

Transcript for Navigating COVID-19: Strong Schools NC
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6:00-7:00pm

Presenters:

Elizabeth Cuervo Tilson, MD, MPH, State Health Director, Chief Medical Officer
Rebecca Planchard, MPP, Senior Policy Advisor

Hugh Tilson

It's six o'clock, let's go ahead and get started. Good evening, everyone. Thank you for joining us for this week's chapter of navigating COVID-19 series, get your back to school take back to school, toolkit questions answered. The series is co sponsored by CCNC, the North Carolina pediatric society the North Carolina Psychiatric Association the North Carolina Academy of Family Physicians and NC AHEC. It's our 10th in this series of informational sessions designed to respond to needs you have identify as you navigate COVID-19. As always, I'll start by recognizing Tom, Elizabeth, Robin and Greg for their leadership and identifying those needs. And for their great partnership and putting on these webinars to respond to them. I'd also like to just pause for a second to recognize Alan Dobson for his incredible service and leadership at CCNC. And to celebrate Tom Wroth in his new role as president and CEO. Congratulations Tom.

I'd also like to thank everybody for the work you're doing for your patients your staff and your communities every day. We hope the information you get tonight will make navigating these trying times a little easier. Next slide. Tonight's speakers are dr Betsey Tilson state health Director and Chief Medical Officer for North Carolina department Health and Human Services and Becky Planchard senior policy advisor also for North Carolina Department of Health and Human Services. After we hear for our presenters we'll turn to your questions. We've learned in past forums that the presenters will often address your questions during their presentations, we'll have time to get to your questions. I encourage you to wait till the presenters are through their presentation before submitting a question. If you're participating through the webinar, please submit your questions using the q&a function on the black bar at the bottom of the screen. That q&a function on the black bar at the bottom of the screen. If you're on the phone, please send us an email at questionsCOVID19webinar@gmail.com as questionsCOVID19webinar@gmail.com. Everybody's muted so those are the only ways you can submit questions this evening. Lastly, we'll post these slides tonight, and we'll record this webinar and make that recording and a transcript of it available on the CCNC AHEC website, probably as early as tomorrow morning. Now I'll turn it over to Betsey. Betsey are you there?

Dr. Betsey Tilson

I am can you all hear me.

Hugh Tilson

Yes we can hear you.

Dr. Betsey Tilson

Great. Well, I'm really excited to be with everybody tonight I know there's a lot of interest in school, and I'm even more pleased to have Becky Planchard with us tonight as well who has really been a huge leader in our school guidance and moving forward so Becky and I will tag team a little bit through the presentation. And then, both be able to field your, your questions. So, thank you, Becky. Okay. Next slide please. So the first couple slides, I don't think this will be terribly new information for you all but I just wanted to, I wanted to ground us a little bit in some of the science around transmission from the science around what we're learning about the risk of children in schools, and also going to ground us on the AAP recommendations that just came out on Friday so looking through some of those national recommendations and you'll see they, they will reference some of the data that I'm going to reference. So we're gonna do that, I'm gonna turn it back over to Becky, who can talk a little bit about high level about our school guidance, and then I will drill you down into some of our public health guidance I'm not, it is a long document I hope many of you have seen the link. And I'm not going to go into all the different details but I welcome you and invite you to go into a lot of their guidance, but I'll walk through some of our main ones. Make sure you aware of some other references and tools, and then Becky and I will be happy to field whatever questions you have.

So I'm starting and again I imagine this is all this is old news for you all but just to remember to to ground us that thinking through transmission major mode of transmission is that respiratory droplet of an infected person to another person. One of the things we are learning is that it seems that those activities that have increased respiratory effort. So coughing or sneezing if you're symptomatic but yelling or searing singing or cheering when you're asymptomatic also seems to increase spread that that close contact, we say is six feet and the CDC has used 15 or more minutes as the operational definition of sustained close contact. Some of the other European countries and WHO actually go down to one meter or three feet. But somewhere between three to six feet for 15 minutes is considered the operational definition for close contact. And then what we're learning is that most people are probably most contagious when they're symptomatic, but we definitely are learning that people can be contagious. In that pre symptomatic phase so 48 hours before becoming symptomatic, and then also asymptomatic probably you're less infectious when you're asymptomatic, so it's probably less infectious when you're asymptomatic, pre symptomatic and asymptomatic but we definitely know that people can be contagious when they're asymptomatic. So that's the main modality of spread but there is also the environmental contamination piece where that goes with the territory droplets land on surfaces, people touch them, and then self inoculate themselves with their nose and eyes and mouth, so that's probably all very old news but I always like to kind of ground in some of the transmission data. Okay. Next slide.

And this may be old news to you as well. But I, there has been now more and more data coming out on children, and on school settings that I want to be sure that that you had a high level summary of some of what we're learning and then also at the very bottom, you'll see a link the Massachusetts,

Massachusetts, just put out their school guidance on Friday as well and they had a really nice Appendix a data summary appendix that you can get that link to that drills down to some of these settings a little bit, a little bit more of just a really nice place that to head put it all together so I thought that might be a good resource for you all. But some of the things that we are learning, which is actually making this SARS different than than flu, you know they're different viruses and we're learning that they're acting slightly differently. But one thing that we're learning is that COVID-19 infections are lower for children than adults we're seeing that internationally as well as nationally as well as at the state level. One thing really interesting data that we're finding is that and especially from household exposures that children may be less likely to become infected after exposure, so you look at households with an exposure the adults seroconvert at a higher rate than the children which is really interesting and but if children would be become infected they have, in general, much more mild disease or asymptomatic disease than than adults. And it's infected children seem to be less likely than to infect others and again it may be that they have such mild or asymptomatic disease that they can infect people but it's if they're less efficient because their diseases is so mild. And there's been some studies looking at kids, especially in school like a child who's infected is exposed to over 1000 people nobody, nobody became infected from that contact so there's some nice, there's some nice data that show that kids really are not efficient spreaders, which is unlike flu and flu kids seem to be that kind of the well of virus, and are efficient spreaders does not seem to be so far the case for Covid-19 which is which is interesting. There have been some clusters. But really a minority of the clusters seem to be stemming from school now some of it may be of course that a lot of schools have been closed internationally and nationally so maybe they just haven't had the opportunity to have a lot of clusters but what we're seeing so far is that their schools do not seem to be driving the transmission. And then there's been some studies from our Asian colleagues who looked at when they close schools did they did that seem to affect the, the, their controls epidemic and they're there at least what's their data show they did not think that school closures really made much of an impact on the control. Controlling the epidemic and then some modeling studies predict that school closures might only affect about two to 4% of deaths. So that's just some new data, some of it very new. And then you can have that data summary there so to make sure you are grounded in that.

Next slide please. And then maybe some of you all saw the AAP recommendations, they kind of just came out on Friday, you have the link there if you want to look through there and what they what they were really grounding themselves in was one, they pointed to a lot of the same evidence about the general school seemed to be a low risk for transmission, two they really stressed you know all of this is a risk benefit analysis right so this virus was going to be with us for a long time. We're never going to be risk free, a lot of it is thinking through the risk, and benefit of different settings, and their point which I think we all agree is that schools are an incredible benefit to children to families to society, schools have incredible, incredible benefit not just in terms of academic instruction, but also with some of the supports they're thinking through the social emotional skills thinking through behavioral health services, thinking through safety, identifying and addressing abuse, thinking through nutrition, physical speech mental health, all of those incredible positive things happen in us in a school setting, and also understanding that although remote learning can have an advantage that in person learning is really the most effective way of learning. And the other piece thinking through as a racial and social inequity, and

when our kids are out of school, and how that may affect our different families who may not have the same resources other families as, at home so they really were stressing the importance of school.

And then also stressing that there are definitely negative although there's a risk of opening schools, there's a lot of negative impacts of kids being at home and again, that's kind of the flipside of the benefits so the learning, kids getting behind the learning the identification of abuse and the food security and physical activity. And so again, they're thinking through this is a risk benefit to that. And so what you'll see at the top of the slide is what they came out very strongly with as an AAP strongly advocate that all policy considerations for the next year, have a goal of getting students, physically present in school, and that's their. That was their, their bold recommendation. So, wanted to ground you in that some of the science and some of the national recommendations. Next slide.

And so with that, Becky let me turn it over to you to kind of talk about high level one of our tools.

Rebecca Planchard

I'm wondering when my dogs are gonna bark in the background too so we'll just have a good core of it. Hi everybody, I'm Becky Planchard, and it's my pleasure to serve as a senior policy advisor in the Office of the Secretary, where I get to work with wonderful folks like Dr Tilson really regularly throughout our pre COVID work and now very very regularly throughout our COVID response. And as Dr Tilson has walked through already to ground us in again information, you are likely very familiar with in terms of the background on what we know and the research about COVID. I'll explain how we've taken what we know, thought, as well as we could using what other states have what our best practices, and our best. I don't want to say guesses, but our best expertise from the educational field, about how we could reopen we put that all together in our strong schools NC public health toolkit for K 12 schools environment.

So we put this out first on June, 8, and it's actually since been updated once to be upgraded following governor Cooper's executive order last week on a cloth face covering and mask wearing. And there's another set of updates that's actually going live just about any moment. And that are actually already reflected in the slides that Dr Tilson will walk through and that will answer questions about for the rest of the slide deck so you're getting just a bit of a sneak preview before it goes officially live. So when we uploaded and released this document. The Strong Schools NC toolkit is intended to be a resource to students and families and staff so they know what to expect when their kids come back to school, or when they are starting back in the classroom in a world that is so unfamiliar. And in just completely uncharted territory, and I'm sure you can imagine that there is a lot of fear. Both among our students and their families and among staff about how much is unknown, about COVID-19. And this document is really intended first and foremost to serve as our overarching guidance to the best of our ability. What does from a public health standpoint, what do we need to do in our schools to keep our students and our families and our staff as safe as we can to mitigate risk of covid exposure

Then this is also a huge planning tool for our local education leader, to be able to set up from a baseline set of understanding about what are the recommendations and requirements to best mitigate risks in their school setting. It's important to note that this is public health guidance. And there is a gray area here into what constitutes guidance around operationalizing the public health guidance, and that's where working really closely with our partners at the Department of Public Instruction, and the State Board of Education really comes into play. And I don't think we have a link here on this slide. But if you are interested in I have a feeling this group will be. You should take a look at the DHHS COVID guidance page which is there, and click on the school section, and you'll see at the bottom of that section where you'll find all of our public health materials strong schools NC there's a sentence that says something like if you're looking for operational guidance by our partners at the Department of Public Instruction, click here. And following the release of our public health guidance and in ongoing collaboration with them DPI released I believe it's called lighting our way forward. Wonderful lighthouse motif so North Carolina. That describes in a lot of detail under a few different sets of operational buckets, how schools across North Carolina could operationalize guidance and get a variety of different suggestions. It's an ongoing edited Google Doc. It's huge, it's ever changing. I think they are in the process right now of making updates, specifically around the math guidance and requirements that came out last week, for example. Lots of great stuff in our public health toolkit that we'll spend time walking through today but I do encourage you to look at the DPI's operational guidance and I think some of the questions that we'll get later in our time together might cross into this gray area where I may end up actually directing you towards DPI partners so I can speak to it somewhat. Next slide please.

So I hinted at this, but what you'll see throughout the toolkit is a clearly laid out as we could possibly be. What are the baseline requirements to mitigate the spread of COVID in our schools, assuming that schools will reopen for in person instruction to Dr. Tilson's point that we know face to face instruction is the best thing to keep our children learning and keep frankly our economy running, as well as it can. In order to ensure that families can go back to work and that our teachers and staff can work in an environment that's conducive to to learning. But we also outline recommendations as examples of strategies that can help add additional mitigations of the spread of COVID-19, but those recommendations might work better in some schools than in others. And you'll also notice there's even kind of a separate bucket of strong recommendations, where we don't quite issue requirements. But they are strongly encouraged and Dr Tilson we'll walk through a couple of examples of those.

But just of note, we, we really thought through my background I don't think he said this is in education. And so my background is in bilingual education, an instructional coach and elementary settings in early childhood, and then also in early childhood education policy at the city and state level. And so when we thought about how to implement and create or how to create this public health toolkit, we wanted to create something that would actually be able to be operationalized quickly. And that's why you'll see this layout that could not delineate more clearly what is required versus what is recommended. So you'll see that throughout. Next slide please.

One piece that we'll be hearing more information about this week is under what plan, schools will be reopening across the state of North Carolina. So in order to ensure that there is a baseline set of expectation around so much that is unknown, about how our covid rates will hopefully go down, or whether they continue to increase across the state. We want to ensure that school districts across North Carolina, whether rural or urban, whether they have more resources or fewer resources are able to plan for a variety of different scenarios. So we have designated that as a plan. A plan B and Plan C approach, and that our public health toolkit requires all school districts across the state to plan for all three of these different scenarios. I'll actually start with Plan C, but that would be the scenario, none of us want, which would be to continue remote instruction only and keep our school buildings across North Carolina shut down and continuing on with this kind of uncharted territory of virtual instruction only. That would be in the case that our data is indicating that our trends are increasing significantly, and that it would be completely unsafe to reopen school. Okay, so that's on one end of the extreme. And the other end is where we'd like to be and our goal as a state is a plan A school reopening that we would want to reopen school buildings across the state with not under, kind of, nothing's going back to what a traditional school environment looks like it just isn't the world we live in anymore, but instead we would implement minimal social distancing protocols and, and I'll be the first to say that even our minimal social distancing protocols our baseline expectations in plan A, there are significant number of requirements that we'll spend the next few slides walking through.

Then there's this middle ground Plan B moderate social distancing, which would require school districts to plan for a situation where all of the requirements in plan A stand, as well as some additional requirements related to social distancing in school facilities, as well as on transportation. So, while school districts are required required to plan for all three of those scenarios, we've outlined a commitment at the state level to designate by July 1 which is tomorrow. The governor's office in partnership with us at DHHS, and in conversation and consultation with our partners at DPI and the state board of education will designate one overarching plan for the state to follow. And that plan will be designated as a baseline for the entire state. So for example, if we were to announce that based on our ongoing monitoring of our metric that the state and the state level, across North Carolina, taking into consideration and research that Dr. Tilson has mentioned and taking into consideration, a variety of different factors. But say that we've determined that the state would reopen at a plan A designation, that gives school districts across the state the green light. In this scenario, to operate and put into high gear their plan to open let's say on August 17 under a plan A operational plan, and they would implement procedures and protocols, according to that on their campus. But our public health toolkit also allows for school districts to operationalize at a plan, actually higher than what is designated statewide. So a school district could choose to operate under a plan B, or technically under a Plan C as well. And so it just depends on the needs of that community and that school district. So for example, I've seen, I live in Durham. I've seen that Durham has issued a draft reopening plan for kind of a hybrid model, where high schools would learn remotely. But elementary students and middle school students would spread out to allow for more social distancing in very large classrooms. So that's kind of a plan B model. And then we, you see in this diagram that as our data change over time that we are asking really needing our school districts to be flexible as the virus rates change over time that there may need to be a different designation made so we certainly hope not.

Dr. Betsey Tilson

So with that said. Next slide please. I'm going to hand it back to Dr Tilson who's going to walk through the public health guidance and what's in the toolkit and Betsey, I'm happy to chime in at any point if I can be helpful at all and then we'll come back to the questions.

Great. Thank you, Becky. Yeah, so I'm gonna walk through some of this, you'll see on some slides. There is a lot, and the point of those slides are the that there is a lot in here so I really want you all to kind of dig into a lot of the detail, and then then just to stress what Becky had said was that there are expectations, there will be flexibility across the state, and we have kind of a decentralized school system and so different school systems. We may set a bar, but different school systems depending on their resources depending on what their trends look like they can go more conservative than, then we then we set as out as a floor so there will be some flexibility across the different school system.

Okay, so I'm going to dive into some of our public health guidance and talk a little bit about social distancing face coverings and protecting vulnerable populations as our first bucket. So Nevin. Next slide please. So one of the things that we hear a lot from people is probably the most difficult thing to do in school is social distancing. And we know that, and we get that that is definitely one of the hardest things to do. So in, and especially in the actual classrooms, but you'll see that in, in all the plans including in A B or C, all the schools will be required, there are a lot of different ways or different opportunities to do social distancing as well in the school outside of the classroom and so for example, thinking about places where people congregate so waiting, waiting reception areas lines in the restroom in the locker room arrival and dismissal in the cafeteria. There's a lot of different places that lend themselves to aggregating and congregating and kids coming kind of face to face with each other that even if they're at the desk. If we can't necessarily get them fully six feet apart their desk. We there's a lot of social distancing we can do in those places where the kids are really coming face to face, you'll see a lot of those requirements. And then in Plan B as Becky alluded to this one would be actually a requirement of social distancing in all settings which would probably require reduction in density in order to get that. So six feet and all said and so remember going back to the WHO that a lot of the European companies use three feet. So even having those three feet apart might be helpful as well. So those are some of the requirements around social distancing Oh, forgive me and one other one is thinking about making sure we're not adding volume and density in the school so making sure we're not having extra visitors we are not having activities or not having external groups come in. We're keeping the density as low as possible. So that's those are all the requests and the requirements on social distancing.

Next slide. And there's also a lot of recommended recommendations as well around social different thing. And so here you'll see, thinking about a lot of the group activities. Not having assemblies, not having those those large group not having in person field trips, not having those those types of activities where people really congregate also get that thinking through cohorting strategies as much as possible, not so much technically a social distancing but thinking about how do we cohort and limit the amount of exposure amongst kids so you'll see that, you'll also see some of the kind of structural engineering that

can put into place so thinking about even if we can't get the desks feet apart, we can get the desks all facing in the same direction, and the face is going in the same direction so that kids, kids aren't facing each other. And then there's also thinking through physical barriers that we could put into place Plexiglas in different places and reception area or different places to have that kind of physical barrier if we can't fully have that full social distancing. So you'll see a lot of those, those requirements and recommendations, even if we can't fully get all kids six feet apart through the whole day. There's a lot of ways that we can modify that school to keep kids that that contact as minimal as possible.

Next slide, Nevin. Okay, class base covering, lots of conversation activity about this. So, one and this aligned. This is as Becky said one of the revisions that we have gone in and I will say this is a living breathing document we've revised it twice. I think we're going to keep revising it as we learn different things so this now aligns with the executive order that just went into effect on Friday night, that now instead of it this originally was strongly recommended it is now required cloth face coverings for all adults, requiring for middle school and high school. Actually I just changed that originally that middle bucket was what we were acquiring for middle and high school but we are now considering and looking at what Massachusetts is doing, we're considering actually requiring it for second grade and up so we're still in that policy decision, but minimum definitely required for middle schoolers and up, then we want to see if we can get lower, and then recommended for younger kids, if we think they can reliably wear and remove and handle.

My dear husband gave me a sneak peek and one of the questions so Dr Adams I'm going to talk. I got your face shield question so I'm going to answer that on the fly. We have looked at the possibility of face shields especially for kids, Massachusetts is thinking about recommending that we've done a nice state scan looking at that. A couple things that we learned about face shields and that one, there is no evidence at all about how effective they are in source control and you know the whole point of a cloth base covering is not necessarily to protect the person but it's at source control to minimize the respiratory droplets coming out. There is no data at all on a face shield or effective source control where the data is on face shields that it protects the person, it protects a person from someones respiratory virus. So, that it's hard to have a data driven recommendation on face coverings. Excuse me on face shields and source control because there is just no data. However, what we're thinking about is that it could be, if, if somebody cannot tolerate a face covering for medical or behavioral or for whatever reason if they cannot tolerate a face covering, and a face shield could be an alternative again even though it is not, there's no evidence in source control. One of the other states was saying if you're going to use a face shield I think it was California, you have to have like a fabric covering underneath it so it's prevent the particles from coming out, but it could be a possible alternative if a kid just cannot wear an adult cannot tolerate a face covering. And the other thing we're thinking about is this could be a role of face shield could be a role for nurses, as extra PPE especially if they are working with somebody who is symptomatic or if they're doing a NAB. And the other thing we're thinking through this could be your role of protecting our vulnerable, teachers and children. Again the face shield wouldn't be that that source control but it could be an extra layer of protection for our vulnerable people. So that's what we're diving deep into the face shield recommendations and thinking about that so you may well see some of that recommendation coming forward, so thank you Dr Adams for the preview of that question.

And I'm glad that's what I spent my weekend looking at was the evidence around tissue. So you're welcome.

Okay. Next slide please. Okay. And then what I alluded to a little bit that we're really trying to think through protecting our vulnerable populations again picking through what would be the PPE or the protective equipment that would be good for our vulnerable populations again maybe layering on face shield with good face coverings for them. We're also looking through having schools required a look through the I, the IEP for kids and accommodating the special health care needs for those kids, making sure that students and families can self identify as high risk, and having a plan in place to address a request for alternative learning arrangements. And then strongly recommending that there is remote and learning options for students and for teachers who fall into that, that high risk category. And again, ensuring that our families can self identify as high risk and it may be high risk to the child or also high risk of the caregiver as well so really making sure that there is some good remote remote learning options for our highest families, and this is going to be an area and Becky was alluding to these are some of our public health recommendations and that our school colleagues really have to think through operationalizing it, and this will be an area will really go in and look and work with our education partners on how do they actually operationalize. Some of these protections that are high risk, kids and students this has been coming up a lot. And that's really something that our educational colleagues will be leaning into is how to actually operationalize this especially that remote that remote learning, and an extra support around the families to foster that remote learning thinking through. Do they have the devices do they have broadband What about food. So, really operationalizing that remote learning is going to be something that we're really going to be having our school partners help us figure out the operational plan.

Okay. Next slide. Okay, so next chunk of tranche of our public health guidance we'll talk about cleaning symptoms, talk about presumptive cases. And then some communication pieces. Okay. Next slide. Okay. The point of this slide is that there is tons and tons of cleaning and hygiene requirements everything in red is a requirement. It was hard to require some of the social distancing pieces. But we can definitely require the cleaning pieces so everything in red is required. And so I think our schools will be as clean and they have ever been. And this was an area we really really thought that we could could lean in, in terms of cleaning in terms of hand sanitizer and hygiene in there. So I'm not going to go into a lot of these cleaning I just want the point of this slide was that there is county requirements around cleaning that we feel like the school can definitely, and can definitely do. Okay. Next slide.

Alright, let's talk a little about monitoring symptoms and we got a lot of questions as well as about returning to school and what does that look like and so I'll go into that into the next slide. So what we will be doing is having screening of kids so symptom screening as well as temperature screening as well. And we'll kind of be doing that before the kids get on the bus, and then before the kids come into school.

What you'll notice is that the symptoms, the screening symptoms that we have on the screening is not the full set of symptoms that can be associated with COVID-19 I think probably you are very aware. There's a lot of very nonspecific symptoms, this can really present a lot of different ways there are things like headaches, sore throat and then in kids there's kind of more GI we're seeing a little bit more diarrhea more GI or GI symptoms. But the challenge with especially a screening like this and you'll see that if someone screens positive there's going to be actions that have a lot of very nonspecific symptoms, we thought was is going to be a little bit excluding a lot of kids for a lot of very asymptomatic symptoms so you'll see that we specifically chose the screening questions to be those that are more specific to COVID-19. The other thing I will say about temperature screening. We'll see how this goes. I think was kids again going back in the beginning most kids are gonna have mild or asymptomatic disease, I'm not sure how many of them are going to actually have fever, but we're going to try it and then we'll see and it could be one of the learnings that we do this temperature screening and not a single kid has a fever. And so this may be an area that we could think about revising once we once we see how it looks like. But in the beginning, we're going to start with with temperature screening and all the school we've already ordered touch in touch with thermometers, they have gotten shipped out to the school actually I think yesterday so all the schools will have all of the thermometers, ready, ready to go.

Okay, next slide. And then again also there will be symptom symptom screening before the kids get on the bus. And we thought about this two ways so that if there's a parent with the child and the parent can actually do the screening, or the symptom screening with the child there, but we're also going to allow a parental attestation because some kids go to a bus on their own. And if they screen positive and they don't have a parent there then they're kind of stranded by themselves on the street so we are going to allow a parental attestation for those kids who need to go to the, to the bus alone. So this is one of the operational things that we're thinking about with our DPI partners. And then those kids who aren't fully screened on the bus, they will get rescreened once they get into the school.

Okay. Next slide. All right, So what happens with the screening and there Elizabeth sent of bunch of pre questions which was very helpful and actually some of these pre questions resulted in change to the guidance so the what Becky was saying the guidance has been You got it, it'll come out. Maybe it's out now but your questions actually helped us change some of the guidance as well so I appreciate that input. So, what happens when people get screened. So, the screen you have no symptoms you have no contact you haven't been diagnosed with anything. Great. Come on in. If a child says parent reports that a child has had contact or exposure with someone with a known COVID-19, then that child will need to go home and finish that 14 day quarantine period. And that will be regardless if they have we're going to test them, those folks who have a quote contest they will be tested during their quarantine. But even with the negative people have to quarantine for 14 days if they've had a verified close contact, because that incubation phase up to is up to 14 days. So, now go home, it'll be concerned at the close contact with the health department and then if it is a close contact they'll have to have those 14 day quarantine. If a child has had a diagnosis, but no symptoms maybe they were tested because they were close contact or whatever reason they were tested, and they were they're diagnosed with no symptoms and they need to be isolated and excluded for 10 days after their first positive test.

And then if a child says they just have they have symptoms they're presenting with symptoms. What does that mean so they have symptoms they need and again this is a more specific symptoms if they have symptoms, they need to be excluded, and they can then return to school, under three conditions one if they have symptoms, and then they've gone and either they got tested, or they were clinically diagnosed with COVID-19, or for whatever reason they didn't get tested. Then they need to be excluded for those 10 days. 10 days since their first symptoms and then recovered for three days meaning no fever and marked improvement in their symptoms for three days.

Dr. Betsey Tilson

They have a negative test. They're symptomatic but negative tests then they can return once they have no fever, or they have been recovered for 24 hours. And then if and this is a change in policy that from some of the questions that you said that if they don't necessarily need a negative COVID test to come back if they have a confirmed alternative diagnosis so they have a UTI, they have strep, there is a confirmed alternative diagnosis and they have documentation of that following Normal School policies, then they could return to school if they have a verified alternative diagnosis.

Okay. Next slide. This question has come up a lot. So we talked about testing kind of reactively if a child has symptoms. What about proactive testing and should we be testing kids before they come in, should we be doing weekly testing for kids. The CDC actually came out and said that, that they, they actually, they do not recommend universal testing either neurology or serology to inform openingschools or staff in the school. And then basically that point is if you do it proactively it's just one point of time it doesn't mean the kid is gonna. They could be turned positive, the next day. It's just a hit or miss. And really, if you're going to do that you would probably need to be testing your entire school population, every week. So they have recommended against doing proactive testing as a way of entry into school. So I wanted to be sure that you were aware of that and the CDC recommendation.

Okay, next slide Nevin. Okay, what about testing resources we also got this it's like the kids need a test to go back, how are we going to make it easier to test and you know testing of course has been a challenge now we've been having a lot more tested we've really really ramping up our testing but we know there are still some barriers in there I'm not gonna lie and say it's completely easy but a couple resources that you haven't actually Elizabeth sent this out, this may look familiar to you because you sent this out, maybe yesterday or Friday and I was so excited to see it. So I just stole and plagiarized and put it on a slide. So a couple of things we've tried to push out to make it easier for you as possible. But in our provider guidance, we have a lot of resources and links in our provider guidance, as well as a press release of lots of different helpful links. If people are having a hard time getting testing supplies to getting swab getting by a media, you can if you can't get it through your regular sources you, we have a site where you can request, those, those testing supplies of swabs, and bio media from us. I know PPE was a huge issue before supply chain seemed to have opened up a lot more and so I'm not hearing as much of the PPE concerns but if you're not able to get them through your regular supply chain. Also, you

can request them from us, and they can get out in the supply chain, those guys still seem to be a little bit the rate limiting factor but we have lots of masks, and we have lots of other PPE. So if you're struggling. We can help with that.

There was a really nice document that Shannon Dowler who some of you probably know did best practice review some of it you might be testing in your practice which I definitely encourage and we want to support as much testing within practices but if you want to participate and do more outreach do more community based testing especially our historic marginalized population we have a really nice Best Practice Guide for that. We have Shannon and I did kind of a back and forth and had some case studies on who would you test and who wouldn't and so that's an object I think we did maybe two weeks ago. And then also on our website. We do have testing sites across the whole state that you can find. We have a part of it as our pop up site, and those ones do delineate for kids or not. And then their team is working on on I think we have 530 testing sites across the state and the team is working on a way that we can identify which is the age that those different testing sites can take. But I will say one that I've known for sure is the fastmeds which is one of our origin cares that I've exam a lot of different types across the whole state. I did confirm with the leadership of fastmed that they have no age limitations in any of their urgent cares across across the state so that one I know is a good one for you want to make sure you have some of those those resources.

Okay. Next slide. So what about control measures we got this question as well what happens if there's a positive who does the contact tracing who does control measures, do we need to figure all that out. This is really in squarely in the work of our local health departments, this is what they do in terms of control measures and contact tracing. So you certainly can assist and with the schools part of the recommendations of schools of make sure they, they are working with the local health department in case there's a confirmed case in the school. But there's a couple things that one, hopefully you all know that all providers are required to report any positive that you know to local health departments. Schools, also are required by state law to report a case to local health department so they're going to find out about cases through two ways. And then the local health department then is going to work with the school to determine, okay, who was the exposure. You know who do we think were close contacts, then they'll be doing the contact tracing they'll be the ones to identify you have close contact therefore you need to quarantine. And then they'll also be working with the schools on on cleaning procedures, and on closing, and it may be that if a child wasn't really all over the school, it could be as you could just close a couple classrooms. It does not necessarily mean that there's a widespread school closure for any positive and so that will be the work for schools and local health departments to assess cleaning and closures and contract tracing.

Okay. Next slide. And the last one, and I don't have a lot of details in here cuz I figured at this point you would be sick of me sick of me talking but we do definitely have a lot of recommendations about water and ventilation system these schools have been closed for a really long time. And so we're thinking through there's mold, there's Legionella there's a bunch of just basic water and ventilation systems that we want to make sure the schools, and when they reopen are doing it safely. We have a series of

recommendations specifically around transportation, some of them we already talked about in terms of screening in terms of social distancing, but a lot of cleaning as well for transportation, then resources around coping and resiliency, obviously this, the behavioral health and emotional stress of this pandemic has been huge on our kids. When we get them back into school we want to be sure that though that social and mental health support and coping, is there for them if they haven't had that. And then a whole variety of different kind of nuts and bolts additional considerations so that's all also in our K 12 guidance that I welcome you diving into.

Okay, next, next slide, and this is the last slide before I stop, we also have a series of other companion documents. So, this is translated into Spanish. Yay. We also have the infection control supplies and PPE process as I alluded to, we want to be sure that the schools and not just our nurses that our schools have all these infection control supplies we have a whole document that looks at cloth face coverings and surgical mask and hand sanitizer and cleaning agents and tissues. All of that the school systems have all of that, there so they know what to order and know how to distribute, we will be rehab ordered and we'll be distributing PPE for the school nurses, as well as the thermometers, as I mentioned, and the schools have all of the infection control supplies and the quantities that they would need to order for their for their kids and for their students. Dr Adams I also got your preview of can we bill Medicaid? Our, what we've done is for the schools gave them the list of things, and then there's a fair amount of funding that was coming to schools and the expectation that schools will be providing these infection control supplies for students and teachers.

We have an FAQ document we have a family facing document and then also is the exposure cleaning and closer protocols that working with a local health department so those are all the associated tools. And with that, and then you can go to the last slide. And we have time for q&a, if there's some questions that we didn't proactively answer.

Hugh Tilson

So we have a number of questions. For those of you who are on the phone to go to send them through the questionsCOVID19webinar@gmail.com questionsCOVID19webinar@gmail.com, are immunisation immunizations and school physicals required in order to return to school, either on site or virtually. If so parents haven't yet seen guidance.

Dr. Betsey Tilson

So actually in the AAP guidance as well really stressed the, the requirements for immunizations we have not waived any requirements for immunizations, there has been a question that has come up around this, but those of you remember a couple years ago with Florence. We did. We did a 30 day, kind wave of the requirements for immunizations and physicals. And that question has been raised right now I'm not ready to do that. What we're really really really encouraging is our families getting into their medical homes and getting around immunizations, up to date, really really really pushing hard on that, if it's if

we need to do a 30 day wave, then we have the ability to do that but right now we're really pressing hard we want those kids in their medical homes we want get, we want to get them up to date so it wouldn't be wouldn't be relinquishing the requirements, it may be potentially a 30 day window to allow it but but we're not going to be what we would be waiving the requirements and the physical requirements.

Hugh Tilson

Great. Will High Risk kids need an IEP for consideration for high risk precautions?

Rebecca Planchard

Betsey do you want me to speak over here jump in. Yeah. Yeah. Yep. Yeah. Hi guys, Becky Planchard. This is a question that DPI has gotten quite a few times. So, just as a little bit of context I mentioned, there big operational guidance document. I have been on a few calls where they've discussed fleshing out their special education and children with special healthcare needs and school guidance section. I believe some of that has been updated already. And if not, I know that's in progress. But Betsey, I'm sure you can speak from our end that we haven't issued, you know specificity to that level.

Dr. Betsey Tilson

No, we're trying to do is, and you'll see in some of the language that parents of Deaf families, allowing them self identification of high risk. So when I say you have to be an IEP we really want to be sure that families are able to identify as, as, as high risk and that you saw one of the requirements of allowing families to identify as as high risk and then be able to respond and think about ways to accommodate different learning options for them.

Hugh Tilson

Thank you. We got a number of questions about school budgets and all the cleaning supplies and whether they can even get them. Can you all talk about how schools are going to be either resourced and or supplied with hard to find cleaning supplies

Rebecca Planchard

Betsey do you want me to take that one. Yeah.

Yeah. I well so this this is also a big topic of discussion I know that our Department of Public Instruction is really advocating for more dollars in the state budget specifically for these materials and leveraging additional funding for districts to be able to purchase them would be huge. We did for lease PPE and

state purchasing contract information for other infection control materials including cleaning supplies. So we've provided information to districts to be able to order all types of different types of cleaning supplies in a way that's more easily facilitated than kind of struggling to find providers on their own, but funds for that is definitely a priority for DPI, Betsey?

Dr. Betsey Tilson

Part of this convenience contract and make it easier for them and bulk rate, and then there has been some money from the General Assembly to support this and this was a huge priority for DPI.

Hugh Tilson

Thank you. If a single child is positive in the school will closure of that classroom be required.

Dr. Betsey Tilson

So not necessarily again that goes back to one of the slides where if there's a positive at the consultation with the local health department can really look and determine who is who may be close contact. And then what does that mean in terms of closure and cleaning so not necessarily. It's a, it'll be a case by case and that's the work with the local health department will do with the school to determine who was really close contact.

Hugh Tilson

Will there be a new return to school form.

Rebecca Planchard

So that, Betsey. I mean I can, I, I haven't heard discussion about that. I'm happy to bring that question back to our partners at DPI.

Hugh Tilson

If children are low risk, why should a child be prevented from going to school if parents are positive. We don't do this with influenza, is it because transmission rates higher for children with covid versus influenza I would be cautious because we don't have enough information at this point.

Dr. Betsey Tilson

So the idea is that if I understand the question so you're in a household, your parent is positive, the child lives in the household with that parent. Why. The question is will we allow that kid to go back into school. No, because, again, they may be still less likely to get infected from their parent than another adult. But, but the highest risk is household contacts so they are really in close contact with that parent. And so they would need that, that 14 day quarantine. So that of all the risk households contacts are the highest risk. So, two questions related to return to school for symptomatic return what is the definition of recovered cough improving cough gone and then are the students required to know from their provider.

Right, so this is the same thing that came up in the, in the beginning, when we were talking about release from isolation that same thing but 10 days, three days without fever, three days with marked improvement symptoms I can't tell you the exact. What does that mean but just the symptoms are much, much better and no fever for three days and has been 10 days since the first day of the of the symptoms. So that's the same kind of clinical judgment when we're talking about relief from isolation.

And then No, you won't need a note back from school and this came as long as it has been again 10 days since the beginning of that of those symptoms and then the point auto station of the three days of recovery.

Hugh Tilson

We got some follow up about capacity to see patients in response to Hurricane Floyd so oneis pediatricians have lots of capacity see patients now. These do not delay KPE/vaccines based on the false premise patients can't get in. And also, could encouraging kids to see their physicians be officially communicated as part of reopening plan, kids coming in with untreated mental health issues poorly controlled asthma would add to the huge load of issues being shouldered by the educational system. So they're kind of related ideas about how do you encourage folks to see docs and ensure that they are because there's the capacity to see them.

Dr. Betsey Tilson

Yeah so hurricane Florence right and I think what you heard me is like I do not want to do that 30 day wave of immunizations, physical exam, I want to get kids into their medical homes now, right. As you all said your volumes are down we need to be getting kids into a medical home now So absolutely, we're doing a lot of push around immunizations through DPH partnering actually I think with MCP from the family medicine right this is adult immunization month so we're trying to do a lot of pushing of getting kids immunization I think actually Secretary Cohen is going to do some talking on to some of her press release, press conferences getting kids in. Medicaid is going to be doing some huge pushes in trying to get kids back into the medical home, working with CCNC, Tom I know you're on the call, getting kids back into their medical home so we're trying, a lot of different venues of getting kids back into a medical home, getting their immunizations getting their physicals getting their behavioral health issues a draft

and then getting your, your volume back up so I do not want to I probably shouldn't even say here I do not want to signal publicly that we want to give a 30 day waiver immunization I want to push as hard as we all can now, and then getting into your their medical home for all sorts of reasons.

Hugh Tilson

Thank you. Are private and religious schools exempt from these requirements and recommendations.

Rebecca Planchard

Private again but just go ahead if it wouldn't apply. Yeah, go ahead.

Dr. Betsey Tilson

Yes. Yeah.

Well, it is not required we hope that they will take these guidance and you're gonna recommendations and use them use them in their planning, but it is. We cannot require those those schools.

Rebecca Planchard

And I will say that quite a few private schools have reached out to us for just support as thought partners as they're creating their reopening plan, and for help you know interpreting the guidance, but you know that these points, they're not held accountable.

Hugh Tilson

If a student's household contact has coronavirus the student would need to stay home for 24 days 10 days, plus 14 days quarantine from the context positive test or symptom onset Correct, correct? So, That was, I got that question twice.

Dr. Betsey Tilson

No, so it would be 14 days from the last contact with that person. So, if it is that I guess the point is if they cannot separate from that person, then, then yes that person the infected person would have their, their 10 days of isolation and then there would be another 14 days after that last that 10 days of release from isolation. Now if it'd be possible to be able to, it'd be hard, it does kind of separate the, the, the that adult from the kid in the household and that could be less than that.

Hugh Tilson

With the ongoing heat and variability presenting symptoms on children should daily temperature screening be required for kids.

Dr. Betsey Tilson

Again I said this up front, we're going to have to see I don't know, we're going to try and see what the temperature screening looks like, and this may be something we have to reassess as we go forward. So I don't know. Well, this is an area where we do not have any data, but we're gonna start with that and then we'll see it might be something we have to reassess.

Hugh Tilson

During this time will NC school systems consider an increase in the ratio of school nurses as well as the utilization of school based health centers.

Rebecca Planchard

This is Becky, there's certainly a desire to have more nurses in our schools period, even before COVID that was an issue of understaffing. And the question becomes, funding for that and the pipeline of nurses, but I'm sure that if you ask anyone from our partners in the highest offices of DPI they would say that they would like that to happen. I to date have not seen a plan in place to make that happen or resources to do so. However, I know that our school nurses are working incredibly hard. We mentioned that PPE deliveries that are going up its our school nurses that are the recipients of those PPE deliveries and are just doing a fantastic job. There was a second part of the question and now I've forgotten that

Hugh Tilson

School based health centers.

Rebecca Planchard

I'm happy to take that question back to our team and Betsey let know more about that I haven't heard details about how those are being utilized right now, we can find out.

Hugh Tilson

Questions about gym class and Fine Arts especially wind instruments. Any decisions about those.

Rebecca Planchard

That would be this is Becky, that would be an operational question. So, in terms of all of the public health requirements. Today, our schools would be required to follow them. So let's take band for example, if you have middle school band. And you have wind instruments, I've never played an instrument so this is just a theory, right. So, if kids are required to wear masks, I don't know necessarily how you would do a wind instrument band kind of special to those special classes. However, that would fall under the territory of DPI and their operational guidance, and I know that they have sections in their guidance dedicated specifically to specials like Gym like band, or like art classes. But they they have special concerns with them, and the types of materials they use.

Hugh Tilson

So it's seven o'clock. Betsey and Becky thank you so much for this. We didn't get to all the questions. We will forward these to you all so that you can incorporate them into future guidance and continue your evolutionary thinking. Couple quick observations Elizabeth posted the ncpeds.org website. For some links to the AAP document and guide on safely reopening so that's ncpeds.org. These slides are available on the CCNC AHEC websites if you go to communitycare.org. Check on COVID-19 and then at the bottom there's provider webinars. You can get these slides. Betsey and Becky thank you so much for all that you do all day every day. We know how hard you're working, and it's really making a difference and on behalf of all the participants. Thank you very much. Any final words before we hang up.

Dr. Betsey Tilson

Yeah, so I would be remiss if I didn't do the final words that it Happy Birthday to my lovely husband and I wouldn't have a better way to spend it but doing a webinar.

Hugh Tilson

Thank you, you

Dr. Betsey Tilson

Our children are in the kitchen cooking dinner for him. So, we will go. We can have a birthday dinner,

Hugh Tilson

Thank y'all for joining. Take care everybody.