



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

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

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## **PURPOSE**

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

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

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

## **GENERAL INFORMATION ON COVID-19**

According to the Center for Disease Control (CDC):

### ***Spread***

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

#### ***Person-to-person spread***

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

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

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

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

### ***Prevention***

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

- *[Maintain good social distance](#) (about 6 feet). This is very important in preventing the spread of COVID-19.*
- *[Wash your hands](#) often with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.*

- [Routinely clean and disinfect](#) frequently touched surfaces.
- Cover your mouth and nose with a [cloth face covering](#) when around others.

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

### **Symptoms**

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

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

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

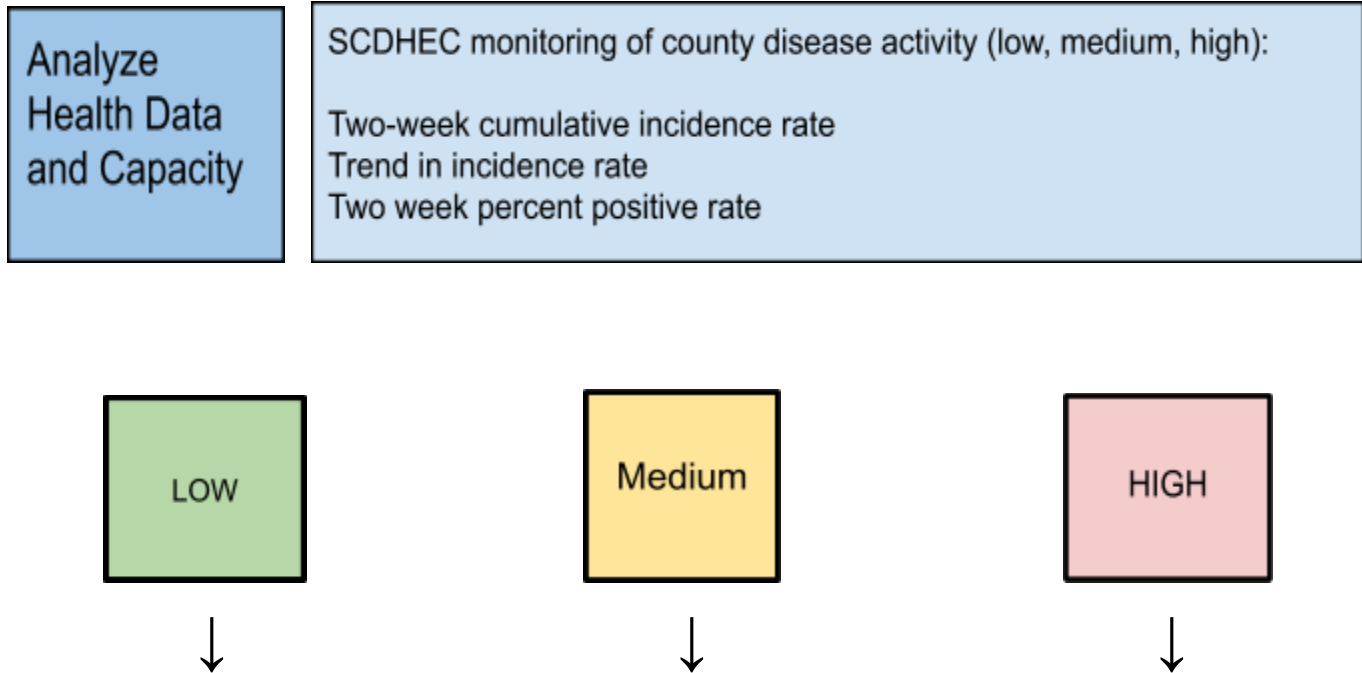
### **DETERMINATION OF WHEN SCHOOLS CAN REOPEN SAFELY**

Decisions regarding opening and staying open of schools are made in conjunction with guidance from the South Carolina Department of Health and Environmental Control (SCDHEC), CDC, and South Carolina Department of Education (SCDOE). On June 22, 2020, the SCDOE issued the *AccelerateED Task Force Guidance and Recommendations for the 2020-2021 School Year* and SCDHEC issued *Recent Disease Activity by County for SC Department of Education*. 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



### *"Traditional" Scheduling*

In this scenario, health guidelines and facility considerations allow for all students and staff to return to a school building to open the school year and during the school calendar

### *Hybrid Scheduling*

In this scenario, only a portion of staff and students can report to a physical school building due to a combination of health requirements and facility/space limitations.

As a result, some students will be able to report to school while others will have to engage in distance learning.

### *Full Distance Learning*

In this event, districts should rely on a full distance learning schedule until the health situation permits a return to in-person instruction for all or part of the students in a school.

## **HEALTH PROCEDURES**

### ***Vulnerable Population***

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

According to the CDC:

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

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

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

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

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

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

- [Asthma \(moderate-to-severe\)](#)
- [Cerebrovascular disease \(affects blood vessels and blood supply to the brain\)](#)
- [Cystic fibrosis](#)
- [Hypertension or high blood pressure](#)
- [Immunocompromised state \(weakened immune system\) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines](#)
- [Neurologic conditions, such as dementia](#)
- [Liver disease](#)
- [Pregnancy](#)
- [Pulmonary fibrosis \(having damaged or scarred lung tissues\)](#)
- [Smoking](#)
- [Thalassemia \(a type of blood disorder\)](#)
- [Type 1 diabetes mellitus](#)

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

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

## **Symptom Screener**

### **Faculty/Staff**

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

### **Parents/Guardians/other Individuals**

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

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

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

### ***Students***

Parents/Guardians are asked to self screen prior to sending their child to school. **If your child has been in close contact with a positive COVID-19 case within the past 14 days or is showing COVID-19 symptoms, do not to send your child to school.** It is advised that you contact healthcare provider for guidance and notify school nurse to discuss when your child can return per DHEC exclusion.

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

*Per SCDHEC: Routine temperature screening of all persons entering the school is not recommended.*

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

## **ENVIRONMENTAL CONTROLS**

### ***Signage***

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

All bathrooms will have signage regarding hand washing.

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

### ***Education***

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

Teachers will periodically discuss with their students regarding correct handwashing, use of hand sanitizer and cough etiquette and we ask that you also review this with your child(ren) (See Appendix B).

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

### ***Tissue***



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

### ***Cloth Masks***

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

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

### **Who Should Wear**

Per CDC:

- *Who should NOT use cloth face coverings? Children under age 2, or anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask without Assistance.*

*AND/OR*

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

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

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

### ***Masks with Exhalation Valves or Vents***

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

Staff will be required to wear cloth face coverings on buses, all transitions in hallways, and all commons areas such as cafeterias, libraries, workrooms etc. In the classroom, staff are also required to wear cloth face coverings. If staff is at the front of the room, they may wear a shield only if socially distanced. Staff can also 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 or during outdoor activities with social distancing in place. All students will be given one cloth mask. Parents are strongly encouraged to send their child with a mask that their child prefers and is comfortable wearing. Parents are also encouraged to indicate

their child's name on the mask that is sent from home. If a student forgets his/her cloth mask, a disposable mask will be given to the student as supplies are available. All cloth masks must adhere to the dress code that can be found in student handbooks.

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

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

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- 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

- 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.

#### **Social Distancing**

All staff will work to keep students socially distanced throughout the day including arrival and dismissal times. All drivers are 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.*

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

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 6 feet apart AND wear a mask. While students are singing or playing an instrument, use visual cues to keep them at least 6 feet apart. If it's safe and weather permits, consider moving class outdoors where air circulation is better than indoors and maintain at least 6 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.

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

### ***Plexiglass Use in Schools - Per DHEC***

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

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

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

*Plexiglass is considered appropriately sized and utilized if it surrounds three sides (the front and two sides) of the edges of the student's desk and extends at least a foot above each child's head when seated at the desk and at least a foot beyond the end of the desk on either side. There may be acceptable other configurations, as determined on an individual basis by DHEC.*

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

### ***Water Fountains***

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

### ***Cleaning and Disinfecting***

Definitions per CDC:

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

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

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

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

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

## **HEALTHROOM**

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

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

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

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

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

### ***Unlicensed Assistive Personnel (UAP) trained staff***

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

### ***Communication***

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

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

### ***Immunization Requirements***

**Make sure your child is up to date with [all recommended vaccines](#).** (See Appendix D)

Don't wait til the end of the summer! Schedule an appointment early with your child's health care provider or [health department](#) to get vaccines.

Vaccines are important to protect our kids from diseases such as measles, mumps, chickenpox and whooping cough.

### **New Vaccine Requirements for the 2020-2021 School Year**

Childcare: All children born January 1, 2019 or after will need to have two (2) [hepatitis A shots](#).

School: All children starting 5K in 2020 will need to have two (2) [hepatitis A shots](#).

Talk to your health care provider today to make sure your child is up to date!

### **DHEC Exclusion and Case Management**

See Appendix E for a chart with various scenarios.

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

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

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

- o The person must provide either a note from a healthcare provider that they had the positive lab result in the past three (3) months or provide a paper or electronic copy of the results (SARS-CoV-2 RNA – Detected or Positive)*
- o A positive antibody results (SARS-CoV-2 IgG or IgM) or any other lab test is not sufficient to meet these criteria to defer quarantine. They must quarantine according to the current guidelines.*

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

Definitions:

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

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

Close contact:

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 for fourteen (14) days after last contact with the person with COVID-19. **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 must complete a fourteen (14) day quarantine period.*
- *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 (see above) each morning until 14 days after last contact with the case. Note: anyone determined to be a “close contact” must be excluded.*
  - *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.*
- *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. DHEC staff will inform them of the length of their quarantine period. For students, a parents' note that they have been cleared from quarantine may be used to allow return to school

- *Close Contact: The standard quarantine period is fourteen (14) days after last close contact with person while they were contagious with COVID-19.*
- *Household contact: If the student or staff lives in the same household as the case and has daily close contact, they will have to quarantine for an additional fourteen (14) days after the day their household member has been cleared from their isolation period.*
- *Other household members in quarantine: If the student or 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.*

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

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

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

Name of Employee Completing Form: \_\_\_\_\_

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

## **Teacher's Guide for Handwashing, Hand Sanitizer, Cough Etiquette**

### **Review with Students at least Weekly**

#### **From the CDC:**

Germes 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>

#### **Handsanitizer**

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

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

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

##### **How to use hand sanitizer**

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

#### **Cough Etiquette:**

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

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

Dear parent/guardian:

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

Had one(1) of the following:

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

OR Had two (2) of the following:

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

Your child reported these symptoms beginning on \_\_\_\_\_.

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

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

**OR**

Medical evaluation determines that symptoms were likely due to another cause (e.g. sore throat due to strep throat) In this case, your student can return when they meet criteria for that condition. Statement to return to school should say that symptoms not due to COVID-19 and were likely due to another cause. The alternate diagnosis must be listed.

You must provide documentation of one of the above.

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

Ten (10) days have passed since symptoms started

**AND**

No fever for 24 hours without taking fever reducing medications

**AND**

Overall Improvement in symptoms

For more information regarding COVID-19 please visit South Carolina Department of Health and Environmental Control website [coronavirus-disease-2019-covid-19](https://www.scdhec.gov/coronavirus-disease-2019-covid-19).

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

\_\_\_\_\_.

## **Appendix D: Information Letter to Parents Re Healthroom**

Dear Parents/Guardians:

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

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

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

Sincerely,

*Tricia Uleh, BSN, RN*

School Nurse Coordinator

October 14, 2020



## 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. **Programa** 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.**

ML-025710 5/19





# 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 test (mouth or nose swab)

OR

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

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

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

**EXCLUSION 2**  
**Student/Staff tests positive for COVID 19 WITH symptoms**  
**Or**  
**Persons with symptoms who do not get tested**

Should isolate until:

Ten (10) days have passed since symptoms started

AND

No fever for 24 hours without taking fever reducing medications

AND

Overall Improvement in symptoms

Note: Those who test positive by a PCR (mouth or throat swab) test or similar viral test but do not have symptoms will be required to stay out of school until ten (10) days\* after the specimen was collected.

\*Note: some people who test positive may be required to extend the isolation period to twenty (20) days. Their doctor will need to determine if this is necessary.

Testing: A student or staff member who develops symptoms of COVID-19 but does not get tested could limit DHEC's ability to appropriately respond to new cases and ensure the health and safety of other students and staff. PCR testing (nose or throat swab) or similar rapid test that directly detects the virus is required as there is delay in developing detectable antibodies. A negative antibody test is insufficient to rule out a new infection.

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

**EXCLUSION 3**  
**Student/Staff tests positive for COVID 19 WITHOUT symptoms**

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

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



#### EXCLUSION 4

Exposure (close contact) to someone testing positive

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

#### 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.)

#### 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.

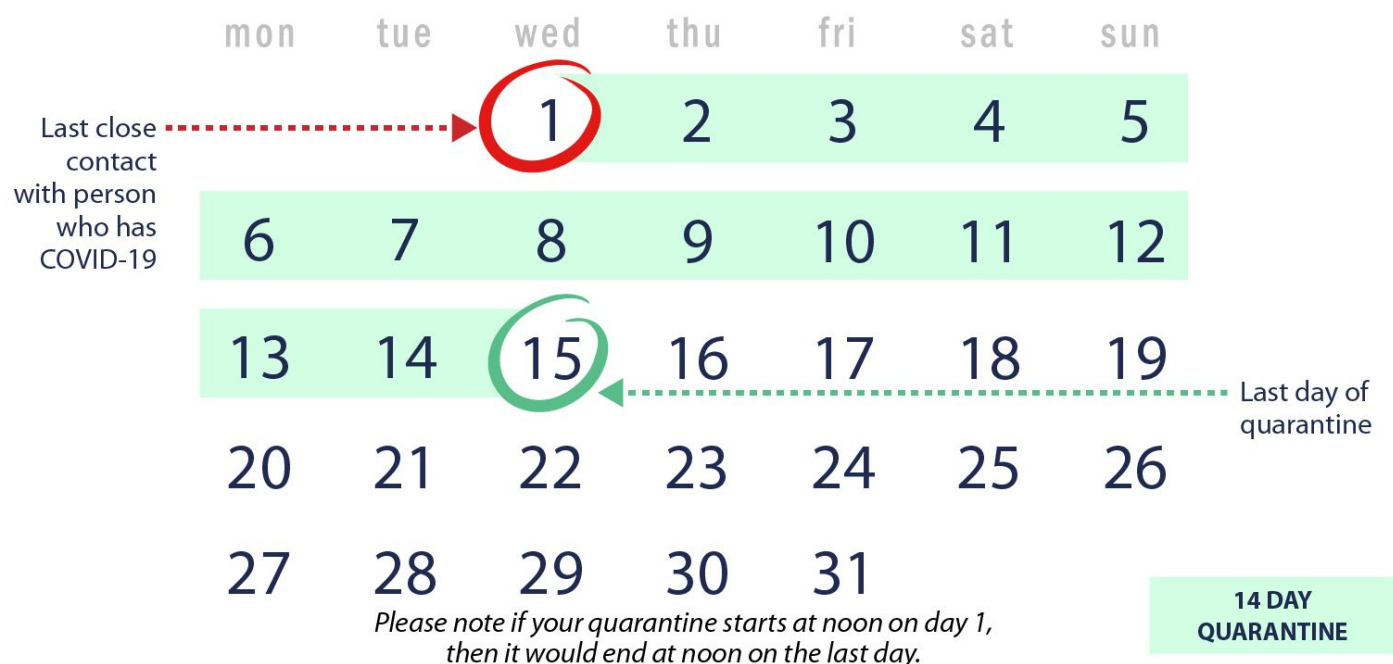
For all of the following scenarios, even if you test negative for COVID-19 or feel healthy, you should stay home (quarantine) since symptoms may appear 2 to 14 days after exposure to the virus.

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



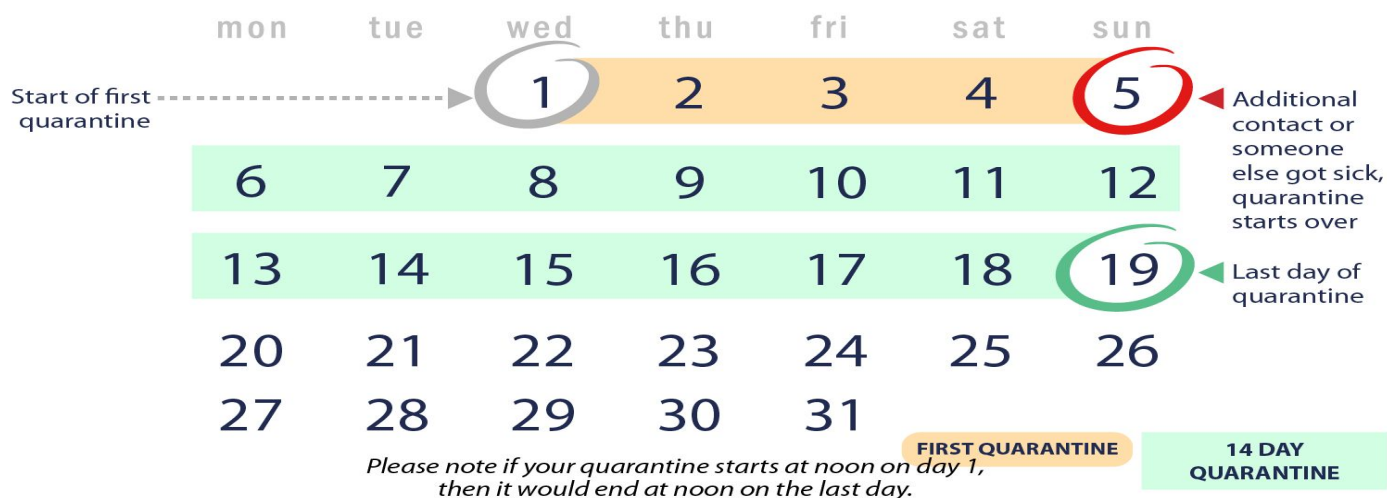
**\*The above italicized note regarding time on day 1 of quarantine does not apply. Day 14 is considered a full day of quarantine regardless of time of contact on day 1.**

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

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

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

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

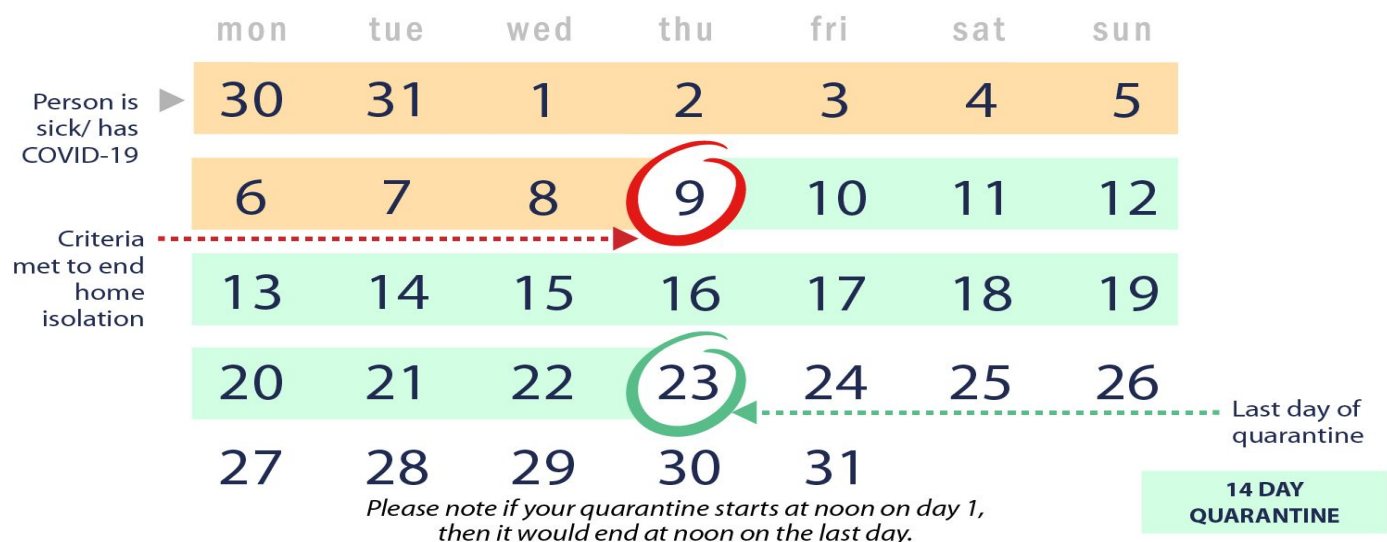


**\*The above italicized note regarding time on day 1 of quarantine does not apply. Day 14 is considered a full day of quarantine regardless of time of contact on day 1.**

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

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

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



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



## REFERENCES

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