StrongSchoolsNC

Procedures for Response to COVID-19 Cases in K-12 School Schools

Published February 9, 2021; Updated August 25, 2022

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Procedures for Response to COVID-19 Cases in K-12 Schools

Published February 9, 2021; Updated August 24, 2022

This resource is designed for public and private K-12 schools to use as a supplemental tool to CDC's [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#) as it relates to managing cases and exposures in the K-12 school setting. As the pandemic evolves, schools should work with their local health department to apply the most effective and appropriate public health tools for the current phase of the pandemic in addition to below:
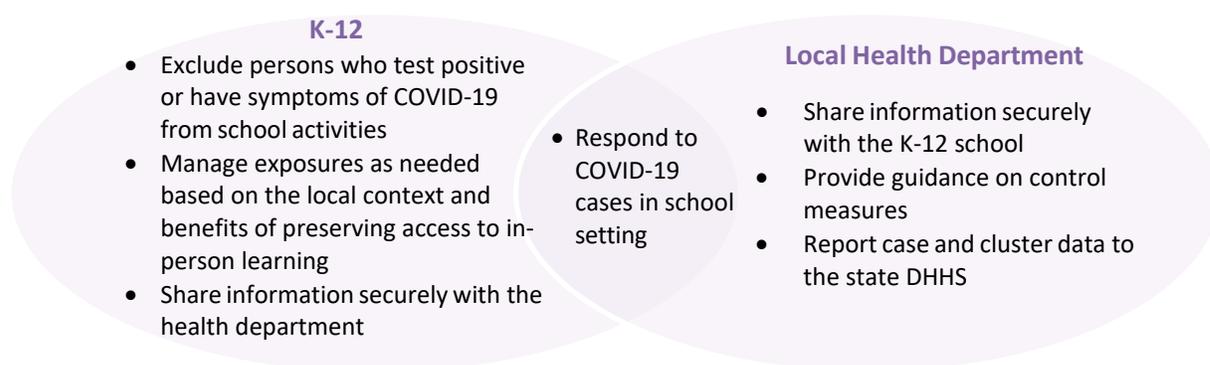
- Schools are required to report to local health authorities COVID-19 cases among children and staff (as required by [NCGS § 130A-136)](#)
- Schools should work with their local health department to appropriately manage school-associated clusters. See more information on [Reporting COVID-19 Outbreaks and Clusters.](#)

Introduction

Schools are an important part of the infrastructure of communities as they provide safe, supportive learning environments for students and children and enable parents and caregivers to be at work. Schools also provide critical services that help to mitigate health disparities, such as school lunch programs, and social, physical, behavioral, and mental health services.

Managing and responding to cases and exposures in the school setting should be done as a collaboration between K-12 schools and local health departments (LHDs) to provide a safe, in-person learning environment while reducing the spread of COVID-19. This should include deciding on a communication plan and ensuring a secure method for sharing sensitive information. **Figure 1** demonstrates how K-12 schools can partner with LHDs; see Appendix A for supporting information that includes best practices and recommendations that may help facilitate communication and planning.

Figure 1. Roles and Responsibilities of the K-12 School and Local Health Department

K-12
- Exclude persons who test positive or have symptoms of COVID-19 from school activities
- Manage exposures as needed based on the local context and benefits of preserving access to in-person learning
- Share information securely with the health department

- Respond to COVID-19 cases in school setting

Local Health Department
- Share information securely with the K-12 school
- Provide guidance on control measures
- Report case and cluster data to the state DHHS

Management of COVID-19 Cases or Individuals Presenting with COVID-19 Like Symptoms

Students or staff who are at school with COVID-19 symptoms should be asked to wear a well-fitting mask while in the building and be sent home and encouraged to get tested if testing is unavailable at school. For more information on staying home when sick with COVID-19, including recommendations for isolation and mask use for people who test positive or who are experiencing symptoms consistent with COVID-19, see CDC's Isolate If You Are Sick. Documentation of negative tests are not required to make decisions about positive cases returning to school. See Table 1 for scenario examples to help interpret the guidance. Schools are required to report to local health authorities any COVID-19 cases among children and staff (as required by NCGS § 130A-136).

Procedures for Response to COVID-19 Cases in K-12 Schools
Published February 9, 2021; Updated August 25, 2022

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

Table 1. Scenarios for Managing COVID-19 Cases in K-12 Schools

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.	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. OR 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 should wear a well-fitting mask through day 10 to minimize risk of infecting others, unless an exemption to mask use applies. The person may remove their mask sooner with 2 sequential negative tests 48 hours apart.
Diagnosis	Person has tested **positive** with a **PCR/molecular test,** but the person does **not** have symptoms.	Person can return to school **5** days after the specimen collection date of their positive test if they did not develop symptoms. The person should wear a well-fitting mask through day 10 to minimize risk of infecting others, unless an exemption to mask use applies. The person may remove their mask sooner following 2 sequential negative tests 48 hours apart.
Symptoms	Person **has symptoms** of COVID-19 <u>and</u> has tested **positive** with an **antigen test or PCR/molecular test**	Person can return to school when • 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 should wear a well-fitting mask for 10 days after the first day of symptoms to minimize the risk of infecting others, unless an exemption to mask use applies. The person may remove their mask sooner following 2 sequential negative tests 48 hours apart.

Procedures for Response to COVID-19 Cases in K-12 Schools
Published February 9, 2021; Updated August 25, 2022

Symptoms	Person has symptoms of COVID-19 but has **not** been tested for COVID-19 nor has visited a health care provider. Therefore, 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.	Person can return to school when • 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 should wear a well-fitting mask for 10 days after the first day of symptoms to minimize the risk of infecting others, unless an exemption to mask use applies. The person may remove their mask sooner following 2 sequential negative tests 48 hours apart.
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. It is recommended, however, that a negative antigen test in a symptomatic person is followed by a PCR test or repeat antigen tests every 2-3 days while symptomatic.	Person can return to school when: • 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).

Procedures for Response to COVID-19 Cases in K-12 Schools
Published February 9, 2021; Updated August 25, 2022

Management of Individuals Potentially Exposed to COVID-19:

Contact tracing is no longer recommended statewide in K-12 schools; it remains an important option in situations identified in the NC DHHS Guidance for Case Investigation/Contact Tracing Prioritization, such as a school-associated cluster. Schools should partner with local health officials to decide how to manage exposures based on the local context and benefits of preserving access to in-person learning.

Using the COVID-19 Community Levels and community or setting-specific context, such as availability of resources, health status of students, and age of population served, schools may choose to notify potentially exposed students or staff so they can receive appropriate public health guidance. Notification may be on an individual, group or school basis, see Table 2. When the COVID-19 Community Level indicates an increase, particularly if the level is high or the school is experiencing a cluster, schools may choose to increase communication regarding COVID-19 cases and exposures with their school's community.

Table 2. Scenarios for Managing Individuals Potentially Exposed to COVID-19 in K-12 Schools

Notification Method	Communication notes	Scenario
Individual Investigation and Notification *Current method of Contact Tracing; assesses individual length and distance of exposure.*	Notification can occur by school system (call, text, email) and by contact tracing digital platform (CCTO) auto-text. See Appendix B, Letter2 for a sample letter.	Based on local context and the benefits of preserving access to in-person learning, the health department provides the school with guidance to use contact tracing as a control measure. Day 0: A COVID-19 case is identified at school today. The school alerts each individual close contact* of their exposure and public health recommendations are provided.
Group Notification *No individual investigation; notification of a group with >15 minutes exposure in each setting (e.g., class, sports team in indoor setting, lunchroom).*	Notification method school dependent while promoting equity and avoid created digital divide issues e.g., blast email/phone call/note by setting (class, lunch group, team). See Appendix B, Letter2 for a sample letter.	Day 0: One COVID-19 case is identified in a classroom and excluded from school today. School sends a blast email to all students and staff in classroom alerting them of potential exposure to the confidential case. Public health recommendations are provided to group.
Notification by School *Notification to the*	To promote equity and avoid creating digital divide issues, notification of cases in school should include	Daily Communication: Two COVID-19 cases are identified and excluded from school today. School sends a blast pre-recorded call to all students and staff in

school's community via a report detailing how many cases were discovered on a daily/weekly basis.	auto-call as well as website posting. See Appendix B, Letter2 for a sample letter.	school informing them of the 2 cases identified that day. Public health recommendations are provided. OR Weekly Communication: Four COVID-19 cases were identified on campus this week. School sends a blast pre-recorded call to all students and staff in school informing them of the 4 cases identified that week. Public health recommendations are provided.

*Close Contact: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before symptoms began (or, for asymptomatic individuals, 2 days prior to test specimen collection date) until the time the individual is isolated. NCDHHS does not consider individuals exposed in school settings as a close contact if masks were being worn appropriately and consistently by both the person with COVID-19 and the other person.

Procedures for Response to COVID-19 Cases in K-12 Schools
Published February 9, 2021; Updated August 25, 2022

<u>Appendix</u>

A. School and Local Health Department Collaboration and Preparation

The following are recommended elements to include in a documented plan for responding to COVID-19 cases in a school in collaboration with your local health department. A basic level of planning, documentation, and action will facilitate the work of responding to COVID-19 cases in school setting and the collaboration between the school and the local health department to prevent further transmission. Confirm with your local health department that your school has a plan that addresses:

A. How will each entity securely share appropriate data on COVID-19 cases, as required by NCGS § 130A-136?
   a. How will schools coordinate with the health department regarding isolation communications to cases?
   b. How will the school and the health department continue to communicate and align end-isolation dates?

B. How will clusters be identified and how cases and exposures will be managed during times of cluster?

C. How will the school create consistent channels for communicating case information with students, staff, and families?
   a. How will the school notify persons who test positive or have symptoms of COVID-19 that they are excluded from school?
   b. Ensure students/families and staff who have been present in the school building know whom they should notify (e.g., a designated point of contact, email, or phone line) if they have tested positive for COVID-19
   c. How will current COVID-19 risk be communicated to students, families, and faculty/staff?
   d. Develop a communications plan, including sample communications for cases and potential contacts, students, and faculty/staff. Plan two types of communications: internal, external (stakeholders, LHDs).

D. How will the school manage exposures?

E. Who is the School's COVID-19 Response Team and what are their roles/duties? Use the recommended list of positions in Table 3 (some schools may have one person in multiple roles)
   a. Assess and build capacity of identified team members to:
      i. Be familiar with the similarities and differences between CDC and NC DHHS guidance.
      ii. Take the relevant portions of the NC specific contact tracing course available for free here.
      iii. Staff need to be well-trained on the importance of maintaining confidentiality of information about someone who has or may have COVID-19 during these conversations and in any records created related to these conversations in accordance with GS 130A-143.
      iv. Have all team members take appropriate data security and privacy training.

Table 3. Representatives From the School's COVID-19 Response Team and the LHD Who Manage COVID-19 Cases and Exposures in School

Role	Owner
COVID-19 School COVID-19 Response Lead*	K-12 School
Backup POC to health department	K-12 School
School nurse or designated staff person	K-12 School
Person(s) conducting COVID-19 rapid testing in schools (if applicable)	K-12 School
POC for collecting all case and contact information	K-12 School
Parent liaison	K-12 School
Communications (external/internal)	K-12 School
Interviewer of parents/guardians, students, faculty/staff, and reviewer of data to identify close contacts as needed	K-12 School
Main POC to the school	LHD
Backup POC to the school	LHD

*__COVID-19 School COVID-19 Response Lead duties include__:
- Communicates with the local health department. If students reside in more than one county, points of contact and processes should be developed with all relevant local health departments. In some schools this is the school nurse.
- Understands the composition and key staff in the health department's school COVID-19 Response Team
- Receives reports from LHD on individuals who have tested positive.

F. Will the school offer testing? Consider utilizing NC DHHS-funded testing program or other testing source to enhance your ability to identify cases and prevent secondary transmission (see CDC K-12 Testing Strategies).

G. Meet regularly as a school COVID-19 response team to discuss specific cases and clusters, review changes in guidance, and determine what is working well vs. what is not. Revise protocols based on reflections.

Procedures for Response to COVID-19 Cases in K-12 Schools
Published February 9, 2021; Updated August 25, 2022

B. External Communications Examples

Example 1: Letter/Email to Parents/Guardians – Positive case, isolation necessary

[Date]

Dear [Parent/Guardian],

[Insert School Name] considers the health and well-being of our students and staff a priority. With that in mind, we are sending this letter to provide you and your child who has either been diagnosed with COVID-19 or is suspected to have COVID-19 with information on how to isolate, how to continue classwork during isolation, if possible, and when to safely return to school.

Below, I have listed some important next steps for your family to take:

Your child will need to be excluded from school and should isolate in accordance with guidance issues by the Centers for Disease Control and Prevention (CDC), North Carolina Department of Health and Human Services (NC DHHS), and [XXX LHD]. This means that your child should stay home from school and other settings and, as much as possible, avoid sharing a bedroom, bathroom, or common spaces with anyone else in your household. Based on our information, the earliest date on which your child may return to school is on [XX/XX/XX (5 full days after the symptom onset date or test date (if asymptomatic)] as long as they are fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved. Your child should wear a well-fitted mask around others until at least [XX/XX/XX (10 full days from symptom onset date or test date (if asymptomatic)]. Your child may attempt to remove their mask before this date by using antigen tests (eg. at-home tests) - two negative tests, each 48 hours apart, is required in order to discontinue their masking period early. If your child continues to test positive, they may still be infectious, and they should continue wearing a mask and wait at least 48 hours before taking another test. This may mean your child needs to continue wearing a mask and testing beyond day 10.

For more information about how to safely care for someone with COVID-19, please review this helpful resource from the CDC.

You may also receive a phone call, text, or email from a member of the NC COVID Community Team, who is working with your local health department. You will be given information on how to safely isolate your child and access available support.

Vaccinations against COVID-19 remain the best way to protect against the spread of this virus and against severe disease. If your child is not already up to date on their recommended vaccinates, make an appointment to get vaccinated or contact your child's doctor or healthcare provider to learn more.

If you have any questions, feel free to contact me [link XXX school nurse contact]. If you have questions about COVID-19 you can visit your local health department's website at [health department website] (number can be found here).

[Nurse name]

[Nurse title and department]

Example 2: Letter/Email to Parents/Guardians – Individual Notification
[Date]

Dear **[**Parent**/**Guardian**],**

[Insert School Name] considers the health and well-being of our students and staff a priority. With that in mind, we are sending this letter to inform you that an individual with COVID-19 was in close contact to your child and may have exposed the virus to them. The individual who tested positive has been advised to follow isolation guidance from the Centers for Disease Control and Prevention (CDC) and the North Carolina Department of Health and Human Services (NC DHHS), and [XXX LHD]. [School Name] is here to support you and your child during this time. Below, I have listed some important next steps for your family to take:

In accordance with guidance from the NC DHHS and [XXX LHD], your child may remain in school while wearing a well-fitted mask unless they develop symptoms or test positive for COVID-19. Being exposed to somebody with COVID-19 does not necessarily mean that your child will become infected. In fact, scientific research, and experience from around the country – including from North Carolina during this school year – demonstrate that schools remain safe for children to be during the COVID-19 pandemic, especially when masking and vaccination rates are high.

Based on your child's last contact with the person who tested positive, it is recommended that your child get tested for COVID-19 on or after [XX/XX/XX (5 full days after exposure)] or immediately if they show symptoms. It is recommended your child wears a well-fitted mask around others until [XX/XX/XX (10 full days from exposure)]. Please let me know if your child develops any symptoms of COVID-19. After your child is tested for COVID-19, please notify [link XXX school nurse contact] of your child's test results. Knowing the results of your child's test for COVID-19 and whether your child developed symptoms will help me and other school staff take actions to reduce the risk of further spread of COVID-19. If you do not have a regular health care provider, you can find information about places to receive COVID-19 testing at [link for testing site information].

Vaccinations against COVID-19 remain the best way to protect against the spread of this virus and against severe disease. If your child is not already up to date on their recommended vaccines, make an appointment to get vaccinated or contact your child's doctor or healthcare provider to learn more.

If you have any questions, feel free to contact [link XXX school nurse contact]. If you have questions about how this exposure impacts your child outside of school settings, call [LHD phone number] or the NC COVID contact tracing call center at 844-628-7223.

[Nurse name)

[Nurse title and department]

Example 3: Letter/Email to Parents/Guardians – Group Notification
[Date]

Dear **[**Parent**/**Guardian**],**

[Insert School Name] considers the health and well-being of our students and staff a priority. With that in mind, we are sending this letter to inform you and others that a case was indentified to be in the same indoor space as your child, who may have been exposed. The individual who tested positive has been advised to follow isolation guidance from the Centers for Disease Control and Prevention (CDC) and the North Carolina Department of Health and Human Services (NC DHHS), and [XXX LHD]. [School Name] is here to support you and your child during this time. Below, I have listed some important next steps for your family to take:

In accordance with guidance from the NC DHHS and [XXX LHD], your child and the others potentially exposed may remain in school unless they develop symptoms or test positive for COVID-19. Being exposed to somebody with COVID-19 does not necessarily mean that your child will become infected. In fact, scientific research, and experience from around the country – including from North Carolina during this school year – demonstrate that schools remain safe for children to be during the COVID-19 pandemic, especially when masking and vaccination rates are high.

Based on your child's possible date of exposure, it is recommended that your child get tested for COVID-19 on or after [XX/XX/XX (5 full days from exposure)] or immediately if they show symptoms. It is recommended that your child wears a well-fitted mask around others until [XX/XX/XX (10 full days from exposure)] and they can continue to attend school. Please let me know if your child develops any symptoms of COVID-19. After your child is tested for COVID-19, please notify [link XXX school nurse contact] of your child's test results. Knowing the results of your child's test for COVID-19 and whether your child developed symptoms will help me and other school staff take actions to reduce the risk of further spread of COVID-
19. If you do not have a regular health care provider, you can find information about places to receive COVID-19 testing at [link for testing site information].

Vaccinations against COVID-19 remain the best way to protect against the spread of this virus and against severe disease. If your child is not already up to date on their recommended vaccines, make an appointment to get vaccinated or contact your child's doctor or healthcare provider to learn more.

If you have any questions, feel free to contact [link XXX school nurse contact]. If you have questions about how this potential exposure impacts your child outside of school settings, call [LHD phone number] or the NC COVID contact tracing call center at 844-628-7223.

[Nurse name)

[Nurse title and department]

Example 4: Letter/Email to School's Community – School Notification
[Date]

Dear **[**Parent**/**Guardian**],**

[Insert School Name] considers the health and well-being of our students and staff a priority. With that in mind, we are sending this letter to keep your family up to date on COVID-19 cases identified within the school. There were [#] of COVID-19 cases identified at [Insert School Name] from dates [XX/XX/XX] –

Procedures for Response to COVID-19 Cases in K-12 Schools
Published February 9, 2021; Updated August 25, 2022

[XX/XX/XX]. We are following Centers for Disease Control and Prevention (CDC), North Carolina Department of Health and Human Services (NC DHHS), and [XXX County Health Department] recommendations to help ensure that all positive cases follow instructions for isolation and remain away from others until they can safely return to the school setting.

In effort to protect the health and safety of our students and staff, we recommend your child be tested [add frequency determined in collaboration with LHD]. For information on where to receive a test, visit this website.

We are committed to facilitating an optimal learning experience and ensuring the safety of our students and staff. COVID-19 vaccination among all eligible students as well as teachers, staff, and household members is the leading public health strategy to help end the pandemic and support schools to continue full operations. Please visit CDC's COVID-19 Vaccines for Children and Teens website for more information on how to get your child vaccinated as soon as they are eligible.

[Nurse name)

[Nurse title and department]

Procedures for Response to COVID-19 Cases in K-12 Schools
Published February 9, 2021; Updated August 25, 2022

C. Example Case Interview Guide for COVID-19 Response Team

Case interviews are a helpful resource for schools who choose to notify students and staff who are potentially exposed. The purposes of the case interview are to confirm the positive test result, isolation instructions, and infectious period as well as answer questions. Interviews with students, parents/guardians, or staff will supplement the review of secondary data maintained by the school.

Section 1: Preparing for the Interview

Case Information – prepare for the interview

- Case's name and date of birth
- Date of positive test
- Information from review of all rosters and secondary data: classroom schedules and seating, extracurricular activities (e.g., sports), recess, lunchroom, and transportation (bus and carpool)
    - List of all contacts identified through this review

Section 2: Introducing yourself and purpose for call

Example: Hello, my name is [insert name] and I'm calling on behalf of the [school name].

I am calling today because we are closely monitoring cases of COVID-19 in our school. We have identified [you were/your child was] recently diagnosed with COVID-19 or showing symptoms consistent with COVID-19.

Section 3: Public health disease transmission prevention recommendations

[You/your child] will need to be excluded from school and should isolate in accordance with NC and CDC guidelines. They should stay home and isolate away from others in your home, which means not sharing a bedroom, bathroom, or common spaces with anyone else until the necessary criteria are met to end isolation, which include:

A. For cases with symptoms:
    a) It has been at least 5 full days since your symptoms started, AND
    b) It has been at least 24 hours since you last had a fever (off all fever reducing medications like Tylenol, Ibuprofen, Advil, Naproxen), AND
    c) Symptoms have improved.
B. For cases without symptoms:
    a) It has been at least 5 full days since your initial positive specimen was collected, AND
    b) No development of symptoms during the 5-day period

Based on our information, the earliest [you/your child] may return to school is on XX/XX/XX (end isolation date) and should wear a well-fitted mask until at least XX/XX/XX.

Your child may attempt to remove their mask before this date by using antigen tests (eg. at-home tests) - two negative tests, each 48 hours apart, is required in order to discontinue their masking period early.

Procedures for Response to COVID-19 Cases in K-12 Schools
Published February 9, 2021; Updated August 25, 2022

If your child continues to test positive, they may still be infectious, and they should continue wearing a mask and wait at least 48 hours before taking another test. This may mean your child needs to continue wearing a mask and testing beyond day 10.

[You/your child] should avoid contact with other members of the household for the duration of your child's isolation period, especially individuals who are at high-risk of severe illness related to COVID-19 (e.g., persons older than 64 years of age or anyone with an underlying health condition). Information on how to protect household members can be found on the CDC website. Do you have an email address that we can use to send you resources? [Send the following website:

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html].

We [the school] will notify all [your/your child's] potential contacts about their exposure. The privacy of [your/your child's] information will be maintained in accordance with State and federal law during this process. If you feel comfortable doing so, we encourage you to notify all of your non-household close contacts OUTSIDE OF SCHOOL of their possible exposure and let them know they may get a call, email, or text from the local health department to provide support and answer any questions they may have. You can also use the https://tellyourcontacts.org/ website to send an anonymous notification to close contacts of their exposure.

Finally, all household contacts, and especially those who are also students or faculty/staff in our school system, should obtain a diagnostic (antigen or PCR) COVID-19 test. Please notify me (XXX school nurse contact) of the diagnostic test results. If you do not have a regular health care provider, you can find information about places to receive COVID-19 testing at (link for testing site information). Household contacts should also test 5 full days after your child's last day of isolation.

Section 4: Assessing need for supports.

1. As just reviewed, individuals diagnosed with COVID-19 are required to self-isolate until they can no longer spread the virus. This means it has been 5 full days since the test date if asymptomatic or the date symptoms started.
2. I know this is a long time to stay home, so I would like to talk through whether you have access to the resources you may need to do so safely. Is there anything that might limit your ability to self-isolate? For example:
   a. Do [you/your child] have a primary care provider?
   b. Do [you/your child] have a stable and safe place you feel comfortable staying in without leaving for the duration of this stay at home period?
   c. Will [you/your child] be able to stay home from school or attend school from home for the required period of time?
   d. [You/Your child] will need enough food to last you and/or your family through isolation. What assistance would you need, if any, to make sure that you have enough food in your residence? This may include purchasing and/or delivery of food to your house.
   e. Do [you/your child] have medical conditions for which you might need support during this period of time?
   f. Do [you/your child] have medications for which you might need assistance in obtaining during this period of time?
   g. What other resources, if any, would [you/your child] need to stay home safely for the

Procedures for Response to COVID-19 Cases in K-12 Schools
Published February 9, 2021; Updated August 25, 2022

duration of [your/your child's] stay home period?

I'd like to direct you to our school social worker, your local health department at [phone #], and/or the COVID-19 call center at (844-628-7223) who can assist with your support needs.

Section 5: Eliciting contact names and locating information (Only to be used for Individual Investigation and Notification)

In an effort to help prevent COVID-19 from spreading to others within your household and community, I need [your/your child's] help to identify individuals who have been in close contact with [you/your child] during the infectious period. We will focus just on students, faculty/staff, and others associated with this school that you have interacted with [both within the school setting and outside the school setting].

[You/Your child's] infectious period started 48 hours before developing symptoms (or if no symptoms, 48-hours prior to the test date) until the time isolation started. A close contact is anyone that has been within 6 feet of for a cumulative total of 15 or more minutes within a 24-hour period during [your/your child's] infectious period. For example, if [you/your child] were within 6 feet of someone 3 times in one day for at least five minutes each time, then that person would be considered a close contact. What questions do you have about how this process works?

Infectious Period: From ____/____/____ (48 hours before symptom onset or 48 hours before day of specimen collection if asymptomatic) to ____/____/____ (day isolation started or end of isolation criteria has been met)

   A. *Do you have any household members who are students, faculty or staff at this school or any school in this system? In any other school or day care setting?*
   B. [Review the list of contacts identified from review of rosters (see above). As appropriate and if this is your protocol, identify which contacts do not meet definition of a close contact. Alternatively, consider questions such as below, to identify additional names as close contacts:
      a. *Were there any additional individuals in [activity] or [on the playground] during [your/your child's] infectious period?*
      b. *Were there any different individuals in the school setting during [your/your child's] infectious period?*
      c. *Did [you/your child] have interaction with any school staff that they otherwise do not normally interact with during this time?*
   C. After the contacts identified from the list of rosters are reviewed, consider the following questions:
      a. *Did [your/your child] have any contact with students or staff outside the school (e.g., playdates or driving to school together, tutoring) during the infectious period?*

For each contact identified you will want to have the following information ready to provide to the local health department upon request.

   1. Contacts First and Last Name
   2. What was the last day [you/your child] had contact with this individual?
   3. Parent/Guardian Names (if applicable)
   4. Contact's Email (if known)
   5. Contact's Mobile Phone number

Procedures for Response to COVID-19 Cases in K-12 Schools
Published February 9, 2021; Updated August 25, 2022

6. Contact's Date of Birth (if known)
7. Contact's Home Address including city or county of residence, if known
8. What language does the contact prefer to communicate in?

Section 6: Local Health Department contact tracing

We are talking to you today to keep you and the entire school population safe. In addition, you may also get a phone call, text, or email from a member of the NC COVID Community Team, who is working with your local health department. They may ask additional questions about close contacts [you/your child] has had outside of school. You will be given more information on how [you/your child] can safely isolate and access available support.

If you have questions about COVID-19 you can visit your local health department's website at (health department website) (number can be found here).

Section 8: Wrapping Up

What questions can I answer for you now? If you have any questions, feel free to contact me (link XXX school nurse contact).

If you think of any questions after this call has ended or if you develop symptoms, you can contact your local health department at (phone #) or the NC COVID Community call center at (844-628-7223).

Procedures for Response to COVID-19 Cases in K-12 Schools
Published February 9, 2021; Updated August 25, 2022