



#StayStrongNC

StrongSchoolsNC

Infection Control and PPE Guidance (K-12)

INTERIM GUIDANCE

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Infection Control and Personal Protective Equipment (PPE) Guidance (K-12)

How Should This Guidance Be Used?

Schools have an important role in slowing the spread of disease to help ensure students have safe and healthy learning environments. Schools should be able to utilize appropriate infection control materials and Personal Protective Equipment (PPE) to mitigate COVID-19 transmission, in particular by providing school nurses and delegated staff with the appropriate PPE needed to safely provide care.

Have questions about this guidance?
Find your answer in our FAQ!
([English](#) | [Spanish](#))

This guidance was developed collaboratively between the North Carolina Department of Health and Human Services (NCDHHS) and the North Carolina Department of Public Instruction (NCDPI). This Infection Control and PPE guidance should be used in combination with the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#) first released on June 8, 2020 which outlines health requirements and recommendations for reopening schools.

Local education leaders should use this guidance to understand the PPE supplied in the PPE starter pack and booster pack provided by the state, as well as what infection control and PPE supplies they should plan to purchase for their school or district. They are responsible for purchasing most of the items listed on the Infection Control Checklist for K-12 Schools shared later in this document. Infection control and PPE items should be acquired prior to school opening.

School nurses and delegated staff should use this guidance to understand the conditions for when PPE is to be used, and how PPE should be maintained or disposed of properly.

Note: This guidance does not address the specific PPE requirements for individual health care procedures that are routinely performed in schools.

What are Infection Control Supplies?

Infection control supplies prevent or stop the spread of infections and can be divided into two categories:

1. **Cleaning and hygiene items** and
2. **Personal Protective Equipment (PPE).**

INFECTION CONTROL	
Cleaning and Hygiene Items	Personal Protective Equipment (PPE)
Hand soap • Hand sanitizer • Cloth face coverings Gloves, when used for food and custodial service	Face shields • Procedure masks • Gowns Gloves, when used by nurses and delegated staff

*Note: Thermometers support Infection Control

Cleaning and hygiene items are primarily used for hand and cough hygiene, cleaning, and disinfection.

HAND SOAP AND PAPER TOWELS; HAND SANITIZER (WITH AT LEAST 60% ALCOHOL)

- Methanol is not an acceptable ingredient for hand sanitizer products, and can result in nausea, vomiting, headache, blurred vision, permanent blindness, seizures, coma, permanent damage to the nervous system, or death. To view the FDA's do-not-use list of hand sanitizers that are, or may be, contaminated with methanol, in addition to other hand

sanitizers the agency is urging consumers not to use, please visit www.fda.gov/drugs/drugsafety-and-availability/fda-updates-hand-sanitizersconsumers-should-not-use.

- Hand sanitizer use should be limited to times when soap and water are not available.
- Recommended strategies to optimize handwashing include:
 - Provide students and staff with instruction on proper handwashing procedures including timing for handwashing during the school day.
 - Increase handwashing stations within the school where possible.
 - Identify handwashing opportunities within class schedules.
 - Establish an expectation of compliance with hand hygiene guidance.
 - Ensure that students and staff wash their hands before going to shared spaces like the cafeteria and library.
- Supervise use of hand sanitizer by students, particularly younger students:
 - Direct students on dose amount (dime-sized amount of hand sanitizer).
 - Direct students to rub their hands together (as if washing), spread the product on all sides and between fingers, and allow to dry.
- Ensure that students use soap and water if they have skin reactions or contraindications to hand sanitizer.
- Schools purchasing large quantities of hand sanitizer should ensure proper labeling as flammable for storage and transport. If transferring hand sanitizer from large containers to smaller containers, schools should label secondary containers with product name, hazardous ingredients in the product, and key hazards in writing or by picture found on the original container or on the Safety Data Sheet, per OSHA Hazard Communication standards. Contact your Local Health Department for additional questions related to storing, transporting, or transferring hand sanitizer.

CLOTH FACE COVERINGS

- Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected with COVID-19 but does not have symptoms.
- As stated in [Executive Order No. 180](#) on November 23, 2020, ensure that face coverings are worn by all workers, teachers, guests, other adults, and children age five (5) or older. In all public and nonpublic schools, all workers, teachers, guests, other adults, and children five (5) years or older must wear face coverings at all times when indoors, unless an exception applies, and when outdoors and within six (6) feet of another person, unless an exception applies.

FACE COVERINGS SHOULD:

- Have at least two (2) layers of washable, breathable fabric such as cotton, silk, or linen.
- Fit snugly on the face, completely covering both the nose and mouth.
- Fit so that they will stay in place and not need adjustment as children perform day to day tasks.
- Be clean and free of holes.
- Be reused until damaged or no longer maintain shape.
- Be handled and laundered following [CDC guidance](#).

Face coverings should NOT:

- Have exhalation valves or vents because they do not sufficiently stop respiratory droplets.
- Be intended for healthcare providers and other medical first responders in a health care setting when providing care for which Surgical Masks, Procedural Masks, and N95 Respirators are recommended.
- Restrict breathing by being made of fabrics such as vinyl.
- Be placed on individuals who have trouble breathing or are unconscious, incapacitated or otherwise unable to remove without assistance, or who cannot tolerate a covering due to developmental, medical or behavioral health needs.

PPE is designed to protect the wearer and/or those nearby from the spread of illness-causing germs. When used properly, PPE acts as a barrier between infectious materials, such as viral contaminants, and the wearer's skin, mouth,

nose, or eyes (mucous membranes). The barrier has the potential to block transmission of contaminants from blood, bodily fluids, or respiratory secretions.

There are different kinds of PPE for different situations. PPE is not always required, and it is important to thoughtfully utilize available resources when necessary for protection. This guidance details when different types of PPE should be used. In a school setting, PPE should primarily be used by nurses and delegated staff in specific situations, including:

- Monitoring or assisting a symptomatic person when it is not possible to maintain the recommended distance of six feet;
- Completing certain breathing-related health care procedures; and
- Completing health care procedures for a symptomatic person while the person is awaiting transportation to go home. PPE should be used with discretion. It should not be used all the time and should not routinely be used with children who are healthy.

FACE SHIELDS

- Face shields provide eye protection and barrier protection from liquid splashes and sprays for procedure masks when needed.
- Reusable face shields should be cleaned after each use following the manufacturer recommended process and products. If manufacturer guidelines are unavailable, follow [CDC guidance for cleaning](#).
- With proper cleaning, a face shield may be used until damaged, it no longer fastens securely, or visibility is obscured.
- Teachers and staff who sustain close contact with students who cannot wear a face covering due to a medical or behavioral condition or disability may consider wearing a face shield in addition to their cloth face covering. In these situations, the use of a face shield and a cloth face covering together may provide further protection.
- Face shields should be used with procedure/face masks when providing direct care to someone with suspected or confirmed COVID-19.

PROCEDURE/FACEMASKS

- Following the most up-to-date [CDC guidance for school nurses and delegated staff](#), disposable procedure/face masks should be used to care for and manage COVID-19 symptomatic students when recommended six feet of distance cannot be maintained
- Face masks may include N-95 masks. N-95 masks should not be used when other level face masks are sufficient for the type of care being given. N-95 masks are not well tolerated by all wearers and require fit testing for proper protection. Follow CDC guidance for [Fit Testing during infectious disease outbreaks](#) if N-95 masks are purchased for school use..
- If masks are reused due to having minimal contact with symptomatic students, follow [CDC guidelines for Optimizing the Supply of Facemasks](#).
- Masks that are soiled or that sustain exposure to respiratory secretions should be disposed of after single use.
- Masks should be used with eye protection (face shields) when providing direct care to someone with suspected or confirmed COVID-19.

GOWNS

- Gowns should be used by school nurses or delegated staff when they are interacting with a person who is producing respiratory or other body fluids to a degree that is likely to get on the clothing of the caregiver.
- Gowns are rarely needed and should be single-use items due to soiling.

GLOVES

Gloves are routinely provided in schools each year for needed purposes including PPE for health care procedures, custodial activities, and food service. Schools/districts should rely on those routine orders for typical quantities of gloves, and purchase additional gloves for the increased cleaning requirements and optional daily COVID-19 symptom screening

(can be considered for adults, but not recommended for children) activities listed in the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#). Recommendations in this guidance are for the additional gloves needed beyond normal school activities.

- Many activities can be done hygienically with good handwashing and do not require gloves.
- Wearing gloves is not a substitute for cleaning your hands.
- Adherence to hand hygiene protocols will limit the number of gloves being used.
- Staff wearing gloves should receive a training/refresher on proper removal to prevent contamination and need for hand hygiene after removal of gloves.
- Use disposable gloves when cleaning and disinfecting the area around the person who is sick or other surfaces that may be frequently touched.
- Use disposable gloves when touching or having contact with blood, stool, or body fluids, such as saliva, mucus, vomit, and urine.
- After using disposable gloves, throw them out in a lined trash can. Do not disinfect or reuse the gloves.
- Wash your hands after you have removed the gloves.
- Note: Gloves, when used for food service and cleaning, are considered infection control items, **NOT** PPE.

What Supplies Has the State Provided for K-12 Schools?

Cloth Face Coverings

Prior to school reopening, the State supplied infection control items to public and non-public school students and staff across the state to ensure schools could mitigate the spread of COVID-19 when reopening for in-person instruction. In July, North Carolina provided over 9 million cloth face coverings to K-12 schools, so that each student and staff member could receive five cloth face coverings each. Questions about shipment of cloth face coverings should be directed to Ellen Essick, ellen.essick@dpi.nc.gov.

PPE Starter and Booster Packs

The State supplied a PPE Starter Pack to all North Carolina public school units, supporting public health and safety requirements in the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#) that minimize risk of exposure to COVID-19 for students, staff, and families across North Carolina. PPE Starter Packs were distributed in July to Local Education Agencies (LEAs), charter schools, lab schools, and regional schools.

Schools received an initial two-month supply of PPE items intended for use by school nurses and delegated staff. The PPE Starter Pack included:

- Touchless thermometers for optional daily symptom screening (can be considered for adults but not recommended for children)
- Disposable procedure/face masks
- Reusable face shields
- Disposable gowns

In September 2020, the State began supplying a second shipment of PPE (Booster Packs) for public school units that are currently operating in-person. The PPE Booster Pack included another two-month supply of procedure masks and face shields:

- 10 procedure masks per week per nurse for 8 weeks (total of 80 procedure masks),
- 10 procedure masks per week per school for 8 weeks (total of 80 procedure masks),
- 6 face shields per nurse, and
- 6 face shields per school.

North Carolina Emergency Management teams will continue to distribute PPE Booster Packs to a designated delivery site for school districts (LEAs) and charter, regional, and lab schools. It is recommended that local education leaders coordinate with their school nurse teams to ensure that PPE Starter/Booster Packs are distributed appropriately to school nurses and delegated staff in schools. For LEAs, districts will be responsible for determining the logistics of distribution to individual school nurses and schools once supplies arrive at the designated delivery site. Similarly, charter, regional, and lab school leaders will be responsible for determining the logistics of distribution to individual school nurses or designated staff once supplies arrive at the designated delivery site.

It is estimated that the PPE Starter Pack supply and PPE Booster Pack supply will last schools approximately two months each for the intended purpose. However, how long supplies last will depend on each school's use of supplies and levels of illness. Schools should plan to purchase additional PPE items for school nurses and delegated staff as needed. Schools can reach out to their districts to request additional supplies, but may need to order supplies on their own if district supplies are unavailable.

Questions about the PPE Starter or Booster Packs should be directed to Ann Nichols, State School Health Nurse Consultant, ann.nichols@dhhs.nc.gov (for traditional LEAs) or Annette Richardson, Charter School Health Nurse Consultant, annette.richardson@dhhs.nc.gov (for charter schools).

SCREENING THERMOMETERS (TOUCHLESS)

Note: As of 3/23/2021, conducting a daily symptom screening, including a temperature screening, is no longer required for K-12 schools. Daily COVID-19 symptom screenings can be considered for adults but is not recommended for children.

The PPE Starter Pack supplied by the State included screening thermometers, with each public school unit receiving one thermometer per 100 students.

Thermometers should be used by trained staff when they are:

- (Optional) Conducting daily screening at school entrances
- Caring for a student during the school day due to development of possible COVID-19 symptoms; and/or
- Completing an assessment of a potentially ill student (school nurses).

(Optional) Efficient use of thermometers during daily screening:

- The NC School Health Nurse Consultant team conducted a time analysis of how long daily symptom screening would take and estimated that school staff can efficiently screen about 100 children with one thermometer in about 30 minutes. The 30-minute period accounts for potential stoppage time for a student who may screen positive or needing to recalibrate a thermometer.
- By providing 1 thermometer per 100 children, schools may be able to set up multiple screening stations to efficiently screen students in the morning before school starts. Larger schools may also need to consider staggering or extending start times to manage screening of school populations.

Preparation of thermometers and ongoing maintenance:

- Staff using thermometers should review manufacturer's guidelines for use, charging, calibration (if needed) and cleaning.
- Thermometers should be acclimated to the environment in which they will be used prior to use as indicated by manufacturer.
- Thermometer lens should be free of dust or debris prior to use.

DISPOSABLE PROCEDURE/FACEMASKS

The PPE Starter Pack supplied by the State included a two-month supply of procedure/facemasks, comprised of:

- Two masks per day per school nurse, or ten per week; and
- Two masks per day per school (to be used by delegated staff), or ten per week; and

- An additional amount of masks equivalent to one percent of a school's student population.

Wearing procedure/facemasks while supporting students with respiratory procedures:

- Based on data included in the annual NC School Health Services Survey, the School Health Nurse Consultant team has estimated that approximately 1% of the school population typically has medical orders for respiratory procedures (nebulizer treatments, respiratory suctioning, etc.) which have potential to aerosolize infectious particles if that child were to have COVID-19.
- During such respiratory procedures, school nurses and delegated staff should wear procedure/facemasks and eye protection to protect themselves in accordance with [CDC recommendations](#).
- Since risk for exposure to asymptomatic COVID-19 during some aerosolizing respiratory procedures such as nebulizer treatments is not fully understood, it is recommended that schools identify a separate space when these procedures are needed. The space should not be the health room that is typically used for well care (e.g., providing medications, diabetic care). If not possible to identify a separate space, it is recommended that school nurses and delegated staff use a separated space within the isolation room.

Supporting symptomatic individuals:

- Procedure/facemasks should be used with face shields when working with symptomatic students and recommended distance of six feet cannot be maintained. Face shields provide barrier protection from liquid splashes and sprays not provided by most procedure/facemasks. Cloth face coverings should be routinely worn at other times. It is expected that symptomatic students will be released to go home as quickly as possible. This guidance addresses care that must be provided while awaiting transportation when it is necessary to be in close contact (within six feet) for an extended amount of time (15 minutes or longer).

Procedure/facemasks should be used with face shields by school nurses and delegated staff when they are:

- Providing health care procedures or physical assistance for a symptomatic person;
- Providing respiratory-related health care procedures that carry the risk of aerosolization (nebulizer treatments, respiratory suctioning, etc.); and/or
- Monitoring or supervising the room designated for students who either screen positive for COVID-19 symptoms at the school entrance or develop COVID-19 symptoms during the day and are waiting for transportation to go home.

REUSABLE FACE SHIELDS

The PPE Starter Pack supplied by the State included two face shields per school nurse and two face shields per school (for delegated staff).

Face shields should be used by school nurses and delegated staff when they are:

- Monitoring, assisting or providing care for a symptomatic person in combination with a procedure mask; or
- Providing an ordered respiratory procedure (such as a nebulizer treatment).

DISPOSABLE GOWNS

The PPE Starter Pack supplied by the State included a two-month supply of disposable gowns.

- Each elementary school received five gowns per week, and each middle school and high school will receive two gowns per week.
- Elementary schools are receiving a larger supply of disposable gowns because younger students often respond to the onset of illness with vomiting and/or diarrhea and typically have less control of their bodily response than older students.

Local education leaders must ensure that PPE supplies are provided directly to school nurses or delegated staff, who should be primary users of these supplies.

How Can School Nurses and Delegated Staff Get Trained to Use PPE?

The NC Department of Health and Human Services, Division of Public Health (DPH) School Health Nurse Consultant team is providing support for PPE training and assistance for school personnel.

For school nurses and other NC Board of Nursing licensed health care staff:

- Nurses routinely receive training in use of PPE as a component of education for licensure. Although use of PPE in the school setting is common, all requirements included in the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#) and this guidance are not considered to be routine use.
- School nurses instruct school staff regarding PPE use for specific delegated health care procedures in the school setting during each school year. That instruction should be supplemented to reflect guidance in the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#) and in this guidance.
- The NC Board of Nursing has recommended that nurses in need of review take a PPE refresher course entitled [COVID-19: Epidemiology, Modes of Transmission and Protecting Yourself with PPE](#). This course is provided through the National Council for State Boards of Nursing, and is free, self-paced and provides 1.5 Continuing Nursing Education (CNE) credits. It includes multiple sources for short videos on donning (putting on) and doffing (taking off) PPE that may also be used with school staff.
- The DPH School Health Nurse Consultant team has provided a slide deck that discusses application to the school setting and K-12 requirements, PPE [Training for School Nurses and Board of Nursing Licensed School Staff](#) This includes a teaching plan template for school nurse use in reviewing proper PPE use with school staff.
- [DPH School Health Nurse Consultants](#) are available for individual assistance.

For personnel at charter schools without a school nurse who are designated to provide health care to charter school students:

- Charter school staff perform health care procedures during the school year that require PPE. All requirements of the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#) and this guidance are not considered to be routine use.
- Charter school staff who will be using PPE as described in this guidance should review available videos for proper donning (putting on) and doffing (taking off) of PPE (see PPE resource list below).
- The DPH School Health Nurse Consultant team has provided a narrated slide deck that discusses application to the school setting and K-12 requirements, [Use of Personal Protective Equipment \(PPE\) for School Staff...](#)
- [DPH School Health Nurse Consultants](#) are available for individual assistance.

Resources about PPE:

- [CDC: Using Personal Protective Equipment \(PPE\) includes video on donning](#)
- [CDC: Using Personal Protective Equipment \(PPE\) When Caring for Patients with Confirmed or Suspected COVID-19](#)
- [CDC: Strategies to Optimize the Supply of PPE and Equipment](#)
- [Emory University General PPE Guidance](#)
- [PPE Video with Removal, Handwashing](#)
- [Rush University Medical Center: Video on PPE Equipment for COVID-19 Care](#)

Infection Control Checklist for K-12 Schools

In anticipation of K-12 school facilities reopening for instruction, this checklist reflects predicted items of need for infection control materials and PPE. These documents are intended to inform policy decisions.

*Note: This checklist does not address the routine use of PPE as normally indicated for completion of typical, daily medical procedures for students

SCHOOL BUILDING

- Hand Sanitizer (with at least 60% alcohol)**
- Hand Soap**
- Paper Towels**

TEACHERS

- Cloth Face Coverings**
- Hand Sanitizer (with at least 60% alcohol)**
- Cleaning Products (EPA registered disinfectants effective against coronavirus) – [See EPA's List N: Disinfectants for Use Against SARS-CoV-2](#)**
- Tissues**

STUDENTS

- Cloth Face Coverings**

NURSES

- Cloth Face Coverings**
- Procedure/Facemasks**
- Gowns**
- Gloves**
- Face Shields**
- Thermometers (touchless)**

INDIVIDUAL SCHOOL STAFF DELEGATED BY A NURSE TO PERFORM MEDICAL TASKS

- Cloth Face Coverings**
- Procedure/Facemasks**
- Gowns**
- Gloves**
- Face Shields**
- Thermometers (touchless)**
- Cleaning Products (EPA registered disinfectants effective against coronavirus) – [See EPA's List N: Disinfectants for Use Against SARS-CoV-2](#)**

CUSTODIAL STAFF

- Cloth Face Coverings
- Gloves
- Cleaning Products (EPA registered disinfectants effective against coronavirus) – [See EPA's List N: Disinfectants for Use Against SARS-CoV-2](#)

NUTRITION SERVICES STAFF

- Cloth Face Coverings
- Gloves

BUS DRIVERS

- Cloth Face Coverings
- Hand Sanitizer (with at least 60% alcohol)
- Cleaning Products (EPA registered disinfectants effective against coronavirus) – [See EPA's List N: Disinfectants for Use Against SARS-CoV-2](#)
- Tissues

SCHOOL STAFF WHO MAY NEED TO MAKE HOME VISITS, OR VISITS TO MULTIPLE SCHOOLS (E.G., SOCIAL WORKERS, PHYSICAL THERAPISTS, SPEECH THERAPISTS, INSTRUCTIONAL COACHES)

- Cloth Face Coverings
- Hand Sanitizer (with at least 60% alcohol)

ALL OTHER SCHOOL STAFF (E.G., ADMINISTRATORS, COACHES)

- Cloth Face Coverings

PERSON WHO SCREENS POSITIVE FOR COVID-19 SYMPTOMS ON-SITE

- Procedure/Facemask or Cloth Face Covering

INDIVIDUAL ACCOMPANYING OR SUPERVISING A PERSON WHO SCREENS POSITIVE FOR COVID-19 SYMPTOMS ON-SITE

- Procedure/Facemask or Cloth Face Covering
- Gloves
- Hand Sanitizer (with at least 60% alcohol)

What Quantities of Infection Control Items Should Schools Plan to Purchase?

This section of the guidance builds on information in the Infection Control Checklist found above and outlines recommended quantities for the infection control items based on best estimates from health experts. Schools and districts should plan to measure actual usage rates during building operation and adjust their reorder levels accordingly. Training for all staff who use infection control items is also critical to ensure proper usage of supplies.

Note: This guidance does NOT address the routine use of PPE as normally indicated for completion of typical, daily health care procedures for well students.

Hand Sanitizer (with at least 60% alcohol)

Location	Recommended Quantity
At school building entrance & in the cafeteria	<p>An effective dose of hand sanitizer is one dime-sized amount (approximately one teaspoon or 5 mL), although the actual amount dispensed by a device may vary widely. In estimating needs, one ounce of hand sanitizer will yield about six doses.</p> <p>To determine total amount needed, consider how many individuals will be entering the building or cafeteria, and how many times they will use hand sanitizer at that location during the day.</p> <p>For example, assuming that a school typically has 100 people enter the building per day, and assuming each person uses hand sanitizer twice a day at the entrance, a school would need 0.25 gallon per day at the entrance.</p>
In classrooms	To determine total amount needed, consider the number of students entering the classroom and number of times using hand sanitizer in a given day.
On school transportation	To determine total amount needed, consider number of students per run and number of runs per day per bus.
For school staff who make home or multiple school visits	To determine total amount needed, consider how many home visits a staff member will make, with anticipated use at the start and end of the visit.

Cloth Face Coverings

In July 2020, the State provided five cloth face coverings per student, teacher, and staff member in North Carolina public and private K-12 schools. Additionally, in October 2020, the State distributed additional cloth face coverings for students and staff to public and private schools that requested additional face coverings. Schools should plan to purchase additional cloth face coverings to supplement the supply from the State.

Groups	Recommended Quantity
Students	5 per student
All staff	5 per staff member
People who come to school with COVID-19 symptoms and do not have a cloth face covering	Have available at least 10 masks/cloth face coverings per day. Schools can consider purchasing either disposable masks or cloth face coverings for the purposes of children who need to be isolated due to symptoms.

Facial Tissues

Location	Recommended Quantity
School transportation	<ul style="list-style-type: none"> At least one box of tissues per vehicle per week.
Classrooms	<ul style="list-style-type: none"> Elementary and middle school: At least two boxes of tissues per classroom per week. High school: At least one box of tissues per classroom per week.

Gloves – for infection control (not routine use of gloves during the school year)

Groups	Recommended Quantity
Nurses	<ul style="list-style-type: none"> Maintain at least one box of disposable gloves near the isolation room for use when caring for symptomatic students who are awaiting transportation to go home. (Optional) Maintain at least one box of disposable gloves in the reception/health office area for symptom screening of individuals . Glove use should be monitored to inform use rate for future orders.
Delegated staff who are performing health tasks for symptomatic students or supervising symptomatic students awaiting transportation and needing assistance.	
Custodial staff	
Nutrition services staff	
(Optional) Staff conducting daily symptom screening	<ul style="list-style-type: none"> (Optional) Two pairs of disposable gloves per staff member per day during daily symptom screening. Symptom screening can be considered for adults but is not recommended for children.

Hygiene and Cleaning Items

Item	Recommended Quantity
Hand soap and paper towels for school buildings	Consider increased need for soap and paper towels to meet additional requirements of handwashing. Monitor usage rates during school operation and adjust reorder levels accordingly.
Cleaning products for classrooms, buses, and individuals delegated by nurses to perform health care tasks (EPA registered disinfectants effective against coronavirus)	Consider increased use of cleaning products due to additional requirements for frequent cleaning. Monitor usage rates during school operation and adjust reorder levels accordingly.

How Can Schools Purchase Items from the Infection Control Checklist?

Each public school unit is responsible for acquiring the supply items from the Infection Control Checklist needed to safely and responsibly re-open their school buildings consistent with the requirements outlined in the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#). While the State has provided starter and booster packs of PPE for school nurses and delegated staff, public school units should plan to purchase items such as procedure/face masks and gowns for nurses and delegated staff for the rest of the school year.

- The State has established statewide term contracts with specific vendors who sell Infection Control and PPE items at a negotiated, discounted rate.
- Schools and districts will be able to take advantage of State convenience contracts with specific vendors to order infection control and PPE items at a discounted, negotiated rate.
- There are 15 vendors listed below that sell various infection control and PPE items. Due to the fluctuating supply chain, the inventory profile of available supplies will change over time. **If your school/district plans to make use of state contracts and available pricing for additional infection control and PPE items, take action to place your orders as soon as possible.**
- Schools can view vendor catalogs by using NC E-Procurement. Instructions on how to access NC E-Procurement are provided to the right.

The [NC E-Procurement Help Desk](#) can assist school districts with using the E-Procurement system to order PPE. **They are not qualified to advise on appropriate PPE levels to be purchased by a school district.** School districts can contact vendors for their guidance/guidelines to inform their purchasing decisions.

If the LEA or school already has access to NC E-Procurement:

- 1 – Log into NC E-Procurement (buyer.ncgov.com) using your NCID user ID and password.
- 2 – Search for a vendor's catalogue using the Statewide Term Contract Number. A [job aid](#) for how to search for catalogue items is available.
- 3 – Search the supplies you seek and create an order.

Note that the E-Procurement system was updated on July 1, 2020. If you have not logged in since that date, the system will look different but will offer the same purchasing features.

Find more help on creating a requisition on the website or by contacting the help desk (call 888-211-7440, select Option 1, or send an email to ephelpdesk@its.nc.gov).

If the LEA or school does not have access to NC E-Procurement, two options are available:

1. Get access to NC E-Procurement to view the catalogs by contacting the help desk (call 888-211-7440, select Option 1, or send an email to ephelpdesk@its.nc.gov).
2. Reach out to the vendor contact person directly and request catalogue information for the supplies you seek. Also mention the Statewide Term Contract # (shown on page 11) to benefit from the prices and conditions negotiated by the State.

Be Aware of Price Gouging

North Carolina's price gouging law went into effect on March 10, 2020 when Governor Cooper declared a state of emergency in North Carolina in response to the COVID-19 pandemic. If you are concerned about a seller charging an unreasonably excessive price, please report potential price gouging by calling 1-877-5-NO-SCAM or by filing a complaint at <https://ncdoj.gov/file-a-complaint/price-gouging/>.

List of PPE Vendors with Statewide Term Contracts

Statewide Term Contract #	Statewide Term Contract Vendor	PPE Categories Provided	Contact Person	Contact Phone Number	Contact Email Address
260A	Darby Dental Supply	All	Kelly Jorgensen	800-901-1369 Ext. 1011	Kelly.Jorgensen@DarbyDentalSupply.com
260A	Dental Health Products	All	LaDeana DeClark	920-866-9001 Ext. 1308	LaDeana.DeClark@dmpi.net
260A	Henry Schein Dental	All	Drew Horne	770-330-8919	Drew.Horne@henryschein.com
445B	Grainger	All	Tiffany Jelovich	919-830-5589	Tiffany.Jelovich@grainger.com
475A	Concordance Healthcare Solutions	All	Marie Neubert	914-819-1120	MNeubert@concordancehs.com
475A	Henry Schein Medical	All	Curran Hoover	919-818-2013	curran.hoover@henryschein.com
475A	McKesson	All	Kathy Fleischman	954-980-3774	kathy.fleischman@mckesson.com
475A	Medical Solutions	All	Lynn Meyers	888-557-8020	lmeyers@medicalsolutionsinc.com
493A	Krackeler	All	Chris Lee	919-614-6676	cpl@krackeler.com
493A	Thermo Fisher	All	Kris Schoolfield	336-254-6285	kris.schoolfield@thermofisher.com
493A	VWR	All	Lynn Moore	434-249-1196	lynn.moore@avantorsciences.com
615A	FSI, Inc	All	Beth Freeman	704-578-0671	Beth.Freeman@formsandsupply.com
640A	Brame Specialty	Tissues	Mercer Stanfield	800-672-0011 Ext. 1330	m.stanfield@bramespecialty.com
875A	DRE Medical	All	Hannah Harris	502-882-8760	hharris@dremed.com
983B	Cintas	All	Christopher Dunne	239-634-8994	DunneC@cintas.com