

As colleges and universities prepare for the return of students, **it remains critical to the state's public health** that we all individually and collectively continue to follow guidelines that will minimize the spread of COVID-19.

The following link is to the [Centers for Disease Control and Prevention \(CDC\)'s home page for Colleges, Universities, and Higher Learning](#).

The South Carolina Department of Health and Environmental Control (DHEC) website for [Colleges & Universities](#) also has additional resources.

### Screening

1. **Testing of all incoming students and staff is not recommended** because the tests available at this time provide no assurance that someone with a negative test will not become sick after the test is performed.
  - a. The gold-standard test, called a PCR, only tells whether the individual is infected at the time the test was performed. Antibody tests currently available are not as accurate in diagnosing acute infection and are not yet associated with evidence of protection from becoming infected again.
    - Rapid and inexpensive tests are coming to market and may change testing considerations.
  - b. DHEC recommends that individuals with even mild symptoms consistent with COVID-19 be tested for the disease.
  - c. Regardless of test results, all individuals are recommended to follow guidelines to avoid exposure to and transmission of the virus.
  - d. Testing for all students and staff has significant associated costs, requires extensive coordination and participation and may not be cost-effective.
2. Consider performing health screenings by asking students if they have any symptoms of COVID-19 at the start of class. This could be done individually by asking each student as they enter their first classroom or on a group basis reminding students that they should excuse themselves if they feel sick.
  - a. Routine temperature screening of all persons entering campus buildings is not recommended at this time.

### Social Distancing Practices

1. To the extent possible, maintain at least 6 feet of distance between each person.
  - a. If desks are used, increase the space between them. Rearrange them to maximize the space between students. Make desks face in the same direction (rather than facing each other).
2. If possible, reduce the number of students in a dorm room or apartment.
3. Educate students on limiting close contacts. Limiting interactions to as few people as possible such as roommates will reduce the potential for COVID-19 exposure and spread, but if students want to widen their social circle, the key is consistency. Students may consider [forming a "quarantine pod,"](#) in which two or three rooms (about 5-10 people total) agree on safety precautions and socialize only with one another. Expanded socializing can be done with careful social distancing precautions in place. Outside venues decrease the risk of COVID-19 transmission compared to inside.
4. Avoid assemblies or other congregating events. Limit large in-person classes or lectures to the extent possible. Strongly consider online offerings for these courses.

5. Students and staff are encouraged to wear masks or cloth face coverings, especially when in settings in which social distancing is not feasible. Cloth face coverings should be optional for staff with underlying respiratory illness, but if not worn, social distancing must be performed.
  - a. NB: Students and faculty may not be required to quarantine after a positive case in a classroom if proper social distancing and face mask recommendations were followed.
6. Continue to encourage telework when feasible with business operations. Consider alternate work schedules such as staggering start times or shifts for employees who are on site.

### **Approach to an Ill individual/Positive Case**

1. Students and staff who have symptoms should stay isolated until symptoms resolve and/or test results are back. To prevent further spread, avoid sending [COVID-19 cases who reside in campus housing](#) to their permanent homes off-campus.
  - a. People should be considered sick if they have symptoms of acute respiratory illness like shortness of breath, coughing and/or fever of 100.4 °F or greater. Other symptoms may include fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.
  - b. A negative COVID-19 test result is **not** required for students or staff to return to campus activities after their course of illness.
    - i. Instead, DHEC recommends that students and staff not return to normal activities until 10 days have passed since their symptoms began **AND** they are free of fever (100.4° F [38° C] or greater using an oral thermometer) for 24 hours without the use of fever-reducing medicines **AND** their other symptoms have improved.
  - c. Close contacts of confirmed cases should quarantine for 14 days after their last exposure, regardless of any potential PCR testing that is performed during their quarantine period.
    - i. If a case continues to live with roommates, the quarantine period for roommates is 14 days after the isolation period ends for the case.
    - ii. Testing is recommended for all close contacts of persons diagnosed with COVID-19 about one week after their first exposure, or at any time if they develop symptoms.
  - d. Expanded testing of close contacts may be indicated and might include testing of all people who were in proximity of an individual confirmed to have COVID-19 (e.g., those who shared communal spaces or bathrooms), or testing all individuals within a shared setting (e.g., testing all residents on a floor or an entire residence hall). Testing in these situations can be helpful because in high density settings it can be particularly challenging to accurately identify everyone who had close contact with an individual confirmed to have COVID-19.
  - e. Encourage professors to have options in place for students who are in isolation or quarantine to be able to keep up with their courses, such as live-streamed or recorded lectures.
2. You may establish living quarters where you can separately cohort positive cases and sick cases whose test results are pending. Close contacts should remain in quarantine either in their dorm room or in a cohort setting, depending on local resources.
3. As you develop your COVID-19 related processes, keep in mind the population of people who are at greater risk of contracting this virus and to having more difficulty in fighting it (those with preexisting conditions like diabetes, heart or lung diseases, as well as the elderly).

### **Cleaning and Disinfection**

1. Routinely clean and disinfect surfaces and objects that are frequently touched (e.g., doorknobs, light switches, classroom/lab sink handles, countertops). Using an appropriate disinfectant, wipe down items (e.g., desks, chairs) and equipment before each use.
  - a. Clean with soap and water or a cleaner typically used. Use all cleaning products according to the directions on the label.

- b. After cleaning, disinfect with a product that is EPA-approved for use against the virus that causes COVID-19 (a list of these is available [here](#)) or with diluted bleach solution (5 tablespoons, or 1/3 cup, bleach per gallon of water or 4 teaspoons bleach per quart of water).
  2. For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
    - a. Consider use of wipeable covers for electronics.
      - i. Follow the manufacturer’s instructions for all cleaning and disinfection products.
      - ii. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.
  3. The CDC provides additional information on [Cleaning and Disinfecting a Facility](#), including guidance on appropriate personal protective equipment to wear while cleaning and disinfecting.
  4. Increase the ventilation (air exchange) rate and the percent outdoor air in ventilation.

Please reach out to regional DHEC staff (contact info below) if you have questions regarding individual cases of disease (infections, investigations, testing, etc.).

### Regional DHEC Public Health Offices

#### Lowcountry

Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg

4050 Bridge View Drive, Suite 600  
N. Charleston, SC 29405

Office: (843) 441-1091

Fax: (843) 953-0051

**Nights/Weekends: (843) 441-1091**

#### Midlands

Aiken, Barnwell, Chester, Edgefield, Fairfield, Lancaster, Lexington, Kershaw, Newberry, Richland, Saluda, York

2000 Hampton Street  
Columbia, SC 29204

Office: (888) 801-1046

Fax: (803) 576-2993

**Nights/Weekends: (888) 801-1046**

#### Pee Dee

Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg

1931 Industrial Park Road  
Conway, SC 29526

Office: (843) 915-8886

Fax: (843) 915-6502

Fax2: (843) 915-6506

**Nights/Weekends: (843) 915-8845**

#### Upstate

Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union

200 University Ridge  
Greenville, SC 29602

Office: (864) 372-3133

Fax: (864) 282-4373

**Nights/Weekends: (864) 423-6648**