



# **StrongSchoolsNC Public Health Toolkit (K-12)**

## **Frequently Asked Questions**

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## General

### Where can I find all COVID-19 public health guidance documents for NC's schools

Visit <https://covid19.ncdhhs.gov/guidance#schools> for the most up-to-date NCDHHS guidance for NC's schools.

### How are children affected by COVID-19?

The [CDC's Science Brief](#), which summarizes the research of COVID-19 among children and adolescents and transmission in schools and among students, families, teachers, and school staff used to shape the updated guidance.

### I have specific questions about my child and my school. Where can I find more information on how my school is taking action on the public health guidance provided by NCDHHS?

Every child and every school is unique. NCDHHS provides statewide public health guidance through the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#). Contact your school and/or district to find out more information on how they are operating their facilities for students and staff.

### Where can I find Spanish versions of the Public Health Toolkit and other resources?

It is important that all families of our students know what to expect when their children return to school, including our Spanish-speaking communities. Click [here](#) for the Spanish version of the Strong Schools NC Public Health Toolkit. Check back regularly on the [NCDHHS guidance page under Education](#) for additional translated documents.

### Where can I find information about helping vaccinate students, teachers, and school staff?

NCDHHS has released updated Back to School [Operational Guidance for Vaccinations](#). This guidance includes recommendations for school administrators on how to help get students (age 5 and up), teachers and school staff vaccinated. Getting more North Carolinians vaccinated is the most important thing we can do to slow the spread of COVID-19 and keep our kids safely at school. This guidance includes items like steps on holding vaccine events, utilizing incentives to encourage vaccination and communication materials to educate and combat misinformation.

## Face Coverings and Personal Protective Equipment (PPE)

### When should schools consider lifting their universal indoor mask requirements?

Face coverings remain a critical tool for protecting children and keeping them safely in the classroom. NCDHHS recommends that schools base their mask requirements on levels of community transmission, as [defined by the CDC](#). Community Transmission Levels are determined by two indicators- case rates and test percent positivity. If the two indicators are categorized in different transmission levels, the higher level is selected. NCDHHS recommends schools continue to implement a universal face covering requirement if they are located in a county with **high** or **substantial** levels as [defined by the CDC](#). When community transmission levels decline in your county to **moderate** or **low** levels for at least 7 consecutive days, [school leaders can consider making face coverings optional for vaccinated individuals](#). Face coverings in school continue to be required for all unvaccinated individuals until community transmission is at **low** levels, [when masks could be optional for everyone](#). NCDHHS will continue to re-evaluate this guidance as all school-aged children become eligible for and get vaccinated.

### If an educator's mouth must be visible for instructional purposes, what can they do?

For certain individuals, the use of face coverings by teachers or others may pose a challenge, such as students who are deaf or hard of hearing, students receiving speech/language services, infants and young students in early education programs, students with Autism Spectrum Disorder (ASD), and English-language learners. If available, a transparent face mask, or face coverings with a see-through panel in the front, may be a better option for protection that allows visibility.

## What should a child or a teacher/staff member do with their mask while eating or during a mask break?

The CDC [recommends](#) that face coverings should be stored in a space designated for each student that is separate from others when not being worn (e.g., in individually labeled containers or bags, personal lockers, or cubbies).

## Are plexiglass/vinyl barriers substitutes for distancing if masks are also worn?

The CDC does not recommend physical barriers. All school mitigation efforts should be layered, as opposed to thinking of them as alternatives, in order to ensure the greatest possible avoidance of exposure to COVID-19.

## Specials and Extracurricular Activities (e.g., Athletics, Gym, Music, Band, Art)

### What are the recommendations for school sports?

Schools should follow the recommendations outlined in the [NCDHHS Interim Guidance for Administrators and Participants of Youth and Amateur Sports Programs](#). Also available in [Spanish](#).

## Keeping Schools Clean

### How will we keep schools clean enough to reduce the risk of COVID-19 exposure and spread?

The [StrongSchoolsNC Public Health Toolkit \(K-12\)](#) outlines actions that schools must take to minimize spread of COVID-19 while allowing in-person teaching to resume, such as physical distancing, universal masking, and thorough cleaning and hygiene routines.

### Is hand sanitizer safe for schools to use?

Making hand sanitizer containing at least 60% alcohol available for students and staff is a recommended component of the [StrongSchoolsNC Public Health Toolkit](#).

Alcohol-based hand sanitizers with at least 60% alcohol are known to be effective against SARS-CoV-2 virus and can be placed in dispensers and other containers that are readily available for student use. This availability of hand sanitizer should not be considered a violation of 15A NCAC 18A .2415(b). While Executive Order No. 116, (Declaration of a State of Emergency to Coordinate Response and Protective Actions to Prevent the Spread of COVID-19) or another State of Emergency declaration is in effect during the school year, such hand sanitizer dispensers may be used by students without being considered a violation of Rule .2415 if handled in a safe manner supervised by teachers or other adults in accordance with the directions on the label, and bulk containers of hand sanitizer are stored according to manufacturer's instructions when not in use.

### How should an isolation room be kept clean if it needs to be used more than once in a school day?

NCDHHS recommends using [this guidance](#) from the CDC on cleaning and disinfection to inform these practices. Waiting 24 hours before cleaning may not be practical in school settings for an isolation room, so we recommend increasing ventilation between sick students and providing disinfection of the areas once the student leaves—of course, following manufacturer's instructions for use and contact time.

## Positive cases and exposure

### Why is daily symptom screening for children no longer recommended?

NC DHHS is aligning with the CDC that [does not currently recommend](#) schools conduct daily symptom screening for students. The effectiveness of COVID-19 symptom screening in schools is not well-known. Children are more likely to have no or minimal symptoms from COVID-19 and symptom screening will fail to identify some students who have COVID-19. Symptom screening will also identify children who do not have COVID-19 and will unnecessarily exclude students from school. Further, symptom screening has the potential to exclude certain students repeatedly, such as those with chronic medical conditions, from school even though they do not have COVID-19 or any contagious illness. K-12 schools provide essential educational, developmental, and support services to students and families. Therefore, excluding students from school has different consequences from excluding individuals from other settings. This makes the considerations for symptom screening in students in K-12 schools different from those for other settings or populations. However, parents, caregivers, or guardians (“caregivers”) should be strongly encouraged to monitor their children for symptoms of infectious illness every day through home-based symptom screening. Students who are sick should not attend school in-person.

### Will the Local Health Department share identifying information about my school, me, or my child if we contract the virus?

Your privacy and your child's privacy are prioritized during this health crisis. Information may be shared under GS 130A-143(4) when necessary for public health and implementation of control measures. A local health department may share more information about a person who has tested positive with a school if it is “necessary to prevent transmission in the facility or establishment [i.e., school] for which they are responsible.” However, the local health department is responsible for ensuring that a school is instructed to protect confidentiality.

NCDHHS does not publicize the names of individuals who test positive for COVID-19, nor the name of a school that an individual works at or attends. If a cluster (five laboratory-confirmed positive cases of COVID-19 that have a connection at a specific location or a specific event) outbreak is reported at a school, NCDHHS will post the name of the school, public or private, to [this public report](#) released twice weekly.

### What are the requirements for exclusion from school and isolation and quarantine?

Refer to the CDC guidance on [isolation](#) and [quarantining](#) in K-12 schools.

### Is compliance with the exclusion/quarantine and isolation provisions set out in the StrongSchools Toolkit required?

Yes. Pursuant to G.S. 130A-144, all persons are required to comply with communicable disease control measures. The applicable control measures for COVID-19 are prescribed by the Commission for Public Health at 10A NCAC 41A .0201 and are aligned with the guidelines and recommended actions published by the CDC. The quarantine and isolation provisions in the StrongSchools Toolkit reflect these mandatory control measures. Local health directors and the state health director have the authority under G.S. 130A-144 and 130A-145 to enforce control measures, including isolation and quarantine, to prevent the spread of COVID-19 or any other communicable disease posing a significant threat to the public health.

### What are the requirements for isolation?

If a student/employee has been diagnosed with COVID-19 but does not have symptoms, they must remain out of school and isolate until 5 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a person with symptoms is diagnosed with COVID-19 by a medical professional based on a test or their symptoms or does not get a COVID-19 test but has had symptoms, they should not be at school and should

**isolate** at home until they (or a family member if younger child) can answer YES to the following three questions:

1. Has it been at least 5 days since the individual first had symptoms?
2. Has it been at least 24 hours since the individual had a fever (without using fever reducing medicine)?
3. Has there been symptom improvement, including cough and shortness of breath?

### **Is there any required documentation for teachers/students who tested positive to return to school?**

NCDHHS does not require students and employees to provide documentation of a negative test prior to returning to school after having a positive diagnosis for COVID-19.

### **How are “Exposure” and a “Close Contact” defined?**

Exposure to COVID-19, or being in close contact with a case, is defined as being within 6 feet of another person for 15 minutes cumulatively or longer, within a 24-hour period (e.g., 5 minutes in at arrival, 5 minutes at lunch, and 5 minutes at dismissal). Any person who does not meet an exemption to be excluded after an exposure should be excluded from school for 5 days after the last close contact and then wear a mask for an additional 5 days.

### **I am vaccinated against COVID-19. Do I need to be excluded from school if I have had a close contact?**

Exclusion from school is not required for close contacts to a COVID-19 case, provided they do not have symptoms and are in one of the following groups:

- Are ages 18 or older and have received all recommended vaccine doses, including boosters and additional primary shots for some immunocompromised people.
- Are ages 5-17 years and completed the primary series of COVID-19 vaccines. Boosters are not required to meet this exception for this age group.

Close contacts who are in these groups must continue to wear a mask for 10 days after the exposure to minimize the risk of infecting others and should get tested on day 5, if possible.

### **What is the exclusion guidance if a student is exposed to another student with COVID-19 when they were not masked (e.g., during lunch)?**

In mask required school settings, individuals who do not have symptoms do not need to be excluded from school after masked OR unmasked close contact exposures (e.g., during lunch or extracurricular activities). Additional details on are in the Toolkit.

In mask optional school settings, if a close contact occurs in a situation where either the person with COVID-19 or the exposed person were not wearing a mask, then exclusion is required if an exemption to exclusion does not apply. That would include exposures during meals where masks are not being worn.

### **What are the exclusion requirements for a potential exposure to a positive individual in a classroom, other school setting or on transportation, if both individuals (the COVID-19 positive and the potentially exposed student) were closer than 3 feet of physical distance, but wearing masks consistently and appropriately at the time of the potential exposure?**

People who were within 6 feet of a person with COVID-19 are not considered close contacts if both the person with COVID-19 and the exposed person correctly and consistently wore well-fitting masks the entire time. Therefore, the person does not need to be excluded from school.

### **Can positive antibody test results be used to exempt unvaccinated exposed students or staff from exclusion from school?**

Students and staff should no longer be exempted from exclusion from school based on results of antibody tests.

The prior guidance allowing exemption from school exclusion based on antibody testing has been removed based on data demonstrating that past infections provide less protection against omicron than against earlier variants. Antibodies can be detected many months after an infection, even after protection against reinfection may have waned.

### **When can a person return to school if they receive an alternate diagnosis?**

If a school has excluded a symptomatic individual and that person receives an alternate diagnosis from a health care provider, they can return to school, following normal school policies, once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours. The health care provider who makes the assessment may decide to test for COVID-19 but is not required to do so. The health care provider is also not required to detail the specifics of the alternate diagnosis that would explain the symptoms.

### **What is considered last date of exposure for a household contact? Is it Day 5 when case released or Day 10?**

The household member with COVID-19 should isolate for at least 5 days and should continue to wear a mask for an additional 5 days. Household contacts should quarantine for at least 5 days after their last exposure to the person with COVID-19 and should continue to wear a mask for an additional 5 days. For determining the quarantine period, household members are not considered exposed after the household member with COVID-19 has completed their isolation period (even if they are still within the 10 days since their positive test or symptom onset).

### **What is meant by “if possible” language around testing after exposure in the Toolkit?**

Testing supplies may be limited during the surge of cases and may not be accessible by families or schools. While testing on day 5 after an exposure is recommended, it may not be possible when testing capacity is limited.

### **In the Isolation and Quarantine Guidance from the CDC, it says “If you are unable to quarantine, you should wear a well-fitting mask for 10 days when around others at home and in public.” What does this mean for schools?**

NC DHHS recommends that schools may allow teachers and staff for whom an exemption to quarantine and school exclusion does not already apply to work in select instances only when it is necessary to preserve the critical functions of the school. This option should be used only in limited circumstances, such as when cessation of operation of a school or facility may result from exclusion of staff. The exposed person must wear a well-fitting mask around others for 10 days after exposure. If symptoms occur, person should immediately isolate until a test either confirms COVID-19, or a negative test rules it out.

### **How does the management of Handling Possible, Suspected, Presumptive, Confirmed Cases of COVID-19 apply to school athletics?**

The management of diagnosed and exposed person is the same in the school athletic setting as other school settings. If diagnosed or exposed student athletes are unable to wear a mask consistently during their sporting activity, they should not participate.

## **COVID-19 Testing**

### **Do students and teachers need to be tested for COVID-19 at school?**

The CDC and NCDHHS recommend schools implement a school-based testing program and resources are available to help support schools who are interested. Students and teachers are not required by NCDHHS to be tested for COVID-19. A school or district may choose to implement a testing program for students and staff, utilizing [NCDHHS K-12 COVID-19 Testing Program Guidance](#).

### **What testing resources are available to schools?**

In April 2021, the CDC released funding to states to support screening testing for school year 2021-2022. NCDHHS has elected to use funds to provide the following testing support to K-12 schools throughout the state, on an opt-in

basis. Schools will be able to choose from two options for their testing program: utilizing a state-contracted vendor or performing testing independently. Additionally, public schools may request funding to hire temporary school health staff. Schools may choose to enroll in the testing program in order to implement a test to stay strategy.

Districts, charter and independent schools interested in receiving state support for their 2021- 22 school year testing programs must fill out the NCDHHS K-12 Testing Program Opt-in Form. This form has been sent to school/district administrators and should be completed once per school/district. Districts (LEAs) should complete the form on behalf of ALL schools in their district. As of January 2022, additional schools may be interested to enroll to implement a test to stay program. For more information, please review the [NCDHHS K-12 COVID-19 Testing Program Guidance](#).

### **Can a student receive a COVID-19 test without the consent of a parent or guardian?**

In general, receiving consent from parents or guardians for student testing for COVID-19 is the expectation and will be the normal process. However, pursuant to G.S. 90-21.5, minors with decisional capacity may consent for testing for COVID-19 (a novel coronavirus), as it is considered a medical health service for the diagnosis of a reportable disease. For more information on K-12 COVID testing, refer to [NCDHHS K-12 COVID-19 Testing Program Guidance](#).

### **Can results from at-home test devices be used in school settings?**

At-home test devices allow an individual to test at home and get a result for a self-collected specimen. Some at-home tests require a prescription from a healthcare provider, while others are authorized for over-the-counter use. In addition, some at-home test devices require a smartphone to perform the test or obtain results.

In situations where other results are not available, results of at-home test devices can be used to inform decisions, including:

- Testing of students or staff with symptoms, to allow return to school when other criteria have been met – i.e., it has been at least 24 hours since the person had a fever (without using fever reducing medicine) and they have felt well for at least 24 hours.
- Use of positive results from at-home tests to initiate contact tracing, quarantine of contacts, and other public health actions.

## **Contact Information**

### **My question has not been answered here. Whom should I contact?**

#### **For Families**

- For questions specific to your child's school, such as scheduling, operations, remote learning options, and specifics about screening procedures, reach out to your local school leaders, such as your school's principal.
- For questions about your child's school's adherence to public health guidance, contact your local school board, your school district leadership (superintendent), or the NC State Board of Education.

#### **For Local Education Leaders and Local Health Departments**

- For questions about NCDHHS statewide guidance related to reopening NC's public schools not covered in this FAQ document, email [StrongSchoolsNC@dhhs.nc.gov](mailto:StrongSchoolsNC@dhhs.nc.gov).
- The NC DHHS Division of Public Health Epidemiologist is on call and available to assist 24/7 (919-733-3419)