

Missouri School Measles Readiness Packet

Preparation, response, communication and recovery tools for school nurses and district teams

For public, private, parochial and charter schools in Missouri

Prepared for use with the local public health agency direction

October 2026

Important use statement

This packet is a planning and response aid. It does not replace direction from the Missouri Department of Health and Senior Services, the local public health agency, a health care provider, district counsel, or district policy. Public health determines exposure definitions, exclusion or isolation/quarantine periods, post-exposure prophylaxis recommendations, and return-to-school clearance for each event.

How to use this packet

This packet gives Missouri school nurses and district leaders a shared set of tools to prepare for, recognize, document, and respond to a suspected or confirmed measles event. The most important action is to establish the local public health connection before a case occurs. When measles is suspected, separate the ill person from others, limit movement, promptly contact the local public health agency, and begin documenting locations and contacts without waiting for laboratory confirmation.

Responsibility guide

Role	Primary responsibilities
School nurse	Recognize concerning symptoms; separate the ill person; notify administration and public health; document the timeline and school locations; protect confidentiality; support record review and communication.
Administrator	Activate the district plan; support space control, staffing, communications, transportation, and continuity of learning; route media inquiries.
Local public health agency	Assess the suspected case; define exposures; conduct contact investigation, including exclusion or isolation/quarantine; coordinate post-exposure prophylaxis; coordinate testing; and manage public messaging.
Family or employee	Follow public health and health care instructions; call ahead before arriving for medical care; provide requested immunization or immunity documentation.
Facilities and transportation	Provide room and ventilation information; preserve bus seating, cleaning, and route records; follow public health and district directions.

Key limitation

CDC health care infection-control recommendations are cited because they explain measles airborne transmission and the need for respiratory protection. Schools should translate those recommendations through local public health guidance, district occupational safety procedures and their respiratory protection program. A tight-fitting respirator, such as an N95, requires applicable medical evaluation, fit testing, and training; simply purchasing respirators is not a complete program.

Contents

Section	Tools included
Immediate response	First ten minutes checklist; recognition guide; response workflow
Prepare before a case	Readiness checklist; contacts; isolation-space plan; immunization readiness; supplies and staff planning
Document and coordinate	Initial LPHA call sheet; location timeline; contact line list; public-health action log
Communicate	Family, staff, exposure, and exclusion templates; administrator talking points
Continue operations	Attendance, instruction, staffing, records, transportation, and media continuity
Practice and improve	Tabletop exercise; after-action review; resource links

Print and placement recommendations

- Place the First Ten Minutes checklist at the nurse workstation and in the substitute nurse binder.
- Keep the local public health contact page with the district emergency plan.
- Preselect the separation room and route with facilities staff and administration.
- Store electronic copies of rosters and forms in a location accessible to authorized backup staff.
- Review templates with district communications staff before an event.

Suspected Measles Response

First Ten Minutes Checklist

Purpose: Use when measles is suspected - not only after confirmation. Isolate, limit exposure, contact public health promptly, and document movement through the building.

DATE		TIME IDENTIFIED	
PERSON		LOCATION	

QUICK RECOGNITION Check all that apply: ☐ Fever ☐ Generalized rash ☐ Cough ☐ Runny nose ☐ Red watery eyes ☐ Known exposure ☐ Recent travel ☐ Uncertain immunity ☐ Documented vaccine\immunity

1	MASK AND SEPARATE. Begin immediately; do not wait for every classic sign.
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	ACTION	DETAILS AND COMPLETION NOTES
☐	SOURCE CONTROL	Offer the ill person a well-fitting mask if tolerated and medically appropriate. Do not delay separation if the person cannot wear one.
☐	MOVE SAFELY	Use the preplanned low-traffic route. Avoid the main office, crowded hallways, buses, cafeterias, assemblies, and shared waiting spaces.
☐	CLOSE THE DOOR	Place the person in the designated private room with the door closed and windows to outside open. Keep the person supervised and comfortable.
☐	LIMIT ENTRY	Assign one essential staff member. Keep others out. Follow the district respiratory protection plan and public health guidance for staff protection.

2	CALL AND ACTIVATE. Make the public-health call early.
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	ACTION	DETAILS AND COMPLETION NOTES
☐	FAMILY OR CONTACT	Call the parent, guardian, or emergency contact to come pick them up. Instruct them to call the healthcare provider before arrival and report possible measles.
☐	DISTRICT RESPONSE	Notify the administrator or designee and activate the district communicable-disease response plan. Name/time: _____
☐	LOCAL PUBLIC HEALTH	Call the local public health agency promptly. Contact: _____ Phone: _____ Time called: _____
☐	EMERGENCY TRANSPORT	For a medical emergency, call 911. Tell dispatch and the receiving facility that measles is suspected before transport.

3	WATCH FOR EMERGENCY SIGNS. Activate EMS for a life-threatening concern.
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	ACTION	DETAILS AND COMPLETION NOTES
☐	CALL 911	Severe breathing difficulty, cyanosis, altered mental status, seizure, severe dehydration, rapidly worsening condition, or another urgent concern.

Document and Follow Through

Continue after the person leaves. Preserve a clear timeline, protect privacy, and let public health direct exposure assessment, testing, exclusions, vaccination, immune globulin, and communications.

4

BUILD THE TIMELINE. Record exact times whenever possible.

	ACTION	DETAILS AND COMPLETION NOTES
☐	SYMPTOMS	Fever onset: _____ Rash onset: _____ Other symptoms: _____
☐	ARRIVAL AND EXIT	Arrival time: _____ Time identified: _____ Isolation began: _____ Departure: _____
☐	MOVEMENT	Rooms, hallways, transportation, classes, activities, events, and waiting areas visited: _____
☐	SHARED AIRSPACE	Names or rosters of people who shared rooms or vehicles; include arrival and departure times when known. Attach additional pages if needed.
☐	CONTACTS MADE	LPHA: _____ Administrator: _____ Family: _____ Healthcare Provider: _____ Record names and times.

5

CONTROL THE SPACE. Coordinate with public health and facilities staff.

	ACTION	DETAILS AND COMPLETION NOTES
☐	RESTRICT ACCESS	Post a temporary do-not-enter notice and restrict affected rooms after departure until public health and facilities staff provide direction.
☐	AIR CLEARANCE	The measles virus can remain infectious in the air for up to two hours after an infectious person leaves. Record departure time: _____ Earliest re-entry if directed: _____
☐	VENTILATION	Do not use fans that could move air into occupied spaces. Ask facilities staff to review airflow and ventilation while awaiting direction.
☐	CLEANING	Follow routine cleaning and district procedures unless public health gives additional instructions. Do not send unprotected staff into a restricted room.

6

COMMUNICATE CAREFULLY. Protect privacy and avoid premature instructions.

	ACTION	DETAILS AND COMPLETION NOTES
☐	DO NOT SEND YET	Do not send a schoolwide exposure notice, identify the person, or release class or transportation details without coordinating with public health.
☐	DO NOT CALCULATE	Do not independently set isolation/quarantine or exclusion dates or direct MMR vaccination or immune globulin. These decisions depend on exposure, timing and immunity.
☐	PRESERVE RECORDS	Secure attendance records, schedules, seating charts, transportation rosters, visitor logs, staff assignments, and relevant health records.
☐	ASSIGN FOLLOW-UP	District contact: _____ LPHA contact: _____ Next update expected: _____

PUBLIC HEALTH NOTES AND DIRECTIONS

Reference the CDC measles guidance and the current Missouri/local public-health direction. Guidance may change; confirm procedures with the LPHA.

Recognizing possible measles

Feature	What the nurse may observe	Response significance
Early illness	Fever, cough, runny nose, red or watery eyes; the person may appear increasingly ill.	Ask about possible exposure in the last 21 days, travel, vaccination documentation, and symptom onset dates and clinical progression.
Mouth findings	Small white spots inside the mouth (Koplik spots) may occur but can be absent or difficult to see.	Do not rule measles in or out based only on oral findings.
Rash	Red, blotchy rash often begins near the hairline or face and spreads downward to the trunk and extremities.	Rash pattern supports concern, but other illnesses can look similar. Public health and clinicians' direct evaluation and testing.
Timing	Symptoms appear 7 to 21 days after infection. Rash usually appears 14 days after a person is exposed. A person is generally infectious from 4 days before through 4 days after rash onset; day 0 is the rash onset.	The date of rash onset determines the infectious period. A contact investigation can involve locations visited before anyone knew measles was present.
Risk	People without evidence of immunity, infants, pregnant people, and immuno-compromised people may need a rapid public-health assessment.	Do not disclose a person's risk status. Provide the requested records securely to public health.

Questions to ask without delaying separation

- When did the fever begin? When did the rash begin, where did it start, and how did it progress?
- Is there a cough, runny nose, or red watery eyes?
- Has the person been told they were exposed to measles or been around someone with rash?
- Has the person traveled recently or attended a large gathering?
- Does the school have documented MMR doses or another record relevant to immunity?
- Which rooms, buses, activities, and common areas has the person used today and during the potentially infectious period identified by public health?

The school nurse identifies concern and initiates precautions. Diagnosis and testing are performed through health care and public health systems.

School readiness checklist

Public health connection

- ☐ Primary and after-hours LPHA numbers are current.
- ☐ A backup contact and district escalation path are documented.
- ☐ The district knows how information will be securely exchanged with public health.

Records and access

- ☐ MMR documentation, exemption status, and incomplete records can be retrieved quickly.
- ☐ Authorized backup staff can access records if the nurse is absent.
- ☐ Bus, classroom, lunch, athletics, activity, visitor, and substitute rosters are retained and searchable.

Space and movement

- ☐ A separation room and backup room are selected.
- ☐ Facilities staff have documented airflow, door, window, and nearby-space considerations.
- ☐ A low-contact entry, exit, and parent pickup route is identified.

People and supplies

- ☐ Staff know who activates the response plan and who supervises the ill person.
- ☐ Masks, gloves for standard precautions, hand hygiene supplies, signage (e.g., “Do Not Enter” notices for affected rooms), and documentation forms are stocked.
- ☐ The district has addressed respirator selection, medical evaluation, fit testing, and training if respirators are included in its plan.

Communication and continuity

- ☐ Family, staff, and exposure templates have been reviewed.
- ☐ A communications lead and media spokesperson are identified.
- ☐ Plans address excluded students, staff shortages, transportation, extracurricular activities, and remote learning.

Local response contacts

Complete and review this page at least annually and whenever personnel change.

School or district _____

Building _____

Primary school nurse _____

Backup nurse or health contact _____

Administrator or incident lead _____

District communications lead _____

Facilities or HVAC contact _____

Transportation lead _____

Public health contact	Name or agency	Daytime phone	After-hours phone
Local public health agency			
LPHA communicable disease lead			
Secondary county or city agency if applicable			
District escalation contact			

Missouri LPHA directory: [Find Your Local Public Health Agency](#)

DHSS Bureau of Communicable Disease Control and Prevention 573-751-6113 during regular business hours or the 24/7 emergency line at 800-392-0272

Missouri School Health Program: SHS@health.mo.gov | 573-522-2822

Separation room and movement plan

Select a room that reduces contact with other people and shared airspace as much as the school building allows. Review the selection with facilities staff and local public health. A school separation room is not automatically an airborne infection isolation room.

Primary room _____

Backup room _____

Nearest low-contact exit _____

Parent pickup location _____

Route from health office or classroom _____

Rooms or hallways affected by the route _____

Room assessment

Planning question	Answer or action
Can the door remain closed while safe supervision is maintained?	
Does the room share return air with adjacent spaces?	
Can facilities identify air changes per hour or the HVAC zone?	
Can entry be restricted and a sign posted without naming the illness?	
How will essential supervision and emergency care be provided?	
Where will the ill person wash or use a restroom if needed?	
Who determines when the room may reopen?	LPHA and facilities direction: _____

Immunization and susceptibility readiness

Before a case occurs, organize records so public health can rapidly identify people who may need assessment. Two documented MMR doses are approximately 97 percent effective against measles; one dose is approximately 93 percent effective. The school should not independently label individuals as contacts, immune, or eligible for post-exposure prophylaxis.

Student record audit

- ☐ Generate lists of students with zero, one, or two documented MMR doses.
- ☐ Identify religious and medical exemptions and immunizations-in-progress records.
- ☐ Resolve missing, duplicated, foreign, unreadable, or inconsistent documentation.
- ☐ Confirm procedures for ShowMeVax review and parent-provided records.
- ☐ Store lists securely and restrict access to authorized personnel.
- ☐ Establish a rapid update process when new documentation is received.

Staff planning

Employee immunity documentation is an employer and occupational health matter. The district should determine who maintains staff records, how documentation will be verified, and how confidential information will be shared with public health. The school nurse should not be expected to reconstruct employee immunity records during an exposure unless that responsibility has been formally assigned and privacy requirements addressed.

Readiness measure	Assigned lead	Status or due date
Student MMR audit		
Exemption and incomplete record list		
Staff immunity process		
Authorized backup record access		
Secure public-health transmission method		

Supplies and staff safety planning

Suggested response supplies

- ☐ Age-appropriate procedure masks for source control when tolerated
- ☐ Hand hygiene supplies and tissues
- ☐ Gloves and other standard precaution supplies for anticipated body-fluid contact
- ☐ Door sign stating that entry is restricted and staff must check with the nurse
- ☐ Printed First Ten Minutes checklist and documentation forms
- ☐ Dedicated communication device or phone access
- ☐ Cleaning and disinfection products selected by facilities staff
- ☐ Respirators only as part of the district's applicable respiratory protection program

Respiratory protection

CDC recommends airborne precautions and at least a fit-tested NIOSH-approved N95 respirator for healthcare personnel entering the care area of a person with known or suspected measles. A tight-fitting respirator must be supported by the applicable respiratory protection program, including medical evaluation, fit testing, training, correct use, and program administration. Districts should establish school-specific procedures, incorporating public health and occupational safety guidance, before an event.

Environmental cleaning

CDC states that standard cleaning and disinfection procedures are adequate for environmental control of measles in healthcare settings. Airborne transmission and room access are the immediate priorities. Do not ask custodial staff to enter a potentially affected room until the response lead has addressed access, respiratory protection, if applicable, and public health direction.

Response workflow

Stage	School action	Public health role
Recognize	Identify concerning fever, rash, respiratory or eye symptoms, exposure or travel history within the 21 days prior to symptom onset.	Receives report and assesses whether the illness meets criteria for investigation.
Separate	Mask the ill person if tolerated; move to the preplanned private room; close the door and open windows if possible; limit entry and movement; post “Do Not Enter” notices.	Advise on precautions, evaluation, testing coordination, and affected spaces.
Notify	Call LPHA and administrator; call parent or emergency contact; advise the parent or emergency contact to call-ahead and disclose to the medical provider, clinic, or hospital of the suspicion of measles before medical care.	Coordinates with healthcare providers and state partners as needed.
Document	Record rash and symptom onset dates, locations, transportation, schedules, and people sharing airspace associated with the school in the 4 full days prior to rash onset (rash onset date is day 0). If the rash onset is unconfirmed, document for at least 4 days prior to measles symptom onset.	Helps identify the infectious period, exposure window, and contacts.
Control space	Restrict entry to affected areas pending direction; preserve HVAC and room information.	Advise when areas may reopen and who needs follow-up.
Communicate	Use approved templates; protect identity and educational records; route media inquiries.	Approves or aligns exposure wording and risk instructions.
Follow up	Update records, monitor actions, support exclusions and instruction, and document clearance.	Directs exclusion or quarantine, post-exposure prophylaxis, monitoring, and release.

Initial call to local public health

Use this sheet to organize the first report. Do not delay the call while trying to complete every field.

Date and time of call _____

Caller name and callback number _____

School and district _____

LPHA staff member _____

Student or employee identifier used securely _____

Information to report	Notes
Age and grade or role	
Fever onset and highest known temperature	
Rash onset, starting location, and spread	
Cough, runny nose, red watery eyes, oral findings	
Known measles exposure or recent travel	
MMR documentation available to the school	
Arrival time and current location	
Rooms, bus, classes, activities, and common areas visited	
High-risk concerns, such as siblings or other household contacts at the school that are known to the school without unnecessary disclosures	
Departure or transport plan	

Directions received

Immediate precautions _____

Testing or clinical coordination _____

Affected rooms and reopening _____

Records or rosters requested _____

Communication instructions _____

Next contact time _____

Case movement and location timeline during infectious period

Complete one row for each location or movement. Public health will define the period that must be reconstructed.

Person identifier _____

Date completed _____

Completed by _____

Rash onset date if known _____

Day	Date and time	Location or route	People or group present	Notes
-4				
-3				
-2				
-1				
0 Rash Onset				
1				
2				
3				
4				

Records consulted

- ☐ Attendance and class schedule
- ☐ Bus route and seating
- ☐ Lunch or breakfast roster
- ☐ Athletics and activities
- ☐ Visitor and substitute logs
- ☐ Camera or access-control records if authorized
- ☐ Staff schedule

Potential exposure line list

Use only to organize information requested by public health. Inclusion on this list does not mean that the school has determined a person was exposed. Transmit securely.

[illegible]

Do not place medical diagnoses, pregnancy status, immunocompromising conditions, or other sensitive details on broadly shared rosters. Public health should request and receive sensitive information through an approved process.

Public health direction and action log

Date and time	From or to	Direction or decision	Completed

Key decisions to document

- Who public health identifies as a contact
- Exclusion or isolation/quarantine dates and conditions for return
- Who may be eligible for MMR vaccine or immune globulin and the referral process
- Symptom monitoring instructions and reporting contacts
- Rooms, buses, or activities affected and reopening time
- Audience, timing, and wording for communications
- Daily or scheduled follow-up calls and the lead for each task

Post-exposure prophylaxis is time sensitive. CDC recommends the MMR vaccine within 72 hours of initial exposure or immune globulin within 6 days for eligible people. Public health and healthcare providers determine eligibility, contraindications, product, dose, and timing; the school does not prescribe or promise prophylaxis.

General family awareness message

Use when sharing preparedness information and there is no identified school exposure. Customize bracketed text and obtain district approval.

Subject: Measles awareness and school preparedness

Dear Families,

[School or District] is reviewing its communicable-disease procedures and student immunization records as part of routine measles preparedness. This message is for preparedness efforts only, and there are currently no known measles exposures identified at our school.

Please review your child's immunization record and provide any missing documentation to the school. Two documented MMR doses are approximately 97 percent effective against measles. Families with vaccine questions should contact their healthcare provider or local public health agency.

Measles is very contagious and can cause serious health complications. The measles virus spreads through the air when an infected person coughs or sneezes during the 4 days before and 4 days after the rash appears. You can get measles just by being in a room where a person with measles has been. This can happen even up to 2 hours after that person has left. The symptoms of measles commonly begin with fever, cough, runny nose, and red or watery eyes. A red, blotchy rash often begins on the face or near the hairline and spreads downward.

It is important that our school is prepared for communicable diseases, including measles. In the event of measles in the [School or District], additional notifications and recommendations will be provided. If you or your child develops the symptoms of measles, call your healthcare provider before arriving for care and notify them of any measles symptoms/exposures. If your child has exposure to measles, keep your child home from school and contact your [Local Public Health Agency] for guidance.

Sincerely,
[Name and title]
[School or district]

Suspected case message for families and staff

Use only after consultation with the local public health agency and district communications lead. This message does not confirm a case or exposure.

Subject: Health situation under public health review

Dear [Families or Staff],

[School or District] is working with [Local Public Health Agency] regarding an illness that is being evaluated for measles. At this time, [state what public health has authorized, such as “no school exposure has been confirmed” or “public health is reviewing who may need follow-up”].

The school has followed its response procedures, including separating the ill person from others, restricting access to affected space, and providing public health with information needed for its assessment.

If public health determines that you or your child needs specific follow-up, you will receive additional instructions. Please do not call the school to ask for the identity of the individual. Privacy laws and school policy prevent the school from releasing personally identifiable information.

Monitor for updates from [district communication channel]. For general information about measles, visit the CDC measles website or contact your healthcare provider or local public health agency.

Sincerely,

[Name and title]

[School or district]

Confirmed exposure message

Public health should approve or supply the event-specific dates, locations, exposure definition, and instructions before release.

Subject: Important measles exposure information

Dear [Parent Guardian Employee],

[Local Public Health Agency] has identified that [you or your child] may have been exposed to measles at [school location] on [date and time]. Measles is highly contagious and can remain in the air for up to two hours after an infectious person leaves an area.

Please follow these public health instructions:

- [Contact name and phone number for public health]
- [Instructions for verifying MMR vaccination or other evidence of immunity]
- [Instructions regarding attendance, activities, transportation, and public settings]
- [Symptom monitoring dates and symptoms to report]
- [Where and how to seek vaccination, immune globulin, testing, or clinical evaluation if directed]
- [Return-to-school or work requirements]

If symptoms develop, stay home, avoid public settings, and call the health care provider or public health before arriving. Tell them about the measles exposure so they can arrange care without exposing others. Call 911 for an emergency and tell dispatch about the exposure.

The school cannot change public health exclusion or monitoring instructions. Questions about individual medical risk should be directed to public health or your health care provider.

Sincerely,

[Name and title]

[School or district]

Exclusion and return message

Use only with dates and conditions supplied or confirmed by public health.

Subject: Public health attendance instructions

Dear [Parent Guardian Employee],

[Local Public Health Agency] has directed that [student or employee name] remain away from school, district transportation, extracurricular activities, and school-sponsored events from [start date and time] through [end date and time], unless public health provides different written instructions.

This action is intended to protect the individual and the school community while public health completes its response. During this period:

- Follow symptom-monitoring and medical-care instructions from public health.
- Do not come to school for assignments, meals, activities, or meetings unless the district and public health have arranged a no-contact process.
- Contact [instructional contact] regarding learning support and attendance procedures.
- Immediately report symptoms to [public health contact] and call the health care provider before arriving for care.

Return is permitted when [insert exact public health condition or written clearance requirement]. Send clearance documentation securely to [contact or method].

For questions about exclusion or health monitoring, contact [LPHA]. For questions about instruction and attendance, contact [school contact].

Sincerely,

[Name and title]

[School or district]

Administrator and staff talking points

What staff may say

- The school is working directly with the local public health agency.
- People who need specific follow-up will receive instructions through the approved process.
- The school cannot disclose the identity or private information of a student or employee.
- The local public health agency determines who meets the exposure definition and whether exclusion or monitoring is needed.
- Families should call a health care provider before arriving if measles is suspected or if they were recently exposed to someone with measles or rash-like illness.
- Official updates will come through [district channel].

What staff should not say

- Do not confirm names, classrooms, medical conditions, vaccination status, or rumors.
- Do not assure someone that there is no risk or state that someone was definitely exposed unless public health has made that determination.
- Do not calculate or promise quarantine, exclusion, or return dates.
- Do not recommend a vaccine, immune globulin, vitamin, supplement, or treatment for an individual.
- Do not post photographs, timelines, or updates on personal social media.

Media response

“[School or District] is coordinating with [Local Public Health Agency]. We are following public health guidance, protecting privacy, and contacting individuals who need specific information. Please direct additional questions to [district spokesperson].”

Continuity of school operations

Area	Questions to resolve before an event	Assigned lead
Instruction	How will excluded students receive assignments, services, technology, meals, and special education support?	
Attendance	Which absence codes and documentation rules apply to public-health-directed exclusion?	
Health office	Who covers the nurse role, routine medications, procedures, and emergencies if staff are excluded?	
Transportation	How will bus rosters, drivers, aides, routes, cameras, and seating information be retrieved?	
Activities	Who can pause or modify athletics, field trips, performances, and after-school programs when directed?	
Facilities	Who controls room access, obtains HVAC information, and documents cleaning and reopening?	
Human resources	Who manages staff immunity records, leave, accommodations, and confidential notifications?	
Communication	Who approves messages, answers calls, monitors misinformation, and speaks to the media?	
Records	How will exposure records and public-health directions be securely stored and retained?	

Measles readiness tabletop exercise

Scenario: At 10:15 a.m., a fifth-grade student arrives with a fever, cough, red watery eyes, and a rash that began near the hairline. The student rode the bus, ate breakfast, attended two classes, and waited in the main office. A parent reports recent travel and is unsure whether the student received both MMR doses.

Discussion prompts

1. Who recognizes and declares the concern, and what happens in the first ten minutes?
2. Where is the student separated, what route is used, and who provides supervision?
3. Who calls public health, the parent, administration, facilities, transportation, and emergency services if needed?
4. Which rooms are restricted, and who has the authority to reopen them?
5. What records are needed to reconstruct bus, breakfast, classroom, office, and staff contacts?
6. Who can access immunization and employee records if the nurse is unavailable?
7. Which communication template would be used, who approves it, and how is privacy protected?
8. How would the district support excluded students and absent employees?
9. What would fail after hours, during a field trip, or with a substitute nurse?

Exercise findings

Strongest capability _____

Most urgent gap _____

Action owner _____

Target completion date _____

Resource or partner needed _____

After action review

School or district _____

Event or exercise date _____

Review date _____

Facilitator _____

Review area	What worked	What needs improvement	Owner and due date
Recognition and separation			
Public health notification			
Room and airflow control			
Records and contact tracing			
Family and staff communication			
Privacy and media response			
Staffing and continuity			
Return and recovery			

Update checklist

- ☐ Revise the emergency or communicable-disease plan.
- ☐ Replace outdated contact information.
- ☐ Restock supplies.
- ☐ Retrain staff on identified gaps.
- ☐ Share de-identified lessons with district leadership and public-health partners.
- ☐ Schedule the next drill or review date.

Reliable resources and references

Resource	Purpose and link
Missouri DHSS School Immunizations	Requirements, statutes, regulations, tools, reporting materials, and School Health Program contact information. Open resource
Missouri DHSS Local Public Health Agency Directory	County and city public health contacts. Open resource
Missouri DHSS Health Alerts and Guidance	Current Missouri alerts, advisories, updates, and guidance. Open resource
CDC About Measles	Symptoms, complications, transmission, and prevention. Open resource
CDC Clinical Overview of Measles	Clinical features, infectious period, immunity, and post-exposure prophylaxis. Open resource
CDC Measles Infection Control	Airborne transmission, room management, respiratory protection, and environmental control in health care settings. Open resource
CDC Measles Vaccination	MMR recommendations and vaccine effectiveness. Open resource
CDC Be Ready for Measles Toolkit	Preparedness and outbreak response tools and communication materials. Open resource

Clinical facts used in this packet

CDC reports that measles can remain infectious in the air for up to two hours; a person with measles is generally infectious from four days before through four days after rash onset; one MMR dose is approximately 93 percent effective and two doses approximately 97 percent effective; and eligible exposed people may receive MMR vaccine within 72 hours or immune globulin within six days under clinical and public-health direction. Guidance changes. Verify current instructions during every event.

Missouri School Health Program

Adolescent and School Health | SHS@health.mo.gov | 573-522-2822