



#StayStrongNC

StrongSchoolsNC

Requirements & Recommendations for Nonpublic Schools

INTERIM GUIDANCE
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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What Do We Know About COVID-19?

COVID-19 is mostly spread by respiratory droplets released when people do activities like talking, laughing, singing, coughing, or sneezing. The virus may spread to hands from a contaminated surface and then to the nose, mouth, or eyes, causing infection. That's why personal prevention practices (such as wearing a face covering, social distancing, 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 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.

Fortunately, there are many actions that school 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 24-hour period.*

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



How Should this Toolkit be Used?

This document brings together the best guidance available for NC's schools, building out recommendations based on public school requirements, and outlines specifically what is required of nonpublic schools.

Governor Cooper issued [Executive Order No. 180](#) on November 23, 2020 outlining that nonpublic schools must require face coverings to be worn by all workers, teachers, guests, other adults and children age five (5) or older. Statutory requirements were already in place for infection control measures, such as all principals reporting to their local health department any suspected or confirmed cases of COVID-19 and sharing information on potential close contacts when requested. Many schools have been utilizing the requirements and recommendations laid out in the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#), implemented by all public schools across the state.

Requirements and Recommendations

Practices that are **required** must be implemented by all North Carolina nonpublic schools. These practices are essential baseline actions in order to minimize the spread of COVID-19 among students, staff, and families across North Carolina. These requirements are intended to set the minimum standards. Practices that are **strongly recommended** and **recommended** are additional strategies that schools may choose to use to minimize the spread of COVID-19. All recommended practices will not be possible in all settings and should be tailored to each school as appropriate.

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

Local Education Leaders should use this guidance to understand what health practices they must meet, and to develop detailed school plans for how to implement the required and recommended health practices described in this toolkit.

Faith Based Schools should consider utilizing this guidance in conjunction with the resources available from NCDHHS created for faith-based organizations to protect their community. See the resources linked [here](#) available through the NCDHHS Faith Toolkit.

Local Health Departments should utilize this toolkit as a common entry point in your ongoing communication efforts with nonpublic schools in your area of service.

Other School Resources Available Online:

- For guidance and resources on schools in NC, visit <https://covid19.ncdhhs.gov/guidance#schools>
- [Executive Order No. 180 – Frequently Asked Questions](#)
- [All Other Executive Orders](#)
- [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](#)



Cloth Face Coverings

There is growing evidence that wearing face coverings can help reduce the spread of COVID-19, especially for those who are infected but may not know it. Cloth face coverings are not surgical 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.

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

Nonpublic schools are required to:

- As outlined in [Executive Order 180](#), beginning November 25, 2020, ensure that in all nonpublic schools covered by Article 39 of Chapter 115C of the General Statutes, all workers, teachers, guests, other adults and children five (5) years or older must wear face coverings both:
 - When outdoors and within six (6) feet of another person, unless an exception applies;
 - When indoors, at all times, unless an exception applies.
- For any place outside the home, including but not limited to businesses, schools, and other establishments and spaces:
 - Face Coverings must be worn indoors if anyone else is in that space who is not a member of the same household.
 - Face Coverings must be worn outdoors if it is not possible to consistently be physically distant by more than six (6) feet from non-household members.
- These requirements shall apply to all people at least five (5) years old, unless an exception applies. These requirements are recommended for all people over the age of two (2) years old.
- 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.
- Students 5 years and older and all caretakers must wear a face covering, if non-household members are present. For example, if there is a blending of students from different households, face coverings are required.

It is strongly recommended that nonpublic schools:

- 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 nonpublic schools:

- 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.
- Consider building in time throughout the school day when students, teachers, and staff 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 in kindergarten (for whom cloth face coverings are mandatory), and for children under the age of five (5) in preschool programs (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.



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

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

Nonpublic schools are required to:

- 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 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 person with symptoms 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?
- Utilize the CDC's most up-to-date [quarantine guidance](#).
 1. 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.
 2. 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 nonpharmaceutical 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.

- 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, 7 days of quarantine if no symptoms are present in daily symptom reporting and a PCR and/or molecular test are negative 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 **strongly recommended** that nonpublic schools:

- Post signage at the main entrance requesting that people who have been symptomatic with fever and/or cough not enter. [Example signage](#) is available.
- 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 they had symptoms.
 - If a person has had a negative PCR 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.
 - 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.
- 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.
- Provide remote learning options for students unable to be at school due to illness or exposure.

It is recommended that nonpublic schools:

- Consult with the Local Health Department on next steps for management and considerations on cleaning following a positive screening for symptoms or confirmed case of COVID-19.
- 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.
- Encourage all staff, teachers, families and older aged students to download SlowCOVIDNC* from the [Apple App Store](#) and [Google Play Store](#).

**[SlowCOVIDNC](#) will help North Carolinians slow the spread of the virus by alerting them when they may have been exposed to someone who has tested positive for COVID-19. It is completely anonymous and does not collect, store or share personal information or location data.*

*SlowCOVIDNC, alerts users **who have the app** if they have been in close contact with an individual who later tests positive for COVID-19.*



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 should notify an adult immediately. More information on [how to monitor for symptoms](#) is available from the CDC.

It is **strongly recommended** that nonpublic schools:

- 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 can be found in this toolkit.
 - [Symptom Screening Checklist: Elementary School Students](#) – 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](#) – designed to be administered to any person middle-school-aged or older, including students, teachers, staff, families, or visitors.
 - There is a narrower 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 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.
- It is not necessary 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.



Social Distancing and Minimizing Exposure

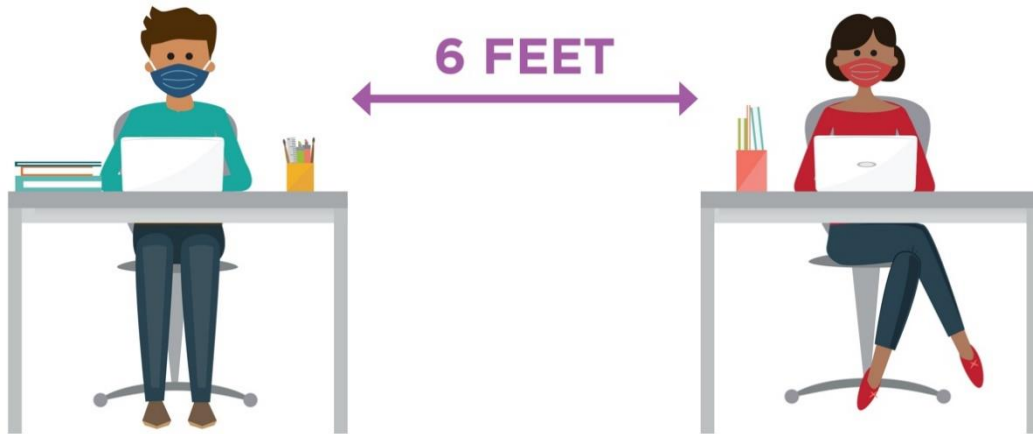
Social distancing is a key tool to decrease the spread of COVID-19. Social distancing (“physical distancing”) means keeping space between yourself and other people outside of your home.

It is strongly recommended that nonpublic schools:

- 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, such as lunch, passing periods, and dismissal.
- 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.)
- Limit the total number of students, teachers, staff, and visitors within a school building to the extent necessary to 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).
- 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. If it is not possible to arrange seating 6 feet apart, consider having all students, teachers, staff and visitors sit facing the same direction (e.g., all sitting on the same side of a table), or using barriers between people.
- Provide frequent reminders for students, teachers, staff, and visitors to stay at least 6 feet apart from one another.

It is recommended that nonpublic schools:

- 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.
- Place physical barriers such as plexiglass for protection at reception desks and similar areas.
- 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, etc.)
- 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.
- Hold physical education classes outdoors whenever possible.





Cleaning and Hygiene

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

It is **strongly recommended** that nonpublic schools:

- 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 nonpublic schools:

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



Transportation

Nonpublic schools are required to:

- All workers and riders must wear face coverings at all times, unless an exception applies. This does not apply to people traveling alone with household members in their personal vehicles, but does apply to vans, and shuttles where non-household members are present, even if the vehicles are privately owned.
- 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.

It is strongly recommended that nonpublic schools:

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

It is recommended that nonpublic schools:

- 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



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. Read more information from the [CDC](#). People at high risk include anyone who:

- Is 65 years of age or older
- Lives in a nursing home or long-term care facility
- Is pregnant
- Is a smoker
- Has a high-risk condition including:
 - Cancer
 - Chronic kidney disease
 - Chronic Obstructive pulmonary disease (COPD)
 - Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Compromised immune system from solid organ transplant
 - Obesity - body mass index (BMI) of 30 or higher
 - Sickle cell disease
 - Type 2 diabetes

It is strongly recommended that nonpublic schools:

- Systematically review all current 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 nonpublic schools:

- 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 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.



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.

It is strongly recommended that nonpublic schools:

- 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 recommended that nonpublic schools:

- 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.



Communication and Combating Misinformation

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 .

It is strongly recommended that nonpublic schools:

- 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 Website](#); [Know Your Ws: Wear, Wait, Wash](#); [NCDHHS COVID-19 Latest Updates](#); and the [NCDHHS COVID-19 Materials & Resources](#).
- 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 Ws](#) signs are available in English and [Spanish](#).
 - Teach students who cannot yet read what the signs' language and symbols mean.

It is recommended that nonpublic schools:

- 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

It is recommended that nonpublic schools:

- 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).
- 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).



Additional Considerations

It is recommended that nonpublic schools:

- Designate a single staff member to be the COVID-19 point of contact for the school. 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.

Daily Symptom Screening Checklist (Strongly Recommended)

For any individual who cannot accurately respond for themselves

(Suggested for elementary school students)

Upon entry to school, the screener should 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 should 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.*

DAILY SYMPTOM SCREENING CHECKLIST (Strongly Recommended)

For any individual who can accurately respond for themselves

(Suggested for middle or high school students, and adults)

Upon entry to school, the screener should ask the questions below directly to the individual. If an individual answers “yes” to any of the questions below, that individual should 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.

Symptom Screening Flow Chart (Strongly Recommended)

