



ONE District
Team
Mission

**Parent/Guardian
Toolkit for Reopening
(related to COVID 19 closure)**

SPANISH

REVISED 5/24/2021

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

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PROPÓSITO

Este juego de herramientas ha sido desarrollado para proporcionar información a los padres / tutores para ayudarles a comprender las prácticas de salud que se implementarán cuando los estudiantes regresen a la escuela. Será importante para todos nosotros trabajar juntos para ayudar a disminuir la propagación del virus.

La revisión y revisión de este documento se completará a medida que se reciba nueva guía.

Es importante comprender que estas estrategias están destinadas a mitigar, no eliminar el riesgo.

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*. This document may be accessed at:

<https://ed.sc.gov/newsroom/covid-19-coronavirus-and-south-carolina-schools/accelerateed-task-force/accelerateed-task-force-fall-recommendation-final/>

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.

PROCEDIMIENTOS DE SALUD

Población vulnerable

Aquellos estudiantes vulnerables que pueden estar en mayor riesgo de contraer una enfermedad grave deben hablar con su proveedor de atención médica (HCP) sobre su capacidad para asistir a la escuela durante la pandemia. Si después de hablar con un HCP, se decide que la asistencia en persona no es aconsejable debido a condiciones de salud, el padre / tutor debe comunicarse con la administración de la escuela para notificar las recomendaciones de HCP y proporcionar documentación de HCP. La planificación previa será importante. Es aconsejable hablar con un proveedor de atención médica tan pronto como el tiempo lo permita y notificar a la escuela.

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.

Detector de síntomas

Personal de la facultad

Se requerirá que todo el personal docente y el personal se realicen una evaluación antes de venir a la escuela / trabajo. Si un miembro de la facultad o del personal ha estado en contacto cercano con un caso positivo de COVID-19 en los últimos 14 días o está mostrando síntomas de COVID-19 como se describe en la exclusión (apéndice F), no debe ingresar al edificio y notificar a su supervisor .

Padres / tutores / otras personas

Cualquier comunicación que se pueda hacer por teléfono o correo electrónico debe limitar el número de personas adicionales que ingresan a un edificio del Distrito Escolar del Condado de Newberry. Los padres solo podrán ingresar al área de la oficina de la escuela. Los padres no podrán visitar las aulas, cafeterías, etc. hasta nuevo aviso.

Si es necesario ingresar a un edificio, habrá un letrero en la puerta para recordarles a las personas que no deben ingresar si han tenido contacto cercano con alguien que dio positivo o muestra síntomas de COVID-19. Al ingresar, recomendamos que las personas usen una máscara y mantengan un distanciamiento social de 6 pies en todo momento.

Antes de ingresar a un edificio, se le pedirá que complete una lista de verificación de detección de síntomas con el nombre, la fecha y la hora de ingreso (consulte el Apéndice A). Esto será importante para ayudar a DHEC con el rastreo de contactos de contactos cercanos en caso de que haya un caso positivo de COVID-19.

Estudiantes

Se les pide a los padres / tutores que se examinen a sí mismos antes de enviar a su hijo a la escuela. Si su hijo ha estado en contacto cercano con un caso COVID-19 positivo en los últimos 14 días o muestra síntomas de COVID-19, no lo envíe a la escuela. Se recomienda que se comunique con el proveedor de atención médica

para obtener orientación y notifique a la enfermera de la escuela para discutir cuándo su hijo puede regresar por exclusión de DHEC.

Se les recordará a los estudiantes diariamente que notifiquen a su maestro si comienzan a sentirse mal.

*Según SCDHEC: No se recomienda el control de temperatura de rutina de todas las personas que ingresan a la escuela. * Excepción: aulas dedicadas a estudiantes médicaamente frágiles. Si bien tomar la temperatura no es dañino, no es una recomendación específica. Sin embargo, se recomienda que la educación y los mensajes continuos a los padres hagan hincapié en la necesidad de controlar los síntomas en el hogar.*

d completar una lista de verificación de detección de síntomas con nombre, fecha y hora de ingreso (ver Apéndice A). Esto será importante para ayudar a DHEC con el rastreo de contactos de contactos cercanos en caso de que haya un caso positivo de COVID-19.

CONTROLES AMBIENTALES

Señalización

Todas las entradas tendrán un letrero pidiéndoles a los visitantes que no ingresen si han tenido contacto cercano con un caso COVID-19 en los últimos 14 días o si muestran síntomas. Las señales alentarán enérgicamente las máscaras y el distanciamiento social en todo momento cuando se está construyendo.

Todos los baños tendrán señalización sobre el lavado de manos.

Habrá señalización en el piso a lo largo de los edificios para indicar las direcciones del tráfico en los pasillos para designar rutas de flujo y líneas espaciadas para ayudar con el distanciamiento social.

Educación

Las enfermeras brindarán capacitación al personal. Esta capacitación se proporcionará virtualmente si es necesario. La capacitación de COVID-19 para el personal también se llevará a cabo a través de Safeschools.

Los maestros discutirán periódicamente con sus estudiantes sobre el lavado de manos correcto, el uso de desinfectante de manos y la etiqueta para la tos y le pedimos que también revise esto con su (s) hijo (s) (Ver Apéndice B).

La información educativa para las familias con respecto a COVID-19 se publicará periódicamente en los sitios web del distrito y de la escuela y en las páginas de redes sociales.

Tejido

Cada salón de clases debe tener pañuelos que los estudiantes / personal puedan usar. No se deben usar rollos de papel de seda ni rollos de toallas de papel, solo pañuelos desechables / toallas de papel.

Máscaras de tela

Las máscaras de tela no son equipos de protección personal (EPP). El propósito de usar una máscara de tela es proteger a otros de ti en caso de que estés infectado.

Una cubierta facial es una pieza de tela, tela u otro material que cubre la nariz, la boca y la barbilla del usuario simultáneamente y se asegura a la cara del usuario mediante elásticos, lazos u otros medios. Los revestimientos faciales aceptables pueden ser caseros y pueden ser reutilizables o desechables.

Who Should Wear

Per CDC:

¿Quién NO debe usar revestimientos faciales de tela? Niños menores de 2 años o cualquier persona que tenga problemas respira, está inconsciente, incapacitado o no puede quitarse la máscara sin Asistencia.

Aquellos con necesidades educativas o de atención médica especiales según lo determine un Programa de Educación Individualizada (IEP), el Plan de Adaptaciones 504, o un plan de atención médica individual para estudiantes, o un médico.

A los miembros del personal, incluidos los conductores de autobuses, que tienen problemas para respirar y / o aquellos con necesidades especiales de atención médica, según lo indicado por un médico, NO se les debe exigir que se cubran la cara.

- 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.

Option to Opt-Out of Mask 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 on the SCDHEC website and the School District of Newberry's website. In order to be valid, the form must be completed without change by the parent or guardian (or student, if age 18 or older).

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 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.

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.

Se requerirá que el personal use cubiertas faciales de tela en los autobuses, todas las transiciones en los pasillos y todas las áreas comunes como cafeterías, bibliotecas, salones de trabajo, etc. En el salón de clases, el personal también debe usar cubiertas faciales de tela. Si el personal está al frente del salón, pueden usar un escudo solo si están socialmente distanciados. El personal también puede optar por usar un protector facial y un protector de tela en todo momento.

Se requerirá que los estudiantes usen cubiertas faciales de tela en los autobuses, durante el traslado o recogida en el autobús, al entrar en un edificio escolar, todas las transiciones en los pasillos, cafeterías, bibliotecas y en el aula. Las cubiertas de la cara de los estudiantes se pueden quitar para los descansos de la máscara durante 5 minutos cada 30 minutos según la dirección del maestro o administrador mientras están en el aula cuando están sentados y socialmente separados por lo menos a 6 pies de distancia o durante actividades al aire libre con distancia social establecida. A todos los estudiantes se les dará una máscara de tela. Se recomienda encarecidamente a los padres que envíen a sus hijos con una máscara que su hijo prefiera y se sienta cómodo usando. También se anima a los padres a indicar el nombre de su hijo en la máscara que se envía desde casa. Si un estudiante olvida su mascarilla de tela, se le dará una mascarilla desechable al estudiante cuando haya suministros disponibles. Todas las máscaras de tela deben cumplir con el código de vestimenta que se puede encontrar en los manuales del estudiante.

* Ver información adicional sobre Educación Física y Banda / Coro en la sección Distanciamiento social.

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

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

May 24, 2021

- 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.

Distanciamiento social

Todo el personal trabajará para mantener a los estudiantes socialmente distanciados durante todo el día, incluidas las horas de llegada y salida. Todos los conductores deben permanecer en sus vehículos, en la medida de lo posible, al dejar o recoger a los estudiantes. Cuando se necesita dejar o recoger en persona, solo un parent o cuidador soltero debe ingresar al centro para recoger o dejar al niño.

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.

Aulas: se organizarán para promover el distanciamiento social. Mantenga las pertenencias de cada niño separadas de las de los demás y en contenedores, cubículos o áreas etiquetados individualmente.

Excusiones: estarán en espera hasta nuevo aviso.

Casilleros: Se desaconsejará el uso de casilleros estudiantiles. Sin embargo, si los estudiantes deben usar casilleros, se les asignará una cohorte o un horario durante el día escolar para acceder a su casillero.

Baños: escalone el uso de los baños por grupos de estudiantes en la medida de lo posible, y / o asigne ciertos grupos de estudiantes para usar ciertos baños.

Bibliotecas: escalaron el uso grupal de bibliotecas.

Cafeterías: Sirva comidas en las aulas o al aire libre, en lugar de cafeterías, siempre que sea posible.

Campos de recreo y recreo: considere realizar actividades de recreo en áreas separadas designadas por clase y / o escalonadas durante todo el día. Limite el uso de equipos de juegos compartidos a favor de actividades físicas que requieren menos contacto con las superficies y permiten un mayor distanciamiento físico.

Educación física: Llevar a cabo clases de educación física al aire libre siempre que sea posible, manteniendo la separación de clases y con un distanciamiento físico apropiado dentro de los grupos en la medida de lo posible. No se deben usar cubiertas para la cara cuando se participa activamente en ejercicio o actividad deportiva. Sin embargo, se pueden usar cobertores faciales si no son inhibidores. Los estudiantes pueden participar en actividades físicas como lanzar una pelota de fútbol, patear una pelota de fútbol, etc., en la clase de educación física o en el recreo si mantienen una distancia de 6 pies. Se recomienda el uso de una máscara cuando no se puede garantizar el distanciamiento social. Se deben priorizar las actividades de EF que permitan un adecuado distanciamiento social.

Banda, coro o clase de música: cuando los estudiantes no estén tocando un instrumento que requiera el uso de la boca, deben usar una cubierta de tela en la clase de música (a menos que la clase sea al aire libre y se pueda mantener la distancia). El distanciamiento social ayuda a proteger a los estudiantes en la clase de música. Las clases de coro / música son motivo de preocupación, ya que cantar puede aumentar la distancia que viajan las gotitas respiratorias. Los estudiantes que están cantando deben estar separados por lo menos 10 pies Y usar una máscara. Mientras los estudiantes cantan o tocan un instrumento, use señales visuales para mantenerlos separados por al menos 10 pies. Deben usarse cubiertas de campana para instrumentos. Si es seguro y el clima lo permite, considere mover la clase al aire libre donde la circulación del aire es mejor que en el interior y mantenga al menos 10 pies de distancia entre los estudiantes.

Considere suspender las prácticas y actuaciones musicales que impliquen cantar o tocar instrumentos de viento. Si se llevan a cabo tales eventos, los músicos deben estar separados lo más posible, idealmente a más de 10 pies de distancia. Los estudiantes tampoco deben compartir boquillas y los instrumentos deben limpiarse y desinfectarse entre usos si se comparten entre los estudiantes.

Pasillos: minimice el movimiento de congregación a través de los pasillos tanto como sea posible. Por ejemplo, establezca más formas de entrar y salir de un campus, escalone los tiempos de paso cuando sea necesario o cuando los estudiantes no puedan permanecer en una habitación, y establezca áreas designadas para caminar / pasar en un sentido.

Los estudiantes que viajan en autobuses también seguirán la orientación proporcionada por DHEC para el distanciamiento social, incluidos los asientos asignados, la carga de atrás hacia adelante y siguiendo las pautas de capacidad más recientes.

Los estudiantes enfermos no podrán viajar en el autobús escolar a casa.

Plexiglass Use in Schools - Per DHEC Updated 5/20/2021

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*

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2. distance between students is at least three 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 be quarantined 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, as determined on an individual basis by DHEC.

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.

Si los requisitos anteriores no se cumplen al usar plexiglás para permitir distancias más cortas para el distanciamiento social, entonces aquellos dentro de los 6 pies por un acumulado de 15 minutos se considerarían un contacto cercano y tendrían que ser puestos en cuarentena.

Fuentes de agua

Se cerrarán las fuentes de agua. Se permitirá y alentará a los estudiantes / personal a traer botellas de agua clara de la casa. El agua potable estará disponible a pedido.

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.

La limpieza y desinfección de rutina de los objetos que se tocan con frecuencia (p. Ej., Perillas de las puertas, interruptores de luz, manijas del fregadero del salón de clases, mostradores) se realizarán durante todo el día. Cada escuela estará equipada con máquinas de desinfección electrostática y desinfectante aprobado para desinfectar completamente las áreas.

La electrónica, como los teclados, se limpiará y desinfectará según las pautas del fabricante.

El departamento de transporte también seguirá las pautas proporcionadas por DHEC para la limpieza / desinfección, incluido el uso de pulverizadores electrostáticos de mano y desinfectantes aprobados.

Las escuelas evitan el uso compartido de artículos que no se pueden limpiar y desinfectar fácilmente (por ejemplo, peluches, arcilla, manipuladores, papel, materiales de escritura, etc.).

SALUD

Será importante minimizar los viajes innecesarios a la sala de salud para limitar cualquier exposición potencial. Los problemas menores que se pueden manejar en el aula, deberían. Se proporcionará a todos los maestros un suministro adicional de vendas, gasas y guantes y se repondrá según sea necesario. El personal siempre puede llamar a la enfermera para discutir cualquier tema que no esté seguro.

Las toallas femeninas se entregarán en la oficina principal o en cualquier maestro que solicite tener en su habitación para que los estudiantes puedan obtener de una de estas dos fuentes en lugar de ir a la sala de salud.

Todos los medicamentos que se pueden administrar en el hogar deben, para limitar la exposición potencial. Según sea necesario, los medicamentos como ibuprofeno, acetaminofeno, etc. solo deben estar en la sala de salud si es absolutamente necesario. Se desaconsejan los nebulizadores en la escuela debido a la naturaleza generadora de aerosol del tratamiento. Los padres deben hablar con su proveedor de atención médica sobre el cambio a un inhalador, si corresponde. Si el estudiante está lo suficientemente enfermo como para necesitar tratamientos con nebulizador, consulte a su proveedor de atención médica con respecto a la asistencia del estudiante.

La señalización estará en el piso tan pronto como ingrese a la sala de salud para indicar que el estudiante se detenga. La enfermera evaluará desde más de 6 pies. Si el estudiante tiene una queja de síntomas de COVID-19, la enfermera se pondrá el EPP (escudo, máscara médica, bata y guantes). La enfermera le entregará al alumno una máscara y la evaluará. **Los estudiantes deben usar mascarilla si pueden usar una sin importar el estado de exención de opción de uso de mascarilla.** Si muestra síntomas de COVID-19, el estudiante será acompañado a la sala de aislamiento para esperar a que lo recojan. Un empleado capacitado supervisará al estudiante y notificará a la enfermera sobre cualquier cambio antes de la recogida del estudiante. Se enviará una carta a casa con el estudiante explicando cuándo se le permitirá regresar a la escuela. (Ver Apéndice B).

La enfermera debe tener una máscara médica y un escudo en todo momento cuando haya estudiantes o personal en la sala de salud.

Personal capacitado sin licencia (UAP) personal capacitado

La enfermera proporcionará capacitación para el personal de la UAP que puede ayudar con la sala de salud o el monitoreo de la sala de aislamiento. Esta capacitación incluirá la importancia de usar una máscara médica provista por la enfermera y el protector facial que recibirán todos los empleados cuando estén con un estudiante enfermo, lavado de manos y distanciamiento social.

Comunicación

Se enviará a casa una carta de información para padres y se publicará en los sitios web de las escuelas con respecto a las expectativas de la sala de salud. (Ver Apéndice C)

Se publicará información adicional en los sitios web de las escuelas, las páginas de redes sociales y / o los mensajes de voz del teléfono, según sea necesario.

Requisitos de vacunación

Asegúrese de que su hijo esté al día con todas las vacunas recomendadas. (Ver Apéndice D)

¡No esperes hasta el final del verano! Programe una cita temprano con el proveedor de atención médica o el departamento de salud de su hijo para recibir las vacunas.

Las vacunas son importantes para proteger a nuestros hijos de enfermedades como el sarampión, las paperas, la varicela y la tos ferina.

Nuevos requisitos de vacunas para el año escolar 2020-2021

Cuidado de niños: Todos los niños nacidos el 1 de enero de 2019 o después deberán recibir dos (2) vacunas contra la hepatitis A.

Escuela: todos los niños que comiencen 5K en 2020 deberán recibir dos (2) vacunas contra la hepatitis A.

¡Hable hoy con su proveedor de atención médica para asegurarse de que su hijo esté actualizado!

Exclusión de DHEC y gestión de casos

Consulte el Apéndice E para ver un cuadro con varios escenarios.

Cualquier estudiante o personal que cumpla con uno de los escenarios de exclusión debe comunicarse con el administrador o la enfermera de la escuela para informar para que la escuela realice un seguimiento.

Se seguirá la guía de DHEC con respecto a la exposición del contacto cercano con un caso positivo.

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.

Definiciones:

Cuarentena: separa y restringe el movimiento de las personas que estuvieron expuestas a una enfermedad contagiosa para ver si se enferman.

Aislamiento: separa a las personas enfermas con enfermedades contagiosas de las personas que no están enfermas.

Close contact:

From 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.
- Encourage the use of masks among students and staff able to use them.
- 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 G for more information.*
 - *1. 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.*
 - *2. 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.*
 - *3. 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 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 (regardless of mask opt-out waiver), 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 observe practice but cannot participate in any sport or conditioning until day 15.

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

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.

- o 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)
- o 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.

- o If an alternative etiology cannot be readily identified by a healthcare provider, then

retesting for SARS-CoV-2 is likely warranted.

- o 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:

- o 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)*
- o 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.

La información relacionada con la exclusión está sujeta a cambios según la guía más reciente de DHEC. Este documento se actualizará para reflejar las actualizaciones de exclusión.

SOCIAL/EMOTIONAL NEEDS OF STUDENTS

The National Federation of Families for Children's Mental Health has collection of resources which includes videos, toolkits, activities to use at home and more to support parents and caregivers and their children during the COVID-19 pandemic which can be accessed at:

<https://www.ffcmh.org/covid-19-resources-for-parents>

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 72 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 fingers, 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>

Handsantizer

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.

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

Estimado Padre / Acudiente:

Su hijo, _____ fue visto en la enfermería el _____. Según el informe o la evaluación de su hijo, él / ella no puede permanecer en la escuela debido a que exhibe los síntomas marcados a continuación en _____.

Tenía uno (1) de los siguientes:

Fiebre
Falta de aliento o dificultad para respirar
Pérdida de sabor u olfato.
Tos nueva o que empeora

O tenía dos (2) de los siguientes:

Dolor de garganta Dolor de cabeza Escalofríos Náuseas o vómitos
Dolores musculares o corporales Congestión o secreción nasal Fatiga Diarrea

Su hijo informó estos síntomas a partir del _____.

Para que su hijo regrese a la escuela, se debe cumplir con uno de los siguientes requisitos:

Una prueba de PCR O Antigen negativa (hisopo de boca o nariz). * Si su proveedor realiza una prueba de PCR de seguimiento, su hijo debe permanecer fuera de la escuela hasta que se reciban esos resultados.

O

La evaluación médica determina que es probable que los síntomas se deban a otra causa (por ejemplo, dolor de garganta debido a una faringitis estreptocócica).

La declaración para regresar a la escuela debe decir que los síntomas no se deben al COVID-19 y que probablemente se debieron a otra causa. Se debe incluir el diagnóstico alternativo.

Debe proporcionar documentación de uno de los anteriores.

Si elige no evaluar a su hijo, debe cumplir con lo siguiente para que su hijo regrese:

Han pasado diez (10) días desde que comenzaron los síntomas

Y
Sin fiebre durante 24 horas sin tomar medicamentos para reducir la fiebre.
Y
Mejora general de los síntomas.

Para obtener más información sobre COVID-19, visite el sitio web del Departamento de Salud y Control Ambiental de Carolina del Sur coronavirus-disease-2019-covid-19.

Si tiene alguna pregunta o inquietud, comuníquese con la enfermera de la escuela de su hijo al

Appendix D: Information Letter to Parents Re Healthroom

Estimados padres / acudientes:

Al comenzar el año escolar 2020-2021, estoy seguro de que hay varios temores y preocupaciones. Todos hemos experimentado y continuaremos experimentando incertidumbre hasta que las cosas finalmente vuelvan a la normalidad. Es nuestra máxima prioridad mantener a los estudiantes y al personal lo más seguros posible y aliviar esos temores. Esto se logrará solo si trabajamos juntos. Quería compartir algunos cambios con respecto a la sala de salud y pedir su ayuda.

- Si su hijo tiene una afección de salud subyacente que lo pone en mayor riesgo de enfermedad grave si contrae COVID 19, hable con su proveedor de atención médica sobre la asistencia a la escuela.
- Le pedimos que se haga un examen de detección de su hijo todos los días antes de venir a la escuela. Si su hijo ha estado en contacto cercano con alguien que ha dado positivo en los últimos 14 días o está experimentando síntomas de COVID 19 (fiebre, falta de aliento, nueva pérdida de gusto u olfato, dolor de garganta, dolor muscular, escalofríos, nuevo o empeoramiento tos, fatiga, dolor de cabeza, congestión / secreción nasal, diarrea, náuseas / vómitos), no los envíe a la escuela y notifique a la enfermera de la escuela. Si su hijo tiene síntomas, comuníquese con su proveedor de atención médica.
- Si su hijo da positivo después de haber estado en la escuela, notifique a la enfermera de la escuela.
- Si su hijo tiene fiebre antes de la escuela, no le dé medicamentos para bajar la fiebre y no los envíe a la escuela. Manténgalos en casa y comuníquese con su proveedor de atención médica para obtener orientación.
- Pido que cualquier medicamento diario que se pueda administrar en casa, por favor hágalo. Queremos limitar cualquier exposición potencial al llegar a la enfermería. Si su hijo necesitará medicamentos en la escuela, llame y haga una cita con la enfermera. Solo la enfermera puede aceptar medicamentos.
- No traiga medicamentos "según sea necesario" como tylenol o ibuprofeno a menos que sea absolutamente necesario.
- No se aconsejan los nebulizadores en la escuela debido a la naturaleza generadora de aerosol del tratamiento. Los padres deben hablar con su proveedor de atención médica sobre el cambio a un inhalador, si corresponde. Si su hijo está lo suficientemente enfermo como para necesitar tratamientos con nebulizador, consulte a su proveedor de atención médica con respecto a la asistencia de su hijo.
- Se requerirá que los estudiantes usen cubiertas faciales de tela en los autobuses, durante el traslado o recogida en el autobús, al entrar en un edificio escolar, todas las transiciones en los pasillos, cafeterías, bibliotecas y en el aula. Las cubiertas de la cara de los estudiantes se pueden quitar para los descansos de la máscara durante 5 minutos cada 30 minutos según las instrucciones del maestro o administrador mientras están en el aula cuando están sentados y socialmente distanciados o durante actividades al aire libre con distancia social establecida. A todos los estudiantes se les dará una máscara de tela. Se recomienda encarecidamente a los padres que envíen a sus hijos con una máscara que su hijo prefiera y se sienta cómodo usando. También se anima a los padres a indicar el nombre de su hijo en la máscara que se envía desde casa. Si un estudiante olvida su mascarilla de tela, se le dará una mascarilla desechable al estudiante cuando haya suministros disponibles. Todas las máscaras de tela deben cumplir con el código de vestimenta que se puede encontrar en los manuales del estudiante.
- Discuta con su hijo la importancia de lavarse las manos, cubrirse la tos y los estornudos y el distanciamiento social. Sé que estarán entusiasmados de ver a sus amigos, pero explique por qué el distanciamiento social sigue siendo tan importante para ayudar a frenar la propagación del virus.
- Si su hijo llega a la enfermería sin sentirse bien, entrará y la enfermera evaluará a distancia. Si su hijo presenta síntomas de COVID 19, la enfermera se pondrá su equipo de protección personal y le dará una máscara y luego lo evaluará. Si su hijo necesita irse a casa debido a los síntomas de COVID 19, lo llevarán a una sala de aislamiento donde lo controlarán hasta que lo recojan. Asegúrese de tener un número de teléfono actual en el archivo al que pueda contactarlo en caso de que su hijo necesite ser recogido. Los niños enfermos no podrán viajar en el autobús a casa.
- Si su hijo es enviado a casa con los síntomas de COVID 19, no se les permitirá regresar hasta que se cumplan los criterios de exclusión de DHEC. Le daremos los criterios cuando su hijo sea enviado a casa.
- Se cerrarán las fuentes de agua. Puede enviar una botella de agua clara para su hijo. El agua potable estará disponible a pedido.
- Trabajaremos con los maestros para ayudar a minimizar los viajes innecesarios a la enfermería para limitar cualquier exposición potencial. Los problemas menores que se pueden manejar en el aula, deberían. Si un maestro no está seguro de un problema, siempre puede llamar a la enfermera para obtener orientación.

Espero que todos trabajemos juntos para ayudar a disminuir la propagación de este virus. No dude en comunicarse conmigo si tiene alguna pregunta o inquietud, 803-321-2620. Yo y el resto del equipo de Servicios de Salud Escolar esperamos trabajar con usted y cuidar a sus hijos.

Sinceramente,
Tricia Ulch, BSN, RN
Coordinador de enfermería escolar

Appendix E: Immunization Requirements



CHILDCARE IMMUNIZATION INFO FOR PARENTS

South Carolina Childcare Immunization Requirements 2020–2021

Childcare includes nursery or preschool programs (4K and younger) or any licensed childcare center. Children enrolled in childcare must be up to date on the following shots based on their age.

- Hepatitis A (born 1/1/2019 and after)
- Hepatitis B
- DTaP (whooping cough, tetanus)
- Polio
- Pneumococcal (pneumonia)
- Haemophilus influenzae Type b (Hib)
- MMR (measles, mumps, rubella)
- Varicella (chickenpox)

Infectious diseases such as measles, chicken pox, and whooping cough can spread quickly among babies and children who haven't had their shots. That's why it's so important to vaccinate all children. Vaccines are proven to be safe and effective.

Children who are fully vaccinated by age 2 are protected against 14 harmful diseases.

Follow these steps to make sure your child is up to date.

1. Schedule regular checkups as recommended by your child's healthcare provider.
2. Ask your child's healthcare provider about the vaccines your child needs.
3. Obtain a new South Carolina Certificate of Immunization every time your child has a shot.
4. Give a copy of the new South Carolina Certificate of Immunization to your childcare provider.

New Requirement for 2020

All children born on or after January 1, 2019, will need two hepatitis A shots for childcare attendance. Hepatitis A vaccine is given starting at age 12 months, followed by a second shot six months later. Talk to your child's healthcare provider at your child's next visit.

You can also get your child's vaccines at South Carolina Department of Health and Environmental Control health departments. For an appointment, call 855-472-3432.

ML-025708 12/19





VACUNACIÓN PARA GUARDERÍA INFORMACIÓN PARA PADRES

Requisitos de vacunación para guardería en Carolina del Sur 2020–2021

El cuidado de niños incluye guardería o programas de preescolar (4k y menores) o cualquier centro licenciado de cuidado de niños. Los niños inscritos en guardería deben estar al día con las siguientes vacunas según la edad.

- Hepatitis A (Nacidos en 1/1/2019 en adelante)
- Neumococo (neumonía)
- Hepatitis B
- Haemophilus influenza tipo B (Hib)
- DTaP (tos ferina, tétano)
- MMR (sarampión, paperas, rubeola)
- Poliomielitis
- Varicela (chickenpox)

Las enfermedades infecciosas tales como sarampión, varicela, y tos ferina se pueden contagiar con rapidez entre bebés y niños que no hayan sido vacunados. Por eso es tan importante vacunar a todos los niños. Se ha demostrado que las vacunas son seguras y efectivas.

Los niños con todas las vacunas a la edad de 2 años están protegidos contra 14 enfermedades perjudiciales.

Siga estos pasos para asegurar que su hijo está al día

1. Programe exámenes médicos regulares según lo recomendado por el proveedor médico de su hijo.
2. Pregúntele al proveedor médico de su hijo sobre las vacunas que necesite.
3. Obtenga un nuevo certificado de vacunación de Carolina del Sur cada vez que su hijo reciba una vacuna.
4. Entregue una copia del nuevo certificado de vacunación de Carolina del Sur a la guardería de su hijo.

Nuevo requisito para el año 2020

Todos los niños nacidos después de enero 1 de 2019, deben tener dos vacunas de hepatitis A para asistir a la guardería. La vacuna de hepatitis A se aplica comenzando a los 12 meses de edad, seguida de una segunda vacuna seis meses después. Hable con el proveedor médico de su hijo en la siguiente cita.

También puede vacunar a su hijo en los departamentos de salud del Departamento de Salud y Control Ambiental de Carolina del Sur. Llame al 855-472-3432 para programar una cita.

ML-025712 12/19





5K–12 IMMUNIZATION INFO FOR PARENTS

South Carolina School Immunization Requirements 2019–2020

Students enrolled in grades 5K to 12 in both public and private schools must be up-to-date on the following shots based on their grade level:

- | | | |
|----------------------------------|---------------------------------|---|
| • Hepatitis B | • Polio | • Varicella (chickenpox) |
| • DTaP (tetanus, whooping cough) | • MMR (measles, mumps, rubella) | • Tdap (whooping cough booster required before seventh grade) |

Vaccines are important to protect students from diseases such as measles, chicken pox, and whooping cough, which can spread easily in schools.

Follow these steps to make sure your child is ready for school.

1. **Schedule** your child's well visit/physical early before school starts. Spring or summer break is a great time to get this done so you won't run into any delays once school begins.
2. **Ask** your child's healthcare provider what vaccines your child needs. Some vaccines are not required for school attendance but are highly recommended by physicians for all students.
When every student receives an annual flu vaccine it protects schools from flu outbreaks. Adolescents also need the HPV vaccine to protect against cancers. Vaccines are also needed to protect against meningitis.
3. **Obtain** a new South Carolina Certificate of Immunization every time your child has a shot.
4. **Give** a copy of the new South Carolina Certificate of Immunization to your child's school.

New Requirement for 2020–2021

All children starting 5K in 2020 will need two hepatitis A shots. Hepatitis A vaccine is given as early as age 12 months, followed by a second shot six months later. Talk to your child's healthcare provider at your child's next visit.

You can also get your child's vaccines at South Carolina Department of Health and Environmental Control health departments.
For an appointment, call 855-472-3432.





VACUNACIÓN EN GRADOS 5K-12 INFORMACIÓN PARA PADRES

Requisitos de vacunación en escuela de Carolina del Sur 2019–2020

Los estudiantes inscritos en grados 5K a 12, ya sea en escuelas públicas y privadas, deben estar al día con las siguientes vacunas según su nivel de grado:

- | | | |
|-----------------------------|-------------------------------------|--|
| • Hepatitis B | • Poliomielitis | • Varicela (chickenpox) |
| • DTaP (tétano, tos ferina) | • MMR (sarampión, paperas, rubeola) | • Tdap (el refuerzo de tos ferina es necesario antes de séptimo grado) |

Las vacunas son importantes para proteger a los estudiantes contra enfermedades infecciosas tales como sarampión, varicela, y tos ferina las cuales se pueden contagiar con facilidad en las escuelas.

Siga estos pasos para asegurarse de que su hijo está listo para la escuela.

1. **Programe** la visita de bienestar/física antes de que inicien las clases. Las vacaciones de primavera o verano son un buen momento para hacer esto para que no tenga contratiempos una vez hayan comenzado las clases.
2. **Pregúntele** al médico de su hijo qué vacunas necesita su hijo. Algunas vacunas no son obligatorias para la asistencia a la escuela, pero son muy recomendadas por médicos para todos los estudiantes.
Cuando cada estudiante recibe una vacuna de influenza anual, ésta lo protege contra brotes de influenza en la escuela. Los adolescentes también necesitan la vacuna HPV de protección contra cáncer. Las vacunas también son necesarias para protección contra meningitis.
3. **Obtenga** un nuevo certificado de vacunación de Carolina del Sur cada vez que su hijo reciba una vacuna.
4. **Entregue** una copia del nuevo certificado de vacunación de Carolina del Sur en la escuela de su hijo.

Nuevo requisito para el año 2020–2021

Todos los niños a partir de 5K en 2020, deben tener dos vacunas de hepatitis A. La vacuna de hepatitis A se aplica a los 12 meses, seguida de una segunda vacuna seis meses después. Hable con el médico de su hijo en la siguiente cita.

También puede vacunar a su hijo en los departamentos de salud del Departamento de Salud y Control Ambiental de Carolina del Sur. Llame al 855-472-3432 para programar una cita.

ML-025713 5/19



Appendix F: 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 a 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](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](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 24 hours with no fever 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

When to start and end quarantine

You should stay home for 14 days after your last contact with a person who has COVID-19.

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

mon	tue	wed	thu	fri	sat	sun
Last close contact with person who has COVID-19		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
<i>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</i>					14 DAY QUARANTINE	

No se aplica la nota anterior en cursiva sobre la hora del día 1 de cuarentena no se aplica a las escuelas. El día 14 se considera un día completo de cuarentena independientemente de la hora de contacto el día 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

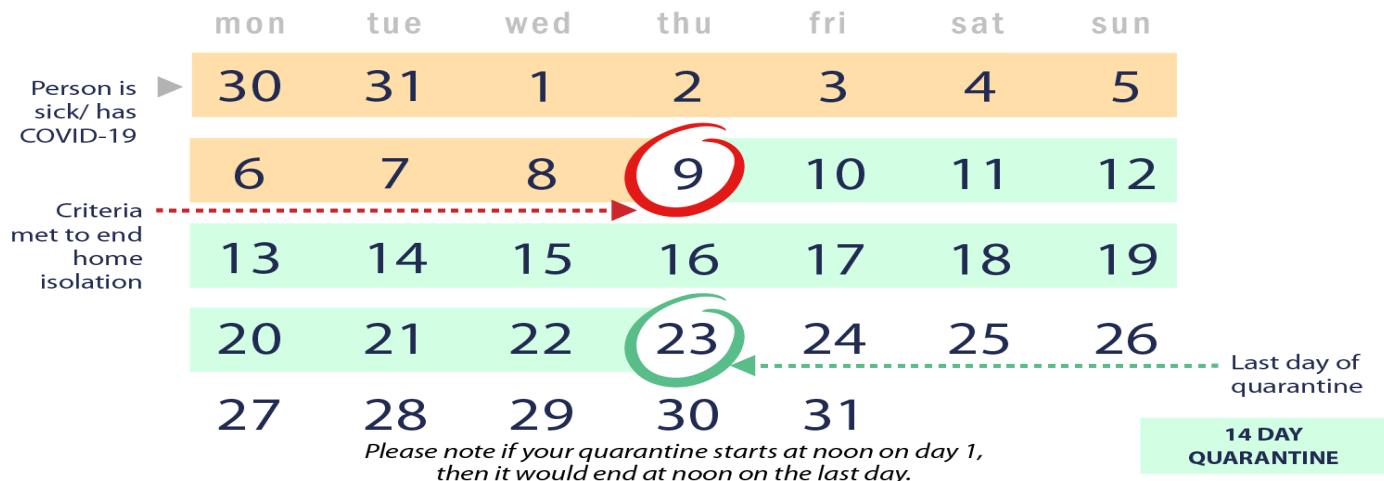
mon	tue	wed	thu	fri	sat	sun
Start of first quarantine		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
<i>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</i>					FIRST QUARANTINE	14 DAY QUARANTINE
Additional contact or someone else got sick, quarantine starts over						Last day of quarantine

No se aplica la nota anterior en cursiva sobre la hora del día 1 de cuarentena no se aplica a las escuelas. El día 14 se considera un día completo de cuarentena independientemente de la hora de contacto el día 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



No se aplica la nota anterior en cursiva sobre la hora del día 1 de cuarentena no se aplica a las escuelas. El día 14 se considera un día completo de cuarentena independientemente de la hora de contacto el día 1.

Appendix G: Shortened Quarantine Options Notice

Padres / tutores: Opciones de cuarentena abreviada

El período de cuarentena estándar permanece catorce (14) días después del último contacto con la persona mientras era contagiosa con COVID-19, pero los CDC / SCDHEC han brindado opciones para acortar ese período de tiempo. La fecha de regreso para todos los contactos cercanos y familiares se calculará como siempre: contacto cercano: 14 días después del último contacto cercano con caso positivo; contacto doméstico: una vez que la persona positiva en el hogar completa el aislamiento (mínimo de 10 días), entonces comienza la cuarentena domiciliaria de 14 días. Se le dará esta fecha de regreso. Si no desea ejercer una opción abreviada como se describe a continuación, no necesita hacer nada más.

Después de leer los requisitos para usar una de estas opciones abreviadas, **debe comunicarse con la enfermera de la escuela de su hijo y solicitar el uso de una de estas opciones.** La enfermera discutirá los requisitos y enviará un correo electrónico o enviará a casa con su estudiante, lo que prefiera, un formulario que debe ser firmado por un parente / tutor al regresar a la escuela. Si su hijo viene a la escuela el día 8 o el día 11 según la opción elegida y no tiene el formulario y los resultados negativos de PCR si usa la opción de 7 días, su hijo no podrá permanecer en la escuela.

1. Opción de diez (10) días:

La cuarentena puede terminar después del día 10 sin realizar pruebas y si no se informaron síntomas durante el monitoreo diario de síntomas.

Condiciones para utilizar esta opción:

No se produjeron síntomas (tos, pérdida del gusto u olfato, fiebre 100.4 o más, dolor de cabeza, fatiga, dolor de garganta, congestión o secreción nasal, dolor muscular o dolor corporal, náuseas / vómitos, diarrea) de COVID-19 durante su cuarentena

Y

El parente / tutor debe continuar monitoreando diariamente los síntomas hasta el día 14 después de la última exposición al caso de COVID-19;

Y

Su hijo debe continuar siguiendo de cerca las acciones preventivas que las escuelas tienen implementadas para evitar la propagación del virus (uso correcto y constante de cubiertas faciales (independientemente de la exención de exclusión voluntaria de la máscara), distanciamiento social, higiene de manos, etc.) a través de la cuarentena. Día 14. Ningún estudiante puede participar en actividades que no permitan estas acciones preventivas. Esto incluye a los atletas que regresan a la práctica y deben permanecer enmascarados y no tener contacto cercano hasta después del día 14. Los atletas pueden observar la práctica pero no pueden participar en ningún deporte hasta el día 15.

Y

día 11 cuando el estudiante regrese, debe tener el formulario firmado por el parente / tutor o no se les permitirá quedarse en la escuela.

El

2. Opción de siete (7) días:

La cuarentena puede terminar después del día 7 si una prueba de PCR es negativa Y si no se informaron síntomas durante el monitoreo diario de síntomas. El Distrito solo aceptará una prueba de PCR cuando use esta opción abreviada. La prueba viral debe recolectarse no antes del día 5 para usarla para acortar la cuarentena, pero la cuarentena no puede suspenderse antes de completar el día 7. Los análisis de sangre para anticuerpos no se pueden utilizar para acortar la cuarentena.

Condiciones para utilizar esta opción:

No se produjeron síntomas (tos, pérdida del gusto u olfato, fiebre 100.4 o más, dolor de cabeza, fatiga, dolor de garganta, congestión o secreción nasal, dolor muscular o dolor corporal, náuseas / vómitos, diarrea) de COVID-19 durante su cuarentena;

Y

El parente / tutor debe continuar monitoreando diariamente los síntomas hasta el día 14 después de la última exposición al caso de COVID-19;

Y

Su hijo debe continuar siguiendo de cerca las acciones preventivas que las escuelas tienen implementadas para evitar la propagación del virus (uso correcto y constante de cubiertas faciales (independientemente de la exención de exclusión voluntaria de la máscara), distanciamiento social, higiene de manos, etc.) a través de la cuarentena. Día 14. Ningún estudiante puede participar en actividades que no permitan estas acciones preventivas. Esto incluye a los atletas que regresan a la práctica y deben permanecer enmascarados y no tener contacto cercano hasta después del día 14. Los atletas pueden observar la práctica pero no pueden participar en ningún deporte hasta el día 15.

Y

El día 8, cuando su hijo regrese, debe tener el formulario firmado por un parente / tutor y una copia de los resultados negativos de PCR o no se les permitirá quedarse en la escuela.

Las personas que no puedan o no cumplan con los criterios anteriores y sigan todas las acciones preventivas no serán elegibles para las opciones de cuarentena abreviada y deben completar la cuarentena completa de 14 días.

En el reverso de este aviso se encuentra un formulario de monitoreo de síntomas que puede usar para su conveniencia. Si tiene alguna otra pregunta, comuníquese con la enfermera de la escuela de su hijo.

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