



Handling Possible, Suspected, Presumptive, or Confirmed Positive Cases of COVID-19 and Potential Exposures

Symptoms: Students, teachers, and staff who have symptoms of [COVID-19](#), should stay home, get tested and be referred to their healthcare provider for care as needed. Staying home when sick is essential to keep infections out of schools and prevent spread to others.

For students, staff, and teachers with chronic conditions, symptom presence should represent a change from their typical health status to warrant exclusion from school. Occurrence of any of the symptoms below while a student, teacher, or staff member is at school suggests the person may be referred for diagnostic COVID-19 testing or evaluation.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

More information on [how to monitor for symptoms](#) is available from the CDC.

All schools should:

- Have staff perform self-monitoring of symptoms.
- Have families conduct home-based symptom screening for students, following typical school policies to keep children at home when ill. Recommend that families seek diagnostic testing for children who exhibit symptoms of COVID-19.
 - NCDHHS does not recommend daily COVID-19 symptom screening for all students at school entry. Schools should follow their typical procedures for exclusion as they would for any type of illness if a child is symptomatic at school.
- Immediately isolate symptomatic individuals Require symptomatic persons to wear a mask while waiting to leave the facility or be tested.

- Masks should not be placed on anyone who:
 - has trouble breathing or is unconscious.
 - is incapacitated or otherwise unable to remove the face covering without assistance.
 - cannot tolerate a face covering due to developmental, medical, or behavioral health needs.
- ☐ Require school nurses or dedicated school staff who provide direct patient care to wear appropriate Personal Protective Equipment (PPE) and perform hand hygiene after removing PPE.
- ☐ Ensure symptomatic students remain under visual supervision of a staff member. The supervising adult should wear a face covering.
- ☐ Have a plan for how to transport an ill student or staff member home or to medical care.
- ☐ Refer to diagnostic testing individuals who exhibit symptoms of COVID-19 at school or have been notified of a known or potential exposure to a person with COVID-19.
 - The ability to do rapid testing on site could facilitate COVID-19 diagnosis and inform the need for isolation and supports.
 - Interpretation of tests results can be found at this [link to the CDC antigen algorithm](https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html#using-antigen-tests-community-settings)). <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html#using-antigen-tests-community-settings>
 - Of note, a person who has symptoms of COVID-19 and has received a negative test for COVID-19 may return to school IF the negative test was either (1) a negative PCR/molecular test or (2) a negative antigen test AND the person has a low likelihood of SARS-CoV-2 infection (i.e., the person has no known or suspected exposure to a person with COVID-19 within the last 14 days or is not in an area where the COVID-19 Community Level is high).
- ☐ Implement cleaning and disinfecting procedures following [CDC guidelines](#).
- ☐ Report to local health authorities any suspected or confirmed COVID-19 cases among children and staff (as required by [NCGS § 130A-136](#)).
- ☐ Adhere to the following criteria for allowing a student or staff member to return to school: See CDC [antigen algorithm](#) for interpretation of antigen tests.

Management of COVID cases or individuals presenting with COVID-like symptoms:

- Exclusion from school for positive COVID cases is **required** following the specific criteria and exemptions listed in the table below.

Exclusion Category	Scenario	Criteria to return to school
Diagnosis	Person has tested positive with an antigen test but does not have symptoms of COVID-19 and is not known to be a close contact to someone diagnosed with COVID-19.	<p>If the person has a repeat PCR/molecular test performed in a laboratory within 24 – 48 hours of their positive antigen test, and that PCR/molecular test is negative: the positive antigen test can be considered a false positive and the person can immediately return to school.</p> <p>OR</p> <p>If the person does not have a repeat PCR/molecular test, or has one within 24 – 48 hours and it is also positive, the person can return to school 5 days after the specimen collection date of the first positive test, as long as they did not develop symptoms. The person <u>must continue to</u> mask for an additional 5 days to minimize risk of infecting others, unless an exemption to mask use applies.</p> <p>The person is not required to have documentation of a negative test in order to return to school.</p>
Diagnosis	Person has tested positive with a PCR/molecular test , but the person does not have symptoms.	<p>Person can return to school 5 days after the specimen collection date of their positive test if they did not develop symptoms. The person <u>must continue to</u> mask for an additional 5 days to minimize risk of infecting others, unless an exemption to mask use applies.</p> <p>The person is not required to have documentation of a negative test in order to return to school.</p>
Symptoms	Person has symptoms of COVID-19 <u>and</u> has tested positive with an antigen test or PCR/molecular test	<p>Person can return to school when</p> <ul style="list-style-type: none"> It has been at least 5 days after the first day of symptoms; AND It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND Other symptoms of COVID-19 are improving. <p>The person is not required to have documentation of a negative test in order to return to school.</p> <p>The person <u>must continue to</u> wear a mask for 10 days after the first day of symptoms to minimize the risk of infecting others, unless an exemption to mask use applies.</p>
Symptoms	Person has symptoms of COVID-19 but has not been tested for COVID-19 nor has visited a health care provider. Therefore,	<p>Person can return to school when</p> <ul style="list-style-type: none"> It has been at least 5 days after the first day of symptoms; AND It has been at least 24 hours since the person had a fever (without using fever reducing medicine); AND Other symptoms of COVID-19 are improving.

	the person who has symptoms is presumed positive for COVID-19 due to the presence of a clinically compatible illness in the absence of testing.	The person is not required to have documentation of a negative test in order to return to school. The person <u>must continue to</u> wear a mask for 10 days after the first day of symptoms to minimize the risk of infecting others, unless an exemption to mask use applies.
Symptoms	Person has symptoms of COVID-19 but has received a negative test for COVID-19* or has visited a health care provider and received an alternate diagnosis that would explain the symptoms of COVID-19 *In a person with symptoms, a negative test is defined as either (1) a negative PCR/molecular test or (2) a negative antigen test if the person has a low likelihood of SARS-CoV-2 infection. See CDC antigen algorithm for interpretation of antigen tests.	Person can return to school when: <ul style="list-style-type: none"> • 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. Note: The health care provider is not required to detail the specifics of the alternate diagnosis.

*For individuals exposed, day of exposure is considered day zero (0). For cases, day of symptom onset is day zero (0) or for individuals without symptoms, day of specimen collection is considered day zero (0).

Management of Individuals Potentially Exposed to COVID-19:

As the pandemic evolves, the most effective and appropriate public health tools for the current phase of the pandemic should be applied. The best tools right now are: Getting vaccinated and boosted, masking if you have COVID-19 or after an exposure, testing after exposure, ventilating areas, and staying home when sick.

While contact tracing has been an important tool for slowing the spread of COVID at earlier points in the pandemic and remains important in certain high-risk congregate settings, individual contact tracing is a less effective tool for responding to the pandemic at this phase in other settings due to several factors that include:

- Emergence of variants with shorter incubation periods and more rapid transmission

- Most contagious periods prior to symptom onset and during the first few days of illness
- Large number of asymptomatic and less severe cases
- Many infections are never identified by public health agencies because persons with asymptomatic or mild cases may not get tested as well as the increasing use of over the counter at-home tests.
- Low proportion of all infections being detected or reported to public health during time when people are in their most infectious time period

For the reasons stated above, the impact of individual contact tracing on transmission during this stage of the pandemic may be limited in school settings. Therefore, **individual contact tracing and exclusion from school after an identified exposure (regardless of location of exposure) is no longer recommended statewide in K-12 schools**

Although exclusion from school is no longer recommended following an exposure, when a COVID-19 case is identified in the school setting:

- Schools should notify potentially exposed students or staff so they can receive appropriate public health guidance, testing, and access to any resources that might be needed; notification can be on an individual, group, or school basis (see Table below).
- People who have been notified of an exposure should:
 - Wear a well-fitting mask for 10 days after the last known exposure, unless an exemption to face covering applies.
 - Be tested immediately if symptomatic, and on day 5 after exposure, unless the person tested positive for COVID-19 within the last 90 days. If school wide notification is done, at least weekly testing is recommended.

Because of the higher rates of viral transmission in settings that do not have other layered prevention strategies such as universal masking in place, exposure notification, masking after exposure, and testing of those exposed are highly recommended in these settings.

Although exclusion is no longer recommended statewide for people who have been exposed but have no symptoms, schools should implement policies that allow asymptomatic students and staff to stay home from school for five days after a recognized exposure if they choose to do so. Students and staff who develop symptoms should follow isolation guidance listed elsewhere in the Toolkit.

Local public health officials may continue requiring exclusion of exposed students and staff if determined necessary based on local conditions.

Options for Different Notification Methods:

Schools can consider utilizing different approaches to notifying individuals when they are potentially exposed to COVID-19.

Notification Method	Recommendation following notification	Communication notes
<p>Individual Investigation and Notification</p> <p><i>Current method of Contact Tracing; assesses individual length and distance of exposure.</i></p>	<p>Individuals should wear a well-fitting mask for 10 days after last known exposure, unless an exemption to a face covering applies.</p> <p>Individuals should test immediately if symptomatic and 5 days from last exposure.</p>	<p>Notification can occur by school system (call, text, email) and by contact tracing digital platform (CCTO) auto-text.</p> <p>Individuals notified should quarantine outside of school settings.</p>
<p>Group Notification</p> <p><i>No individual investigation; notification of a group with >15 minutes exposure in each setting (e.g., class, sports team in indoor setting, lunchroom).</i></p>	<p>Group members should wear a well-fitting mask for 10 days after last known exposure, unless an exemption to a face covering applies.</p> <p>Group members should test immediately if symptomatic and 5 days from exposure.</p>	<p>Notification method school dependent e.g., blast email/phone call/note by setting (class, lunch group, team).</p> <p>Group notification does not require quarantine outside of school settings for members of the group.</p>
<p>Notification by School</p> <p><i>Notification to the school's community via a report detailing how many cases were discovered on a daily/weekly basis.</i></p>	<p>People in schools with cases recommended to test regularly (e.g., weekly) and when symptomatic.</p>	<p>To promote equity and avoid creating digital divide issues, notification of cases in school should include auto-call as well as website posting.</p> <p>Group notification does not require quarantine outside of school settings for members of the group.</p>

All schools could consider:

- Post signage at the main entrance requesting that people who have been symptomatic with fever and/or cough not enter. Examples of signage such as [Know Your Ws/Stop if You Have Symptoms](#) flyers (English: [Color, Black & White](#); Spanish: [Color, Black & White](#)).
- Educate students, families, teachers, and staff about the signs and symptoms of COVID-19, when they should stay home, and when they can return to school.

- Schools should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level. Employers should ensure that workers are aware of and understand these policies. Establish and encourage liberal use of sick days for students, provide excused absences for students who are sick. and discontinue attendance- dependent awards and ratings.
- Developing plans for backfilling positions of employees on sick leave and consider cross-training to allow for changes of staff duties.