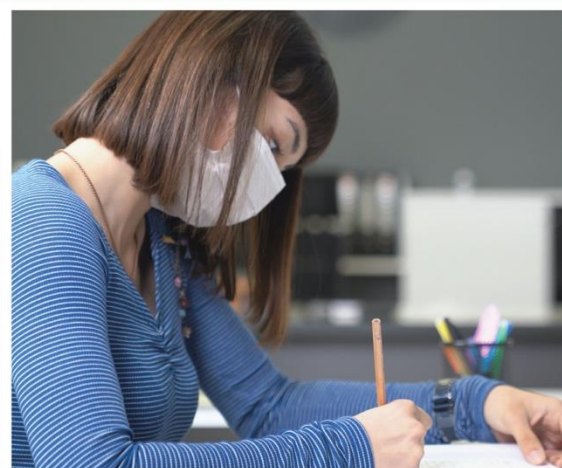




# StrongSchoolsNC

## COVID-19 Contact Tracing Procedures for K-12 Schools

Published February 9, 2021; Updated March 24, 2021



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

# COVID-19 Contact Tracing Procedures for K-12 Schools

This resource is designed for public and private K-12 schools to help streamline processes and maximize collaboration with the local health department, and is aligned with recently published CDC guidance on [contact tracing](#) and [operational strategies](#) in K-12 settings. Many K-12 schools are collaborating with local health departments in support of contact tracing during the pandemic. As community cases continue to develop, K-12 schools will experience additional cases among their students and faculty/staff. At the same time, local health departments may have limited capacity to rapidly conduct case investigation and contact tracing while also engaged with COVID-19 vaccine delivery.

K-12 school leaders, public and private, should review current practices and increase the speed and efficiency of contact tracing in collaboration with the health department. The following steps are **strongly recommended**. Using this resource, K-12 school leaders will be able to:

1. **Provide instructions** for cases and close contacts of a positive COVID-19 case to be excluded from school;
2. **Share information** about school-affiliated cases and close contacts with the local health department securely and efficiently;
3. **Communicate** transparently with students, staff, and families; and
4. **Collaborate** with their local health department to take any additional recommended actions.

## \*Before you read this document:

- Review the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#) for more information on health and safety requirements for all K-12 schools.
- Review the [Reference Guide for Suspected, Confirmed, or Presumptive Cases of COVID-19 \(K-12\)](#) for more information on **all** next steps following COVID-19 symptoms or positive case at a K-12 school.

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## KEY TERMS:

**Case:** A person with confirmed COVID-19 infection. Sometimes referred to as “confirmed case” or “positive case.”

**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).

**Case Investigation:** The process of contacting the COVID-19 confirmed case to document symptoms and underlying health conditions, confirm notification of the positive test result, provide isolation guidance, and identify all close contacts. Case investigations are conducted by the local health department.

**Case Interview:** A conversation with a case, or their parent/guardian, to confirm the positive test result, confirm isolation instructions and answer questions, and inquire in detail about school close contacts. Case interviews can be conducted by the K-12 school.

**Contact Tracing:** Reaching out to people with possible exposure to COVID-19 to inform them of their exposure and provide information on how to quarantine, when to get tested, and how to access available support services. Contact tracing is typically conducted by the local health department but can be supported or facilitated by the K-12 school in collaboration with the local health department.

**Secondary Data** – Information routinely maintained in schools related to student schedules, class rosters, seating charts, extracurricular activities (e.g., sports), recess, lunchroom, transportation (bus and carpool), and rotating staff (e.g. speech-language service providers).

## INTRODUCTION

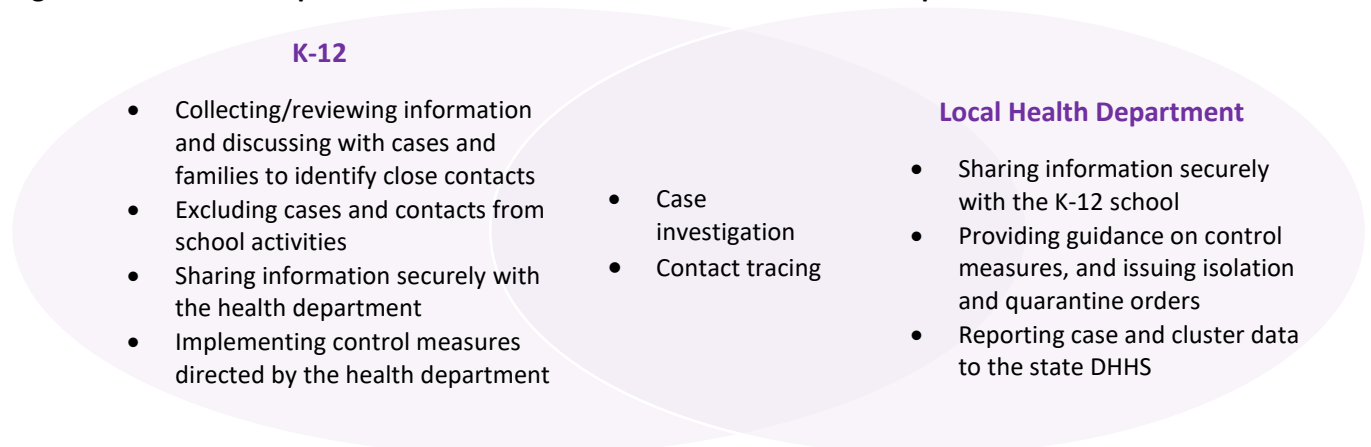
**Figure 1. A Comprehensive Framework for K-12 COVID-19 Planning and Response**



Guidance in this document is just one part of an overall COVID-19 plan for K-12 schools, as shown in **Figure 1**. Within this framework, the phases of Prepare, Respond, Reflect and Adjust for contact tracing are described here. Many aspects of the Prevent section are described in detail in the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#). The steps associated with the Respond section are contained in the [Reference Guide for Suspected, Confirmed, or Presumptive Cases of COVID-19 \(K-12\)](#). This guidance document covers aspects of each section of the framework specifically focused on contact tracing and case investigation.

Case investigation and contact tracing, the subject of this document, should be done as a collaboration between K-12 schools and LHDs. **Figure 2** demonstrates how K-12 schools can partner with local health departments (LHDs) to enhance the speed and effectiveness of contact tracing. While each has their respective roles and responsibilities, this document will provide real strategies for K-12 schools and LHDs to enhance the collaboration.

**Figure 2. Roles and Responsibilities of the K-12 School and Local Health Department**



## PREPARE

### 1. Confirm with your local health department that your school is creating a contact tracing plan (see Appendix A)

### 2. Identify Your School Contact Tracing Team Roles

- A. Identify who may already be doing contact tracing or related work at a school and incorporate those individuals into the team.
- B. Identify and assign a contact tracing team using the recommended list of positions below (some schools may have one person in multiple roles):
  - a. Health Department Liaison
    - i. Communicates with an identified liaison from the local health department (and their backup). If students reside in more than one county, points of contact and processes should be developed with all relevant local health departments. In some schools this is the school nurse.
    - ii. Liaison understands the composition and key staff in the health department's school contact tracing team.
  - b. COVID-19 Liaison/Lead Communicator
    - i. Liaison receives reports from LHD on individuals who have tested positive.
  - c. School Nurse, delegated school staff person
  - d. Principal or Assistant Principal
  - e. Attendance Clerk
  - f. Parent/PTA/PTSA Liaison
- C. Assess and build capacity of identified team members to:
  - a. Conduct interviews with faculty and families to identify close contacts that belong to the school community.
  - b. Review secondary information and apply CDC and NCDHHS definitions to determine those who are close contacts. Develop capacity in needed areas.
  - c. Be familiar with [CDC](#) and [NC DHHS](#) guidance.
  - d. Take the relevant portions of the NC specific contact tracing course available for free [here](#).
  - e. Staff need to be well-trained on the importance of maintaining confidentiality of information about someone who has or may have COVID-19 during these conversations and in any records created related to these conversations in accordance with [GS 130A-143](#).
  - f. Have all team members take appropriate data security and privacy training.

### 3. Determine Systems for Collecting and Updating Relevant Information/Data

- A. Work with your school district officials and legal counsel to ensure that any processes developed are in compliance with FERPA, the Health Insurance Portability and Accountability Act (HIPAA), and other applicable law. [The US Department of Education](#) has provided information on FERPA and COVID-19 privacy questions.

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- B. Develop a plan and/or templates for how a school's points of contact will receive and document information from families, faculty/staff, and the local health department for persons who have tested positive for COVID-19.
- C. Leverage currently existing information systems to store data in a centralized location for the purpose of contact tracing.
  - a. Be able to share this information with public health securely and with minimal effort (see Section I below).
  - b. Information about individuals who have or may have COVID-19 is not public record and is confidential under State law, including N.C.G.S. 130A-143, and may be subject to additional protections under federal law and regulations.
  - c. Systems used to store related information about these individuals should be secure and only accessible by school staff who need to access the information to assist with COVID-19 response work. School staff who access the information systems should limit their view of information in the system to that which is minimally necessary to accomplish the public health task for which the information is needed.
- D. Develop a protocol for systematic review and regular update of secondary data to identify potential close contacts of cases as efficiently as possible.
  - a. Consider impacts on attendance records for in-person vs. virtual learning.
  - b. Identify known siblings and/ household members who also work at or attend the K-12 school.
- E. Ensure student/family and staff contact information is regularly revisited in order to keep up to date.
- F. Develop case interview guides specific to your school for students, families, and staff, using the example in Appendix C as a starting place. Schools should follow their normal protocols with respect to contacting minors and the need for parental consent. **Regularly remind all staff that information shared regarding a person who has or may have COVID-19 is strictly confidential.** Interview guides should reflect awareness of the following:
  - a. Interviews should supplement review of the rosters and other secondary data. Ideally, most of the information regarding close contacts can come from review of data.
  - b. Anticipate situations where contact information will not be easily obtained and develop a plan for obtaining it, if needed. For example, if an opposing sports team is exposed during a game, request a roster of students, DOB, and parent/guardian information that you can use to provide to your local health department to facilitate their contact tracing.
  - c. Situations in which it may be necessary to discuss a student case with a student's teacher or other staff to identify additional contacts. Limit information shared to the minimum necessary to conduct contact tracing and implement control measures (which may not need to include the student's name).
  - d. For staff cases, it is generally not permissible to discuss confidential information with other staff in order to identify contacts; if needed, this should be done by the health department. Limit information shared to the minimum necessary to conduct contact tracing and implement control measures.

- e. For staff cases, include questions about with whom they spent lunch and breaks, carpooling, and any outside of school socializing that may include other staff.
- G. Refer to [CDC](#) and [NCDHHS](#) guidelines for isolation and quarantine protocols ([Reference Guide for Suspected, Confirmed, or Presumptive Cases of COVID-19](#)); 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).
- H. Consider implementing school-based screening testing per [CDC recommendations](#) to enhance your ability to identify cases and prevent secondary transmission. Screening testing can be used by schools for potential contacts and potentially exposed persons, two categories that CDC uses to describe contacts that do not meet the definition of close contact.
- I. Develop methods for case and close contact data collection and sharing with the health department (e.g., secure shared spreadsheets or a secure portal maintained by the local health department).
  - a. For cases: name, birthdate, contact information (including parent/guardian), date of symptoms, date of testing, county and location of the test, dates present in-person (beginning 2 days prior to symptoms or testing through isolation date), attendance/activities, preferred language.
  - b. For close contacts: name, birthdate, contact information (including parent/guardian), date of exposure, preferred language.
  - c. Other information, including information about the medical conditions of cases and contacts, should be shared with the LHD upon request, as required by [G.S. 130A-144\(b\)](#).
  - d. School may provide information about contacts who are not part of the school community to the health department if such information is volunteered during the interview.
- J. Routinely (recommended daily) review data on cases and their activities, classes, transportation, and sports to identify clusters of cases, and report clusters on a daily basis to the local health department.

#### 4. Create Consistent Channels for Communicating Case Information With Students, Staff, and Families

- A. Ensure students/families and staff who have been present in the school building know whom they should notify (e.g., a designated point of contact, email, or phone line) if they have tested positive for COVID-19 or have been exposed to someone with COVID-19.
- B. Develop a communications plan, including sample communications for cases and contacts, students and faculty/staff. Plan two types of communications: internal, external (stakeholders, LHDs). Sample communications to develop (see Appendix B):
  - a. General information about a case in the school
  - b. Isolation information for a case
  - c. Quarantine information for a contact

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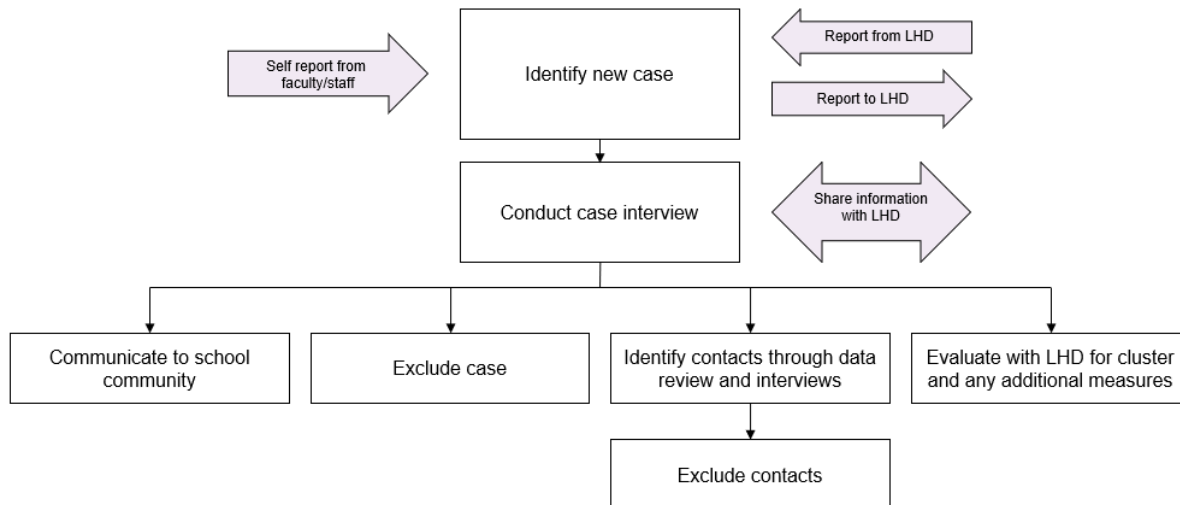


- d. Communications announcing larger mitigation measures (testing, pause in in-person learning)
  - e. Plan to send secure/encrypted emails to staff, parents and guardians if confidential information is included.
- C. Identify how the contact tracing team will report to and inform 1) the school communications team and 2) school leadership. For example, routine meetings, email, and/or daily reports for routine matters; phone calls for urgent issues. Ensure that sensitive information is securely maintained and communicated.
- D. Anticipate the challenges of the time gap between school and health department communications. For example, if the school is making preliminary determinations about close contacts that require confirmation by the health department, anticipate a need for a point of contact or a way for parents to call in to the school for updates. Establish a timeline for notifications that is coordinated between the school and the health department.
- E. Anticipate the need to coordinate communications with a staff person diagnosed with COVID-19. NC DHHS direction in the notification emails sent to cases is that the diagnosed person should notify their own close contacts. Understand the public health priority is for contacts to be notified as quickly as possible, balancing a need for coordinated and confidential communications in the workplace.
- F. Anticipate the challenges of working with multiple local health departments (if students and/or staff live in more than one county). If so, keep the health department of the county where the school is located informed about these contacts. Take a proactive role in communicating with and bridging between different health departments.
- G. **Consider** developing a website or other tool for parent/guardian and faculty/staff, and other public communications including:
  - a. A statement encouraging families and faculty/staff to participate with the school and health department contact tracing efforts, emphasizing confidentiality.
  - b. [CDC](#) and local health department resources on 1) how to maintain the health and safety of the family while a student is quarantining or isolating and 2) where to go for [testing](#).
  - c. Directions on how to report cases to school.
  - d. An FAQ document.
- H. Consider publicly sharing frequently requested data in compliance with state and federal law, such as on a dashboard.
- I. Plan for media inquiries.
- J. Determine internal communications protocols and plans (i.e., whom to notify that a student is excluded from school).
- K. Consider digital tools for communication with and monitoring of contacts and their families.

## RESPOND

The following are steps to take following a positive case, specifically for case investigation and contact tracing (Figure 3). Other related steps are detailed in the [Reference Guide for Suspected, Confirmed, or Presumptive Cases of COVID-19 \(K-12\) and When and How to Quarantine](#).

Figure 3. Steps for Response to a COVID-19 Case Taken by the K-12 Contact Tracing Team



- A. When notified of a positive case, report it to the health department, per GS 130A-136.
- B. Implement your contact tracing plan, as developed with the local health department. Initial implementation of communications and protocols should be done in close collaboration with the health department.
- C. Conduct case interview.
- D. Communicate with the case that they are excluded from K-12 activities until the end of isolation (See Returning from Exclusion Summary Tool in the [Reference Guide for Suspected, Confirmed, or Presumptive Cases of COVID-19 \(K-12\) and When and How to Quarantine](#)).
  - a. Inform the case that they may also get a phone call from the health department for case investigation, and the importance of answering the call.
- E. Communicate with the likely contacts that they are excluded from further K-12 activities until the end of quarantine and that they should obtain COVID-19 testing per NC DHHS protocol (See Exclusion Summary Tool in the [Reference Guide for Suspected, Confirmed, or Presumptive Cases of COVID-19 \(K-12\)](#)).
  - a. Inform the likely contact that they may also get a phone call from the health department for contact tracing and the importance of answering the call.
- F. Communicate schoolwide and externally to families and stakeholders as indicated in plan.
- G. Share data on cases and contacts with the health department.

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- a. Alert the health department to potential contacts for which the school does not have contact information (e.g., a sports team from another school).
- H. Proactively communicate with local health department, and neighboring health departments as needed. Maintain communication with the local health department to confirm dates of isolation and quarantine.
- I. Follow up with close contacts who are excluded from school to continue to update information about new cases. If necessary, repeat the process of identifying contacts of contacts who later test positive and become a case.
- J. Communicate with the local health department regarding the need to implement mitigation measures (e.g., pause sports games or practices, implement broader testing strategies (screening testing) for a classroom or activity, or pause in-person education) (see [NC](#) and [CDC](#) guidance).
- K. If you reach five or more cases, report the potential cluster to your local health department. Communicate with the local health department regarding the need to implement further mitigation measures.

## REFLECT & ADJUST

- A. Meet regularly as a school COVID-19 response team to determine what is working well, what is not.
- B. Establish regular meetings with the LHD liaison to discuss specific cases and clusters, review processes, and review changes in guidance.
- C. Include parent liaisons in meetings [as long as confidential information is not being discussed] and review the feedback from families.
- D. Revise protocols based on reflections.

## CONTACT TRACING CASE STUDY

James is a student in Ms. Clancy's 1st grade classroom. James and his classmates leave the classroom during lunch, gym and recess. Their school is operating in Plan A, including mitigation protocols such as mask-wearing, routine cleaning, daily screening for symptoms (which can be considered for adults and is no longer recommended for students), and keeping physical distance when possible.

### MONDAY (Day 0):

- Monday, after morning recess, Ms. Clancy notices that James has a cough. His symptoms started that day. She immediately refers James to the school nurse per school procedure.
- Nurse Williams confirms that James has a fever and a cough, symptoms that may be a sign of COVID-19. James is isolated and he and his older sister Jenny (5th grade) are sent home as soon as possible that day.
- The nurse (if not also the COVID-19 liaison) informs the school's COVID-19 liaison to document that James and Jenny are being sent home.
- The COVID-19 liaison, or person identified for this activity, calls James' parents to ensure that he is tested that afternoon or Tuesday morning. They ask to be informed of the results as soon as possible so they can advise on quarantining other students and staff promptly.
- The LHD liaison also calls the LHD to report the suspected case in compliance with G.S. 130A-136.

### TUESDAY (Day 1):

- The parents call to confirm that James has a positive antigen test, while Jenny has tested negative by antigen test. Jenny should continue to monitor symptoms and repeat her test 5 days after James begins to isolate, or sooner if any symptoms develop, and report that information to the school nurse.
- The COVID-19 liaison, or person with this role, instructs James that he is excluded from school for 10 days and his sister is excluded for 14 days past the last exposure date to James while he is considered infectious. The communications to James' family also recommend that the entire household quarantine for 14 days. If James cannot be completely separated from his family during his 10-day period, his family's 14-day quarantine will not begin until after he completes his 10-day isolation.
- The contact tracing team coordinates to implement their plan to determine who may be close contacts of James, to access attendance data, and other important information.
- The contact tracing team does not need to review data for or contact any students in Jenny's class.
- Because James' class stays together the entire day as a cohort, but they are not able to socially distance the desks in the room or limit the sharing of resources, all of the children and Ms. Clancy are considered close contacts. Ms. Clancy has not yet received her vaccine for COVID-19. Based on the plan developed with the local health department, the school proceeds to notify these individuals that they are excluded from school.
- Per the school's protocol, the contact tracing lead also reviews all records (lunch, gym, recess, transportation, extracurricular activities) and identifies any additional pods that may need to be excluded from school for a quarantine period.

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- The LHD liaison calls the local health department to update them on the test result and to provide contact information for close contacts using the school's already established communications channels.
- The COVID-19 liaison and the school's contact tracing team contact all students in Ms. Clancy's class and other identified pods to inform them that they may be close contacts of a positive case and are advised to be excluded from school per protocol. The COVID-19 liaison also advises them that they may receive a call from the local health department.
- In consultation with LHD, an email may be crafted and sent to all staff and families informing them of a positive case and the steps the school has taken.

**FRIDAY (Day 4):**

- Ms. Clancy reports to the COVID-19 liaison that she took a PCR test at a free testing site near her on Wednesday, (Day 2), and the test was positive.
- The COVID-19 liaison directs Ms. Clancy to isolate for 10 days.
- The contact tracing team at the school conducts a case interview with Ms. Clancy to determine any additional close contacts outside of her class. She shares that she ate breakfast on Wednesday morning (Day 2) with the Assistant Principal, and it is not clear that physical distancing was maintained the entire 20 minutes they ate together, without masks. The team consults with the local health department and decides to also exclude the Assistant Principal as a close contact.
- The contact tracing team continues communications with the health department to provide information about the new case and contact and to confirm isolation and quarantine dates for all involved students and staff.

**FRIDAY (Day 11) (the day after completing 10 full days of isolation after symptoms began):**

- James is eligible to return to school, as he has felt well for several days without fever for at least 24 hours off all fever reducing medications, and his isolation period is over. If he returns to school at this time, he sits in with another class since others in his class are still out on quarantine. He may also wait to return to school until Day 15 when the remainder of his class returns, in order to protect his privacy.

**MONDAY (Day 14) (two days after completing 10 full days of isolation after testing date):**

- Ms. Clancy returns to school, as she is feeling better, without fever for at least 24 hours off all fever reducing medications, and her isolation period is over.

**TUESDAY (Day 15) (the day after completing 14 full days of quarantine after last exposure on Day 0):**

- All students in the class return to school – none of them developed symptoms or tested positive.

# APPENDICES

- A. Contact Tracing Plan with the Local Health Department
- B. External Communication Examples
  - Example 1: Letter/Email to parents – Positive case at child’s school
  - Example 2: Letter/Email to parents – Close contact of positive case, quarantine necessary
  - Example 3: Letter/Email to parents – Positive case, isolation necessary
- C. Example Interview Guides
  - Example 1: Interview of Student case or Parent/Guardian of student case
  - Example 2: Interview of Faculty/Staff case

## A. Contact Tracing Plan Essential Elements

The following are recommended elements to include in a documented plan for contact tracing in a school in collaboration with your local health department. Whether or not the school chooses to conduct any of the additional activities described in the document “Enhancing Contact Tracing Procedures for K-12 Schools,” a basic level of planning, documentation, and action will facilitate the work of the local health department to conduct case investigation and contact tracing and the collaboration between the school and the health department to prevent further transmission.

### School team contacts:

Role	Name of Point of Contact (POC)
Health Department Point of Contact (POC)	
Backup POC to health department	
School nurse or designated staff person	
Person(s) conducting COVID-19 rapid testing in schools (if applicable)	
POC for collecting all case and contact information	
Parent liaison	
Communications (external/internal)	
Interviewer of parents/guardians, students, faculty/staff and reviewer of data to identify close contacts	

### Local health department team contacts:

Role	Name of Point of Contact (POC)
Main POC to the school	
Backup POC to the school	

### Essential Planning Questions:

1. How will the school be notified of cases?
  - a. Parent/guardian or student self-report
  - b. From the LHD
  - c. School testing
  - d. Multiple sources
2. Who will collect case data and where/how will it be stored? Who at the school will have access to this data and how will it be protected?
3. Who will review school data to identify close contacts?
  - a. What data will be reviewed?
  - b. Will the school conduct any interviews of cases (or parent/guardians) to identify additional school-related contacts?
  - c. Where/how will interview data be stored? Who at the school will have access to this data and how will it be protected?

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4. How will the school determine who is a close contact for the purpose of exclusion from school, and how will this be communicated to families and faculty/staff?
  - a. Will the health department adopt those determinations, or conduct their own investigations using the school's supplied information to confirm the status of a close contact for the purpose of quarantine?
  - b. How will this be communicated to the families?
5. How will data on cases and contacts be shared with the health department?
  - a. How frequently will communication occur?
6. How are clusters identified? By the school, by the health department, or both?
  - a. How do the school and the health department communicate regularly about cases and possible clusters?
7. Will the school notify cases and clusters that they are excluded from school?
8. Will the school/local health department adopt the CDC options to reduce the quarantine period (7 days or 10 days), or utilize the full 14-day period based on current [CDC](#) and [NCDHHS](#) guidance?
9. How will schools coordinate with the health department regarding isolation and quarantine order communications to cases and close contacts?
10. How will the school and the health department continue to communicate and align end-quarantine and end-isolation dates, which may require extension in situations when symptoms continue in a case or if a contact is re-exposed by a family member?



## B. External Communications Examples

### Example 1: Letter/Email to parents – Positive case at child’s school

Good afternoon, families,

This is Principal XXXX with an important health and safety message. We were informed today that an individual at XXX school tested positive for COVID-19.

As soon as our staff were made aware of the report, the administrative team and school nurse followed guidance from XXX County Health Department to rapidly implement infection prevention measures.

Because the health and safety of our students and staff are extremely important, XXX County Schools staff is working with the individual who tested positive for COVID-19 and with XXX County Health Department to determine who has been in close contact with that individual.

In accordance with State and federal law, the school is not sharing the identity of the person who tested positive for COVID-19. Parents and guardians: if your child is identified by the school as a close contact with the individual who tested positive then a school nurse will follow up with you within 24 hours to provide further guidance. A XXX County Health Department staff member may also contact you to provide additional resources and supports.

XXX School is following cleaning protocols and will properly disinfect and sanitize the impacted areas of the building according to recommendations from the United States Centers for Disease Control and Prevention, the North Carolina Department of Health and Human Services, and XXX County Health Department.

Please monitor your child closely for symptoms of COVID-19. Information about COVID-19 symptoms can be found [here](#). If your child, or anyone in your household, develops symptoms of COVID-19, please contact your regular healthcare provider to request COVID-19 testing. If you don’t have a regular health care provider, you can find information about other places to receive COVID-19 testing [here](#).

We will continue to closely monitor the situation and implement health and safety protocols. As a reminder, it is important to practice the three W’s--wait six feet, wash your hands often, and wear a face covering.

If you have questions, feel free to contact xxx.

## Example 2: Letter/Email to parents – Close contact of positive case, quarantine necessary

Hello <<name>>.

This is <<your name>> from <<school or facility name>>. I am writing to let you know that an individual at XXX (school) has tested positive for COVID-19. The individual who tested positive has been advised to follow guidance from the United States Centers for Disease Control and Prevention (CDC) and the North Carolina Department of Health and Human Services (NC DHHS), and XXX County Health Department. Your child was determined to be a close contact of the student who tested positive for COVID-19. <<school or facility name>> is here to support you and your child during this time. Below, I have listed some important next steps for your family to take:

In accordance with guidance from the CDC, NC DHHS, and XXX LHD, your child is excluded from school and should quarantine because they are a close contact of someone who tested positive for COVID-19. Quarantine means staying at home and separating from others (beyond your immediate family) while also self-monitoring for symptoms of COVID-19. Staying home includes staying home from school, which includes participation in school-run athletics programs and extracurricular activities.

Based on your child's last contact, your child may return to school on XXX (end quarantine date) if no symptoms of COVID-19 have developed. It is recommended that your child get tested for COVID-19 on or after XXX (test date). Please let me know if your child develops any symptoms of COVID-19 while quarantined. After your child is tested for COVID-19, please notify me (link XXX school nurse contact) of your child's test results. Knowing the results of your child's test for COVID-19 and whether your child developed symptoms will help me and other school staff take actions to reduce the risk of further spread of COVID-19. If you do not have a regular health care provider, you can find information about places to receive COVID-19 testing at (link for testing site information).

You may also receive a phone call, text, or email from a member of the NC COVID Community Team who is working with your local health department. You will be given information on how to safely quarantine your child and access available support.

If you have any questions, feel free to contact me (link XXX school nurse contact). If you have questions about COVID-19 you can visit your local health department's website at (health department website) (number can be found [here](#)).

XXX (nurse name)

(Nurse title and department)

### Example 3: Letter/Email to parents – Positive case, isolation necessary

Hello <<name>>.

This is <<your name>> from <<school or facility name>>. We have been notified that your child has tested positive for COVID-19. <<school or facility name>> is here to support you and your child during this time. Below, I have listed some important next steps for your family to take:

Your child will need to be excluded from school and should isolate in accordance with guidance issues by the United States Centers for Disease Control and Prevention (CDC), the North Carolina Department of Health and Human Services (NC DHHS), and XXX County Health Department. This means that your child should stay home and, as much as possible, avoid sharing a bedroom, bathroom, or common spaces with anyone else in your household. Based on our information, the earliest date on which your child may return to school is on XXX (end isolation date).

COVID-19 spreads very easily, so people in your child’s household are at high risk for also getting the virus and will need to quarantine to avoid further spread of COVID-19 to individuals outside your household. To slow the spread of the virus and protect your loved ones, all household members should:

- Begin their own quarantine period the day after your child begins to isolate, if you are able to completely isolate from your child; OR
- Quarantine immediately and continue their quarantine period until 14 days after the last day of your child’s isolation, if you are unable to completely isolate yourself from your child.

For more information about how to safely care for someone with COVID-19, please review this [helpful resource from the CDC](#).

You may also receive a phone call, text, or email from a member of the NC COVID Community Team, who is working with your local health department. You will be given information on how to safely isolate your child and access available support.

If you have any questions, feel free to contact me ([link XXX school nurse contact](#)). If you have questions about COVID-19 you can visit your local health department’s website at (health department website) (number can be found [here](#)).

XXX (nurse name)

(Nurse title and department)

## C. Example Case Interview Guides

Interviews with students, or their parent/guardian, will supplement the contacts identified through review of secondary data maintained by the school about students' extracurricular activities (e.g., sports), classroom schedules and seating, and lunchroom and transportation lists. The focus of these interviews should be to identify additional close contacts that could not easily be identified by reviewing secondary data and to remove some of the potential close contacts identified through review of secondary data that are not truly close contacts.

### Example 1: Student case: Interviewing Student or Parent/Guardian

#### ***Section 1: Preparing for the Interview***

**Case Information** – prepare for the interview

- Case's name and date of birth
- Date of positive test
- Information from review of all rosters and secondary data: classroom schedules and seating, extracurricular activities (e.g., sports), recess, lunchroom and transportation (bus and carpool)
  - o List of all contacts identified through this review

#### ***Section 2: Introducing yourself and purpose for call***

Example: Hello, my name is [insert name] and I'm calling on behalf of the [school name].

I am calling today because we are closely monitoring cases of COVID-19 in our school. We have identified your child as having been recently diagnosed with COVID-19 or showing symptoms consistent with COVID-19.

#### ***Section 3: Assessing need for supports.***

1. As you may have already been told, individuals diagnosed with COVID-19 are required to self-isolate until they can no longer spread the virus, which could be up to two (2) weeks.
2. I know this is a long time to stay home, so I would like to talk through whether you have access to the resources you may need to do so safely. Is there anything that might limit your ability to self-isolate? For example:
3. Do you have a primary care provider?
4. Do you have a stable and safe place you feel comfortable staying in without leaving for the duration of this stay at home period?
5. Based on your current working situation, will you [parents/guardians] be able to stay home from work or work from home for the required period of time? If not, do you require a letter to excuse you from work?

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6. You will need enough food to last you and/or your family through isolation and quarantine. What assistance would you need, if any, to make sure that you have enough food in your residence? This may include purchasing and/or delivery of food to your house.
7. Do you have medical conditions for which you might need support during this period of time?
8. Do you have medications for which you might need assistance in obtaining during this period of time?
9. What other resources, if any, would you need to stay home safely for the duration of your stay home period?

I'd like to direct you to our school social worker, your local health department at (phone #), and/or the COVID-19 call center at (844-628-7223) who can assist with your support needs.

#### ***Section 4: Eliciting contact names and locating information***

In an effort to help prevent COVID-19 from spreading to others within your household and community, I need your and your child's help to identify individuals who have been in close contact with your child during your child's infectious period. We will focus just on students, faculty/staff, and others associated with this school that you have interacted with [both within the school setting and outside the school setting].

Your child's infectious period started 48 hours before your child first developed symptoms (or if your child had no symptoms, 48-hours prior to the day your child first tested positive) until the time your child started isolating. A close contact is anyone your child has been within 6 feet of for a cumulative total of 15 or more minutes within a 24-hour period during your child's infectious period. For example, if your child were within 6 feet of someone 3 times in one day for at least five minutes each time, then that person would be considered a close contact to your child. What questions do you have about how this process works?

Infectious Period: From \_\_\_\_/\_\_\_\_/\_\_\_\_ (48 hours before symptom onset or 48 hours before day of specimen collection if asymptomatic) to \_\_\_\_/\_\_\_\_/\_\_\_\_ (day isolation started or end of isolation criteria has been met)

- A. *Do you have any household members who are students, faculty or staff at this school or any school in this system? In any other school or day care setting?*
- B. [Review the list of contacts identified from review of rosters (see above). As appropriate and if this is your protocol, identify which contacts do not meet definition of a close contact. Alternatively, consider questions such as below, to identify additional names as close contacts:
  - a. *Were there any additional children in [activity] or [on the playground] during your child's infectious period?*
  - b. *Were there any different children in your classroom during your child's infectious period?*
  - c. *Did your child have interaction with any school staff that they otherwise do not normally interact with during this time?*
- C. After the contacts identified from the list of rosters are reviewed, consider the following questions:

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- a. Did your child have any contact with students outside the school (e.g., playdates or driving to school together) during the infectious period?
- b. Did your child have any contact with any teachers or faculty/staff outside the school during the infectious period (e.g., tutoring)?

For each contact identified you will want to have the following information to provide to the local health department. The case need only provide the name and the last date of exposure to your child.

1. Contacts First and Last Name
2. What was the last day your child had contact with this individual?
3. Parent/Guardian Names
4. Contact's Email (if known)
5. Contact's Mobile Phone number
6. Contact's Date of Birth (if known)
7. Contact's Home Address including city or county of residence, if known
8. What language does the contact prefer to communicate in?

### ***Section 5: Public health disease transmission prevention recommendations***

Your child will need to be excluded from school and should isolate in accordance with NC and CDC guidelines. They should stay home and isolate away from others in your home, which means not sharing a bedroom, bathroom or common spaces with anyone else until your child meets the criteria necessary to end isolation, which include:

- A. For cases with symptoms:
  - a. It has been at least 10 days since your symptoms started, AND
  - b. It has been at least 24 hours since you last had a fever (off all fever reducing medications like Tylenol, Ibuprofen, Advil, Naproxen), AND
  - c. Symptoms have improved.
    - i. \*if you are a healthcare worker or work within a healthcare facility you should wear a mask while at work or in public until all symptoms have completely resolved.
- B. For cases without symptoms:
  - a. It has been at least 10 days since your initial positive specimen was collected, AND
  - b. No development of symptoms during the 10-day period

Based on our information, the earliest your child may return to school is on **XXX (end isolation date)**.

Your child should avoid contact with other members of the household for the duration of your child's isolation period, especially individuals who are at high-risk of severe illness related to COVID-19 (e.g., persons older than 64 years of age or anyone with an underlying health condition). Information on how to protect household members can be found on the North Carolina DHHS website. Do you have an email address that we can use to send you resources? [Send the following website:

<https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-guidance#individuals>]

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COVID-19 spreads very easily, so people in the household are at high risk for also getting the virus and will need to quarantine. Because individuals who live in your child's household are at high-risk of becoming infected with COVID-19, they will need to start quarantining immediately if they aren't already doing so. I would like to send you information to share with your household members on how they can stay safe during your isolation and their quarantine period, what is the best way to get that information to you?

\*Emailing the individual a link to the CDC's website is the easiest option ([COVID19 - Caring for someone at home | CDC](#)). If that is not possible, you can tell them that typing the wording "COVID19 - Caring for someone at home" into their internet search engine will bring up the CDC's webpage.

We [the school] will notify all your child's close contacts about their exposure. The privacy of you and your child's information will be maintained in accordance with State and federal law during this process. If you feel comfortable doing so, we encourage you to notify all of your non-household close contacts OUTSIDE OF SCHOOL of their possible exposure and let them know they may get a call, email, or text from the local health department to provide support and answer any questions they may have. You can also use the <https://tellyourcontacts.org/> website to send an anonymous notification to your close contacts of their exposure.

Finally, all household contacts, and especially those who are also students or faculty/staff in our school system, should obtain a diagnostic (antigen or PCR) COVID-19 test. Please notify me (XXX school nurse contact) of the diagnostic test results. If you do not have a regular health care provider, you can find information about places to receive COVID-19 testing at ([link](#) for testing site information).

### ***Section 6: Local Health Department contact tracing***

We are talking to you today to keep you and the entire school population safe. In addition, you may also get a phone call, text or email from a member of the NC COVID Community Team, who is working with your local health department. They may ask additional questions about close contacts your child has had outside of school. You will be given more information on how your child can safely isolate and how your household can safely quarantine and access available support.

If you have questions about COVID-19 you can visit your local health department's website at (health department website) (number can be found [here](#)).

### ***Section 7: Monitoring recommendations***

Finally, we want to continue to stay in touch with you during your child's isolation to make sure that you and your child have what you need to stay safe. What would be the best way to do that, phone call or text?

### ***Section 8: Wrapping Up***

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What questions can I answer for you now? If you have any questions, feel free to contact me ([link XXX school nurse contact](#)).

If you think of any questions after this call has ended or if you develop symptoms, you can contact your local health department at ([phone #](#)) or the COVID-19 call center at (844-628-7223).



## Example 2: School Staff Case

### **Section 1: Preparing for the Interview**

**Case Information** – prepare for the interview

- Case-patient’s name and date of birth
- Date of positive test
- Information from review of all rosters and secondary data: classroom schedules and seating, extracurricular activities (e.g., sports), recess, lunchroom and transportation (bus and carpool)
  - o List of all contacts identified through this review

### **Section 2: Introducing yourself and purpose for call**

Example: Hello, my name is [insert name] and I’m calling on behalf of the [school name].

I am calling today because we are closely monitoring cases of COVID-19 in our school. We have been notified that you were recently diagnosed with or showing symptoms consistent with COVID-19.

### **Section 3: Assessing need for supports**

As you may have already been told, individuals diagnosed with COVID-19 are required to self-isolate until they can no longer spread the virus, which could be up to two (2) weeks.

I know this is a long time to stay home, so I would like to talk through whether you have the resources you need to do so safely. Is there anything that might limit your ability to self-isolate? For example:

1. Do you have a primary care provider?
2. Do you have a stable and safe place you feel comfortable staying in without leaving for the duration of this stay-at-home period?
3. Based on your current working situation, will you [parents/guardians] be able to stay home from work or work from home for the required period of time? If not, do you require a letter to excuse you from work?
4. You will need enough food to last you and/or your family through isolation and quarantine. What assistance would you need, if any, to make sure that you have enough food in your residence? This may include purchasing and/or delivery of food to your house.
5. Do you have medical conditions for which you might need support during this period of time?
6. Do you have medications for which you might need assistance in obtaining during this period of time?
7. What other resources, if any, would you need to stay home safely for the duration of your stay home period?

I’d like to direct you to our school social worker, your local health department at (phone #), and/or the COVID-19 call center at (844-628-7223) who can assist with your support needs.

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#### **Section 4: Eliciting contact names and locating information**

In an effort to help prevent COVID-19 from spreading to others within your household and community, I need your help to identify individuals who have been in close contact with you during your infectious period. We will focus just on students, faculty/staff, and others associated with this school that you have interacted with [both within the school setting and outside the school setting].

Your infectious period started 48 hours before you first developed symptoms (or if you had no symptoms, 48-hours prior to the day you first tested positive) until the time you started isolating. A close contact is anyone you have been within 6 feet of you for a cumulative total of 15 or more minutes within a 24-hour period during your infectious period. For example, if you were within 6 feet of someone 3 times in one day for at least five minutes each time, then that person would be considered a close contact to you. What questions do you have about how this process works?

Infectious Period: From      /      /      (48 hours before symptom onset or 48 hours before day of specimen collection if asymptomatic) to      /      /      (day isolation started or end of isolation criteria has been met)

- A. Do you have any household members who are students, faculty or staff at this school or any school in this system? In any other school or day care setting?
- B. [Review the list of contacts identified from review of rosters (see above). As appropriate and if this is your protocol, identify which contacts do not meet definition of a close contact. Alternatively, consider questions such as below, to identify additional names as close contacts:
  - a. Were there any different children in your classroom during your infectious period?
  - b. Did you have interaction with any school staff that you don't normally interact with during this time?
- C. After the contacts identified from the list of rosters are reviewed, consider the following questions:
  - a. Did you have any contact with any teachers or faculty/staff outside the school during the infectious period (e.g., socializing, carpooling)?
  - b. Did you have any contact with students outside the school (e.g., tutoring) during the infectious period?

For each contact identified you will want to have the following information to provide to the local health department. The case need only provide the name and the last date of exposure to you.

1. Contacts First and Last Name
2. What was the last day you had contact with this individual?
3. Parent/Guardian Names
4. Contact's Email (if known)
5. Contact's Mobile Phone number
6. Contact's Date of Birth (if known)
7. Contact's Home Address including city or county of residence, if known
8. What language does the contact prefer to communicate in?

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### **Section 5: Public health disease transmission prevention recommendations**

You will need to be excluded from school and should isolate in accordance with NC and CDC guidelines. Stay home and isolate yourself away from others in your home, which means not sharing a bedroom, bathroom or common spaces with anyone else until you meet the criteria necessary to end isolation, which include:

- A. For cases with symptoms:
  - a. It has been at least 10 days since your symptoms started, AND
  - b. It has been at least 24 hours since you have had a fever (off all fever reducing medications like Tylenol, Ibuprofen, Advil, Naproxen), AND
  - c. Symptoms have improved
    - i. \*if you are a healthcare worker or work within a healthcare facility you should wear a mask while at work or in public until all symptoms have completely resolved.
- B. For cases without symptoms:
  - a. It has been at least 10 days since your initial positive specimen was collected, AND
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Based on our information, the earliest you may return to school is on **XXX (end isolation date)**.

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COVID-19 spreads very easily, so people in the household are at high risk for also getting the virus and will need to quarantine. Because individuals who live in your household are at high-risk of becoming infected with COVID-19, they will need to start quarantining immediately if they aren't already doing so. I would like to send you information to share with your household members on how they can stay safe during your isolation and their quarantine period, what is the best way to get that information to you?

\*Emailing the individual a link to the CDC's website is the easiest option ([COVID19 - Caring for someone at home | CDC](#)). If that is not possible, you can tell them that typing the wording "COVID19 - Caring for someone at home" into their search engine will bring up the CDC's webpage.

We [the school] will notify all your close contacts about their exposure. The privacy of your information will be maintained in accordance with State and federal law during this process. If you feel comfortable doing so, we encourage you to notify all of your non-household close contacts OUTSIDE OF SCHOOL of their possible exposure and let them know they may get a call, email or text from the local health department to provide support and answer any questions they may have. You can also use the

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<https://tellyourcontacts.org/> website to send an anonymous notification to your close contacts of their exposure.

Finally, all household contacts, and especially those who are also students or faculty/staff in our school system, should obtain a diagnostic (antigen or PCR) COVID-19 test. Please notify me (XXX school nurse contact) of the diagnostic test results. If you do not have a regular health care provider, you can find information about places to receive COVID-19 testing at ([link](#) for testing site information).

### ***Section 6: Local Health Department contact tracing***

We are talking to you today to keep you and the entire school population safe. In addition, you may also get a phone call, text or email from a member of the NC COVID Community Team, who is working with your local health department. They may ask additional questions about close contacts you have had outside of school. You will be given more information on how you can safely isolate and how your household can safely quarantine and access available support.

If you have questions about COVID-19 you can visit your local health department's website at (health department website) (number can be found [here](#)).

### ***Section 7: Monitoring recommendations***

Finally, we want to continue to stay in touch with you during your isolation to make sure that you have what you need to stay safe. What would be the best way to do that, phone call or text?

### ***Section 8: Wrapping Up***

What questions can I answer for you now? If you have any questions, feel free to contact me ([link XXX school nurse contact](#)).

If you think of any questions after this call has ended or if you develop symptoms, you can contact your local health department at ([phone #](#)) or the COVID-19 call center at (844-628-7223).