#StayStrongNC

StrongSchoolsNC
Public Health Toolkit (K-12)

INTERIM GUIDANCE

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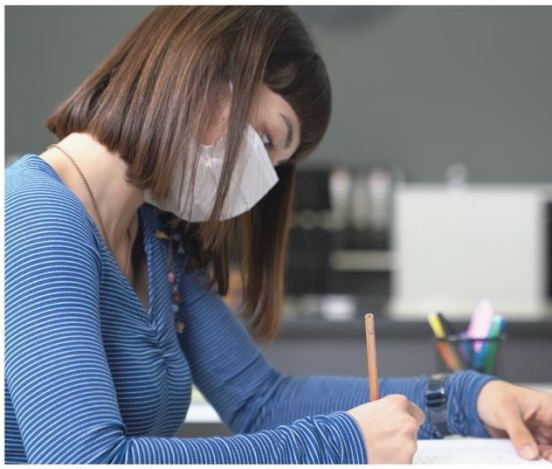

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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Available Online:

- Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 (K-12)
- Infection Control and PPE Guidance (K-12)
- How to Quarantine (Spanish)
- Considerations for COVID-19 Testing of Adults and Children Who Work at or Attend a K-12 School
- Executive Order No. 180 FAQ

Have questions about this guidance?
Find your answer in our StrongSchoolsNC FAQ!
(English | Spanish)

Current Public Health Guidance

In order to secure the safety and protection of children and their families across the state, Governor Cooper, in collaboration with the NC State Board of Education (NCSBE) and the NC Department of Public Instruction (NCDPI), closed public school buildings for in-person instruction through Executive Order No. 117 on March 14. The school closures were extended through the rest of the 2019-2020 school year via Executive Orders Nos 120 and 138. In the same Executive Orders, Governor Cooper also established an Education and Nutrition Working Group to develop a plan to ensure that children and families were supported while schools were closed. Since then, the NC Department of Health and Human Services (NCDHHS) has worked closely with NCDPI and NCSBE to meet the nutritional, educational, and child care needs of students during school closure, and to plan for safely reopening schools for the 2020-2021 school year.

On February 2, 2021, Governor Cooper, joined by NCSBE Chairman Eric Davis, NCDPI Superintendent Catherine Truitt, and NCDHHS Secretary Mandy Cohen, called on schools across the state to reopen to in-person instruction to all students. This call to action recognized ongoing research, including a study released in North Carolina in January, that has shown that school settings have low rates of transmission, even with high rates of community transmission, when strong preventive measures are in place. Since this announcement, the state has seen continued improvement in COVID-19 metrics and trends that indicated a decline in rates of new cases in many communities. On February 12th, the Centers for Disease Control released an operational strategy for K – 12 schools, noting, *"It is critical for schools to open as safely and as soon as possible, and remain open, to achieve the benefits of in-person learning and key support services."* The CDC's updated operational guidance for schools aligns strongly with the health and safety requirements North Carolina has emphasized throughout the pandemic: *"This operational strategy presents a pathway to reopen schools and help them remain open through consistent use of mitigation strategies, especially universal and correct use of masks and physical distancing."*

Recognizing the growing harms to children who are out of school and relying solely on remote instruction, including negative impacts on academic and mental health and food insecurity, the StrongSchools Toolkit, the NCDHHS-required COVID-19 guidance for all NC public schools, was updated on March 3, 2021 to clarify the following expectations:

> **Kindergarten – 5th Grade Students:** Schools should return to in-person instruction to the fullest extent possible up to five days per week while following all public health protocols in the StrongSchoolsNC Toolkit. School must provide in-person learning to students in grades K-5 under the social distancing requirements for either Plan A (Minimal Social Distancing) or Plan B (Six Feet Social Distancing).
>
> **6th – 12th Grade Students:** Schools should return to in-person instruction to the fullest extent possible up to five days per week while following all protocols in the StrongSchoolsNC Toolkit, including the Six Feet Social Distancing Requirements detailed on page 8 (Plan B). The requirements for Six Feet Social Distancing provide an additional layer of protection in middle and high school settings, recognizing that studies indicate that younger children appear to be less likely to spread COVID-19 to others than older teens and adults.
>
> **Remote Learning Option:** Schools must create a process for students and/or their families, teachers, and staff to self-identify as high-risk from COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments. Schools must implement remote or other learning options for students whose families decide the student needs to remain at home because the student and/or their family member(s) are at high-risk from COVID-19. All other students must be provided with in-person instruction as outlined above (Plan A or B for K-5th grade students and Plan B for 6th – 12th grade students.)

Operational Flexibility and Planning for Different Scenarios: Schools have flexibility in how they choose to operationally implement the public health requirements in this toolkit. Further, school leaders should continue to maintain

plans for three different potential scenarios, depending on what restrictions are deemed necessary by state public health leaders at any time in the school year to control the spread of the disease.

Minimal Social Distancing (Plan A): All public health requirements in this toolkit, except the Six Feet Social Distancing Requirements on page 6.

Six Feet Social Distancing (Plan B): All public health requirements in this toolkit.

Full Remote Learning (Plan C): Required by Session Law 2020-3. Most of the requirements in this guidance would not apply, as students and staff would not be gathering together in groups on school grounds.

How Should this Toolkit be Used?

Families and students should use this guidance to understand what health practices will be in place when students return to school. All public schools will be required to follow certain health practices noted as "required." Many schools may also choose to implement some or all of the recommended practices.

Local education leaders are required to use this guidance to understand what health practices they must meet, and to develop detailed district and school plans for how to implement all required health practices described in this toolkit. The Public Health Toolkit should be used in combination with operational guidance provided by NCDPI, which includes strategies to implement the health guidance in schools and to address other non-health areas for reopening planning, including scheduling supports, how to approach instructional practice, and providing staff training.

What Do We Know About COVID-19?

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. The virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. That's why personal prevention practices (such as handwashing and staying home when sick) and environmental cleaning and disinfection are important practices covered in this Health Guidance.

Any scenario in which many people gather together poses a risk for COVID-19 transmission. While children generally experience mild symptoms with COVID-19, and, to date, have not been found to contribute substantially to the spread of the virus, transmission from even those with mild or no apparent symptoms remains a risk. We are learning more every day about COVID-19 in children, teens and in school settings and are using that data and research to make our school guidance and approach better.

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
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Headache

This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. Fever is determined by measuring a temperature of 100.4 °F or greater, or feeling warm to the touch, or giving a history of feeling feverish.

While symptoms in children are similar to adults, children may have milder symptoms. Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Children with COVID-19 may not initially present with fever and cough as often as adult patients.

With prevention measures in place, increasing evidence suggests low rates of COVID-19 transmission in primary and secondary school settings even with high rates of community transmission.

- There is little evidence that schools have contributed to increase rates of community transmission; countries that have reopened their schools did not see large rises in infection at a population level.
- Overall, studies in the US and internationally have demonstrated limited disease transmission from child-to-child and very limited to no transmission from child-to-adult in the in-person school setting.
- North Carolina's ABC collaborative found rates of secondary transmission during in-person school instruction significantly less than the surrounding communities and no cases of student to staff transmission.

Fortunately, there are many actions that school and district administrators can take to help lower the risk of COVID-19 exposure* and spread during school sessions and activities.

**Exposure refers to being within 6 feet of someone diagnosed with COVID-19 for a cumulative total of 15 minutes or more, over a period of 24 hours.*

Click to learn more about the latest research on COVID-19, children, and schools. (English | Spanish)

What's the Plan?

COMPARISON OF REQUIREMENTS For Plans A, B and C

Requirements	Plan A *Currently Grades K-5*	Plan B *Currently Grades 6-12*
In-Person Instruction Available in Both Plan A and B Provided 5-days/week to the fullest extent possible while still meeting StrongSchoolsNC public health protocols		
Social Distancing Protocols to Minimize Exposure – Keeping physical space between and among children and adults	✓	✓
Six Feet Social Distancing Protocols – Maintaining six feet of physical distance between people especially when stationary or congregating for increased layer of protection	✗	✓
Cloth Face Coverings – Consistent use of face coverings for all students, staff and visitors	✓	✓
Protecting Vulnerable Populations – People with certain conditions are at higher-risk than others to become severely ill if exposed to COVID-19	✓	✓
Coping and Resilience – Schools can play an important role in helping students and staff cope with fear and anxiety cause by the effects of the pandemic	✓	✓
Cleaning and Hygiene – Washing hands with soap for 20 seconds or using hand sanitizer reduces the spread of disease	✓	✓
Monitoring for Symptoms – Conducting regular screening and ongoing self-monitoring for symptoms such as fever, cough or shortness of breath can help reduce exposure	✓	✓
Handling Suspected, Presumptive or Confirmed Cases of COVID-19 – Taking appropriate steps to address suspected, presumptive or confirmed cases of COVID-19 is critical to containing spread of COVID-19 both in and outside of school	✓	✓
Communication and Combatting Misinformation – Staff, students and families need ongoing, reliable information to promote behaviors that prevent the spread of COVID-19	✓	✓
Water and Ventilation Systems – Take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown	✓	✓
Transportation – School buses/vehicles must take similar key steps to protect against the spread of COVID-19 including adhering to consistent use of face coverings, addressing physical distancing and following cleaning and hygiene protocols	✓	✓
Remote Learning Option Available For higher-risk students and teachers, and for families opting for remote learning for their children		

Requirements and Recommendations

Practices that are **required** must be implemented by all North Carolina public school units. These practices are essential baseline actions in order to minimize risk of exposure to COVID-19 for students, staff, and families across North Carolina. They are intended to be a minimum. Practices that are **recommended** are additional strategies that schools may choose to use to minimize spread of COVID-19. All recommended practices will not be possible in all settings and should be tailored to each school/district as appropriate.

Social Distancing and Minimizing Exposure

Social distancing is a key tool to decrease the spread of COVID-19. Social distancing ("physical distancing") means keeping space between yourself and other people outside of your home.

All schools in Plan A and Plan B are required to:

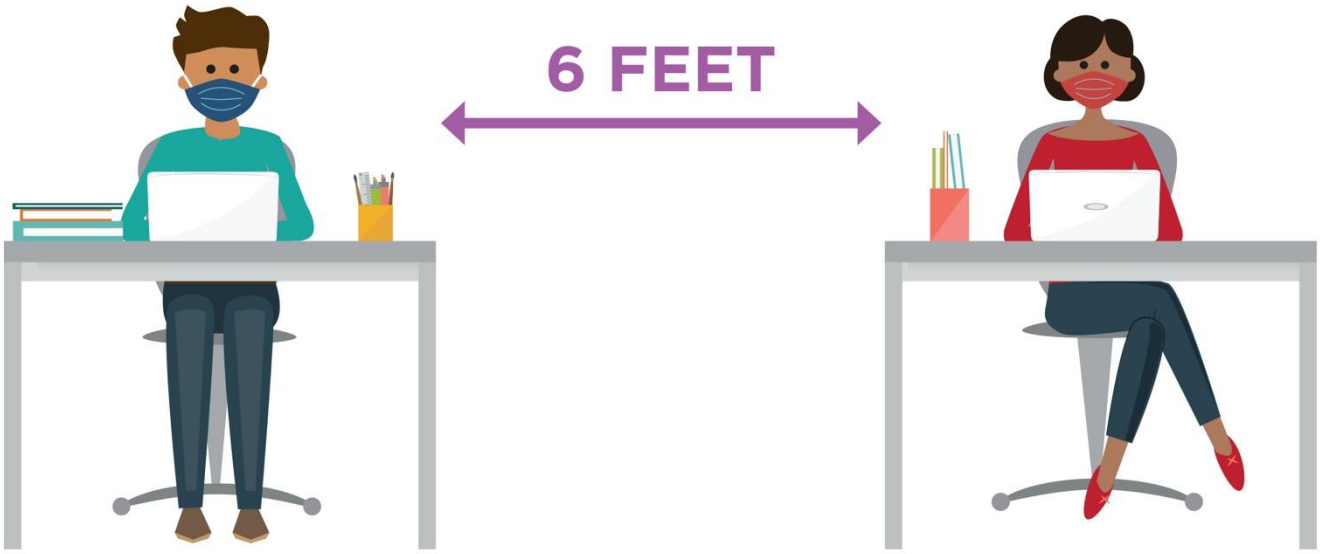
- ☐ Provide social distancing floor/seating markings in waiting and reception areas.
- ☐ Mark 6 feet of spacing to remind students to stay 6 feet apart in lines and at other times when they may congregate.
- ☐ Mark 6 feet of spacing to remind teachers and staff to stay 6 feet apart at times when they may congregate, such as during staff meetings, planning periods, lunch, recess, in teacher lounges, and break rooms.
- ☐ Provide marks on the floors of restrooms and locker rooms to indicate proper social distancing.
- ☐ Limit nonessential visitors and activities involving external groups or organizations.
- ☐ *Have teachers and staff monitor arrival and dismissal to discourage congregating and ensure students go straight from a vehicle to their classrooms and vice-versa.*
- ☐ Discontinue the use of any self-service food or beverage distribution in the cafeteria (e.g., meals and/or snacks served at school should be individually packaged and served directly to students; milk or juice may be available separately and should also be served directly to students). As always, ensure the safety of children with food allergies.
- ☐ Mark 6 feet of spacing to remind school nutrition staff to stay 6 feet apart throughout food distribution.
- ☐ Choose physical education activities that limit the use of shared equipment, and any close contact between students during those activities is limited and brief.
- ☐ Discontinue in-person activities that involve bringing together large groups of people or activities that do not allow for social distancing (assemblies, performances, field trips, etc.)

Six Feet Social Distancing Requirements (Plan B only): Schools are required to adhere to all requirements already outlined, AND:

- ☐ Ensure that 6 feet distance can be maintained when people will be stationary (e.g., when seated in classrooms, waiting in lines, in restrooms and locker rooms, in cafeterias, other indoor school settings where people congregate. For some schools, this may mean limiting the total number of students, teachers, staff, and visitors within a school building at any one time to ensure that six feet distance can be maintained.
- ☐ Ensure at least 6 feet between teachers and staff when they congregate, such as during staff meetings, planning periods, lunch, recess, in teacher lounges, and break rooms.
- ☐ Ensure at least 6 feet social distancing in any outdoor setting when students, teachers, staff, and visitors are stationary (e.g., waiting in line for transportation, sitting in a group.)
- ☐ Arrange furniture or block off seats, such as desks, chairs, or other seating in classrooms, break rooms, reception areas, and cafeterias, so that students, teachers, staff, and visitors are separated from one another by at least 6 feet.
- ☐ Provide frequent reminders for students, teachers, staff, and visitors to stay at least 6 feet apart from one another.
- ☐ Follow the additional social distancing requirements in the Transportation section.

It is recommended that all schools in Plan A and Plan B:

- Minimize opportunities for sustained exposure (15 minutes or more within 6 feet distance) between students, teachers, staff, and visitors in areas they may congregate, such as in waiting and reception areas, when in line, during transitions, or while waiting for transportation.
- Minimize opportunities for sustained exposure (15 minutes or more within 6 feet distance) between teachers and staff during staff meetings, planning periods, lunch, recess, in teacher lounges, and break rooms and other areas teachers and staff may congregate.
- Provide frequent reminders for students, teachers, and staff to stay at least 6 feet apart from one another when feasible.
- Place physical barriers such as plexiglass for protection at reception desks and similar areas.
- Arrange furniture, such as desks or seating in classrooms, break rooms, and reception areas, so that students, teachers, staff and visitors are separated from other another by at least 6 feet when feasible. If it is not possible to arrange seating 6 feet apart, consider having all students, teachers, staff and visitors sit facing the same direction (i.e., all sitting on the same side of a table), or using barriers between people.
- Designate hallways as one-way, posting directional reminders on the walls and/or floor.
- Designate entrance and exit doors for classrooms and restrooms to reduce the chance that people meet face to face.
- Keep students and teachers in small cohort groups that stay together as much as possible during the day, and from day to day. Limit mixing between cohort groups as much as possible (e.g., during recess, lunch in the cafeteria, arrival and dismissal). This is especially important for elementary schools that choose to operate under Plan A.
- Follow the recommendations outlined in Interim Guidance for Administrators and Participants of Youth, College & Amateur Sports Programs.
- If social distancing is not possible in the cafeteria, have meals delivered to the classroom or have students bring food from the cafeteria back to their classrooms to eat.
- The recommendations outlined in "Requirements and Recommendations for Recess, Specials, and General Activities."



Cloth Face Coverings

Check out more information on cloth face coverings, including how to order them, in the StrongSchoolsNC Infection Control and PPE Guidance (K-12)

There is growing evidence that wearing face coverings can help reduce the spread of COVID-19, especially for those who are sick but may not know it. Cloth face coverings are not procedure masks, respirators ("N-95"), or other medical personal protective equipment. Recent studies on types of face coverings suggest that multi-layered cotton face coverings provide good coverage to keep droplets from spreading when we speak, sneeze, or cough. Individuals should be reminded frequently not to touch their face covering and to wash their hands.

All schools in Plan A and Plan B are required to:

- ☐ As stated in Executive Order No. 180 on November 23, 2020, ensure that face coverings are worn by all workers, teachers, guests, other adults and children age five (5) or older. In all public and nonpublic schools, all workers, teachers, guests, other adults and children five (5) years or older must wear face coverings when indoors, at all times, unless an exception applies, and when outdoors and within six (6) feet of another person, unless an exception applies.
  - Examples of where and when masks are required include: Students over age 5 and a teacher are together inside a classroom whether or not they are 6 feet apart; Students over age 5 are in P.E. class indoors whether or not they are 6 feet apart; A student is 5 years-old and enrolled in preschool; Students over age 5 are playing basketball in the gym as a part of an after-school program; Student track athletes are waiting at the starting line to begin a race and are not 6 feet apart. These examples are not an exhaustive list.
  - Examples of where and when masks are not required include: Students are outside for recess consistently maintaining 6 feet of social distancing at all times; A teacher holds class outdoors with all individuals consistently maintaining 6 feet of social distancing at all times; Students are participating in an outdoor P.E. class with all individuals consistently maintaining 6 feet of social distancing at all times; A student is 4 years-old and enrolled in preschool; Student track athletes are running in a race and are consistently maintaining 6 feet of social distancing at all times; A teacher is alone in their classroom with the door closed. These examples are not an exhaustive list.
- ☐ As outlined in Executive Order No. 163, face coverings are not required to be worn by an individual who:
  - Should not wear a face covering due to any medical or behavioral condition or disability (including, but not limited to, any person who has trouble breathing, or is unconscious or incapacitated, or is otherwise unable to put on or remove the face covering without assistance);
  - Is under five (5) years of age;
  - Is actively eating or drinking;
  - Is seeking to communicate with someone who is hearing-impaired in a way that requires the mouth to be visible;
  - Is giving a speech for a broadcast or to an audience;
  - Is working at home or is in a personal vehicle;
  - Is temporarily removing his or her face covering to secure government or medical services or for identification purposes;
  - Would be at risk from wearing a face covering at work, as determined by local, state, or federal regulations or workplace safety guidelines;
  - Has found that his or her face covering is impeding visibility to operate equipment or a vehicle; or
  - Is a child whose parent, guardian, or responsible person has been unable to place the Face Covering safely on the child's face.
- ☐ Share guidance and information with teachers, staff, students, and families on the proper use, wearing, removal, and cleaning of cloth face coverings, such as CDC's guidance on wearing and removing cloth face masks and CDC's use of cloth face coverings. Visit NCDHHS COVID-19 response site for more information about face coverings, and to access sign templates that are available in English and Spanish.

It is recommended that all schools in Plan A and Plan B:

- Provide cloth face coverings for staff, other adults, and students. Ask them (and families, if applicable) to properly launder cloth face coverings using hot water and a high heat dryer between uses.
- Provide disposable face coverings for staff, visitors, or students who do not have a cloth face covering when they arrive at school.
- Schools may choose to build in time for brief moments when individuals can take short breaks from wearing cloth face coverings at times and in settings where risk for transmission is lower (e.g., outside, when air circulation is increased by opening windows, and when people are consistently 6 feet apart).
- Consider the particular needs of younger children for whom it may be difficult to wear a face covering properly for an extended period of time, such as children ages 2, 3 and 4, (for whom cloth face coverings are recommended, but not required). School staff can prioritize having children wear face coverings at times when it is difficult for children to maintain a distance of 6 feet from others (e.g., during pick- up or drop-off, when standing in line).
- Staff should provide positive reminders and support why it is important to wear cloth face coverings, and how to properly wear them.

Coping and Resilience

The COVID-19 outbreak is incredibly stressful. Fear and anxiety about the disease can be overwhelming and cause strong emotions in adults and children. Schools can play an important role in helping students and staff cope and build resilience to support the well-being of the school community.

All schools in Plan A, Plan B and Plan C are <u>required</u> to:

- ☐ Provide teachers, staff, families, and students (if age-appropriate) with information on how to access resources for mental health and wellness (e.g., 211 and Hope4NC Helpline 1-855-587-3463)

It is <u>recommended</u> that all schools Plan A, Plan B and Plan C:

- Increase capacity to deliver social support services by increasing number of on-site social workers.
- Encourage teachers, staff, students, and families to talk with people they trust about their concerns about COVID-19 and how they are feeling.
- Promote teachers, staff, students, and families eating healthy, exercising, getting sleep, and finding time to unwind.
- Encourage teachers, staff and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media, if they are feeling overwhelmed or distressed.

Protecting Vulnerable Populations

Everyone is at risk for getting COVID-19 if they are exposed to the virus, but some people are more likely than others to become severely ill. People at increased risk include anyone who:

- Asthma (moderate to severe)
- Cancer
- Cerebrovascular disease or history of stroke
- Chronic kidney disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic fibrosis
- Dementia or other neurologic condition
- Diabetes type 1 or 2
- Down Syndrome
- A heart condition such as heart failure, coronary artery disease, cardiomyopathy
- Hypertension or high blood pressure
- Liver disease, including hepatitis
- Pulmonary fibrosis
- Immunocompromised state (weakened immune system) from: immune deficiencies, HIV, taking chronic steroids or other immune weakening medicines, history of solid organ blood or bone marrow transplant
- Overweight or obesity
- Pregnancy
- Sickle cell disease (not including sickle cell trait) or thalassemia
- Smoking (current or former, defined as having smoked at least 100 cigarettes in their lifetime)

All schools in Plan A and Plan B are required to:

- ☐ Systematically review all current plans (e.g., Individual Healthcare Plans, Individualized Education Plans or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for exposure to COVID-19.
- ☐ Create a process for students and/or their families, teachers, and staff to self-identify as high-risk from COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments.
- ☐ Implement remote or other learning options for the subset of students whose families decide the student needs to remain at home because the student and/or their family member(s) are at high-risk from COVID-19.

It is recommended that all schools in Plan A and Plan B:

- Enable teachers and staff who self-identify as high-risk from COVID-19 to minimize face-to-face contact and to allow them to maintain a distance of 6 feet from others, modify job responsibilities that minimize exposure risk, or to telework if possible.
- Teachers and staff who have close contact with students who cannot wear a face covering due to a medical or behavioral condition or disability may consider wearing a face shield in addition to their cloth face covering. In these situations, the use of a face shield and a cloth face covering together may provide further protection.

Cleaning and Hygiene

Washing hands with soap for 20 seconds or using hand sanitizer reduces the spread of disease.

All schools in Plan A and Plan B are required to:

- ☐ Provide adequate supplies to support healthy hygiene behaviors (e.g., soap, hand sanitizer with at least 60% alcohol for safe use by staff and older children, paper towels, and tissues). Refer to the StrongSchoolsNC Infection Control and PPE Guidance (K-12) for recommended quantities of infection control supplies and ordering information.
- ☐ Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older children.
- ☐ Increase monitoring to ensure adherence among students and staff.
  - Supervise use of hand sanitizer by students.
  - Ensure that children with skin reactions and contraindications to hand sanitizer use soap and water.
  - Reinforce handwashing during key times such as: Before, during, and after preparing food; Before eating food; After using the toilet; After blowing your nose, coughing, or sneezing; After touching objects with bare hands which have been handled by other individuals.
- ☐ Provide hand sanitizer (with at least 60% alcohol) at every building entrance and exit, in the cafeteria, and in every classroom, for safe use by staff and older students.
- ☐ Systematically and frequently check and refill hand sanitizers.
- ☐ Encourage staff and students to cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- ☐ Incorporate frequent handwashing and sanitation breaks into classroom activity.
- ☐ Allow time between activities for proper cleaning and disinfection of high-touch surfaces.
- ☐ Establish a schedule for and perform ongoing and routine environmental cleaning and disinfection of high-touch areas (e.g., door handles, stair rails, faucet handles, toilet handles, playground equipment, drinking fountains, light switches, desks, tables, chairs, kitchen countertops, cafeteria and service tables, carts, and trays) with an EPA approved disinfectant for SARS-CoV-2 (the virus that causes COVID-19), and increase frequency of disinfection during high-density times and disinfect all shared objects (e.g., gym or physical education equipment, art supplies, toys, games) between use.
  - Paper-based materials, such as books and loose-leaf paper, are not considered high-risk for COVID-19 transmission, and do not need additional cleaning or disinfection procedures.
- ☐ Ensure safe and correct use and storage of cleaning and disinfection products, including securely storing and using products away from children, and allowing for adequate ventilation when staff use such products.
- ☐ Limit sharing of personal items and supplies such as writing utensils.
- ☐ Keep students' personal items separate and in individually labeled cubbies, containers or lockers.
- ☐ Limit use of classroom materials to small groups and disinfect between uses or provide adequate supplies to assign for individual student use.
- ☐ Ensure that all non-disposable food service items are minimally handled and washed with hot water and soap or in a dishwasher, or use disposable food service items such as plates and utensils.

It is recommended that all schools in Plan A and Plan B:

- Avoid shared use of soft or other items that cannot be easily cleaned and disinfected, (e.g., stuffed toys, clay).

Monitoring for Symptoms

Conducting regular screening for symptoms and ongoing self-monitoring throughout the school day can help reduce exposure. Teachers, staff, and students should be encouraged to self-monitor for symptoms such as fever, cough, or shortness of breath. If a student develops symptoms throughout the day, they must notify an adult immediately. More information on how to monitor for symptoms is available from the CDC.

All schools in Plan A and Plan B are required to:

Considering COVID-19 Testing at your K-12 School? Want to learn more? As more tests are becoming available across the country, we know that local partners have questions. Click here to read NCDHHS K-12 testing considerations.

- ☐ Enforce that staff and students stay home if:
  - They have tested positive for or are showing COVID-19 symptoms, until they meet criteria for return.
  - They have recently had close contact with a person with COVID-19, until they meet criteria for return.
- ☐ Conduct daily symptom screening of any person entering the building, including students, teachers, staff, and other visitors. Screening may be provided at the school entrance, prior to arrival at school, or upon boarding school transportation.Example screening tools:
  - Symptom Screening Checklist: Elementary School Students (English | Spanish). Designed to be administered to person dropping off a young child.
  - Symptom Screening Checklist: Middle and High School Students or Any Person Entering the Building (English | Spanish). Designed to be administered to any person middle-school-aged or older, including students, teachers, staff, families, or visitors.
  - There is a more narrow set of COVID-19 symptoms (fever, chills, shortness of breath or difficulty breathing, new cough, new loss of taste or smell) listed on the Screening Flow Chart and the screening checklists. The symptoms on the broader list include more common issues that may impact children with a routine illness, and may not be affiliated with COVID-19. Excluding students for symptoms on the broader list, therefore, could lead to a large number of children being excluded from school unnecessarily.
- ☐ As a required component of daily symptom screenings, conduct daily temperature screenings for all people entering the school facility or boarding school transportation (see note on optional daily parent/guardian attestation).
  - Fever is determined by a measured temperature of 100.4 °F or greater.
  - Individuals waiting to be screened must stand six feet apart from each other. Use tape or other markers on the floor for spacing.
  - The staff person taking temperatures must wear a cloth face covering, and must stay six feet apart unless taking temperature.
  - Use a touchless thermometer if one is available.
  - If not available, use a tympanic (ear), digital axillary (under the arm), or temporal (forehead) thermometer. Use disposable thermometer covers that are changed between individuals.
  - Do not take temperatures orally (under the tongue) because of the risk of spreading COVID-19 from respiratory droplets from the mouth.
  - Staff person must wash hands or use hand sanitizer before touching the thermometer.
  - Staff are not required to wear gloves for screenings. However, if staff person wears gloves, they must change them between direct contact with individuals, and must wash hands or use hand sanitizer after removing gloves.
  - Staff person must clean and sanitize the thermometer using manufacturer's instructions between each use.

Schools may choose to utilize a daily **parent/guardian attestation** of a symptom screening (Examples: English | Spanish) for their child in lieu of in-person screening for students who are boarding school transportation. However, a student whose parent/guardian submitted an attestation must be screened for symptoms and have temperature checked upon arrival at the school building.

Handling Suspected, Presumptive, or Confirmed Positive Cases of COVID-19

For step-by-step instructions for school personnel, review the Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 (K-12).

All schools in Plan A and Plan B are required to:

- ☐ Post signage at the main entrance requesting that people who have been symptomatic with fever and/or cough not enter. Examples of signage such as Know Your Ws/Stop if You Have Symptoms flyers (English: Color, Black & White; Spanish: Color, Black & White).
- ☐ Educate students, families, teachers, and staff about the signs and symptoms of COVID-19, when they should stay home and when they can return to school.
- ☐ Establish a dedicated space for symptomatic individuals that will not be used for other purposes.
- ☐ Immediately isolate symptomatic individuals to the designated area at the school, and send them home to continue isolating.
- ☐ Ensure symptomatic student remains under visual supervision of a staff member who is at least 6 feet away. The supervising adult should wear cloth face covering or a procedure mask.
- ☐ Require the symptomatic person to wear a cloth face covering or a procedure mask while waiting to leave the facility.
  - Cloth face coverings should not be placed on:
    - Anyone who has trouble breathing or is unconscious.
    - Anyone who is incapacitated or otherwise unable to remove the face covering without assistance.
    - Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral health needs.
- ☐ Require school nurses or delegated school staff who provide direct patient care to wear appropriate Personal Protective Equipment (PPE) and perform hand hygiene after removing PPE. Refer to the StrongSchoolsNC Infection Control and PPE Guidance (K-12) for more information.
- ☐ Implement cleaning and disinfecting procedure following CDC guidelines.
- ☐ Have a plan for how to transport an ill student or staff member home or to medical care.
- ☐ Adhere to the following process for allowing a student or staff member to return to school.
  - If a person has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.
  - If a person is diagnosed with COVID-19 by a medical professional based on a test or their symptoms or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they (or a family member if younger child) can answer YES to the following three questions:
    1. Has it been at least 10 days since the individual first had symptoms?
    2. Has it been at least 24 hours since the individual had a fever (without using fever reducing medicine)?
    3. Has there been symptom improvement, including cough and shortness of breath?
  - A person who was excluded from school due to COVID-19 symptom(s) can return to school, following normal school policies, once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours, if they receive an alternate diagnosis from a health care provider, and the health care provider has determined COVID-19 testing is not needed. The health care provider is not required to detail the specifics of the alternate diagnosis that would explain the symptoms of fever, chills, shortness of breath or difficulty breathing, new cough or new loss of taste or smell.
- ☐ Report to local health authorities any suspected or confirmed COVID-19 cases among children and staff (as required by NCGS § 130A-136).
- ☐ If directed by Local Health Department, school administrators coordinate with local health officials to provide contact information for or notify close contacts of a suspected or confirmed COVID-19 case among staff, students, and families while maintaining confidentiality in accordance with FERPA, NCGS § 130A-143, and all other state and federal laws.
- ☐ If a student/employee has been diagnosed with COVID-19 but does not have symptoms, they must remain out of school to isolate until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.
- ☐ If a student/employee who has been diagnosed by a medical professional due to symptoms, they are not required to have documentation of a negative test in order to return to school.
- ☐ Utilize the .
  - Quarantine refers to an individual who has been a close contact (within 6 feet for at least 15 minutes cumulatively over a 24-hour period) of someone who is positive with COVID-19.
  - CDC continues to recommend quarantine for 14 days after last exposure. However, as of December 2, 2020,

the CDC has offered options to reduce the duration of quarantine in either of the following two scenarios:
  - 10 days of quarantine have been completed and no symptoms have been reported during daily monitoring;
  - 7 days of quarantine have been completed, no symptoms have been reported during daily monitoring, and the individual has received results of a negative antigen or PCR/molecular test on a test taken no earlier than day 5 of quarantine.
- **If quarantine is discontinued before day 14, the individual must continue to monitor symptoms and strictly adhere to all non- pharmaceutical interventions** (e.g. wear a mask, practice social distancing) through 14 days after the date of last exposure.
- Follow the recommendations of your local public health department if someone at your schools must quarantine. Local public health authorities make the final decisions about how long quarantine should last in the communities they serve, based on local conditions and needs.

☐ Provide remote learning options for students unable to be at school due to illness or exposure.

☐ Household members (e.g. siblings) of a symptomatic individual may return to school after completing 14 days of quarantine, 10 days of quarantine if no symptoms are present in daily symptom reporting, or 7 days of quarantine if no symptoms are present in daily symptom reporting and a negative antigen or PCR/molecular test no earlier than day 5 of quarantine. The household member's quarantine begins at the end of a 10-day isolation of the person with symptoms of COVID-19. However, if the symptomatic person receives an alternate diagnosis, the household can return to school.

It is recommended that all schools in Plan A and Plan B:

- Consult with the Local Health Department on next steps for management and considerations on cleaning following a positive screening for exposure, or a positive screening for symptoms.
- Establish and enforce sick policies to prevent the spread of disease, including:
  - Enforcing staff staying home if sick.
  - Encouraging liberal use of sick leave policy.
- Establish and encourage liberal use of sick days for students and discontinue attendance- dependent awards and ratings.
- Develop plans for backfilling positions of employees on sick leave and consider cross- training to allow for changes of staff duties.

Communication and Combating Misinformation

Looking for more information on how to quarantine? Get help, including example calendars, by clicking here (English | Spanish)!

Help ensure that the information staff, students and their families are getting is coming directly from reliable resources. Use resources from a trusted source like the CDC and NCDHHS to promote behaviors that prevent the spread of COVID-19.

All schools in Plan A, Plan B, and Plan C are required to:

- ☐ Disseminate COVID-19 information and combat misinformation through multiple channels to students, families, teachers, and staff. Ensure that families are able to access communication channels to appropriate staff at the school with questions and concerns.
  - Some reliable sources include: NCDHHS COVID-19 Webpage; Know Your Ws: Wear, Wait, Wash; NCDHHS COVID-19 Latest Updates; NCDHHS COVID-19 Materials & Resources, and the additional resources listed in this public health toolkit.
- ☐ Put up signs, posters, and flyers at main entrances and in key areas throughout school buildings and facilities such as those found on the Social Media Toolkit for COVID-19 to remind students and staff to use face coverings, wash hands, and stay six feet apart whenever possible (Wear, Wait, Wash).
  - Know Your W's signs are available in English and Spanish.
  - Teach students who cannot yet read what the signs' language and symbols mean.

It is recommended that all schools in Plan A, Plan B, and Plan C:

- Make reliable, age-appropriate, and culturally responsive information available to students, families, teachers, and staff about COVID-19 prevention and mitigation strategies, using methods such as sharing resources through social media, newsletters that include videos, hosting online webinars, or distributing printed materials like FAQs.
- Share regular announcements on reducing the spread of COVID-19 on PA systems.
- Include messages and updates about stopping the spread of COVID-19 in routine communications with students, families, teachers, and staff, such as in newsletters, emails, and online.
- Involve students' families in outreach by utilizing the PTA or other local groups/organizations to support disseminating important information on COVID-19.

Water and Ventilation Systems

When reopening a building after it has been closed for a long period of time, it is important to keep in mind that reduced use of water and ventilation systems can pose their own health hazards. There is an increased risk for Legionella and other bacteria that come from stagnant or standing water.

It is recommended that all schools in Plan A, Plan B, and Plan C:

- Take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown by following the CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation to minimize the risk of diseases associated with water.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility.
- Consider ventilation system upgrades or improvements and other steps to increase the delivery of clean air and dilute potential contaminants in the school. Obtain consultation from experienced Heating, Ventilation and Air Conditioning (HVAC) professionals when considering changes to HVAC systems and equipment. Some of the recommendations below are based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) Guidance for Building Operations During the COVID-19 Pandemic. Review additional ASHRAE guidelines for schools and universities for further information on ventilation recommendations for different types of buildings and building readiness for occupancy. Not all steps are applicable for all scenarios.
- Improvement steps may include some or all of the following activities:
  - Increase outdoor air ventilation, using caution in highly polluted areas.
  - When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
  - Use fans to increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic window fan placement in exhaust mode can help draw fresh air into room via other open windows and doors without generating strong room air currents).
  - Decrease occupancy in areas where outdoor ventilation cannot be increased.
  - Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
  - Increase total airflow supply to occupied spaces, when possible.
  - Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
  - Further open minimum outdoor air dampers to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold, hot, or humid weather.
- Improve central air filtration:
  - Increase air filtration to as high as possible without significantly diminishing design airflow.
  - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass
  - Check filters to ensure they are within service life and appropriately installed.
  - Consider running the HVAC system at maximum outside airflow for 2 hours before and after the school is occupied.
  - Ensure restroom exhaust fans are functional and operating at full capacity when the school is occupied.
  - Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
  - Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas such as the nurse's office).
  - Inspect and maintain local exhaust ventilation in areas such as bathrooms, kitchens, cooking areas, etc.
  - Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas such as nurse's office and special education classrooms).

- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas such as the nurse's office).
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited.
- Ventilation considerations are also important on school buses.

- Discontinue use of drinking directly from water fountains, post signs requesting water fountains be used for bottle filling stations only.
- Provide cups or alternative procedures to minimize use of water fountains.

*Note: The ventilation intervention considerations listed above come with a range of initial costs and operating costs which, along with risk assessment parameters such as community incidence rates, face mask compliance expectations and classroom density, may affect considerations for which interventions are implemented. Acquisition cost estimates (per room) for the listed ventilation interventions range from $0.00 (opening a window; inspecting and maintain local exhaust ventilation; disabling DCV controls; or repositioning outdoor air dampers) to <$100 (using fans to increase effectiveness of open windows; or repositioning supply/ exhaust diffusers to create directional airflow) to approx. $500 (adding portable HEPA fan/filter systems) to approx. $1500 (adding upper room UVGI).

Transportation

Local education leaders and schools should follow the guidelines below for their transportation vehicles (e.g., buses, vans). It is strongly recommended that a school operating under Plan A for K-5th grade students should utilize a more restrictive Plan B approach for school transportation.

All schools in Plan A and Plan B are required to:

- ☐ Ensure that all students ages 5 years and older, and all teachers, staff and adult visitors wear face coverings when they are on a bus or other transportation vehicle, unless the person (or family member, for a student) states that an exception applies.
- ☐ Clean and disinfect transportation vehicles regularly. Children must not be present when a vehicle is being cleaned.
- ☐ Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children and adequate ventilation when staff use such products.
- ☐ Clean and disinfect frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) prior to morning routes and prior to afternoon routes.
- ☐ Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- ☐ Clean, sanitize, and disinfect equipment including items such as car seats and seat belts, wheelchairs, walkers, and adaptive equipment being transported to schools.
- ☐ Follow the symptom screening protocol outlined in the Monitoring for Symptoms section above for any person entering a school transportation vehicle, which could be using the option of a parent/guardian attestation. Individuals must stay home and not board transportation if they are experiencing symptoms of COVID-19 or have been exposed to someone positive for COVID-19.
  - Note: Upon arrival at school, students do not need to be rescreened if screening was followed prior to entry into the vehicle. However, as noted above, if a parent/ guardian provided an attestation only, students do need to be screened upon arrival at school.

- ☐ Create a plan for getting students home safely if they are not allowed to board the vehicle.
- ☐ Enforce that if an individual becomes sick during the day, they must not use group transportation to return home and must follow protocols outlined above.

- ☐ If a driver becomes sick during the day, they must follow protocols outlined above and must not return to drive students.
- ☐ Provide hand sanitizer (with at least 60% alcohol) to support healthy hygiene behaviors on all school transportation vehicles for safe use by staff and older children.
  - Hand sanitizer should only remain on school transportation while the vehicles are in use.
  - Systematically and frequently check and refill hand sanitizers.

Under Plan B only, schools are required to adhere to all requirements already outlined, AND:

- ☐ No more than one passenger may be seated per school bus bench seat, with the exception that members of the same household may share a seat.
- ☐ No more than two students may be seated in a non-bus vehicle unless all students in the vehicle are members of the same household.

It is recommended that all schools in Plan A and Plan B and Local Education Agencies:

- Identify at least one adult to accompany the driver to assist with screening and/or supervision of students during screening of on-boarding passengers, and to monitor children during transport.
- Allow for 6 feet of social distancing between students, and between students and the driver, while seated on vehicles if feasible (e.g., by utilizing larger vehicles with more seats, by increasing frequency of routes to reduce occupancy, one rider per seat in every other row).
- Consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate and safe.
- If feasible, park vehicles in a safe location away from the flow of traffic so that the screening can be conducted safely.

Additional Considerations

It is recommended that all schools Plan A, Plan B, and Plan C:

- Designate a single staff member to be the COVID-19 point of contact for the school in collaboration with district school nurses. Ensure that staff, students, and families know how to contact that individual. If students are old enough, consider a student counterpart for this role to be a source of information for students, thereby supporting student ownership and responsibility for creating a safe and healthy campus.
- Increase capacity to deliver health services by increasing number of on-site school nurses.
- Conduct ongoing regular training among all staff on updated health and safety protocols.
- Partner with other institutions in the community to promote communication and cooperation in responding to COVID-19.

Resources

- NCDHHS: North Carolina COVID-19
- NCDHHS: StrongSchoolsNC Infection Control and PPE Guidance (K-12)
- NCDHHS: StrongSchoolsNC Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 (K-12)
- NCDHHS: StrongSchoolsNC Public Health Toolkit (K-12) Frequently Asked Questions (English | Spanish)
- NCDHHS: K-12 testing considerations
- NCDHHS: When to Quarantine (English | Spanish)
- CDC: Considerations for Schools
- CDC: Cleaning and Disinfecting Your Facility
- CDC: Reopening Guidance
- CDC: Coping with Stress
- EPA: Disinfectants for Use Against SARS-CoV-2
- FDA: Food Safety and the Coronavirus Disease 2019 (COVID-19)

Still have questions?

For Families

- For questions specific to your child's school, such as scheduling, operations, remote learning options, and specifics about screening procedures, reach out to your local school leaders, such as your school's principal.
- For questions about your child's school's adherence to public health guidance, contact your local school board, your school district leadership (superintendent), or the NC State Board of Education.

For Local Education Leaders and Local Health Departments

- For questions about NCDHHS statewide guidance related to reopening NC's public schools not covered in this FAQ document, email StrongSchoolsNC@dhhs.nc.gov.
- The NCDHHS Division of Public Health Epidemiologist is on call and available to assist 24/7 (919-733-3419).

DAILY SYMPTOM SCREENING CHECKLIST

For any individual who cannot accurately respond for themselves

(SUGGESTED FOR ELEMENTARY SCHOOL STUDENTS)

Upon entry to school, the screener must direct the questions below to the accompanying individual who can respond accurately on behalf of the person. If the answer is "yes" to any of the questions below, that individual must be excluded from school.

For more detailed steps on how to respond to a "yes" on any of the questions below, screeners and school leaders should refer to the Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19.

1. Ask: Has the individual you are dropping off been diagnosed with COVID-19 since they were last at school?

- ☐ Yes
- ☐ No
  - *If No, move on to Question 2.*
  - *If Yes, say and ask:* They cannot go to school. Does anyone else who lives with them also go to or work at this school? ☐ Yes ☐ No
    - *If Yes, say:* Those individuals cannot go to school.

2. Ask: Has the individual you are dropping off had any of the following symptoms since they were last at school?

- ☐ Fever
- ☐ Chills
- ☐ Shortness of breath or difficulty breathing
- ☐ New cough
- ☐ New loss of taste or smell
  - *If No, move on to Question 3.*
  - *If Yes* to at least one symptom on this list, say and ask: They cannot go to school. Does anyone else who lives with them also go to or work at this school? ☐ Yes ☐ No
    - *If Yes*, say: Those individuals cannot go to school.

3. Ask: Has the individual you are dropping off had close contact (been within 6 feet of someone diagnosed with COVID-19 for a cumulative total of 15 minutes over a 24-hour period) in the last 14 days?

- ☐ Yes
- ☐ No
  - *If No, move on to Question 4.*
  - *If Yes*, say: They cannot go to school.

4. Ask: Has any health department staff or a health care provider been in contact with the person you are dropping off and advised them to quarantine?

- ☐ Yes
- ☐ No
  - *If No*, say: The person may go to school.
  - *If Yes*, say: They cannot go to school.

LISTA DE VERIFICACIÓN DIARIA PARA EVALUACIÓN DE SÍNTOMAS

Para cualquier persona que no pueda responder con precisión por sí mismo

(SUGERIDO PARA ALUMNOS DE ESCUELA PRIMARIA)

Al ingresar a la escuela, debe preguntar a la persona acompañante que pueda responder con precisión en nombre de la persona. Si la respuesta es "sí" a cualquiera de las preguntas siguientes, esa persona debe ser excluida de la escuela.

Para ver pasos más detalles sobre cómo responder a un "sí" en cualquiera de las preguntas siguientes, los examinadores y los líderes escolares deben consultar la Guía de Referencia para Casos Sospechosos, Presuntivos o Confirmados de COVID-19 (inglés).

1. Pregunte: ¿La persona a la que está dejando ha sido diagnosticada COVID-19 desde la última vez que fue en la escuela?

- ☐ Sí
- ☐ No
  - *Si no, pase a la pregunta 2.*
  - *En caso afirmativo, diga y pregunte:* No pueden ir a la escuela. ¿Alguien más que vive con ellos también va o trabaja en esta escuela? ☐ Sí ☐ No
    - *En caso afirmativo, diga:* Esas personas no pueden ir a la escuela.

2. Pregunte: ¿La persona a la que está dejando ha tenido alguno de los siguientes síntomas desde la última vez que fueron en la escuela?

- ☐ Fiebre
- ☐ Escalofríos
- ☐ Falta de aliento o dificultad para respirar
- ☐ Nueva Tos
- ☐ Nueva pérdida del sentido del olfato o del gusto
  - *Si no, pase a la pregunta 3.*
  - *En caso afirmativo a al menos un síntoma en esta lista, diga y pregunte:* No pueden ir a la escuela. ¿Alguien más que vive con ellos también va o trabaja en esta escuela? ☐ Sí ☐ No
    - *En caso afirmativo, diga:* Esas personas no pueden ir a la escuela.

3. Pregunte: ¿La persona a la que está dejando tuvo contacto cercano (a menos de 6 pies de alguien diagnosticado con el COVID-19, durante un total acumulado de 15 minutos durante un período de 24 horas) en los últimos 14 días?

- ☐ Sí
- ☐ No
  - *Si no, pase a la pregunta 4.*
  - *En caso afirmativo, diga:* No pueden ir a la escuela.

4. Pregunte: ¿Algún personal del departamento de salud o un proveedor de atención médica ha estado en contacto con la persona a la que está dejando y le ha aconsejado que se ponga a su niño en cuarentena?

- ☐ Sí
- ☐ No
  - *Si No,* la persona puede ir a la escuela.
  - *En caso afirmativo, diga:* No pueden ir a la escuela.

DAILY SYMPTOM SCREENING CHECKLIST

For any individual who can accurately respond for themselves

(SUGGESTED FOR MIDDLE OR HIGH SCHOOL STUDENTS, AND ADULTS)

Upon entry to school, the screener must ask the questions below directly to the individual. If an individual answers "yes" to any of the questions below, that individual must be excluded from school.

For more detailed steps on how to respond to a "yes" on any of the questions below, screeners and school leaders should refer to the Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19.

1. Ask: Have you been diagnosed with COVID-19 since you were last at school?

- ☐ Yes
- ☐ No
  - *If No, move on to Question 2.*
  - *If Yes, say and ask:* You cannot go to school. Does anyone else who lives with you also go to or work at this school?
    ☐ Yes ☐ No
    - *If Yes, say:* Those individuals cannot go to school.

2. Ask: Have you had any of the following symptoms since you were last at school?

- ☐ Fever
- ☐ Chills
- ☐ Shortness of breath or difficulty breathing
- ☐ New cough
- ☐ New loss of taste or smell
  - *If No, move on to Question 3.*
  - *If Yes to at least one symptom on this list, say and ask:* You cannot go to school. Does anyone else who lives with you also go to or work at this school? ☐ Yes ☐ No
    - *If Yes*, say: Those individuals cannot go to school.

3. Ask: Have you had close contact (been within 6 feet of someone diagnosed with COVID-19 for a cumulative total of 15 minutes over a 24-hour period) in the last 14 days?

- ☐ Yes
- ☐ No
  - *If No, move on to Question 4.*
  - *If Yes, say:* You cannot go to school.

4. Ask: Has any health department staff or a health care provider been in contact with you and advised you to quarantine?

- ☐ Yes
- ☐ No
  - *If No, say:* You may go to school.
  - *If Yes, say:* You cannot go to school.

LISTA DE VERIFICACIÓN DIARIA PARA EVALUACIÓN DE SÍNTOMAS

Para cualquier persona que pueda responder con precisión por sí mismo

(SUGERIDO PARA ALUMNOS DE SECUNDARIA O PREPARATORIA, YADULTOS)

Al ingresar a la escuela, el evaluador debe hacer las siguientes preguntas directamente a la persona. Si la respuesta es "sí" por cualquiera de las preguntas siguientes, esa persona debe ser excluida de la escuela.

Para ver pasos más detalles sobre cómo responder a un "sí" en cualquiera de las preguntas siguientes, los examinadores y los líderes escolares deben consultar la Guía de Referencia para Casos Sospechosos, Presuntivos o Confirmados de COVID-19 (inglés).

1. Pregunte: ¿Le han diagnosticado COVID-19 desde la última vez que fue en la escuela?

- ☐ Sí
- ☐ No
  - *Si no, pase a la pregunta 2.*
  - *En caso afirmativo, diga y pregunte:* No puede ir a la escuela.¿Alguien más que vive contigo también va o trabaja en esta escuela? ☐ Sí ☐ No
    - *En caso afirmativo, diga:* Esas personas No ir a la escuela.

2. Pregunte: ¿Ha tenido alguno de los siguientes síntomas desde la última vez que fue en la escuela?

- ☐ Fiebre
- ☐ Escalofríos
- ☐ Falta de aliento o dificultad para respirar
- ☐ Nueva Tos
- ☐ Nueva pérdida del sentido del olfato o del gusto
  - *Si no, pase a la pregunta 3.*
  - *En caso afirmativo a al menos un síntoma en esta lista, diga y pregunte:* No puede ir a la escuela. ¿Alguien más que vive contigo también va o trabaja en esta escuela? ☐ Sí ☐ No
    - *En caso afirmativo, diga:* Esas personas no pueden ir a la escuela.

3. Pregunte: ¿Ha tenido contacto cercano (a menos de 6 pies de alguien diagnosticado con el COVID-19 durante un total acumulado de 15 minutos durante un período de 24 horas) en los últimos 14 días?

- ☐ Sí
- ☐ No
  - *Si no, pase a la pregunta 4.*
  - *En caso afirmativo, diga:* No puede ir a la escuela.

4. Pregunte: ¿Algún personal del departamento de salud o un proveedor de atención médica ha estado en contacto con usted y le aconsejó que se ponga en cuarentena?

- ☐ Sí
- ☐ No
  - *Si No, diga:* Puede ir a la escuela.
  - *En caso afirmativo, diga:* No puede ir a la escuela.

K-12 SCHOOLS SYMPTOM SCREENING:

Parent/Guardian Attestation

Child's First Name: _____ **Child's Last Name:** _____

Parent/Guardian First Name: _____ **Parent/Guardian Last Name:** _____

1. **Has your child 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 child should not be at school. The child can return 14 days after the last time he or she had close contact with someone with COVID-19, or as listed below.
   - ☐ No > The child can be at school if the child is not experiencing symptoms.

2. **Does your child have any of these symptoms?**
   - ☐ Fever
   - ☐ Chills
   - ☐ Shortness of breath or difficulty breathing
   - ☐ New cough
   - ☐ New loss of taste or smell

   If a person has any of these symptoms, they should go home, stay away from other people, and call their health care provider. Household members (e.g., siblings) should also quarantine for 14 days from last exposure, unless the symptomatic person is cleared as a result of a negative test for COVID-19.

3. **Since they were last at school, has your child been diagnosed with COVID-19?**
   - ☐ Yes
   - ☐ No

   If a child is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.

A child can return to school when a family member can ensure that they can answer YES to ALL three questions:

- ☐ Has it been at least 10 days since the child first had symptoms?
- ☐ Has it been at least 24 horas since the child had a fever (without using fever reducing medicine)?
- ☐ Has there been symptom improvement, including cough and shortness of breath?

If a child has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a child has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a child has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.

I attest that the following information is true to the best of my knowledge as of:

_____ / _____ / _____ , _____ : _____ **AM PM** **Signature:** _____

MONTH DAY YEAR TIME CIRCLE ONE

EVALUACIÓN DE SÍNTOMAS EN PLANTELES ESCOLARES,
DESDE JARDÍN DE NIÑOS, HASTA EL GRADO 12:

Testimonio del padre, madre o tutor legal

Nombre del menor: _____ **Apellido del menor:** _____

Nombre del padre, madre o tutor legal: _____ **Apellido del padre, madre o tutor legal:** _____

1. ¿En los últimos 14 días, ¿su niño ha tenido contacto cercano (a 6 pies de distancia y por lo menos 15 minutos) con alguien diagnosticado con el COVID-19, o algún departamento de salud o algún proveedor de atención médica ha estado en contacto con usted y le ha aconsejado que se ponga en cuarentena?

- ☐ Sí > El niño no debe estar en la escuela. El niño puede regresar 14 días después desde la última vez que tuvo contacto cercano ante alguien con COVID-19, o según se lista a continuación.
- ☐ No > El niño puede estar en la escuela si no presenta síntomas.

2. ¿Su niño presenta alguno de los siguientes síntomas?

- ☐ Fiebre
- ☐ Escalofríos
- ☐ Falta de aliento o dificultad para respirar
- ☐ Nueva tos
- ☐ Nueva pérdida del sentido del olfato o del gusto

Si una persona tiene alguno de estos síntomas, debe irse a casa, mantenerse alejado de otras personas y llamar a su proveedor de atención médica. Los miembros del hogar (p. ej., hermanos) también deben ponerse en cuarentena durante 14 días desde la última exposición, a menos que la persona sintomática haya sido aprobada con resultado de prueba negative para COVID-19.

3. ¿Desde la última vez que el niño estuvo en la escuela, ¿le han diagnosticado COVID-19 al niño?

- ☐ Sí
- ☐ No

Si un niño es diagnosticado con el COVID-19 en base a resultados de una prueba, o a los síntomas que muestra, o bien, no recibe una prueba de COVID-19, pero ha presentado síntomas, no debe estar en la escuela y debe quedarse en casa hasta cumplir con los siguientes criterios.

Un niño puede regresar a la escuela cuando un familiar pueda asegurarse de que puede responder SÍ a TODAS las siguientes tres preguntas:

- ☐ ¿Han pasado por lo menos 10 días desde que el niño presentó los primeros síntomas?
- ☐ ¿Han pasado por lo menos 24 horas desde que el niño tuvo fibre (sin usar medicamentos para reducir la fiebre)?
- ☐ ¿Han mejorado los síntomas de los síntomas, incluyendo la tos y la falta de aliento?

Si un niño ha dado resultado negativo a la prueba de COVID-19, puede regresar a la escuela una vez que no tenga fiebre -sin hacer uso de medicamentos para bajar la fiebre,- y que se haya sentido bien durante 24 horas.

Si un niño ha sido diagnosticado con COVID-19, pero no tiene síntomas, debe permanecer fuera de la escuela hasta que hayan pasado 10 días desde la fecha de la primera muestra de prueba de diagnóstico de COVID-19 con resultado positivo, suponiendo que posteriormente no haya desarrollado síntomas desde su resultado positivo a la prueba.

Si se determina que un niño ha estado en contacto cercano con alguien diagnosticado con el COVID-19, debe permanecer fuera de la escuela durante 14 días a menos desde el último contacto conocido, a menos que la prueba resulte positiva; en cuyo caso, se aplicarían los criterios anteriores. Deben completar los 14 días completos de cuarentena, incluso si dan negativo.

Doy fe de que la siguiente información es verdadera, a mi mejor saber y entender, a la fecha del:

_____ / _____ / _____ , _____ : _____ **AM PM** **Firma:** _____
MES DÍA AÑO HORA MARQUE UNO

Screening Flow Chart

Screen for COVID-19

NO FLAGS

Proceed to school

EXPOSURE,* NO SYMPTOMS

Cannot go to school today

- Home for 14 days since exposure

DIAGNOSIS, NO SYMPTOMS

Cannot go to school today

- Home for 10 days since first positive COVID-19 test

AT LEAST 1 SYMPTOM**

- Fever
- Chills
- Shortness of breath/ difficulty breathing
- New cough
- New loss of taste or smell

Cannot go to school today

- If confirmed positive COVID-19 OR person has not been tested: Home for 10 days since first symptoms, no fever for 24 hours (without the use of fever reducing medicine), AND symptom improvement, including coughing and shortness of breath
- If negative rapid antigen test: home until follow-up negative PCR/molecular test, no fever for 24 hours (without the use of fever reducing medicine), AND they have felt well for 24 hours.
- If negative PCR /molecular COVID-19 test: Home until no fever for 24 hours (without the use of fever reducing medicine), AND they have felt well for 24 hours
- If they receive an alternate diagnosis from a health care provider, and the health care provider determines no COVID-19 testing needed, can return to school, following normal school policies, once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours. The health care provider is not required to detail the specifics of the alternate diagnosis that would explain symptoms.

* Exposure refers to being within 6 feet of someone diagnosed with COVID-19 for 15 minutes or more cumulative over a 24-hour period.

** The more narrow set of COVID-19 symptoms listed here reflects required exclusionary symptoms in order to avoid over-exclusion of people from school facilities.

Glossary

Antigen Test: Rapid antigen tests, which detect protein on the surface of the virus, are less sensitive and less specific than a PCR/molecular test. This means they miss some infections that would be detected by a PCR/molecular test, and they may be positive in someone who does not actually have the infection. However, they can be performed without having to send the sample to a laboratory and results come back quickly (eg., approximately 15 minutes). For this test, a sample may be collected through a nasal swab, and the test can be conducted inside a doctor's office, or even at a school that meets the right set of requirements.

Asymptomatic: Not showing any symptoms (signs of disease or illness). Some people without any symptoms still have and can spread the coronavirus. They're asymptomatic, but contagious.

Cluster: Five or more positive COVID-19 cases in a setting within 14 days of one another, and have an epidemiological linkage between them (e.g., presumed COVID-19 transmission within a school classroom.) Note: An "outbreak" is a specific term used for a congregate living setting, such as a nursing home, when there are two or more cases connected to each other. A cluster and an outbreak are not the same thing.

Cohort: A group of non-overlapping children, teachers and staff who are designated to follow identical schedules. Keeping clear and distinct schedules helps with contract tracing, should it be necessary.

Communicable: Similar in meaning as "contagious." Used to describe diseases that can be spread or transmitted from one person to another.

Community spread: The spread of an illness within a location, like a neighborhood or town. During community spread, there's no clear source of contact or infection.

Confirmed case: Someone tested and confirmed to have COVID-19.

Coronavirus: A family of related viruses. Many of them cause respiratory illnesses. Coronaviruses cause COVID-19, SARS, MERS, and some strains of influenza, or flu. The coronavirus that causes COVID-19 is officially called SARS-CoV-2, which stands for severe acute respiratory syndrome coronavirus 2.

COVID-19: The name of the illness caused by the coronavirus SARS-CoV-2. COVID-19 stands for "coronavirus disease 2019."

Exclusion: An individual is not allowed to attend school in person in order to isolate because they are or are presumed to be COVID-positive, or to quarantine to ensure they do not expose others if they may become COVID-positive.

Incubation period: The time it takes for someone with an infection to start showing symptoms. For COVID-19, symptoms appear 2-14 days after infection.

Isolation: When someone tests positive for COVID-19 or is presumed to be positive, they separate (isolate) themselves from others for 10 days to make sure they do not spread the virus. This is not the same thing as quarantining, which is for someone who is NOT positive with COVID.

Local Health Department: An administrative or service unit of local or state government concerned with health and carrying out some responsibility for the health of a jurisdiction smaller than the state.

PCR Testing: Polymerase chain reaction (PCR)/ molecular tests detect the virus's genetic material. This test is the "gold standard" for detecting the virus that causes COVID-19 and typically requires a sample being sent to a laboratory. For this test, it is most common that samples are collected through a nasal or throat swab.

Pandemic: When a new disease spreads to many countries around the world.

PPE: PPE Stands for personal protective equipment. This includes masks, face shields, gloves, gowns and other coverings that help prevent the spread of infection.

Presumptive positive case: A person who has COVID-19 symptoms, but has not been confirmed positive by a health care provider or through a PCR/molecular test.

Positive COVID-19 Test: An individual has taken a PCR/ molecular COVID-19 test and it has been confirmed positive through their local health department.

Quarantine: Quarantine refers to the time spent away from other people by an individual who has been in close contact (within 6 feet for at least 15 minutes cumulatively over a 24-hour period) with someone who is positive with COVID-19. A person exposed to COVID-19 may quarantine for up to 14 days - the incubation period of the virus. This is not the same thing as isolation, which is for someone who is positive with COVID-19.

Symptom Screening: A series of basic questions about a person's health condition and recent potential exposure to someone who has had COVID-19. This is not the same thing as a COVID-19 test.

Social distancing: Also called physical distancing. It means consistently putting space between yourself and other people. The goal is to slow down how fast an infection spreads. The CDC recommends keeping at least six feet between you and others around you in public. Social distancing also includes avoiding crowds and groups in public.

Symptomatic: When a person shows signs of illness. For COVID-19, that includes cough, fever or shortness of breath.

Testing: Testing is used to track cases of COVID-19 in the population. Anyone with COVID-19 symptoms, those who have been around others with symptoms or others who have tested positively, and high risk members of the population should consider testing for COVID-19. The most common tests are the molecular PCR test and the antigen test, both of which seek to determine whether or not a person currently is infected with COVID-19. The NCDHHS hosts testing sites regularly throughout the state.