

Table 1. Community Transmission Levels and School Recommendations/Strategies			
Levels of Spread	Substantial Spread	Moderate Spread	Low Spread
Missouri DHSS* <i>Indicator</i>	Positivity rate > 10% or incidence of >/= 100 new cases in 7 days per 100k	Positivity rate 5%-9.99% or incidence between 10-99.99 new cases in 7 days per 100k	Positivity rate 0%-4.99% or incidence between 0-9.99 new cases in 7 days per 100k
What does this mean?	Large uncontrolled transmission within the school community.	Sustained transmission within the school community; potential for rapid increase in positive cases.	Isolated cases within the school community; minimal exposure to others in the school community.
If the two indicators suggest different transmission levels, the higher level is selected.			
Operational Guidance			
K-12 Close Contact Exception	<p>In Missouri, students, teachers, and staff in the K-12 indoor setting who were within 3 to 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) AND if both the infected person and the exposed person(s) <u>correctly and consistently</u> wore well-fitting <u>masks</u> the entire time are not considered close contacts to a case. This definition is a modified version of the CDC definition of close contact.</p> <p>Full link here: CDC K-12 Close Contact Exception ; MO K-12 Close Contact Exception</p>		
St. Charles County Modified-Restricted School Quarantine	<p>In St. Charles County, students, staff, and teachers in the K-12 indoor setting who (1) were within 0 to 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness), regardless of whether the infected person or the exposed person were wearing a mask, AND (2) remain asymptomatic are eligible for modified-restricted quarantine wherein the student, staff, or teacher may attend school while wearing a well-fitting mask for the duration of their 14-day quarantine but may not participate in extracurricular activities. (For eligibility to participate in extracurricular activities, see MoDHSS Test-to-Stay Option below.) Exposed student, staff, and teachers who remain asymptomatic are encouraged to get tested for COVID-19 at least 5 days after exposure. The SCCDPH will apply the Modified-Restricted Quarantine in schools which do not opt-out of utilizing this option.</p> <p>NOTE: The Modified-Restricted Quarantine <u>cannot</u> be utilized:</p> <ol style="list-style-type: none"> 1. when more than 4% of the student body of a building tests positive; OR 2. when any classroom has 3 or more confirmed or probable cases OR 2% of the classroom population tests positive in a 3 day time period, whichever is higher. 		
Physical Distancing	Implement physical distancing of at least 3 feet. Whenever possible, a distance of at least 6 feet may offer additional protection from transmission and should be considered when other mitigation strategies cannot be utilized (e.g., removing masks while eating).		

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	<p>Maintain seating charts in classrooms, buses, and the cafeteria to facilitate contact tracing if an exposure occurs.</p> <p>Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels.</p>		
<p>Mitigation Strategies (use most restrictive recommendation when moving from lower to higher level)</p> <p><i>Mitigation strategies, continued</i></p>	<p>Eliminate field trips, student assemblies, and school-wide parent meetings.</p> <p>Establish a protocol for student pick up and drop off: staggered entry and release (by grade, class, or bus numbers), marked spacing for pickup.</p> <p>Screen students and staff (to the extent practicable) for symptoms.</p> <p>Alternative serving models include serving meals in classrooms or the use of additional spaces to maximize distancing (like gymnasium or outdoor seating).</p> <p>Clean AND <u>disinfect</u> each space daily.</p>	<p>Limit field trips (to areas of low spread).</p> <p>Restrict nonessential visitors and volunteers.</p> <p>Limit unnecessary congregations of students and staff.</p> <p>Serve meals in cafeteria with spaced seating and serving lines.</p> <p>Limit mingling of students between tables.</p> <p>Clean AND <u>disinfect</u> each space daily.</p>	<p>Post signage to communicate how to stop the spread, COVID symptoms, preventative measures (including staying home when sick), good hygiene, and school/district specific protocols.</p> <p>Establish a protocol for visitors.</p> <p>Encourage hand hygiene breaks and provide students with the supplies needed for good hand hygiene and respiratory etiquette. Ensure proper ventilation in classrooms and other school spaces. Refer to <u>CDC guidance on Ventilation</u> in Schools and Childcare Programs for additional information.</p> <p>Clean spaces daily with soap or detergent to reduce germs on surfaces.</p>
Screening Testing	Offer screening testing at least once per week for unvaccinated students and staff, in accordance with Table 1 (See Appendix A, below).		

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<u>Sports & Activities</u> (See Appendix B, below for the NCAA categorization of sport risk and Appendix D, Missouri State High School Activities Association Position Statement – Quarantined Students)	Limit spectators at high-risk sporting events and activities. To prioritize in-person learning, consider cancelling events or holding them virtually unless all participants are fully vaccinated. Screening and testing recommended twice per week for participants who are not fully vaccinated.	Screening and testing recommended twice per week for participants who are not fully vaccinated.	Screening and testing recommended each week for participants who are not fully vaccinated
	Recommend screening and testing participants in low-and-moderate risk sport and activities at least once per week.		No screening necessary.
Vaccinations	Encourage COVID vaccinations for eligible staff and students. <ul style="list-style-type: none"> ○ Include in back-to-school communications ○ Establish a process to request proof of vaccination for COVID vaccine similar to other routine immunizations. ○ If staff or family does not submit vaccination status, consider them to be unvaccinated for quarantine purposes. 		
Masks	Recommend all students and staff wear a mask while indoors, regardless of vaccination status.		Masks optional.
	See K-12 Student Close Contact Exemption for masking and quarantine considerations.		
	<u>The American Academy of Pediatrics</u> recommends that all students and staff over the 2 years old wear a mask in school, regardless of vaccination status. MoDHSS* <u>recommendations</u> regarding masks and schools: <ul style="list-style-type: none"> - Indoors: Mask use is recommended for individuals regardless of vaccination status, including students, teachers, and staff. Children under 2 years of age should not wear a mask. (July 21, 2021, <u>Update for fully vaccinated individuals due to Delta variant transmission</u>) 		

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	<p>- Outdoors: In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, the CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with others who are not fully vaccinated.</p> <p><u>CDC School Transportation Mask Order</u>: All passengers on public conveyances (e.g., airplanes, ships, ferries, trains, subways, buses, taxis, ride-shares) traveling into, within, or out of the United States (including U.S. territories) as well as conveyance operators (e.g., crew, drivers, conductors, and other workers involved in the operation of conveyances), regardless of their vaccination status, are required to wear a mask over their nose and mouth.</p>		

<p>Close Contact Definition</p>	<p>Close contacts: < 6 feet for more than 15 minutes.</p> <p>Applies to adults AND students when universal masking is not in place or mask information is NOT available.</p> <p>Vaccination status is not considered in determining close contact, however public health recommendations for diagnostic testing and quarantine may differ depending on a person’s vaccination status or prior infection.</p>	<p><u>K-12 Student Close Contact Exception</u> : In Missouri, students, teachers, and staff in the K-12 indoor setting who were within 3 to 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) AND if both the infected person and the exposed person(s) correctly and consistently wore well-fitting masks the entire time are not considered close contacts to a case. This definition is a modified version of the CDC definition of close contact.</p> <p>Full link here: <u>MO K-12 Close Contact Exception</u></p>
<p>Duration of Quarantine: Students, teachers, and staff identified as close contacts required to quarantine, should stay home and quarantine for a full 14 days past last date of exposure to the case (last date of exposure is Day 0). The CDC provides two additional options for shortening quarantine:</p> <ul style="list-style-type: none"> • AND must be asymptomatic <p>Note: A full 14-day quarantine period is still the recommended duration of quarantine. The CDC modified options for reducing quarantine are not appropriate in all situations and settings, such as those at increased risk of transmission or exposure to persons at greater risk for severe illness due to COVID19. As noted, the LPHAs make the final decision regarding the duration of quarantine.</p>		
<p>At Home/Self COVID-19 Tests. The FDA has granted several “at home” or “self-tests” emergency use authorization approval for use. These at home tests are convenient and provide prompt results. However, at home test results will not be accepted for decisions and recommendations regarding preventing or shortening periods of isolation and/or quarantine in the school setting, which includes the participation in sports and other extracurricular activities. Persons who test positive by an at home test should stay home and follow all recommendations for isolation, and seek recommended confirmatory testing with a medical provider. In addition, close contacts to an individual who tests positive by an at home test should follow recommendations regarding quarantine.</p>		

Table 2. Case Identification and Contact Tracing			
	MODHSS/DESE* Guidance	School Role	LPHA Role
Identification of Positive or Symptomatic Students	<p>Schools should outline a process for parents and staff to report positive test results and symptomatic students and staff.</p> <p>MoDESE and MoDHSS Reopening Guidance recommends that schools assist with contact tracing including identifying who should be isolated and quarantined.</p> <p><u>Isolation</u> at home should be observed for students, teachers and staff who test positive or who are symptomatic close contacts until they meet the criteria to return to normal activities (pg. 3 of <u>MODHSS Guidance</u>).</p>	<p>Reporting of presence or suspected presence of COVID-19 to SCCDPH.</p> <p>Maintain communication with local health officials and assist in contact tracing for exposures occurring during school hours and activities.</p> <p>Assist in identifying cases and close contacts and notify parents of potential exposure.</p> <p>Do not allow infected students and close contacts to return to school until after quarantine/isolation has ended.</p>	<p>Provide notification of exposure and quarantine information to cases and exposed close contacts and notify school of students excluded from school.</p> <p>Aid school staff regarding infection control measures, identification of positive cases, and contact tracing situational questions.</p> <p>Report all cases of COVID (a MO Reportable Condition) to MODHSS within 24 hours of notification.</p>
Close Contact and Quarantine Situations			
Layered Protection Strategy/Exposure Type	MODHSS/DESE* Guidance	School Role	LPHA Role
Vaccinated Students/Staff	Vaccinated students or staff who are exposed do not need to quarantine as long as they are asymptomatic but should still monitor for symptoms and seek testing 3-5 days after	Schools should establish a process for staff and parents/guardians of student to voluntarily submit COVID vaccine information to the school. (See Exhibit C. CDC Guidance of Vaccine Verification, below)	Send vaccine exemption letters to all reported students and staff who have confirmed vaccination status and are considered to have an exposure. This letter provides information on the exemption, testing, and symptom monitoring.

	exposure.***** (Option 1, pg. 4 of <u>MODHSS Guidance</u>).	Include all (unmasked) students in contact tracing regardless of vaccination status.***	
With Universal Mask Wearing ** OR Both Case and Contact are Reported as Wearing a Mask	If > than 3 feet, not considered a close contact and not required to quarantine (Option 2, pg. 5 of <u>MODHSS Guidance</u>).	No action required. ***Do not need to report on vaccinated students who participate in mask wearing.	Monitor building and district level of cases to ensure secondary transmission and clusters do not occur.
	If < than 3 feet, contact is required to quarantine at home but can still attend school; known as modified quarantine (Option 3, pg. 5 of <u>MODHSS Guidance</u>).	Contact tracing information should be submitted to SCCDPH within 1-2 school days. **** Students on modified quarantine should not be allowed to participate in sports or extracurricular activities until 14 days have passed from last exposure or shortened quarantine criteria have been met.	SCCDPH will provide modified quarantine letters electronically to all students, staff, and teachers who meet the criteria for modified quarantine.
With Optional Mask Wearing OR No Mask Information Available	MoDHSS Test-to-Stay Option: Contact is required to quarantine at home; but can still attend school if tested by PCR or Antigen a minimum of three times during the first seven days of quarantine, preferably on non-consecutive days. <u>Does NOT apply to household contacts.</u> Individual must correctly and consistently wear a well-fitting mask and remain asymptomatic for the full 14 days.	Contact tracing information should be submitted to SCCDPH within 1-2 school days. **** There are two options for an exposed contact to remain in school in this scenario, MODHSS Test-to-Stay OR St. Charles County Modified-Restricted Quarantine: 1. MoDHSS Test-to-Stay Option: Allow students and staff to return to school if negative test is obtained, prior to school day. Three negative tests should be obtained during the first seven days of quarantine, preferable on non-consecutive	Quarantine information electronically sent to parents/guardians based on information reported by schools.

	<p>Under the MoDHSS Test-to-Stay Option, contact may participate in extracurricular activities if negative test is obtained for each day of activity during the 14 day quarantine.</p> <p>(Option 4, pg. 5-6 of MODHSS Guidance, updated October 8, 2021)</p>	<p>days. If testing is not completed, contact becomes symptomatic, or masks are not worn during the quarantine period, do not allow contact to return to school. <u>Option does NOT apply to household contacts.</u></p> <p>OR</p> <p>2. St. Charles County Modified-Restricted School Quarantine: Contacts should quarantine for 14 days; can utilize shortened quarantine options if they meet criteria (pg. 3 of MODHSS Guidance). The St. Charles County Modified-Restricted School Quarantine may be utilized if the exposed person(s) remain asymptomatic. Do not allow students or staff to return to school until after quarantine has ended, except when the St. Charles County Modified-Restricted School Quarantine is utilized. (See St. Charles County Modified-Restricted School Quarantine, above.)</p>	
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Table 3. Case Rate and Transmission at the School Building Level
<p>The St. Charles County Department of Public Health suggests that IF any of the following are true:</p> <ul style="list-style-type: none"> - 5% of the student body in a building or district tests positive on any given day - 4% tests positive for 2 days in a row - 3% tests positive for 3 days in a row <p>AND</p> <p>It's been determined any of the following are occurring:</p> <ul style="list-style-type: none"> - Multiple positive cases related or unrelated within one building - Multiple clusters of positive cases occurring within one building - Secondary transmission of positive cases within one classroom <p>THEN</p> <p>The following may occur at the discretion of the DPH after consultation with the school leadership:</p> <ul style="list-style-type: none"> - Recommended mask wearing for all students, teachers, staff, and visitors (indoors and/or outdoors). - Suspension of shortened quarantine options and application of standard quarantine protocols for a classroom or an entire school - Quarantine of an entire classroom. - Temporary closure of school building.

Mask Recommendations from the AAP and MoDHSS*:

- [The American Academy of Pediatrics](#) recommends that all students and staff over the age of 2 years wear a mask in school, regardless of vaccination status.
- MoDHSS* [Recommendations for Fully Vaccinated Individuals](#): To maximize protection from the Delta variant and prevent spreading it to others, wear a mask indoors in public if you are in an area of substantial or high transmission.
- MoDHSS* [Recommendations](#) regarding masks and schools:
 - o Indoors: Mask use is recommended for people who are not fully vaccinated including students, teachers, and staff. Children under 2 years of age should not wear a mask. See updated guidance for Fully Vaccinated Individuals.
 - o Outdoors: In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, the CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

See full DESE/MODHSS Reopening and Operating Guidance here: <https://dese.mo.gov/media/pdf/covid-mo-k-12-school-guidance>

And here: <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/guidance-assessing-exposures-contacts-school.pdf>

See CDC Guidance for COVID-19 Prevention in K-12 Schools [here](#).

* On July 23, 2021, as updated on October 8, 2021, the Missouri Department of Health and Senior Services (“MoDHSS”), in conjunction with the Missouri Department of Elementary and Secondary Education (“DESE”), issued its “Missouri School Reopening and Elementary and Secondary Education Guidance.” In its school guidance, MoDHSS and DESE refer local public health agencies to CDC guidance “to provide additional clarity and consistency for Missouri school leaders and public health officials as they make decisions about school reopening and operating strategies at the local level.” The references in this document to the CDC guidance are as provided and directed by MoDHSS and DESE.

** Under the K-12 Close Contact Exception, the definition of close contact excludes students who were within 3 to 6 feet of an infected student if both the infected student and the exposed student(s) [correctly and consistently](#) wore well-fitting [masks](#) the entire time. If the requirements of this exception are met, students who are close contacts of an infected student will not have to quarantine as long as the close contact remains asymptomatic. [K-12 Close Contact Exception](#). Therefore, a local school board’s decision on mask policy is likely to have a significant outcome on the number of students who may be required to quarantine due to close contact status and the number of times those students may be required to quarantine. DESE/MODHSS expanded the CDC K-12 Close Contact Exception on August 17th in their [updated guidance](#) to include teachers and school staff. Such guidance has been further updated on October 8, 2021.

*** Vaccinated students who are appropriately wearing a mask during an exposure are not required to be included in contact tracing lists.

**** Contact tracing information should include name, DOB, date of last exposure, COVID vaccination status, appropriate mask usage during exposure; see data reporting documentation provided by SCCDPH for full list of required fields.

***** Characteristics of predominant variants may warrant changes in testing considerations or symptomology.

Appendix A.

Table 1. Screening Testing Recommendations for K-12 Schools by Level of Community Transmission

	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports ² and extracurricular activities ³ at least once per week for participants who are not fully vaccinated.	Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.	
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. ²	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

As of August 5, 2021

Direct Link [here.](#)

Appendix B. NCAA CLASSIFICATION OF SPORTS RISK

NCAA Sport Classification Update

The categorization of sport risk was previously noted in the [Action Plan](#) document and is based on consensus from the NCAA COVID-19 Advisory Panel and the AMSSM COVID-19 Working Group and on the probability and significance of respiratory droplet spread during vigorous exercise when physical distancing and masking are not applied or are not possible. Importantly, the sport classification refers to sport-specific training and competition and not cross-training or other aspects of training. For example, swimming is a low contact risk sport, but dry land training activities such as trampoline, stretching, and tumbling may be associated with higher risk activity if risk-mitigating strategies noted above are not in place.

The risk assessment has now been updated below to include all NCAA-sponsored sports, including both winter and spring sports. Importantly, this risk assessment differs from the National Federation of State High School Associations and the United States Olympic and Paralympic Committee and also may differ from state/local risk categorization guidance.

- **Low contact risk:** bowling, diving, equestrian, fencing, golf, rifle, skiing, swimming, tennis, track and field.
- **Medium contact risk:** acrobatics and tumbling, baseball, beach volleyball, cross country*, gymnastics, softball, triathlon*.
- **High contact risk:** basketball, field hockey, football, ice hockey, lacrosse, rowing, rugby, soccer, squash, volleyball, water polo, wrestling.

** The level of risk in cross country, track and field and triathlon are dependent upon the student athlete's proximity to other unmasked individuals. For example, the start or finish of a race may involve a group of athletes who are breathing heavily in a group space with a breakdown in physical distancing.*

Direct Link [here](#).

Appendix C. GUIDANCE ON VACCINATION VERIFICATION

Existing laws and regulations require certain vaccinations for children attending school. K-12 administrators regularly maintain documentation of people's immunization records. Administrators who maintain documentation of students' and workers' COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, including those related to privacy, to inform prevention strategies, school-based testing, contact tracing efforts, and quarantine and isolation practices. Schools that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information from students. The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements. Policies or practices related to providing or receiving proof of COVID-19 vaccination should comply with all relevant state, tribal, local, or territorial laws and regulations.

As part of their workplace COVID-19 vaccination policy, schools should recognize that a worker who cannot get vaccinated due to a disability (covered by the ADA), has a disability that affects their ability to have a full immune response to vaccination, or has a sincerely held religious belief or practice (covered by Title VII of the Civil Rights Act of 1964) may be entitled to a reasonable accommodation that does not pose an undue hardship on the operation of the employer's business. Additionally, school employers should advise workers with weakened immune systems about the importance of talking to their healthcare professional about the need for continued personal protective measures after vaccination. For more information on what you should know about COVID-19 and the ADA, the Rehabilitation Act and other Equal Employment Opportunity Laws visit the [Equal Employment Opportunity Commission](#) website.

Direct Link [here](#).

Appendix D. Missouri State High School Activities Association Position Statement – Quarantined Students

(September 2, 2021)

The MSHSAA office has received a number of contacts about schools being less restrictive than the required protocols set forth by their Local County Health Departments regarding the quarantining of students. Further, we have been informed that some schools are considering allowing students who are supposed to be in quarantine to continue to attend school, sports practices and games/contests. We have informed our member schools that it is a local school decision on whether they put local school policies/protocols in place to allow quarantined students to *attend school and practices*. However, students who are required to quarantine under the Local County Health Departments guidelines and expectations are not permitted to participate in interscholastic competition (games or contests). From day one that Covid-19 became a factor in our society, we have stated that schools must follow their Local County Health Department guidance and expectations for dealing with the pandemic. If a school allows a student(s) to participate in competition (games or contests) who are supposed to be quarantined under the Local County Health Department guidance and expectations, the school will be required to forfeit the contest(s) in which the student(s) participated and further considerations made for removing that school from postseason.

DESE has also come out with guidance, in accordance with the CDC, regarding students who have had direct exposure to Covid-19, but are vaccinated, and how that relates to quarantine requirements. MSHSAA member schools may follow this guidance from DESE and not be in violation of the MSHSAA policy to follow Local County Health Department requirements.

As a reminder, there is a MSHSAA mandate in place for students that “test positive” for Covid-19. This mandate requires a student to quarantine, complete an evaluation by a physician and follow a five stage return to play protocol. (See Covid-19 Return to Play Form posted on the

Sports Medicine tab at www.mshsaa.org).

The MSHSAA Board of Directors has the authority under the MSHSAA Constitution to put policies in place to deal with situations that arise which are outside the language of the by-laws but affect the business of the association. The Covid-19 pandemic falls into this area and has the potential to effect student health and the safety of all participants in the interscholastic program.

Section 6: POWERS AND DUTIES OF THE BOARD OF DIRECTORS

a. The Board of Directors shall be the executive body of the Association. It shall have the authority to adopt such policies and procedures as are necessary to administer the business of the Association except such policies and procedures shall not be in conflict with a provision of the Constitution and By-Laws.

Please understand, the state association's position statement(s) and policies are in place to protect students, coaches, and officials that serve and participate in the interscholastic contests. MSHSAA is not attempting to infringe on the procedures a school has in place for educating students in the classroom, but we must have policies and procedures in place to deal with the safety of students who participate in the interscholastic program and against opposing schools.

Thank you for your attention. If you have specific questions, please refer to the Sports Medicine page of the MSHSAA website, or contact our office.