



Schools and Community partnership for COVID-19 vaccination Toolkit:

About the Vaccine Plan

South Carolina's COVID-19 vaccination plan currently includes educators and educational support staff in phase 1B for prioritized access to the COVID-19 vaccine. The details of the vaccine plan are still under development and consideration and will continue to evolve. School districts are encouraged to explore options within and among their communities to develop partnerships and provide access to vaccination for their eligible staff.

Seeking Partnerships

The DHEC [Vaccine Locator Tool](#) can be used to identify local vaccine providers. This tool will provide a list of vaccine providers and contact information through a zip code search. This may be useful for narrowing the search for potential partners to contact and begin partnership discussions. As partnerships are developed, roles and responsibilities of the MOU/ MOA should be clearly discussed.

Vaccination partnership models

The following are models that may be used and adapted to develop partnerships with community vaccine providers:

- 1) **LARGE-** multiple districts pool their school nurses and partner with a hospital system to have high volume school campus clinics utilizing the district nurses and hospital staff. Hospital manages orders, training, emergency medications, vaccine transport and cold chain maintenance.
- 2) **SMALL-** smaller districts partner with pharmacy for one or more clinics utilizing established staff flu clinic model. Pharmacy staff are responsible for all of the vaccine management including administration. School staff can provide logistics and coordination.
- 3) **SMALL-MEDIUM-** districts can partner with a physician practice- this model could use school nurses to administer or not depending on capacity of provider's office. This could be a provider who does clinics at their facility or comes to the school to provide a clinic/s.
- 4) The district/school can choose to have employees seek independent appointments with area vaccine providers by sharing DHEC and other resources to help staff understand the registration process.

Vaccination Clinic Site

Districts that seek vaccination partnerships might consider the following options to provide vaccine access to eligible district staff:

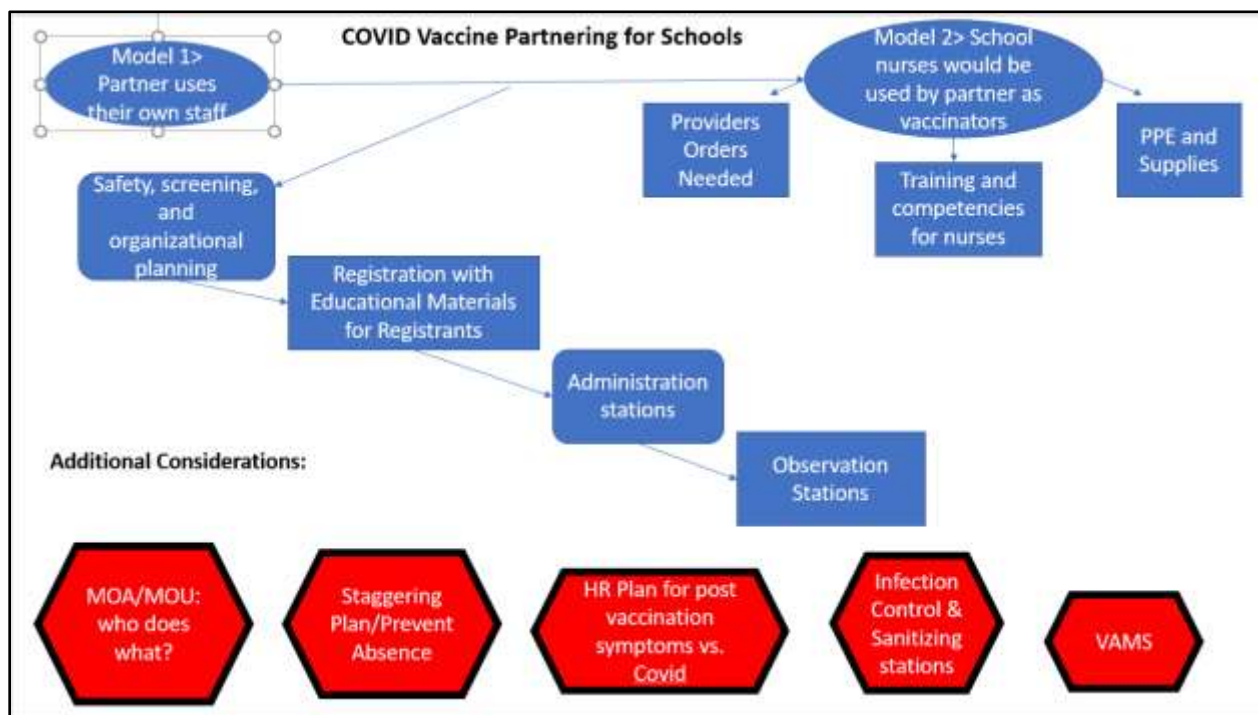
- Vaccination clinics held at partner locations
- Vaccination clinics held at campus locations within the districts
- Vaccination clinics held at strategically convenient locations

Districts and schools might also consider partnering with other nearby districts and schools in efforts to share resources and increase access to vaccines for more educational staff. Vaccination sites should include locations and processes for registration with educational materials, vaccine administration stations, observation stations with capacity for allowing 15-30 minutes of monitoring, emergency response kits and ability to contact EMS in event of a medical emergency, and infection control and sanitizing stations. If vaccine clinics are held at vaccine provider locations, providers will likely have operational procedures in place. If vaccine clinics are being held on school campuses, district and school leaderships should consider logistical needs for these stations. District infection control and safety measures should be upheld and should be considered in organizational planning.

The Role of School Nurses

School nurses might be able to administer vaccines at district campus vaccine clinics, but additional considerations should be discussed to ensure proper planning. These considerations include:

- Physician's orders and criteria for nurses to administer vaccines under the partner's order.
 - Separate physician's orders are necessary for vaccine administration and for any and each emergency medication
- Access to training and competencies for school nurses.
- Liabilities: consult with district legal counsel



Vaccine Administration Training Materials:

[CDC online vaccine administration training materials](#)

[CDC online vaccine administration Moderna](#)

[CDC online vaccine administration Pfizer](#)

Nurses should train under their providing partner when possible to allow for hands-on training and direct questions.

Strategic Scheduling and Post Vaccine Planning:

School districts should make operational post-vaccine plans and should be prepared with post-vaccine mitigation measures to include exclusion and infection control policies. Operational considerations for vaccination schedules might include:

- Strategically staggered scheduling to avoid large groups of absenteeism due to vaccine side effects.
- Planning vaccine clinics 1-2 days preceding days off to allow for side effect recovery. Friday clinics will allow the weekend for recovery and may reduce absenteeism.
 - This is especially emphasized for second-dose clinics, as side effects of second doses are often more frequent and severe.
- Planning to operate virtually on days of or after vaccine clinics.
- Allowing for non-punitive sick leave for vaccinated staff following first and second dose vaccinations.
- Providing access to viral (PCR or antigen) testing

Because systemic post-vaccination signs and symptoms might be challenging to distinguish from signs and symptoms of COVID-19 and other infectious diseases, districts should prepare strategies for effectively limiting unnecessary work restrictions. Systemic side effects are typically mild to moderate, occur within the first 3 days beginning the day of the vaccination and resolve within 1-2 days of onset, and are more frequent and severe following the second dose. Post-vaccination symptoms of the COVID-19 vaccine might include:

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| • Fever | • Chills |
| • Fatigue | • Muscle and/or joint pain |
| • Headache | |

The following are not consistent with post-vaccination symptoms and may be symptoms of COVID-19 or another infection:

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|------------------------|--------------------------|
| • Cough | • Sore throat |
| • Shortness of breath | • Loss of taste or smell |
| • Stuffy or runny nose | |

Suggested approaches to evaluating and managing post vaccination symptoms

Individuals who have received a COVID-19 vaccination within 3 days prior to symptom onset and not known to be a close contact in the previous 14 days may be considered for return to work if the following criteria are met:

- Symptoms may be from either the COVID-19 vaccination or another infection.
- Have no fever.
- Symptoms are limited to only those associated with post-COVID-19 vaccination, and
- Symptoms do not include cough, shortness of breath, stuffy or runny nose, sore throat, loss of taste or smell, or any combination of excludable symptoms possibly caused by COVID-19 or other infectious disease.
- Symptoms do not persist without improvement for more than 2 days. Symptoms lasting beyond this should be evaluated and the patient tested for COVID-19.
- Individual feels well enough to work and is willing

Vaccinated individuals should be excluded from work and follow isolation or quarantine guidance and seek COVID-19 testing, if:

- Presenting symptoms not consistent with post-vaccination symptoms, or
- Known to be a close contact within the last 14 days, or
- Symptoms associated with post vaccination do not improve or resolve within 3 days of the vaccination, or
- Test positive for COVID-19 with a viral (PCR or antigen) test.

Currently, there is limited information on the vaccine's effect on transmission reduction, **so current district infection prevention and control measures should continue to be implemented and followed.**

Those who are fully vaccinated and had close contact to a confirmed COVID-19 case will not be required to quarantine if they meet all of the following criteria:

- 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)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

In general, persons who do not meet all 3 of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

Addressing Vaccine Hesitancy

The CDC, DHEC and other public health organizations recognize that some people are hesitant to receive the vaccine. Addressing vaccine hesitancy is part of South Carolina's and the CDC's public outreach campaign and is achieved by providing factual and current information to the public.

The following resources can be used to address vaccine hesitancy among staff.

[MidSCNBA COVID 19 Update with Dr. Linda Bell](#)

[CDC Building Confidence in COVID-19 Vaccines Among Patients](#)

[CDC: Vaccine Communication Resources](#)