



StrongSchoolsNC Public Health Toolkit (K-12) Frequently Asked Questions

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Question Topics

For Families, School Leaders, and Local Health Departments

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General

Where can I find NC Department of Public Instruction's operational guidance for school reopening?

NCDPI has provided guidance for schools across the state to consider as they open for in-person instruction, as well as considerations for remote learning. [Read more](#) by clicking the link.

How are children affected by COVID-19?

Children, particularly younger children, may be less likely than adults to become infected with COVID-19, even after being exposed to someone with COVID-19, and may have mild to no symptoms. Newer findings suggest there may be an undercount of the actual number of children infected, and more cases in children have been detected recently. Children under 10 years of age may be less likely to spread COVID-19 to others than older teens and adults. Newer findings **may** suggest that younger children may be able to spread virus more than originally thought. Children may be more likely to get COVID-19 from an adult than to spread an infection to an adult. Spread of COVID-19 is more likely within a household than not within a household (such as school).

Why should my child go back to school in-person?

Every family must make the right decision for themselves, knowing their community, their child's school, and their child. We know that in-person school is fundamental to children's development and well-being – especially for younger children. Schools provide academic support, social and emotional skills, a safe, comfortable place, reliable food and nutrition supports, physical/speech therapy, and opportunities for physical activity. There can be substantial negative impacts for children and communities without in-person learning taking place regularly.

Should my child still get their immunizations or vaccinations?

Whether children are home-schooled, attend school in-person or by remote learning, they are required by state law to be immunized based on their age for certain vaccinations as recommended by the Centers for Disease Control and Prevention (CDC). Students entering kindergarten, 7th grade and 12th grade are required to submit documentation showing that they have met certain [immunization requirements](#). Due to ongoing barriers that families and providers are experiencing as a result of the COVID-19 pandemic, the deadline to submit proof of required immunizations and school health assessments has been extended until December 30, 2020 (or for new students, documents must be presented within 30 calendar days of first day of school). After this point, a student must be excluded from in-person and remote learning until compliant with requirements.

Even with the extension, we encourage all families to get children and adolescents caught up on vaccinations and well child checks as soon as possible. Routine vaccination is an essential preventive care service for all individuals and should not be delayed because of the COVID-19 pandemic. Health care providers are following recommended infection prevention and control precautions to keep everyone safe from COVID-19, in addition to the [3W's \(Wear, Wait, Wash\)](#). Some practices are even providing curbside vaccination. Call your child's health care provider to find out how they are providing immunizations and other services safely, or you can also reach out to your local health department for immunization services.

I have specific questions about my child and my school. Where can I find more information on how my school will take action on the public health guidance provided by NCDHHS?

Every child and every school is unique. NCDHHS issued statewide public health guidance through the StrongSchoolsNC Public Health Toolkit (K-12). NCDPI has since issued ongoing operational guidance, Lighting Our Way Forward, as a reference for schools to support their implementation of the public health requirements and recommendations. School districts and schools are building their own plans in response to the requirements and recommendations set forth in the StrongSchoolsNC Public Health Toolkit and the DPI operational guidance in order to mitigate the spread of COVID-19 in our public schools. Contact your school and/or district to find out more information on how they are planning to reopen their facilities to students and staff.

Why are elementary schools (K – 5th grade) able to choose to operate under Plan A, while middle and high schools (6th – 12th grade) cannot?

On September 17, 2020, Governor Cooper announced that the State would allow public schools to expand options for in-person instruction to include a 'Plan A' option for all kindergarten – 5th grade students, effective October 5, 2020. This decision was made after careful consideration of recent trends of COVID-19 rates in the state, including stabilization of overall rates of laboratory confirmed COVID-19 cases, and evolving scientific evidence about the virus and younger children. This decision prioritizes in-person learning for our youngest students, supports working families, and provides more children with the opportunity to access other critical services provided in schools, including meals, regular physical activity, and social interaction.

Given what we now know about how children are affected by COVID-19, especially young children, in conjunction with recent state trends, this is the right time to lessen restrictions for our youngest students. We will continue to evaluate emerging scientific evidence and look forward to the eventual increase of in-person instruction for middle and high school students.

Do preschool programs have to adhere to the requirements listed in the StrongSchoolsNC Public Health Toolkit (K-12)?

We know that preschool programs are an important part of our public schools across the state. We wanted to prevent any confusion in the release of this guidance regarding what public health requirements those preschool programs located in public schools should follow.

[The memorandum linked here](#) was issued on June 8, 2020, jointly between the NC Department of Health and Human Services and the NC Department of Public Instruction. It states that preschool programs located in public schools, including NC Pre-K, EC, Title 1, and Head Start, should follow the [Interim Guidance for Child Care Settings ChildCareStrong](#), updated frequently. While similar to the K - 12 public health guidance, the child care guidance is better suited for early learning.

However, the memo notes that preschool programs located in public schools may be asked to take additional precautions on their campus, such as social distancing in the cafeteria. Outside of a public-school setting, we would not ask very young children to keep 6 feet apart from each other. However, if possible, preschool programs should follow campus-wide health protocols if asked to do so, especially in shared settings like hallways and the cafeteria.

Do the requirements in the StrongSchoolsNC Public Health Toolkit (K-12) apply to charter schools?

Yes - These requirements apply to public schools across North Carolina, including all charter schools, regional schools, and lab schools.

How can non-public schools use the guidance in the StrongSchoolsNC Public Health Toolkit (K-12)?

While these requirements apply only to public schools across North Carolina, we hope they serve as a set of guidelines for nonpublic schools to help minimize the risk of COVID-19 exposure and spread.

Where can I find Spanish versions of the Public Health Toolkit and other resources?

It is important that all families of our students know what to expect when their children return to school, including our Spanish-speaking communities. [Click here](#) for the Spanish version of the Strong SchoolsNC Toolkit. Check back regularly on the [NCDHHS guidance page under Schools](#) for additional translated documents.

Cloth Face Coverings and Personal Protective Equipment (PPE)

Are face coverings/masks required at all times for North Carolina's students, teachers, and staff when school buildings reopen?

See page 5 of the [StrongSchoolsNC Public Health Toolkit](#) for statewide requirements and recommendations on cloth face coverings.

We know that wearing a cloth face covering is one of the best tools we have for reducing the spread of COVID-19. When schools reopen across NC, face coverings will be required for all K – 12th grade students, teachers, staff, and adult visitors unless the person (or family member, for a student) states that an exception applies, such as if the person is eating, drinking, or strenuously exercising. Face coverings must be worn by K-12 students, and all teachers, staff, and adult visitors inside school buildings, and anywhere on school grounds, including outside. They are also required while traveling on buses or other school transportation vehicles. Cloth face coverings are required when anyone is in-person in public schools in Plan A or Plan B.

Why are cloth face coverings required in addition to social distancing under Plan B?

Our statewide public health guidance requires cloth face coverings for our K-12th students and staff because it is important to mitigate the spread of the virus by providing this barrier for transmission, as well as requiring social distancing of 6 feet under Plan B. Individuals may unintentionally come closer together for periods of time throughout the day; with required cloth face coverings for all, our public schools are better protected from spread in those circumstances. The guidance is not intended to allow for the taking on and off of cloth face coverings when sitting at desks 6 feet apart in classrooms for extended periods of time, for example.

Has the State provided cloth face coverings for schools?

The State has provided five cloth face coverings for every student, teacher, and school staff member in North Carolina schools: public (including all charter schools) and private. Schools operating under Plan A or B for in-person instruction have been given the opportunity to opt-in to additional masks.

Are face shields an allowable substitute for a cloth face covering?

Based on recommendations from the CDC, [Executive Order 163](#) notes that face shields **do not** meet the requirements for face coverings in any setting. NC DHHS does not include face shields as acceptable substitutes for face coverings within the StrongSchoolsNC Public Health Toolkit (K-12). Teachers who require mouth visibility should use transparent face masks.

There is some evidence that face shields can protect the wearer from respiratory droplets spread by others. Unlike with face coverings, it is not known if face shields provide any benefit in controlling the spread of respiratory droplets to others (source control).

If an educator's mouth must be visible for instructional purposes, what can they do?

For certain individuals, the use of cloth face coverings by teachers or others may pose a challenge, such as students who are deaf or hard of hearing, students receiving speech/language services, infants and young students in early education programs, students with Autism Spectrum Disorder (ASD), and English-language learners. If available, a transparent face mask, or face coverings with a see-through panel in the front, may be a better option for protection that allows visibility.

I'm worried about a child wearing a face covering all day. Are there any times when they can take it off?

Wearing a cloth face covering is required for all students K – grade 12, and for all teachers and school staff, unless a stated exception applies, or the individual is eating, drinking, or strenuously exercising. Schools/districts can also 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 and all people are consistently 6 feet apart). Mask breaks are recommended, but not required.

What should a child or a teacher/staff member do with their mask while eating or during a mask break?

The CDC [recommends](#) that cloth face coverings should be stored in a space designated for each student that is separate from others when not being worn (e.g., in individually labeled containers or bags, personal lockers, or cubbies).

If a teacher is more than 6 feet away from students and is inside a classroom, can they remove their mask while speaking?

Per page 5 of the [StrongSchoolsNC Public Health Guidance](#), cloth face coverings must be worn while inside school buildings, under Plan A and Plan B. Our statewide public health guidance requires cloth face coverings for our K-12 students and staff because it is important to mitigate the spread of the virus by providing this barrier for transmission, as well as requiring social distancing of 6 feet under Plan B. Individuals may unintentionally come closer together for periods of time throughout the day; with required cloth face coverings for all, our public schools are better protected from spread in those circumstances. The guidance is not intended to allow for the taking on and off cloth face coverings when 6 feet apart in classrooms for extended periods of time.

If a teacher or staff person must be in close contact with a student who cannot wear a cloth face covering due to an exception, what should they do?

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.

Are plexiglass/vinyl barriers substitutes for distancing if masks are also worn?

No – these mitigation efforts should be layered, as opposed to thinking of them as alternatives, in order to ensure the greatest possible avoidance of exposure to COVID-19.

Where can I find more guidance about the Personal Protective Equipment (PPE) and infection control materials recommended for schools and ordering information?

NCDHHS released [StrongSchoolsNC Infection Control and PPE Guidance for K – 12 schools](#). This document provides detailed guidance, information on ordering using state contracts, and distribution of two-month PPE starter packs for school nurses and delegated staff, as well as information on cloth face coverings provided for all students, staff, and teachers at public schools across North Carolina.

My company manufactures PPE and/or infection control materials, such as cloth face coverings. How can I be considered as a vendor for the state?

North Carolina needs companies and manufacturers that can produce and provide critical supplies to respond to the COVID-19 pandemic.

Please complete the form [linked here](#). All required fields must be completed in order to be considered for a procurement.

School Operations: In-Person with Minimal Social Distancing (Plan A), In-Person/Hybrid with Required 6 Ft. Social Distancing (Plan B) or Remote-Only (Plan C)

Which operational plan will my child's school reopen under?

See pages 1, 2, and 14 of the [StrongSchoolsNC Public Health Toolkit](#) for more information on Plans A, B, and C. Consult directly with your child's school to learn more about specific operational plans.

Kindergarten – 5th Grade Students: Effective October 5, 2020, and until further notice, schools may choose to operate in 'Plan A' for all kindergarten – 5th grade students. If schools choose to operate in 'Plan A,' they must operate

under 'Plan A' health and safety requirements, outlined in this Toolkit, while in school buildings and on school grounds. Schools may choose a more restrictive 'Plan B' or 'Plan C.' Schools may choose between 'Plan A,' 'Plan B' or 'Plan C' at any time. If schools operate under 'Plan A,' it is strongly recommended that they operate school transportation under 'Plan B' health and safety requirements, outlined in this Toolkit.

6th – 12th Grade Students: Effective October 5, 2020, and until further notice, schools may choose to operate in 'Plan B' or 'Plan C' for all 6th – 12th grade students. If schools choose to operate in 'Plan B,' they must operate under 'Plan B' health and safety requirements, outlined in detail in this Toolkit, unless they choose the more restrictive 'Plan C.' Schools may choose between 'Plan B' and 'Plan C' at any time.

Schools have flexibility in how they choose to implement the requirements and it is expected that all schools will also offer full-time virtual instruction for higher-risk students and teachers, and for families opting for remote learning for their children.

If my school building and/or my school transportation includes a mix of Kindergarten through 5th and other grades, can we still implement Plan A as an option?

School Building: If a school building serves Kindergarten through 5th grade in addition to other grades, from October 5, 2020, until further notice, only the K - 5 grades may operate under Plan A.

School Transportation: If a school transportation vehicle serves kindergarten through 5th grade in addition to other grades, from October 5, 2020, until further notice, the school transportation vehicle must operate under Plan B.

The requirements for school transportation under Plan B are:

- 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.

Are school districts allowed to provide remote learning during the 2020-21 school year?

School districts and charter schools are required under legislation to develop remote learning plans for the 2020-21 school year. Under the guidance for all plans (A, B, and C), all schools should provide a remote learning option for all families, and all schools are required to provide remote learning instruction for students who (or a family who) identifies as high-risk for severe disease due to COVID-19. Based on an [advisory letter](#) from the NC Department of Justice, school districts do have the authority under existing legislation to schedule remote learning days as needed based on health and safety needs of students and teachers, including prior to August 24.

Can schools operate in remote learning only (Plan C)?

Under the NCDHHS guidance, school districts or charter schools may choose to be more restrictive than the state-announced lowest levels of restriction (as of October 5th, Plan A for K – 5th grade, and Plan B 6th – 12th grade,) but they may not be less restrictive. (For example, 6th – 12th grade may not operate at a Plan A level.)

Is social distancing required in Plan A (K-5 only)?

The key difference between operating in Plan A and Plan B is that social distancing of 6 feet is recommended under Plan A, but is not required. Under Plan B, because 6 feet of distance is required between people at all times, many schools must reduce their capacity of students in order to operate in person. Therefore, because under Plan A, schools can bring back more students, emphasizing the other required mitigation strategies are even more critical: wearing cloth face coverings, screening for symptoms, keeping hands washed and surfaces clean, and the recommended emphasis on cohorting students and teachers.

Transportation

How are we keeping school buses as safe as possible for students, and still able to operate?

For transportation requirements, see page 12 of the [StrongSchoolsNC Public Health Toolkit](#).

NCDHHS continues to work closely with our partners at NCDPI and the State Board of Education to ensure that all public health guidance for K – 12 schools is operationalized thoughtfully across the state. NCDHHS updated the Plan B transportation guidance section as of June 30, 2020, to support greater operational feasibility in school transportation that will still require mitigation efforts to reduce the spread of COVID-19.

Additionally, as of October 5, 2020, schools may choose to operate in Plan A for all kindergarten – 5th grade students. However, if schools operate under Plan A, they are strongly encouraged to operate school transportation under Plan B health and safety requirements. Given that school transportation vehicles are more confined spaces than classrooms, and that at maximum capacity a school bus could hold up to 70 children, Plan B ensures density reduction on school transportation to allow for additional social distancing in those settings to reduce the potential risk of viral exposure.

All Plan B schools utilizing transportation are required to adhere to Plan B requirements for transportation:

- 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.

What if a school transportation vehicle serves kindergarten through 5th grade in addition to other grades?

If a school transportation vehicle serves kindergarten through 5th grade in addition to other grades, from October 5, 2020, until further notice, the school transportation vehicle must operate under Plan B.

The requirements for school transportation under Plan B are:

- 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.

You should contact your child's school to learn more about the operational procedures your campus is planning.

What should be done if a child is symptomatic at a bus stop?

Any student, staff member, or any other person entering a school facility, such as a school building or a transportation vehicle, must be screened for COVID-19 symptoms and have their temperature checked. For students boarding school transportation on the way to school, a school may institute a parent/guardian daily attestation form that states their child does not have COVID-19 symptoms. However, this student must be screened for COVID-19 symptoms and have their temperature checked prior to entering the school building. Follow the symptom screening protocol outlined in the Monitoring for Symptoms section above for any person entering a school transportation vehicle. A school may choose to implement a daily parent/guardian attestation form, but must still conduct a daily, in-person symptom screening upon arrival at school. The process of administering the attestation form would be up to the school/district, such as a paper vs. electronic form. Any additional considerations and/or questions regarding operationalizing these requirements should be directed to NCDPI and NCSBE. Schools should have an operational procedure for this specific situation. Consult with DPI for further guidance. However, in the case there is no other option, a symptomatic child could be placed in a seat on the bus with social distancing protocols in place, and ventilation on the bus can be increased by opening windows.

Specials and Extracurricular Activities (e.g., Athletics, Gym, Music, Band, Art)

What are the requirements for school sports and physical education?

Schools can continue sports activities in person in accordance with the recommendations outlined in the [NCDHHS Interim Guidance for Administrators and Participants of Youth, College, and Amateur Sports Programs](#) (also available in [Spanish](#)).

For school year requirements and recommendations, see page 4 of the [StrongSchoolsNC Public Health Toolkit](#) on social distancing and minimizing exposure.

Schools are required to choose physical education activities that limit the use of shared equipment and any close contact between students during those activities is limited and brief. Additionally, schools are required to discontinue in-person activities that involve bringing together large groups of people or activities that do not allow for social distancing.

What guidance is provided for “specials,” such as music class, band, and art?

See page 4 of the [StrongSchoolsNC Public Health Toolkit](#) for recommendations on screening on careful consideration of music and band – limiting activities is recommended when there may be singing or the playing of wind instruments. Cleaning is required of any shared materials, such as instruments, or art supplies, noted on page 7 of the Toolkit.

Keeping Schools Clean

How will we keep schools clean enough to reduce the risk of COVID-19 exposure and spread?

See page 7 of the [StrongSchoolsNC Public Health Toolkit](#) for the statewide requirements and recommendations.

- Schools are required to take the following actions, among many more, to keep buildings, surfaces, objects, and hands clean:
- 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).
- 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. Younger children should be able to use alcohol-based hand sanitizer, as long as they are doing so under adult supervision, and the bulk containers are being stored away from students.
- 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.
- Establish a schedule for and perform ongoing and routine environmental cleaning and disinfection of high-touch areas, such as faucet handles, EPA approved disinfectant.
- Limit sharing of personal items and supplies.

If the biggest risk for COVID-19 exposure seems to be through airborne particulates, why is there still so much emphasis on rigorous cleaning?

Surface-based cleaning and disinfection is important in combination with social distancing. While we know that most known outbreaks have come from close contact, there is risk of exposure from touching a contaminated surface and then touching one's eyes, nose, or mouth. All infection control measures need to be used together for additive protection.

Is Hand Sanitizer Safe for Schools to Use?

Making hand sanitizer containing at least 60% alcohol available for students and staff is a required component of the [StrongSchoolsNC Public Health Toolkit](#).

Alcohol based hand sanitizers with at least 60% alcohol are known to be effective against SARS-CoV-2 virus and can be placed in dispensers and other containers that are readily available for student use. This availability of hand

sanitizer should not be considered a violation of 15A NCAC 18A .2415(b). While Executive Order No. 116, (Declaration of a State of Emergency to Coordinate Response and Protective Actions to Prevent the Spread of COVID-19) or another State of Emergency declaration is in effect during this school year, such hand sanitizer dispensers may be used by students without being considered a violation of Rule .2415 if handled in a safe manner supervised by teachers or other adults in accordance with the directions on the label, and bulk containers of hand sanitizer are stored according to manufacturer's instructions when not in use.

How should an isolation room be kept clean if it needs to be used more than once in a school day?

NCDHHS recommends using [this guidance](#) from the CDC on cleaning and disinfection to inform these practices. Waiting 24 hours before cleaning may not be practical in school settings for an isolation room, so we recommend increasing ventilation between sick students and providing disinfection of the areas once the student leaves—of course, following manufacturer's instructions for use and contact time. In addition, try to cut down on soft surfaces in the room that are difficult to clean/disinfect.

Screening and Reducing Exposure

What is required for COVID-19 screening and monitoring symptoms among students and staff at schools?

See page 8 of the [StrongSchoolsNC Public Health Toolkit](#) for the statewide requirements and recommendations on screening for and monitoring COVID-19 symptoms.

Any student, staff member, or any other person entering a school facility, such as a school building or a transportation vehicle, must be screened for COVID-19 symptoms and have their temperature checked. For students boarding school transportation on the way to school, a school may institute a parent/guardian attestation form that states their child does not have COVID-19 symptoms. However, this student must be screened for COVID-19 symptoms and have their temperature checked prior to entering the school building. Follow the symptom screening protocol outlined in the Monitoring for Symptoms section above for any person entering a school transportation vehicle. A school may choose to implement a daily parent/guardian attestation form, but must still conduct a daily, in-person symptom screening upon arrival at school. The process of administering the attestation form would be up to the school/district, such as a paper vs. electronic form. To learn if your school/district is using a parent/guardian attestation form, reach out to your school leadership.

Who should conduct symptom screenings?

The NCDHHS [Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19](#) notes in the diagram on Page 3 that any school staff person could conduct screenings. Recently, the CDC updated their guidance recommending that universal symptom screening be conducted by parents or caregivers before students go to school each day. NCDHHS continues to evaluate guidance on screening procedures and will widely share any changes to those policies. For more information, please visit the CDC guidance available online: [Screening K-12 Students](#).

I have seen some information on social media regarding infrared thermometers used for screening in schools and possible negative effects. Can these thermometers cause harm?

Infrared thermometers are safe for use in reading the surface temperature of a child or adult. Infrared thermometers measure the body's surface temperature without emitting any radiation or signal to do so. The human body itself emits radiation in the form of heat. That heat is called infrared radiation. An infrared thermometer reads that heat radiation coming off of the skin of the forehead. It receives radiation; it does not send radiation. The amount of heat radiation being picked up from a child is converted by the thermometer into a temperature value. That is why sometimes a child that is flushed and hot from being outside will read as having a fever. They are temporarily putting out a lot of body heat radiation. If they are allowed to rest and cool off, they will read normal later.

How are "Exposure" and a "Close Contact" defined?

Exposure to COVID-19, or being in **close contact**, is defined as being physically exposed within 6 feet of another person for 15 minutes cumulatively with or without a cloth face covering. Currently, there is no specific time interval

defined, but 15 minutes or more cumulatively within one day could be considered (e.g. 5 minutes in at arrival, 5 minutes at lunch, and 5 minutes at dismissal). Any person who has had close contact to someone who has tested positive for COVID-19 should quarantine for 14 days after the last close contact. If no symptoms develop nor do they have a positive COVID-19 test, they may return to school after the 14-day quarantine. Please see our [Reference Guide for Suspected, Presumptive, or Confirmed cases of COVID-19](#) for more information.

Will the Local Health Department share identifying information about my school, me, or my child if we contract the virus?

Your privacy and your child's privacy are prioritized during this health crisis. Information may be shared under GS 130A-143(4) when necessary for public health and implementation of control measures. A local health department may share more information about a person who has tested positive with a school if it is "necessary to prevent transmission in the facility or establishment [i.e., school] for which they are responsible." However, the local health department is responsible for ensuring that a school is instructed to protect confidentiality.

NCDHHS does not publicize the names of individuals who test positive for COVID-19, nor the name of a school that individual works at or attends. If a cluster (five laboratory-confirmed positive cases of COVID-19 that have a connection at a specific location or a specific event) outbreak is reported at a school, NCDHHS will post the name of the school, public or private, to [this public report](#) released twice weekly.

Are medical professionals caring for COVID-19 patients excluded from screening for exposure?

Screening for exposure would not require the exclusion of medical professionals who may have been exposed to COVID-19 positive individuals while wearing proper PPE. This would include nurses, physician assistants, physicians, medical staff, or individuals delegated at schools to perform medical tasks. We are following CDC Guidance on this topic.

When can a person return to school if they receive an alternate diagnosis?

A person 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.

Testing and Positive Cases

Will students and teachers need to be tested for COVID-19 before they come back to school?

No, students and teachers are not required to be tested for COVID-19 before they come back to school. Schools are required to conduct symptom screenings, including temperature checks, of any person entering a school building or school transportation vehicle including students, teachers, staff, family members and other visitors.

Can a student receive a COVID-19 test without the consent of a parent or guardian?

In general, receiving consent from parents or guardians for student testing for COVID-19 is the expectation and will be the normal process. However, pursuant to G.S. 90-21.5, minors with decisional capacity may consent for testing for COVID-19 (a novel coronavirus), as it is considered a medical health service for the diagnosis of a reportable disease. The UNC School of Government has a post summarizing the law on decisional capacity. It can be found [here](#).

How will new cases of COVID-19 be handled in our schools?

NCDHHS released the [Reference Guide for Suspected, Presumed, or Confirmed Cases of COVID-19](#). The guide details how schools should handle these scenarios and should be used in schools across the state.

Specifically, this reference guide outlines protocols that staff should follow when interacting with students or staff who:

- 1) Share they were exposed to someone with COVID-19 (defined as having close contact of less than 6 feet distance for more than 15 minutes) but have no symptoms
- 2) Share they were diagnosed with COVID-19 less than 10 days ago but are not symptomatic,

- 3) Present with at least one of the following COVID-19 symptoms (fever, chills, shortness of breath or difficulty breathing, new cough, new loss of taste or smell).

Where can I find more information about isolation and quarantine practices, especially if I live with someone who may have COVID-19?"

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent the spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department. For more information about when and how to quarantine due to COVID-19 exposure, please read over the [English](#) or [Spanish](#) guide.

Is there any required documentation for teachers/students that were exposed or tested positive to return to school?

We know how important it is for our students, especially our youngest students, to be in schools for their educational development. We are not requiring students and employees to provide documentation of a negative test prior to returning to school after having a positive diagnosis for COVID-19 in order to reduce barriers to children returning to school. This is especially important for our students whose families may have financial, logistical, or other barriers to being tested.

Where can I learn more about COVID-19 testing and K-12 Schools?

We know that many people have questions about the use of COVID-19 testing in education settings and/or among adults and children who work at or attend a K-12 school. This is an emerging area of public health practice and there is currently limited scientific or evidenced-based data on effective and efficient testing protocols and strategies. As more public health research evolves and more is learned, the North Carolina Department of Health and Human Services (NCDHHS) will update the [linked considerations](#) as a reference for Local Education Agencies (LEAs) - including independent public schools and charters - and private schools, in consultation with their Local Health Departments (LHDs) to determine their own local approaches to administering COVID-19 tests, at their discretion.

Vulnerable and High-Risk Children, Families, and School Staff

How should North Carolina schools support the health and wellbeing of students and staff who might be at high-risk for severe disease due to COVID-19 as they plan for reopening?

See page 6 of the [StrongSchoolsNC Public Health Toolkit](#) for the statewide requirements and recommendations.

Protecting vulnerable populations is critical to support the health and safety of our students, their families, and our staff across North Carolina's public schools. You should connect directly with your school for support as they finalize their plans for returning to school buildings. Remote learning options must be provided for students who are at high-risk for severe disease due to COVID-19, or whose family members are at high-risk.

Individuals who are considered high-risk for severe illness due to COVID-19 include people who:

- Are 65 years of age or older
- Have a high-risk condition that includes:
 - chronic lung disease or moderate to severe asthma
 - heart disease with complications
 - compromised immune system
 - severe obesity
 - body mass index of 40 or higher
 - other underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure or liver disease

If you are interested in more information on who is at higher risk for severe illness due to COVID-19, please take a look at these links available from the [CDC](#) and [NCDHHS](#). You should also view the [operational guidance](#) provided by the Department of Public Instruction with resources for how schools can take these requirements and implement them on their campuses.

Contact Information

My question has not been answered here. Who should I contact?

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 NC DHHS Division of Public Health Epidemiologist is on call and available to assist 24/7 (919-733- 3419)