



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



**#StayStrongNC**

# **StrongSchoolsNC**

Local Health Departments- Superintendents  
*July 29, 2020*





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# Today's Agenda

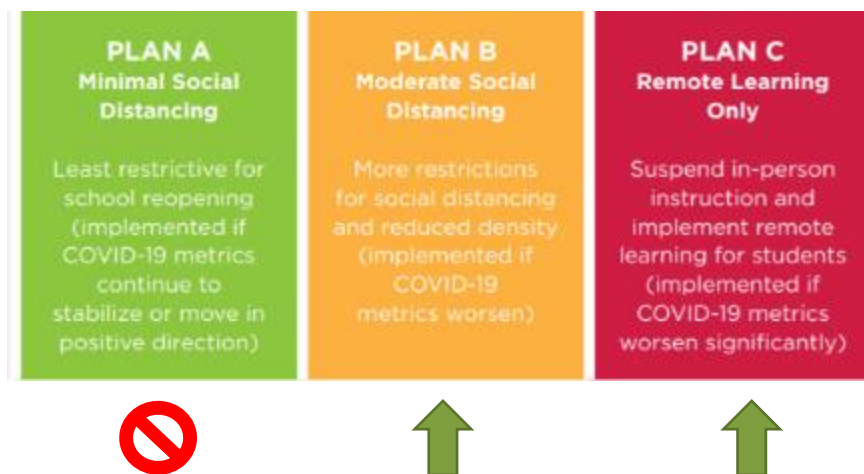
- **Background and Latest Research**
- **More specifics: cloth face coverings, social distancing, cleaning & hygiene**
- **Closure and testing: overall guidance**
- **Communications best practices: learning from real examples**

## Coming Soon

- *Screening, Closure: further details*
- *Responding more to your ongoing questions/needs*

# Plan B: Moderate Social Distancing

- Governor Cooper announced Plan B: districts have flexibility to provide in-person instruction when social distancing requirements are met
- Remote instruction must be provided if space needed in school buildings and to give options to high-risk students, families, teachers, and staff
- Schools could choose to reopen under a more restrictive Plan C approach: remote-only



# National Guidance

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

*The National  
Academies of*

SCIENCES  
ENGINEERING  
MEDICINE



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

Emphasize that schools are fundamentally important to children's well-being

- Learning, development, social emotional skills, therapy, nutrition, physical activity
- In-person better for developing these skills, especially for younger students
- Risks of not having in-person school

Give guidance to decrease risk of in-person school – North Carolina is aligned

Stress the need to be flexible and balance risk and benefits

# Updated CDC Guidance

- Engage and encourage everyone in the school and the community to practice preventive behaviors.
- Implement multiple SARS-CoV-2 mitigation strategies
- Make decisions that take into account the level of community transmission.
- Develop a proactive plan for when a student or staff member tests positive for COVID-19.
- Develop a plan with state and local health department to conduct case tracing in the event of a positive case.
- Educate parents and caregivers on the importance of monitoring for and responding to the symptoms of COVID-19 at home.
- Develop ongoing channels of communication with state and local health departments to stay updated on COVID-19 transmission and response in your local area.

# Overview of NCDHHS K-12 Guidance:



Face coverings required for every teacher, staff, and student



Decreased number of students, teachers, and staff so people can stay 6 feet away from each other



Frequent hand washing and cleaning classrooms, bathrooms, buses and equipment



Seating on buses will be limited to one student per seat



Symptom screenings, including temperature checks\*



Procedures for suspected or confirmed cases of COVID-19



Mental Health, Coping, Resilience support



Plans for vulnerable teachers and staff



Remote learning option available for students and families

# Proven Measures to Reduce Risk



**WEAR**

a cloth covering over  
your nose and mouth.



**WAIT**

6 feet apart. Avoid  
close contact.



**WASH**

your hands or  
use hand sanitizer.

**@NCDHHS**

**#StayStrongNC**

When added together, even more protection





## Cloth Face Coverings



Updated language as of 7/24/2020:

*We know that wearing a cloth face covering is one of the best tools we have for reducing the spread of COVID-19. When schools reopen across NC, **face coverings will be required for all K – 12<sup>th</sup> grade students, teachers, staff and adult visitors**, ~~when they are or may be within 6 feet of another person, unless the person (or family member, for a student) states that an exception applies, or the person is eating, drinking, or strenuously exercising.~~*

***Face coverings must be worn by K-12 students, and all teachers, staff, and adult visitors inside school buildings, and anywhere on school grounds, including outside. They will also be required while traveling on buses or other transportation vehicles.***

### **It is recommended that schools:**

- Provide cloth face coverings for staff, other adults, and students. Ask them (and families, if applicable) to properly launder cloth face coverings using hot water and a high heat dryer between uses.
- Provide disposable face coverings for staff, visitors, or students who do not have a cloth face covering when they arrive at school.
- Consider building in time throughout the school day when students, teachers, and staff can take short breaks from wearing cloth face coverings at times and in settings where risk for transmission is lower (e.g. outside, when air circulation is increased by opening windows, and when people are consistently 6 feet apart).

# Cloth Face Coverings – Any Exceptions?

Per [EO No. 147](#), face coverings do not need to be worn by an individual who:

- Has a medical or behavioral condition or disability and cannot wear a face covering (including, but not limited to, any person who has trouble breathing, or is unconscious or incapacitated, or is otherwise unable to put on or remove the face covering without assistance);
- Is under eleven (11) years of age ← **NOT APPLICABLE FOR K-12 PUBLIC SCHOOLS**
- Is actively eating or drinking;
- Is strenuously exercising or swimming;
- Is seeking to communicate with someone with hearing loss in a way that requires the mouth to be visible;
- Is giving a speech for a broadcast or to an audience;
- Is working at home or alone in a vehicle;
- Is temporarily removing his or her Face Covering to secure government or medical services or for identification purposes;
- Would be at risk from wearing a Face Covering at work, as determined by local, state, or federal regulators or workplace safety guidelines;
- Has found that his or her Face Covering is impeding visibility to operate equipment or a vehicle;
- Is a child whose parent, guardian, or responsible person has been unable to place the Face Covering safely on the child's face.
- Children under two (2) years of age should not wear a face covering.

# Cloth Face Coverings – Any Alternatives?

- **Clear Face Masks**

- Good option for teachers/adults working with young children for whom seeing the mouth is important – e.g., young students, deaf or hard of hearing, behavioral/Autism, English as second language



- **Face shields**

- Evidence they can protect wearer.
- No evidence if it can provide source control.
- CDC does not recommend as replacement for face covering.
- Is allowable if a transparent mask is unavailable and needed or if a person cannot wear a face covering.
- If worn, should wrap around sides of wearer's face and extend below chin



# Providing Access to Face Coverings and PPE

- The State has purchased **5 reusable cloth face coverings** for all K-12 students, teachers and staff in NC public and charter schools
  - Communications sent this week to all districts
- The State has supplied a **PPE Starter Pack** for school nurses and delegated staff at all NC Public School Units, which includes:
  - Temporal touchless thermometer
  - Disposable surgical masks
  - Reusable face shields
  - Disposable gowns
- PPE Starter Pack supply will last schools **approximately two months**





## Social Distancing and Minimizing Exposure

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

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

- **50% density requirement updated**
- **Social distancing together with cloth face coverings creates additive benefits**





# Cleaning and Hygiene

## Schools are required to:

- ☐ Provide adequate supplies to support healthy hygiene behaviors (e.g., soap, hand sanitizer with at least 60% alcohol for safe use by staff and older children, paper towels, and tissues).
- ☐ Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older children.
- ☐ Increase monitoring to ensure adherence among students and staff.
  - Supervise use of hand sanitizer by students.
  - Ensure that children with skin reactions and contraindications to hand sanitizer use soap and water.
  - Reinforce handwashing during key times such as: Before, during, and after preparing food; Before eating food; After using the toilet; After blowing your nose, coughing, or sneezing; After touching objects with bare hands which have been handled by other individuals.
- ☐ Provide hand sanitizer (with at least 60% alcohol) at every building entrance and exit, in the cafeteria, and in every classroom, for safe use by staff and older students.
- ☐ Systematically and frequently check and refill hand sanitizers.
- ☐ Encourage staff and students to cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- ☐ Incorporate frequent handwashing and sanitation breaks into classroom activity.
- ☐ Allow time between activities for proper cleaning and disinfection of high-touch surfaces.
- ☐ Establish a schedule for and perform ongoing and routine environmental cleaning and disinfection of high-touch areas (e.g., door handles, stair rails, faucet handles, toilet handles, playground equipment, drinking fountains, light switches, desks, tables, chairs, kitchen countertops, cafeteria and service tables, carts, and trays) with an EPA approved disinfectant for SARS-CoV-2 (the virus that causes COVID-19), and increase frequency of disinfection during high-density times and disinfect all shared objects (e.g., gym or physical education equipment, art supplies, toys, games) between use.
  - Paper-based materials, such as books and loose-leaf paper, are not considered high-risk for COVID-19 transmission, and do not need additional cleaning or disinfection procedures.
- ☐ Ensure safe and correct use and storage of cleaning and disinfection products, including securely storing and using products away from children, and allowing for adequate ventilation when staff use such products.
- ☐ Limit sharing of personal items and supplies such as writing utensils.
- ☐ Keep students' personal items separate and in individually labeled cubbies, containers or lockers.
- ☐ Limit use of classroom materials to small groups and disinfect between uses or provide adequate supplies to assign for individual student use.
- ☐ Ensure that all non-disposable food service items are minimally handled and washed with hot water and soap or in a dishwasher, or use disposable food service items such as plates and utensils.

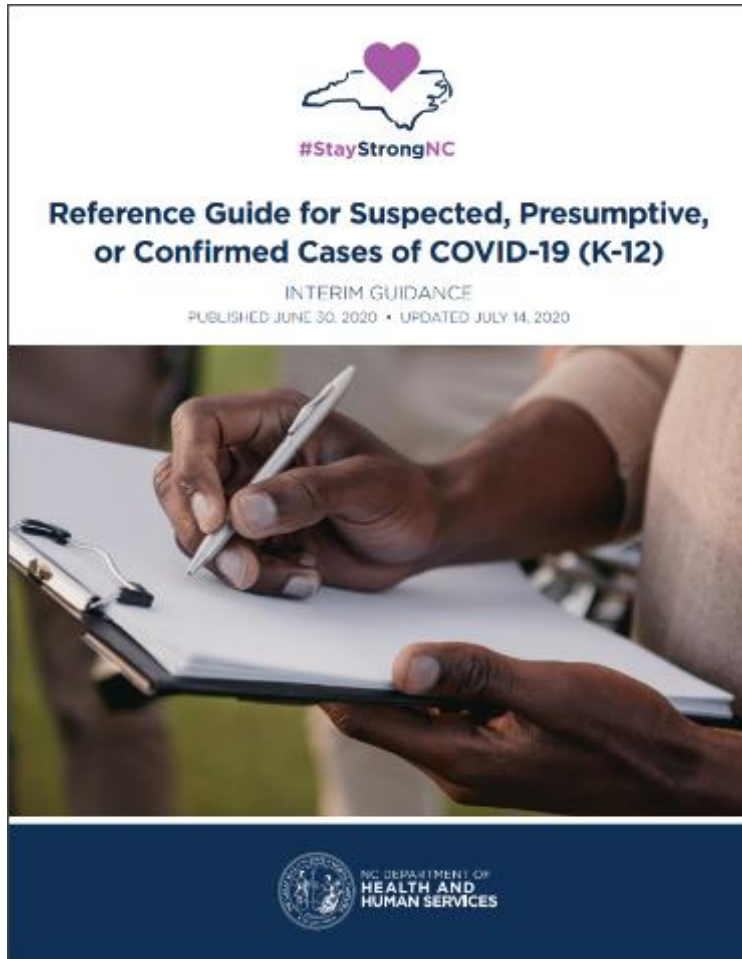
## It is recommended that schools:

- Avoid shared use of soft or other items that cannot be easily cleaned and disinfected, (e.g., stuffed toys, clay).



• Great opportunity for collaboration with your Local Health Department Environmental Health staff

# Handling Symptoms, Suspected, or Confirmed Cases at School

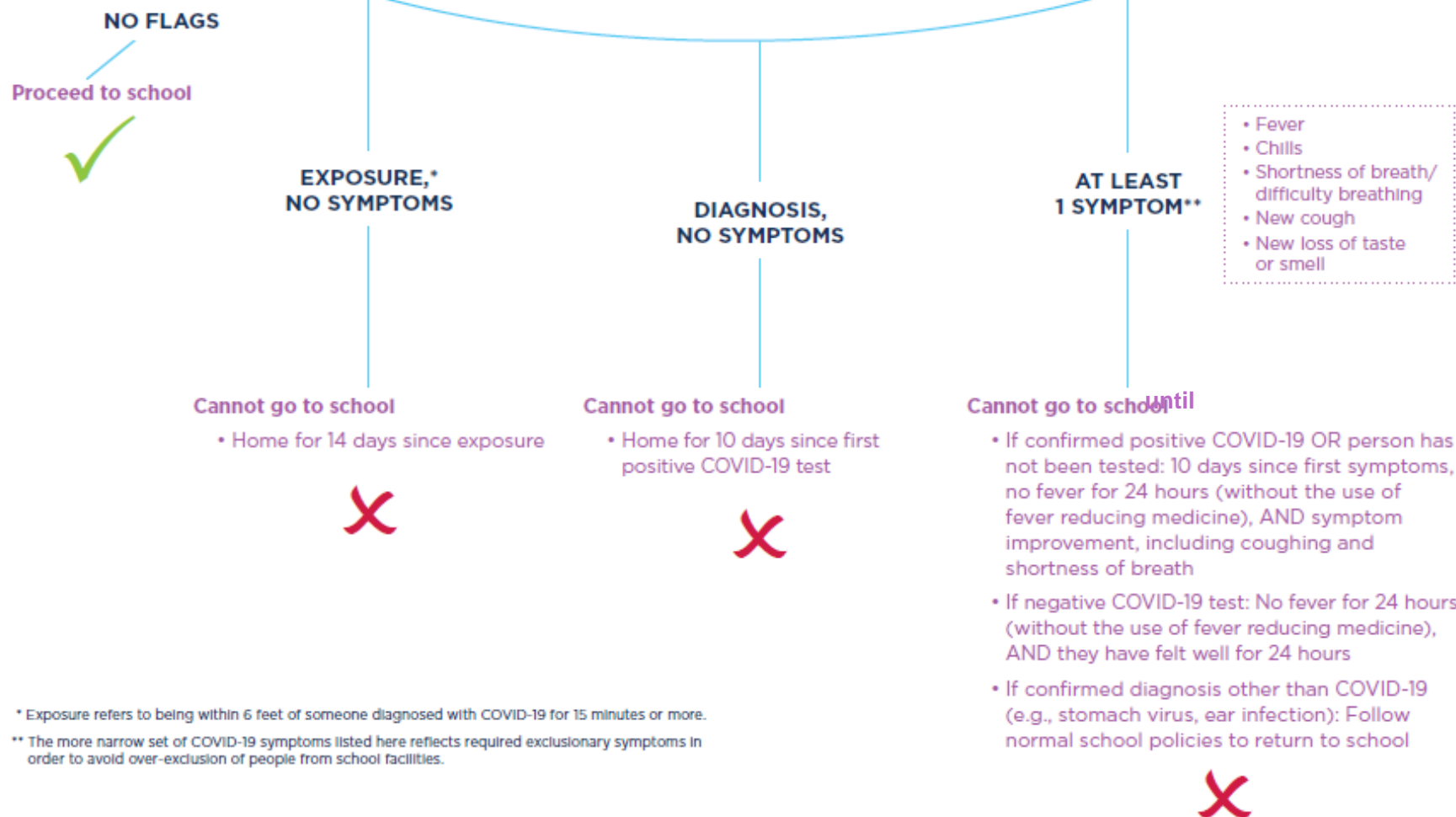


- **Detailed guidance provided as a reference**
- **Collaboration and communication between districts and LHDs is essential**



# Screening Flow Chart

## Screen for COVID-19



\* Exposure refers to being within 6 feet of someone diagnosed with COVID-19 for 15 minutes or more.

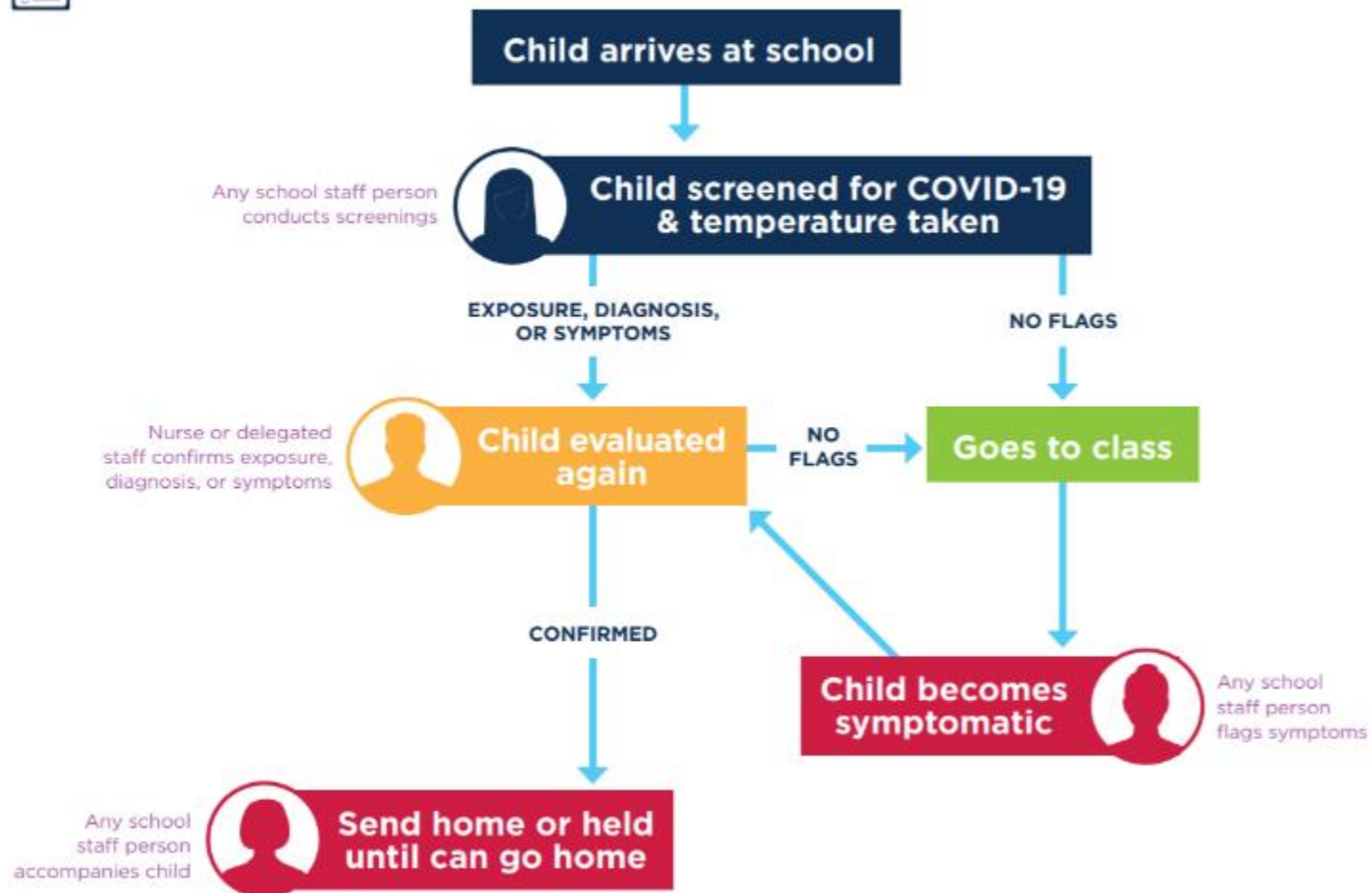
\*\* The more narrow set of COVID-19 symptoms listed here reflects required exclusionary symptoms in order to avoid over-exclusion of people from school facilities.



# Example I from Screening Guide



## Staff Roles Flow Chart



# Example II from Screening Guide

- Easy to follow
- Vetted by educators
- Step-by-step instructions for school staff depending on particular situation



## Positive Screening Protocols Upon Arrival at School or Transportation Entry

WHO	<b>Staff Member OR</b> <b>Student:</b> A designated individual (e.g., parent or guardian) is PRESENT to immediately support child to get home or to medical care safely
CATEGORY	<b>EXPOSURE, NO SYMPTOMS:</b> Staff or Student shares they were exposed to someone with COVID-19 within the last 2 weeks but is NOT symptomatic

### Exclusion

- ☐ Do not allow person to enter school facility
- ☐ If staff, supervisor must be notified immediately
- ☐ Person must immediately go home.
- ☐ Person may return to school 14 days after last close contact, if no symptoms develop nor do they have a positive COVID-19 test.
- ☐ Person may participate in remote learning and teaching (if applicable) while out.

### Infection Control

- ☐ Ensure that all students from kindergarten through 12th grade, and all teachers, staff and adult visitors wear face coverings during screening, unless the person (or family member, for a student) states that an exception applies. Cloth face coverings must be worn by all students from kindergarten through 12th grade, and all teachers, staff and adult visitors on buses or other transportation vehicles, inside school buildings, and anywhere on school grounds, including outside.
- ☐ Individuals waiting to be screened must stand six feet apart from each other.
- ☐ The staff person taking temperatures must wear a cloth face covering, and must stay six feet apart unless taking temperature.

### Transportation

- ☐ Person may not utilize group transportation such as the bus in order to leave the school facility

### Notification

- ☐ School must contact the [Local Health Department](#) to report potential exposure
- ☐ School must follow the directions shared by the Local Health Department for this particular instance, such as contacting students, staff, and families, and/or specific cleaning protocols.

### Closure

- ☐ School must follow the directions shared by the Local Health Department for this particular instance.

### Cleaning

- ☐ School must follow the directions shared by the Local Health Department for this particular instance.

### Communication with students, families, and staff

- ☐ School must follow the directions shared by the Local Health Department for this particular instance.

# Testing

- **No recommendations for systematic testing (would only reflect status at time tested)**
- **Testing recommended when:**
  - **Positive symptom screen or onset of symptoms at school**
  - **Close contact to a person diagnosed with COVID**
  - **Cluster of cases in a school**

## What About Testing?

The CDC does not currently recommend that universal testing through virology or serology testing be used to inform admitting students or staff into school.

Viral tests can only determine potential infection at a single point in time and may miss cases in the early stages of infection. It is currently unknown whether individuals are protected against reinfection from SARS-CoV-2 following recovery from COVID-19 illness.

# Responding to a case in a school

- **Schools and Local Health Departments should develop a communication plan; best to have pre-established communication channels**
- **School Principals should report (NCGS § 130A-136)**
- **Division of Public Health Epidemiologist on call available to assist 27/7: 919-733-3419**
- **School will isolate person (wearing face cover) in dedicated space, have someone supervise (6' away) and refer person to their provider for assessment and testing**
- **Local Health Department to determine close contacts**

# **Local Health Department determines close contacts**

- **LHD will assess risk of spread and inform next steps**
- **People who were within 6 feet for longer than 15 minutes**
- **Close contacts need to quarantine for 14 days**
- **May be just specific individuals, portion of a class, entire class, or more broad**
- **The more people remain 6 feet apart and the more cohorting, the fewer the number of close contacts**

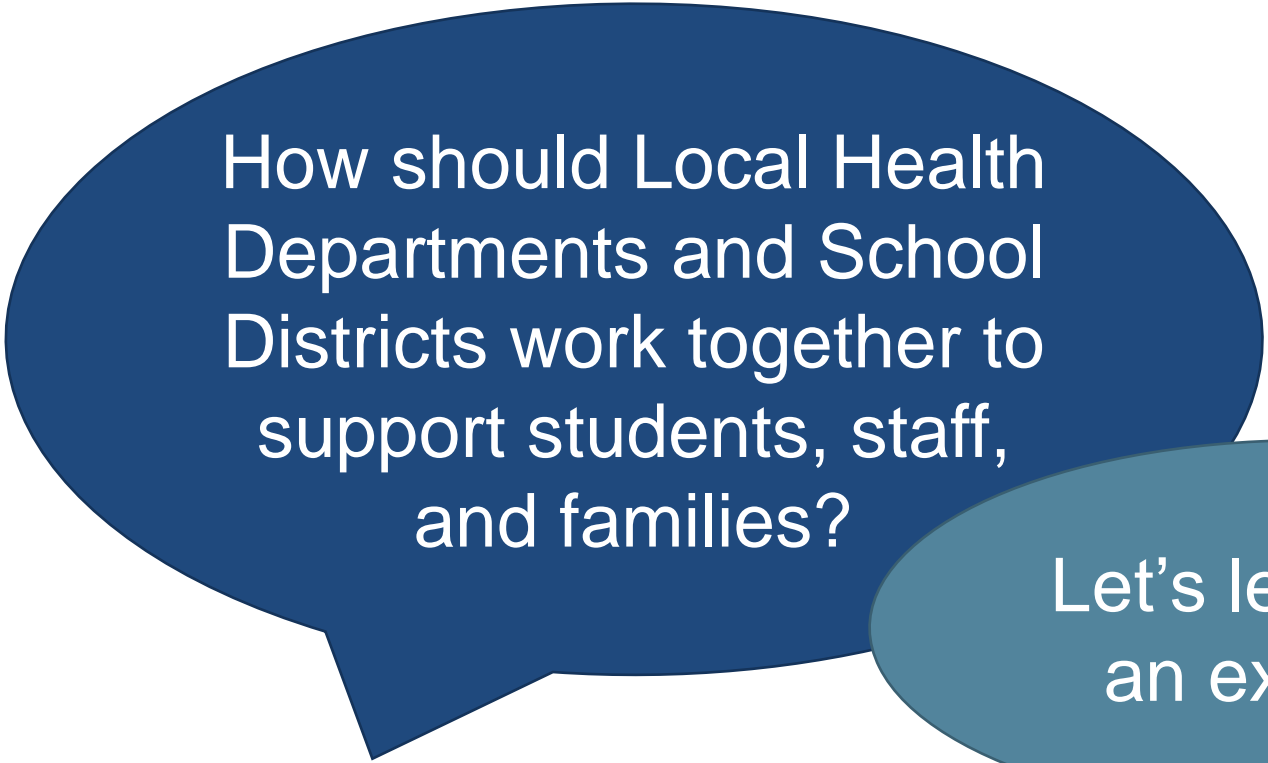
# **Cleaning and Disinfecting**

- **Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting**
- **Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.**

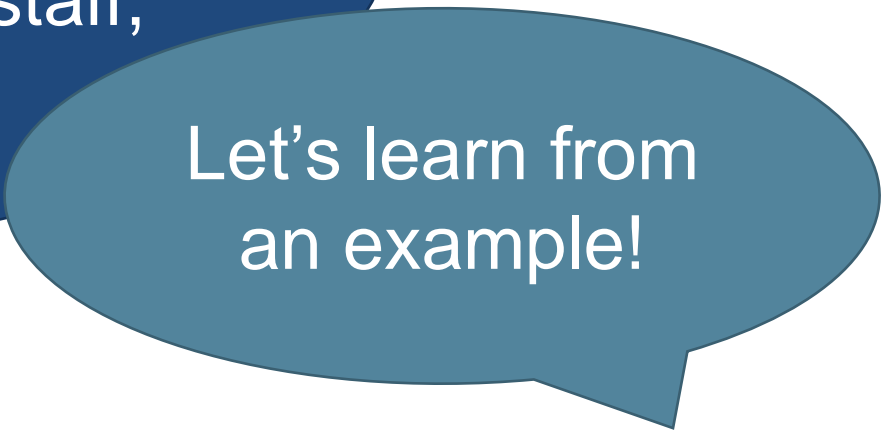
# Threshold for entire school closure – not determined

- [CDC guidance](#) – a single case of COVID-19 in a school would not likely warrant closing the entire school
  - Assessing the level of risk, the levels of community transmission, the number of cases in the school, and the extent of close contacts of the individual who tested positive should all be considered before closing.
  - If the transmission of the virus within a school is higher than that of the community, or if the school is the source of an outbreak, may consider temporary school closure
- [CDC guidance](#) suggests considering a short (potential 2-5 day) building dismissal for cleaning, disinfecting, assessing risk, contact tracing, closure if positive case

# School Districts and LHDs – a critical partnership



How should Local Health Departments and School Districts work together to support students, staff, and families?



Let's learn from an example!



# Collaboration in Action: Hoke County

- **Designated a point of contact**
  - The Superintendent designated the Executive Director of Student Support Services as the schools liaison to work with the Hoke County Health Director.
- **Regular meetings**
  - The Hoke County Health Director and the Executive Director of Student Support Services meet weekly to share information, such as surveillance data.
- **Feedback on planning**
  - The HCS Re-entry Plan has been shared and discussed with the Hoke County Health Department

# Collaboration in Action: Hoke County

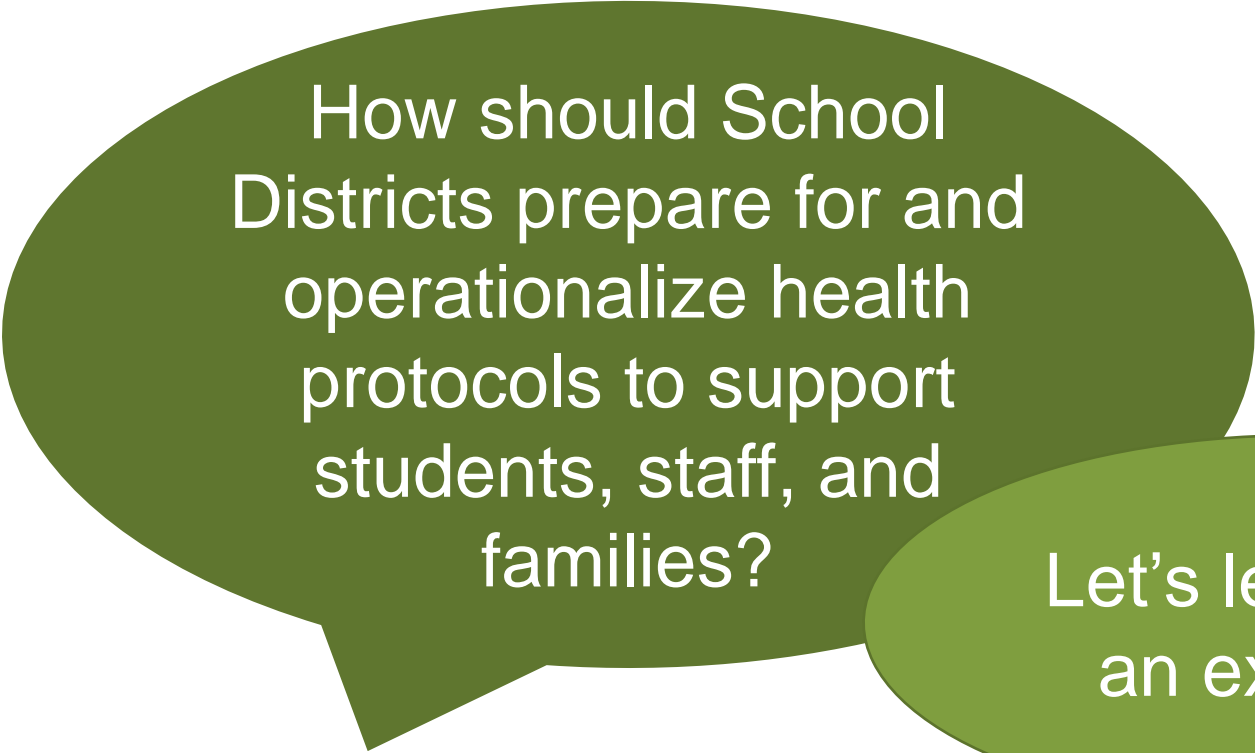
- **LHD serves as a resource**
  - The Hoke County Health Department has provided the school system with information regarding cleaning, screening, testing and reporting cases.
- **Support access to testing**
  - Currently discussing the possibility of establishing a drive-thru site at the health department once school begins. If they have a suspected case, this will allow parents to immediately access services for their child.

# Key Takeaway 1

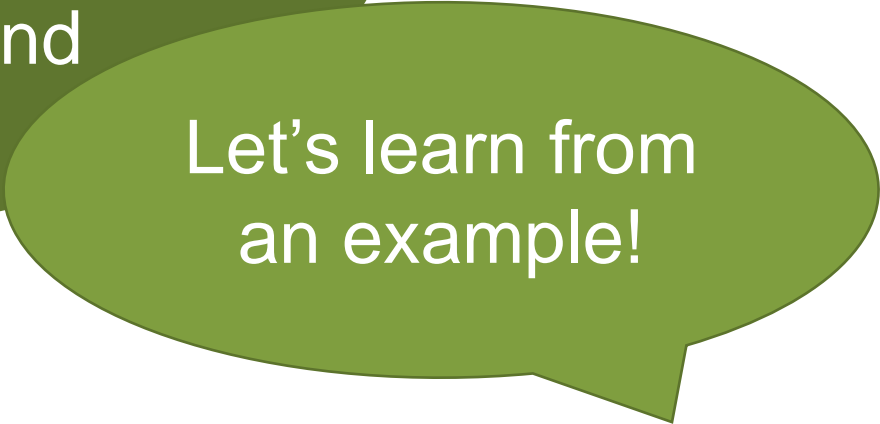


Established, ongoing partnerships between Local Health Departments and School Districts help us all

# Operationalizing Health Protocols



How should School Districts prepare for and operationalize health protocols to support students, staff, and families?



Let's learn from an example!

# Health Protocols in Schools: Buncombe County JumpStart

- **Communications to Staff**

- Each school had the phone number of the nurse on call for each week of Jump Start, and principals knew to call this number with any health-related concerns in order to determine next steps.
- Webinars and flow charts for staff and admin. that reviewed protocols for health and safety, face coverings, transportation, cleaning
- Increased staffing at the school level for screening

- **Communications to Students & Families**

- Created COVID Protocols for Students
- Created letter to to parents in the event that the child had to be excluded from school due to COVID symptoms. This letter gave specific directions to parents on next steps.



# Health Protocols in Schools: Buncombe County JumpStart

***“It is great to have students in the building again. Schools look a lot different with all the new safety protocols in place, but we still have the same goal to educate and care for kids.” - Principal Philip Chandler***

- **How'd it go?**

- Clear protocols in place – next steps were known when a child/adult screened positive
- Time required for screening at entry went down after initial learning curve
- A small number of students were sent home for becoming symptomatic during the day
- No positive cases reported



## Key Takeaway 2



Planning for rapid internal communication and health protocols throughout a school district leads to smooth operations

# **Three Recommended Next Steps for Superintendents and Local Health Departments:**

- 1. Establish one point of contact at the school district and one point of contact at the LHD**
- 2. Provide detailed, procedural feedback on school plans for reopening**
- 3. Create a student, family, and school staff communication plan on health protocols**





## Get your questions answered:

- Have a question? Ask it now!
- Read regularly updated [FAQ document](#)
- For questions about NCDHHS statewide guidance related to reopening NC's public schools not covered in the FAQ document, email [StrongSchoolsNC@dhhs.nc.gov](mailto:StrongSchoolsNC@dhhs.nc.gov)

# Thank you!



# APPENDIX

# Resources Overview



**StrongSchoolsNC**

## Additional Information

- **FAQs**  
*English, Spanish*
- **Social Media Outreach**  
*English, Spanish*
- **What are we learning about COVID-19 and Children?**  
*English, Spanish*
- **Memorandum on Preschool Programs and K-12 Public Health Guidance**  
*English*



## Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 (K-12)

INTERIM GUIDANCE AS OF JUNE 30, 2020



## Cases Reference Guide

- Screening flowchart for students and staff
- Positive screening protocol checklists (upon arrival and during the school day)
- Available online in *English*



## StrongSchoolsNC Infection Control and PPE Guidance (K-12)

INTERIM GUIDANCE AS OF JUNE 18, 2020



## Infection Control/PPE Guidance

- Infection control and PPE guidance
- PPE training for school nurses and designated staff
- Infection control checklist
- Recommendations on supply quantities
- Recommendations on how to purchase items from checklist
- List of PPE vendors with statewide contracts
- Available online in *English*