SCDHEC COVID-19 GUIDANCE FOR K-12 SCHOOLS

2021-2022 Academic Year

Notice

Guidance is subject to change as new information requires. Updates will be indicated in dates associated with each individual document and will be recorded for historical records within each.

Last Updated: September 10, 2021

S.C. Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201 (803) 898-3432 www.scdhec.gov

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Definitions

August 20, 2021

Close contact: Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) from 48 hours prior to symptom onset (or specimen collection for an asymptomatic infected person) of the infected person.

- The close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if **both** the infected student and the exposed student(s) wore masks during the exposure time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.
- Close physical contact can include contact with the mucous membranes of a COVID infected person through such things as, kissing, sharing eating/drinking utensils, etc., regardless of the time frame.

Contact tracing: The practice of identifying, notifying, and monitoring individuals who may have had close contact with a person determined to be a confirmed or probable case of an infectious disease as a means of controlling the spread of infection.

Diagnostic Testing: The use of viral (antigen or PCR) COVID-19 tests to determine if an individual with symptoms compatible with COVID-19 is currently infected with SARS CoV-2, the virus that causes COVID-19.

Fully vaccinated: A person is considered fully vaccinated, ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine.

Isolation: Isolation is used to separate people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. They must remain at home or the place they were told to isolate and avoid contact with other people until their isolation period is over. This includes avoiding contact with those in their household as much as possible.

OTC: Over the Counter Use – a medical product approved for use at home without need of a medical professional and without a prescription.

PPE: Personal protective equipment that includes but is not limited to medical grade gloves, face masks, N-95 Respirators, face shields, and gowns.

Prevention strategies: Actions taken to help reduce the transmission of the virus that causes COVID-19.

Quarantine: Quarantine is used to separate people who are close contacts of someone with a contagious disease, like COVID-19, from others for a period of time to see if they become sick. This is a method to prevent the spread of disease. When someone is quarantining, they should stay home and avoid contact with other people until the quarantine period is over. This includes people in their household as much as it is possible.

Rapid Test: A test (antigen or PCR) that is administered and processed within the same day on premise without sending to another location for processing. Results are typically processed and available within several minutes.

Screening: Routine, typically performed at least once weekly, viral (PCR or antigen) testing of asymptomatic individuals in order to identify asymptomatic individuals infected with SARS CoV-2, the virus that causes COVID-19.

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Introduction

As noted by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC), reopening schools so students can resume in-person, full time education is vitally important to ensuring students do not fall behind scholastically or socially. This interim guidance is based on the latest evidence-based science with the goal of ensuring schools can reopen as safely as possible. As conditions change and more evidence becomes available, the South Carolina Department of Health and Environmental Control (DHEC) will update this interim guidance as needed.

Schools should consider multiple factors, based on the school population and surrounding community, when making decisions about implementing layered prevention strategies against COVID-19. The primary factors to consider include (in order of importance):

- COVID-19 outbreaks or increasing trends in the school or surrounding community. (See DHEC School Data)
- Level of community transmission of COVID-19. (See CDC County Level Data)
- Ages of children served by K-12 schools and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.
- COVID-19 vaccination coverage in the community and among students, teachers, and staff, if available. (See CDC Vaccination Data and DHEC Vaccination Dashboard)
- Use of an optional frequent screening testing program for students (with parental permission), teachers, and staff who are not fully vaccinated.

The SC General Assembly included a proviso, or condition, in the budget for this year that prohibits schools or school districts from using state funds for requiring masks: *"No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy."* (Proviso 1.108 of the Fiscal Year 2021-2022 General Appropriations Act)

On August 20, 2021, DHEC physicians presented to the S.C. Board of Health and Environmental Control their review and analysis of the evidence that universal masking and mask mandates reduce COVID-19 transmission in schools and that masks are safe for children. The Board voted for the Chair and DHEC Director to contact the leadership of the South Carolina General Assembly, urging them to consider providing local decision-making authority regarding mask mandates in schools.

Layered Prevention Strategies to Reduce Transmission of COVID-19 in Schools

Prevention strategies are essential to safe delivery of in-person instruction and help to prevent COVID-19 transmission in schools. Schools will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated. These variations require schools to make decisions about the use of COVID-19 prevention strategies in their schools to protect all people in the school environment, including those who are not fully vaccinated.

The need for layering specific prevention strategies will vary, and localities might implement more or fewer COVID-19 prevention strategies based on community transmission levels, vaccination coverage, and local policies and regulations. However, if considering whether and how to remove prevention strategies, it is important that only one

prevention strategy should be removed at a time and students, teachers, and staff should be closely monitored (with adequate testing through the school or community) for any outbreaks or increases in COVID-19 cases after removal.

These COVID-19 prevention strategies remain critical to protect people, including students, parents and guardians, teachers, and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels:

1. Vaccination
2. Mask use
3. Physical distancing
4. Contact tracing, in combination with isolation and quarantine
5. Staying home when sick and getting tested
6. Screening testing to promptly identify cases, clusters, and outbreaks
7. Ventilation
8. Handwashing and respiratory etiquette
9. Cleaning and disinfection

1. Vaccination

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic.
- Currently vaccination with the highly effective Pfizer vaccine is available to all people age 12 years and above. Vaccination with the highly effective Moderna and Janssen vaccines are available to those 18 years and above.
- Schools are strongly encouraged to work with local public health officials and healthcare facilities and professionals to provide factual information and education about COVID-19 vaccination and to increase access to COVID-19 vaccines by coordinating vaccine clinics for staff, students, and families who wish to be vaccinated.

2. Mask Use

- DHEC recognizes mask use currently cannot be mandated per the SC General Assembly but strongly recommends universal mask wearing in schools and is providing the following guidance for teachers, staff, and parents.
- Consideration could be given to safely discontinuing universal mask wearing when the following three conditions are all met:
    - The county is not in substantial or high transmission as reported by the CDC.
    - The vaccination rate among students and staff (combined) is greater than 75%.
- There has not been an outbreak in a class in the school in the prior 2 weeks (outbreak= 3 cases in a classroom within 2 weeks). Children under two years old, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance should not wear a mask.
- All people in the school setting should be allowed to wear a mask, and steps should be taken to ensure students are not bullied or criticized for wearing a mask.
- A close contact who is ending quarantine early (less than 14 days) and returning to the school environment are expected to wear a mask in order to return to in-person learning, per CDC and DHEC guidelines for ending quarantine early.
    - Individuals should defer to district or school policy when determining their return to the educational environment from quarantine.
- The most effective fabrics for cloth masks are tightly woven, such as cotton and cotton blends, breathable, and in two or three fabric layers. Masks with exhalation valves or vents, those that use loosely woven fabrics, and those that do not fit properly are not recommended.
    - Schools should provide masks to those students who need or request them, such as students who forget to bring their mask or whose families are unable to afford them.

- **Indoors:** Masks are strongly recommended to be worn at all times in school facilities (classroom and non-classroom settings), with exceptions for specific people (children under 2 years old, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance), or for certain settings or activities, such as while eating or drinking or when alone in an office.
- **Outdoors**: In general, people do not need to wear masks when outdoors with the following exception.
    - In areas of substantial to high transmission, 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.
- **School buses:** Mask use is required on school buses and other public transportation per federal CDC Order regardless of the mask policy at school or the individual's vaccination status; school systems should take appropriate steps to ensure compliance with this requirement by students, staff, and others. Per the CDC:
    - *"CDC's Mask Order requires the wearing of masks by travelers to prevent the spread of the virus that causes COVID-19. The requirement to wear a mask also applies to passengers and drivers on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order. Operators of school buses should refer to the Department of Education's COVID-19 Handbook for additional guidance. Note, drivers do not need to wear a mask if they are the only person on the bus. For additional information on the requirements of this Order, please visit Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs | CDC."*
- **Healthcare areas:** Locations designated for healthcare, testing, or for awaiting pickup due to illness are considered healthcare facilities. Examples include health rooms and athletic trainer offices. As such, infection control policies and practices are held to healthcare facility standards and expectations which may differ from policies of non-healthcare school facilities.
    - Individuals being assessed, tested, or dismissed from attendance due to respiratory symptoms should be required to wear a face covering while in these designated healthcare areas and also when transiting to/from these areas.

3. Physical Distancing

- At least three (3) feet of distance between each person should be maintained to the greatest extent possible.
    - Arrange desks to maximally increase the space between them. Make desks face in the same direction (rather than facing each other). Remove non-essential furniture to maximize the distance between students.
- Avoid in-person assemblies or other congregate events. These may be done virtually with cohorts of students in classrooms if technology is available.
- Avoid students congregating in common use areas. For example, have students eat meals outdoors when feasible or utilize a consistent seating arrangement (similar to cohorting) rather than mixing in the cafeteria or other common indoor area.
    - If it is not possible to suspend use of common areas, try to limit the extent to which students mix with each other, and particularly with students from other classes.
    - Restrict hallway use through staggered release of classes. Stagger arrival and dismissal times.
- Limit people present to only students and essential faculty and staff.
- **Cohorting:** keeping people together in a small group and having each group stay together throughout an entire day. 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. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. It is a school's responsibility to ensure that cohorting is done in an equitable manner that

does not perpetuate academic, racial, or other tracking, as described in the U.S. Department of Education's COVID-19 Handbook, Volume 1.

- **Transportation**: Create distance between children on school buses (for example, assign seats, seat children one child per row, skip rows, use seating charts to assist with contact tracing), to the greatest extent possible. Masks are required by federal order on school buses and other forms of public transportation in the United States. Open windows to improve ventilation when it does not create a safety hazard.

4. Contact Tracing in Combination with Isolation and Quarantine

- Case investigation and contact tracing are critical strategies to identify and isolate cases and test and quarantine close contacts to reduce transmission. Schools should collaborate with local health departments when investigating cases and exposures to COVID-19.
- **Require sick students and staff to stay home as per the School and Child Care Exclusion List. Establish procedures for those who are sick at school to be sent home as soon as possible and kept masked and separate from others until they can leave.**
- CDC defines a close contact as someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). An infected person can spread the virus starting from 48 hours before they have any symptoms (or, for asymptomatic patients, 48 hours before the specimen was collected), until they meet criteria for discontinuing home isolation.
- In the K–12 schools, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) wore masks during the exposure time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.
- Fully vaccinated people and people verified (positive PCR or antigen test) to have been infected with COVID-19 in the previous 90 days who were in close contact with someone who has COVID-19 but do not have COVID-19 symptoms do not need to quarantine unless they develop symptoms. Individuals may voluntarily choose to provide documentation of their full vaccination status to eliminate the need for quarantine. Fully vaccinated people are recommended to get tested 3-5 days after exposure, even if they do not have symptoms, and it is important for them to wear a mask at school until 14 days after exposure or they receive a negative test result.
- Cluster of cases in a classroom or cohort (per CDC): If 3 or more COVID-19 cases are identified within a classroom or other cohort of students (e.g. sports team or extracurricular group) within 14 days of each other, consideration should be given to excluding all students and staff, who have not voluntarily provided evidence of vaccination, in the classroom (or cohort of students) for 14 days after contact with the last identified COVID-19 case.
- Consideration for a school or grade level temporarily going to virtual learning:
    - There are currently no data to provide an evidence base for a decision to go to virtual learning at a specific threshold of school cases. However, recognizing school district leadership could potentially benefit from expert recommendations, DHEC medical epidemiologists have developed potential thresholds for consideration, based on their professional judgement.
    - Consideration may be given by a school district for a school (or grade level) to temporarily go virtual in the following scenarios:
        - School is unable to maintain operations with current staffing as determined by the school district,
        - 30% or higher rate of absenteeism in the school or grade level due to COVID-19 (including students in isolation and in quarantine),
        - 5–10% or higher of the student body is in isolation simultaneously after testing positive (or being assumed positive based on symptoms when not tested), or
        - When discussed with and recommended by local medical and public health professionals based on the local healthcare system's capacity.

    - If a school (or grade level) temporarily goes to virtual learning for one of the above scenarios, it is recommended that they remain virtual for 7 to 14 days then re-evaluate the situation.
- Details of individual cases of COVID-19 do not need to be reported to DHEC unless detected by school-affiliated testing, and details of individuals in quarantine do not need to be reported. However, clusters or outbreaks should still be reported to the regional DHEC office. In addition, beginning in September 2021, schools will report to DHEC aggregate totals of cases and contacts in students and in staff once weekly via a portal established by DHEC for which a link is emailed to the school's point of contact. This data, using standard DHEC data suppression rules to protect privacy when necessary, will be made available to the public online.

5. Staying Home When Sick and Getting Tested

- Educate staff, students and their parents on the symptoms of COVID-19 and the importance of staying home if they have any of the symptoms or if anyone in the household tests positive for the disease. Anyone who has symptoms of contagious illness, such as COVID-19, should stay home and be referred to their healthcare provider for testing and care.
- If a student becomes sick at school see What to do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School.
- Schools participating in the COVID antigen testing program have the ability to do rapid testing on site which could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation. Contact DHEC if you are not participating in the program but wish to join it.

6. Asymptomatic Screening Testing

- Diagnostic testing of symptomatic individuals and routine screening testing of asymptomatic individuals are both critical strategies for reducing disease transmission. **Schools are strongly encouraged to provide both types of testing.**
- Asymptomatic screening testing of individuals who are not fully vaccinated identifies infected people, including those without symptoms or before development of symptoms, who may be contagious, so that measures can be taken to prevent further transmission.
    - If schools implement screening testing, they can more quickly detect new cases and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated and identify clusters to reduce the risk to in-person education.
- Individuals who are fully vaccinated do not need to participate in screening testing.
- Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect students, teachers, and staff privacy. Consistent with state legal requirements and Family Educational Rights and Privacy Act (FERPA), K-12 schools should obtain parental consent for minor students and assent/consent from students themselves.
- Screening program considerations:
    - Screening testing is strongly encouraged to be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels and to all teachers and staff who have not been fully vaccinated at any level of community transmission.
    - To be effective, the screening program should test **at least once per week**, and rapidly (within 24 hours) report results. Although evidence regarding more frequent testing is limited, knowledge about COVID-19 characteristics indicates that screening testing more frequently than one per week may be more effective at interrupting transmission and therefore keeping the greatest number of students and teachers in school.
    - Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not fully vaccinated, or conducting pooled testing of cohorts.

- To facilitate safe participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools should very strongly consider implementing screening testing for participants who are not fully vaccinated.
    - Schools can routinely test student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities.
    - Schools can implement screening testing of participants who are not fully vaccinated up to 24 hours before sporting, competition, or extracurricular events.
- **DHEC strongly encourages school districts to utilize the resources made available to them by DHEC for both symptomatic testing and asymptomatic screening testing.**

7. Ventilation

- Improve ventilation to the extent possible to increase circulation of outdoor air, increase the delivery of clean air, and dilute potential contaminants. This can be achieved through several actions:
    - Bring in as much outdoor air as possible.
    - Ensure heating, ventilation, and air conditioning (HVAC) settings are maximizing ventilation.
    - Filter and/or clean the air in the school by improving the level of filtration as much as possible.
    - Use exhaust fans in restrooms and kitchens.
    - Open windows in buses and other transportation, if doing so does not pose a safety risk. Even just cracking windows open a few inches improves air circulation.
- Additional ventilation recommendations for different types of school buildings can be found in the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) schools and universities guidance document.

8. Handwashing and Respiratory Etiquette

- People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools should encourage these behaviors and provide adequate handwashing supplies.
- Teach and encourage handwashing with soap and water for at least 20 seconds. Posting signs in restrooms and at other sinks can serve as a helpful reminder of proper handwashing technique.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.

9. Cleaning and Disinfection

- In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the U.S. Environmental Protection Agency COVID-19 list) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.
- For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see Cleaning and Disinfecting Your Facility.
- If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.

Questions and Additional Information

School officials who have questions about this guidance should contact their local DHEC office.

History and Updates

- July 29, 2021: Document first published.
- August 13, 2021: Removed "unvaccinated" from the close contact definitions and clearly defined a student close contact.
- August 20, 2021: Edited the close contact definitions for students in section 4.
- September 7, 2021: Updated mask use to include DHEC's recommendation for mask requirements in section 2 and strengthened recommendation for screening testing in section 6.
- September 10, 2021: Deleted an extra bullet

This guidance is consistent with data and information available as of September 10, 2021 and may be updated as necessary as the situation evolves.

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Interim Guidance for School Buses

September 7, 2021

Social Distancing and Capacity

- The number of students on the bus should be limited to the extent possible.
- Allow only one child on a seat at a time to the extent possible.
- Use of assigned seats which remain consistent is strongly recommended, in order to facilitate contact tracing and limit the number of students who need to quarantine. An entire bus does not need to quarantine in response to a case if proper contact tracing can be performed.
- As possible, load the bus back-to-front.

Cleaning and Disinfection

- Each bus shall be cleaned then disinfected using an EPA-approved disinfectant daily.
- Frequently wipe down with disinfectant frequently touched surfaces, including those in the entrance touched by passengers, such as handrails, and those touched by the driver.
    - Disinfect with a product that is EPA-approved for use against the virus that causes COVID-19, diluted bleach solution, or alcohol solution with at least 70% alcohol.
- Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, contact time, and personal protective equipment).
- Ensure adequate supplies to support frequent cleaning and disinfection practices.

Ventilation

- Increase air exchange on the bus and the input of outside air via available mechanisms, including opening the roof vents and some windows as weather and safety allows.
    - For buses with air conditioning, increasing circulation of outside air should still be performed to the extent possible, since the air conditioning on these buses only recirculates interior air.
    - Recognize that frequent openings of the door will also increase air exchange.

Personal Prevention Practices

- Masks are required by Federal Order on school buses and other forms of public transportation in the United States. Drivers and passengers must wear face masks or cloth face coverings that cover the nose and mouth while on public school buses/ transportation. Cloth face coverings should not be used on children under two years old, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance.
- The CDC has a pattern and a video available demonstrating how to make a cloth face covering.

Messaging to Parents

- Educate drivers and students and their parents on the symptoms of COVID-19 and the importance of staying home if they have any of the symptoms or if anyone in their household tests positive for the disease.
- Frequently send a message to parents via a variety of methods the importance of social distancing, including not allowing students to congregate at bus stops.
- Translate messaging to appropriate languages.

References

- DHEC COVID-19 webpage: scdhec.gov/covid19

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- What Bus Transit Operators Need to Know About COVID-19 (CDC): cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator

This is consistent with guidance available as of September 7, 2020 and may be updated as new information on this novel virus and evolving situation become available.

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K-12 Schools Interim Guidance for Management of COVID-19 Cases

September 10, 2021

This guidance is intended for K-12 schools to plan their response to known and possible cases of COVID-19 as well as known contacts. This is based on what is currently known about COVID-19 and will be updated as more information and guidance become available. (*Information updated since last guidance provided in italics*).

Definitions

Close contact: Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) from 48 hours prior to symptom onset (or specimen collection for an asymptomatic infected person) of the infected person.

- The close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if **both** the infected student and the exposed student(s) wore masks during the exposure time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.
- Close physical contact can include contact with the mucous membranes of a COVID infected person through such things as, kissing, sharing eating/drinking utensils, etc., regardless of the time frame.

Contact tracing: The practice of identifying, notifying, and monitoring individuals who may have had close contact with a person determined to be a confirmed or probable case of an infectious disease as a means of controlling the spread of infection.

Diagnostic Testing: The use of viral (antigen or PCR) COVID-19 tests to determine if an individual with symptoms compatible with COVID-19 is currently infected with SARS CoV-2, the virus that causes COVID-19.

Fully vaccinated: A person is considered fully vaccinated, ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine.

Isolation: Isolation is used to separate people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. They must remain at home or the place they were told to isolate and avoid contact with other people until their isolation period is over. This includes avoiding contact with those in their household as much as possible.

OTC: Over the Counter Use – a medical product approved for use at home without need of a medical professional and without a prescription.

PPE: Personal protective equipment that includes but is not limited to medical grade gloves, face masks, N-95 Respirators, face shields, and gowns.

Prevention strategies: Actions taken to help reduce the transmission of the virus that causes COVID-19.

Quarantine: Quarantine is used to separate people who are close contacts of someone with a contagious disease, like COVID-19, from others for a period of time to see if they become sick. This is a method to prevent the spread of disease. When someone is quarantining, they should stay home and avoid contact with other people until the quarantine period is over. This includes people in their household as much as it is possible.

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Rapid Test: A test (antigen or PCR) that is administered and processed within the same day on premise without sending to another location for processing. Results are typically processed and available within several minutes.

Screening: Routine, typically performed at least once weekly, viral (PCR or antigen) testing of asymptomatic individuals in order to identify asymptomatic individuals infected with SARS CoV-2, the virus that causes COVID-19.

Preparation for COVID Cases in the School

Schools should identify a room that is available to be used for the purpose of isolating students or staff who exhibit symptoms of COVID-19 during the school day.

- Students and staff should be moved safely, respectfully, as well as in accordance with any applicable privacy laws or regulations, to the isolation room for evaluation. The individual will be provided a mask which they must wear if they are able to use one, and students should be supervised by a staff member who maintains at least six feet of distance and uses appropriate personal protective equipment (PPE) if available.
- School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID19 Infection.
- Health rooms and isolation rooms should be treated as healthcare setting and are classified differently than other school settings when establishing preventive actions within schools.
- DHEC recognizes the workload associated with case investigation and contact training and recommends districts utilize additional trained staff as needed. Staffing companies with trained personnel are available, and/or individuals without a healthcare or public health background can be educated and trained to assist. Contact tracing training resources can be found here:
    - CDC Contact Tracing Course
    - John's Hopkins University Contact Tracing Training
    - ASTHO Contact Training

Individuals with symptoms of COVID-19 (but no known exposures to COVID-19)

Individuals should be excluded from school if they have any of the following with or without fever:

- Shortness of breath or difficulty breathing -or -
- Loss of taste or smell -or –
- New or worsening cough

If these symptoms are explainable by an underlying condition (such as shortness of breath for an individual with asthma) exclusion may not be necessary.

This is not a complete list of all symptoms of COVID-19, but only those that should trigger an automatic exclusion and evaluation for COVID-19. Other symptoms may include fever, chills, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea/vomiting, or diarrhea. A person is able to spread the virus up to two (2) days before they have any symptoms, but many COVID-19 cases show no symptoms at all.

Given the overlap of COVID-19 symptoms with other more common illnesses and the lack of symptoms in many cases, it is not possible to identify and exclude all cases of COVID-19 through screening of symptoms. Careful prevention strategies within the school are needed to reduce the chances of spread.

COVID Case in School

CDC picture: https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/What-Do-I-Do-Student-Sick-At-School-Flowchart-print.pdf

- Isolation is required for all cases of COVID-19.
- Enforce that staff and students disclose and stay at home or go home if:

    - They are showing COVID-19 symptoms, until they meet criteria for return described in the table below
    - They have tested positive for COVID-19, until they meet criteria for return described in the table below
- If a student or staff member tests positive for COVID-19, they could have been contagious with the virus up to 48 hours before their symptoms began or before their test specimen was collected (for those with no symptoms).
- Quarantine is required for an individual who has been a close contact of someone who is determined positive with COVID-19 either through testing or symptom consistent diagnosis, with the following two exceptions:
    - Individuals who are fully vaccinated and do not have symptoms do NOT need to quarantine after a close contact.
    - People who have tested positive (PCR or antigen test) for COVID-19 within the past 90 days and recovered and do not have symptoms do NOT need to quarantine.
- CDC continues to recommend quarantine for 14 days after last exposure. However, there are options to reduce the duration of quarantine in either of the following two scenarios, *which DHEC strongly recommends schools implement*:
    - 10 days of quarantine have been completed and no symptoms have been reported during daily at home monitoring.
    - 7 days of quarantine have been completed, no symptoms have been reported during daily at home monitoring, and the individual has received results of a negative antigen or PCR/molecular test that was taken no earlier than day 5 of quarantine.
    - A close contact who is ending quarantine early (less than 14 days) and returning to the school environment should wear a mask and in order to return to in-person learning. The individual should also continue to monitor for symptoms through 14 days after the date of last exposure.

- DHEC will also notify schools of any reported cases that may have been contagious while on campus.
- Schools that are conducting school-based testing (e.g., BinaxNOW) should refer to that guidance for reporting requirements.
- All close contacts at the school will need to be identified.
- If 3 or more COVID-19 cases are identified within a classroom or other cohort of students (e.g. sports team or extracurricular group) within fourteen (14) days of each other, consideration should be given to excluding all students and staff, who have not voluntarily provided evidence of vaccination, in the classroom (or cohort of students) for fourteen (14) days after contact with the last identified COVID-19 case. These cases should be reported to the regional DHEC health authorities using established reporting process.
- See COVID-19 Interim Guidance for K-12 School Operations for thresholds for consideration for a school temporarily going to virtual learning.
- The classroom (or room used by the cohort of students) may need to be closed for cleaning and disinfection before use again.

Management of Cases and Contacts in School Settings Table

Adhere to the following criteria for allowing a student or staff member to return to school:

	Scenario	Criteria to return to school
Asymptomatic Diagnosis	Person has tested positive with an antigen test but does not have symptoms of COVID-19 and is not known to be a close contact to someone diagnosed with COVID-19.	If the person has a repeat PCR/molecular test performed within 24 – 48 hours of their positive antigen test, and that PCR/molecular test is negative: the positive antigen test can be considered a false positive and the person can immediately return to school; OR

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		If the person does not have a repeat PCR/molecular test or has one within 24 – 48 hours and it is also positive, the person can return to school 10 days after the first positive test, as long as they did not develop symptoms. The person is not required to have documentation of a negative test in order to return to school.
Asymptomatic Diagnosis	Person has tested positive with a PCR/molecular test, but the person does not have symptoms.	Person can return to school 10 days after their positive test.
Symptomatic (no close contact)	Person has symptoms of COVID-19 and has tested positive with an antigen test or PCR/molecular test.	Person can return to school when • It has been 10 days since the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving. The person is not required to have documentation of a negative test in order to return to school.
Symptomatic (no close contact)	Person has symptoms of COVID-19 but has not been tested for COVID-19 nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive for COVID-19 due to the presence of a clinically compatible illness in the absence of testing.	Person can return to school when • It has been 10 days since the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving.
Symptomatic (no close contact)	Person has symptoms of COVID-19 but has received a negative test for COVID-19* or has visited a health care provider and received an alternate diagnosis that would explain the symptoms of COVID-19. *In a person with symptoms, a negative test is defined as either (1) a negative PCR/molecular test or (2) a negative antigen test if the person has a low likelihood of SARS-CoV-2 infection (e.g., the person has no known or suspected exposure to a person with COVID-19 within the last 14 days or is fully vaccinated or has had a SARS-CoV-2 infection in the last 90 days.)	Person can return to school when they meet criteria per DHEC exclusion list and: • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • They have felt well for at least 24 hours. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.
Close Contact (asymptomatic)	Person who is not fully vaccinated and has been in close contact with someone with COVID-19.	Person can return to school after completing up to 14 days of quarantine. The 14 days of quarantine begin after the last known close contact with the COVID-19 positive individual. Alternatively, if the school offers a shortened quarantine, the person may complete a 10-day quarantine if the person is not presenting symptoms of COVID-19 after daily at-home monitoring, or they may complete 7 days of quarantine if they report no symptoms during daily at-home monitoring, and the individual has received results of a negative antigen or PCR/molecular test on a test taken no earlier than day 5 of quarantine. If quarantine is discontinued before day 14, the individual should continue to monitor symptoms and

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		strictly adhere to mask-wearing through 14 days after the date of last exposure.
Close Contact (asymptomatic)	Person who is fully vaccinated and does not have any symptoms after a close contact with someone with COVID-19.	Person does not need to quarantine if they voluntarily choose to provide documentation of their full vaccination status to eliminate the need for quarantine. • Recommended to get tested 3-5 days after exposure. • It is important for them to wear a mask at school until 14 days after exposure or until they receive a negative test result. • *Testing of vaccinated close contacts living in a household with someone in isolation that cannot be separated should occur 3-5 days after the initial exposure, and again 3-5 days after the end of isolation for the person diagnosed with COVID-19. They should continue wearing a mask in public indoor settings until they obtain the results of their final test.*
Close Contact (asymptomatic)	Person who has tested positive (positive PCR or antigen test) for COVID-19 in the last 90 days and does not have symptoms after a close contact with someone with COVID-19.	The individual must provide either a note from a healthcare provider that they had the positive viral test result (via antigen or PCR test) in the past 90 days or provide a paper or electronic copy of the viral test result (SARS-CoV-2 RNA – Detected or Positive). Person must wear a mask at all times while in the school, monitor for symptoms daily and throughout the day, practice physical distancing to the extent possible, practice good hand hygiene, and clean frequently touched surfaces often until 14 days after exposure.
Close Contact (symptomatic)	Person who has been in close contact with someone with COVID-19, who develops symptoms while in quarantine and has no other alternate diagnosis to explain the symptoms. This applies to vaccinated or unvaccinated individuals. *If an alternate diagnosis has been determined, refer to the above close contact guidance based on vaccine/previously infected status.	Person can return to school when • It has been 10 days since the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving.

Athletics/Activities*

- Close contacts will include anyone who was within **6 feet** of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) from 48 hours prior to symptom onset (or specimen collection for an asymptomatic infected person) of the infected person.
- To determine who may be a close contact, investigators need to consider total time spent together during the infectious period. This includes time on the bus, bench, locker room, field/court/arena, etc. unless it is known that they were unlikely to be in close proximity of each other.

*Activities where forced expiration produces increased respiratory droplets in the surroundings, including shouting, singing, physical exertion, etc.

Household contact

- If the child or staff member lives in the same household as a known case, their quarantine period begins on the date their household member has been cleared from their isolation period. If they are not a caretaker of the household member who is sick and can separate themselves into their own space in the home, their quarantine period begins the day that they had their last close contact with the ill person.
- *Testing of vaccinated close contacts living in a household with someone in isolation that cannot be separated should occur 3-5 days after the initial exposure, and again 3-5 days after the end of isolation for the person diagnosed with COVID-19. They should continue wearing a mask in public indoor settings until they obtain the results of their final test.*

Staff working while in quarantine

- To limit the chances of COVID-19 spread in the facility, staff should plan to quarantine at home and not return to work after close contact to someone contagious with COVID-19.
- Fully vaccinated staff who were in close contact with someone who has COVID-19 but do not have COVID-19 symptoms do not need to quarantine unless they develop symptoms.
  - Individuals may voluntarily choose to provide documentation of their full vaccination status to eliminate the need for quarantine.
  - Fully vaccinated people are recommended to get tested 3-5 days after exposure, even if they do not have symptoms. If fully vaccinated people test negative, they may not need to wear a mask.
  - These individuals should also continue to monitor for symptoms daily and throughout the day, practice physical distancing to the extent possible, practice good hand hygiene, and clean frequently touched surfaces often until 14 days after exposure.
- Staff verified (positive PCR or antigen test) to have been infected with COVID-19 in the previous 90 days who were in close contact with someone who has COVID-19 but do not have COVID-19 symptoms do not need to quarantine unless they develop symptoms.
  - Those individuals who have been previously infected with COVID-19 within the previous 90 days who remain at school during quarantine, must wear a mask at all times while in the school, monitor for symptoms daily and throughout the day, practice physical distancing to the extent possible, practice good hand hygiene, and clean frequently touched surfaces often until 14 days after exposure.
  - The individual must provide either a note from a healthcare provider that they had the positive viral test result (via antigen or PCR test) in the past 90 days or provide a paper or electronic copy of the viral test result (SARS-CoV-2 RNA – Detected or Positive).

Interim DHEC COVID-19 School Testing Guidance

September 7, 2021

Types of Covid-19 Tests

There are two main types of viral tests that can be used to diagnose someone with COVID-19: nucleic acid amplification tests (NAATs) and antigen tests. A polymerase chain reaction (PCR) test is a type of NAAT. Please reference the Center for Disease Control and Prevention (CDC) COVID-19 Testing Overview website for the most up-to-date information on the types of COVID-19 tests.

Testing can be done by a participating school, healthcare provider or DHEC testing site.

- Schools that are utilizing school-based testing should refer to the school's testing guidance. Also, consents must be obtained for any individual being tested at the school.

Diagnostic Testing

Diagnostic testing for SARS-CoV-2 is intended to identify the occurrence of SARS-CoV-2 infection at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure.

- A student or staff member who develops symptoms of COVID-19 should be tested for the virus. *If a student or staff member does not get tested this could limit DHEC's ability to appropriately respond to new cases and ensure the health and safety of other students and staff.*

An antigen test, PCR test (nose or throat swab or saliva) or similar tests that directly detect the virus is required as there is delay in developing detectable antibodies. A negative antibody test is insufficient to rule out a new infection and a positive antibody test does not rule out the possibility of re-infection.

The presence of any of the symptoms below generally suggests a student, teacher, or staff member has an infectious illness, regardless of whether the illness is COVID-19. For students, staff, and teachers with chronic conditions, symptom presence should represent a change from their typical health status to warrant exclusion from school. Occurrence of any of the symptoms below while a student, teacher, or staff member is at school suggests the person may be referred for diagnostic testing.

- Temperature of 100.4 degrees Fahrenheit or higher
- Sore throat
- Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for students with asthma, a change from their baseline breathing)
- Diarrhea or vomiting
- New loss of taste or smell
- New onset of severe headache, especially with a fever

Schools should separate students with COVID-19 symptoms or COVID-19 diagnosis by, for example, placing students in isolation room/areas until transportation can be arranged to send them home or seek emergency medical attention.

Schools should report to DHEC via established reporting processes any COVID-19 tests performed by school-affiliated testing.

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- DHEC will also notify schools of any reported cases that may have been contagious while on campus.
- Schools that are conducting school-based testing (e.g., BinaxNOW) should refer to that guidance for reporting information.
- School-affiliated testing vendors contracted by DHEC for that purpose will report results of the tests to DHEC through established protocols.
- All close contacts at the school will need to be identified.
- If 3 or more COVID-19 cases are identified within a classroom or other cohort of students (e.g. sports team or extracurricular group) within fourteen (14) days of each other, consideration should be given to excluding all unvaccinated students and staff in the classroom (or cohort of students) for fourteen (14) days after contact with the last identified COVID-19 case. These cases should be reported to the regional DHEC health authorities using established reporting process.

Close contacts to a COVID-19 case who develop symptoms should be tested as soon as possible to ensure proper isolation or quarantine.

- For example, a student's quarantine period is set to expire on the 10th of the month. However, they also developed symptoms on the 3rd and did not get tested, which requires them to isolate until the 13th of the month. They may not return to school until after the 13th.

Asymptomatic Screening Testing (Optional, Strongly Recommended Program)

Schools are encouraged to use screening testing as a strategy to identify asymptomatic cases and prevent secondary transmission. Screening testing involves using SARS-CoV-2 viral tests intended to identify occurrence at the individual level even if there is no reason to suspect infection—i.e., there is no known exposure and no symptoms. Screening testing is intended to identify infected people without symptoms (or before development of symptoms) who may be contagious so that measures can be taken to prevent further transmission. The intent is to use the screening testing results to determine if it is safe to participate in in-person school or work, monitor disease occurrence in a group of students and/or staff, and to identify and isolate positive persons to prevent spread.

Screening testing is particularly valuable in areas with moderate, substantial, and high levels of community transmission. Screening testing for K–12 schools may allow schools to move between different testing strategies as community prevalence (and therefore risk assessment) changes. Screening testing could provide added protection for schools. For schools that offer it, screening testing may be done at any level of community transmission, but it would be most critical at levels of moderate (yellow), substantial (orange) and high (red) levels of community transmission. CDC guidelines recommend testing teachers and staff but not students at low (blue) levels of community transmission. Achieving substantial reduction in transmission with testing requires more frequent testing and shorter lags between test administration and reporting of results.

To be effective, the screening program should test **at least once per week**, and rapidly (within 24 hours) report results. Screening testing more than once a week might be more effective at interrupting transmission. Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not fully vaccinated, or conducting pooled testing of cohorts. Testing in low-prevalence settings might produce false positive results, but testing can provide an important prevention strategy and safety net to support in-person education.

Screening Testing in Activities/Sports

To facilitate safer participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools should consider implementing screening testing for participants who are not fully vaccinated. Schools can routinely test student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Schools can implement screening

testing of participants who are not fully vaccinated up to 24 hours before sporting, competition, or extracurricular events. Schools can use different screening testing strategies for lower-risk sports.

Screening Testing Guidance:

	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.		

[1] Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)
[2] The NCAA has developed a risk stratification for sports.
See https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdfpdf iconexternal icon. Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling.
[3]High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

At-Home Self-Testing

DHEC recommends caution when accepting results from at-home/over-the-counter self-test due to the possibility of improper specimen collection by the individual and misinterpretation of the result by non-medical personnel. As these tests have been approved for emergency use authorization by the FDA, a result should only be reported to DHEC if performed under the supervision of a healthcare provider (HCP) either in-person or virtual. Therefore, results from at-home testing not supervised by a healthcare provider do not have to be reported to DHEC by schools.

Below are recommendations on how to handle results from at-home self-tests by non-medical personnel. **It is at the discretion of the school as to whether they will allow for use of at-home self-tests.**

No close contact with COVID-19

- If an individual reports that they tested positive on an at-home self-test and they are symptomatic, it is recommended that they isolate and contact their HCP. This individual should not attend school/childcare center for the recommended isolation period.
- If an individual reports that they tested negative on an at-home self-test and they are symptomatic, it is recommended that they contact their HCP and consider PCR testing within 2 days of the original test. This individual should not attend school/childcare center until they have met the criteria to return based on the DHEC exclusion list.
- If an individual reports that they tested positive on an at-home self-test and they are asymptomatic, it is recommended that the individual contact their HCP and have a follow-up test (PCR or antigen) performed by a healthcare facility/lab/participating school/childcare center. If there are 2 discordant antigen test results, a PCR test is recommended within (2) days of the original test.
- If an individual reports that they tested negative on an at-home self-test, the person can attend school/childcare center only if they are asymptomatic and have no known close contacts to COVID-19.

Close contact with COVID-19

- If an individual reports that they tested positive on an at-home self-test and they are symptomatic, it is recommended that they isolate and contact their HCP. This individual should not attend school/childcare center for the recommended isolation period.
- If an individual reports that they tested negative on an at-home self-test and they are symptomatic, it is recommended that they contact their HCP and consider PCR testing within 2 days of the original test. This individual should quarantine for the recommended period of time based on current quarantine guidelines.
- If an individual reports that they tested positive on an at-home self-test and they are an asymptomatic, it is recommended that they isolate and contact their HCP. This individual should not attend school/childcare center for the recommended isolation period. The individual may seek confirmatory testing via PCR and if negative, they must still quarantine for the recommended period of time based on current quarantine guidelines.
- If an individual reports that they tested negative on an at-home self-test and they are asymptomatic, they should have a follow-up test (PCR or antigen) performed by a healthcare facility/lab/participating school/childcare center. This individual should continue to quarantine for the recommended period of time based on current quarantine guidelines.

	At-home test Positive	**At-home test Negative**
Symptomatic w/o Close Contact	Isolate Contact HCP	Excluded per school/childcare exclusion criteria Contact HCP/PCR test
Symptomatic w/Close Contact	Isolate Contact HCP	Contact HCP/PCR test Quarantine per guidance
Asymptomatic w/o Close Contact	Isolate Follow-up test Contact HCP	May return to school/childcare
Asymptomatic w/Close Contact	Isolate Contact HCP	Quarantine per guidance Follow-up test required for option to shorten quarantine

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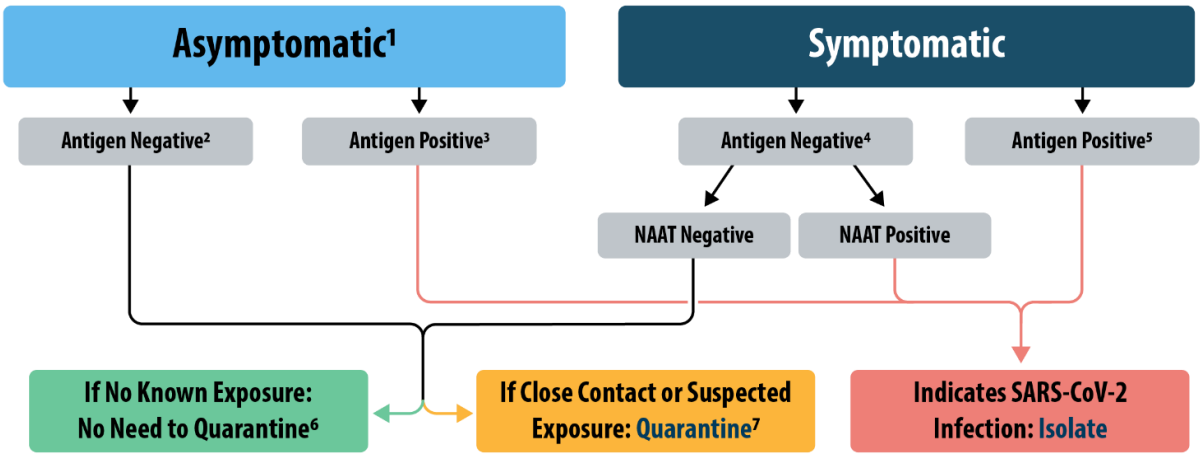
Antigen Test Algorithm for SARS-CoV-2 in Community Settings



Resources

- South Carolina School and Childcare Exclusion List
- Understanding Quarantine Calendars
- CDC K-12 Schools and Childcare Guidance
- CDC Antigen Tests Guidelines
- DHEC List of Reportable Conditions
- CDC Antigen Tests Guidelines
- CDC COVID Data by County

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SAMPLE COVID-19 Case School Notification Letter

Current as of August 2, 2021

DATE
Dear Parents or Guardians:

A case of COVID-19 was identified in a person who could possibly have spread the virus while attending [School name]. The school takes actions to limit the spread of the virus by separating different classrooms as much as possible. Although this person may/may not have been in your child's classroom, in group settings some may still come into contact with the virus and become ill. Those with COVID-19 can spread the virus to others up to two days before they have symptoms and after their symptoms have improved. Therefore, it is important that steps be taken to prevent further spread and ensure the safety of those who might be at risk of a bad infection with COVID-19.

Please follow these steps to help you take the proper actions to protect your family and others:

- Monitor your child for any of the following symptoms until [date 14 days after last day the case was in school]:
  - ○Fever
  - ○Chills
  - ○Fatigue
  - ○New or worsening cough
  - ○Headache
  - ○Congestion, runny nose
  - ○Loss of taste or smell
  - ○Sore throat
  - ○Nausea, vomiting, diarrhea
  - ○Shortness of breath or difficulty breathing
  - ○Muscle or body aches
- Keep your child home if they have the symptoms above or other concern. Also:
  - Call your doctor to let them know your child may have been exposed to COVID-19. Your child may need to get tested for COVID-19 in order to return to school.
  - Keep your child separated from other children as much as possible until it can be determined if the symptoms are likely from COVID-19 or not.

The school has been asked to take the following steps:

- Exclude from attendance children who shared a classroom or had other close contact with the ill person until they are determined to no longer be at risk of COVID-19 from this exposure.
- Closely watch the children who continue to attend each morning and throughout the day for symptoms. Any ill children will be separated from the rest of the group immediately and will be evaluated.

Follow these instructions to help protect the health of your family and the community and help control the spread of COVID-19. The DHEC Care Line is available seven days a week to answer questions you may have: 1-855-4-SCDHEC (1-855-472-3432).
Sincerely,

Name
[Region] Region Medical Director
[Region] Public Health Region

S.C. Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201 (803) 898-3432 www.scdhec.gov

SAMPLE COVID-19 Close Contact Notification Letter

Current as of August 2, 2021

DATE
Dear Parents or Guardians:

This letter is to notify you that your child has been in close contact to another person with COVID-19 while attending (name of school). It is important that steps be taken to prevent further spread and ensure the safety of those who might be at risk of a serious infection. The following recommendations are provided so you may take the proper actions to protect your family and others:

- Your child will be excluded from school attendance until completing quarantine.
- Your child should be tested immediately, and if negative, tested again in 5–7 days after last exposure or immediately if symptoms develop during quarantine.
- Monitor your child for the following symptoms until [date 14 days after last contact]:
  - ○Fever
  - ○New or worsening cough
  - ○Loss of taste or smell
  - ○Shortness of breath or difficulty breathing
  - ○Chills
  - ○Headache
  - ○Sore throat
  - ○Muscle or body aches
  - ○Fatigue
  - ○Congestion, runny nose
  - ○Nausea, vomiting, diarrhea
- If your child becomes ill, call your doctor to let them know your child's symptoms and that they may have been exposed to COVID-19.

The standard quarantine period remains fourteen (14) days after the last contact with a COVID-19 case, but the following are two options for possibly shortening that time period and allowing your child to return to school provided they continue to closely follow the preventive actions the school has in place to prevent spread of the virus (face coverings, social distancing, hand hygiene, etc.) through quarantine Day 14:

- If your child continues to have none of the symptoms above, they may be eligible to return to school on [date 11 days after last contact].
- They may be eligible to return on [date 8 days after last contact], if they continue to have no symptoms and test negative with a PCR or antigen test done/collected no sooner than [date 5 days after last contact].
- **Please confirm with school staff when your child may be able to return.**
- **How to Quarantine:**
  - Your child should stay home and not come into contact with other people during this time. They should not play with other children in person during this time even if they feel well. It is possible to spread the virus to others before you have symptoms.
  - Keep your child separate from other family members who may be at risk of severe illness from COVID-19 as much as possible. This includes those who are elderly and those with health conditions such as diabetes or diseases of the heart, lungs, kidneys, or immune system.
  - Help your child practice good hand washing; remind them to cover coughs and sneezes, and clean frequently touched surfaces often.

Please follow these instructions to help protect the health of your family and the community and help control the spread of COVID-19. The **DHEC Care Line** is available from 8 a.m. to 6 p.m. Monday through Friday to answer any questions you may have at: **1-855-4-SCDHEC (1-855-472-3432).**
Sincerely,

Name
[Region] Region Medical Director
[Region] Public Health Region

*** SAMPLE *** Carta de notificación de la escuela por COVID-19

Current as of September 3, 2021

FECHA

Estimados padres o tutores:

Queremos informarles que se ha identificado un caso de COVID-19 en una persona que podría haber contagiado el virus mientras asistía a [Nombre de la escuela]. La escuela toma medidas para limitar la propagación del virus separando los distintos salones de clases en la mayor medida posible. Si bien esta persona puede o no haber estado en el salón de clases de su hijo, en los entornos grupales algunas personas pueden de todos modos mantener contacto con el virus y enfermarse. Las personas con COVID-19 pueden contagiar el virus a otras personas hasta dos días antes de presentar síntomas y después de que sus síntomas hayan mejorado. Por lo tanto, es importante tomar medidas para prevenir una mayor propagación y para garantizar la seguridad de las personas que podrían estar en riesgo de contraer una infección grave de COVID-19.

Sigan estos pasos, ya que los ayudarán a actuar de la manera apropiada para proteger a su familia y a las demás personas:

- Controlen si su hijo presenta alguno de los siguientes síntomas hasta el [fecha correspondiente a 14 días después del último día en que la persona enferma estuvo en la escuela]:
  - ○Fiebre
  - ○Escalofríos
  - ○Fatiga
  - ○Tos reciente o que empeora
  - ○Dolor de cabeza
  - ○Congestión, goteo nasal
  - ○Pérdida del gusto o del olfato
  - ○Dolor de garganta
  - ○Náuseas, vómitos, diarrea
  - ○Falta de aire o dificultad para respirar
  - ○Dolor muscular o corporal
- Mantengan a su hijo en el hogar si presenta los síntomas mencionados u otros que les preocupen. Además:
  - Llamen a su médico para informarle que su hijo pudo haber estado expuesto al COVID-19. Posiblemente sea necesario que a su hijo se le haga la prueba de COVID-19 para que pueda volver a la escuela.
  - En la mayor medida posible, mantengan a su hijo separado de otros niños hasta que se pueda determinar si los síntomas son probablemente causados por el COVID-19 o no.

Se requiere que la escuela tome las siguientes medidas:

- Excluir de la asistencia a los niños que hayan compartido un salón de clases o que hayan mantenido contacto cercano con la persona enferma, hasta tanto se determine que han dejado de estar en riesgo de contagiarse COVID-19 de esa exposición.
- Observar atentamente a los niños que continúen asistiendo cada mañana y durante todo el día para verificar que no tengan síntomas. Cualquier niño enfermo será separado inmediatamente del resto del grupo y será evaluado.

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Sigan estas instrucciones para ayudar a proteger la salud de su familia y la comunidad, y ayudar a controlar la propagación del COVID-19. La Línea de atención del Departamento de Salud y Control Ambiental (Department of Health and Environmental Control, DHEC) se encuentra disponible los siete días de la semana para responder las preguntas que puedan tener: 1-855-4-SCDHEC (1-855-472-3432).
Atentamente.

Nombre
Director médico de la región de [Región]
Región de Salud Pública de [Región]

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***SAMPLE *** Carta de notificación por contacto cercano con un caso de COVID-19

Current as of September 3, 2021

FECHA

Estimados padres o tutores:

El motivo de esta carta es notificarles que su hijo ha estado en contacto cercano con una persona con COVID-19 mientras asistía a (nombre de la escuela). Es importante que se tomen medidas para evitar una mayor propagación y garantizar la seguridad de quienes podrían estar en riesgo de contraer una infección grave. Se brindan las siguientes recomendaciones para que puedan tomar las medidas adecuadas a fin de proteger a su familia y a otras personas:

- Su hijo no podrá asistir a la escuela hasta tanto no haya completado el período de cuarentena.
- Se le debe realizar la prueba de COVID-19 a su hijo inmediatamente y, si el resultado es negativo, volver a realizarle la prueba de 5 a 7 días después de la última vez que estuvo expuesto al virus o de manera inmediata si desarrolla síntomas durante la cuarentena.
- Hasta el [14 días después del último contacto], monitoreen a su hijo en busca de los siguientes síntomas:
  - ○Fiebre
  - ○Escalofríos
  - ○Fatiga
  - ○Tos reciente o que empeora
  - ○Dolor de cabeza
  - ○Congestión, goteo nasal
  - ○Pérdida del gusto o del olfato
  - ○Dolor de garganta
  - ○Náuseas, vómitos, diarrea
  - ○Falta de aire o dificultad para respirar
  - ○Dolor muscular o corporal
- Si su hijo se enferma, llamen a su médico para informarle cuáles son los síntomas que presenta y díganle que pudo haber estado expuesto a COVID-19.

El periodo de cuarentena estándar es de catorce (14) días después del último contacto con un caso de COVID-19, pero las siguientes dos opciones podrían reducir ese periodo de tiempo y permitir que su hijo regrese a la escuela, siempre y cuando continúe siguiendo las medidas preventivas que la escuela ha establecido para prevenir la propagación del virus (cubrebocas, distanciamiento social, lavado de manos, etc.) hasta el día 14 de cuarentena:

- Si su hijo sigue sin presentar ninguno de los síntomas mencionados previamente, posiblemente pueda regresar a la escuela el [11 días después del último contacto].
- Podría regresar el [8 días después del último contacto] si continúa sin síntomas y obtiene un resultado negativo en una prueba de PCR o de antígeno realizada o tomada el [5 días después del último contacto] o posteriormente.
- **Confirmen con el personal de la escuela en qué fecha podría regresar su hijo.**
- **Cómo hacer la cuarentena:**
  - Su hijo debe permanecer en casa y no debe tener contacto con otras personas durante este período. En estos días tampoco debe jugar en persona con otros niños, incluso si se siente bien. Podría contagiar el virus a otras personas antes de presentar síntomas.
  - En la mayor medida posible, manténganlo separado de otros familiares que puedan estar en riesgo de enfermarse gravemente con COVID-19. Esto incluye a personas mayores y a personas con afecciones tales como diabetes o enfermedades del corazón, de los pulmones, los riñones o del sistema inmunológico.
  - Ayuden a su hijo a poner en práctica un buen lavado de las manos; recuérdenle que se cubra al toser y estornudar, y laven con frecuencia las superficies que se tocan a menudo.

Sigan estas instrucciones para ayudar a proteger la salud de su familia y la comunidad, así como a controlar la propagación del COVID-19. La **Línea de atención del Departamento de Salud y Control Ambiental**

(Department of Health and Environmental Control, DHEC) se encuentra disponible de 8 a. m. a 6 p. m. de lunes a viernes para responder las preguntas que puedan tener al: **1-855-4-SCDHEC (1-855-472-3432).**
Atentamente.

Nombre
Director médico de la región de [Región]
Región de Salud Pública de [Región]

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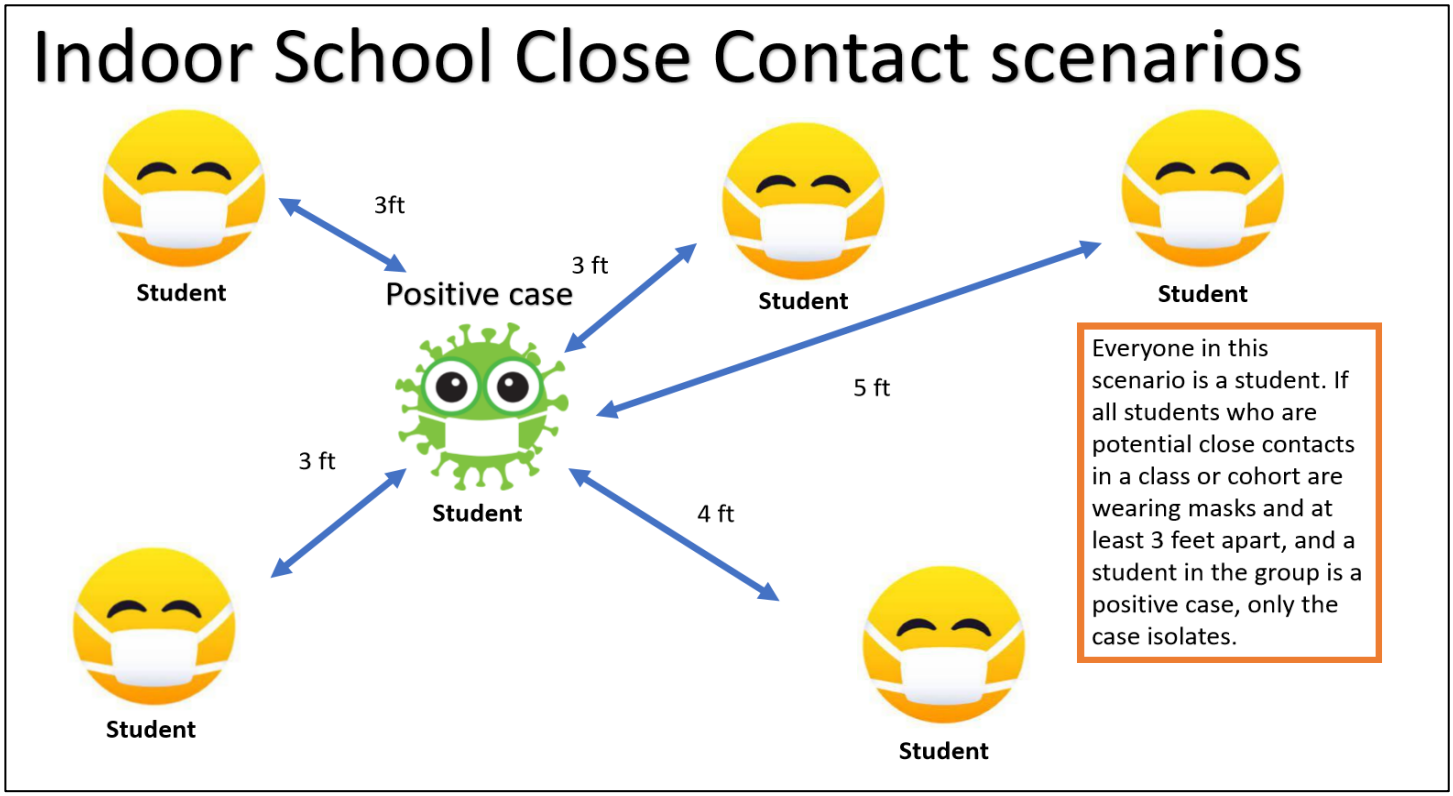
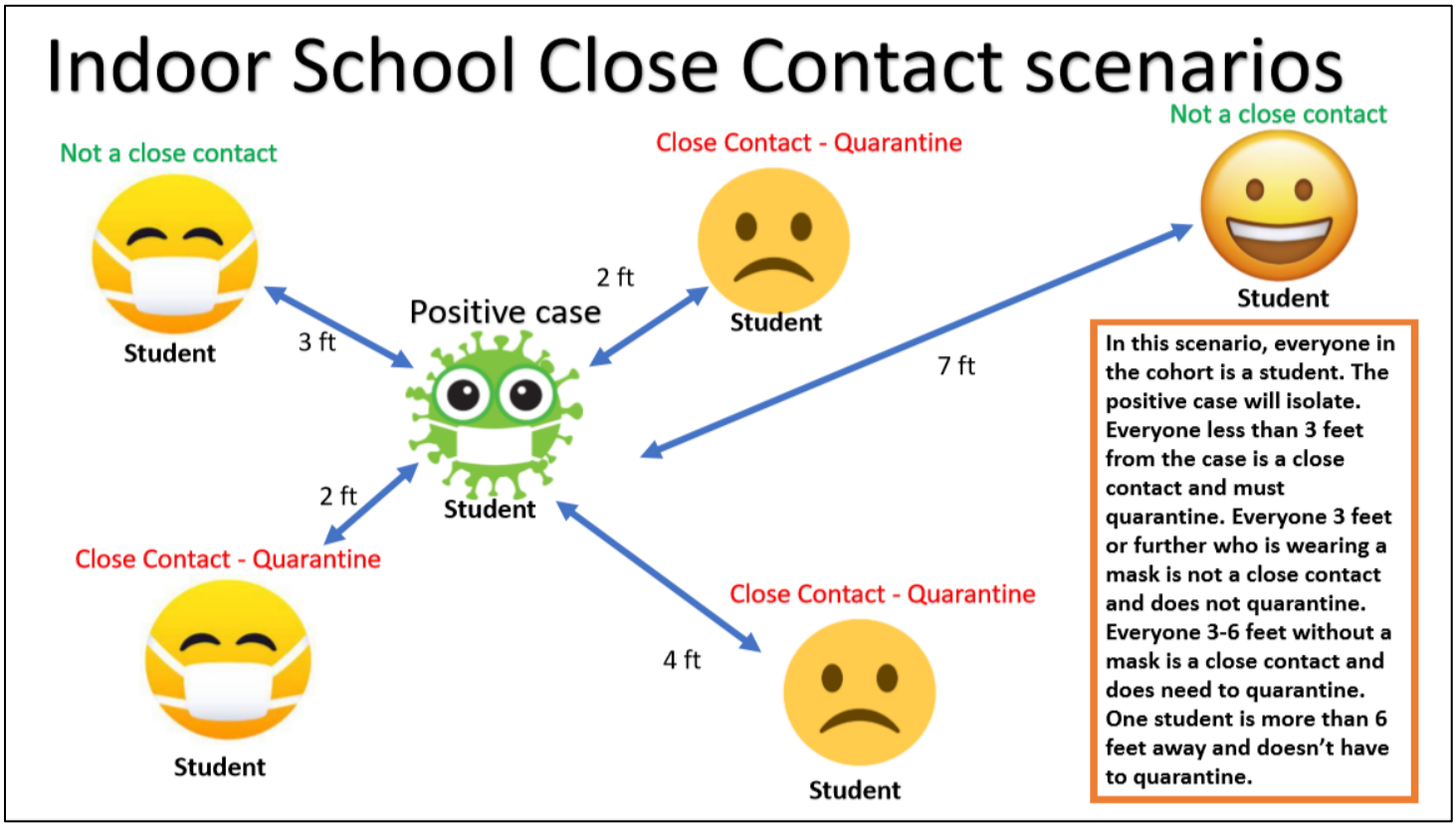
Indoor School Close Contact Scenarios

August 20, 2021





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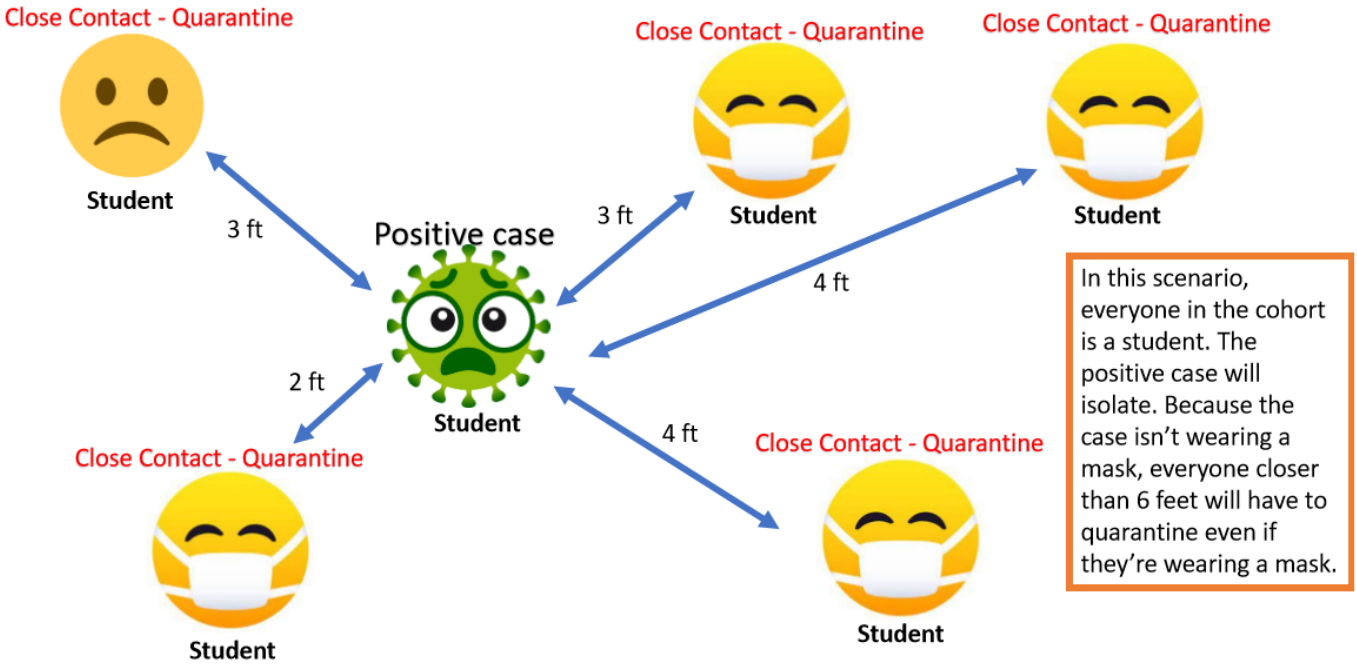
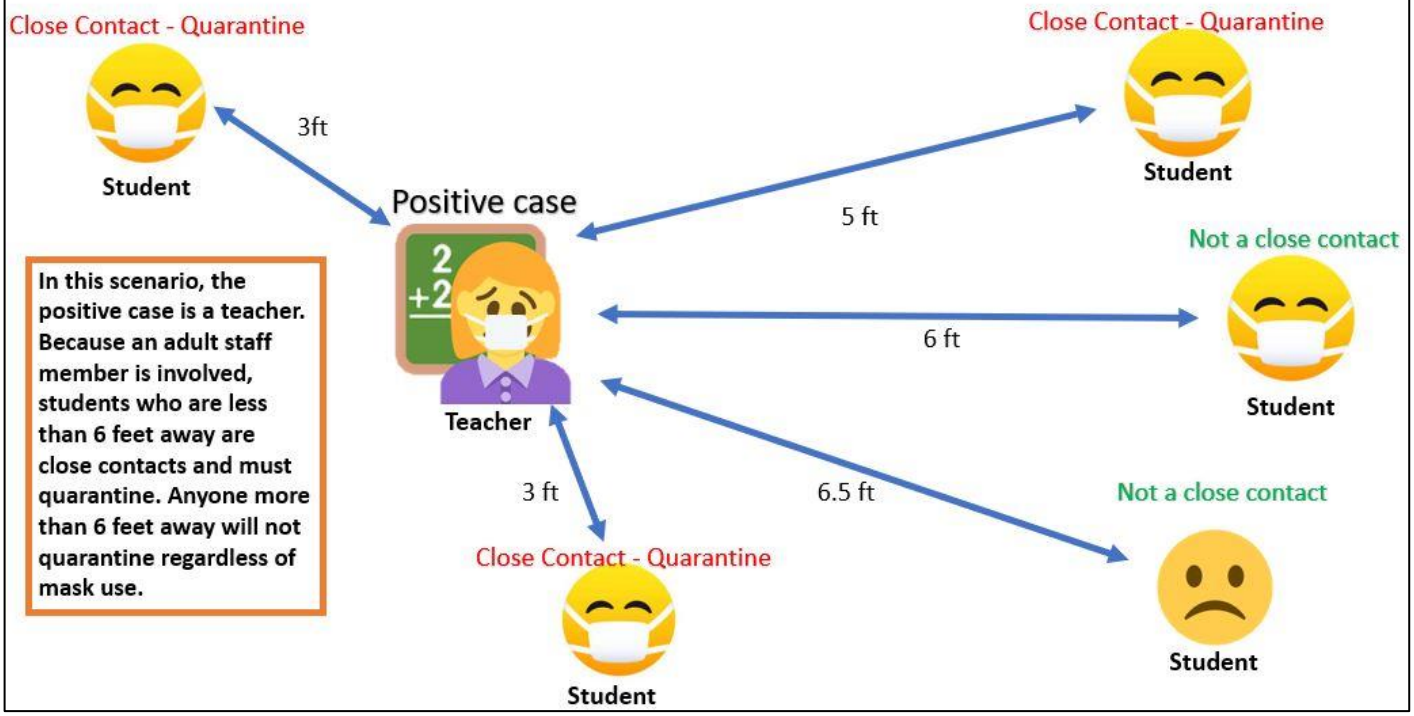
Indoor School Close Contact scenarios



Indoor School Close Contact scenarios



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