



#StayStrongNC

# StrongSchoolsNC

## Public Health Toolkit (K-12)

INTERIM GUIDANCE

Published June 8, 2020 • Updated June 11, 2021



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

# What's Inside

CURRENT PUBLIC HEALTH GUIDANCE .....	3
WHAT DO WE KNOW ABOUT COVID-19?.....	4
WHAT'S THE PLAN? .....	6
COMPARISON OF REQUIREMENTS FOR PLANS A AND B .....	6
REQUIREMENTS AND RECOMMENDATIONS .....	7
PHYSICAL DISTANCING AND MINIMIZING EXPOSURE .....	7
CLOTH FACE COVERINGS .....	9
COPING AND RESILIENCE .....	10
PROTECTING VULNERABLE POPULATIONS .....	11
CLEANING AND HYGIENE .....	12
MONITORING FOR SYMPTOMS .....	12
HANDLING SUSPECTED, PRESUMPTIVE, OR CONFIRMED POSITIVE CASES OF COVID-19 .....	14
COMMUNICATION AND COMBATING MISINFORMATION .....	17
WATER AND VENTILATION SYSTEMS .....	18
TRANSPORTATION .....	19
ADDITIONAL CONSIDERATIONS .....	20
RESOURCES.....	21
OPTIONAL DAILY SYMPTOM SCREENING CHECKLIST FOR ADULTS.....	22
RETURNING FROM EXCLUSION FLOW CHART .....	24
GLOSSARY .....	25

## Available Online:

- [Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 \(K-12\)](#)
- [Infection Control and PPE Guidance \(K-12\)](#)
- [K-12 COVID-19 Antigen Testing Interim Guidance](#)
- [Contact Tracing Procedures for K-12 Schools](#)

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

# Current Public Health Guidance

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

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

Recognizing the growing harms to children who are out of school and relying solely on remote instruction, including negative impacts on academic and mental health and food insecurity, the StrongSchools Toolkit, the NCDHHS-required COVID-19 guidance for all NC public school units, including traditional public schools and charter schools, was updated on March 3 and on March 23, 2021 to clarify the following expectations:

**Kindergarten – 12<sup>th</sup> Grade Students:** Schools should return to in-person instruction to the fullest extent possible up to five days per week while following all public health protocols in the StrongSchoolsNC Toolkit. School must provide in-person learning to students in grades K-12 under the physical distancing requirements for either Plan A (Minimal Physical Distancing) or Plan B (Six Feet Physical Distancing).

**Remote Learning Option:** Schools must create a process for students and/or their families, teachers, and staff to self-identify as high-risk from COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments. Schools must implement remote or other learning options for students whose families decide the student needs to remain at home because the student and/or their family member(s) are at high-risk from COVID-19. All other students must be offered in-person instruction as outlined above.

**Operational Flexibility and Planning for Different Scenarios:** Schools have flexibility in how they choose to operationally implement the public health requirements in this toolkit. Further, school leaders should continue to maintain plans for three different potential scenarios, depending on what restrictions are deemed necessary by state public health leaders at any time in the school year to control the spread of the disease.

**Minimal Physical Distancing (Plan A):** All public health requirements in this toolkit, except the Six Feet Physical Distancing Requirements on page 8.

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

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

## How Should this Toolkit be Used?

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

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

# What Do We Know About COVID-19?

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. The virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. That is why personal prevention practices (such as wearing face coverings, handwashing and staying home when sick) and environmental cleaning 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 milder symptoms with COVID-19 than adults, 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 school settings and are using that data and research to make our school guidance and approach better.

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Headache
- New loss of taste or smell
- Sore throat
- Diarrhea or vomiting

This list is not all possible symptoms. Other more general symptoms have been reported, including fatigue, muscle or body aches, congestion or runny nose. Children, adolescents, and adults with the virus that causes COVID-19 may experience any, all or none of these symptoms.

**Fortunately, there are many actions that school and district administrators can take to help lower the risk of COVID-19 exposure and spread during school sessions and activities. With infection prevention measures in place, increasing evidence suggests low rates of COVID-19 transmission in primary and secondary school settings, even among those with high rates of community transmission.**

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



## COVID-19 Vaccines and Schools

On February 10<sup>th</sup>, 2021, Governor Cooper [announced](#) that K-12 and child care teachers and staff would be prioritized for eligibility as the state moved into vaccinations for Group 3 Essential Workers.

Immunization against COVID-19 is one of the best measures available to protect staff from COVID-19 illness. School administrators can encourage staff to be immunized and take action to support efforts through the use of [StrongSchoolsNC Vaccine Operational Guidance for Schools](#). Even when more staff are vaccinated, schools must continue prevention measures, especially as vaccines are not yet authorized for students of all ages.

Local communities should determine how best to address school staff with COVID-like symptoms or exposure before they are fully immunized. Due to individual responses to COVID-19 vaccines and timing of possible exposures, it may be difficult to determine when someone who is in process of vaccination is exhibiting symptoms of COVID-19 infection versus vaccine side effects. In these situations, isolation and quarantine procedures should be based on consultation with the school nurse, local health department and/or health care provider.

More information may be found at [Frequently Asked Questions about COVID-19 Vaccinations](#) and NCDHHS Interim Guidance for Individuals [Who Have Been Vaccinated Against COVID-19](#).

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



# What's the Plan?

## Comparison of Requirements for Plans A and B

Requirements	Plan A	Plan B
<b>In-Person Instruction Available in Both Plan A and B</b> Provided 5-days/week to the fullest extent possible while still meeting StrongSchoolsNC public health protocols		
<b><u>Physical Distancing Protocols to Minimize Exposure</u></b> – Keeping physical space between and among children and especially among adults	✓	✓
<b><u>Six Feet Physical Distancing Protocols</u></b> – Maintaining six feet of physical distance between people especially when stationary or congregating for increased layer of protection	✗	✓
<b><u>Cloth Face Coverings</u></b> – Consistent use of face coverings for all students, staff and visitors	✓	✓
<b><u>Protecting Vulnerable Populations</u></b> – People with certain conditions are at higher-risk than others to become severely ill if exposed to COVID-19	✓	✓
<b><u>Coping and Resilience</u></b> – Schools can play an important role in helping students and staff cope with fear and anxiety caused by the effects of the pandemic	✓	✓
<b><u>Cleaning and Hygiene</u></b> – Washing hands with soap for 20 seconds or using hand sanitizer reduces the spread of disease	✓	✓
<b><u>Monitoring for Symptoms</u></b> – Ongoing self-monitoring for symptoms such as fever, cough or shortness of breath can help reduce exposure	✓	✓
<b><u>Handling Suspected, Presumptive or Confirmed Cases of COVID-19</u></b> – Taking appropriate steps to address suspected, presumptive or confirmed cases of COVID-19 is critical to containing spread of COVID-19 both in and outside of school	✓	✓
<b><u>Communication and Combatting Misinformation</u></b> – Staff, students and families need ongoing, reliable information to promote behaviors that prevent the spread of COVID-19	✓	✓
<b><u>Transportation</u></b> – School buses/vehicles must take similar key steps to protect against the spread of COVID-19 including adhering to consistent use of face coverings, addressing physical distancing and following cleaning and hygiene protocols	✓	✓
<b>Remote Learning Option Available</b> Schools must create a process for students and/or their families, teachers, and staff to self-identify as high-risk from COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments.		

# Requirements and Recommendations

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



## Physical Distancing and Minimizing Exposure

Physical distancing means keeping space between yourself and other people outside of your household, and is a key tool to decrease the spread of COVID-19. The following guidance reflects the latest [CDC recommendations](#) that physical distancing be maximized to the greatest extent possible for students and staff in K-12 settings. Plan A still has no requirements of a minimum amount of physical distance, and Plan B still requires a minimum of six feet of physical distancing at all times. However, **there are new recommendations added under Plan A, only, to reflect the updated considerations from the CDC.**

The CDC recommends a minimum of three feet of distance between K-12 students in communities with low, moderate, and substantial levels of transmission. In areas of high community transmission, the CDC recommends a minimum of three feet physical distance for elementary school students and middle and high school students, if cohorting is possible. In areas of high community transmission, the CDC recommends that middle and high school students be six feet apart, if cohorting is not possible.

At least six feet of distance is recommended between adults (teachers and staff) and between adults and students, as well as whenever masks cannot be worn, such as when eating, in common areas, and during a higher-risk activity (such as singing, shouting, band, or sports and exercise.)

Note: The CDC has removed recommendations for physical barriers (e.g., plexiglass), as of 3/19/2021.

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

- ☐ Provide physical distancing floor/seating markings in waiting and reception areas.
- ☐ Mark 6 feet of spacing to remind students to stay 6 feet apart in lines and at other times when they may congregate.
- ☐ Mark 6 feet of spacing to remind teachers and staff to stay 6 feet apart at times when they may congregate, such as during staff meetings, planning periods, lunch, recess, in teacher lounges, and break rooms.
- ☐ Provide marks on the floors of restrooms and locker rooms to indicate proper physical 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.
- ☐ Mark 6 feet of spacing to remind school nutrition staff to stay 6 feet apart throughout food distribution.
- ☐ Choose physical education activities to assure that 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 physical distancing (assemblies, performances, field trips, etc.)

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

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

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

- **(Plan A only)** Maintain at least 3 feet of distance between students in classrooms to the greatest extent possible (e.g., desks spaced 3 feet apart).
- **(Plan A only)** Maintain at least 6 feet of distance between adult staff and students to the greatest extent possible (e.g., teacher delivers classroom instruction from at least 6 feet away).
- **(Plan A only)** Maintain at least 6 feet of spacing between people when masks cannot be worn (e.g., when eating).
- 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).
- Minimize opportunities for sustained exposure (15 minutes or more, cumulative over a 24 hour period, 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, cumulative over a 24 hour period, within 6 feet distance) between teachers and staff during staff meetings, planning periods, lunch, recess, in teacher lounges, and break rooms and other areas teachers and staff may congregate.
- Provide frequent reminders for students, teachers, and staff to stay at least 6 feet apart from one another when feasible.
- Arrange furniture, such as desks or seating in classrooms, break rooms, and reception areas, so that students, teachers, staff, and visitors are separated from one another by at least 6 feet when feasible. If it is not possible to arrange seating 6 feet apart, consider having all students, teachers, staff and visitors sit facing the same direction (i.e., all sitting on the same side of a table), or using barriers between people.
- Designate hallways as one-way, posting directional reminders on the walls and/or floor.
- Designate entrance and exit doors for classrooms and restrooms to reduce the chance that people meet face to face.
- Follow the recommendations outlined in [Interim Guidance for Administrators and Participants of Youth, College & Amateur Sports Programs](#)
- Follow the recommendations outlined in [Requirements and Recommendations for Recess, Specials, and General Activities](#).





# Cloth Face Coverings

Wearing face coverings can help reduce the spread of COVID-19, especially for those who are sick but may not know it. Cloth face coverings are not procedure masks, respirators ("N-95"), or other medical personal protective equipment. Recent studies on types of face coverings suggest that multi-layered, well fitted, cotton face coverings that cover the nose and mouth 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 \(K-12\)](#)

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

- ☐ As stated in Executive Order 220 on June 11th, ensure that face coverings are worn by all workers, teachers, guests, other adults and children age five (5) or older. In all public and nonpublic schools, all workers, teachers, guests, other adults and children five (5) years or older must wear face coverings when indoors, at all times, unless an exception applies.
  - Examples of where and when masks are required include: Students over age 5 and a teacher are together inside a classroom whether or not they are 6 feet apart; Students over age 5 are in P.E. class indoors whether or not they are 6 feet apart; A student is 5 years-old and enrolled in preschool; Students over age 5 are playing basketball in the gym as a part of an after-school program; These examples are not an exhaustive list.
  - Examples of where and when masks are not required include: Students are outside for recess ; A teacher holds class outdoors; Students are participating in an outdoor P.E. class; A student is 4 years-old and enrolled in preschool; A teacher is alone in their classroom with the door closed. These examples are not an exhaustive list.
- ☐ As outlined in [Executive Order No. 163](#), face coverings are not required to be worn by an individual who:
  - Should not wear a face covering due to any medical or behavioral condition or disability (including, but not limited to, any person who has trouble breathing, or is unconscious or incapacitated, or is otherwise unable to put on or remove the face covering without assistance);
  - Is under five (5) years of age;
  - Is actively eating or drinking;
  - Is seeking to communicate with someone who is hearing-impaired in a way that requires the mouth to be visible;
  - Is giving a speech for a broadcast or to an audience;
  - Is working at home or is in a personal vehicle;
  - Is temporarily removing his or her face covering to secure government or medical services or for identification purposes;
  - Would be at risk from wearing a face covering at work, as determined by local, state, or federal regulations or workplace safety guidelines;
  - Has found that his or her face covering is impeding visibility to operate equipment or a vehicle; or
  - Is a child whose parent, guardian, or responsible person has been unable to place the Face Covering safely on the child's face.
- ☐ Share guidance and information with teachers, staff, students, and families on the proper use, wearing, removal, and cleaning of cloth face coverings, such as [CDC's guidance on wearing and removing cloth face masks](#) and [CDC's use of cloth face coverings](#). Visit [NCDHHS' COVID-19 response site](#) for more information about face coverings, and to access [sign templates](#) that are available in English and Spanish.

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

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



## Coping and Resilience



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

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

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

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

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



# Protecting Vulnerable Populations

Everyone is at risk for getting COVID-19 if they are exposed to the virus, but some people are more likely than others to become severely ill. Read more information from the [CDC](#). People at increased 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 (current or former, defined as having smoked at least 100 cigarettes in their lifetime)
- Has one or more of the following conditions:
  - Asthma (moderate to severe)
  - Cancer
  - Cerebrovascular disease or history of stroke
  - Chronic kidney disease
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Cystic fibrosis
  - Dementia or other neurologic condition
  - Diabetes type 1 or 2
  - Down Syndrome
  - A heart condition such as heart failure, coronary artery disease, cardiomyopathy
  - Hypertension or high blood pressure
  - Liver disease, including hepatitis
  - Pulmonary fibrosis
  - Immunocompromised state (weakened immune system) from: immune deficiencies, HIV, taking chronic steroids or other immune weakening medicines, history of solid organ blood or bone marrow transplant
  - Overweight or obesity
  - Sickle cell disease (not including sickle cell trait) or thalassemia

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

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

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

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



# Cleaning and Hygiene

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

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

- ☐ Provide adequate supplies to support healthy hygiene behaviors (e.g., soap, hand sanitizer with at least 60% alcohol for safe use by staff and older children, paper towels, and tissues). Refer to the [StrongSchoolsNC Infection Control and PPE Guidance \(K-12\)](#) for recommended quantities of infection control supplies and ordering information.
- ☐ Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older children.
- ☐ Increase monitoring to ensure adherence among students and staff.
  - Supervise use of hand sanitizer by students.
  - Ensure that children with skin reactions and contraindications to hand sanitizer use soap and water.
  - Reinforce handwashing during key times such as: Before, during, and after preparing food; Before eating food; After using the toilet; After blowing your nose, coughing, or sneezing; After touching objects with bare hands which have been handled by other individuals.
- ☐ Provide hand sanitizer (with at least 60% alcohol) at every building entrance and exit, in the cafeteria, and in every classroom, for safe use by staff and older students.
- ☐ Systematically and frequently check and refill hand sanitizers.
- ☐ Encourage staff and students to cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- ☐ Incorporate frequent handwashing and sanitation breaks into classroom activity.
- ☐ Clean surfaces once a day, prioritizing high-touch surfaces. If there has been a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean and disinfect the space using an EPA approved disinfectant for SARS-CoV-2 (the virus that causes COVID-19). 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.
- ☐ Keep students' personal items separate and in individually labeled cubbies, containers or lockers.

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



# Monitoring for Symptoms

There are new recommendations and requirements incorporated into this section and throughout this guidance in alignment with [the CDC](#). The presence of any of the symptoms below generally suggests a student, teacher, or staff member has an infectious illness and should not attend school, regardless of

whether the illness is COVID-19. For students, staff, and teachers with chronic conditions, symptom presence should represent a change from their typical health status to warrant exclusion from school.

Occurrence of any of the symptoms below, **updated in alignment with the CDC**, while a student, teacher, or staff member is at school suggests the person may be referred for diagnostic COVID-19 testing.

- Fever (temperature of 100.4 degrees Fahrenheit or higher)
- Sore throat
- Cough (for people with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for people with asthma, a change from their baseline breathing)
- New loss of taste or smell
- Diarrhea or vomiting
- New onset of severe headache, especially with a fever

More information on [how to monitor for symptoms](#) is available from the CDC.

For step-by-step instructions for school personnel on criteria for returning to school, review the [Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 \(K-12\)](#).

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

- ☐ Enforce that staff and students must disclose and stay at home/go home if:
  - They have tested positive for COVID-19, until they meet criteria for return.
  - They have recently had [close contact](#) with a person with COVID-19, until they meet criteria for return.
  - They are showing COVID-19 symptoms, until they meet criteria for return.

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

- Have families conduct home-based symptom screening for students, following typical school policies to keep children at home when ill and in alignment with the [Handling Suspected, Presumptive, or Confirmed Positive Cases of COVID-19](#) section of this toolkit; Recommend that families refer children to diagnostic testing who exhibit symptoms of COVID-19.
- NCDHHS does not recommend daily COVID-19 symptom screening for all students at school entry; Schools should follow their typical procedures for exclusion as they would for any type of illness if a child is symptomatic at school, and in alignment with the Handling Suspected, Presumptive, or Confirmed Positive Cases of COVID-19 section of this toolkit.
- Refer individuals to diagnostic testing who exhibit symptoms of COVID-19 at school.
- Consider conducting daily COVID-19 symptom and temperature screening and exclusion of any [adults](#) entering the building, including teachers, staff, and other visitors.
- If symptom and temperature screening is conducted for adults:
  - Refer to the example screening form provided in this toolkit.
  - Symptom screening may be provided at the school entrance, prior to arrival at school, or upon boarding school transportation.
  - Individuals waiting to be screened should stand six feet apart from each other. Use tape or other markers on the floor for spacing.
  - The staff person conducting symptom screening and taking temperatures must wear a cloth face covering and must stay six feet apart unless taking temperature.
  - Fever is determined by a measured temperature of 100.4 °F or greater.
  - Use a touchless thermometer if one is available.
  - If not available, use a tympanic (ear), digital axillary (under the arm), or temporal (forehead/temple) 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 should wash hands or use hand sanitizer before touching the thermometer.
- Staff are not required to wear gloves for screenings. However, if staff person wears gloves, they must change them between direct contact with different 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.



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

The section provides an overview for handling those in school with symptoms or diagnosis of COVID-19. For step-by-step instructions for school personnel please refer to the [Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 \(K-12\)](#).

For K-12 COVID testing guidance for K-12 students and staff, and information for public schools to order free COVID tests for their communities, review the [K-12 COVID-19 Antigen Testing Interim Guidance](#).

### All schools are **required** to:

- ☐ Post signage at the main entrance requesting that people who have been symptomatic with fever and/or cough not enter. Examples of signage such as [Know Your Ws/Stop if You Have Symptoms](#) flyers (English: [Color](#), [Black & White](#); Spanish: [Color](#), [Black & White](#)).
- ☐ Educate students, families, teachers, and staff about the signs and symptoms of COVID-19, when they should stay home, and when they can return to school.
- ☐ Establish a dedicated space for symptomatic individuals who become ill during the school day or disclose that they have tested positive for COVID 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 a 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.
- ☐ Have a plan for how to transport an ill student or staff member home or to medical care.
- ☐ Implement cleaning and disinfecting procedures following [CDC guidelines](#).
- ☐ Utilize [NCDHHS and the CDC quarantine guidance](#).
  - 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 determined positive with COVID-19 either through testing or symptom consistent diagnosis.
  - 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 at home monitoring;
- 7 days of quarantine have been completed, no symptoms have been reported during daily at home monitoring, and the individual has received results of a negative antigen or PCR/molecular test on a test taken no earlier than day 5 of quarantine.
- **If quarantine is discontinued before day 14, the individual must continue to monitor symptoms and strictly adhere to all non-pharmaceutical interventions** (e.g. wear a mask, practice physical 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.
- ☐ Report to local health authorities any suspected or confirmed COVID-19 cases among children and staff (as required by [NCGS § 130A-136](#)).
- ☐ Implement the approved school [Contact Tracing Plan](#), OR, If directed by Local Health Department, school administrators coordinate with [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.
- ☐ Provide remote learning options for students unable to be at school due to illness or exposure.
- ☐ Adhere to the following criteria for allowing a student or staff member to return to school:

Exclusion Category	Scenario	Criteria to return to school
Diagnosis	Person has tested <b>positive</b> with an <b>antigen test</b> but <b>does not have symptoms</b> of COVID-19 and is not known to be a close contact to someone diagnosed with COVID-19	<p>If the person takes a repeat PCR/molecular test performed in a laboratory within 24 – 48 hours of their positive antigen test, and that PCR/molecular test is negative: the positive antigen test can be considered a false positive and the person can immediately return to school; OR</p> <p>If the person does not take a repeat PCR/molecular test, or takes one within 24 – 48 hours and it is also positive, the person can return to school 10 days after the first positive test, as long as they did not develop symptoms.</p> <p>The person is not required to have documentation of a negative test in order to return to school.</p>
Diagnosis	Person has tested <b>positive</b> with a <b>PCR/molecular test</b> but the person does <b>not</b> have symptoms.	Person can return to school 10 days after their positive test.
Symptoms	Person <b>has symptoms</b> of COVID-19 <u>and</u> has tested <b>positive</b> with an <b>antigen test or PCR/molecular test</b>	<p>Person can return to school when</p> <ul style="list-style-type: none"> <li>• It has been 10 days since the first day of symptoms; AND</li> <li>• It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND</li> <li>• Other symptoms of COVID-19 are improving.</li> </ul> <p>The person is not required to have documentation of a negative test in order to return to school.</p>
Symptoms	Person has symptoms of COVID-19 but has <b>not</b> been tested for COVID-19 nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive for COVID-19 due to the presence of a clinically compatible illness in the absence of testing.	<p>Person can return to school when</p> <ul style="list-style-type: none"> <li>• It has been 10 days since the first day of symptoms; AND</li> <li>• It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND</li> <li>• Other symptoms of COVID-19 are improving.</li> </ul>
Symptoms	Person has symptoms of COVID-19 but has visited a health care provider and received a <b>negative PCR/molecular test and/or an alternate diagnosis</b> that would explain the symptoms of a temperature of 100.4 degrees Fahrenheit or higher, sore throat, cough (for people with chronic cough due to allergies or asthma, a change in their cough from	<p>Person can return to school when:</p> <ul style="list-style-type: none"> <li>• It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND</li> <li>• They have felt well for at least 24 hours.</li> </ul>

	baseline), difficulty breathing (for people with asthma, a change from their baseline breathing), new loss of taste or smell, diarrhea or vomiting, or new onset of severe headache, especially with a fever.	Note: The health care provider is not required to detail the specifics of the alternate diagnosis.
<b>Exposure</b>	Person has been in <b>close contact</b> with someone <b>with a confirmed case of COVID-19</b> .	<p>Person can return to school after completing up to 14 days of quarantine. The 14 days of quarantine begin after the last known close contact with the COVID-19 positive individual. Alternatively the person may complete a <b>10-day quarantine</b> if the person <b>is not presenting symptoms of COVID-19</b> after daily at-home monitoring, or they may complete <b>7 days of quarantine if they report no symptoms during daily at-home 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.</b></p> <p>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.</p> <p><b>If quarantine is discontinued before day 14, the individual must continue to monitor symptoms and strictly adhere to all non-pharmaceutical interventions</b> (e.g. wear a mask, practice social distancing) through 14 days after the date of last exposure.</p> <p>Note: NCDHHS recommends that schools not require an individual who is fully vaccinated (at least 2 weeks after getting their second dose in a 2-dose series or one-dose of a single-dose series) to quarantine if they have had no symptoms after being a close contact to someone with COVID-19, and they do not live in a congregate setting (such as a shelter).</p>

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

- Refer individuals to [diagnostic testing](#) who have symptoms of COVID-19 or disclose recent known close contact to a person with COVID-19
- Incorporate a [screening testing strategy](#) in one or more of the following approaches:
  - Screening testing for K-12 staff (adults) on a regular, routine basis (e.g., weekly)
  - Screening testing for student athletes, coaches and support staff on a regular, routine basis (e.g., weekly) and / or within 48 hours prior to tournaments
  - Holiday or Break testing for students, their families, and staff within 48 prior to return to school. Note: NCDHHS recommends advising students, families and staff not to travel over holidays and breaks.
  - Special event testing for students, staff and attendees within 48 hours prior to the event. Note: NCDHHS advises against holding prom and other special events unless prevention measures (e.g. physical distancing, mask use) can be maintained.
- Do not require an individual who is fully vaccinated (at least 2 weeks after getting their second dose in a 2-dose series or one-dose of a single-dose series) to be excluded from school if they have had no symptoms from when they were exposed to someone with 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



# 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.

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

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

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

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



# Water and Ventilation Systems

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

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

- Take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown by following the [CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#) and the [CDC's Ventilation in Schools and Childcare Programs](#) 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 nurse's office and special education classrooms).
  - Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air



- diffusers and/or dampers (especially in higher risk areas such as the nurse's office).
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited.
- Ventilation considerations are also important on school buses.
- Discontinue use of drinking directly from water fountains. Post signs requesting water fountains be used for bottle filling stations only.
- Provide cups or alternative procedures to minimize use of water fountains.

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



## Transportation



Local education leaders and schools should follow the guidelines below for their transportation vehicles (eg., buses, vans). It is recommended that a school operating under Plan A utilize a more restrictive Plan B approach for school transportation.

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

- ☐ Ensure that all students ages 5 years and older, and all teachers, staff, and adult visitors wear face coverings when they are on a bus or other transportation vehicle, unless the person (or family member, for a student) states that an exception applies.
- ☐ Clean 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 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 equipment including items such as car seats and seat belts, wheelchairs, walkers, and adaptive equipment being transported to schools.
- ☐ Create a plan for getting sick students home safely if they are not allowed to board the vehicle.
- ☐ Enforce that if an individual becomes sick during the day, they must not use group transportation to return home and must follow protocols outlined above.
- ☐ If a driver becomes sick during the day, they must follow protocols outlined above and must not return to drive students.
- ☐ Provide hand sanitizer (with at least 60% alcohol) to support healthy hygiene behaviors on all school transportation vehicles for safe use by staff and older children.
  - Hand sanitizer should only remain on school transportation while the vehicles are in use.
  - Systematically and frequently check and refill hand sanitizers.

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

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

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

- o Create distance between children on school buses (for example seat children one child per row, skip rows), when possible.
- o Allow for 6 feet of physical distancing 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).
- o 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.
- o Refer to the Monitoring for Symptoms section of this toolkit for recommendations regarding screening for COVID-19 symptoms for adults.



## Additional Considerations

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

- o Designate a single staff member to be the COVID-19 point of contact for the school in collaboration with district school nurses. Ensure that staff, students, and families know how to contact that individual. If students are old enough, consider a student counterpart for this role to be a source of information for students, thereby supporting student ownership and responsibility for creating a safe and healthy campus.
- o Increase capacity to deliver health services by increasing the number of on-site school nurses.
- o Conduct ongoing regular training among all staff on updated health and safety protocols.
- o Partner with other institutions in the community to promote communication and cooperation in responding to COVID-19.
- o Encourage staff and community members to be immunized against COVID-19 and take action to support efforts through the use of [StrongSchoolsNC Vaccine Operational Guidance for Schools](#)



# Resources

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

## Still have questions?

### For Families

- For questions specific to your child's school, such as scheduling, operations, remote learning options, and specific 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](mailto:StrongSchoolsNC@dhhs.nc.gov).
- The NCDHHS Division of Public Health Epidemiologist is on call and available to assist 24/7 (919-733-3419).

# OPTIONAL DAILY SYMPTOM SCREENING CHECKLIST FOR ADULTS

**THIS DAILY SYMPTOM SCREENING CHECKLIST IS NO LONGER REQUIRED OR RECOMMENDED FOR STUDENTS IN NC K-12 SCHOOLS.**

Upon entry to school, the screener may ask the questions below directly to the individual. If the answer is “yes” to any of the questions below, that individual should be excluded from school, and should be referred for diagnostic COVID-19 testing.

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

*o If No, move on to Question 2.*

*If Yes, say and ask: You cannot go to school.*

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

- ☐ Fever (temperature of 100.4 degrees Fahrenheit or higher)
- ☐ Sore throat
- ☐ Difficulty breathing (for people with asthma, a change from their baseline breathing)
- ☐ Cough (for people with chronic cough due to allergies or asthma, a change in their cough from baseline)
- ☐ New loss of taste or smell
- ☐ Diarrhea or vomiting
- ☐ New onset of severe headache

*o If No, move on to Question 3.*

*If Yes to at least one symptom on this list, say: You 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

*o If No, move on to Question 4.*

*o 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

*o If No, say: You may go to school.*

*o If Yes, say: You cannot go to school.*

# OPCIONAL LISTA DE VERIFICACIÓN DIARIA PARA EVALUACIÓN DE SÍNTOMAS PARA ADULTOS

**ESTA LISTA DE VERIFICACIÓN DE EVALUACIÓN DIARIA DE SÍNTOMAS YA NO SE REQUIERE POR ESTUDIANTES EN LAS ESCUELAS K-12 DE NC.**

Al ingresar a la escuela, el evaluador puede hacer las siguientes preguntas directamente a la persona. Si la respuesta es “sí” por cualquiera de las preguntas siguientes, esa persona debe ser excluida de la escuela, y debe estar referida para la prueba de diagnóstico de COVID-19

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

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

- ☐ Sí
- ☐ No

o Si no, pase a la pregunta 2.

o En caso afirmativo, diga y pregunte: No puede ir a la escuela.

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

- ☐ Fiebre (temperatura de 100.4 grados Fahrenheit o más)
- ☐ Dolor de garganta
- ☐ Dificultad para respirar (para personas con asma, un cambio de su respiración inicial)
- ☐ Tos (para personas con tos crónica debido a alergias o asma, un cambio en su tos desde el inicio)
- ☐ Nueva pérdida del gusto u olfato
- ☐ Diarrea o vómitos
- ☐ Nueva aparición de dolor de cabeza severo

o Si no, pase a la pregunta 3.

o En caso afirmativo a al menos un síntoma en esta lista, diga: No puede ir a la escuela.

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

- ☐ Sí
- ☐ No

o Si no, pase a la pregunta 4.

o En caso afirmativo, diga: No puede ir a la escuela.

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

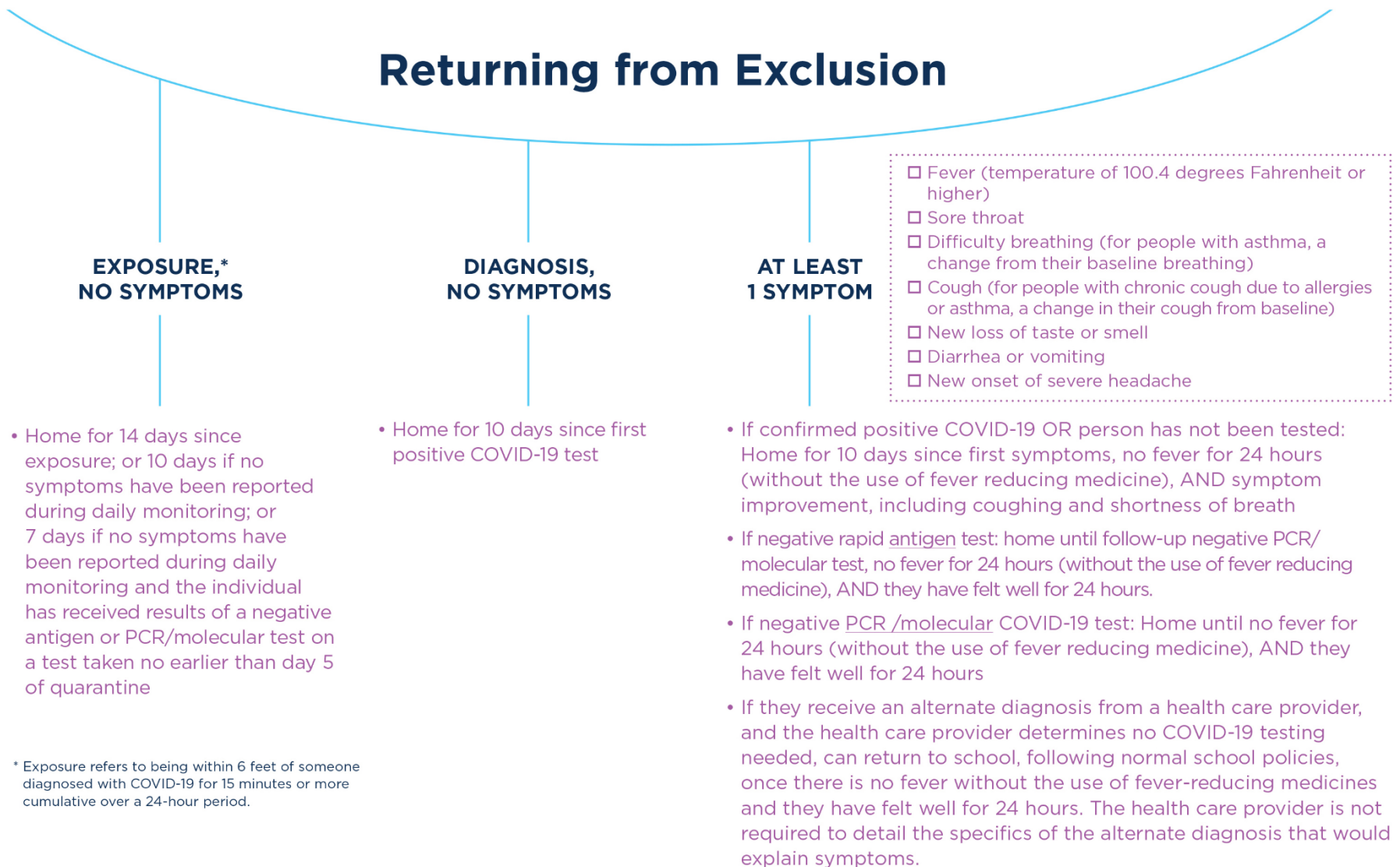
- ☐ Sí
- ☐ No

o Si No, diga: Puede ir a la escuela.

o En caso afirmativo, diga: No puede ir a la escuela



# Returning from Exclusion Flow Chart



# Glossary

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

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

**Close Contact:** Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before symptoms began (or, for asymptomatic individuals, 2 days prior to test specimen collection date) until the time the individual is isolated.

**Cluster:** Five or more positive COVID-19 cases in a setting within 14 days of one another, that have an epidemiological linkage between them (e.g., presumed COVID-19 transmission within a school classroom.)

Note: An "outbreak" is a specific term used for a congregate living setting, such as a nursing home, when there are two or more cases connected to each other. A cluster and an outbreak are not the same thing.

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

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

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

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

**Coronavirus:** A family of related viruses. Many of them cause respiratory illnesses. Coronaviruses cause COVID-19, SARS, MERS, and some strains of

influenza, or flu. The coronavirus that causes COVID-19 is officially called SARS-CoV-2, which stands for severe acute respiratory syndrome coronavirus 2.

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

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

**Exposure:** Being within 6 feet of someone diagnosed with COVID-19 for a cumulative total of 15 minutes or more, over a 24-hour period.

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

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

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

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

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

**Physical Distancing:** Also called social distancing. It means consistently putting space between yourself and other people. The goal is to slow down how fast an infection spreads. The CDC recommends keeping at least three feet between students, and six feet between adults. Physical distancing also includes avoiding crowds and groups in public.

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

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

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

**Symptom Screening:** A series of basic questions about a person's health condition and recent potential exposure to someone who has had COVID-19. This is not the same thing as a COVID-19 test. Symptom screenings are optional for NC K-12 schools.

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

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

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