



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



NCDHHS COVID-19 Response: Responding to your questions on K-12 schools

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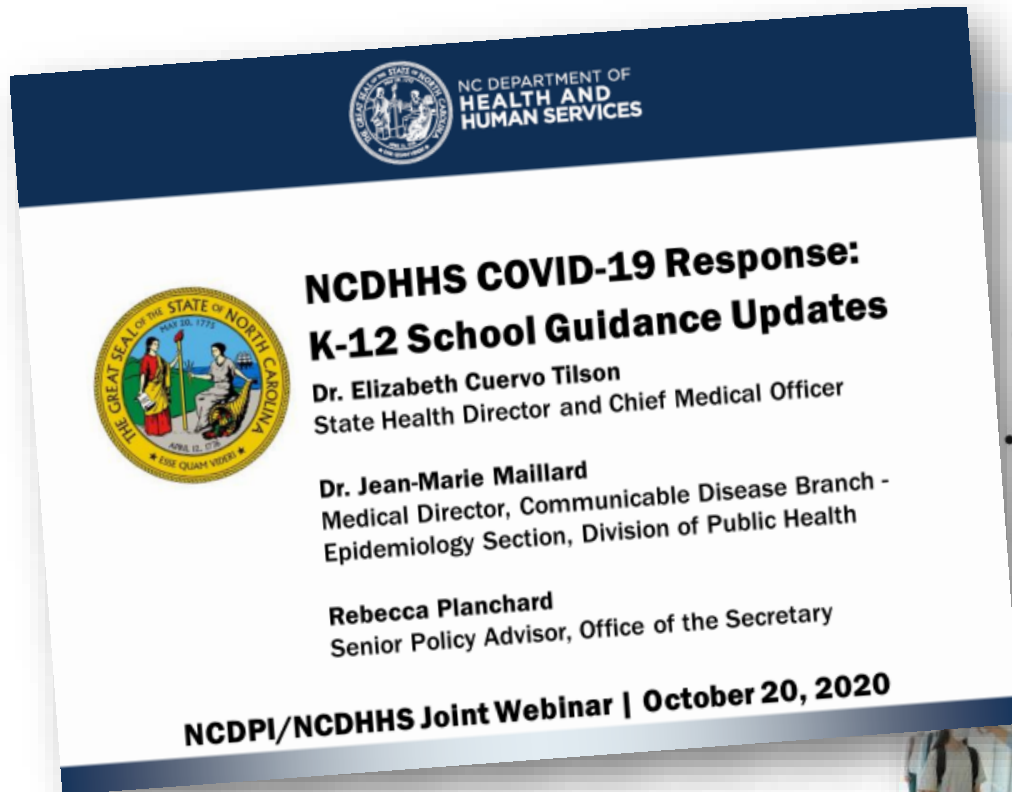
Chief of the Environmental Health Section, Division of Public Health


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November 3, 2020

Agenda: Answering your questions following last (large!) webinar



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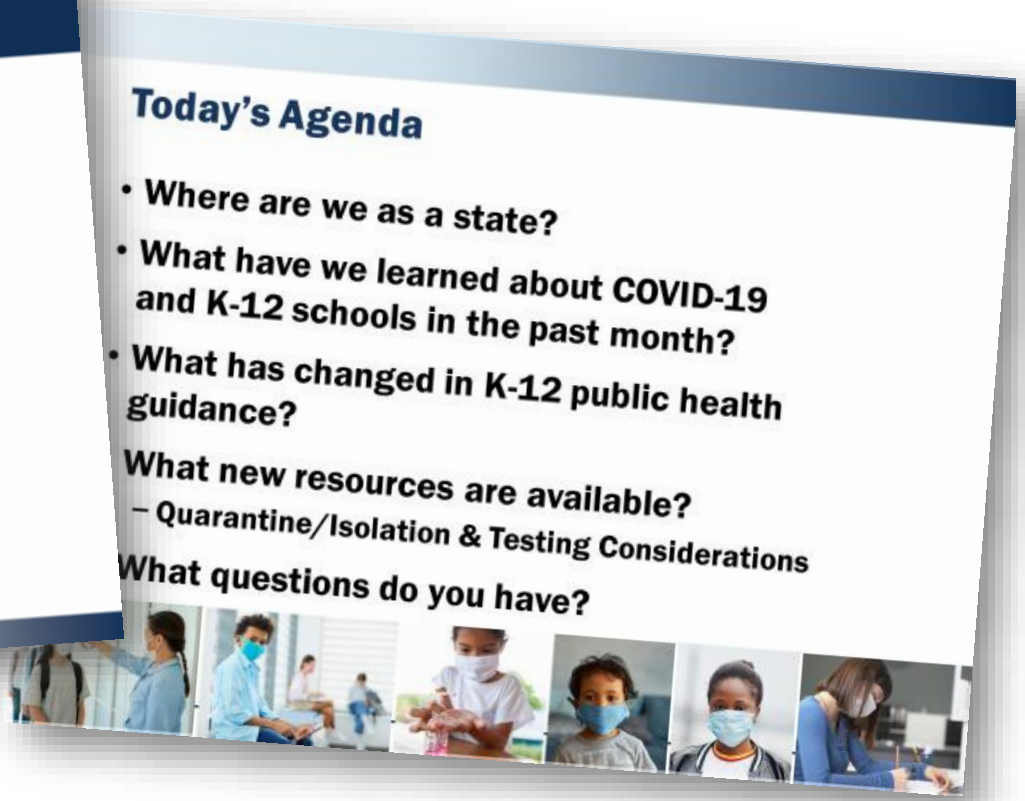
 **NCDHHS COVID-19 Response:
K-12 School Guidance Updates**

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State Health Director and Chief Medical Officer

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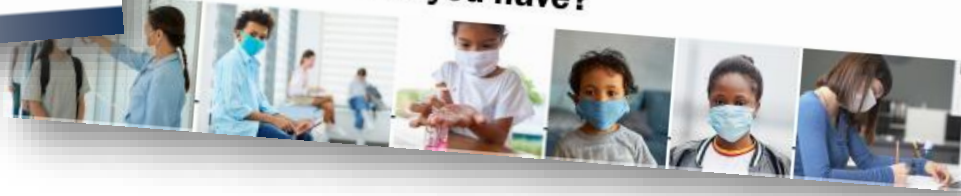
Rebecca Planchard
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NCDPI/NCDHHS Joint Webinar | October 20, 2020

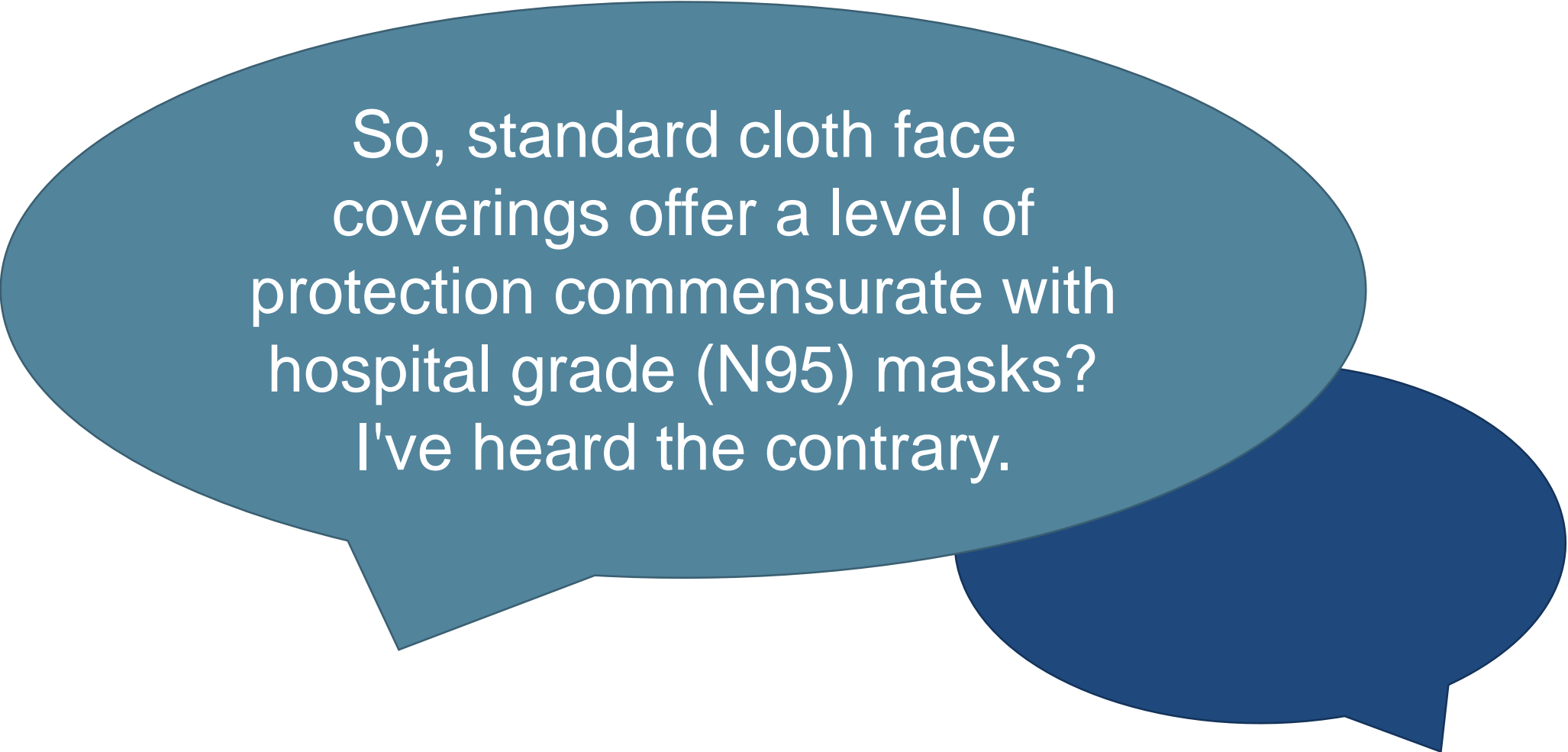


Today's Agenda

- Where are we as a state?
- What have we learned about COVID-19 and K-12 schools in the past month?
- What has changed in K-12 public health guidance?
- What new resources are available?
 - Quarantine/Isolation & Testing Considerations
- What questions do you have?



Topic: Cloth Face Coverings



So, standard cloth face coverings offer a level of protection commensurate with hospital grade (N95) masks?
I've heard the contrary.

Topic: Cloth Face Coverings

- **N95s are recommended by the CDC ONLY for health providers.**
- **Cloth face coverings are recommended for everyone else and when they meet CDC criteria, such as a 3-ply fabric face covering that fits snugly around the face and chin.**
- **Cloth face coverings should be laundered daily using the warmest water and highest heat dryer appropriate for the fabric. N95 masks worn by healthcare workers while interacting with patients has a protective purpose.**
- **A cloth face covering worn in the community has a purpose of source control, to decrease the risk of spread of infectious respiratory droplets**

Topic: Hand Hygiene

Hand hygiene for staff who are checking temperatures daily, as staff/students arrive at school. Are gloves required or would it be more beneficial to encourage frequent hand hygiene with hand sanitizer. Concern is that wearing gloves may give a false sense of security.

Hand Hygiene

- **Gloves are recommended for people providing medical support, especially to symptomatic individuals, but are not required for screeners.**
- **Gloves can restrict hand hygiene, and should never be washed or used with hand sanitizer.**
- **If gloves are used, staff should wash hands before and after use with soap and water for at least 20 seconds and should be instructed on the proper methods of donning, doffing, and disposing of gloves.**

Topic: Close Contact

What is the current definition of “close contact” if we are operating under Plan A?

Close Contact

- **Regardless of your school's operational plan, A, B, or C, the definition of close contact remains the same:**
 - **Within 6 feet for 15 minutes or more of a COVID-positive individual.**
- **The 15 minutes are cumulative over 24 hours, which can result from multiple interactions.**

Topic: Screening for Symptoms

Why are we required to take temperatures for entrance to the school when the CDC states it is not effective?

Topic: Screening for Symptoms

- **The CDC states (last updated 10/21):**
 - “Symptom screenings alone are inadequate to reduce SARS-CoV-2 transmission... other mitigation strategies (such as promoting healthy behaviors, maintaining healthy environments, maintaining healthy operations, and preparing for when someone gets sick) are still needed to help protect students, teachers, and staff from COVID-19.”
- **NCDHHS agrees with this perspective.**
- **Symptom screenings, or temperature screenings, alone would not be likely to prevent the spread as much as is needed to keep our schools open for in-person instruction.**
- **However, layering mitigation efforts, including all requirements and recommendations outlined in the StrongSchools NCToolkit such as wearing cloth face coverings and social distancing, will help to reduce the risk of spread of COVID-19.**

Topic: Reporting Requirements and Screening

You mentioned if an individual screens positive for symptoms and is reasonably suspected they have COVID19 that school must notify the LHD but what about when they screen positive but the screening person doesn't really know or think it's COVID (maybe they think it's allergies or a different virus)? Are they able to make that judgement or should they report anyone who screens pos on symptoms?

Some schools are screening using the short list in the guidance and some are screening using the longer CDC list of symptoms - how does this affect whether reporting to the LHD is required?(somewhat depends on the above answer I think).

Should there be several symptoms use to report to LHD of suspected case since the symptoms could be due to several conditions and 1 or even 2 minor symptoms may be something else

Reporting Requirements and Screening

- **Just screening positive for a symptom that may be consistent with COVID-19 would not meet statutorily required reporting.**
 - Consult the recently updated [reference guide for suspected or confirmed cases](#)
- **The shorter, targeted list of symptoms is the recommended list for screening in our public schools. Using this list for exclusion upon screening does not impact statutorily required reporting.**
- **§ 130A-136. School principals and child care operators to report.**
 - A principal of a school and an operator of a child care facility, as defined in G.S. 110-86(3), who has reason to suspect that a person within the school or child care facility has a communicable disease or communicable condition declared by the Commission to be reported, shall report information required by the Commission to the local health director of the county or district in which the school or facility is located. (1979, c. 192, s. 2; 1983, c. 891, s. 2; 1987, c. 782, s. 6; 1997-506, s. 46.)

Topic: Playgrounds

CDC and NCDHHS guidance regarding the cleaning playground equipment seems contrary. Can you please clarify the guidance in any follow up question doc?

CDC says playgrounds "require normal routine cleaning but do not require disinfection" and that it is not an efficient use of supplies. DHHS guidance says to clean and disinfect between uses or as much as possible

Topic: Playgrounds

- **CDC states that play equipment outdoors does not require disinfection due to increased ventilation outdoors, UV light, and temperature which leads to more rapid virus inactivation.**
- **However, any indoor equipment should be cleaned and disinfected between uses or as necessary depending on the equipment.**

Topic: COVID-19 Testing


What if health care providers are refusing to test a child for COVID who exhibits one symptom such as a cough they feel is attributed to an isolated issue?

If someone tests positive and feel that the result is inaccurate, what advice would you give regarding additional testing?

Topic: COVID-19 Testing

- **A negative test isn't required for a health care provider to clear a child to return to school.**
- **If the healthcare provider has cleared a child for return to school, then the child should be allowed to return, so long as they have not had a fever for 24 hours, without the use of fever reducing medicine.**
- **Perceived inaccurate result: It depends on what leads the individual to feel it's inaccurate. Have they been a close contact? Are they symptomatic? If the positive test was from an antigen test and the person had no symptoms and no known close contact, the result could be a false positive and testing should be repeated by a PCR test within 24-48 hours.**

Topic: Communications



What are some of the best ways for our school communities to support COVID-19 mitigation efforts?

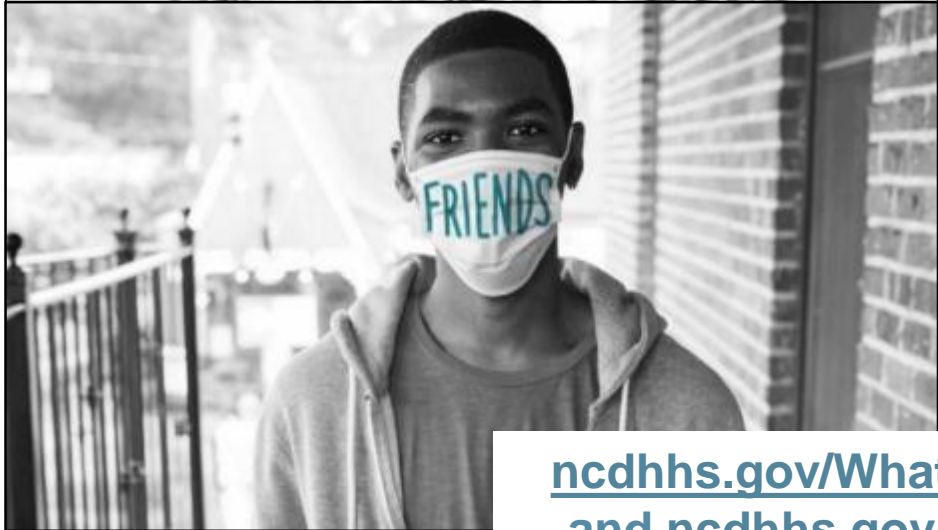
Slow COVID NC App

- Free smart phone app to support public health
- Notifies users if they have been exposed to someone diagnosed with COVID-19
- App integrates with NC's testing and tracing infrastructure to provide next steps to notified users
- Anonymous, no personal information stored
- Download for free through the [Apple App Store](#) and the [Google Play Store](#)
- Communications toolkit to help spread the word: <https://covid19.ncdhhs.gov/slowcovidnc/communications-toolkit>



Public Education & Engagement

Whatever Your Reason, Get Behind the Mask



ncdhhs.gov/WhateverYourReason
and ncdhhs.gov/CualEsTuRazon