



Interim COVID-19 Guidance for Schools: Management of Known and Possible COVID-19 Cases

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*).

Students or staff with symptoms of COVID-19 (but no known exposures to someone contagious with COVID-19)

Students and staff 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 [preventive actions](#) within the school are needed to reduce the chances of spread.

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 (regardless of mask opt-out waiver status)* 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.*

Return to school

- Advise sick staff members and children not to return until they have met criteria for return.
- Students or staff excluded for these symptoms can return if:
 - They either test negative for COVID-19 using an antigen test or PCR test (mouth or nose swab or saliva test) or similar test that directly detects the virus
 - or -
 - A medical evaluation determines that their symptoms were more likely due to another cause (e.g. asthma exacerbation, strep throat, etc.). In this latter case, the individual can return when they meet criteria for that condition. A doctor's note should be provided that asserts the individual is clear to return to school based on a more likely diagnosis that requires no further exclusion or states the return criteria based on some other exclusion.
 - or -
 - Students or staff with the above excludable symptoms who do not have a negative antigen, PCR or similar test or do not have a more likely cause for their symptoms, must complete the current isolation criteria for COVID-19 to return to school.
- Current **isolation criteria** for COVID-19 (for those who test positive for the COVID-19 virus or have excludable symptoms but no testing or more likely cause):
 - Students and staff who test positive for COVID-19 (PCR or antigen test) and persons with symptoms of COVID-19 (see list above) who do not get tested, should isolate until:
 - Ten (10) days* have passed since symptoms started - and -
 - Twenty-four (24) hours have passed since last fever without taking medicine to reduce fever - and -
 - Overall improvement in symptoms.
 - Those who test positive by an antigen, PCR (mouth or throat swab) or similar viral test but do not have symptoms will be required to stay out of school until ten (10) days* after the specimen was collected.
 - *Note: some people may be required to extend the isolation period to twenty (20) days. Their doctor will need to determine if this is necessary.
 - The criteria above should be used to determine eligibility to return to school. Negative PCR test results are not required nor recommended after meeting these criteria.

- Recommendations around antigen testing are changing as more is learned about these tests. Schools implementing their own antigen testing in the facility should follow that guidance. They should plan to exclude students or staff who test positive and end COVID-19 exclusion for those who test negative regardless of who does the testing. There are cases where confirmatory PCR may be recommended, and guidance has been provided to healthcare providers (<https://scdhec.gov/covid19/guidance-antigen-testing>). If a healthcare provider believes confirmatory testing may be indicated and determines an initial positive antigen likely represents a false positive, a return to school note may be requested from the provider to end COVID-19 exclusion.

Testing

A student or staff member who develops symptoms of COVID-19 but does not get tested 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.

Schools that are utilizing school-based testing should refer to that guidance. Testing can also be done by a healthcare provider or at a DHEC testing site.

- Location of testing sites is available on the DHEC website: <https://scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19/covid-19-screening-testing-sites>

Those who are close contacts to a known COVID-19 case and develop symptoms for which they should be excluded and should be tested as soon as possible. See "Quarantine" section below for more information about testing close contacts.

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.

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 be reported to DHEC if performed under the supervision of a healthcare provider (HCP) either in-person or virtual.

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/childcare center as to whether they will allow for self-reporting or proctoring of test administration for 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
<i>Symptomatic w/o Close Contact</i>	Isolate Contact HCP	Excluded per school/childcare exclusion criteria Contact HCP/PCR test
<i>Symptomatic w/Close Contact</i>	Isolate Contact HCP	Contact HCP/PCR test Quarantine per guidance
<i>Asymptomatic w/o Close Contact</i>	Isolate Follow-up test Contact HCP	May return to school/childcare
<i>Asymptomatic w/Close Contact</i>	Isolate Contact HCP	Quarantine per guidance Follow-up test required for option to shorten quarantine

Cases in classroom

If a student or staff member tests positive, 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).

- o [Prevention](#) - Routinely using these precautions will help avoid the need to quarantine all classroom contacts of persons with COVID-19:
 - o It is essential that staff ensure maximum distancing to the extent possible between students and other staff while in the classroom and throughout the day to limit the possibility of transmission.
 - o CDC provides [toolkits for K-12 schools](#) for prevention planning.
- o Anyone known to be a **close contact**¹ to a known COVID-19 case while the case is contagious must be excluded from school and complete a quarantine period (See "Quarantine" section below).
 - o People who have recovered from a confirmed illness [PCR test (nose or throat swab test or saliva test) or antigen swab test] in the past three (3) months will not need to quarantine after a close contact with someone with COVID-19. See "Quarantine" below.
- o For any classrooms where social distancing could not be maintained (classes with young children who do not have assigned seating throughout the day), all children and staff must be considered close contacts and complete a quarantine period (See "Quarantine" section below).
- o Students and teachers in a classroom with a known COVID-19 case in which social distancing was reliably maintained should remain together in the same cohort to the

¹A close contact is defined as:

- i. Being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period;
OR
- ii. Persons with direct physical contact with a probable or confirmed case including touching (e.g., tackling, blocking, defending, etc.), hugging, kissing, sharing of eating or drinking utensils, etc.
OR
- iii. Persons with direct exposure to respiratory droplets produced by infected individual through coughing, sneezing, singing, shouting, physical exertion, etc.

extent that is possible. They should receive screening for fever and symptoms (see above) each morning until 14 days after last contact with the case. Note: anyone determined to be a "close contact" must be excluded and complete a quarantine period (See "Quarantine" section below).

- Any of these students or teachers who are monitored and found to have symptoms of COVID-19 should be sent home and excluded and will be required to get tested or complete the required isolation period to return to school.
- Plexiglass barriers: In scenarios in which students are seated closer apart than six (6) feet, the students would not be considered close contacts when:
 1. appropriate plexiglass is utilized, and
 2. distance between students is at least three (3) feet apart, and
 3. the exposed student is wearing a cloth face covering or face mask that covers the nose and mouth (the plexiglass does not serve as a substitute to mask-wearing) regardless of the infected student's mask status.
 - **Note:** The same exposed student **would be** considered a close contact and **would** need to quarantine if **not** wearing a cloth face covering or face mask that covers the nose and mouth and was exposed to the positive student by less than six (6) feet apart for greater than fifteen (15) minutes regardless of the infected student's mask status.
- Plexiglass is considered appropriately sized and utilized if it surrounds three sides (the front and two sides) of the edges of the student's desk and extends at least a foot above each child's head when seated at the desk and at least a foot beyond the end of the desk on either side.
- There may be acceptable other configurations based on classroom setup. Schools should measure the distance with individuals occupying the seats to ensure students will be at least three (3) feet apart when seated and that the barrier will provide appropriate separation during school activities. If it is not possible to cover a side with plexiglass, schools can prevent individuals from being considered close contacts by ensuring the seating arrangement provides at least six (6) feet of distance on the exposed side. If students are seated less than six (6) feet apart without a physical barrier they would be considered a close contact.
- 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 in the classroom (or cohort of students) for fourteen (14) days after contact with the last identified COVID-19 case.
- The classroom (or room used by the cohort of students) will need to be closed for [cleaning and disinfection](#) before use again.

Option to Opt-Out of Face Covering Use

On May 11, 2021, Governor Henry McMaster issued [Executive Order No. 2021-34](#), directing DHEC to take action to allow for parents, guardians, legal custodians, foster-care providers, or other representatives authorized to provide consent for or on behalf of a student in any South Carolina public school to opt out of any face covering requirement imposed by any public school official or public school district in South Carolina. The DHEC form that parents, guardians, legal custodians, foster-care providers, or other representatives authorized to provide consent for or on behalf of a student must use, unaltered, to opt-out of a face covering requirement is available [here](#). In order to be valid, the form must be completed without change by the parent or guardian (or student, if age 18 or older). These forms are applicable only for students and do not apply to faculty and staff.

DHEC's recommendations regarding COVID-19 precautions, including wearing face masks, have not changed. Wearing face coverings and taking other precautions are important disease prevention methods that protect not only the person wearing the mask but also those around them from COVID-19. DHEC continues to follow federal [CDC guidance](#), backed by multiple research studies, that masks are an effective and essential tool for protecting the health of all South Carolinians during this ongoing COVID-19 pandemic. CDC recommends schools continue to use the COVID-19 prevention strategies outlined in the current version of [CDC's Operational Strategy for K-12 Schools](#) for at least the remainder of the 2020-2021 academic school year. This includes the recommendation that everyone wear a mask in the school setting regardless of vaccination status.

Masks should be used as directed among students unless a [DHEC opt-out form](#) has been completed without change by the parent/guardian (or individual if over the age of 18) and staff. The DHEC opt-out form applies only to students and is necessary only for schools or districts with mask requirements. CDC guidance recommends mask use in school facilities regardless of vaccination status.

Reporting cases and close contacts

If a school determines that a student or staff member was contagious with COVID-19 while on campus or attending an official campus event, DHEC requests that these individuals be reported to the appropriate regional DHEC office using established reporting processes. 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. All close contacts at the school will need to be identified. This will include everyone the ill individual would have been within six (6) feet of for a cumulative fifteen (15) minutes or more within a 24 hours period, except in the case where appropriate precautions involving plexiglass barriers were used as noted above. Close contacts of COVID-19 cases in schools do not need to be reported to DHEC.

The following information is requested when reporting a COVID-19 case:

- Name
- Date of birth
- Address
- Whether they are a student or staff member
- Contact information – phone number for staff or parent/guardian name and phone number for students

- Location and date of test, if known

Quarantine

Some students or staff may have been told they were a close contact to a known (confirmed/probable) case of COVID-19 and have to complete a quarantine period. This means they are required to be excluded from school and stay home so they do not risk exposing others to COVID-19 if they become sick. For students or staff identified as close contacts, DHEC staff will work with schools to provide information on when the quarantine period for these individuals will end.

[CDC](#) provides guidance on quarantine recommendations. The standard quarantine period remains fourteen (14) days after last contact with the person while they were contagious with COVID-19, but options for shortening that time period are discussed below (see "Quarantine Period").

- 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.
- Other close contact: If a child or staff member has been told they are a close contact to a known case of COVID-19, their quarantine period begins the day they had their last close contact with the case. If they have an additional close contact during their quarantine period (such as another household member gets sick), they must begin another quarantine period.
- Quarantine period: The standard quarantine period after close contact with someone contagious with COVID-19 is fourteen (14) days. CDC has provided two (2) options for shortening that time period that schools may choose to apply as long as all conditions listed below are met. Which criteria to apply to allow for return is at the discretion of the school.
 1. Quarantine can end after **Day 10** without testing and if no [symptoms](#) were reported during daily symptom monitoring.
 2. Quarantine can end after **Day 7** if a viral test is negative **AND** if no [symptoms](#) were reported during daily symptom monitoring.
 - a. The viral test must be collected no sooner than Day 5 to be used to shorten quarantine, but quarantine cannot be discontinued earlier than completion of Day 7.
 - b. Viral tests include those collected by a swab of the nose or throat (PCR or antigen tests). Blood tests for antibodies may not be used to shorten quarantine.

These conditions must also be met to end quarantine early (Note: Any student or staff member who develops symptoms must be immediately excluded and should be tested or complete the ten (10) day isolation period.):

1. No [symptoms](#) of COVID-19 occurred during the an individual's quarantine;
AND

2. These individuals should receive daily monitoring for symptoms until Day 14 after last exposure to the COVID-19 case;

AND

3. They must continue to closely follow the [preventive actions](#) the schools have in place to prevent spread of the virus (correct and consistent use of face coverings (*regardless of mask opt-out waiver*), social distancing, hand hygiene, etc.) through quarantine Day 14.
 - *Individuals who are unable or who fail to meet the above criteria and follow all preventive actions will not be eligible from shortened quarantine options and must complete the full 14-day quarantine.*
 4. Those returning before completion of the 14 day period should have daily monitoring for symptoms until 14 days have passed since their last contact. Because these individuals are higher risk for becoming contagious with COVID-19 based on having a known exposure to case, the following criteria should be used to exclude and recommend testing.
 - a. Any of the following symptoms:
 - Shortness of breath or difficulty breathing
 - Cough
 - Loss of taste or smell
 - Fever of at least 100.4
 - Or any two or more of the following symptoms:
 - Headache
 - Fatigue
 - Sore Throat
 - Congestion or runny nose
 - Muscle pain or body aches
 - Nausea/Vomiting
 - Diarrhea
 - b. This expanded exclusion criteria is only applicable during what would normally be their 14 day quarantine period. After completion of that, student and staff should be evaluated based on the regular exclusion criteria.
- Other household member in quarantine: If the child or staff member lives in the same household as someone in quarantine, they will not need to quarantine themselves. If the household member in quarantine is later determined to have COVID-19, the child or staff member may be recommended for quarantine if they were in close contact during that person's infectious period.
 - Those with COVID-19 who recovered and remain asymptomatic: If a student or staff member is a lab confirmed case of COVID-19 by antigen or PCR (nose or throat swab or saliva test), they do not need to quarantine again after close contact to someone with COVID-19 in the first three (3) months after recovering but will for any close contact that happens after that three (3) month period.
 - The person must provide either a note from a healthcare provider that they had the positive lab result (via antigen or PCR test) in the past three (3) months or provide a paper or electronic copy of the results (SARS-CoV-2 RNA – Detected or Positive)

- Positive antibody results (SARS-CoV-2 IgG or IgM) or any other lab test is not sufficient to meet these criteria to defer quarantine. They must quarantine according to the current guidelines.
- Those with COVID-19 who recovered and become symptomatic: If a child or staff member is a lab confirmed case of COVID-19 by antigen or PCR (nose or throat swab or saliva test) within the past three (3) months and they develop new symptoms of COVID-19 (i.e. new or worsening cough, shortness of breath or difficulty breathing, or loss of taste or smell) at any time, then they should be isolated under recommended precautions before and during evaluation.
 - If an alternative etiology cannot be readily identified by a healthcare provider, then retesting for SARS-CoV-2 is likely warranted.
 - If reinfection with COVID-19 is confirmed or remains suspected, they should remain under the recommended SARS-CoV-2 isolation period until they meet the criteria for discontinuation of precautions—for most, this would be 10 days after symptom onset and after resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
- Quarantine after COVID-19 Vaccination: If a fully vaccinated person has close contact to a confirmed COVID-19 case they will not be required to quarantine if they meet all of the following criteria:
 - Are fully vaccinated (i.e., ≥ 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)
 - Have remained asymptomatic since the current COVID-19 exposure

Persons who do not meet the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. At this time, vaccinated persons should continue to follow current guidance to protect themselves and others, including wearing a mask, staying at least 6 feet away from others, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, and washing hands often.

- 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. However, school staff could be considered critical infrastructure workers and thus may be permitted to work if a replacement is not available and as long as they follow the precautions outlined in the links below. It is recommended that schools notify parents and guardians that this approach is being used to allow staff to return to work.
 - These employees must wear a mask at all times, *regardless of district mask policy or opt-out options developed by districts for staff and teachers*, while in the school, monitor for symptoms daily and throughout the day, practice social distancing to the extent possible, practice good hand hygiene, and clean frequently touched surfaces often. Review links below for specific guidelines. These employees should avoid working with children and staff with medical conditions that may put them at risk for

- severe illness. Those unable to follow the outlined precautions should not plan to return to work until completing their quarantine period.
- Employees allowed to work during their quarantine period should continue to quarantine at home when they are not at work and avoid public settings.
 - If these employees have any of the symptoms listed above, they must not go to work at school or must separate themselves from others and leave the school immediately. They should not plan to return until they meet "Return to School" criteria above.
 - Links to guidance for critical infrastructure workers:
 - https://content.govdelivery.com/attachments/USDHS/2020/04/09/file_attachments/1423331/DC_CISA_Interim_Guidance_Critical_Workers_Safety_Practices_COVID19.pdf
 - https://content.govdelivery.com/attachments/USDHS/2020/04/09/file_attachments/1423330/DC_CISA_Flyer_Essential_Critical_Workers_Dos_and_Donts_COVID19.pdf