Staff Toolkit for Reopening

(related to COVID 19 closure)

Revised 1/29/2021

NOTE: This document is subject to change based on updated guidance received.

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PURPOSE

This toolkit has been developed to provide information to staff to help understand the health practices that will be put in place when students return to school. It will be important for all of us to work together to help decrease spread of the virus.

Review and revision of this document will be completed as new guidance is received.

It is important to understand that these strategies are intended to mitigate not eliminate risk.

GENERAL INFORMATION ON COVID-19

According to the Center for Disease Control (CDC):

Spread

COVID-19 is thought to spread mainly through close contact from person-to-person. Some people without symptoms may be able to spread the virus.

Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- *Between people who are in close contact with one another (within about 6 feet).*
- *Through respiratory droplets produced when an infected person coughs, sneezes, or talks.*
- *These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.*
- *COVID-19 may be spread by people who are not showing symptoms.*

The virus that causes COVID-19 is spreading very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. In general, the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads.

Prevention

The best way to prevent illness is to avoid being exposed to this virus. You can take steps to slow the spread.

- *Maintain good social distance (about 6 feet). This is very important in preventing the spread of COVID-19.*

- *Wash your hands often with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.*
- *Routinely clean and disinfect frequently touched surfaces.*
- *Cover your mouth and nose with a cloth face covering when around others.*

With these key points in mind, any scenario in which many people gather together poses a risk for COVID-19 transmission. While children generally experience mild symptoms with COVID-19, transmission from even those with mild or no apparent symptoms remains a risk.

Symptoms

CDC guidance: *People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms **may** appear 2-14 days after exposure to the virus. People with these symptoms **may** have COVID-19:*

- *Fever or chills*
- *Cough*
- *Shortness of breath or difficulty breathing*
- *Fatigue*
- *Muscle or body aches*
- *Headache*
- *New loss of taste or smell*
- *Sore throat*
- *Congestion or runny nose*
- *Nausea or vomiting*
- *Diarrhea*

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

DETERMINATION OF WHEN SCHOOLS CAN REOPEN SAFELY

Decisions regarding opening and staying open of schools are made in conjunction with guidance from the South Carolina Department of Health and Environmental Control (SCDHEC), CDC, and South Carolina Department of Education (SCDOE). On June 22, 2020, the SCDOE issued the AccelerateED Task Force Guidance and Recommendations for the 2020-2021 School Year and SCDHEC issued Recent Disease Activity by County for SC Department of Education (https://www.scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19/schools-childcare-centers-covid-19).

The *AccelerateED Task Force Guidance and Recommendations for the 2020-2021 School Year* outlines three possible scheduling models based on community spread of COVID 19 (low,medium, high). SCDHEC's document, *Recent Disease Activity by County for SC Department of Education,* provides information so districts know whether their area is experiencing low, medium, or high disease activity. SCDHEC analyzes three factors when determining an area's disease activity: two-week cumulative incidence rate, trend in incidence rate and two week percent positive rate.

Reopening Decision Tree

Analyze Health Data and Capacity

SCDHEC monitoring of county disease activity (low, medium, high):

Two-week cumulative incidence rate
Trend in incidence rate
Two week percent positive rate

LOW	Medium	HIGH
↓	↓	↓
"Traditional" Scheduling In this scenario, health guidelines and facility considerations allow for all students and staff to return to a school building to open the school year and during the school calendar	*Hybrid Scheduling* In this scenario, only a portion of staff and students can report to a physical school building due to a combination of health requirements and facility/space limitations. As a result, some students will be able to report to school while others will have to engage in distance learning.	*Full Distance Learning* In this event, districts should rely on a full distance learning schedule until the health situation permits a return to in-person instruction for all or part of the students in a school.

HEALTH PROCEDURES

Vulnerable Population

Those vulnerable students/staff who may be at greater risk for severe illness need to discuss with their Healthcare Provider (HCP) their ability to work or attend school during the pandemic. If after speaking with an HCP, it is decided that in person attendance is not advisable due to health conditions, staff/students must contact school administration to notify of HCP recommendations. Preplanning will be important. It is advisable to discuss with a healthcare provider as soon as time permits and notify school.

The district has multiple policies and rules to govern employee absences during this pandemic. Board Policy GCC-R(2) specifically addresses professional staff leave related to COVID-19. Board Policy GDC-R(2) specifically addresses support staff leave related to COVID-19. Both policies address emergency paid sick leave for all eligible full and part-time staff for six qualifying COVID-19 reasons. These Temporary Administrative Rules will supersede any other prior policies and procedures from April 1, 2020-December 31, 2020.

According to the CDC:
Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Severe illness means that the person with COVID-19 may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die.

As you get older, your risk for severe illness from COVID-19 increases. For example, people in their 50s are at higher risk for severe illness than people in their 40s. Similarly, people in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older.

People of any age with certain underlying medical conditions are at increased risk for severe illness from COVID-19:

- *Chronic kidney disease*
- *COPD (chronic obstructive pulmonary disease)*
- *Immunocompromised state (weakened immune system) from solid organ transplant*
- *Obesity (body mass index [BMI] of 30 or higher)*
- *Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies*
- *Sickle cell disease*
- *Type 2 diabetes mellitus*

Children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease are at higher risk for severe illness from COVID-19 than other children.

COVID-19 is a new disease. Currently there is limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19. Based on what we know at this time, people with the following conditions might be at an increased risk for severe illness from COVID-19:

- *Asthma (moderate-to-severe)*
- *Cerebrovascular disease (affects blood vessels and blood supply to the brain)*
- *Cystic fibrosis*

- *Hypertension or high blood pressure*
- *Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines*
- *Neurologic conditions, such as dementia*
- *Liver disease*
- *Pregnancy*
- *Pulmonary fibrosis (having damaged or scarred lung tissues)*
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

Based on available evidence, children do not appear to be at higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. However, a few children have developed multisystem inflammatory syndrome (MIS-C). Currently, information about this syndrome is limited. CDC is working with state and local health departments to learn more about MIS-C.

Although most COVID-19 cases in children are not severe, serious illness that needs to be treated at the hospital still happens. Some data on children reported that the majority who needed hospitalization for COVID-19 had at least one underlying medical condition. The most common underlying conditions reported among children with COVID-19 include chronic lung disease (including asthma), heart disease, and conditions that weaken the immune system. This information suggests that children with these underlying medical conditions may be at risk for more severe illness from COVID-19.

Symptom Screener

Faculty/Staff

All faculty and staff will be required to self screen prior to coming to school/work. **If a faculty or staff member has been in close contact with a positive COVID-19 case within the past 14 days or is showing COVID-19 symptoms as outlined in exclusion (appendix I)**, they are not to enter the building and notify their supervisor.

Parents/Guardians/other Individuals

Any communication that can be done via phone or email should limit the number of additional individuals entering a SDNC building. Parents will only be allowed to enter the office area of the school. Parents will not be allowed to visit classrooms, cafeterias, etc. until further notice.

If it is necessary to enter a building, there will be a sign on the door to remind individuals not to enter if they have had close contact with someone who has tested positive or is displaying COVID-19 symptoms. Upon entering, we strongly encourage that individuals wear a mask and maintain 6 feet social distancing at all times.

Prior to entering a building, you will be asked to complete a symptom screening checklist with name, date and time of entering (see Appendix A). This will be important for assisting DHEC with contact tracing of close contacts should there be a positive case of COVID-19.

Students

Parents/Guardians are asked to self screen prior to sending their child to school. **If their child has been in close contact with a positive COVID-19 case within the past 14 days or is showing COVID-19**

symptoms, they are not to send their child to school. It is advised that parent/guardian contact healthcare provider for guidance and notify school nurse to discuss when student can return per DHEC exclusion.

Students will be reminded daily to notify their teacher should they begin to feel bad.

*Per SCDHEC: Routine temperature screening of all persons entering the school is not recommended. *Exception: classrooms dedicated to medically fragile students. While taking a temperature is not harmful, it is not a specific recommendation. However, it is recommended that ongoing education and messaging to parents which stress the need for at home monitoring of symptoms to occur.*

ENVIRONMENTAL CONTROLS

Signage

All entrances will have a sign asking visitors not to enter if they have had close contact with a COVID-19 case within the last 14 days or if they are displaying symptoms. Signs will strongly encourage masks and social distancing at all times when in building.

All bathrooms will have signage regarding hand washing.

There will be signage on the floor throughout the buildings to indicate traffic directions in hallways to designate flow paths and spaced lines to help with social distancing.

Education

Nurses will provide training to staff. This training will be provided virtually if needed. COVID-19 training for staff will also be conducted via Safeschools.

Teachers will periodically discuss with their students regarding correct handwashing, use of hand sanitizer and cough etiquette. (See Appendix B) Individual hand sanitizers should not be given to students. Hand sanitizer will be readily available throughout buildings including classrooms.

Educational information for families regarding COVID-19 will be periodically posted on district and school websites and social media pages.

Tissue

Each classroom should have tissues that students/staff can use. Roll of tissue or roll of paper towels should not be used, just single use tissues/paper towels.

Cloth Masks

Cloth masks are not Personal Protective Equipment (PPE). The purpose of wearing a cloth mask is to protect others from you should you be infected.

A face covering is a piece of fabric, cloth, or other material that covers the wearer's nose, mouth, and chin simultaneously and is secured to the wearer's face by elastic, ties, or other means. Acceptable face coverings may be homemade, and they may be reusable or disposable.

Who Should Wear

Per CDC:

■ *Who should NOT use cloth face coverings? Children under age 2, or anyone who has trouble*

breathing, is unconscious, incapacitated or otherwise unable to remove the mask without Assistance.

AND/OR

Those with special healthcare or educational needs as determined by an Individualized Education Program (IEP), 504 Accommodations Plan, or an individual student healthcare plan, or by a medical doctor.

*Staff members, including bus drivers, who have trouble breathing and/or those with special healthcare needs as noted by a medical doctor should **NOT** be required to wear face coverings.*

- *Cloth face coverings are NOT surgical masks or N-95 respirators. Surgical masks and N-95 respirators must be reserved for healthcare workers and other medical first responders, as recommended in CDC guidance.*

Masks with Exhalation Valves or Vents
The purpose of masks is to keep respiratory droplets from reaching others to aid with source control. Masks with one-way valves or vents allow exhaled air to be expelled out through holes in the material. This can allow exhaled respiratory droplets to reach others and potentially spread the COVID-19 virus. Therefore, CDC does not recommend using masks if they have an exhalation valve or vent.

Staff will be required to wear cloth face coverings on buses, all transitions in hallways, and all commons areas such as cafeterias, libraries, workrooms etc. In the classroom, staff are also required to wear cloth face coverings. Staff can choose to wear a cloth face covering and shield at all times.

Students will be required to wear cloth face coverings on buses, during carpool/bus drop off or pickup, upon entering a school building, all transitions in hallways, in cafeterias, libraries, and in the classroom. Student face coverings may be removed for mask breaks for 5 minutes every 30 minutes upon teacher or administrator direction while in the classroom when seated and socially distanced at least 6 feet apart or during outdoor activities with social distancing in place. All students will be given one cloth mask. Parents are strongly encouraged to send their child with a mask that their child prefers and is comfortable wearing. Parents are also encouraged to indicate their child's name on the mask that is sent from home. If a student forgets his/her cloth mask, a disposable mask will be given to the student as supplies are available. All cloth masks must adhere to the dress code that can be found in student handbooks.

*See additional information regarding Physical Education and Band/Chorus in Social Distancing section.

Consider use of clear face coverings that cover the nose and wrap securely around the face by some teachers and staff. Clear face coverings should be determined not to cause any breathing difficulties or over heating for the wearer. Teachers and staff who may consider using clear face coverings include:

- Those who interact with students or staff who are deaf or hard of hearing, per the Individuals with Disabilities Education Act
- Teachers of young students learning to read
- Teachers of English learners
- Teachers of students with disabilities, as applicable

Clear face coverings are not face shields.

From the CDC:
CDC recognizes that wearing masks may not be possible in every situation or for some people. In some situations, wearing a mask may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns. Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a mask or to reduce the risk of COVID-19 spreading if it is not possible to wear one.

For example,

- *People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear masks if they rely on lipreading to communicate. In this situation, consider using a clear mask. If a clear mask isn't available, consider whether you can use written communication, use closed captioning, or decrease background noise to make communication possible while wearing a mask that blocks your lips.*
- *Some people, such as people with intellectual and developmental disabilities, mental health conditions or other sensory sensitivities, may have challenges wearing a mask. They should consult with their healthcare provider for advice about wearing masks.*
- *Younger children (e.g., preschool or early elementary aged) may be unable to wear a mask properly, particularly for an extended period of time. Wearing of masks may be prioritized at times when it is difficult to maintain a distance of 6 feet from others. Ensuring proper mask size and fit and providing children with frequent reminders and education on the importance and proper wear of masks may help address these issues.*
- *People should not wear masks while engaged in activities that may cause the mask to become wet, like when swimming at the beach or pool. A wet mask may make it difficult to breathe. For activities like swimming, it is particularly important to maintain physical distance from others when in the water.*
- *People who are engaged in high intensity activities, like running, may not be able to wear a mask if it causes difficulty breathing. If unable to wear a mask, consider conducting the activity in a location with greater ventilation and air exchange (for instance, outdoors versus indoors) and where it is possible to maintain physical distance from others.*
- *People who work in a setting where masks may increase the risk of heat-related illness or cause safety concerns due to introduction of a hazard (for instance, straps getting caught in machinery) may consult with an occupational safety and health professional to determine the appropriate mask for their setting. Outdoor workers may prioritize use of masks when in close contact with other people, like during group travel or shift meetings, and remove masks when social distancing is possible.*

Masks are a critical preventive measure and are most essential in times when social distancing is difficult. If masks cannot be used, make sure to take other measures to reduce the risk of COVID-19 spread, including social distancing, frequent hand washing, and cleaning and disinfecting frequently touched surfaces.

Proper wear of a cloth mask per CDC:
Wear your Face Covering Correctly:

- *Wash your hands before putting on your face covering*
- *Put it over your nose and mouth and secure it under your chin*
- *Try to fit it snugly against the sides of your face*
- *Make sure you can breathe easily*

Use the Face Covering to Protect Others

- *■Wear a face covering to help protect others in case you're infected but don't have symptoms*
- *■Keep the covering on your face the entire time you're in public*
- *■Don't put the covering around your neck or up on your forehead*
- *■Don't touch the face covering, and, if you do, wash your hands*

Cloth face coverings should be washed after each use. It is important to always remove face coverings correctly and wash your hands after handling or touching a used face covering.

How to clean

Washing machine

- *You can include your face covering with your regular laundry.*
- *Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering*

Washing by hand

- *Prepare a bleach solution by mixing:*
- *5 tablespoons (1/3rd cup) household bleach per gallon of room temperature water or*
- *4 teaspoons household bleach per quart of room temperature water*
- *Check the label to see if your bleach is intended for disinfection. Some bleach products, such as those designed for safe use on colored clothing, may not be suitable for disinfection. Ensure the bleach product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.*
- *Soak the face covering in the bleach solution for 5 minutes.*
- *Rinse thoroughly with cool or room temperature water.*

Make sure to completely dry cloth face covering after washing.

How to dry

Dryer

- *Use the highest heat setting and leave in the dryer until completely dry.*

Air dry

- *Lay flat and allow to completely dry. If possible, place the cloth face covering in direct sunlight.*

Personal Protective Equipment (PPE)

Face Shields

All staff will be given reusable face shields. Shields should be cleaned with alcohol/alcohol wipes. No abrasive cleaners should be used.

CDC:

It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. CDC does NOT recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings. Some people may choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask, they should wrap around the sides of the wearer's face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use.

Employees at Higher Risk of Exposure

Employees at higher risk will be provided additional PPE (see Appendix C).

Donning and Removing of PPE
Staff will be trained on correct procedure for donning and removing of PPE (See Appendix D).

SCDHEC (Nurse and UAP):
Factors to consider when selecting PPE

- *Type of exposure anticipated—This is determined by the type of anticipated exposure, such as touch, splashes or sprays, or large volumes of blood, body fluids, or other potentially infectious material that might penetrate the clothing.*
- *Durability and appropriateness for the task—This is linked to the type of exposure anticipated, i.e. use of PPE when caring for a student complaining of abdominal pain versus a student presenting with COVID-19 symptoms.*
- *Fit—PPE must fit the individual user, and it is up to the employer to ensure that all PPE are available in sizes appropriate for the workforce that must be protected.*

Standard and Transmission-Based Precautions
Standard Precautions are used for all patient (student) care. They're based on a risk assessment and make use of common-sense practices and PPE use that protect healthcare providers from unknown sources of infection and prevent the spread of infection from person to person.

Transmission-Based Precautions are the second tier of basic infection control measures used in addition to Standard Precautions for patients who are suspected or known to be infected or colonized with certain infectious agents. Utilization of transmission-based precautions are needed to prevent infection transmission and are based upon the specific mode of transmission. PPE should be worn as indicated for standard and transmission-based precautions

PPE Use When Caring for Students

- ***Hand Hygiene:*** *Prior to providing care to all students, nurses and UAP delegated to cover duties should practice hand hygiene using soap and water to wash hands for at least 20 seconds or alcohol-based hand sanitizer (ABHS) that contains at least 60% alcohol. Work station(s) should include adequate hand hygiene supplies (i.e. sink with running water, soap dispensers, ABHS dispensers, etc.).*
- ***Gloves:*** *Gloves should be worn for standard and transmission-based precautions. During standard precautions, gloves are indicated when one can reasonably anticipate coming into contact with blood, bodily fluids, bodily tissues, mucous membranes, broken skin, or other potentially infectious material(s). Gloves should be changed after providing care to each student, when ripped or torn, when soiled or contaminated, and when moving from a dirty to a clean procedure (i.e. cleaning up vomit, then preparing medicine). To prevent cross acquisition and transmission, these same principles also apply when deploying universal use of gloves. Gloves should also be removed and changed before making contact with clean spaces (i.e. medication cabinets) and medical equipment.*
- ***Facemasks/Respirators:***
  Ideally, students and other school personnel should wear a cloth face covering when in areas where social distancing is difficult to maintain, which would include students presenting for care by the school nurse or UAP. If the school system does not adopt universal source control for students, provide an appropriately sized facemask for students presenting for care. If the student cannot wear a facemask properly (e.g. preschool, pre-K-2 years-4 years old, medically complex, etc.), limit staff in the room to those that are essential.

When caring for students suspected of having COVID-19 symptoms, facemask or respiratory considerations for nurses and/or UAP should follow CDC guidance. N95 masks are recommended for HCP and must be fitted to ensure proper protection. Per CDC, N95 respirator use by HCP have to be used in the context of a comprehensive, written respiratory protection program that meets the requirements of OSHA's Respiratory Protection standards; the program should include medical evaluations, training, and fit testing. If N95 masks are not available due to supply issues, facemasks may be used. See CDC Strategies for Optimizing PPE. Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators (i.e. N95 masks) cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols (such as nasopharyngeal specimen collection), which would pose the highest exposure risk to HCP

Social Distancing

All staff will work to keep students socially distanced throughout the day including arrival and dismissal times. Instruct drivers to remain in their vehicles, to the extent possible, when dropping off or picking up students. When in-person drop-off or pick-up is needed, only a single parent or caregiver should enter the facility to pick up or drop off the child.

SCDHEC:

Proper social distancing can avoid multiple staff members needing to quarantine. Staff should avoid congregating together and should maintain at least six (6) feet of distance from other staff who do not work in the same classroom to the extent that is possible.

Staff wearing masks will also help limit the risk of transmission to others if they become contagious but do not know it (in that two days before symptoms start), but wearing a mask does not replace social distancing.

Social distancing may not be feasible for young children in a classroom. For this reason, any children and staff in a classroom with a case will be considered close contacts and require quarantine unless specific social distancing practices were observed between all persons in the classroom.

Cohorting: The number of children and staff that will be required to quarantine can be limited by cohorting each class. This means keeping the same children and staff together and limiting any interaction outside of that group. Children cohorted in a class together should be kept away from children in other classes, and staff should practice social distancing when around other staff members.

When making decisions regarding activities, the first question staff needs to ask is "Will activity allow for participants to be socially distanced?" If not, then don't do the activity. For example, if considering bringing children to sit on a rug, it would be difficult to maintain social distancing in all directions, so don't allow them to sit on the rug.

Classrooms: will be arranged to promote social distancing. Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.

Professional Development: Until further notice all Professional Development must be virtual or in house.

Field Trips: will be on hold until further notice.

Lockers: Use of student lockers will be discouraged. However, if students must use lockers, students will be assigned a cohort or a time during the school day in which to access their locker.

Restrooms: Stagger restroom use by groups of students to the extent possible, and/or assign certain groups of students to use certain restrooms.

Libraries: Stagger group use of libraries.

Cafeterias: Serve meals in classrooms or outdoors, instead of cafeterias, wherever possible.

Playgrounds and Recess: Consider holding recess activities in separated areas designated by class and/or staggered throughout the day. Limit use of shared playground equipment in favor of physical activities that require less contact with surfaces and allow for greater physical distancing.

Physical Education: Conduct physical education classes outdoors whenever possible, maintaining separation of classes and with appropriate physical distancing within groups to the extent possible. Face coverings should not be worn when actively participating in exercise or sport activity. However, face coverings can be worn if they are not inhibitory. Students can participate in physical activities with throwing a football, kicking a soccer ball, etc, in PE class or recess if they are maintaining a 6-foot distance. Wearing a mask is recommended when social distancing cannot be assured. PE activities that allow for adequate social distancing should be prioritized.

Band, Choir, or Music Class: When students are not playing an instrument that requires the use of their mouth, they should wear a cloth face covering in music class (unless class is outdoors and distance can be maintained). Social distancing helps protect students in music class. Chorus /music classes are of concern as singing might increase the distance respiratory droplets travel. Students who are singing need to be spread at least 10 feet apart AND wear a mask. While students are singing or playing an instrument, use visual cues to keep them at least 10 feet apart. Bell covers should be used for instruments. If it's safe and weather permits, consider moving class outdoors where air circulation is better than indoors and maintain at least 10 feet distance between students.

Consider suspending musical practices and performances that involve singing or playing wind instruments. If such events are held, musicians should be spaced far apart as feasible, ideally further than 6 feet apart. Students also should not share mouth pieces and instruments should be cleaned and disinfected between uses if shared among students.

Hallways: Minimize congregate movement through hallways as much as possible. For example, establish more ways to enter and exit a campus, stagger passing times when necessary or when students cannot stay in one room, and establish designated one-way walking/passage areas if possible.

Students riding buses will also follow guidance provided by DHEC for social distancing including assigned seats, loading from back to front and following most recent capacity guidelines.
Sick students will not be allowed to ride the school bus home.

Plexiglass Use in Schools - Per DHEC

Consistent with its existing policy, DHEC is providing further information regarding use of plexiglass barriers between students. As noted in the COVID-19: Frequently Asked Questions for School Officials from August 14, 2020, appropriate plexiglass use, combined with other measures, allows for shorter distances for social distancing.

In scenarios in which students are seated closer apart than six feet, the students would not be considered close contacts when:

1. appropriate plexiglass is utilized, and
2. distance between students is at least three feet apart, and
3. the students are wearing cloth face coverings or face masks that cover the nose and mouth (the plexiglass does not serve as a substitute to mask-wearing).

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, as determined on an individual basis by DHEC.

If the above requirements are not met when using plexiglass to allow for shorter distances for social distancing, then those within 6 feet for a cumulative of 15 minutes would be considered a close contact and would have to be quarantined.

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.

Water Fountains

Water fountains will be turned off. Students/staff will be allowed and encouraged to bring clear water bottles from home. Drinking water will be available upon request.

Cleaning and Disinfecting

Definitions per CDC:

- *Cleaning refers to the removal of germs, dirt, and impurities from surfaces. It does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.*
- *Disinfecting refers to using chemicals, for example, EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.*

Routine cleaning and disinfecting of frequently touched objects (e.g., doorknobs, light switches, classroom sink handles, countertops) will be performed throughout the day. Each school will be equipped with electrostatic disinfecting machines and approved disinfectant to thoroughly disinfect areas.

Electronics such as keyboards, will be cleaned and disinfected per manufacturer's guidelines.

The transportation department will also follow guidance provided by DHEC for cleaning/disinfecting including use of electrostatic handheld sprayers and approved disinfectant.

Schools should avoid shared use of items that cannot be easily cleaned and disinfected (e.g., stuffed toys, clay, manipulatives, paper, writing materials, etc).

HEALTHROOM

It will be important to minimize any unnecessary trips to the health room to limit any potential exposure. Minor issues that can be handled in the classroom, should. Additional supply of bandaids, gauze and gloves will be given to all teachers and replenished as needed. Staff can always call the nurse to discuss any issue they are not sure.

Feminine pads will be given to the main office or any teachers who request to have in their room so students can get from one of these two sources instead of going to the healthroom.

All medications that can be given at home should, in order to limit potential exposure. As needed medications like ibuprofen, acetaminophen, etc should only be in the health room if absolutely necessary. Nebulizers at school are discouraged due to the aerosol generating nature of the treatment. Parents should discuss with their healthcare provider about switching to an inhaler if appropriate. If student is sick enough to need nebulizer treatments, consult your healthcare provider regarding student attendance.

Signage will be on the floor as soon as entering health room to indicate for the student to stop. Nurse will triage from greater than 6 feet. If student has complaint of COVID-19 symptoms, nurse will put on PPE (shield, medical mask, gown and gloves). Nurse will hand student a mask and will assess. If displaying COVID-19 symptoms, student will be escorted to isolation room to await pick up. A trained employee will monitor student and will notify nurse of any changes prior to student pick up. A letter will be sent home with student explaining when student would be allowed to return to school. (See Appendix E).

If a staff member is sent home due to COVID-19 symptoms, he/she will receive a letter explaining when he/she can return. (See Appendix F)

Nurse should have medical mask and shield on at all times when there are students or staff in the healthroom and additional PPE if the situation warrants.

Unlicensed Assistive Personnel (UAP) trained staff

Nurse will provide training for UAP staff who may be assisting with healthroom or monitoring of the isolation room. This training will include the importance of wearing a medical mask provided by the nurse and face shield that all employees will get when they are with a sick student, hand washing and social distancing.

Communication

A parent information letter will be sent home and posted on schools' websites regarding health room expectations. (See Appendix G)

Additional information will be posted to school websites, social media pages, and/or phone voice messages as needed.

DHEC Exclusion and Case Management
See Appendix H for a chart with various scenarios.

Any student or staff meeting one of the exclusion scenarios should contact the administrator or school nurse to report in order for school to track.

DHEC guidance will be followed with regards to exposure of close contact with a positive case.

Those with COVID-19 who recovered: If a student or staff member is a lab confirmed case of COVID-19 by PCR (nose or throat swab), they do not need to quarantine again after close contact to someone with COVID-19 in the first three (3) months after illness onset but will for any close contact that happens after that three (3) month period.

- *o The person must provide either a note from a healthcare provider that they had the positive lab result in the past three (3) months or provide a paper or electronic copy of the results (SARS-CoV-2 RNA – Detected or Positive)*
- *o A 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.*

NOTE:People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

Definitions:
Quarantine: *separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.*

Isolation: *separates sick people with contagious disease from people who are not sick.*

Close contact per CDC:
Anyone who has been in close contact with someone who has COVID-19.
This includes people who previously had COVID-19 and people who have taken a serologic (antibody) test and have antibodies to the virus.

What counts as close contact?

- *You were within 6 feet of someone who has COVID-19 for at least 15* cumulative *minutes*
- *You provided care at home to someone who is sick with COVID-19*
- *You had direct physical contact with the person (touched, hugged, or kissed them)*
- *You shared eating or drinking utensils*
- *They sneezed, coughed, or somehow got respiratory droplets on you*

From SCDHEC:
A person infected with COVID-19 is considered contagious starting 48 hours prior to the onset of their symptoms or two (2) days before the specimen for the test was collected if they had no symptoms.

Any close contacts to a case of COVID-19 during the time they are considered contagious will be required to quarantine at home for 14 days after their last contact with the case. Example of 14-day isolation/exclusion: If a facility is notified about a case on June 4 and a child or staff member is identified as a close contact to that

case during a time they would have been contagious on June 1 and 2, those who were in close contact with the person will be required to quarantine at home until June 16 (fourteen (14) days after last contact with the case on June 2).

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).

- *Prevention - Routinely using these precautions will help avoid the need to quarantine all classroom contacts of persons with COVID-19:*
- *It is essential that staff ensure maximum distancing between students and other staff while in the classroom and throughout the day to limit the possibility of transmission.*
- *Masks should be used as directed among students and staff.*
- *Anyone known to be a close contact (defined as being within six (6) feet for fifteen (15) cumulative minutes or more) to a COVID-19 case while contagious must be excluded from school and complete a quarantine period (See "Quarantine" section below).* ***This exclusion requirement applies even if masks were worn if social distancing was not maintained.***
- *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).*
- *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 extent that is possible. They should receive screening for fever and symptoms 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.*
- *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 will need to be closed for cleaning and disinfection before use again.*

Quarantine

Some students or staff may have been told they were a close contact to a case of COVID-19 and have to complete a quarantine period. This means they will be required to 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.

- *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").* *SEE APPENDIX J
    - *1. <u>Household contact</u>: 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.*

- *2. <u>Other close contact</u>: 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.*
- *3. <u>Quarantine period:</u> 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 district.*

    - *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 PCR 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 (only PCR tests will be accepted when using this option). 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, social distancing, hand hygiene, etc.) through quarantine Day 14. No student or staff may participate in any activities that do not allow for these preventive actions. ***This includes athletes returning to practice who must remain masked and have no close contact until after day 14. Athletes can <u>observe</u> practice but <u>cannot participate</u> in any sport or conditioning until day 15.***

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*

<u>Other household member in quarantine:</u> 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.

<u>Those with COVID-19 who recovered:</u> 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.*

SOCIAL/EMOTIONAL NEEDS OF STAFF
Employee Assistance Programs (EAP) – 1-800-950-3434

The district offers an Employee Assistance Program to all district employees and their immediate family members. Counselors are on call twenty-four hours a day, every day, including holidays and weekends. Initial consultation services are free of charge and all calls are confidential.

EAP also has online support at https://www.advantageengagement.com/1600/login_company.php
User Name: reach-newberryschools
Password: reacheap
From REACH Employee Assistance Program:

Coping with COVID-19
Managing our emotional health through the COVID-19

Coping strategies to help
The recent precautionary measures recommended by our federal and local governments as well as the CDC regarding the COVID-19 (Coronavirus) have come with a variety of challenges and disruptions that can affect our emotional health. Managing our stress and anxiety levels during this time are equally as important as managing our physical health. The following are common reactions and effective strategies to help you and your loved one's cope.

Common Reactions:

- *Difficulty concentrating and being preoccupied with virus concerns*
- *Irritability and becoming easily angry or annoyed with others*
- *Concerns about you or someone you know contracting the virus*
- *Information overload such as fixation on social media and 24/7 news updates*

- *Interpersonal work and family relationships negatively affected*
- *Physical reactions such as headache, sleep and appetite disruption, and isolation due to stress and anxiety*

Coping Strategies:

✓ *Focus on things you have control over when caring for you and family members.*
✓ *Practice social distancing without social isolating by using phone, skype and other media outlets to stay connected.*
✓ *Maintain perspective while relying on trusted medical sources to determine best health practices.*
✓ *Try to stay with a routine schedule of activities to help normalize and gain a sense of control.*
✓ *Maintain a daily exercise program (get out of the house) to help reduce stress.*
✓ *Minimize over exposure of a 24/7 media coverage and news that can feed and elevate stress.*
✓ *Maintain a balance of positive activities throughout your week that bring enjoyment.*
✓ *Take "mindful timeouts" such as deep numbered breathing, meditation, prayer or other methods that can help you relax.*
✓ *Stay positive and find something to make you laugh every day.*
✓ *Talk with trusted family and friends about feelings and concerns with the goal of providing and receiving positive solutions.*
✓ *Seek out professional care if you need additional support to cope.*

Appendix A: Symptom Screening Checklist

For individuals entering a SDNC building not for Full Time Staff

School District of Newberry County

Symptom Screening Checklist

For individuals entering a SDNC building

The person conducting screenings should maintain a six-foot distance while asking questions. Ask each person entering the building the following questions prior to entering the facility.

Name:_____ Date:_____Time:_____

1 . **Have you had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?**

- ▢ Yes > The person should not be at school. The person can return 14 days after the last time they had close contact with someone with COVID-19.
- ▢ No > The person can enter/remain if they are not experiencing symptoms

2 . **Do you have any of these symptoms?**

- ▢ fever in the past 24 hours (greater than 100.4 F)
- ▢ shortness of breath or difficulty breathing
- ▢ new loss of taste or smell
- ▢ sore throat
- ▢ muscle aches
- ▢ chills
- ▢ new or worsening cough
- ▢ Headache
- ▢ Congestion or runny nose
- ▢ Diarrhea
- ▢ Nausea or vomiting

If a person has any of these symptoms, they should go home, stay away from other people, and call their health care provider.

Name of Employee Completing Form:_____

Appendix B: Teacher's Guide for Handwashing, Hand Sanitizer, Cough Etiquette

Teacher's Guide for Handwashing, Hand Sanitizer, Cough Etiquette
Review with Students at least Weekly

From the CDC:
Germs are everywhere! They can get onto hands and items we touch during daily activities and make you sick. Cleaning hands at key times with soap and water or hand sanitizer is one of the most important steps you can take to avoid getting sick and spreading germs to those around you.

Wash Your Hands Often to Stay Healthy

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before eating food
- After using the toilet
- After blowing your nose, coughing, or sneezing
- After touching garbage

Handwashing

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your inders, and under your nails.
3. Scrub your hands for at least 20 seconds. If you need a timer, hum the Happy Birthday song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.
6. Turn off faucets with your used paper towel and throw paper towels in the trash can.

CDC- Don't Underestimate The Power Of Handwashing In Fighting Germs
https://scdhec.gov/blogs/dont-underestimate-power-handwashing-fighting-germs

Handsanitizer

Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,
Sanitizers do not get rid of all types of germs; hand sanitizers may not be as effective when hands are visibly dirty or greasy and hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Cough Etiquette:

Cover cough and sneezes with elbow or tissue. If using tissue, throw in trash. Wash hands.

Appendix C: NASN Guidance Regarding PPE and Risk Levels

National Association of School Nurses

PPE Types	Situation -- Lowest Risk	Situation – Moderate Risk	Situation -- Highest Risk	Notes:
	School personnel and students must interact, and physical distancing cannot always be maintained. **	Tasks include those that require close/direct contact with (i.e., within 6 feet of) people who are not known or suspected to have COVID-19.	Tasks include the physical assessment of any individual suspected of having COVID-19. Aerosol-generating procedures.	PPE should be used as a "last resort" when administrative or engineering controls are not able to eliminate the hazard. PPE is only effective if worn properly. Training on the types of PPE, how to properly put on/take off, the limitations and care instructions must be provided to employees who wear PPE.
Cloth Face Covering *(Not PPE)*	X			Provides source control, i.e. control that prevents transmission of potentially infectious respiratory droplets. These are not PPE.
Gloves		**X – situation dependent**	X	Wearing gloves is not a substitute for hand washing with soap and running water. Washing hands between patients/students will prevent cross contamination.
Eye Protection		**X – situation dependent**	X	Provides protection from fluid entry into eyes along with mouth and nose if worn with fluid resistant surgical mask.
Surgical Facemask		X	X	Provides source control and protection from fluid entry into the nose and mouth. As soon as possible and as tolerated, sick individuals should wear a surgical mask until they are picked up from school or leave to a health care facility.
Gown / Coveralls			X	Depending on product, may be resistant or impermeable to fluids. Needs to be changed between care for presumptive cases to prevent cross contamination.

Published 7/9/2020

National Association of School Nurses

Respirator (N95) *			X	Best practices prior to the COVID-19 pandemic was for healthcare workers to use N95 or greater protection respirators when in contact with patients who may spread infectious diseases via airborne secretions. If respirator is determined not essential, or is unavailable due to shortage, wear facemask and face shield.

Moderate Risk: Tasks include those that require close contact with (i.e., within 6 feet of) people who are not known or suspected to have COVID-19. These precautions are recommended since some people with the disease may be asymptomatic or in the pre-symptomatic phase of illness at the time of contact. Although there is risk with these tasks, not all PPE listed may be needed for all situations. These tasks include, but are not limited to first aid, oral medication administration, vision screening, hearing screening, consultation, blood glucose checks (diabetes care), metered-dose inhalers (MDIs) for students/staff with asthma.[7]

High Risk: Tasks that require close contact with (i.e. within 6 feet of) people who are not known or suspected COVID-19 patients but are undergoing procedures with potential for aerosol generation or body fluid contact, such as, but not limited to: open suctioning of airways, sputum induction, non-invasive ventilation (e.g., BiPAP, CPAP), manual ventilation. It would be advisable to do this assessment and any other airway procedures in a well-ventilated room isolated from others. Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. MDIs can be used as young as 6 months of age; families should contact primary care provider for education on use of MDI prior to school. During this COVID-19 pandemic, nebulizer treatments at school should be reserved for students who cannot use or do not have access to an inhaler (with or without spacer or face mask).[8] Since some people can be asymptomatic with COVID-19 reasonable attempts should be made to reduce possible aerosol and respiratory droplet induction during care or treatment. Proper ventilation and cleaning of the room must be completed before using again.

School Setting Notes:

* To use N-95s schools must have a fit test program in place. If this is not in place or there is a shortage, a surgical face mask should be used.[9] Some schools may have access to KN95 respirators that have been declassified and *not* suitable for highest risk tasks without a full-face shield.[10] They may also be allowed as non-PPE per individual states.

** The use of cloth face coverings for students will be determined by multiple state and local stakeholders, public health data, and health accommodations.

Appendix D: PPE for Employees at Increased Risk of Exposure

Personal Protective Equipment (PPE) for Employees at Increased Risk of Exposure

Refer to District's Respiratory Plan

HIGH RISK

Nurse:
Gloves
Level 2/surgical Mask
N95 respirator
Gown
Face shield

MODERATE RISK

Unlicensed Assistive Personnel (UAP):
Gloves (if applicable)
Level 2/surgical Mask
Gown (if applicable)
Face shield

Physical Therapist:
Gloves (if applicable)
Level 2/surgical Mask
Face shield

Occupational Therapist:
Gloves (if applicable)
Level 2/surgical Mask
Face shield

Speech Therapist:
Gloves (if applicable)
Face shield
Level 2/surgical Mask
*plexiglass divider if unable to wear
Level 2/surgical Mask due to therapy

School Psychologist:
Gloves (if applicable)
Face shield
Level 2/surgical Mask
*plexiglass divider if unable to wear
Level 2/surgical Mask due to psychological testing

Homebound Teachers:
Gloves (if applicable)
Level 2/surgical Mask
Face shield

**Activities requiring eval/therapy <6 ft,
toileting, diapering, known student who spits/bites:**
Gloves (if applicable)
Level 2/surgical Mask
Face shield

LOW RISK

Teachers and Staff not listed above:
Face shield
Cloth Face Covering (Not PPE)

***Note this could change based on the needs of students. These are general recommendations.**

Appendix E: Correct Donning and Removing of PPE

SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)

PERFORM HAND HYGIENE IMMEDIATELY BEFORE DONNING ALL PPE

Per CDC:

1. GOWN (if applicable)
- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist

2. MASK OR RESPIRATOR (if applicable)
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD (if applicable)
- Place over face and eyes and adjust to fit

4. GLOVES (if applicable)
- Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Per CDC:

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glovet
- Discard gloves in waste container

2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container

3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

Appendix F: Letter to Parents if Student Sent Home with COVID 19 Symptoms

Dear parent/guardian:

Your child, _____ was seen in the healthroom on _____.
Based on your child's report or assessment he/she is not able to stay at school due to exhibiting the circled symptoms below on _____.

Had one(1) of the following:

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

OR Had two (2) of the following:

Sore throat	Headache	Chills	Nausea or vomiting
Muscle or body aches	Congestion or runny nose	Fatigue	Diarrhea

Your child reported these symptoms beginning on _____.

In order for your child to return to school, one of the following must be met:

Either a negative PCR or Antigen test (mouth or nose swab) *If your provider does a follow up send off PCR test, your child must stay out of school until those results are received.

OR

Medical evaluation determines that symptoms were likely due to another cause (e.g. sore throat due to strep throat) In this case, your student can return when they meet criteria for that condition. A doctor's note clearing return to school requiring no further exclusion is required.

<u>You must provide documentation of one of the above</u>**.**

If you chose not to have your child evaluated, the following must be met in order for your child to return:

Ten (10) days have passed since symptoms started
AND
No fever for 24 hours without taking fever reducing medications
AND
Overall Improvement in symptoms

For more information regarding COVID-19 please visit South Carolina Department of Health and Environmental Control website coronavirus-disease-2019-covid-19.

If you have any questions or concerns, please contact your child's school nurse at _____.

Appendix G: Letter to Staff if Sent Home with COVID 19 Symptoms

Dear staff member:

Based on your report and/or assessment you are not able to stay at school due to exhibiting the circled symptoms below on _____.

Had one(1) of the following:

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

OR Had two (2) of the following:

Sore throat	Headache	Chills	Nausea or vomiting
Muscle or body aches	Congestion or runny nose	Fatigue	Diarrhea

You reported these symptoms beginning on _____.

In order for you to return to school, one of the following must be met:

Either a negative PCR or Antigen test (mouth or nose swab) *If your provider does a follow up send off PCR test, your child must stay out of school until those results are received.

OR

Medical evaluation determines that symptoms were likely due to another cause (e.g. sore throat due to strep throat) In this case, your student can return when they meet criteria for that condition. A doctor's note clearing return to school requiring no further exclusion is required.

<u>You must provide documentation of one of the above</u>**.**

If you chose not to be evaluated, the following must be met in order for you to return:

Ten (10) days have passed since symptoms started
AND
No fever for 24 hours without taking fever reducing medications
AND
Overall Improvement in symptoms

For more information regarding COVID-19 please visit South Carolina Department of Health and Environmental Control website coronavirus-disease-2019-covid-19.

If you have any questions or concerns, please contact your school nurse or administrator.

Appendix H: Information Letter to Parents Re Healthroom

Dear Parents/Guardians:

As we begin the 2020-2021 school year, I am sure there are various fears and concerns. We have all experienced and will continue to experience uncertainty until things finally get back to normal. It is our utmost priority to keep students and staff as safe as we possibly can and to ease those fears. This will be achieved only if we work together. I wanted to share some changes with regards to the health room and ask for your help.

- If your child has an underlying health condition that puts them at higher risk of severe illness if they contract COVID 19, please discuss school attendance with your healthcare provider.
- **We ask that you self screen your child each day prior to coming to school.** If your child has been in close contact with someone who has tested positive within the past 14 days or is experiencing COVID 19 symptoms (fever, shortness of breath, new loss of taste or smell, sore throat, muscle aches, chills, new or worsening cough, fatigue, headache, congestion/runny nose, diarrhea, nausea/vomiting), please do not send them to school, and notify the school nurse. If your child is having symptoms, please contact your healthcare provider.
- If your child tests positive after having been at school, please notify the school nurse.
- If your child has a fever prior to school, please do not give them fever-reducing medication and send them to school. Keep them at home and contact your healthcare provider for guidance.
- I ask that any daily medications that can be given at home, please do so. We want to limit any potential exposure by coming to the health room.If your child will need medication at school, please call and make an appointment with the nurse. Only the nurse can accept medications.
- Please do not bring “as needed” medications like tylenol or ibuprofen unless it is absolutely necessary.
- Nebulizers at school are discouraged due to the aerosol generating nature of the treatment. Parents should discuss with their healthcare provider about switching to an inhaler if appropriate. If your child is sick enough to need nebulizer treatments, consult your healthcare provider regarding your child’s attendance.
- Students will be required to wear cloth face coverings on buses, during carpool/bus drop off or pickup, upon entering a school building, all transitions in hallways, in cafeterias, libraries, and in the classroom. Student face coverings may be removed for mask breaks for 5 minutes every 30 minutes upon teacher or administrator direction while in the classroom when seated and socially distanced or during outdoor activities with social distancing in place. All students will be given one cloth mask. Parents are strongly encouraged to send their child with a mask that their child prefers and is comfortable wearing. Parents are also encouraged to indicate their child’s name on the mask that is sent from home. If a student forgets his/her cloth mask, a disposable mask will be given to the student as supplies are available. All cloth masks must adhere to the dress code that can be found in student handbooks.
- Please discuss with your child the importance of hand washing, covering cough and sneezes and social distancing. I know they will be excited to see their friends but please explain why social distancing is still so important to help slow the spread of the virus.
- If your child comes to the health room not feeling well, they will enter and the nurse will triage from a distance. If your child is displaying COVID 19 symptoms, the nurse will put on her Personal Protective Equipment and give your child a mask and will then assess. If your child needs to go home due to COVID 19 symptoms, they will be taken to an isolation room where they will be monitored until they are picked up. Please make sure you have a current phone number on file that you can be reached in case your child needs to be picked up. Sick children will not be allowed to ride the bus home.
- If your child is sent home with COVID 19 symptoms, they will not be allowed to return until DHEC exclusion criteria is met. We will give you the criteria when your child is sent home.
- Water fountains will be turned off. You can send a clear water bottle for your child. Drinking water will be available upon request.
- We will be working with teachers to help minimize any unnecessary trips to the health room to limit any potential exposure. Minor issues that can be handled in the classroom, should. If a teacher is not sure of an issue, he/she can always call the nurse for guidance.

I look forward to us all working together to help decrease the spread of this virus. Please do not hesitate to reach out to me if you have any questions or concerns, 803-321-2620. I, and the rest of the School Health Services team look forward to working with you and taking care of your children.

Sincerely,

Tricia Ulch, BSN,RN

School Nurse Coordinator

Appendix I: Exclusion and Case Management

EXCLUSION AND CASE MANAGEMENT

EXCLUSION 1
Symptoms

Does staff/student have one (1) of the following:

Fever (100.4 F or greater)
Shortness of breath or difficulty breathing
Loss of taste or smell
New or worsening cough

OR two (2) of the following:

Sore throat
Muscle aches
Chills
Fatigue
Headache
Congestion or runny nose
Diarrhea
Nausea or vomiting

Note: Any child with any one of these symptoms should consider not attending school regardless of meeting exclusion criteria. If these symptoms are explainable by an underlying condition (such as shortness of breath or cough for an individual with asthma) exclusion may not be necessary.

YES

Exclude from school.

For student: call parent and send home **Letter to Parents of Student Sent Home with COVID 19 Symptoms**; note on communication log and in SNAP.

For employee: Send home with **Letter to Staff Sent Home with COVID 19 Symptoms;** note on communication log and in SNAP

May return if:

Either Negative PCR or Antigen test (mouth or nose swab)

OR

Medical evaluation determines that symptoms were likely due to another cause (e.g. sore throat due to strep throat)

In this case can return when they meet criteria for that condition

Information regarding exclusion is subject to change based on the newest DHEC guidance. This document will be updated to reflect any exclusion updates.

EXCLUSION 2

Student/Staff tests positive for COVID 19 WITH symptoms
Or
Persons with symptoms who do not get tested

Should isolate until:

Ten (10) days have passed since symptoms started

AND

No fever for 24 hours without taking fever reducing medications

AND

Overall Improvement in symptoms

Note:Those who test positive by a PCR (mouth or throat swab) test 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 who test positive may be required to extend the isolation period to twenty (20) days. Their doctor will need to determine if this is necessary

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. PCR testing (nose or throat swab) or similar rapid test that directly detects the virus is required as there is delay in developing detectable antibodies. A negative antibody test is insufficient to rule out a new infection.

- 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
- Location of DHEC mobile and pop-up testing sites: https://www.scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19/covid-19 -mobile-pop-clinics

EXCLUSION 3

Student/Staff tests positive for COVID 19 WITHOUT symptoms

Must stay out of school/activities until 10 days after specimen was collected

Information regarding exclusion is subject to change based on the newest DHEC guidance. This document will be updated to reflect any exclusion updates.

EXCLUSION 4

Exposure (close contact) to someone testing positive

Self quarantine for 14 days from last date of close contact to individual who tested positive for COVID 19

Quarantine Options:

1. Quarantine can end after Day 10 without testing and if no symptoms were reported during daily symptom monitoring.

OR

2. Quarantine can end after Day 7 if a viral (PCR) 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.

EXCLUSION 5

Household contact tests positive

Student/staff will have to quarantine until fourteen (14) days **after** their household member has been cleared from their isolation period.

(One is cleared from isolation when they meet the criteria: Ten (10) days have passed since symptoms started AND No fever for 24 hours without taking fever reducing medications AND Overall Improvement in symptoms.)

Quarantine Options Once Positive Person Clears Isolation:

1. Quarantine can end after Day 10 without testing and if no symptoms were reported during daily symptom monitoring.

OR

2. Quarantine can end after Day 7 if a viral (PCR) 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.

EXCLUSION 6

Other household member in quarantine (no positive case in household)

If student/staff lives in the same household as someone in quarantine, they will not necessarily need to quarantine themselves unless the household member in quarantine is then determined to be a COVID-19 case. **DHEC will notify those who are required to complete quarantine.**

CDC: Additional Examples regarding Close Contacts and Household Contacts

January 19, 2021

When to start and end quarantine

You should stay home for 14 days after your last contact with a person who has COVID-19. (See above for quarantine options.)

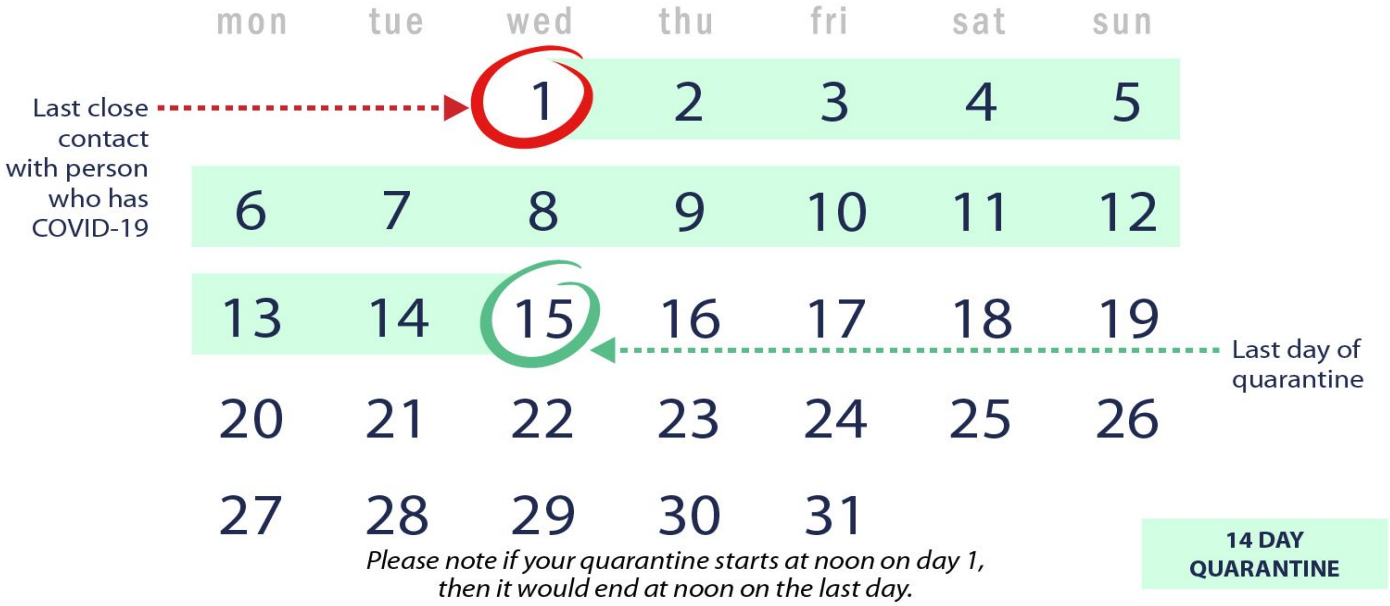
For all of the following scenarios, even if you test negative for COVID-19 or feel healthy, you should stay home (quarantine) since symptoms may appear 2 to 14 days after exposure to the virus.

See scenarios below to determine when you can end quarantine and be around others.

***Scenario 1**: Close contact with someone who has COVID-19—will not have further close contact*
I had close contact with someone who has COVID-19 and will not have further contact or interactions with the person while they are sick (e.g., co-worker, neighbor, or friend).

Your last day of quarantine is 14 days from the date you had close contact.

Date of last close contact with person who has COVID-19 + 14 days= end of quarantine



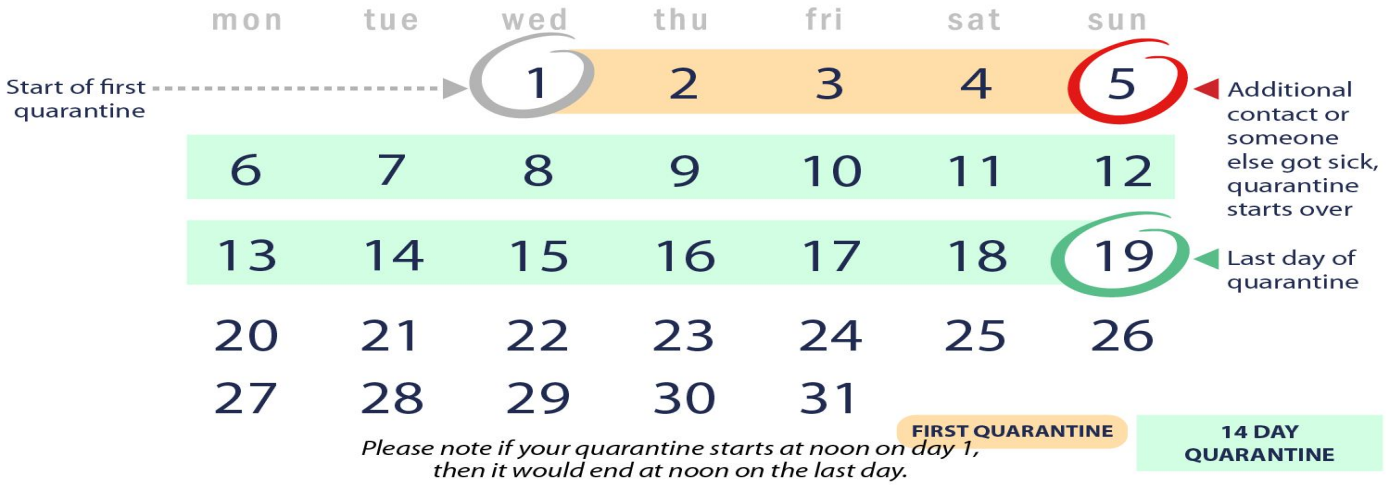
***The above italicized note regarding time on day 1 of quarantine does not apply for schools. Day 14 is considered a full day of quarantine regardless of time of contact on day 1.**

***Scenario 2**. Under quarantine and had additional close contact with someone who has COVID-19*

I live with someone who has COVID-19 and started my 14-day quarantine period because we had close contact. What if I ended up having close contact with the person who is sick during my quarantine? What if another household member gets sick with COVID-19? Do I need to restart my quarantine?

Yes. You will have to restart your quarantine from the last day you had close contact with anyone in your house who has COVID-19. Any time a new household member gets sick with COVID-19 and you had close contact, you will need to restart your quarantine.

Date of additional close contact with person who has COVID-19 + 14 days = end of quarantine

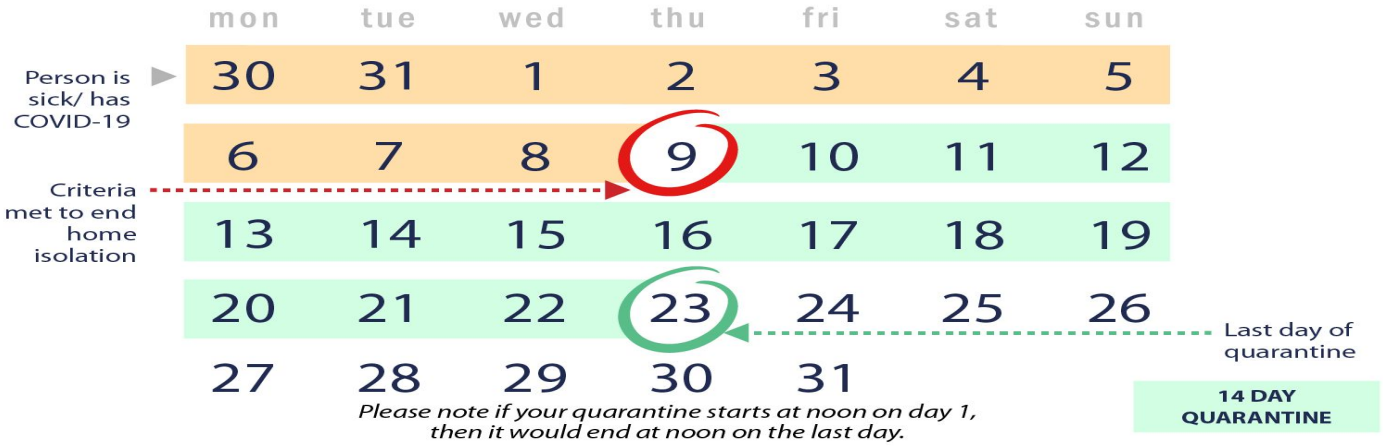


***The above italicized note regarding time on day 1 of quarantine does not apply for schools. Day 14 is considered a full day of quarantine regardless of time of contact on day 1.**

Scenario 3: *Live with someone who has COVID-19*

You should avoid contact with others outside the home while the person is sick, and quarantine for 14 days after the person who has COVID-19 meets the criteria to end home isolation.

Date the person with COVID-19 ends home isolation + 14 days = end of quarantine



***The above italicized note regarding time on day 1 of quarantine does not apply for schools. Day 14 is considered a full day of quarantine regardless of time of contact on day 1.**

Appendix J: Shortened Quarantine Options Notice

Staff: Shortened Quarantine Options

The standard quarantine period remains fourteen (14) days after last contact with the person while they were contagious with COVID-19, but CDC/SCDHEC have provided options for shortening that time period. The date of return for all close contacts and household contacts will be calculated as they always have been: *close contact:* 14 days after last close contact with positive case; *household contact*: once the positive person in the home completes isolation (minimum of 10 days), then the household quarantine of 14 days begins. This return date will be given to you.

The nurse will also discuss with you the shortened quarantine options and requirements to use. The nurse will give you a form that must be signed upon return to school if you use one of these shortened options.

1. **Ten (10) Day Option:**
   Quarantine can end after Day 10 without testing and if **no symptoms (cough, loss of taste or smell, fever 100.4 or higher, headache, fatigue, sore throat, congestion or runny nose,muscle pain or body aches, nausea/vomiting, diarrhea)** were reported during daily symptom monitoring. Conditions to use this option:

   No symptoms**(cough, loss of taste or smell, fever 100.4 or higher, headache, fatigue, sore throat, congestion or runny nose,muscle pain or body aches, nausea/vomiting, diarrhea)** of COVID-19 occurred during the your quarantine;

   AND

   You need to continue daily monitoring for symptoms until day 14 after last exposure to the COVID-19 case;

   AND

   You 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, social distancing, hand hygiene, etc.). You may not participate in any activities that do not allow for these preventive actions. We should already be practicing social distancing; however, there may be rare circumstances where this would be an issue . **If this is a concern with your current job assignment, you need to discuss with your principal.**

   AND

   On day 11 when you return, you must return the signed form to the school nurse.

2. **Seven (7) Day Option:**
   Quarantine can end after Day 7 if a PCR test is negative AND if no symptoms were reported during daily symptom monitoring. The District will only accept a PCR test when using this shortened option.
   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.
   Conditions to use this option:

   No symptoms**(cough, loss of taste or smell, fever 100.4 or higher, headache, fatigue, sore throat, congestion or runny nose,muscle pain or body aches, nausea/vomiting, diarrhea)** of COVID-19 occurred during the your quarantine; ;

   AND

   You need to continue daily monitoring for symptoms until day 14 after last exposure to the COVID-19 case;

   AND

   You 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, social distancing, hand hygiene, etc.). You may not participate in any activities that do not allow for these preventive actions. We should already be practicing social distancing; however, there may be rare circumstances where this would be an issue . **If this is a concern with your current job assignment, you need to discuss with your principal.**

   AND

   On day 8 when you return, you must return the signed form to the school nurse and a copy of the negative PCR results or you will not be allowed to stay at school.

A symptom monitoring form to use for your convenience is on the back of this notice. If you have any other questions, please contact your school nurse.

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