaging.
- Ask about access to thermometers and consider implementing temperature checks for households who do not have one.
- Use existing school outreach systems to provide text and email reminders to staff and families to check for symptoms of household members in the morning and evening.

Limit interactions outside school.

- **Limit nonessential visitors.**
  - ☐ Limit the presence of volunteers for classroom activities.
  - ☐ Move parent-teacher conferences and individualized education program (IEP) meetings to phone conference or a virtual format.
  - ☐ Use virtual formats for guest speakers and reading programs.
- **Limit cross-school transfer for special programs.**
  - ☐ Consider using distance learning, or recording any live competitions from your own school.
  - ☐ For individual sports, record and share times, distances, or heights.
- **Promote staff, students, and their families to maintain distance from each other in the school.**
  - ☐ Educate staff, students, and their families and explain why this is important.
  - ☐ Provide reminders about the importance of not sharing food or drinks.

EXCLUSION GUIDANCE

Decision Tree for Symptomatic People in Schools & Child Care Programs

Send home or deny entry to children, care providers, or staff with symptoms of illness. For symptoms consistent with COVID-19, reference exclusion criteria below to determine when individuals may return.

Symptoms consistent with COVID-19 include: new onset or worsening cough OR shortness of breath OR **at least two** of the following symptoms**:** fever (100.4°F or higher); chills; muscle pain; headache; sore throat; new loss of taste or smell.

Has the person been clinically evaluated?	**Has the person been clinically evaluated?**	**Has the person been clinically evaluated?**		**For a person not clinically evaluated who is monitoring symptoms at home**	**For a person not clinically evaluated who is monitoring symptoms at home**
Received laboratory test for COVID-19 # c	**COVID-19 diagnosis *without* lab test**	**Alternate diagnosis or laboratory confirmed condition (e.g., norovirus, hand/foot/mouth)d**		**If experiencing symptoms of COVID-19 (see list above) c**	**Other symptoms not consistent with COVID-19 (diarrhea, vomiting, rash only) d**
If POSITIVE: DOH will provide instructions to the person and household contacts about when it is safe to return to work/school. **If NEGATIVE**: Stay home until fever has resolved, other symptoms have improved, AND two negative tests are received in a row, at least 24 hours apart.	Stay home at least 10 days from symptom onset or for 3 days with no fever & improvement of other symptoms – **whichever is longer**. Siblings and household members also stay home for 14 days.	Follow provider directions, treatment, and return guidance. Follow the Missouri Control of Communicable Diseases Guide		Stay home at least 10 days from symptom onset or for 3 days with no fever & improvement of other symptoms – **whichever is longer**. Siblings and household members also stay home for 14 days.	Follow the Missouri Control of Communicable Diseases Guide

= Household members should isolate at home while awaiting laboratory test results. c (Green box) = COVID-19 d , (Blue box) = Other symptoms

Adopted from the Minnesota Department of Health

Cleaning and Disinfecting Guidance for Schools and Child Care Programs

The purpose of this document is to provide guidance for cleaning and disinfecting in schools and child care programs. This guidance is based on the Centers for Disease Control and Prevention (CDC) recommendations for schools, workplaces, and community locations.

Resource
CDC: Cleaning and Disinfecting Your Facility
(https://www.cdc.gov/coronavirus/2019ncov/community/disinfecting-buildingfacility.html)

How COVID-19 spreads

The virus that causes COVID-19 is mainly spread by respiratory droplets. When someone infected with COVID-19 coughs or sneezes, respiratory droplets that contain the virus are expelled and can be breathed in by someone nearby. Although the virus cannot enter the body through the skin, the respiratory droplets carrying the virus can get into your airways or mucous membranes of your eyes, nose, or mouth to infect you. The virus can also be spread if you touch a surface contaminated with virus and then touch your eyes, nose or mouth, although this is not the primary way the virus spreads.

Guidance for cleaning and disinfecting

Routine cleaning and disinfecting are key to maintaining a safe environment for faculty, students, and staff.

- **Cleaning removes** dirt and most germs and is usually done with soap and water.
- **Disinfecting kills** most germs, depending on the type of chemical, and only when the chemical product is used as directed on the label.

Routine cleaning and disinfecting

Clean and disinfect at least daily (or more, depending on use patterns) frequently touched surfaces and objects such as:

- Door knobs and handles
- Stair rails
- Classroom desks and chairs
- Lunchroom tables and chairs
- Countertops
- Handrails
- Light switches
- Handles on equipment (e.g., athletic equipment)
- Push-buttons on vending machines and elevators
- Shared toys

- Shared remote controls
- Shared telephones
- Shared desktops
- Shared computer keyboards and mice
- Bus seats and handrails

Note: Computer keyboards are difficult to clean. Shared computers should have signs posted instructing proper hand hygiene before and after using them to minimize disease transmission. To facilitate cleaning, consider using covers that protect the keys but enable use of the keys.

It is not necessary to routinely apply disinfectants to surfaces that are not high-touch or high-risk (e.g., floors, bookcases, tops of filing cabinets). Soft surfaces such as carpets, rugs, and drapes can be cleaned using soap and water or a cleaner appropriate for the material.

When a student or staff member becomes ill

When a student or staff member develops any symptoms of illness consistent with COVID-19 (e.g., new onset or worsening cough OR shortness of breath OR **at least two** of the following symptoms: fever of 100.4°F, chills, muscle ache, headache, sore throat, loss of taste or smell) in a school or child care setting:

- Isolate the person in a separate room while they wait to be picked up or until they are able to leave the facility on their own. Ensure that they have hygiene supplies available, including a cloth mask, facial tissues, and alcohol-based hand rub.
- Remind staff who are monitoring the student or staff member with symptoms to practice social distancing when possible.
- Close off the space used for isolation after the ill person leaves. Open it after proper cleaning and disinfecting.
- Clean and disinfect high-touch surfaces, focusing on areas where the person is known to have been and items they have touched (e.g., individual desk, cot, recently used toys, shared equipment).
- Wear gloves when cleaning, and wash hands after removing gloves.

When a student or staff member is a suspect or positive case of COVID-19

As long as routine cleaning and disinfection has been done regularly, additional cleaning and disinfection may not be necessary. Depending on when a person with COVID-19 was last in the facility, it may be difficult to know what areas they were in and what objects or surfaces they may have touched after they become sick.

General precautions for the cleaning staff after an ill student has been in your facility

The risk of getting COVID-19 from cleaning is low. The following are general precautions for cleaning staff, given that community transmission of COVID-19 is occurring:

- Staff should not touch their face while cleaning and only after they can wash hands after cleaning.

- Cleaning staff should wear uniforms (or designated work clothes) and disposable gloves when cleaning and handling trash. Cleaning staff should change clothes at the end of a shift. It may be helpful for them to keep a change of clothes at work.
- Clothing worn while cleaning should be placed in a plastic bag until it can be laundered. Laundering should be done as soon as possible and done safely at home.
- Cleaning staff should thoroughly wash hands with soap and water for at least 20 seconds after gloves are removed.
- Staff who are responsible for cleaning and disinfecting should be trained to use disinfectants safely and effectively and to safely clean up potentially infectious materials and body fluids – blood, vomit, feces, and urine.
- All cleaning staff should be trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication Standard 29 CFR 1910.1200 (https://www.osha.gov/lawsregs/regulations/standardnumber/1910/1910.1200).

Cleaning and disinfecting products

- Use soap and water or another detergent to clean dirty items. Then, use a disinfectant.
    - Use an EPA-registered household disinfectant and follow the manufacturer's instructions to ensure safe and effective use of the product. Many products recommend:
- Keeping the surface wet for a period of time (see the product label).
- Wearing gloves and ensuring good ventilation during use of the product.
- Use diluted household bleach solutions, if appropriate for the surface. However:
    - Check to ensure the product is not past its expiration date.
    - Follow manufacturer's instructions for application and proper ventilation.
    - Never mix household bleach with ammonia or any other cleanser.
- Use eye protection or have immediate access to an eye-wash station.
- Leave solution on a surface for at least 1 minute.

To make a bleach solution, mix:

- 5 tablespoons (1/3 cup) of bleach per gallon of water OR
- 4 teaspoons of bleach per quart of water

Make only enough diluted bleach solution that can be used in 24 hours. After that, the solution may not be effective.

Alcohol solutions with at least 70% alcohol can also be used for cleaning.

Frequently Asked Questions About COVID-19

FOR FACILITIES SERVICE AND CLEANING STAFF

This guidance is based on recommendations from the Centers for Disease Control and Prevention (CDC).

Resource

CDC Cleaning and Disinfecting Your Facility (https://www.cdc.gov/coronavirus/2019ncov/prepare/disinfecting-building-facility.html)

How does COVID-19 spread?

The virus that causes COVID-19 is spread through close contact from person to person in respiratory droplets produced when an infected person coughs or sneezes.

Although not as common, you could get COVID-19 if you touch an object or a surface that has the virus on it, and then touch your eyes, nose, or mouth. That's why washing your hands with soap and water for at least 20 seconds is so important for protecting yourself and slowing the spread.

How long does the virus live on objects and surfaces?

We are still learning how long the virus lives outside of a person. A recent study found that the virus can live up to 4 hours on copper, up to 24 hours on cardboard, and up to 2 to 3 days on hard surfaces like plastic and stainless steel. We don't know yet what effect different conditions, such heat, cold, or exposure to sunlight have on the virus, which could make those times shorter.

You can protect yourself and others from COVID-19 by washing your hands and cleaning frequently used objects and frequently touched surfaces (like door knobs, railings, drinking fountains, and counters).

Should I wear a face mask while cleaning?

There are no recommendations to wear a face mask while cleaning, yet you may feel more comfortable if you wear one, especially if you cannot maintain proper social distancing while at work. Don't buy or wear surgical or N95 masks, which are in high demand to protect our health care workers and first responders.

Should I wear gloves while cleaning?

Yes, you should wear disposable gloves while cleaning, but remember not to touch your face with your gloves. Wash your hands with soap and water for at least 20 seconds after removing your gloves.

What should I do with my work clothing after I'm done cleaning?

Wash your clothes as you normally would. No special detergent is needed. Consider bringing a change of clothes to work and changing before you leave. Put your work clothes in a plastic bag until you can get home and wash them.

I'm worried about bringing germs home to my family. How can I protect them?

Follow basic prevention measures such as washing your hands with soap and water for at least 20 seconds when you are done cleaning (and wash them again when you get home). In addition, consider changing your clothing before you leave work and putting them in the wash before you interact with your children and family members.

Attachments

Attachment A

Missouri Revised Statutes

Chapter 167, Pupils and Special Services (Section 167.181)

Attachment B

Rules of Department of Health and Senior Services

Division 20—Division of Community and Public Health, Chapter 28—Immunization

Missouri Revised Statutes

Chapter 167
Pupils and Special Services
Section *167.181*

August 28, 2013

Immunization of pupils against certain diseases compulsory-exceptions--records--to be at public expense, when--fluoride treatments administered, when--rulemaking authority, procedure.

167.181. 1. The department of health and senior services, after consultation with the department of elementary and secondary education, shall promulgate rules and regulations governing the immunization against poliomyelitis, rubella, rubeola, mumps, tetanus, pertussis, diphtheria, and hepatitis B, to be required of children attending public, private, parochial or parish schools. Such rules and regulations may modify the immunizations that are required of children in this subsection. The immunizations required and the manner and frequency of their administration shall conform to recognized standards of medical practice. The department of health and senior services shall supervise and secure the enforcement of the required immunization program.

2. It is unlawful for any student to attend school unless he has been immunized as required under the rules and regulations of the department of health and senior services, and can provide satisfactory evidence of such immunization; except that if he produces satisfactory evidence of having begun the process of immunization, he may continue to attend school as long as the immunization process is being accomplished in the prescribed manner. It is unlawful for any parent or guardian to refuse or neglect to have his child immunized as required by this section, unless the child is properly exempted.

3. This section shall not apply to any child if one parent or guardian objects in writing to his school administrator against the immunization of the child, because of religious beliefs or medical contraindications. In cases where any such objection is for reasons of medical contraindications, a statement from a duly licensed physician must also be provided to the school administrator.

4. Each school superintendent, whether of a public, private, parochial or parish school, shall cause to be prepared a record showing the immunization status of every child enrolled in or attending a school under his jurisdiction. The name of any parent or guardian who neglects or refuses to permit a nonexempted child to be immunized

against diseases as required by the rules and regulations promulgated pursuant to the provisions of this section shall be reported by the school superintendent to the department of health and senior services.

5. The immunization required may be done by any duly licensed physician or by someone under his direction. If the parent or guardian is unable to pay, the child shall be immunized at public expense by a physician or nurse at or from the county, district, city public health center or a school nurse or by a nurse or physician in the private office or clinic of the child's personal physician with the costs of immunization paid through the state Medicaid program, private insurance or in a manner to be determined by the department of health and senior services subject to state and federal appropriations, and after consultation with the school superintendent and the advisory committee established in section 192.630. When a child receives his or her immunization, the treating physician may also administer the appropriate fluoride treatment to the child's teeth.

6. Funds for the administration of this section and for the purchase of vaccines for children of families unable to afford them shall be appropriated to the department of health and senior services from general revenue or from federal funds if available.

7. No rule or portion of a rule promulgated under the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2001, shall be invalid and void.

(L. 1963 p. 200 § 8-18, A.L. 1972 H.B. 1255, A.L. 1973 H.B. 342, A.L. 1992 S.B. 611, A.L. 1993 H.B. 522 merged with S.B. 52, A.L. 1995 S.B. 3, A.L. 1996 H.B. 904, et al., A.L. 2001 H.B. 567 merged with S.B. 393)

(Source: L. 1961 p. 349 §§ 1 to 6)

Effective 7-10-01

CROSS REFERENCES:

Consent to immunization may be delegated to other persons, when, 431.058

Day care centers, immunization requirements, exceptions, exemption procedure, reports, 210.003

Mandatory insurance coverage of immunizations, exceptions, 376.1215

Rules of

Department of Health and Senior Services

Division 20—Division of Community and Public Health

Chapter 28—Immunization

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20—Division of Community and Public Health

Chapter 28—Immunization

19 CSR 20-28.010 Immunization Requirements for School Children

PURPOSE: This rule establishes minimum immunization requirements for all students in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Interstate Compact on Educational Opportunity for Military Children.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The superintendent of each public, private, parochial, or parish school shall make a summary report to the Department of Health and Senior Services no later than October 15 of each school year. This date is necessitated by the law which prohibits the enrollment and attendance of students who are in noncompliance. This report shall include aggregate immunization information by grade by vaccine antigen, number of students enrolled, number of students in compliance with state immunization requirements, number of students in progress, number of students with signed medical exemption, number of students with signed religious exemption, number of students noncompliant with immunization record, and number of students with no immunization record. Each school superintendent or designee shall submit a summary report for all schools under the administrator's jurisdiction. Separate reports for each school should not be submitted, although separate lists shall be maintained in each school for auditing purposes.

(A) Exclusion of students in noncompliance, section 167.181, RSMo. Students cannot attend school unless they are properly immunized and can provide satisfactory evidence of the immunization or unless they are exempted. The school administration shall exercise its power of pupil suspension or expulsion under section 167.161, RSMo, and possible summary suspension under section 167.171, RSMo, until the violation is removed. Transfer students in noncompliance shall not be permitted to enroll or attend school. Students enrolled during the previous school year shall be denied attendance for the current school year if not in compliance. Under section 160.2000, RSMo, children of military families shall be given thirty (30) days from the date of enrollment to obtain any required immunization, or initial vaccination for a required series of immunizations. A student determined to be homeless by school officials may be enrolled in school for no more than thirty (30) days prior to providing satisfactory evidence of immunization. If the homeless student's immunization record is not obtained within the thirty (30) days and the student is still eligible for services under the homeless education program, the student shall begin the immunization series and demonstrate that satisfactory progress has been accomplished within ninety (90) days. If the homeless student is exempted from receiving immunizations, then after the initial thirty- (30) day enrollment, the student shall provide documentation in accordance with the exemption requirements included herein. For the purpose of this subsection, a homeless student shall be defined as a student who lacks a fixed, regular, and adequate nighttime residence; or who has a primary nighttime residence in a supervised publicly or privately operated shelter or in an institution providing temporary residence or in a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

(B) This rule is designed to govern any student, regardless of age, who is attending a public, private, parochial, or parish school. If the specific age or grade recommendations are not mentioned within this rule, the Missouri Department of Health and Senior Services should be consulted.

(C) It is unlawful for any student to attend school unless the student has been immunized according to this rule or unless a signed statement of medical or religious exemption is on file with the school administrator. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility,

the administrator of the facility shall follow the control measures instituted by the local health authority or the Department of Health and Senior Services pursuant to 19 CSR 20-20.040.

1. Medical exemption. A student shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo, upon signed certification by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or his or her designee indicating that either the immunization would seriously endanger the student's health or life or the student has documentation of disease or laboratory evidence of immunity to the disease. The exemption shall be provided on an original Department of Health and Senior Services' form Imm.P.12 and shall be placed on file with the school immunization health record for each student with a medical exemption. The Imm.P.12 form is incorporated by reference in this rule as published June 2012 by the Department of Health and Senior Services and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions. This need not be renewed annually.

2. Religious exemption. A student shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo, if one (1) parent or guardian objects in writing to the school administrator that immunization of that student violates his/her religious beliefs. This exemption must be provided on an original Department of Health and Senior Services' form Imm.P.11A, and shall be signed by the parent or guardian and placed on file with the school immunization health record. The Imm.P.11A form is incorporated by reference in this rule as published April 2012 by the Department of Health and Senior Services and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions. This need not be renewed annually.

3. Immunization in progress. Section167.181, RSMo, provides that students may continue to attend school as long as they have started an immunization series and provide satisfactory evidence indicating progress is being accomplished. An original Department of Health and Senior Services' form Imm.P.14 shall be completed and placed on file with the school immunization health record of each student with immunizations in progress. The Imm.P.14 form is incorporated by reference in this rule as published June 2012 by the Department of Health and Senior Services and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions. Failure to meet the next scheduled appointment constitutes noncompliance with the school immunization law and exclusion shall be initiated immediately. Refer to subsection (1)(A) of this rule regarding exclusion of students in noncompliance.

(2) Review of immunization requirements for school entry shall be conducted annually by each school superintendent or designee. Age or grade-appropriate vaccine requirements shall be according to the *Missouri School Immunization Requirements Vaccines Received 0–18 Years of Age*, published on April 2014 or the *Centers for Disease Control and Prevention's Catch-up Immunization Schedule for Persons Aged 4 Months through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, published January 2014. These schedules are incorporated by reference in this rule and are available on the Department of Health and Senior Services' website at http://health.mo.gov/immunizations/schoolrequirements.php or by contacting the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions. Revisions to school immunization requirements shall be required for school attendance one (1) full year after publication in the *Code of State Regulations*, beginning with the first day of school of that school year.

(3) The parent or guardian shall furnish the superintendent or designee satisfactory evidence of

immunization or exemption from immunization.

(A) Satisfactory evidence of immunization means a statement, certificate, or record from a physician or his or her designee, other recognized health facility, immunization registry, school record, or child care record stating that the required immunizations have been given to the person and verifying the type of vaccine. This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration.

AUTHORITY: section 192.006, RSMo 2000, and sections 167.181 and 192.020, RSMo Supp. 2013. This rule was previously filed as 13 CSR 50-110.010. Original rule filed April 24, 1974, effective May 4, 1974. Rescinded and readopted: Filed April 17, 1980, effective Aug. 11, 1980. Amended: Filed Feb. 1, 1983, effective May 12, 1983. Amended: Filed Oct. 3, 1986, effective Dec. 25, 1986. Amended: Filed July 1, 1987, effective Sept. 11, 1987. Amended: Filed Aug. 4, 1988, effective Oct. 13, 1988. Amended: Filed May 31, 1989, effective Aug. 24, 1989. Amended: Filed Nov. 2, 1990, effective March 14, 1991. Amended: Filed April 2, 1991, effective Aug. 30, 1991. Amended: Filed Nov. 4, 1992, effective Aug. 1, 1993. Emergency amendment filed July 12, 1993, effective Aug. 1, 1993, expired Sept. 9, 1993. Amended: Filed April 5, 1993, effective Sept. 9, 1993. Emergency amendment filed May 3, 1994, effective May 13, 1994, expired Sept. 9, 1994. Emergency amendment filed July 28, 1994, effective Aug. 6, 1994, expired Dec. 3, 1994. Amended: Filed April 18, 1994, effective Nov. 30, 1994. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Emergency amendment filed Nov. 29, 1994, effective Dec. 8, 1994, expired April 6, 1995. Amended: Filed Aug. 15, 1994, effective Feb. 26, 1995. Amended: Filed Aug. 16, 1996, effective Jan. 30, 1997. Amended: Filed Jan. 14, 1999, effective July 30, 1999. Amended: Filed Sept. 16, 2002, effective Feb. 28, 2003. Amended: Filed Sept. 23, 2003, effective April 30, 2004. Amended: Filed Oct. 1, 2008, effective March 30, 2009. Amended: Filed Nov. 30, 2011, effective June 30, 2012. Amended: Filed March 30, 2015, effective Oct. 30, 2015.*

**Original authority: 167.181, RSMo 1963, amended 1972, 1973, 1992, 1993, 1995, 1996, 2001; 192.006, RSMo 1993, amended 1995; and 192.020, RSMo 1939, amended 1945, 1951, 2004.*

19 CSR 20-28.030 Distribution of Child hood Vaccines

(Rescinded March 30, 2009)

AUTHORITY: section 192.020, RSMo 1986. Original rule filed Nov. 15, 1988, effective July 1, 1989. Emergency amendment filed

June 19, 1989, effective July 1, 1989, expired Oct. 26, 1989. Amended: Filed July 18, 1989, effective Sept. 28, 1989. Rescinded: Filed Oct. 1, 2008, effective March 30, 2009.

19 CSR 20-28.040 Day Care Immunization Rule

PURPOSE: This rule establishes immunization requirements in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) for all children attending public, private, or parochial day care, preschool or nursery schools caring for ten or more children, and describes actions to be taken to ensure compliance with section 210.003, RSMo.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) As mandated by section 210.003, RSMo, the administrator of each public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under the administrator's jurisdiction. Each administrator caring for or licensed for ten (10) or more children shall complete an annual summary report showing the immunization status of each child enrolled and submit to the Department of Health and Senior Services no later than January 15 of each year. The summary report shall be submitted electronically through the department's online system at http://health.mo.gov/immunizations/daycarerequirements.php or by completing and mailing the Imm.P-32 form to the Bureau of Immunization Assessment and Assurance, PO Box 570, Jefferson City, MO 65102-0570. The Imm.P-32 form is incorporated by reference in this rule as published October 2013 by the Department of Health and Senior Services and may be obtained by contacting the department's Bureau of Immunization Assessment and Assurance at PO Box 570,

Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions.

(2) No child shall enroll in or attend a public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children unless the child has been adequately immunized according to this rule. Children attending elementary school who receive before or after school care, or both, shall meet the immunization requirements established in the School Immunization Rule, 19 CSR 20-28.010. Age-appropriate vaccine requirements will be according to the *Missouri*

Day Care Immunization Requirements Vaccines Received 0-18 Years of Age or the *Center for Disease Control and Prevention's Catch-up Immunization Schedule for Persons Aged 4 Months through 18 Years Who Start Late or Who Are More Than 1 Month Behind*. These schedules are incorporated by reference in this rule as published February 2014 by the Department of Health and Senior Services and are available on the web at http://health.mo.gov/immunizations/daycarerequirements.php or by contacting the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions.

(3) Section 210.003, RSMo, provides that a child who has not completed all appropriate immunizations may enroll if—

(A) Satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as they have started an immunization series and provide satisfactory evidence indicating progress is being accomplished. The Department of Health and Senior Services' form Imm.P.14 shall be completed and placed on file with the child's immunization health record for each child with immunizations in progress. Failure to meet the next scheduled appointment constitutes noncompliance with the day care immunization law, and action shall be initiated immediately by the administrator to have the child excluded from the facility. The Imm.P.14 form is incorporated by reference in this rule as published June 2012 and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions.

(B) The parent or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:

1. A medical exemption, by which a child shall be exempted from the requirements of this rule upon signed certification by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or his or her designee indicating that either the immunization would seriously endanger the child's health or life, or the child has documentation of disease or laboratory evidence of immunity to the disease. The Department of Health and Senior Services' form Imm.P.12 shall be placed on file with the immunization record of each child with a medical exemption. The Imm.P.12 form is incorporated by reference in this rule as published June 2012 by the Department of Health and Senior Services and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions. The medical exemption need not be renewed annually; or

2. A parent or guardian exemption, by which a child shall be exempted from the requirements of this rule if one (1) parent or guardian files a written objection to immunization with the day care administrator. The Department of Health and Senior Services' form Imm.P.11 shall be signed by the parent or guardian and placed on file with the immunization record of each child with a parental exemption. The parental exemption must be renewed annually. The Imm.P.11 form is incorporated by reference in this rule as published July 2010 by the Department of Health and Senior Services and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not

incorporate any subsequent amendments or additions.

(4) The parent or guardian shall furnish the day care administrator satisfactory evidence of completion of the required immunizations, exemption from immunization, or progress toward completing all required immunizations. Satisfactory evidence of immunization means a statement, certificate, or record from a physician or his or her designee, other recognized health facility, or immunization registry stating that the required immunizations have been given to the person and verifying type of vaccine. This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration. However, if a child has had varicella (chickenpox) disease, a licensed healthcare provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician) may sign and place on file with the day care administrator a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: "This is to verify that (name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine."

AUTHORITY: sections 192.006 and 210.003, RSMo 2000. Emergency rule filed Aug. 1, 1995, effective Aug. 11, 1995, expired Dec. 8, 1995. Original rule filed April 17, 1995, effective Nov. 30, 1995. Emergency amendment filed June 14, 2000, effective June 24, 2000, expired Feb. 22, 2001. Amended: Filed June 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 3, 2001, effective July 30, 2001. Amended: Filed Oct. 1, 2008, effective March 30, 2009. Amended: Filed Nov. 30, 2011, effective June 30, 2012. Amended: Filed March 30, 2015, effective Oct. 30, 2015.*

**Original authority: 192.006, RSMo 1993, amended 1995; 210.003, RSMo 1988.*

19 CSR 20-28.060 Minimum Immunization Coverage to Be Provided by Individual and Group Health Insurance Policies

PURPOSE: This rule identifies the immunizations which individual and group health insurance policies, as enumerated in H.B. 904, must provide for children from birth to five years of age.

(1) This rule requires that all individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity-type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization and all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description shall provide coverage for immunizations for children, birth to five (5) years of age, for all immunizations listed in section (2) of this rule.

(2) All immunization within the latest Recommended Childhood Immunization Schedule—United States, approved by the Advisory Committee on Immunization

Practices (ACIP), shall be required under this rule. As the schedule is updated, it will be available from and distributed by the Department of Health. The immunizations required under this rule and manner and frequency of their administration shall conform to recognized standards of medical practice.

AUTHORITY: section 376.1215, RSMo Supp. 1998. Emergency rule filed Aug. 16, 1996, effective Aug. 29, 1996, expired Feb. 24, 1997. Original rule filed Aug. 16, 1996, effective Jan. 30, 1997. Amended: Filed May 14, 1999, effective Nov. 30, 1999.*

* *Original authority: 376.215, RSMo 1996.*