



Safe Return to In-Person Instruction and Continuity of Services Plan

While the District has created a plan listed below, the district will follow the guidelines provided by the CDC and SCDHEC and update their practices accordingly.

In preparation for the 2021-22 school year, the School District of Newberry County is tasked with preparing a Safe Return to In-Person Instruction and Continuity of Services Plan, in accordance with the American Rescue Plan. The following are required categories that the district must provide a description of established or proposed practices.

DESCRIPTION OF MAINTAINING HEALTH AND SAFETY

In July 2020, the School District of Newberry County (SDNC) developed Staff and Parent/Guardian Toolkits for reopening related to the COVID-19 closure in an effort to provide staff and families with education and information to understand the health practices that would be put in place when students returned to school. Guidance from the State Department of Education, South Carolina Department of Health and Environmental Control (SCDHEC), and the Centers for Disease Control and Prevention (CDC) was used to create and update these documents. As new guidance is received, Toolkits are revised and staff and families are notified. The following dates indicate when revisions have been made: July 27, 2020, August 7, 2020, August 17, 2020, August 26, 2020, October, 14 2020, December 18, 2020, January 29, 2021, May 24, 2021. Clear and consistent communication with all stakeholders has been and will continue to be a vital component of maintaining health and safety. Staff and parent letters and checklists are included in the Toolkits to ensure consistency across the District. These include: Symptom Screening Checklist (for individuals entering a SDNC building), Information Letter to Parents Re Health room, Letter to parents if student is sent home with COVID-19 symptoms, Letter for staff if they are sent home with COVID-19 symptoms, Letter regarding Shortened Quarantine Options and Form for Shortened Quarantine. Additional educational information for families and staff regarding COVID-19 are periodically posted on district and school websites and social media pages. In addition to the toolkits, the following temporary administrative rules have been put in place: *Maintaining Healthy Environments*, EB-R 8/20; *Student Transportation*, EEA-R 8/20; *Visitors*, KI-R 8/20.

UNIVERSAL AND CORRECT WEARING OF MASKS

Temporary Administrative Rule: *Student Transportation*, EEA-R 8/20

The following is an excerpt from the SDNC Toolkits:

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.

Option to Opt-Out of Mask Covering Use Per SCDHEC:

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.

Consider the 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 overheating 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.

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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.*

MODIFYING FACILITIES TO ALLOW FOR PHYSICAL DISTANCING:

Temporary Administrative Rule: *Visitors*, KI-R 8/20

The following is an excerpt from the SDNC Toolkits:

Signage

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

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 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*
- 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 based on classroom setup. Schools should measure the distance with individuals occupying the seats to ensure students will be three (3) feet apart when seated and that the barrier will provide appropriate separation during school activities. If it is not possible to cover a side with plexiglass, schools can prevent individuals from being considered close contacts by ensuring the seating arrangement provides at least six (6) feet of distance on the exposed side.

If 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.

HANDWASHING AND RESPIRATORY ETIQUETTE

The following is an excerpt from the SDNC Toolkits:

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. ***Teacher's Guide for Handwashing, Hand Sanitizer, Cough Etiquette*** (Review with Students at least Weekly) is Appendix B in the Staff Toolkit.

Individual hand sanitizers should not be given to students. Hand sanitizer will be readily available throughout buildings including classrooms.

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.

CLEANING AND MAINTAINING HEALTHY FACILITIES, INCLUDING IMPROVING VENTILATION

The following is an excerpt from the SDNC Toolkits:

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 disinfectants 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).

Routine preventative maintenance will be conducted on all HVAC equipment to include filter changes.

CONTACT TRACING IN COMBINATION WITH ISOLATION AND QUARANTINE

The following is an excerpt from the SDNC Toolkits:

DHEC Exclusion and Case Management

Appendix H in the Staff Toolkit has 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 the 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. Household contact: If the child or staff member lives in the same household as a known case, their quarantine period begins on the date their household member has been cleared from their isolation period. If they are not a caretaker of the household member who is sick and can separate themselves into their own space in the home, their quarantine period begins the day that they had their last close contact with the ill person.*
 - *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 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.

DIAGNOSTIC AND SCREENING TESTING

Due to multiple opportunities for testing in our community, including drive through testing, COVID-19 testing is not occurring on site.

EFFORTS TO PROVIDE VACCINATIONS TO EDUCATORS, OTHER STAFF, AND STUDENTS, IF ELIGIBLE

Prior to the vaccine's availability, educational information regarding the vaccines was sent to staff to assist them in making an informed decision. As soon as the vaccine was available, information regarding where people could go to receive the vaccine was sent via email and social media. Once educators were eligible to receive the vaccine, the District partnered with a local provider to hold two vaccine clinics on site. Now that the vaccine is available for children 12 years old and older, one of our local providers has established drive through clinics six days a week. The District sends clinic information to parents via email and social media.

APPROPRIATE ACCOMMODATIONS FOR CHILDREN WITH DISABILITIES WITH RESPECT TO HEALTH AND SAFETY POLICIES AND PRACTICES

All procedures in place for safe return to school are for all students including those with disabilities. Accommodations/modifications will be addressed by the IEP team and will be provided as outlined in the student's IEP.

COORDINATION WITH STATE AND LOCAL HEALTH OFFICIALS

In order to coordinate the response to the continually changing COVID-19 pandemic, consistent and frequent communication occurs between the District and the SCDHEC Epidemiology Team, SCDHEC Immunization Division and the State School Nurse Consultant.

CONTINUITY OF SERVICES

Students' academic needs will be addressed through daily instruction, five days per week. Academic needs and learning loss will further be addressed during the regular school year through Reading Recovery, reading intervention, balanced literacy instruction, math intervention services. Enrichment and remediation that is personalized to students' specific strengths and weaknesses will further be

provided using programs such as Read 180, iReady, IXL, Dreambox, and Imagine Language and Literacy. The district will also provide a four-week, full day summer program for all students in grades K-8 who are two or more grade levels below in reading and/or math. High school students who failed courses required for graduation will have an opportunity to attend extended semester programming and recover credit(s).

The district has adopted the Panorama Education platform to monitor student social-emotional health. Objectives of this partnership are to elevate student voice, proactively identify students identified as at-risk through data, and provide intentional interventions to support student success and well-being. Once struggling students are identified, school counselors and other staff can be mobilized to provide interventions and supports, including referrals to mental health counselors, if necessary. Staff social-emotional concerns can be addressed through the district's Employee Assistance Program. All staff have access to counselors and to online modules that address social-emotional health issues. Additionally, staff can receive up to three in-person counseling sessions for free through our Employee Assistance Program.

The Office of Child Nutrition will continue its services of feeding the students of Newberry County during Summer School 2021. Operational dates for summer school are June 14 thru July 7. Due to the Pandemic, all schools with the exception of the two high schools, will host summer school. As such, it is necessary for Child Nutrition to staff each school with enough employees to ensure meals are prepared and served on site.

DISTRICT RESPONSE ON ENSURING PERIODIC UPDATES TO ITS PLAN

The District will update Staff and Parent/Guardian Toolkits as new guidance is received from SCDHEC and the State Department of Education. Ongoing revisions will be made and published bi-annually. Public input will be sought for the bi-annual publication.

DISTRICT RESPONSE ON PUBLIC INPUT IN DEVELOPMENT OF ITS PLAN

A survey for public input was created and placed on the District's website on June 10, 2021. The District acknowledges all comments and will, at a minimum, update the plan semi-annually or as new guidance is received from the CDC and SCDHEC.