School and Childcare Exclusion for COVID-19: Guidelines for Healthcare Providers

Summary

- Health providers who provide services to school aged children and school/childcare staff members should familiarize themselves with the South Carolina School and Childcare Exclusion List. Recommendations for return to school and childcare should be consistent with those guidelines for COVID-19 and all other listed conditions.

- Children or staff presenting with dyspnea, loss of taste or smell, and/or new or worsening cough should be immediately excluded from school and tested for COVID-19 by viral test (PCR or antigen). Exclusion must continue until results are returned. May return to school if negative and not excluded for some other symptom/condition, or must begin isolation period if positive.

- Providers should use clinical judgement to identify suspect COVID-19 cases and recommend testing and exclusion pending results even when symptoms fall outside those required for immediate exclusion.

- Children or staff recommended for quarantine based on being a close contact to a case of COVID-19 while contagious, must complete their full recommended quarantine period even if they test negative. School staff that need to work during their quarantine period should follow recommendations for critical infrastructure employees.

Background

SC Regulation #61-20 requires DHEC to publish each year an Official School and Childcare Exclusion List of Contagious and Communicable Diseases, referred to as the School and Childcare Exclusion List. DHEC provides information to schools and childcares on excluding students who pose a risk of spreading infectious diseases. Guidelines have been provided regarding exclusion for known or suspect cases of COVID-19 in schools. Medical providers cannot give recommendations that contradict the school exclusion criteria. Healthcare providers
should also educate parents and staff members about these requirements so they may apply them appropriately before sending a child to school or childcare.

Students and staff members may require exclusion for three (3) reasons:

1. COVID-19 positive by viral testing (PCR or antigen)
2. Suspect COVID-19 infection based on symptoms and test results pending
3. Recommended for quarantine based on close contact to a known COVID-19 case while contagious

**Applying exclusion requirements**

**Exclusion of COVID-19 positive cases:**

Students and staff that test positive by a viral test (PCR or antigen) must complete the current isolation criteria before returning to school.

An antibody test is NOT recommended to diagnose an acute infection, and a positive test may not require exclusion. However, the patient’s symptoms should be reviewed to ensure they are not suggestive of acute infection. Positive antibody results should NOT be used to presume immunity to SARS-CoV-2.

**Exclusion based on symptoms:**

Patients presenting with the following symptoms (with or without fever) should be advised to exclude from the school or childcare setting until meeting criteria for return:

- New or worsening cough
- Dyspnea
- Loss of taste or smell

Return to school criteria is a negative viral test or completion of isolation criteria above if not tested. However, testing should be highly encouraged as it may allow for the identification of other close contacts and prevent further transmission. DHEC provides a list of available testing sites. Antibody testing is insufficient to meet return criteria.

Underlying conditions should be considered and may negate the need for exclusion. For example, a child with a chronic cough due to seasonal allergies should not be excluded unless the cough changes in nature or worsens. A patient with known asthma does not need to be excluded for dyspnea that improves on albuterol administration.

The list of symptoms above does not represent the full list of possible presenting symptoms for COVID-19. Providers should use clinical judgement to recommend testing based on a patient’s presentation or determine if symptoms were more likely due to another cause. Anyone tested
as a suspect case of COVID-19 (diagnostic testing) should isolate and be excluded until negative test results are returned or must complete isolation criteria if positive.

- Additional symptoms associated with COVID-19: Sore throat, muscle or body aches, chills, fatigue, headache, congestion or runny nose, diarrhea, nausea or vomiting, and fever.

**Exclusion for quarantine after close contact to a COVID-19 case:**

Patients who have been determined to be a close contact to a COVID-19 case during their infectious period (beginning two (2) days prior to symptoms onset or test collection if no symptoms through completion of their isolation period) should quarantine at home and not return to school until completion of the full recommended quarantine period based on the circumstances.

School staff are considered critical infrastructure employees and, if replacement while the exposed staff member completes their recommended quarantine period is not possible, they could be allowed to work while wearing a face mask and monitoring for symptoms during quarantine as recommended for critical infrastructure employees. If school staff develop symptoms or they test positive for COVID-19 during their quarantine period, they must immediately isolate and will not be allowed to return to work until their isolation period ends.

DHEC currently recommends that close contacts be tested as soon as they show any symptoms consistent with COVID-19. If they have no symptoms, they should still be tested but no sooner than seven (7) days after first contact with the case (usually about seven (7) days into their quarantine period). A negative test does NOT shorten the quarantine period. If they test positive, they must complete the appropriate isolation period before returning to school or childcare.

**Resources for Additional Information**


DHEC contact information for reportable diseases and reporting requirements

Reporting of COVID-19 cases, deaths, positive and negative test results, and associated Multi-System Inflammatory Syndrome in Children (MIS-C) cases is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at:

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2020
Mail or call reports to the Epidemiology Office in each Public Health Region

MAIL TO:

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N. Charleston, SC 29405  
Fax: (843) 953-0051 | 2000 Hampton Street  
Columbia, SC 29204  
Fax: (803) 576-2993 | 1931 Industrial Park Road  
Conway, SC 29526  
Fax: (843) 915-6502  
Fax2: (843) 915-6506 | 200 University Ridge  
Greenville, SC 29602  
Fax: (864) 282-4373 |

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                                      | Nights/Weekends: (864) 372-3133  
                                      | Nights/Weekends: (864) 423-6648  |

For information on reportable conditions, see
https://www.scdhec.gov/ReportableConditions

Categories of Health Alert messages:

- **Health Alert**: Conveys the highest level of importance; warrants immediate action or attention.
- **Health Advisory**: Provides important information for a specific incident or situation; may not require immediate action.
- **Health Update**: Provides updated information regarding an incident or situation; unlikely to require immediate action.
- **Info Service**: Provides general information that is not necessarily considered to be of an emergent nature.