



SCDHEC COVID-19 GUIDANCE FOR K-12 SCHOOLS

2021-2022 Academic Year

Notice

Guidance is subject to change as new information requires. Updates will be indicated in dates associated with each individual document and will be recorded for historical records within each.

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Definitions

January 4, 2022

Close contact: Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) from 48 hours prior to symptom onset (or specimen collection for an asymptomatic infected person) of the infected person, **until they meet criteria for [discontinuing home isolation](#).**

- The close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if the exposed student(s) wore mask(s) during the exposure time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.
- Close physical contact can include contact with the mucous membranes of a COVID infected person through such things as, kissing, sharing eating/drinking utensils, etc., regardless of the time frame.

Contact tracing: The practice of identifying, notifying, and monitoring individuals who may have had close contact with a person determined to be a confirmed or probable case of an infectious disease as a means of controlling the spread of infection.

Diagnostic Testing: The use of viral (antigen or PCR) COVID-19 tests to determine if an individual with symptoms compatible with COVID-19 is currently infected with SARS CoV-2, the virus that causes COVID-19.

Isolation: Isolation is used to separate people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. They must remain at home or the place they were told to isolate and avoid contact with other people until their isolation period is over. This includes avoiding contact with those in their household as much as possible.

Maximally vaccinated: a person who has completed their primary vaccine series, and has had a booster shot if eligible

OTC: Over the Counter Use – a medical product approved for use at home without need of a medical professional and without a prescription.

PPE: Personal protective equipment that includes but is not limited to medical grade gloves, face masks, N-95 Respirators, face shields, and gowns.

Prevention strategies: Actions taken to help reduce the transmission of the virus that causes COVID-19.

Quarantine: Quarantine is used to separate people who are close contacts of someone with a contagious disease, like COVID-19, from others for a period of time to see if they become sick. This is a method to prevent the spread of disease. When someone is quarantining, they should stay home and avoid contact with other people until the quarantine period is over. This includes people in their household as much as it is possible.

Rapid Test: A test (antigen or PCR) that is administered and processed within the same day on premise without sending to another location for processing. Results are typically processed and available within several minutes.

Screening: Routine, typically performed at least once weekly, viral (PCR or antigen) testing of asymptomatic individuals in order to identify asymptomatic individuals infected with SARS CoV-2, the virus that causes COVID-19.



COVID-19 Interim Guidance for K-12 School Operations

January 4, 2022

Introduction

As noted by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC), reopening schools so students can resume in-person, full time education is vitally important to ensuring students do not fall behind scholastically or socially. This interim guidance is based on the latest evidence-based science with the goal of ensuring schools can reopen as safely as possible. As conditions change and more evidence becomes available, the South Carolina Department of Health and Environmental Control (DHEC) will update this interim guidance as needed.

Schools should consider multiple factors, based on the school population and surrounding community, when making decisions about implementing layered prevention strategies against COVID-19. The primary factors to consider include (in order of importance):

- COVID-19 outbreaks or increasing trends in the school or surrounding community. (See [DHEC School Data](#))
- Level of community transmission of COVID-19. (See [CDC County Level Data](#))
- Ages of children served by K-12 schools and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.
- COVID-19 vaccination coverage in the community and among students, teachers, and staff, if available. (See [CDC Vaccination Data](#) and [DHEC Vaccination Dashboard](#))
- Use of an optional frequent screening testing program for students (with parental permission), teachers, and staff who are not fully vaccinated.

On September 28, the U.S. District Court granted a temporary restraining order and a preliminary injunction from enforcement of S.C. Proviso 1.108 that prohibited schools or school districts from using state funds for requiring masks ([Proviso 1.108 of the Fiscal Year 2021-2022 General Appropriations Act](#)). It is the decision of each school district whether to mandate mask use. DHEC strongly recommends mask use in all indoor school settings.

On August 20, 2021, DHEC physicians [presented](#) to the S.C. Board of Health and Environmental Control their review and analysis of the [evidence](#) that universal masking and mask mandates reduce COVID-19 transmission in schools and that masks are safe for children. The Board voted for the Chair and DHEC Director to contact the leadership of the South Carolina General Assembly, urging them to consider providing local decision-making authority regarding mask mandates in schools.

Layered Prevention Strategies to Reduce Transmission of COVID-19 in Schools

Prevention strategies are essential to safe delivery of in-person instruction and help to prevent COVID-19 transmission in schools. Schools will have a mixed population of both people who are maximally vaccinated and people who are not maximally vaccinated. These variations require schools to make decisions about the use of COVID-19 prevention strategies in their schools to protect all people in the school environment, including those who are not maximally vaccinated.

The need for layering specific prevention strategies will vary, and localities might implement more, or fewer COVID-19 prevention strategies based on community transmission levels, vaccination coverage, and local policies and regulations. However, if considering whether and how to remove prevention strategies, it is important that only one prevention strategy should be removed at a time and students, teachers, and staff should be closely monitored (with adequate testing through the school or community) for any outbreaks or increases in COVID-19 cases after removal.

These COVID-19 prevention strategies remain critical to protect people, including students, parents and guardians, teachers, and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels:

1. Vaccination
2. Mask use
3. Physical distancing
4. Contact tracing, in combination with isolation and quarantine
5. Staying home when sick and getting tested
6. Screening testing to promptly identify cases, clusters, and outbreaks
7. Ventilation
8. Handwashing and respiratory etiquette
9. Cleaning and disinfection

1. Vaccination

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic.
- Currently vaccination with the highly effective Pfizer vaccine is available to all people age 5 years and above. Vaccination with the highly effective Moderna and Janssen vaccines are available to those 18 years and above. [DHEC recommends](#) people receive the Pfizer or Moderna vaccine rather than the Janssen one.
- Schools are strongly encouraged to work with local public health officials and healthcare facilities and professionals to provide factual information and education about COVID-19 vaccination and to increase access to COVID-19 vaccines by coordinating vaccine clinics for staff, students, and families who wish to be vaccinated.

2. Mask Use

- DHEC recognizes the decision to mandate mask use is that of the school district but is providing the following guidance for teachers, staff, and parents.
- DHEC recommends universal mask wearing in schools. However, consideration could be given to safely discontinuing universal mask wearing when the following three conditions are all met:
 - The county is not in substantial or high transmission as [reported by the CDC](#).
 - The vaccination rate among students and staff (combined) is greater than 75%.
- There has not been an outbreak in a class in the school in the prior 2 weeks (outbreak= 3 cases in a classroom within 2 weeks). Children under two years old, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance should not wear a mask.
- All people in the school setting should be allowed to wear a mask, and steps should be taken to ensure students are not bullied or criticized for wearing a mask.
- A close contact who is ending quarantine early (less than 10 days) and returning to the school environment **must** wear a mask for the remainder of the 10 days in order to return to in-person learning, per [CDC guidance](#) and DHEC's [School and Childcare Exclusion List](#).
 - Individuals should defer to district or school policy when determining their return to the educational environment from quarantine.
- There are a variety of [types of masks](#). The most effective fabrics for cloth masks are tightly woven, such as cotton and cotton blends, breathable, and in two or three fabric layers. Masks with exhalation valves or vents, those that use loosely woven fabrics, and those that do not fit properly are [not recommended](#).
 - Schools should provide masks to those students who need or request them, such as students who forget to bring their mask or whose families are unable to afford them.
- **Indoors:** Masks are strongly recommended to be worn at all times in school facilities (classroom and non-classroom settings), with exceptions for specific people (children under 2 years old, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance), or for certain settings or activities, such as while eating or drinking or when alone in an office.

- **Outdoors:** In general, people do not need to wear masks when outdoors with the following exception.
 - In areas of [substantial to high transmission](#), CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
- **School buses:** Mask use is required on school buses and other public transportation per federal [CDC Order](#) regardless of the mask policy at school or the individual's vaccination status; school systems should take appropriate steps to ensure compliance with this requirement by students, staff, and others. Per the CDC:
 - *"CDC's Mask [Order](#) requires the wearing of masks by travelers to prevent the spread of the virus that causes COVID-19. The requirement to wear a mask also applies to passengers and drivers on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order. Operators of school buses should refer to the Department of Education's [COVID-19 Handbook](#) for additional guidance. Note, drivers do not need to wear a mask if they are the only person on the bus. For additional information on the requirements of this Order, please visit [Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs | CDC](#)."*
- **Healthcare areas:** Locations designated for healthcare, testing, or for awaiting pickup due to illness are considered healthcare facilities. Examples include health rooms and athletic trainer offices. As such, infection control policies and practices are held to healthcare facility standards and expectations which may differ from policies of non-healthcare school facilities.
 - Individuals being assessed, tested, or dismissed from attendance due to respiratory symptoms should be required to wear a face covering while in these designated healthcare areas and also when transiting to/from these areas.

3. Physical Distancing

- At least three (3) feet of distance between each person should be maintained to the greatest extent possible.
 - Arrange desks to maximally increase the space between them. Make desks face in the same direction (rather than facing each other). Remove non-essential furniture to maximize the distance between students.
- Avoid in-person assemblies or other congregate events. These may be done virtually with cohorts of students in classrooms if technology is available.
- Avoid students congregating in common use areas. For example, have students eat meals outdoors when feasible or utilize a consistent seating arrangement (similar to cohorting) rather than mixing in the cafeteria or other common indoor area.
 - If it is not possible to suspend use of common areas, try to limit the extent to which students mix with each other, and particularly with students from other classes.
 - Restrict hallway use through staggered release of classes. Stagger arrival and dismissal times.
- Limit people present to only students and essential faculty and staff.
- **Cohorting:** keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. It is a school's responsibility to ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking, as described in the U.S. Department of Education's [COVID-19 Handbook, Volume 1](#).
- **Transportation:** Create distance between children on school buses (for example, assign seats, seat children one child per row, skip rows, use seating charts to assist with contact tracing), to the greatest extent

possible. Masks are required by federal order on school buses and other forms of public transportation in the United States. Open windows to improve ventilation when it does not create a safety hazard.

4. Contact Tracing in Combination with Isolation and Quarantine

- Case investigation and contact tracing are critical strategies to identify and isolate cases and test and quarantine close contacts to reduce transmission. Schools should collaborate with local health departments when [investigating cases](#) and exposures to COVID-19.
- **Require sick students and staff to stay home as per the [School and Child Care Exclusion List](#). Establish procedures for those who are sick at school to be sent home as soon as possible and kept masked and separate from others until they can leave.**
- CDC defines a close contact as someone who was within [6 feet of an infected person](#) (laboratory-confirmed or a [clinically compatible illness](#)) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). An infected person can spread the virus starting from 48 hours before they have any symptoms (or, for asymptomatic patients, 48 hours before the specimen was collected), until they meet criteria for [discontinuing home isolation](#).
- In the K–12 schools, the DHEC close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if the exposed student(s) wore mask(s) during the exposure time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.
- [Maximally vaccinated](#) people and people verified (positive PCR or antigen test) to have been [infected with COVID-19 in the previous 90 days](#) who were in close contact with someone who has COVID-19 but do not have COVID-19 symptoms do not need to quarantine unless they develop symptoms. However, they **must** wear a mask at school until 10 days after exposure. Individuals may voluntarily choose to provide documentation of their vaccination status to eliminate the need for quarantine. Maximally vaccinated people are recommended to get tested 5 days after exposure, even if they do not have symptoms, and they **must** wear a mask at school until 10 days after exposure even with a negative test.
- Cluster of cases in a classroom or cohort (per CDC): 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 14 days of each other, consideration should be given to excluding all students and staff, who have not voluntarily provided evidence of vaccination, in the classroom (or cohort of students) for 14 days after contact with the last identified COVID-19 case. This definition is subject to change as more is learned about the Omicron variant and its patterns of transmission.
- Consideration for a school or grade level temporarily going to virtual learning:
 - There is currently no data to provide an evidence base for a decision to go to virtual learning at a specific threshold of school cases. However, recognizing school district leadership could potentially benefit from expert recommendations, DHEC medical epidemiologists have developed potential thresholds for consideration, based on their professional judgement.
 - Consideration may be given by a school district for a school (or grade level) to temporarily go virtual in the following scenarios:
 - School is unable to maintain operations with current staffing as determined by the school district,
 - 30% or higher rate of absenteeism in the school or grade level due to COVID-19 (including students in isolation and in quarantine),
 - 5–10% or higher of the student body is in isolation simultaneously after testing positive (or being assumed positive based on symptoms when not tested), or
 - When discussed with and recommended by local medical and public health professionals based on the local healthcare system's capacity.
 - If a school (or grade level) temporarily goes to virtual learning for one of the above scenarios, it is recommended that they remain virtual for 7 to 10 days then re-evaluate the situation.

- Details of individual cases of COVID-19 do not need to be reported to DHEC unless detected by school-affiliated testing, and details of individuals in quarantine do not need to be reported. However, clusters or outbreaks should still be reported to the regional DHEC office. In addition, as of September 2021, schools began reporting to DHEC aggregate totals of cases and contacts in students and in staff once weekly via a portal established by DHEC where a link is emailed to the school's point of contact. This data, using standard DHEC data suppression rules to protect privacy when necessary, has been made available to the public online.

5. Staying Home When Sick and Getting Tested

- Educate staff, students and their parents on the [symptoms](#) of COVID-19 and the importance of staying home if they have any of the symptoms or if anyone in the household tests positive for the disease. Anyone who has symptoms of contagious illness, such as [COVID-19](#), should stay home and be referred to their healthcare provider for testing and care.
- If a student becomes sick at school see [What to do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School](#).
- Schools participating in the COVID antigen testing program have the ability to do rapid testing on site which could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation. Contact DHEC if you are not participating in the program but wish to join it.

6. Asymptomatic Screening Testing

- Diagnostic testing of symptomatic individuals and routine screening testing of asymptomatic individuals are both critical strategies for reducing disease transmission. **Schools are strongly encouraged to provide both types of testing.**
- Asymptomatic screening testing of individuals who are not maximally vaccinated identifies infected people, including those without symptoms or before development of symptoms, who may be contagious, so that measures can be taken to prevent further transmission.
 - If schools implement screening testing, they can more quickly detect new cases and isolate cases, quarantine those who may have been exposed to COVID-19 and are not maximally vaccinated and identify clusters to reduce the risk to in-person education.
- Individuals who are maximally vaccinated do not need to participate in screening testing.
- Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect students, teachers, and staff privacy. Consistent with state legal requirements and Family Educational Rights and Privacy Act (FERPA), K-12 schools should obtain parental consent for minor students and assent/consent from students themselves.
- Screening program considerations:
 - Screening testing is strongly encouraged to be offered to students who have not been maximally vaccinated when community transmission is at moderate, substantial, or high levels and to all teachers and staff who have not been maximally vaccinated at any level of community transmission.
 - To be effective, the screening program should test **at least once per week**, and rapidly (within 24 hours) report results. Although evidence regarding more frequent testing is limited, knowledge about COVID-19 characteristics indicates that screening testing more frequently than one per week may be more effective at interrupting transmission and therefore keeping the greatest number of students and teachers in school.
 - Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not maximally vaccinated, or conducting pooled testing of cohorts.
- To facilitate safe participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation),

schools should very strongly consider implementing screening testing for participants who are not maximally vaccinated.

- Schools can routinely test student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not maximally vaccinated and could come into close contact with others during these activities.
- Schools can implement screening testing of participants who are not maximally vaccinated up to 24 hours before sporting, competition, or extracurricular events.
- **DHEC strongly encourages school districts to utilize the resources made available to them by DHEC for both symptomatic testing and asymptomatic screening testing.**

7. Ventilation

- Improve [ventilation](#) to the extent possible to increase circulation of outdoor air, increase the delivery of clean air, and dilute potential contaminants. This can be achieved through several actions:
 - Bring in as much outdoor air as possible.
 - Ensure heating, ventilation, and air conditioning (HVAC) settings are maximizing ventilation.
 - Filter and/or clean the air in the school by improving the [level of filtration](#) as much as possible.
 - Use exhaust fans in restrooms and kitchens.
 - Open windows in buses and other transportation, if doing so does not pose a safety risk. Even just cracking windows open a few inches improves air circulation.
- Additional ventilation recommendations for different types of school buildings can be found in the [American Society of Heating, Refrigerating, and Air-Conditioning Engineers \(ASHRAE\) schools and universities guidance document](#).

8. Handwashing and Respiratory Etiquette

- People should practice handwashing and [respiratory etiquette](#) (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools should encourage these behaviors and provide adequate handwashing supplies.
- Teach and encourage [handwashing](#) with soap and water for at least 20 seconds. Posting signs in restrooms and at other sinks can serve as a helpful reminder of proper handwashing technique.
- Remind everyone in the facility [to wash hands frequently](#) and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.

9. Cleaning and Disinfection

- In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19 list](#)) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.
- For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#).
- If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.

Questions and Additional Information

School officials who have questions about this guidance should contact their local DHEC office.