



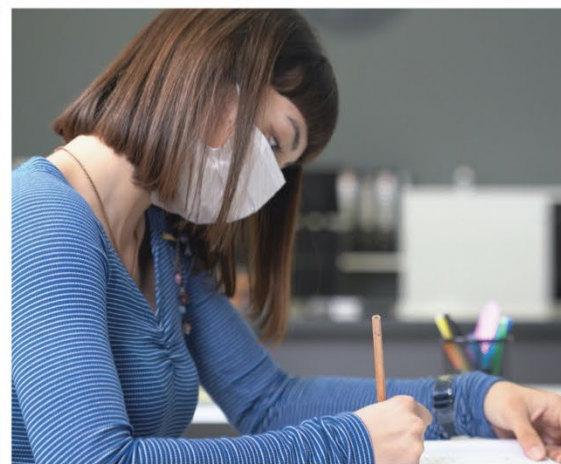
#StayStrongNC

StrongSchoolsNC

Public Health Toolkit (K-12)

Procedures for Response to COVID-19 Cases in K-12 Schools

Published February 9, 2021; Updated March 29, 2022



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Procedures for Response to COVID-19 Cases in K-12 Schools

This resource is designed for public and private K-12 schools to help streamline processes, increase efficiency, and maximize collaboration with the local health department as schools respond to COVID-19 cases in the school settings. K-12 schools should continue to collaborate with local health departments in support of mitigation strategies during the pandemic. As the pandemic evolves, schools should work with their local health department to apply the most effective and appropriate public health tools for the current phase of the pandemic.

The following steps are **strongly recommended**. Using this resource, K-12 school leaders will be able to:

1. **Provide instructions** for persons who test positive or have symptoms of COVID-19 to be excluded from school;
2. **Provide instructions** for close contacts or potential close contacts of a positive COVID-19 case to be notified of potential exposure;
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.**

TABLE OF CONTENTS

- KEY TERMS:..... 1**
- INTRODUCTION 3**
- PREPARE 4**
 - 1. Confirm with your local health department that your school has a plan that addresses these essential questions..... 4
 - 2. Identify Your School COVID-19 Response Team Roles..... 4
 - 3. Determine Systems for Collecting and Updating Relevant Information/Data..... 5
 - 4. Create Consistent Channels for Communicating Case Information With Students, Staff, and Families..... 7
- RESPOND 9**
- REFLECT & ADJUST 10**
- APPENDICES 11**
 - A. Case Study Examples..... 11**
 - Example 1: Individual Notification Case Study..... 11
 - Example 2: Group Notification Case Study 13
 - Example 3: School Notification Case Study..... 14
 - B. External Communications Examples 17**
 - Example 1: Letter/Email to Parents/Guardians – Positive case, isolation necessary 17
 - Example 2: Letter/Email to Parents/Guardians – Individual Notification 18
 - Example 3: Letter/Email to Parents/Guardians – Group Notification 19
 - Example 4: Letter/Email to School’s Community – School Notification 20
 - C. Example Case Interview Guide 21**

KEY TERMS:

Case: A person with COVID-19 infection confirmed through testing, provider diagnosis, or a clinically compatible illness in the absence of testing.

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. NCDHHS does not consider individuals exposed in school settings as a close contact if masks were being worn appropriately and consistently by both the person with COVID-19 and the other person.

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 and/ or their designee.

Case Interview: A conversation with a case, or their parent/guardian, to confirm the positive test result, isolation instructions, and infectious period, as well as answer questions.

Individual Notification: Notifying people that had confirmed close contact to COVID-19 to inform them of their exposure and provide information on how to self-monitor for symptoms, when to get tested, when to wear a mask, and how to access available support services.

Group Notification: Notifying a group of people (based on an exposure of at least 15 minutes in an indoor setting, regardless of distance) of a potential exposure to someone with COVID-19 to inform them of their exposure and provide information on how to self-monitor for symptoms, when to get tested, when to wear a mask, and how to access available support services. This can be utilized by a school that has chosen to suspend contact tracing on an individual level and instead notify setting-based groups (for example, classrooms, sports teams, lunchrooms).

School Notification: Notifying a school's community via a report of the number of cases identified in the school on a daily/weekly basis. This can be utilized by a school that has chosen to suspend contact tracing on an individual level or group level and instead notify the school community systematically of the current case burden.

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).

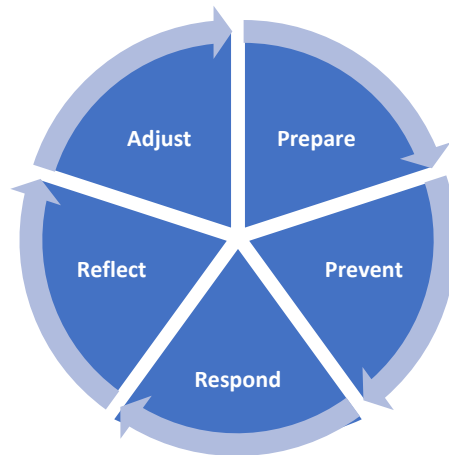
Exclusion: An individual is not allowed to attend school in person in order to isolate because they are, or are presumed to be, COVID-positive. Individuals do not need to be excluded from school after close contact unless they develop symptoms or test positive for COVID-19.

Isolation: When someone tests positive for COVID-19 or is presumed to be positive, they separate (isolate) themselves from others for 5 full days to make sure they do not spread the virus. If after 5 full days they are asymptomatic or fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved, they can end isolation but should continue to wear a mask around others for 5 additional days.

Quarantine: Quarantine refers to the time spent staying away from others after close contact to someone with COVID-19. A person who has been identified as a close contact should quarantine for at least 5 full days after exposure. Close contacts may leave quarantine to attend in-person school activities while wearing a well fitted mask, as long as they do not develop symptoms or test positive for COVID-19.

INTRODUCTION

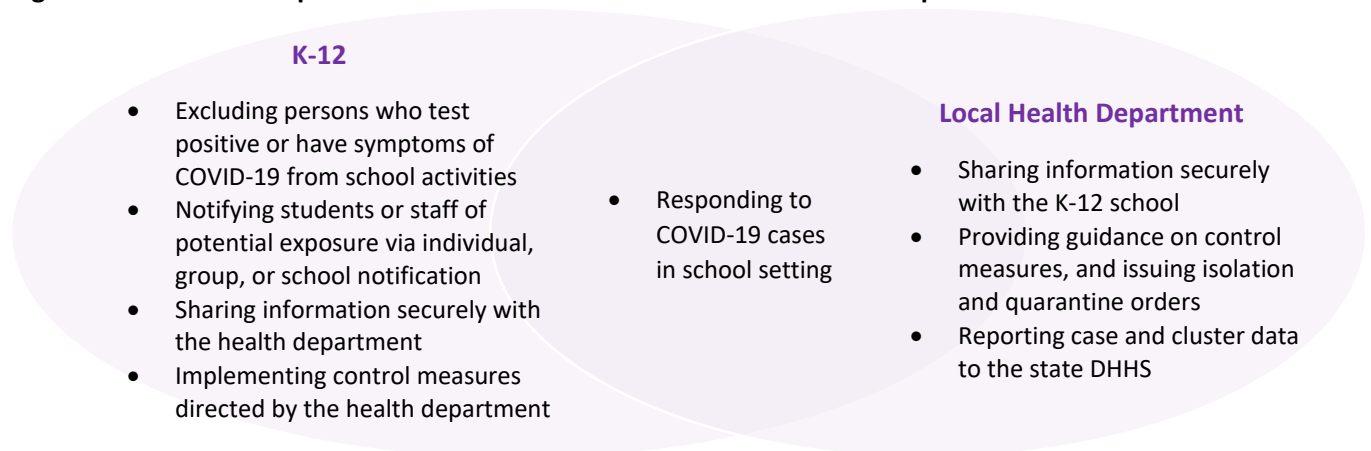
Figure 1. A Comprehensive Framework for K-12 COVID-19 Planning and Response



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 responding to COVID-19 cases are described here. Many aspects of the Prevent section are described in detail in the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#). This guidance document covers aspects of each section of the framework specifically focused on how to manage COVID-19 cases and contacts in school.

Managing and responding to cases in the school setting should be done as a collaboration between K-12 schools and local health departments (LHDs). **Figure 2** demonstrates how K-12 schools can partner with LHDs to enhance the speed and effectiveness of case and contact notification.

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



PREPARE

The following are recommended elements to include in a documented plan for responding to COVID-19 cases in a school in collaboration with your local health department. A basic level of planning, documentation, and action will facilitate the work of responding to COVID-19 cases in school setting and the collaboration between the school and the local health department to prevent further transmission.

1. Confirm with your local health department that your school has a plan that addresses these essential questions
 - A. How will the school identify and be notified of new cases?
 - B. 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?
 - C. Which exposure notification method will best serve the school's community given the community's risk of transmission and disease, as well as available communication methods?
 - D. Will the school conduct Individual, Group, or School Notification? How will this information be communicated to families and faculty/staff?
 - E. If utilizing Individual or Group Notification methods, who will review school data to identify potential close contacts?
 - a. What data will be reviewed?
 - b. Will the school conduct any interviews of cases (or parent/guardians) to determine infectious period?
 - c. Where/how will interview data be stored? Who at the school will have access to this data and how will it be protected?
 - F. How will data on cases be shared with the health department?
 - G. How frequently will communication occur?
 - H. 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?
 - I. **Current [state prioritization guidance](#) recommends full case investigation and contact tracing for cases reported to be linked to a cluster or outbreak; how will the school and local health department work together in these efforts if the school is associated with a cluster or outbreak?**
 - J. Will the school notify persons who test positive or have symptoms of COVID-19 that they are excluded from school?
 - K. How will schools coordinate with the health department regarding isolation communications to cases?
 - L. How will the school and the health department continue to communicate and align end-isolation dates, which may require extension in certain situations?

Identify Your School COVID-19 Response Team Roles

- A. Identify who may already be doing related work at a school and incorporate those individuals into the team.
- B. Identify and assign a COVID-19 Response Team using the recommended list of positions below (some schools may have one person in multiple roles):

School team contacts:

Procedures for Response to COVID-19 Cases in K-12 Schools

Published February 9, 2021; Updated March 29, 2022

Role	Name of Point of Contact (POC)
COVID-19 School COVID-19 Response Lead*	
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	

*** COVID-19 School COVID-19 Response Lead duties include:**

- Communicates with the local health department. 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.
- Understands the composition and key staff in the health department’s school COVID-19 response g team
- Receives reports from LHD on individuals who have tested positive.

Local health department team contacts:

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

- C. Assess and build capacity of identified team members to:
- a. If agreed upon between school and LHD, conduct interviews with faculty and families to identify and notify close contacts that belong to the school community.
 - b. Be familiar with the similarities and differences between [CDC](#) and [NC DHHS](#) guidance.
 - c. Take the relevant portions of the NC specific contact tracing course available for free [here](#).
 - d. 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](#).
 - e. Have all team members take appropriate data security and privacy training.

1. 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.

- B. Develop a plan and/or templates for how a school's points of contact will receive and document information from students and their 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 case interview, if necessary, and contact notification.
 - a. Be able to share this information with public health securely and with minimal effort.
 - 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.
- E. Ensure student/family and staff contact information is regularly revisited in order to keep up to date.
- F. If utilizing Individual Notification method, 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. 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. Consider implementing school-based screening testing through the [NC DHHS-funded testing program](#) or other testing source to enhance your ability to identify cases and prevent secondary transmission (see [CDC K-12 Testing Strategies](#)).
- H. Develop methods for case 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 (if requested by LHD): 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\(b\)](#).
- I. 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.

2. 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 identified as a close contact to someone with COVID-19.
- B. Develop a communications plan, including sample communications for cases and potential 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 or outbreak in the school
 - b. Isolation information for a case
 - c. Exposure notification for potential close contacts via Individual, Group, or School Notification methods
 - d. Communications announcing larger mitigation measures (testing, masking, vaccines)
 - e. Plan to send secure/encrypted emails to staff, parents and guardians if confidential information is included.
- C. Identify how the COVID-19 Response 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.
- E. Anticipate the need to coordinate communications with a staff person diagnosed with COVID-19. NC DHHS direction in the notification texts and emails sent to cases is that the diagnosed person may notify their own close contacts and the notifications provide a patient portal where case-patients may submit their close contacts for notification by NC

Procedures for Response to COVID-19 Cases in K-12 Schools

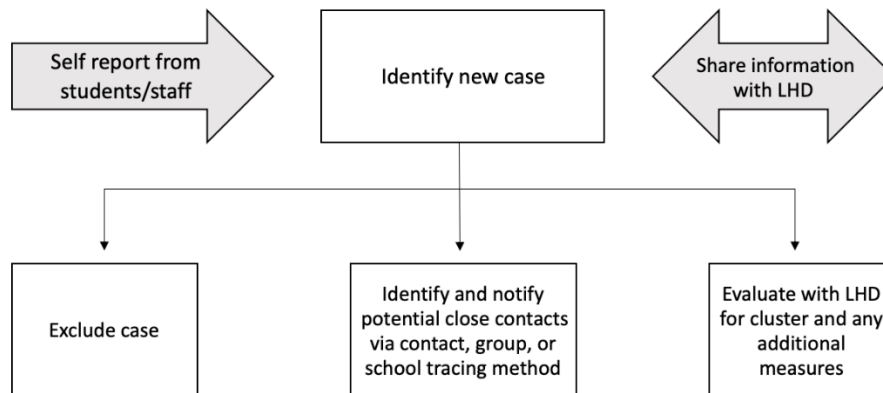
Published February 9, 2021; Updated March 29, 2022

- DHHS. 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 the school's plan for responding to COVID-19 cases. Take a proactive role in communicating with and bridging between different health departments.
 - G. Consider developing a website or other communication for students, families, faculty/staff, and other public communications including:
 - f. A statement encouraging families and faculty/staff to participate with the school and health department efforts in managing COVID-19 cases and exposure in school, emphasizing confidentiality. Let them know that they may receive a call from the Local Health Department of the NC COVID Community Team at 1-844-628-7223 upon diagnosis or exposure and to please answer the call.
 - g. [CDC](#) and local health department resources on 1) how to maintain the health and safety of the family while a student is isolating and 2) where and when to go for [testing](#).
 - h. Directions on how to report cases to school.
 - i. An FAQ document.
 - j. Link to the NC DHHS Strong Schools webpage for parents: <https://covid19.ncdhhs.gov/StrongSchoolsNC>
 - k. How to [safely mask](#) at school
 - l. Eligibility and safety of [vaccines](#)
 - 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 case 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 for responding to COVID-19 cases in a school setting (Figure 3).

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



Implement your COVID-19 response plan, as developed above and confirmed with the local health department. Initial implementation of communications and protocols should be done in close collaboration with the health department.

1. After notification or identification of a positive case, report it to the health department, per [GS 130A-136](#).
2. Communicate with the case that they are excluded from K-12 activities until the end of isolation.
3. Inform the case that they may also get a phone call from the health department or NC COVID Community Team at 1-844-628-7223 for case investigation, and the importance of answering the call.
4. If utilizing Individual Notification method:
 - a. Initiate review of secondary data.
 - b. Conduct case interview, if necessary, to determine infectious period and additional potential close contacts that were not identified in review of secondary data.
 - c. Communicate with each close contact to inform them of their exposure and provide information on how to self-monitor for symptoms, when to get tested, when to wear a mask, and how to access available support services. [See Appendix B, Example Letter 2](#).
 - d. Share data on contacts as agreed with the health department.
 - e. If reporting contact information to LHD, inform each close contact that they may also get a phone call from the health department or NC COVID Community Team for contact tracing and the importance of answering the call.
5. If utilizing Group Notification methods:
 - a. Initiate review of secondary data.

- b. Conduct case interview, if necessary, to determine infectious period and additional potential exposed groups that were not identified in review of secondary data.
 - c. Send a broad notification to each group to inform them of their exposure and provide information on how to self-monitor for symptoms, when to get tested, when to wear a mask, and how to access available support services. See Appendix B, Example Letter 3.
6. If utilizing School Notification methods:
 - a. Collect case data in preparation for regular communications of the number of cases identified in the school.
 - b. Communicate schoolwide and externally to families and stakeholders with a report of the number of cases identified in the school on a daily/weekly basis. Examples of communication methods are a public website, emails, automated calls, texts, and sending letters home with students. Schools should choose communication methods that ensures the entire community, even those without digital access, can receive the report. See Appendix B, Example Letter 4.
7. Proactively communicate with local health department, and neighboring health departments as needed. Maintain communication with the local health department to confirm dates of isolation.
8. 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).
9. 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 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.

APPENDICES

A. Case Study Examples

Example 1: Individual Notification Case Study

Crow Elementary School follows the Individual Notification strategy. James is a student in Ms. Clancy's 1st grade classroom at Crow Elementary School. James and his classmates leave the classroom during lunch, gym, and recess.

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 is sent home as soon as possible that day. His older sister Jenny (5th grade) can remain in school while wearing a well-fitted mask as long as she remains asymptomatic. Jenny is recommended to wear a mask for 10 days following her last exposure to her brother.
- The nurse (if not also the COVID-19 Response Team Lead) informs the school's COVID-19 School COVID-19 Response Team Lead to document that James is being sent home.
- The COVID-19 School COVID-19 Response Team Lead, 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 notifying other students and staff promptly.
- The COVID-19 School COVID-19 Response Team Lead 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. Jenny should monitor for symptoms and test 5 days after she is last exposed to James, which may be the day James begins to isolate or if James is unable to isolate in the home, 5 days after the last day of James's isolation period. Jenny is recommended to test immediately if any symptoms develop. All test results should be reported to the school nurse.
- The COVID-19 School COVID-19 Response Team Lead, or person with this role, instructs James that he is excluded from school for at least 5 full days since the first day of symptoms. He can return after 5 days if it has been at least 24 hours without a fever and without use of fever reducing medications, and all other symptoms are improving; however, he is recommended to wear a well-fitted mask for 5 full days after completing isolation to minimize risk of infecting others. The Response Team coordinates to implement their plan to determine who may be close contacts of James, to access attendance data, and other important information.
- The Response Team does not need to review data for or contact any students in Jenny's class at this time.

- James' class stays together the entire day as a cohort. James wore his mask properly on Day 0, so only individuals that were not masked and not able to socially distance are considered close contacts. Ms. Clancy and two other students were identified as close contacts, as all other students properly wore masks. Based on the plan developed with the local health department, the school proceeds to notify these individuals that they were identified as close contacts. These individuals were informed they can continue attending school even after exposure as long as they do not develop symptoms or test positive for COVID-19. They were recommended to self-monitor for symptoms, get tested 5 days after exposure, and wear a mask around others for 10 full days after exposure.
- Per the school's protocol, the COVID-19 School COVID-19 Response Team Lead also reviews all records (lunch, gym, recess, transportation, extracurricular activities) and identifies any additional people that may need to be notified of exposure.
- The COVID-19 School COVID-19 Response Team Lead informs 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.

FRIDAY (Day 4):

- Ms. Clancy reports to the COVID-19 School COVID-19 Response Team Lead 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 School COVID-19 Response Team Lead directs Ms. Clancy to isolate for at least 5 full days.
- The response team at the school conducts a case interview with Ms. Clancy to determine any additional school close contacts. 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 identify the Assistant Principal as a close contact. The Assistant Principal is notified that he is a close contact but does not need to be excluded from school as long as he does not develop symptoms or test positive for COVID-19. He was recommended to [self-monitor for symptoms, get tested 5 days after exposure, and wear a mask around others for 10 full days after exposure](#)
- The response team continues communications with the health department to provide information about the new case. The local health department does not require school identified contacts to be reported, so the school only reports case information.

MONDAY (Day 7) (the first school day after James completed 5 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 must wear a well-fitted mask through Thursday (Day 10).
- The two students identified as close contacts in the class were able to remain in school as neither of them developed symptoms or tested positive; however, each close contact is recommended to wear a well-fitted mask through Thursday (Day 10).

TUESDAY (Day 8) (the day after Ms. Clancy completing 5 full days of isolation after testing date):

Procedures for Response to COVID-19 Cases in K-12 Schools

Published February 9, 2021; Updated March 29, 2022

- 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. She must wear a well-fitted mask through Saturday (Day 12).

Example 2: Group Notification Case Study

Turner Elementary School is following a Group Notification strategy. Sam is a student in 2nd grade at Turner Elementary School. Sam spends most of her day in Mr. Parker's classroom with the same group of children but leaves the room and her group for lunch, recess, and art class. She also participates in basketball as an extracurricular activity.

WEDNESDAY (Day 0):

- On Wednesday, Sam attends school as usual and participates in basketball practice in the gym after school. She is not experiencing any symptoms of COVID-19.
- Wednesday evening at 8PM, Sam's mother notices that Sam has a slight cough and decides to keep her home from school the next day.

THURSDAY (Day 1)

- In the morning, Sam's mother takes her to get tested for COVID-19 (or tests using an at home test). She is notified of (or sees) Sam's positive test result and calls the school nurse (or the COVID-19 School COVID-19 Response Team Lead) to inform them that Sam has tested positive.
- The nurse or COVID-19 School COVID-19 Response Team Lead informs Sam's mother that Sam is excluded from school for at least 5 full days since the first day of symptoms. Sam can return after 5 full days if it has been at least 24 hours without a fever and without use of fever reducing medications, and all other symptoms are improving. After leaving isolation, Sam is recommended to wear a mask through Day 10 since symptoms started (or test date if asymptomatic) in order to minimize risk of infecting others. Sam's mother is also advised that she may receive a call from the local health department.
- Because Sam was not at school during symptom onset, the nurse or COVID-19 School COVID-19 Response Lead conducts a case interview to understand when Sam's symptoms started and determine the contagious period. Sam's mother explains that her symptoms started on Wednesday evening, but that Sam attended her classes as usual on Monday, Tuesday, and Wednesday and basketball practice on Wednesday.
- The nurse or COVID-19 School COVID-19 Response Team Lead works to identify locations where Sam spent more than 15 minutes in an indoor space on Monday, Tuesday, and Wednesday, including during classes and basketball. Everyone that was exposed on Monday and Tuesday was also exposed on Wednesday as Sam's class had perfect attendance each day.
- By Thursday afternoon, the school has identified the potentially exposed groups and gathered their contact information. The school sends a mass notification out to each identified group notifying them of their potential exposure and recommending that they get tested 5 days after their exposure or immediately if they are symptomatic. The groups are permitted to remain in school as long as they are asymptomatic, with self-monitoring for symptoms encouraged. The groups are recommended to wear a mask for 10 full days after exposure.

Procedures for Response to COVID-19 Cases in K-12 Schools

Published February 9, 2021; Updated March 29, 2022

FRIDAY (Day 2):

- On Friday, the students on Sam’s basketball team and in her other classes are able to remain in school, as they are asymptomatic. Per the guidance in their notification, they are encouraged to follow mitigation strategies such as masking, testing, and self-monitoring for symptoms. Per school policy, if symptoms develop, they are referred to the nurse so that they can be tested and isolate as soon as possible.

SATURDAY (Day 3):

- On Saturday, while continuing to isolate at home, Sam’s cough begins to improve, and she is fever free without taking any fever-reducing medication.

MONDAY (Day 5)

- It was recommended that the exposed groups get tested on Monday, 5 days after exposure. All individuals of the groups report any known test result to the COVID-19 School COVID-19 Response Team Lead. No one in either group tested positive.

TUESDAY (Day 6)

- Sam returns to school, as she has felt well for several days without fever for at least 24 hours, is off all fever reducing medications, and has completed her isolation period. When she returns to school at this time, she must wear a well-fitted mask around others through Day 10 since her symptoms started, including all her classes through Friday and her basketball practice on Saturday.

Example 3: School Notification Case Study

Andrea and Beth are in ninth grade at Davis High School, and they play on the volleyball team together. Davis High School follows a School Notification strategy. Davis High School, in collaboration with their local health department, notifies their community on a daily basis and recommends individuals at school test at least weekly and as soon as possible when symptomatic.

MONDAY (Day 0):

- Monday at lunch, Andrea notices that she has a headache. Her symptoms started that day. She immediately reports to the school nurse per school procedure.
- The nurse confirms that Andrea has a fever and a headache, symptoms that may be a sign of COVID-19. Andrea is isolated and sent home as soon as possible that day.
- The nurse (if not also the COVID-19 School Contact Notification Lead) informs the school’s COVID-19 School COVID-19 Response Team Lead to document that Andrea is being sent home.
- The COVID-19 School Contact Notification Lead, or person identified for this activity, calls Andrea’s parents to ensure that she is tested that afternoon or Tuesday morning. They ask to be informed of the results as soon as possible.
- The nurse or COVID-19 School Contact Notification Lead also calls the LHD to report the suspected case in compliance with G.S. 130A-136.

Procedures for Response to COVID-19 Cases in K-12 Schools

Published February 9, 2021; Updated March 29, 2022

- The school communication officer triggers an email and auto-call to parents notifying them of the case number for that day and recommends that individuals at school test at least weekly and as soon as possible if they experience any symptoms.

TUESDAY (Day 1):

- Andrea's parents call to confirm that Andrea has a positive laboratory or at home test. The COVID-19 School COVID-19 Response Team Lead instructs that Andrea is excluded from school for at least 5 full days since the first day of symptoms. She can return if it has been at least 24 hours without a fever and without use of fever reducing medications, and all other symptoms are improving; however, after leaving isolation, Andrea is recommended to wear a mask through Day 10 since symptoms started.
- Because Davis High School is following a School Notification strategy, it is not necessary to determine close contacts or to send exposure notifications to students in Andrea's classes or on her volleyball team.
- The nurse or COVID-19 School COVID-19 Response Team Lead documents this case in preparation to provide a notification to the broader community regarding case numbers at Davis High School.
- The school communication officer triggers an email and auto-call to parents notifying them of the case number for that day and recommends that individuals at school test at least weekly and as soon as possible if they experience any symptoms.

WEDNESDAY (Day 2):

- On Wednesday morning before school, Andrea's volleyball teammate, Beth, begins to experience symptoms and does not come to school. She receives a positive test result. The nurse or COVID-19 School COVID-19 Response Team Lead is informed and documents this case. Just as Andrea was advised, Beth is also advised that she is excluded from school for at least 5 full days since the first day of symptoms. She can return if it has been at least 24 hours without a fever and without use of fever reducing medications, and all other symptoms are improving; however, after leaving isolation, Beth is recommended to wear a mask through Day 10 since her symptoms started.
- The nurse or COVID-19 School COVID-19 Response Team Lead documents this case in preparation to provide a notification to the broader community regarding case numbers at Davis High School.
- Because Davis High School is following a School Notification strategy, it is not necessary to determine close contacts or to send exposure notifications to students in Beth's classes or on the volleyball team.
- The school communication officer triggers an email and auto-call to parents notifying them of the case number for that day and recommends that individuals at school test at least weekly and as soon as possible if they experience any symptoms.

FRIDAY (Day 4):

- The nurse or COVID-19 School COVID-19 Response Team Lead has documented these two cases and prepared a notification of the case count to be provided to the general community. Each

Procedures for Response to COVID-19 Cases in K-12 Schools

Published February 9, 2021; Updated March 29, 2022

day, the school sends an updated notification to the school's community regarding case numbers.

- Per the school's notification process, a notification containing a daily case count is provided to the entire school's community via an automated phone call, an email, and a website update.
- The school continues to encourage testing on a regular basis and as soon as possible if symptoms develop.
- The school communication officer triggers an email and auto-call to parents notifying them of the case number for that day and recommends that individuals at school test at least weekly and as soon as possible if they experience any symptoms.

SATURDAY (Day 5):

On Saturday, while continuing to isolate at home, Andrea's headache begins to improve, and she is fever free without taking any fever-reducing medication. **MONDAY (Day 7):**

- Andrea returns to school, as she has felt well for several days without fever for at least 24 hours, is off all fever reducing medications, and has completed her isolation period. When she returns to school at this time, she must wear a well-fitted mask around others through Day 10, including at her volleyball practice Thursday evening, and in all her classes.
- Beth continues to monitor symptoms. Beth's symptoms are improving, and she no longer has a fever. The school communication officer triggers an email and auto-call to parents notifying them of the case number for that day and recommends that individuals at school test at least weekly and as soon as possible if they experience any symptoms.

TUESDAY (Day 8):

- On Tuesday, Beth returns to school. While having continued to isolate at home, Beth's symptoms have begun to improve, and she has been fever-free without taking any fever-reducing medication for over 24 hours. She must wear a well-fitted mask around others for through Day 10 after completing isolation, including at her volleyball practice Thursday evening, in all her classes through Friday, and around whomever she sees over the weekend through Sunday.
- The school communication officer triggers an email and auto-call to parents notifying them of the case number for that day and recommends that individuals at school test at least weekly and as soon as possible if they experience any symptoms.

B. External Communications Examples

Example 1: Letter/Email to Parents/Guardians – Positive case, isolation necessary

[Date]

Dear [Parent/Guardian],

[Insert School Name] considers the health and well-being of our students and staff a priority. With that in mind, we are sending this letter to provide you and your child who has either been diagnosed with COVID-19 or is suspected to have COVID-19 with information on how to isolate, how to continue classwork during isolation, if possible, and when to safely return to school.

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 Centers for Disease Control and Prevention (CDC), North Carolina Department of Health and Human Services (NC DHHS), and [XXX LHD]. This means that your child should stay home from school and other settings 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 [XX/XX/XX (5 full days after the symptom onset date or test date (if asymptomatic))] as long as they are fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved. Your child must wear a well-fitted mask around others until at least [XX/XX/XX (10 full days from symptom onset date or test date (if asymptomatic))].

COVID-19 spreads very easily, so people in your child's household are at high risk for also getting the virus and may need to quarantine to avoid further spread of COVID-19 to individuals outside your household. See [CDC's Ongoing COVID-19 Exposure FAQs](#) for more information. Household members that attend or work at our school can remain in school while wearing a well-fitted mask unless they develop symptoms or test positive.

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.

Vaccinations against COVID-19 remain the best way to protect against the spread of this virus and against severe disease. If your child is not already up to date on their recommended vaccines, [make an appointment to get vaccinated](#) or contact your child's doctor or healthcare provider to learn more.

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](#)).

[Nurse name]

[Nurse title and department]

Procedures for Response to COVID-19 Cases in K-12 Schools

Published February 9, 2021; Updated March 29, 2022

Example 2: Letter/Email to Parents/Guardians – Individual Notification

[Date]

Dear [Parent/Guardian],

[Insert School Name] considers the health and well-being of our students and staff a priority. With that in mind, we are sending this letter to inform you that an individual with COVID-19 was in close contact to your child and may have exposed the virus to them. The individual who tested positive has been advised to follow isolation guidance from the Centers for Disease Control and Prevention (CDC) and the North Carolina Department of Health and Human Services (NC DHHS), and [XXX LHD]. [School 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 NC DHHS and [XXX LHD], your child may remain in school while wearing a well-fitted mask unless they develop symptoms or test positive for COVID-19. Being exposed to somebody with COVID-19 does not necessarily mean that your child will become infected. In fact, scientific research, and experience from around the country – including from North Carolina during this school year – demonstrate that schools remain safe for children to be during the COVID-19 pandemic, especially when masking and vaccination rates are high.

Based on your child’s last contact with the person who tested positive, it is recommended that your child get tested for COVID-19 on or after [XX/XX/XX (5 full days after exposure)] or immediately if they show symptoms. It is recommended your child wears a well-fitted mask around others until [XX/XX/XX (10 full days from exposure)]. Please let me know if your child develops any symptoms of COVID-19. After your child is tested for COVID-19, please notify [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].

Vaccinations against COVID-19 remain the best way to protect against the spread of this virus and against severe disease. If your child is not already up to date on their recommended vaccines, [make an appointment to get vaccinated](#) or contact your child’s doctor or healthcare provider to learn more.

If you have any questions, feel free to contact [link XXX school nurse contact]. If you have questions about how this exposure impacts your child outside of school settings, call [LHD phone number] or the NC COVID contact tracing call center at 844-628-7223.

[Nurse name]

[Nurse title and department]

Example 3: Letter/Email to Parents/Guardians – Group Notification

[Date]

Dear [Parent/Guardian],

[Insert School Name] considers the health and well-being of our students and staff a priority. With that in mind, we are sending this letter to inform you and others that a case was indentified to be in the same indoor space as your child, who may have been exposed. The individual who tested positive has been advised to follow isolation guidance from the Centers for Disease Control and Prevention (CDC) and the North Carolina Department of Health and Human Services (NC DHHS), and [XXX LHD]. [School 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 NC DHHS and [XXX LHD], your child and the others potentially exposed may remain in school unless they develop symptoms or test positive for COVID-19. Being exposed to somebody with COVID-19 does not necessarily mean that your child will become infected. In fact, scientific research, and experience from around the country – including from North Carolina during this school year – demonstrate that schools remain safe for children to be during the COVID-19 pandemic, especially when masking and vaccination rates are high.

Based on your child’s possible date of exposure, it is recommended that your child get tested for COVID-19 on or after [XX/XX/XX (5 full days from exposure)] or immediately if they show symptoms. It is recommended that your child wears a well-fitted mask around others until [XX/XX/XX (10 full days from exposure)], but they can continue to attend school and do not need to quarantine (as this is a potential, not confirmed, exposure). Please let me know if your child develops any symptoms of COVID-19. After your child is tested for COVID-19, please notify [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].

Vaccinations against COVID-19 remain the best way to protect against the spread of this virus and against severe disease. If your child is not already up to date on their recommended vaccines, [make an appointment to get vaccinated](#) or contact your child’s doctor or healthcare provider to learn more.

If you have any questions, feel free to contact [link XXX school nurse contact]. If you have questions about how this potential exposure impacts your child outside of school settings, call [LHD phone number] or the NC COVID contact tracing call center at 844-628-7223.

[Nurse name]

[Nurse title and department]

Example 4: Letter/Email to School’s Community – School Notification

[Date]

Dear [Parent/Guardian],

[Insert School Name] considers the health and well-being of our students and staff a priority. With that in mind, we are sending this letter to keep your family up to date on COVID-19 cases identified within the school. There were [#] of COVID-19 cases identified at [Insert School Name] from dates [XX/XX/XX] – [XX/XX/XX]. We are following Centers for Disease Control and Prevention (CDC), North Carolina Department of Health and Human Services (NC DHHS), and [XXX County Health Department] recommendations to help ensure that all positive cases follow instructions for isolation and remain away from others until they can safely return to the school setting.

In effort to protect the health and safety of our students and staff, we recommend your child be tested [add frequency determined in collaboration with LHD]. For information on where to receive a test, visit this [website](#).

We are committed to facilitating an optimal learning experience and ensuring the safety of our students and staff. COVID-19 vaccination among all eligible students as well as teachers, staff, and household members is the leading public health strategy to help end the pandemic and support schools to continue full operations. Please visit CDC’s [COVID-19 Vaccines for Children and Teens](#) website for more information on how to get your child vaccinated as soon as they are eligible.

[Nurse name]

[Nurse title and department]

C. Example Case Interview Guide

Case interviews are a helpful resource for schools so that notifications can be accurately sent out to those potentially exposed. The purposes of the case interview are to confirm the positive test result, isolation instructions, and infectious period as well as answer questions. Interviews with students, parents/guardians, or staff will supplement the review of secondary data maintained by the school.

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 [you were/your child was] recently diagnosed with COVID-19 or showing symptoms consistent with COVID-19.

Section 3: Public health disease transmission prevention recommendations

[You/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 the necessary criteria are met to end isolation, which include:

- A. For cases with symptoms:
 - a. It has been at least 5 full 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.
- B. For cases without symptoms:
 - a. It has been at least 5 full days since your initial positive specimen was collected, AND
 - b. No development of symptoms during the 5-day period

Based on our information, the earliest [you/your child] may return to school is on **XX/XX/XX (end isolation date)** and must wear a well-fitted mask until at least **XX/XX/XX**.

[You/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 CDC website. Do you have an email address that we can use to send you resources? [Send the following website:

Procedures for Response to COVID-19 Cases in K-12 Schools

Published February 9, 2021; Updated March 29, 2022

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>]. COVID-19 spreads very easily, so people in the household are at high risk for also getting the virus and may need to quarantine unless they are up to date on their COVID-19 vaccine recommendations or tested positive within 90 days.

We [the school] will notify all [your/your child's] potential contacts about their exposure. The privacy of [your/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 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). Household contacts should also test 5 full days after your child's last day of isolation.

Section 4: Assessing need for supports.

1. As just reviewed, individuals diagnosed with COVID-19 are required to self-isolate until they can no longer spread the virus. This means it has been 5 full days since the test date if asymptomatic or the date symptoms started.
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:
 - a. Do [you/your child] have a primary care provider?
 - b. Do [you/your child] have a stable and safe place you feel comfortable staying in without leaving for the duration of this stay at home period?
 - c. Will [you/your child] be able to stay home from school or attend school from home for the required period of time?
 - d. [You/Your child] 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.
 - e. Do [you/your child] have medical conditions for which you might need support during this period of time?
 - f. Do [you/your child] have medications for which you might need assistance in obtaining during this period of time?
 - g. What other resources, if any, would [you/your child] need to stay home safely for the duration of [your/your child's] 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 5: Eliciting contact names and locating information (ONLY FOR SCHOOLS DOING INDIVIDUAL NOTIFICATION)

In an effort to help prevent COVID-19 from spreading to others within your household and community, I need [your/your child's] help to identify individuals who have been in close contact with [you/your child] during the 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].

[You/Your child's] infectious period started 48 hours before developing symptoms (or if no symptoms, 48-hours prior to the test date) until the time isolation started. A close contact is anyone that has been within 6 feet of for a cumulative total of 15 or more minutes within a 24-hour period during [your/your child's] infectious period. For example, if [you/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. 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 individuals in [activity] or [on the playground] during [your/your child's] infectious period?*
 - b. *Were there any different individuals in the school setting during [your/your child's] infectious period?*
 - c. *Did [you/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:
 - a. *Did [you/your child] have any contact with students or staff outside the school (e.g., playdates or driving to school together, tutoring) during the infectious period?*

For each contact identified you will want to have the following information ready to provide to the local health department upon request.

1. Contacts First and Last Name
2. What was the last day [you/your child] had contact with this individual?
3. Parent/Guardian Names (if applicable)
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 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/your child] has had outside of school. You will be given more information on how [you/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 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 NC COVID Community call center at (844-628-7223).