

## COMMUNICABLE DISEASE

- I. It is the policy of the Diocese of Jefferson City, pursuant to federal, state and local laws and regulations and in cooperation with state and local public health agencies, to establish and maintain appropriate health standards for the school environment, to promote the good health of students and staff, and to educate students and staff in disease prevention methods and sound health practices.

The schools in the Diocese of Jefferson City and its schools will work cooperatively with local, county and state agencies to enforce and adhere to the state or local health codes for prevention, control and containment of communicable diseases in their schools so long as there is not a conflict with religious beliefs and/or practices. Additionally, schools are to be in compliance with any state inoculation and physical exam requirements for students and staff.

In regard to communicable and contagious conditions, Catholic schools in the Diocese of Jefferson City are to follow the guidelines in *Prevention and Control of Communicable Diseases: A Guide for School Administrators, Nurses, and Teachers*. All reporting requirements as stipulated in this document are to be followed. In addition, schools are to be in compliance with any state inoculation and physical exam requirements for students and staff.

## II. Students

### A. Enrollment

When it becomes known to the administration that a student has been infected with HIV/AIDS, the following procedure should be implemented:

1. The school administrator/principal informs the superintendent of Catholic schools.
2. The superintendent of Catholic schools convenes an advisory committee proposed of representatives from the Catholic School Office, the school administrator/ principal, the pastor, the parents/guardians and the attending physician. This group will determine whether the student should be in the regular classroom and whether the student has special needs based on his/her health status. It is the responsibility of this committee to weigh the risks and benefits to both the infected student and to others in the school. The superintendent of Catholic schools, in consultation with diocesan legal counsel, shall thereafter approve any recommendation and/or the student placement prior to implementation and prior to any change thereto. Should this team be unable to reach consensus on the course of action to be followed, the matter will be referred to the superintendent of Catholic schools, who will make the final decision. It is most important that this committee hold the matter in strictest confidence. All determinations under this section shall be made on a case-by-case basis.

Once placement for the student has been determined, the advisory committee shall continue to monitor the care, situation, and environment and conduct a review of each case, so long as it is open, prior to the beginning of each school semester, mid-semester, and at such other times as deemed appropriate by the superintendent of Catholic schools.

B. Public Awareness

Should the presence of an HIV/AIDS infected student become known to the broader school community, all public statements will be made by appropriate personnel in the Catholic School Office. Personnel from the Catholic School Office will direct meetings with staff and parents/guardians if those become necessary. They will provide assistance to the administration and other appropriate personnel to insure the rights and care of the infected student and the welfare of the total school community.

III. Employees

- A. The diocese recognizes that those persons who have a communicable disease may be disabled within the meaning of state and federal law.
- B. Accordingly, when the school learns that any employee suffers a communicable disease, the employee's condition and present health, the employee's job title and duties, the risk of transmission of the disease to students, and to fellow employees and any other relevant factor or accommodation shall be considered when determining whether the employee poses a direct threat to the health or safety of the employee or others in the workplace.

IV. Confidentiality

- A. All information concerning the medical, psychiatric, and/or behavioral condition of students and employees is confidential. This information is not to be disclosed without the express written authorization of the student, the employee and/or a responsible parent or guardian. Only those employees in a "need to know" category shall be permitted to access medical, psychiatric or behavioral records of students. Any information obtained from the medical, psychiatric or behavioral record of any student or employee shall not be disclosed outside the school setting.

B. Records:

1. All medical, psychiatric and/or behavioral records should be kept in a separate file, apart from progress records.
2. Each school's administrator/principal shall be designated the custodian of such health records and shall be the only person authorizing access to such health care records.
3. HIV antibody test results are considered confidential information. Identifying information can be released only on a "need to know" basis to medical and public health professionals in the course of an

investigation and follow-up or as authorized in writing by the subject of the test or the subject's parents/guardians.

4. The only school officials permitted to receive these test results are the pastor, school administrator/principal, school psychologist, physician or nurse, and the employee whose job it is to prepare and/or store all medical records. Should the test results be disclosed to any school employee in the course of his duties, this person may not disclose these results without the express written consent of the test subject.
5. The custodian of HIV antibody test results shall be the superintendent of Catholic schools. All records concerning HIV antibody test results are to be forwarded to the superintendent of Catholic schools and maintained in the Catholic School Office in a confidential file. No records of HIV antibody test results shall be maintained in any local school. Access to HIV antibody test results shall occur only with the prior approval of the superintendent of Catholic schools after consultation with the bishop and diocesan legal counsel.

V. Prevention of transmission of Communicable Disease

All employees of diocesan Catholic schools shall become familiar with and follow the guidelines for handling body fluids in schools. In addition, each school is responsible for making available to its employees the equipment and materials necessary to follow said guidelines.

The guidelines for handling body fluids are attached hereto as Attachment 1.

VI. Education - Staff and Students

Each school shall train staff members in standard techniques of protection and prevention of the transmission of communicable diseases (including HIV). The instruction should be appropriate to the grade level. In relation to instruction regarding diseases that can be transmitted through sexual contact, the following guidelines should be followed:

1. Catholic schools should not host any programs which they do not control and/or preview.
2. Programs should give all of the essential technical information in a clear, direct and respectful way adapted to the development stage of the students.
3. The technical information should be presented with a proper Catholic ethical context. This involves not only the giving of rules, but also insight into the meaning of interpersonal relationships, family, marriage and procreation and the meaning of sex within this wider context.
4. Programs should make clear that the acceptable way to avoid the sexually transmitted diseases is to do what one is morally obliged to do in any case: confine genital sexual activity to monogamous marriage.
5. The rationale of the program and the material should be explained clearly to parents before presentation to students and parents have the right to withdraw their students from such instruction on the grounds of religious belief.

## GUIDELINES FOR HANDLING BODY FLUIDS IN SCHOOLS

The following guidelines are meant to provide simple and effective precautions against transmission of disease for all persons potentially exposed to the blood or body fluids of any student. No distinction is made between body fluids from students with a known disease or those students without symptoms or with an undiagnosed disease.

### Does Contact with Body Fluids Present a Risk?

The body fluids of all persons should be considered to contain potentially infectious agents (bacteria and viruses). The term "body fluids" includes: blood; semen; drainage from scrapes; cuts and open lesions; feces; urine; vomit; respiratory secretions (for example, nasal discharge); and saliva. Contact with body fluids presents a risk of infection with a variety of factors including the type of fluid with which contact is made and the type of contact made.

Table I provides examples of particular infectious agents that may occur in body fluids of children and the respective transmission concerns. With the exception of blood, which is normally sterile, the body fluids with which one may come in contact usually contain many organisms, some of which may cause disease. Furthermore, many infectious agents may be carried by individuals who have no symptoms of illness. These individuals may be at various stages of infection: incubation, mildly infected without symptoms, or chronic carriers of certain infectious agents including the HIV and hepatitis viruses.

TABLE 1  
Transmission Concerns in the School Setting:  
Body Fluid Source of Infectious Agents

<u>Body Fluid Source</u>	<u>Organism of Concern</u>	<u>Transmission Concern</u>
Blood - cuts/abrasions - nosebleeds - menses - contaminated needle	Hepatitis B virus HIV virus Cytomegalovirus	Blood stream inoculation through cuts and abrasions on hands  Direct blood stream inoculation
Open lesions	Staphylococcus aureus Beta hemolytic streptococcus Hepatitis A virus	Contact with drainage from open lesion
Feces* - incontinence	Salmonella Shigella Rotavirus Hepatitis A virus	Oral inoculation from contaminated hands
Urine - incontinence	Cytomegalovirus HIV virus	Bloodstream and oral (?) inoculation from contaminated hands
Respiratory Secretions - saliva - nasal discharge	Mononucleosis virus Common cold virus Influenza virus HIV virus Hepatitis B virus	Oral inoculation from contaminated hands  Bloodstream inoculation through cuts and abrasions on hands/bites
Vomit* -	Gastrointestinal viruses (for example, Norwalk agent, Rotavirus)	Oral inoculation from contaminated hands
Semen	Hepatitis B virus HIV virus Gonorrhea	Sexual contact (intercourse)

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\* Possible transmission of HIV infections and hepatitis B is of little concern from these sources. No evidence exists at this time to suggest that the HIV virus is present in these fluids.

#### What Should be Done to Avoid Contact with Body Fluids?

Direct skin contact with body fluids should be avoided. Disposable gloves should be available in the office of the custodian, nurse, or principal. Gloves must be used when an individual with open lesions on their hands has direct hand contact with body fluids (for example, treating bloody noses, handling clothing soiled by incontinence, cleaning small spills by hand). If any contact is made with body fluids, hands should be washed afterwards. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily.

#### What Should be Done if Direct Skin Contact Occurs?

In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable (for example, when wiping a runny nose, applying pressure to a bleeding injury, helping a child in the bathroom). In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. Clothing and other non-disposable items (for example, towels used to wipe up body fluid) that are soaked through with body fluids should be rinsed or soaked in cold water prior to bagging. Clothing should be sent home for washing, with appropriate directions to parents. Contaminated disposable items (for example, tissues, paper towels, diapers) should be handled with disposable gloves. Finally, the superintendent of Catholic schools must be notified of any occasion where direct skin contact with blood or other potentially infectious materials occurs.

#### How Should Spilled Body Fluids be Removed from the Environment?

Schools need to have standard procedures in place for removing body fluids. These procedures should be reviewed to determine whether appropriate cleaning and disinfection steps have been included. Many schools stock sanitary absorbent agents specifically intended for cleaning body fluid spills (e.g., ZGOOP, Parsen Mfg. Co., Philadelphia, PA). Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. While the broom and dustpan should be rinsed in a disinfectant, no special handling is required for vacuuming equipment.

#### Hand Washing Procedures.

Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for approximately ten seconds. Soap suspends easily removable solid and microorganisms, allowing them to be washed off. Rinse under running water to carry away dirt and debris. Use paper towels to thoroughly dry hands.

#### Disinfectants.

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfections will kill vegetative bacteria, fungi, tubercle bacillus, and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth.

1. Ethyl or isopropyl alcohol (70 percent).
2. Phenolic germicidal detergent in a 1 percent aqueous solution (Lysol\*).

3. Sodium hypochlorite with at least 100 ppm available chlorine (1/2 cup household bleach in 1 gallon water, needs to be freshly prepared each time it is used).
4. Hydrogen peroxide (3 percent solution).
5. Quaternary ammonium germicidal detergent in 2 percent aqueous solution (Triquat\*, Mytar\*, or Sage\*).
6. Iodophor germicidal detergent with 500 ppm available iodine (Wesvodyne\*).
7. Heat (130 degree F for 10 minutes).

#### Disinfection of Hard Surfaces and Care of Equipment.

After removing the body fluid spill, a disinfectant is applied. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (dustpans, buckets) should be thoroughly rinsed in the disinfectant. The disinfectant solution should be promptly disposed down a drainpipe. Remove gloves and discard in appropriate receptacles.

#### Disinfection of Rugs.

Apply sanitary absorbent agent, let dry, and vacuum. If necessary, mechanically remove with dustpan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dustpan and broom in disinfectant. Wash brush with soap and water. Dispose of non-reusable cleaning equipment as noted above.

#### Laundry Instructions for Clothing Soiled with Body Fluids.

The most important factor in laundering clothing contaminated in the school setting is eliminating potentially infectious agents with soap and water. Adding bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Pre-soaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is bleachable, add 1/2-cup household bleach to the wash cycle. If material is not colorfast, add 1/2-cup non-chlorox bleach (Clorox 11\*, Borateem\*) to the wash cycle.

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\* Brand names are used only as examples of each type of germicidal solution and should not be considered as endorsement of a specified product.



## Missouri Department of Health and Senior Services

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November 2009

The Missouri Department of Health and Senior Services recently revised the Code of State Regulations, Immunization Requirements for School Children, 19 CSR 20-28.010, and Day Care Immunization Rule, 19 CSR 20-28.040. These rules establish the minimum immunization requirements for children enrolled in Missouri public, private, and parochial schools, day cares, preschools, or nursery schools. These revisions include:

### **School Children**

Effective beginning the **2010-2011** school year the following **new** requirements will be implemented:

- Second dose of varicella (chickenpox) vaccine for all children entering kindergarten.

If the kindergarten child has had varicella (chickenpox) disease, a licensed doctor of medicine (MD) or doctor of osteopathy (DO) may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease as satisfactory evidence of having had the disease. Parental or guardian statements of disease will no longer be accepted beginning with the 2010-2011 school year for children entering kindergarten.

This rule change applies to children entering kindergarten and thereafter. For children enrolled in grades one (1) through five (5), only one dose of varicella (chickenpox) vaccine is required. Parental or guardian statements of disease continue to be acceptable.

- Tdap (tetanus, diphtheria, and pertussis) vaccine will be required for all incoming eighth (8<sup>th</sup>) grade students if the child has completed the recommended childhood DTaP/DTP vaccination series and has not received a Td booster within the past two (2) years.

For children enrolled in grades nine (9) through twelve (12) who have not received a single dose of Td, it is highly recommended they receive a single dose of Tdap as their catch-up booster instead of Td or receive one dose of Tdap two years after the last Td dose.

### **Day Care, Preschool, Nursery School Children**

Effective **July 1, 2010** the following **new** requirements will be implemented:

- Age appropriate pneumococcal conjugate vaccine (PCV) for children attending day care, preschool, or nursery schools caring for ten or more children.
- For all children who have had varicella (chickenpox) disease, a licensed doctor of medicine (MD) or doctor of osteopathy (DO) may sign and place on file with the child care facility a written statement documenting the month and year of previous varicella (chickenpox) disease as satisfactory evidence of having had the disease. Parental or guardian statements of disease will no longer be acceptable beginning July 1, 2010.

For additional information, contact the Bureau of Immunization Assessment and Assurance at (573) 751-6124. Our public health system relies on every dedicated health professional to ensure the health of Missourians.

[www.dhss.mo.gov](http://www.dhss.mo.gov)

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# Missouri School Immunization Requirements 2010-2011

- All students must present documentation of up-to-date immunization status, including month, day and year of each immunization before they can attend school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period (meaning 4 or fewer days prior to the recommended interval or age), so students in all grade levels may receive immunizations up to 4 days before they are due.
- For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current ACIP Schedule, including all spacing, (<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>).
- To remain in school, students "in progress" must have an Imm.P.14 form (which includes appointment date for needed immunization(s)) on file and must receive immunizations as soon as they become due. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (For example, hep B vaccine series was begun but the child is not yet eligible to receive the next dose in the series.)

In progress does not apply to the Tdap or Td booster.

- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Doses Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP <sup>1</sup>	4+	4+	4+	4+	4+	4+	4+	4+	4	4	4	4	3+
Tdap <sup>2</sup>									1	Tdap or Td required 10 years after last DTaP, DTP or DT.			
IPV (Polio) <sup>3</sup>	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR	2	2	2	2	2	2	2	2	2 measles, 1 mumps, 1 rubella required, however 2 MMRs are highly recommended.				
Hepatitis B	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella <sup>4</sup>	2	1	1	1	1	1	No doses required, however vaccination is highly recommended.						

1. Last dose on or after fourth (4th) birthday and last dose of pediatric pertussis before seventh (7th) birthday. **Maximum needed:** six (6) doses.
2. Tdap, which contains pertussis vaccine, is required for students enrolled in grade eight (8) who have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td booster dose within the past two (2) years. For grades 9-12, a Tdap or Td booster is required ten (10) years after the last dose of DTaP, DTP or DT. Tdap may be given at any time in the event of a pertussis outbreak situation.
3. Last dose must be administered on or after fourth (4th) birthday.
4. Kindergarten: As satisfactory evidence of disease, an MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.

Grades 1-5: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.



# Immunization Requirements for Children Enrolled in Missouri Child Care and Preschool Facilities as of July 1, 2010

Young children are more susceptible to serious complications associated with certain diseases and have different immunization requirements than older children.

The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period (meaning 4 or fewer days prior to the recommended interval or age); so public, private, parochial day care centers, preschools or nursery school attendees may receive immunizations up to 4 days before they are due.

Vaccines should be administered according to the current ACIP Schedule. The ACIP Recommended Immunization Schedule for Persons Aged 0–6 Years is available at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>. **Please note** - Although not required for attending child care or preschool facilities, the ACIP recommends all children be appropriately immunized with rotavirus, influenza, and hepatitis A vaccine.

The following table indicates immunizations required for children enrolled in or attending child care and preschool facilities in Missouri. This table is for use in completing the child care immunization survey, and is **NOT** a recommended schedule. It should only be used to determine whether a child is in compliance with Missouri child care regulations.

Vaccines Required for Child Care and Preschool Attendance	DOSES REQUIRED BY THE TIME THE CHILD IS			
	3 Months	5 Months	7 Months	19 Months and older
DTaP/DT	1	2	3	4+
PCV (Pneumococcal)	1	2	3	4
IPV (Polio)	1	2	2	3+
Hepatitis B	2	2	2 or 3+	3+
Hib	1	1+	2+	3+
MMR				1
Varicella				1

