



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.

Where can I find NC Department of Public Instruction's operational guidance for public schools?

NCDPI has provided guidance for public schools across the state to consider as they open for in-person instruction, as well as considerations for remote learning. [Read more](#) by clicking the link.

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.

Should my child attend school in-person?

Every family must make the right decision for themselves, knowing their community, their child's school, and their child. We know that in-person school is fundamental to children's development and well-being – especially for younger children. Schools provide academic support, social and emotional skills, a safe, comfortable place, reliable food and nutrition supports, physical/speech therapy, and opportunities for physical activity. There can be substantial negative impacts for children and communities without in-person learning taking place regularly.

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.

Are the provisions in the Toolkit requirements?

Executive Order 220, issued by Governor Cooper on June 11, 2021, directs all public and non-public K-12 schools to follow the COVID-19 prevention requirements outlined in the StrongSchoolsNC Public Health Toolkit. Following the expiration of Executive Order 220 on July 30, 2021, local school leaders are responsible for requiring and implementing strategies in the StrongSchoolsNC Public Health Toolkit in consultation with their local health departments. The updated Toolkit reflects the expertise of the CDC, the American Academy of Pediatrics and public health experts on how to keep children in-person and safe in schools with layered prevention strategies. It is important to note that the need for additional statewide action and changes to the toolkit may be needed over time as we receive new data, watch our COVID trends, and hopefully see vaccinations become available for children under 12 later this year.

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 12 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.

Cloth Face Coverings and Personal Protective Equipment (PPE)

When are face coverings/masks recommended for North Carolina's students, teachers, and staff?

With rapidly accelerating viral transmission and the increased contagiousness of the Delta variant, on July 27th, 2021, CDC updated public health guidance to include recommendations that everyone in K-12 schools wear masks, regardless of vaccination status. The StrongSchools Toolkit was updated on July 29th to align with the CDC guidance.

Per CDC's Order, face coverings are required for passengers and staff on buses, vans, and other group school transportation.

When should schools consider lifting their universal indoor mask requirements?

Given that our student population is largely not yet vaccinated, face covering 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 school continue to be required for all unvaccinated individuals until community transmission is at **low** levels, when mask 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 cloth 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 cloth 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.

Reducing 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 less likely to spread virus than adults. 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.

How are "Exposure" and a "Close Contact" defined?

Daily symptom screenings are **no longer required** for all schools – they remain an optional mitigation layer, recommended for adults but not for children. However, disclosure of exposure or close contact remains required.

Exposure to COVID-19, or being in close contact with a case is defined as being physically exposed within 6 feet of another person for 15 minutes cumulatively or longer, within a 24 hour period with or without a cloth face covering. (e.g. 5 minutes in at arrival, 5 minutes at lunch, and 5 minutes at dismissal). Any person who has had close contact to someone who has tested positive for COVID-19 or someone who does not get a test but is presumed to have COVID-19 by a medical provider or due to having symptoms of a clinically compatible illness, should quarantine for 14 days after the last close contact. The CDC has published options for shortened quarantine that are at the discretion of the local health department (LHD). If implemented by the LHD, these options may be used by your school or district. NOTE: when a person with symptoms compatible with COVID-19 does not receive a medical or clinical assessment, that person remains considered a potential case of COVID-19 and therefore close contacts need to quarantine. If during quarantine no symptoms develop in a close contact nor do they have a positive COVID-19 test, they may return to school after completing their quarantine.

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 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.

Are medical professionals caring for COVID-19 patients excluded from screening for exposure?

Daily symptom screenings are **no longer required** for all schools – they remain an optional mitigation layer recommended for adults, but not for children. However, disclosure of exposure or close contact remains required.

Screening for exposure would not require the exclusion of medical professionals who may have been exposed to COVID-19 positive individuals provided these were wearing proper PPE. This would include nurses, physician assistants, physicians, medical staff, or individuals delegated at schools to perform medical tasks. We are following CDC Guidance on this topic.

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 are the requirements for quarantine?

Refer to the CDC [guidance](#) on quarantining.

Is compliance with the 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.

I am fully vaccinated against COVID-19. Do I need to quarantine?

Quarantine is not required for close contacts to a COVID-19 case, provided they do not have symptoms and they are fully vaccinated (two weeks following the second dose of a two-dose vaccine, or two weeks after a single dose vaccine), and do not reside in a congregate living facility (such as a shelter). Fully vaccinated individuals who have been exposed or are experiencing symptoms should get tested 3-5 post-exposure and wear a face covering until they get a negative result.

What is the quarantine guidance if a student is exposed to another student who later tests positive during lunch when both were eating and not masked for ≥ 15 minutes?

If a close contact occurs in a situation where the person with COVID and the exposed person were BOTH not wearing masks then quarantine is required. That would include exposures during meals where masks are not being worn.

What are the quarantine 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?

Individuals, who are not fully vaccinated, after a close contact in a classroom or other school setting if masks were being worn appropriately and consistently by both the person with COVID-19 and the potentially exposed person, do NOT need to quarantine. This exception does not apply to exposures during extracurricular or athletic activities.

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

Exemption from quarantine can be considered at the discretion of the local public health department for people who are not fully vaccinated but have tested antibody positive within 3 months before or immediately following a close contact. Students and staff who are exempted from quarantine for this reason should continue to wear a mask throughout the 14-day period after exposure.

Available evidence shows that those previously infected with SARS-CoV-2 have a low risk of subsequent infection for at least 3 months after infection. Emerging evidence shows this protection may extend to 6 months. However, the body of evidence for infection-induced immunity is more limited and mixed than that for vaccine-induced immunity. In addition, the level of protection may vary based on the severity of the initial infection. Although there is no specific antibody level that indicates when an individual is protected from COVID, the risk is lower, in general, among those with positive antibody results than among those without positive antibody results.

COVID-19 Testing and Positive Cases

Will students and teachers need to be tested for COVID-19 before they come back to school?

The CDC and NCDHHS recommend schools implement some Screening/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 before coming to school. A school or district may choose to implement a testing program for students, staff, and families, 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. NC DHHS 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 three options for their testing program: utilizing a state-contracted vendor, performing the testing independently or using the funds to hire temporary school health staff.

Districts, charter and independent schools interested in receiving state support for their 2021- 22 school year testing programs must fill out the NC DHHS K-12 Testing Program Opt-in Form by the required date of September 13, 2021. 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. 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](#).

How will new cases of COVID-19 be handled in our schools?

The Toolkit details how schools should handle these scenarios.

Specifically, the Toolkit outlines protocols that staff should follow when interacting with students or staff who:

- 1) Share they were exposed to someone with COVID-19 (defined as having close contact of less than 6 feet distance for 15 minutes or more over a 24-hour period) but have no symptoms
- 2) Share they were diagnosed with COVID-19 less than 10 days ago but are not symptomatic,
- 3) Present with COVID-19 symptoms during the school day.

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 10 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 10 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 were exposed or tested positive to return to school?

We know how important it is for our students, especially our youngest students, to be in schools for their educational development. 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 in order to reduce barriers to children returning to school. This is especially important for our students whose families may have financial, logistical, or other barriers to being tested.

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.
- Testing to meet the criteria to end quarantine 7 days after exposure, in counties where shortened quarantine options are being considered.

Contact Information

My question has not been answered here. Who 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.
- The NC DHHS Division of Public Health Epidemiologist is on call and available to assist 24/7 (919-733-3419)