



Navigating Coronavirus Series

Strong Schools NC
June 30, 2020

This webinar series brought to you by





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



#StayStrongNC

StrongSchoolsNC

Public Health Toolkit (K-12)

June 30, 2020



Introductions

Elizabeth Cuervo Tilson, MD, MPH

- *State Health Director*
- *Chief Medical Officer*

Rebecca Planchard, MPP

- *Senior Policy Advisor*

***NC Department of Health and Human
Services***



COVID-19: Transmission

- **Mainly respiratory droplets of infected person**
- **More with increased respiratory effort – cough, sneeze, yelling, singing, etc**
- **Close contact – 3-6 feet for 15+ minutes**
- **Most contagious when symptomatic, but can spread virus when pre-symptomatic (48 hours before symptoms) and asymptomatic**
- **Fomites/environmental contamination**
 - **Self-inoculation by touching nose, eyes, mouth**

Current Data on Children and Schools

- Rates of COVID-19 infections are lower for children than for adults.
- Children may be less likely to become infected after exposure
- Children have mostly mild or asymptomatic illness if infected
- If infected, children may be less likely to infect others with COVID-19.
- Unlike with flu and other respiratory illnesses, children are inefficient spreaders and may not be a major factor in spread
- While there have been clusters, so far schools have not seemed to play a major role in COVID-19 transmission
- Studies from China, Hong Kong, and Singapore, suggest school closures did not contribute to the control of the epidemic
- Early modelling studies of COVID-19 predict school closures alone would prevent only 2–4% of deaths
- [Appendix of MA guidance for summary of evidence](#)

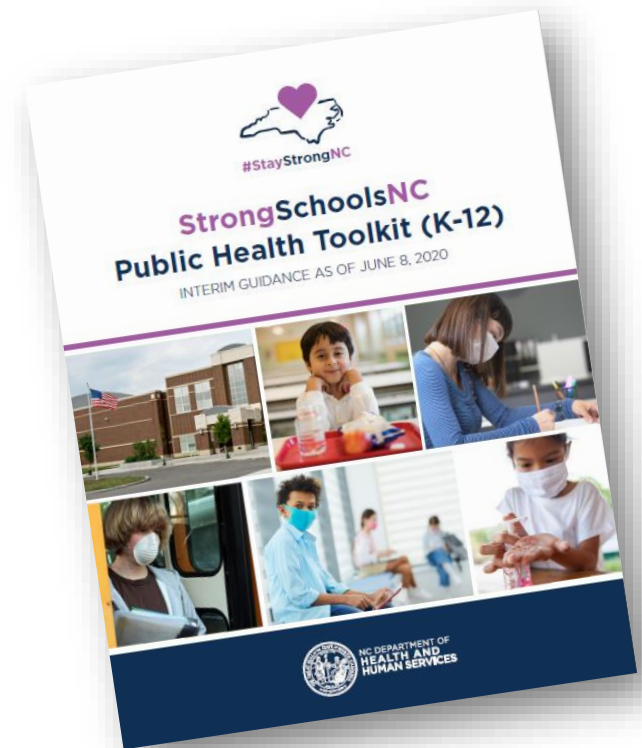
American Academy of Pediatric

- Released guidance 06/25/2020 - <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>
- **The AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school.**
- Points to data and evidence of low transmission in children and schools
- Stresses that schools are fundamental to children's development and well-being
 - Provide academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity,
 - The importance of in-person learning is well-documented
 - Play a critical role in addressing racial and social inequity.
- Cautions about negative impacts on children because of school closures in the spring of 2020.
 - Difficulty in identifying and addressing learning deficits
 - Difficulty in identifying physical or sexual abuse, substance use, depression, and suicidal ideation.
 - Decreased food security and physical activity for children and families
- Recommends policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, families, and the community by keeping children at home.
- Counsels that it's critical to be flexible and nimble in responding to new information, refined approaches, and adapting strategies as needed and depending on level of viral transmission.

StrongSchoolsNC Public Health Toolkit (K – 12)

NCDHHS Public Health Guidance goes hand-in-hand with DPI operational guidance for use by:

- **Students, families, and staff** to know what to expect
- **Local education leaders** to know how to plan



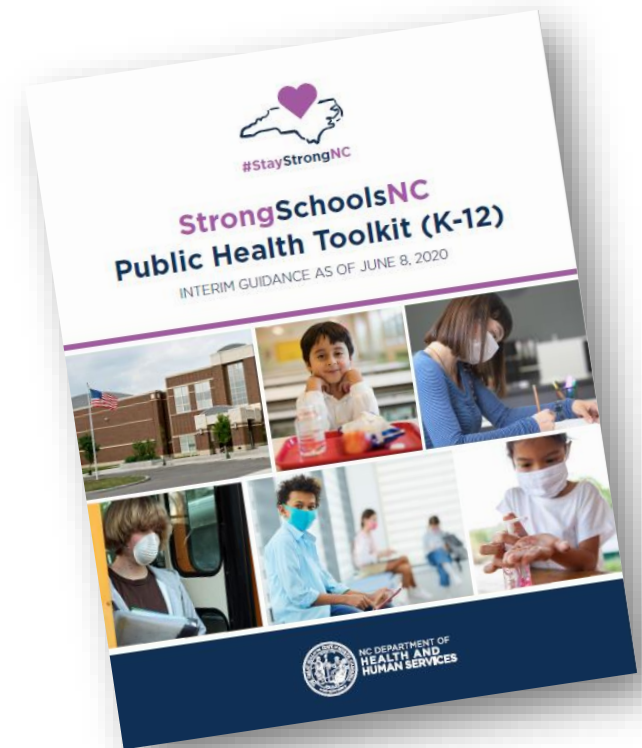
<https://files.nc.gov/covid/documents/guidance/Strong-Schools-NC-Public-Health-Toolkit.pdf>

<https://covid19.ncdhhs.gov/guidance>

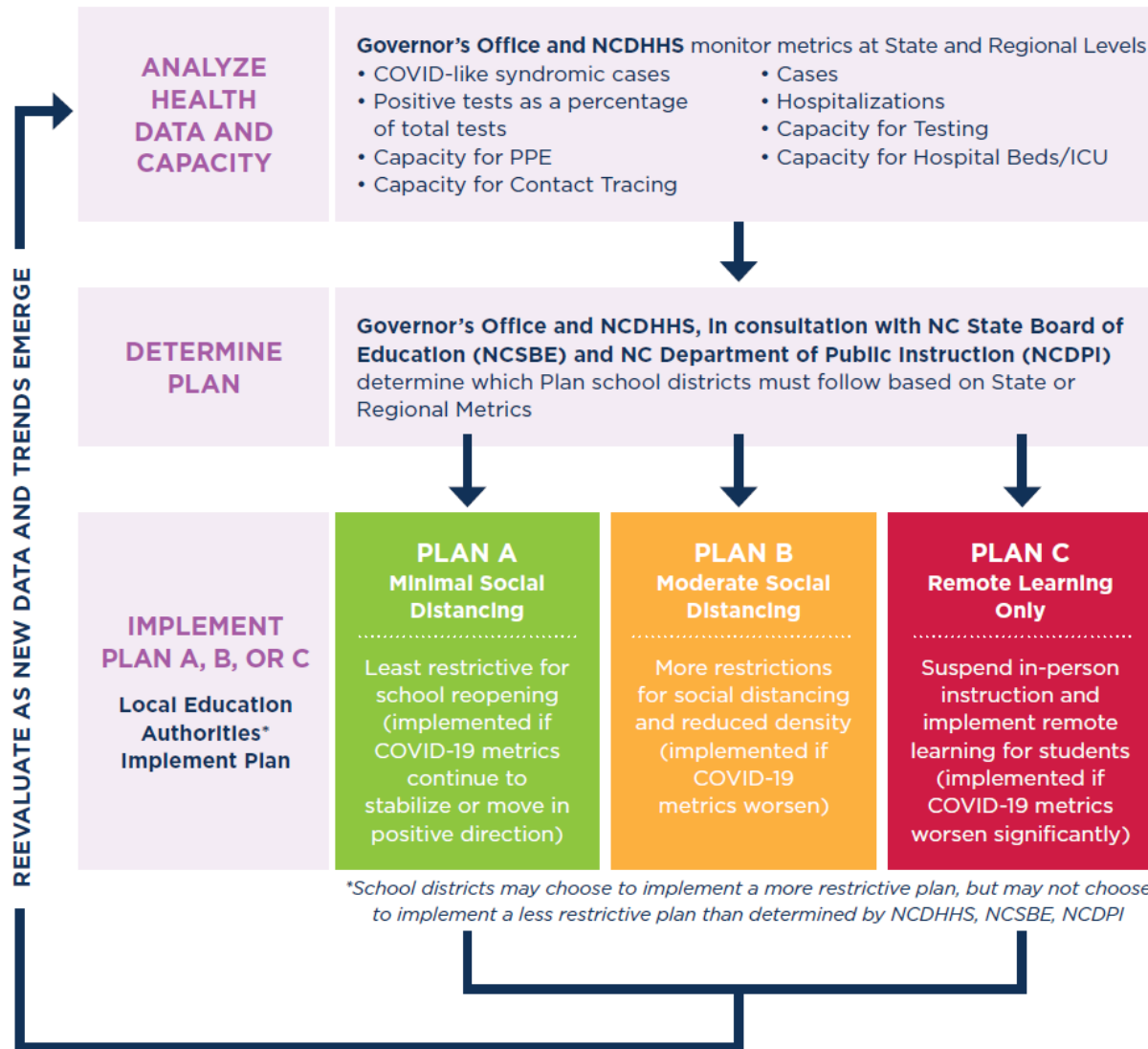
StrongSchoolsNC Public Health Toolkit (K – 12)

Public Health Guidance outlines:

- **Requirements:** baseline actions to mitigate risk of the spread of COVID-19, supporting the safety of students, staff, and families
- **Recommendations:** example strategies to minimize spread of COVID-19 – may work better in some schools than others



Reopening K-12 Schools Decision Tree



Public Health Guidance



Social Distancing and Minimizing Exposure



Cloth Face Coverings



Protecting Vulnerable Populations



Social Distancing and Minimizing Exposure

Social distancing is a key tool to decrease the spread of COVID-19. Social distancing (“physical distancing”) means keeping space between yourself and other people outside of your home.

Schools are required to:

- ☐ Provide social distancing floor/seating markings in waiting and reception areas.
- ☐ Mark 6 feet of spacing to remind students and staff to always stay 6 feet apart in lines and at other times when they may congregate.
- ☐ Provide marks on the floors of restrooms and locker rooms to indicate proper social distancing.
- ☐ Limit nonessential visitors and activities involving external groups or organizations.
- ☐ Have staff monitor arrival and dismissal to discourage congregating and ensure students go straight from a vehicle to their classrooms and vice-versa.
- ☐ Discontinue the use of any self-service food or beverage distribution in the cafeteria (e.g. meals and/or snacks served at school should be individually packaged and served directly to students; milk or juice may be available separately and should also be served directly to students). As always, ensure the safety of children with food allergies.

Under Plan B only, schools are required to adhere to all requirements already outlined, AND:

- ☐ Ensure sufficient social distancing with at least 6 feet between people at all times in school facilities and on school transportation vehicles.
- ☐ Limit density of people in school facilities and transportation vehicles to no greater than 50% maximum occupancy to ensure social distancing of at least 6 feet apart between people.



Social Distancing

It is recommended that schools:

- Minimize opportunities for sustained exposure (15 minutes or more) by ensuring sufficient social distancing with at least 6 feet between people whenever possible (e.g., adequate space exists in hallways, classrooms are large enough or class sizes are small enough, students and staff are in large outdoor spaces).
- Provide frequent reminders for students and staff to stay at least 6 feet apart from one another when feasible.
- Place physical barriers such as plexiglass for protection at reception desks and similar areas.
- Arrange desks or seating so that students are separated from one another by 6 feet when feasible. If it is not possible to arrange seating 6 feet apart, consider having all students sit facing the same direction (i.e., all sitting on the same side of a table), or using barriers between students.
- Designate hallways as one-way, posting directional reminders on the walls and/or floor.
- Designate entrance and exit doors for classrooms and restrooms to reduce the chance that people meet face to face.
- Keep students and teachers in small cohort groups that stay together as much as possible during the day, and from day to day. Limit mixing between cohort groups as much as possible (e.g., during recess, lunch in the cafeteria, arrival and dismissal, etc.)
- Follow the recommendations outlined in [Interim Guidance for Administrators and Participants of Youth, College & Amateur Sports Programs](#).
- Discontinue activities that involve bringing together large groups of people or activities that do not allow for social distancing, including assemblies, in-person field trips, large groups using playground equipment simultaneously, etc.
- Incorporate virtual events such as field trips, parents/family meetings, assemblies, and performances where possible.
- If social distancing is not possible in the cafeteria, have meals delivered to the classroom or have students bring food from the cafeteria back to their classrooms to eat.



Cloth Face Coverings

There is growing evidence that wearing face coverings help reduce the spread of COVID-19, especially for those who are sick but may not know it. Cloth face coverings are not surgical masks, respirators ("N-95s"), or other medical personal protective equipment (PPE). Individuals should be reminded frequently not to touch the face covering and to wash their hands.

Cloth face coverings should not be placed on:

- Anyone who has trouble breathing or is unconscious.
- Anyone who is incapacitated or otherwise unable to remove the face covering without assistance.
- Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral health needs.

- **Required for all adults**
- **Considering requiring for 2nd graders and up**
- **Recommended for younger children if they can reliably wear, remove, and handle**



Protecting Vulnerable Populations

Individuals who are considered high-risk for severe illness due to COVID-19 include people who:

- Are 65 years of age or older
- Have a high-risk condition that includes:
 - chronic lung disease or moderate to severe asthma
 - heart disease with complications
 - compromised immune system
 - severe obesity – body mass index of 40 or higher
 - other underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure or liver disease

More information on who is at higher risk for severe illness due to COVID-19 is available from the [CDC](#) and [NCDHHS](#).

Schools are required to:

- ☐ Systematically review all current plans (e.g., Individual Healthcare Plans, Individualized Education Plans or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for exposure to COVID-19.
- ☐ Create a process for students/families and staff to self-identify as high risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments.

It is strongly recommended that schools:

- Implement remote or other learning options for students whose families choose for them not to be in a traditional classroom learning environment due to high-risk status for severe disease.
- Enable staff that self-identify as high risk for severe illness to minimize face-to-face contact and to allow them to maintain a distance of 6 feet from others, modify job responsibilities that limit exposure risk, or to telework if possible.

K-12 School Guidance



Cleaning and Hygiene



Monitoring for Symptoms



Handling Suspected, Presumptive or Confirmed Positive Cases of COVID-19



Communication and Combating Misinformation





Cleaning and Hygiene

Washing hands with soap for 20 seconds or using hand sanitizer reduces the spread of disease.



Schools are **required** to:

- ☐ Provide adequate supplies to support healthy hygiene behaviors (e.g., soap, hand sanitizer with at least 60% alcohol for safe use by staff and older children, paper towels, and tissues).
- ☐ Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older children.
- ☐ Increase monitoring to ensure adherence among students and staff.
 - Supervise use of hand sanitizer by students.
 - Ensure that children with skin reactions and contraindications to hand sanitizer use soap and water.
 - Reinforce handwashing during key times such as: Before, during, and after preparing food; Before eating food; After using the toilet; After blowing your nose, coughing, or sneezing; After touching objects with bare hands which have been handled by other individuals.
- ☐ Provide hand sanitizer (with at least 60% alcohol) at every building entrance and exit, in the cafeteria, and in every classroom, for safe use by staff and older students.
- ☐ Systematically and frequently check and refill hand sanitizers.
- ☐ Encourage staff and students to cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- ☐ Incorporate frequent handwashing and sanitation breaks into classroom activity.
- ☐ Allow time between activities for proper cleaning and disinfection of high-touch surfaces.
- ☐ Establish a schedule for and perform ongoing and routine environmental cleaning and disinfection of high-touch areas (e.g., door handles, stair rails, faucet handles, toilet handles, playground equipment, drinking fountains, light switches, desks, tables, chairs, kitchen countertops,

cafeteria and service tables, carts, and trays) with an EPA approved disinfectant for SARS-CoV-2 (the virus that causes COVID-19), and increase frequency of disinfection during high-density times and disinfect all shared objects (e.g., gym or physical education equipment, art supplies, toys, games) between use.

- Paper-based materials, such as books and loose-leaf paper, are not considered high-risk for COVID-19 transmission, and do not need additional cleaning or disinfection procedures.
- ☐ Ensure safe and correct use and storage of cleaning and disinfection products, including securely storing and using products away from children, and allowing for adequate ventilation when staff use such products.
- ☐ Limit sharing of personal items and supplies such as writing utensils.
- ☐ Keep students' personal items separate and in individually labeled cubbies, containers or lockers.
- ☐ Limit use of classroom materials to small groups and disinfect between uses or provide adequate supplies to assign for individual student use.
- ☐ Ensure that all non-disposable food service items are minimally handled and washed with hot water and soap or in a dishwasher, or use disposable food service items such as plates and utensils.

It is **recommended** that schools:

- Avoid shared use of soft or other items that cannot be easily cleaned and disinfected, (e.g., stuffed toys, clay).



Monitoring for Symptoms – Screening

- **Screening for key COVID-19 symptoms required**
 - Fever
 - Chills
 - Shortness of Breath
 - Difficulty Breathing
 - New Cough
 - New Loss of Taste or Smell
- **Daily temperature screening required**



Monitoring for Symptoms – Transportation

- Symptom screening or parent attestation required prior to boarding transportation
- If not fully screened prior to boarding transportation, must be screened at school entry



**K-12 SCHOOLS SYMPTOM SCREENING:
Parent/Guardian Attestation**

Child's First Name: _____ Child's Last Name: _____
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

1. Has your child had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?

☐ Yes > The child should not be at school. The child can return 14 days after the last time he or she had close contact with someone with COVID-19, or as listed below.

☐ No > The child can be at school if the child is not experiencing symptoms.

2. Does your child have any of these symptoms?

☐ Fever
☐ Chills
☐ Shortness of breath or difficulty breathing
☐ New cough
☐ New loss of taste or smell

If a child has any of these symptoms, they should stay home, stay away from other people, and you should call the child's health care provider.

3. Since they were last at school, has your child been diagnosed with COVID-19?

☐ Yes If a child is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.
☐ No

A child can return to school when a family member can ensure that they can answer YES to ALL three questions:

☐ Has it been at least 10 days since the child first had symptoms?
☐ Has it been at least 3 days since the child had a fever (without using fever reducing medicine)?
☐ Has it been at least 3 days since the child's symptoms have improved, including cough and shortness of breath?

If a child has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a child has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a child has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.

I attest that the following information is true to the best of my knowledge as of:

_____/_____/_____ : ____ AM PM Signature: _____
MONTH DAY YEAR TIME CIRCLE ONE

StrongSchoolsNC Public Health Toolkit (K-12) • Interim Guidance • June 9, 2020 18

Handling Suspected, Presumptive or Confirmed Cases of COVID-19 Flow Chart and Protocol



Screening Flow Chart

Status	Action
No Flags	Proceed to School
Exposure	Home until 14 days after last contact, even if they have a negative test
Diagnosis, no symptoms	Home until 10 days since first positive test
Symptoms	Home until: <ul style="list-style-type: none">• If diagnosed (test or clinically) or no test, 10 days since first symptom and recovered for 3 days• If negative test, no fever and recovered for 24 hours• Following normal school policies, if confirmed alternative diagnosed, recovered for 24 hours

What about universal testing?

What About Testing?

The CDC does not currently recommend that universal testing through virology or serology testing be used to inform admitting students or staff into school.

Viral tests can only determine potential infection at a single point in time and may miss cases in the early stages of infection. It is currently unknown whether individuals are protected against reinfection from SARS-CoV-2 following recovery from COVID-19 illness.

Testing Resources

- **Provider Guidance with resources and links :**
https://www.ncped.org/resource/resmgr/Antigen_ProviderUpdate_06232.pdf
- **When to test:** June 9 DPH press release with helpful links, including to guidance on when to test: <https://www.ncdhhs.gov/news/press-releases/ncdhhs-updates-guidance-who-should-be-tested>
- **Testing supplies:** If you have trouble getting testing supplies, here is a resource from NCDHHS: <https://covid19.ncdhhs.gov/information/health-care/requesting-specimen-collection-supplies>
- **PPE:** If you are having trouble with PPE, here is a resource from NCDHHS (I've heard good things): <https://covid19.ncdhhs.gov/information/health-care/requesting-ppe>
- **Best practices for testing for Community Testing in Historically Marginalized Populations:** <https://files.nc.gov/covid/documents/Community-Testing-Guidance.pdf>
- **Tips:** here is a slide show from NCDHHS with case studies on when to test, links to many of the above resources and some billing information:
https://www.ncped.org/resource/resmgr/DHHS_COVID-19_Testing_Update.pdf
- **Testing sites:** <https://covid19.ncdhhs.gov/about-covid-19/testing/find-my-testing-place>

Confirmed case – control measures

- **Provider required to report to LHD**
- **Schools also must report to LHD**
- **Work with LHD to determine**
 - **Exposure, close contacts**
 - **Contact tracing, quarantine**
 - **Cleaning, closures**

K-12 School Guidance



Water and Ventilation Systems



Transportation



Coping and Resilience



Additional Considerations

Other Tools

- **Spanish translation of StrongSchoolsNC Public Health Toolkit (K-12)**
- **Infection Control Supplies/PPE Process**
- **FAQs Document**
- **Family Document on What to Expect**
- **Exposure, Cleaning and Closure Protocols**



**Have questions about
this guidance? Reach out to
StrongSchoolsNC@dhhs.nc.gov
(in English or Spanish).**

Thank you!