#StayStrongNC

StrongSchoolsNC
Public Health Toolkit (K-12)

INTERIM GUIDANCE

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

What's Inside

Available Online:

- CDC Guidance for COVID-19 Prevention in K-12 Schools
- Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs – Updated
- K-12 COVID-19 Testing Program
- Procedures for Response to COVID-19 Cases in K-12 Schools
- Vaccine Operational Guidance for Schools

Current Public Health Guidance

This Toolkit was last updated on February 10, 2022 for an effective date of February 21, 2022. Key updates are noted in red.

- ***Students benefit from in-person learning, and keeping children and staff in school, while decreasing risk of transmission of COVID-19, is a priority.***
- ***Vaccination, including getting a booster if eligible, is currently the leading public health prevention strategy in response to the COVID-19 pandemic. Promoting vaccination can help schools maintain in-person learning as well as extracurricular activities and sports.***
- ***Masks should be worn in indoor public settings by all individuals (age 2 and older) in areas of high or substantial transmission, as defined by the CDC.***
- ***Many schools serve children under the age of 12 who recently became eligible to be vaccinated. Therefore, this guidance emphasizes implementing layered prevention strategies, (e.g., using multiple prevention strategies together consistently) to protect people who are not up-to-date on vaccines, including students, teachers, staff, and other members of their households.***
- ***Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies.***
- ***Individual contact tracing and exclusion from school of asymptomatic people after an identified exposure is no longer recommended statewide in K-12 schools.***

Over the summer of 2021, with rapidly accelerating viral transmission and the increased contagiousness of the Delta variant, CDC updated the guidance to include recommendations for universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. The Omicron variant, currently circulating at high levels in North Carolina, is even more transmissible than the Delta variant and makes the layered prevention strategies even more important.

The Centers for Disease Control (CDC) continues to update Guidance for COVID-19 Prevention in K-12 Schools. The CDC's revised school guidance is supported by an accompanying Science Brief, which summarizes the research of COVID-19 among children and adolescents and transmission in schools and among students, families, teachers, and school staff used to shape the updated school guidance.

The CDC also has released an updated Science Brief on the Community Use of Masks to Control the Spread of COVID-19. This Science Brief summarizes the research available on masks, including studies on mask wearing among children.

Additionally, on January 27th, 2022, the American Academy of Pediatrics (AAP) released updated guidance for schools that recommends the implementation of a multi-pronged layered approach to reduce viral transmission, including vaccination for eligible people and universal masking.

Operational Flexibility and Planning for Different Scenarios

Each section of the Toolkit has been organized into categories that prioritize implementation of the strategies that have been shown to be most effective in lowering the risk of COVID-19 exposure and spread in school sessions and school activities:

- Strategies that **SHOULD** be implemented by all schools. These are strategies that, if not implemented, create conditions of high risk for COVID-19 exposure and spread. **NCDHHS strongly advises that school leaders adopt all the strategies in the SHOULD sections.**

- Strategies that school leaders COULD CONSIDER adopting. These are strategies to provide additional layers of prevention and that, if implemented, will further reduce the risk of COVID-19 exposure and spread.

- The Toolkit framework provides school leaders with greater flexibility in implementing the layered prevention strategies based on current COVID-19 trends and updated CDC guidance. School leaders should continue to consult with local public health officials for input on community transmission and vaccine uptake to make local decisions.
- School leaders should continue to maintain plans for different potential scenarios depending on what restrictions are deemed necessary by state or local public health leaders at any time in the school year to control the spread of the disease.

What Do We Know About COVID-19 and School Settings?

Schools are an important part of the infrastructure of communities. They provide safe and supportive learning environments for students that support social and emotional development, provide access to critical services, and improve life outcomes. Protection against exposure to COVID-19 is essential to ensure that schools can continue to serve these critical functions and that the risk to students, staff and visitors is the lowest possible in school settings.

Throughout the COVID-19 pandemic, we have continued to learn about how to reduce the risk of viral spread while keeping our children, teachers, and staff in an in-person learning environment. Key to decreasing spread in a school environment is a multi-layered approach to prevention. With North Carolina experiencing a high rate of COVID-19 cases due to the highly contagious Omicron variant, multi-layered COVID-19 prevention efforts and protection against exposure are more critical than ever within our schools.

Any scenario in which people gather together poses a risk for COVID-19 transmission. Though studies conducted early in the pandemic suggested children and teens appeared less likely to acquire and spread COVID-19 than adults, the Centers for Disease Control indicates that more recent studies have found their rates of infection to be comparable to, and in some settings higher than, the rates of infection in adults.

As camps, sports events, and schools have resumed in-person operations, outbreaks in such settings indicate children and teens can also transmit COVID-19 to others. Compared to adults, children and teens who contract COVID-19 are more commonly asymptomatic or likely to have mild symptoms and less likely to experience severe outcomes such as hospitalization or death. However, while less likely, some children can experience severe illness, hospitalization, and death for children with underlying health conditions and children from minority groups being at increased risk of hospitalizations. In addition, younger people can still spread COVID-19 to people of higher risk of severe illness, even if they are asymptomatic or have mild symptoms.

The most recently emerging data is described in CDC's Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs - www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html

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 as outlined in this Toolkit.

Prevention Strategies

Promoting Vaccination

Achieving high levels of COVID-19 vaccination among students, teachers, staff, and household members is one of the most critical strategies to help schools safely resume full operations. Vaccination is currently the leading public health prevention strategy in response to the COVID-19 pandemic. People who are up-to-date on all recommended vaccines against COVID-19 are at low risk of symptomatic or severe illness, including hospitalization or death. In most settings, people who are up-to-date on all recommended vaccines against COVID-19 can resume activities they did before the pandemic with much lower risk of severe illness.

People 5 years and older are now eligible for COVID-19 vaccination. Three vaccines against COVID-19 are currently authorized or approved by the Federal Food and Drug Administration and recommended by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices - the Pfizer-BioNTech vaccine (authorized for people 5 and over) and the Moderna and Johnson & Johnson vaccine (authorized for people 18 and over). Learn more about the recent authorization of the Pfizer-BioNTech vaccine from children ages 5-11 at NCDHHS "Kids Have a Spot to take their Shot" website.

School administrators should encourage staff, students and families to be immunized and take action to support efforts through the use of StrongSchoolsNC Vaccine Operational Guidance for Schools. Even when more people are vaccinated, schools should continue prevention measures.

Schools can promote vaccinations among teachers, staff, students, and families by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

When promoting COVID-19 vaccination, consider that certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have experiences that affect their trust and confidence in the healthcare system. Teachers, staff, students, and their families may differ in their level of vaccine confidence. School administrators can adjust their messages to the needs of their families and community and involve trusted community messengers as appropriate to promote COVID-19 vaccination among people who may be hesitant to receive it.

To promote vaccination, schools can:

- Encourage teachers, staff, students, and families, including extended family members that have frequent contact with students, to get vaccinated as soon as they can.
- Consider partnering with state or local health departments to serve as COVID-19 vaccination sites and work with local healthcare providers and organizations, including school-based health centers. Offering vaccines on-site before, during, and after the school day and during summer months can potentially decrease barriers to getting vaccinated against COVID-19. Identify other potential barriers that may be unique to the local community and implement policies and practices to address them.
- Find ways to adapt key messages to help families, teachers, and staff become more confident about the vaccine by using the language, tone, and format that fits the needs of the community and is responsive to concerns.
- Host information sessions to connect parents and guardians with information about the COVID-19 vaccine.

- Offer flexible, supportive sick leave options (e.g., paid sick leave) for employees to get vaccinated or who have side effects after vaccination. See CDC's Post-vaccination Considerations for Workplaces.
- Promote vaccination information for parents and guardians and other household members as part of kindergarten transition and enrollment in summer activities for families entering the school system.
- Provide students and families flexible options for excused absences to receive a COVID-19 vaccination and for possible side effects after vaccination.
- Work with local partners to offer COVID-19 vaccination for eligible students and eligible family members during sports or extracurricular activity summer physicals.

Existing laws and regulations require certain vaccinations for children attending school. K-12 administrators regularly maintain documentation of people's immunization records. Since recommended prevention strategies vary by COVID-19 vaccination status, K-12 administrators who maintain documentation of students' and workers' COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, including those related to privacy, to inform prevention practices.

Schools that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information from students. The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including the Family Educational Rights and Privacy Act (FERPA) and its regulatory requirements.

More information may be found at Frequently Asked Questions about COVID-19 Vaccinations

Recommendations for prevention strategies differ based on vaccination status, for example, participation in screening testing programs.

All schools should:

- ☐ Require teachers and staff to report vaccination status.
- ☐ Require teachers and staff who are unvaccinated, or do not disclose vaccine status, participate in screening/testing programs.

Face Coverings/Masks

The following guidance reflects the CDC recommendations on masks, which is informed by the recently updated Science Brief on the Community Use of Masks to Control the Spread of COVID-19.

When teachers, staff, and students consistently and correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use is especially important during times of widespread virus transmission in crowded indoor settings when physical distancing cannot be maintained. It is recommended that schools have a universal masking policy in place for everyone (age 2 and older), in areas of high or substantial transmission, as defined by the CDC. Schools can consider moving to mask optional when community transmission levels decline to moderate or low levels of community transmission. See StrongSchools FAQ for more information.

- **During school transportation:** CDC's Order applies to all public transportation conveyances, including school buses. Regardless of the mask policy at school, all passengers and drivers should wear a mask on school buses, including on buses operated by school systems, subject to the exclusions and exemptions in CDC's Order.

All schools should:

- ☐ **Require all children and staff in schools K-12th grade** to wear masks consistently when indoors in areas of high or substantial transmission, as defined by the CDC.
    - Because students cannot mask consistently during mealtimes, students should maintain physical distancing of a minimum of 3 feet to the fullest extent possible when actively eating. Consider having meals outside where risk of virus transmission is low.
- ☐ **Per CDC's Order, require passengers and staff to wear a mask on buses, vans, and other group school transportation.**
- ☐ Share guidance and information with teachers, staff, students, and families on the proper use, choice of, wearing, removal, and cleaning of masks, such as CDC's Guide to Masks. Visit NCDHHS' COVID-19 response site for more information about face coverings, and to access sign templates that are available in English and Spanish.
- ☐ Provide masks to those students who need them (including on buses), such as students who forgot to bring their mask or whose families are unable to afford them. No disciplinary action should be taken against a student who does not have a mask as described in the U.S. Department of Education COVID-19 Handbook, Volume 1.
- ☐ Exceptions to masks are people who:
    - Should not wear a mask 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 two (2) years of age;
    - Is actively eating or drinking;
    - Is seeking to communicate with someone who is Deaf, Hard of Hearing, and DeafBlind 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 mask to secure government or medical services or for identification purposes;
    - Would be at risk from wearing a mask at work, as determined by local, state, or federal regulations or workplace safety guidelines;
    - Has found that his or her mask 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 mask safely on the child's face.

If a school does not require all individuals to wear a mask, they should ensure a layered mitigation strategy, including physical distancing, ventilation, hand hygiene, adequate access to diagnostic and screening testing and closely monitor for increases in COVID-19 cases.

Physical Distancing and Minimizing Exposure

Physical distancing means keeping space between yourself and other people outside of your household. It is a key tool to decrease the spread of COVID-19. Below is the latest CDC recommendations on physical distancing

Because of the importance of in-person learning, schools where not everyone is up-to-date on COVID-19 vaccines should implement physical distancing to the extent possible within their structures, but not exclude students from in-person learning to keep a minimum distance requirement.

Based on studies from 2020-2021 school year, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing by people in areas of high or substantial transmission, according to the CDC., to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking, screening testing, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk.

Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

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

All schools should:

- ☐ Maintain a minimum of three (3) feet of distance between K-12 students who are not up-to-date on COVID-19 vaccines within indoor school settings to the greatest extent possible without excluding students from full-time, in-person learning.
- ☐ Maintain a minimum of six (6) feet between adults (teachers/staff/visitors) and students and between adults (teachers/staff/visitors) who are not up-to-date on COVID-19 vaccines within indoor school settings to the greatest extent possible.
- ☐ Follow the recommendations outlined in Interim Guidance for Administrators and Participants of Youth, College & Amateur Sports Programs
- ☐ Instruction that includes singing, shouting, playing wind instruments, rigorous dance, or exercise, should be held outside if possible. If held indoors, ensure consistent mask use and 6-feet physical distancing between students.

All schools could consider:

- ☐ Providing indoor physical distancing floor/seating markings.
- ☐ Marking 3 feet of spacing indoors to remind students to stay 3 feet apart in lines and at other times when they may congregate.
- ☐ Marking 6 feet of spacing indoors to remind teachers and staff to stay 6 feet apart at times when they may congregate, such as during staffmeetings, planning periods, lunch, food preparation and distribution, recess, in teacher lounges, and break rooms.
- ☐ Minimize opportunities for close contact resulting from 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.
- ☐ Allowing visitors and volunteers to resume normal activities if they follow the same protocols as staff

and students.

- ☐ Choosing physical education activities that limit frequent and close contact between students.

Testing

Testing for COVID-19 can help quickly identify those who are infected and those who have been exposed, but have yet to develop symptoms. Viral testing strategies in partnership with schools should be part of a comprehensive approach. Testing should not be used alone, but in combination with other prevention to reduce risk of transmission in schools. When schools implement testing combined with prevention strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19. School testing programs can increase family confidence in school attendance and reduce barriers to testing access in a community.

The **StrongSchoolsNC K-12 COVID-19 Testing Program** provides an ability for schools to implement a testing plan at no cost to the school or the district (funded by DHHS) that includes both screening and diagnostic testing. Learn more about this free testing at NC DHHS COVID-19 Testing Program for K-12 Schools.

Testing Scenarios

Diagnostic testing refers to testing done on someone who has symptoms consistent with COVID-19 or has had an exposure to someone with a confirmed case of COVID-19. The ability to do rapid testing on-site can facilitate COVID-19 diagnosis and inform the need for isolation of people with COVID-19. Rapid antigen testing works to prevent in-school transmission while minimizing in-person learning time lost.

Screening testing refers to testing done on someone without symptoms or known close contact with someone with COVID-19. Screening testing may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented. More frequent screening testing can increase effectiveness, but feasibility of increased testing in schools needs to be considered. Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect student, teacher, and staff privacy. Consistent with federal and state legal requirements, including the Family Educational Rights and Privacy Act (FERPA), K-12 schools should, consistent with school and district policy around student consent, obtain parental consent for minor students and/or consent from students themselves.

Screening testing can be used to help evaluate and adjust prevention strategies and provide added protection for schools that are not able to provide optimal physical distance between students. At a minimum, screening testing should be offered to students who are not up-to-date on COVID-19 vaccines when community transmission is at moderate, substantial, or high levels; at any level of community transmission, at a minimum screening testing should be offered to all teachers and staff who are not up-to-date on COVID-19 vaccines.

To be effective, the screening program should test at least once per week, and rapidly (within 24 hours) report results. Screening testing more than once a week might be more effective at interrupting transmission. Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not up-to-date on COVID-19 vaccines, or conducting pooled testing of cohorts. Testing in low-prevalence settings might produce false positive results, but testing can provide an important prevention strategy and safety net to support in-person education.

To facilitate safer participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools may consider implementing screening testing for participants who are not up-to-date on COVID-19 vaccines. Schools can routinely test student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not up-to-date on COVID-19 vaccines and could come into close contact with others during these activities. Schools can implement screening testing of participants who are not up-to-date on COVID-19 vaccines up to 24 hours before sporting, competition, or extracurricular events. Schools can use different screening testing strategies for lower-risk sports.

All schools should:

- ☐ Require teachers and staff to report vaccination status and require those who are unvaccinated, or do not disclose vaccine status, to participate in screening/testing programs.
- ☐ Refer individuals to diagnostic testing who have symptoms of COVID-19 or have been notified of a known or potential exposure to a person with COVID-19.
- ☐ Offer free rapid (antigen) testing on-site at school to facilitate quick COVID-19 diagnosis and inform school staff of what students may be able to stay in school.
    - Interpretation of tests results can be found at this link to the CDC antigen algorithm.
- ☐ Of note, a person who has symptoms of COVID-19 and has received a negative test for COVID-19 may return to school IF the negative test was either (1) a negative PCR/molecular test or (2) a negative antigen test AND the person has a low likelihood of SARS-CoV-2 infection. Incorporate a screening testing strategy consistent with CDC recommendations as in the table below, including required screening testing for unvaccinated teachers and staff. Screening testing may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented.

CDC Screening Testing Recommendations for K-12 Schools by Level of Community Transmission

Adapted from https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html

<table>
<tr><th></th><th>Low[1] Transmission
Blue</th><th>Moderate Transmission
Yellow</th><th>Substantial Transmission
Orange</th><th>High Transmission
Red</th></tr>
<tr><td>Students</td><td>Do not need to screen students.</td><td colspan="3">Offer screening testing for students[3] at least once per week.</td></tr>
<tr><td>Teachers and staff</td><td colspan="4">Offer screening testing for teachers and staff[3] at least once per week.</td></tr>
<tr><td>High risk sports and activities</td><td colspan="2">Recommend screening testing for high-risk sports and extracurricular activities[2] at least once per week for participants.</td><td>Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants.</td><td>Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning.</td></tr>
<tr><td>Low-and intermediate-risk sports</td><td>Do not need to screen students participating in low- and intermediate-risk sports.[2]</td><td colspan="3">Recommend screening testing for low- and intermediate-risk sports at least once per week for participants.</td></tr>
</table>

[1] Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate, 10-49; substantial, 50-99; high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)

[2] Schools may consider using screening testing for student athletes and adults (e.g., coaches, teacher advisors) who support these activities to facilitate safe participation and reduce risk of transmission. For an example risk stratification for sports, see https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdf

[3] At a minimum, screening testing should be offered to people who are not up-to-date on COVID-19 vaccines.

For more details on testing strategies see StrongSchoolsNC FAQs and **CDC Guidance for COVID-19 Prevention in K-12 Schools**, including Appendix 2.

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

Symptoms: Students, teachers, and staff who have symptoms of COVID-19, should stay home and be referred to their healthcare provider for testing and care. Staying home when sick is essential to keep infections out of schools and prevent spread to others.

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 while a student, teacher, or staff member is at school suggests the person may be referred for diagnostic COVID-19 testing or evaluation.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

More information on how to monitor for symptoms is available from the CDC.

All schools should:

- ☐ Have staff perform self-monitoring of symptoms.
- ☐ Have families conduct home-based symptom screening for students, following typical school policies to keep children at home when ill. 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.
- ☐ Immediately isolate symptomatic individuals to a designated area at the school.
    - Maintain a dedicated space to isolate symptomatic individuals who become ill during the school day or disclose that they have tested positive for COVID-19. That space should not be used for other purposes.
- ☐ Require symptomatic persons to wear a mask while waiting to leave the facility or be tested.
    - Mask should not be placed on anyone who:
        - has trouble breathing or is unconscious.
        - is incapacitated or otherwise unable to remove the face covering without assistance.
        - cannot tolerate a face covering due to developmental, medical, or behavioral health needs.
- ☐ Require school nurses or dedicated school staff who provide direct patient care to wear appropriate Personal Protective Equipment (PPE) and perform hand hygiene after removing PPE.

- ☐ Ensure symptomatic students remain under visual supervision of a staff member who is at least 6 feet away. The supervising adult should wear a face covering.
- ☐ Have a plan for how to transport an ill student or staff member home or to medical care.
- ☐ Refer to diagnostic testing individuals who exhibit symptoms of COVID-19 at school or have been notified of a known or potential exposure to a person with COVID-19.
    - The ability to do rapid testing on site could facilitate COVID-19 diagnosis and inform the need for isolation and supports.
    - Interpretation of tests results can be found at this link to the CDC antigen algorithm). https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html#using-antigen-tests-community-settings
        - Of note, a person who has symptoms of COVID-19 and has received a negative test for COVID-19 may return to school IF the negative test was either (1) a negative PCR/molecular test or (2) a negative antigen test AND the person has a low likelihood of SARS-CoV-2 infection (I.e., the person has no known or suspected exposure to a person with COVID-19 within the last 14 days or is fully vaccinated).
- ☐ Implement cleaning and disinfecting procedures following CDC guidelines.
- ☐ Report to local health authorities any suspected or confirmed COVID-19 cases among children and staff (as required by NCGS § 130A-136.
- ☐ Adhere to the following criteria for allowing a student or staff member to return to school: See CDC antigen algorithm for interpretation of antigen tests.

Management of COVID cases or individuals presenting with COVID-like symptoms:

- ☐ Exclusion from school for positive COVID cases is **required** following the specific criteria and exemptions listed in the table below.

Exclusion Category	Scenario	Criteria to return to school
Diagnosis	Person has tested **positive** with an **antigen test** but **does not have symptoms** of COVID-19 and is not known to be a close contact to someone diagnosed with COVID-19.	If the person has 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 If the person does not have a repeat PCR/molecular test, or has one within 24 – 48 hours and it is also positive, the person can return to school **5** days after the specimen collection date of the first positive test, as long as they did not develop symptoms. The person must continue to mask for an additional 5 days to minimize risk of infecting others, unless an exemption to mask use applies. The person is not required to have documentation of a negative test in order to return to school.

Diagnosis	Person has tested **positive** with a **PCR/molecular test** but the person does **not** have symptoms.	Person can return to school **5** days after the specimen collection date of their positive test as long as they did not develop symptoms. The person must continue to mask for an additional 5 days to minimize risk of infecting others, unless an exemption to mask use applies. The person is not required to have documentation of a negative test in order to return to school.
Symptoms	Person **has symptoms** of COVID-19 and has tested **positive** with an **antigen test or PCR/molecular test**	Person can return to school when • It has been at least **5** days after the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving. The person is not required to have documentation of a negative test in order to return to school. The person must continue to wear a mask for 10 days after the first day of symptoms to minimize the risk of infecting others, unless an exemption to mask use applies.
Symptoms	Person has symptoms of COVID-19 but has **not** 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.	Person can return to school when • It has been at least **5** days after the first day of symptoms; AND • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • Other symptoms of COVID-19 are improving. The person is not required to have documentation of a negative test in order to return to school. The person must continue to wear a mask for 10 days after the first day of symptoms to minimize the risk of infecting others, unless an exemption to mask use applies.
Symptoms	Person has symptoms of COVID-19 but has received a negative test for COVID-19* or has visited a health care provider and received **an alternate diagnosis** that would explain the symptoms of COVID-19 *In a person with symptoms, a negative test is defined as either (1) a negative PCR/molecular test or (2) a negative antigen test if the person has a low likelihood of SARS-CoV-2 infection. See CDC antigen algorithm for interpretation of antigen tests.	Person can return to school when: • It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND • They have felt well for at least 24 hours. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.

*For individuals exposed, day of exposure is considered day zero (0). For cases, day of symptom onset is day zero (0) or for individuals

without symptoms, day of specimen collection is considered day zero (0).

Management of Individuals Potentially Exposed to COVID-19:

As the pandemic evolves, the most effective and appropriate public health tools for the current phase of the pandemic should be applied. The best tools right now are: Getting vaccinated and boosted, masking, testing after exposure, ventilating areas, and staying home when sick.

While contact tracing has been an important tool for slowing the spread of COVID at earlier points in the pandemic and remains important in certain high-risk congregate settings, individual contact tracing is a less effective tool for responding to the pandemic at this phase in other settings due to several factors that include:

- Emergence of variants with shorter incubation periods and more rapid transmission
- Most contagious periods prior to symptom onset and during the first few days of illness
- Large number of asymptomatic and less severe cases
- Many infections are never identified by public health agencies because persons with asymptomatic or mild cases may not get tested as well as the increasing use of over the counter at-home tests.
- Low proportion of all infections being detected or reported to public health during time when people are in their most infectious time period

For the reasons stated above, the impact of individual contact tracing on transmission during this stage of the pandemic may be limited in school settings. Therefore, **individual contact tracing and exclusion from school after an identified exposure (regardless of location of exposure) is no longer recommended statewide in K-12 schools, effective February 21, 2022**.

Although exclusion from school is no longer recommended following an exposure, when a COVID-19 case is identified in the school setting:

- Schools should notify potentially exposed students or staff so they can receive appropriate public health guidance, testing, and access to any resources that might be needed; notification can be on an individual, group, or school basis (see Table below).
- People who have been notified of an exposure should:
    - Wear a well-fitting mask for 10 days after the last known exposure, unless an exemption to face covering applies.
    - Be tested immediately if symptomatic, and on day 5 after exposure, unless the person tested positive for COVID-19 within the last 90 days. If school wide notification is done, at least weekly testing is recommended.

Because of the higher rates of viral transmission in settings that do not have other layered prevention strategies such as universal masking in place, exposure notification, masking after exposure, and testing of those exposed are highly recommended in these settings.

Although exclusion is no longer recommended statewide for people who have been exposed but have no symptoms, schools should implement policies that allow asymptomatic students and staff to stay home from school for five days after a recognized exposure if they choose to do so. Students and staff who develop symptoms should follow isolation guidance listed elsewhere in the Toolkit.

Local public health officials may continue requiring exclusion of exposed students and staff if determined necessary based on local conditions.

Options for Different Notification Methods:

Schools can consider utilizing different approaches to notifying individuals when they are potentially exposed to COVID-19.

Notification Method	Recommendation following notification	Communication notes
Individual Investigation and Notification *Current method of Contact Tracing; assesses individual length and distance of exposure.*	Individuals should wear a well-fitting mask for 10 days after last known exposure, unless an exemption to a face covering applies. Individuals should test immediately if symptomatic and 5 days from last exposure.	Notification can occur by school system (call, text, email) and by contact tracing digital platform (CCTO) auto-text. Individuals notified should quarantine outside of school settings.
Group Notification *No individual investigation; notification of a group with >15 minutes exposure in a given setting (e.g., class, sports team in indoor setting, lunchroom).*	Group members should wear a well-fitting mask for 10 days after last known exposure, unless an exemption to a face covering applies. Group members should test immediately if symptomatic and 5 days from exposure.	Notification method school dependent e.g., blast email/phone call/note by setting (class, lunch group, team). Group notification does not require quarantine outside of school settings for members of the group.
Notification by School *Notification to the school's community via a report detailing how many cases were discovered on a daily/weekly basis.*	Recommend universal face coverings as long as community transmission is categorized as high or substantial by CDC. People in schools with cases recommended to test regularly (e.g., weekly) and when symptomatic.	To promote equity and avoid creating digital divide issues, notification of cases in school should include auto-call as well as website posting. Group notification does not require quarantine outside of school settings for members of the group.

All schools could consider:

- ☐ 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.
- ☐ Schools should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level. Employers should ensure that workers are aware of and understand these policies. Establish and encourage liberal use of sick days for students, provide excused absences for students who are sick. and discontinue attendance-dependent awards and ratings.
- ☐ Developing plans for backfilling positions of employees on sick leave and consider cross- training to allow for changes of staff duties.

Cleaning and Hygiene

Cleaning of surfaces and washing hands with soap and water for 20 seconds or using hand sanitizer reduces the spread of disease. The below reflects updated CDC guidance on cleaning and hygiene.

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies. If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.

Cleaning and disinfecting of surfaces can also reduce the spread of disease. In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the U.S. Environmental Protection Agency COVID-19 list removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

All schools should:

- ☐ 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.
- ☐ 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.

For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see Cleaning and Disinfecting Your Facility.

All schools could consider:

- ☐ Encouraging 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.
- ☐ Providing 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.

Transportation

Local education leaders and schools should follow the guidelines below and the CDC Transportation Order for their transportation vehicles (eg., buses, vans).

All schools should:

- ☐ 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.
- ☐ Enforce that if an individual becomes sick during the day, they do not use group transportation to return home and t follow protocols outlined above.
- ☐ Enforce if a driver becomes sick during the day, they follow protocols outlined above and not return to drive students until they meet criteria to return
- ☐ Keep windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate, safe, and weather permitting.
- ☐ Clean transportation vehicles regularly. Children should 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.
- ☐ 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.

All schools could consider:

- ☐ Creating distance between children on school buses (for example seat children one child per row, skip rows), when possible.
- ☐ Allow for 3 feet of physical distancing between students and 6 feet 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).

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.

All schools should:

- ☐ Ensure ventilation systems operate properlyand 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 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.

☐ 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.

Additional Considerations

Health Equity

Per CDC guidance, schools play critical roles in promoting equity in learning and health, particularly for groups disproportionately affected by COVID-19. People living in rural areas, people with disabilities, immigrants, and people who identify as American Indian/Alaska Native, Black or African American, and Hispanic or Latino have been disproportionately affected by COVID-19; these disparities have also emerged among children. For these reasons, health equity considerations related to the K-12 setting are a critical part of decision-making and have been considered in CDC's updated guidance for schools. School administrators and public health officials can ensure safe and supportive environments and reassure families, teachers, and staff by planning and using comprehensive prevention strategies for in-person learning and communicating those efforts. Schools can work with parents to understand their preferences and concerns for in-person learning.

School administrators can promote health equity by ensuring all students, teachers, and staff have resources to support physical and mental health. School administrators can offer modified job responsibilities for staff at higher risk for severe illness who have not been fully vaccinated while protecting individual privacy. Federal and state disability laws may require an individualized approach for working with children and youth with disabilities consistent with the child's Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), or Section 504 plan. Administrators should consider adaptations and alternatives to prevention strategies when serving people with disabilities, while maintaining efforts to protect all children and staff from COVID-19.

School Workers

Workers at increased risk for severe illness from COVID-19 include older adults and people of any age with certain underlying medical conditions if they are not fully vaccinated. Workers who have an underlying medical condition or are taking medication that weakens their immune system may NOT be fully protected even if fully vaccinated and may need to continue using additional prevention measures. For additional information, see CDC guidance.

Other considerations relating to topics including Food Services and School Meals and assessing vaccination status are included In the CDC Guidance for COVID-19 Prevention in K-12 Schools.

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 (e.g., 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 contract tracing, should it be necessary.

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

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

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

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

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

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

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 5 days to make sure they do not spread the virus. If they have no symptoms or their symptoms resolve by day 5, they can end isolation but

should continue to wear a mask around others for 5 additional days. 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 should quarantine outside of school setting for at least 5 days after exposure. 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 a person currently is infected with COVID-19. The NCDHHS hosts testing sites regularly throughout the state.

Up-to-date on COVID-19 vaccines: Status of a person who has received all recommended doses of a COVID-19 vaccines, including additional doses and boosters.