



## COVID-19



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# Operating schools during COVID-19: CDC's Considerations

## Operating Schools During COVID-19

Updated Mar. 19, 2021

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## Summary of Recent Changes

Updates as of March 19, 2021 

Alignment with [Operational Strategy for K-12 Schools through Phased Prevention](#) includes:

- Plain language changes: mitigation to prevention and social distancing to physical distancing.
- Revised physical distancing recommendations to reflect at least 3 feet between students in classrooms and provide clearer guidance when a greater distance (such as 6 feet) is recommended.
- Clarified that ventilation is a component of strategies to clean and maintain healthy facilities.
- Removed recommendation for physical barriers.

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## Considerations for schools

As communities in the United States consider how to safely re-open K-12 school buildings for in-person learning and activities and keep them open, CDC offers updated considerations for prevention strategies that school administrators can use to help protect students, teachers, and staff and slow the spread of the virus that causes COVID-19. These updated “Considerations for Schools” are intended to aid school administrators as they consider how to protect the health, safety, and wellbeing of students, teachers, staff, their families, and communities:

1. Promoting behaviors that reduce COVID-19's spread
2. Maintaining healthy environments
3. Maintaining healthy operations
4. Preparing for when someone gets sick

Schools should determine, in collaboration with [state and local health officials](#) to the extent possible, whether and how to implement each of these considerations while adjusting to meet the unique needs and circumstances of the local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community. It is also critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community, as this may change rapidly. Strategies should be implemented in close coordination with state, local, or tribal public health authorities, recognizing the differences between school districts, including urban, suburban, and rural districts. These considerations are meant to supplement—**not replace**—any Federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply (e.g., [Individuals with Disabilities Education Act](#) [↗](#)).

### More information for schools

After reviewing the suggestions listed on this page, **school administrators** can use CDC's [School Considerations: Readiness and Action Planning Tool](#) [↗](#) to protect students, staff and communities.

**School-based health facilities** may refer to CDC's [Guidance for U.S. Healthcare Facilities](#) and may find it helpful to reference the [Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic](#). School nurses can refer to CDC's [Information for Pediatric Healthcare Providers](#) page for information on symptoms, testing, isolation, and quarantine of school-aged children.

## Guiding principles to keep in mind

Opening schools for in-person learning as safely and quickly as possible, and keeping them open, is important given the many known and established benefits of in-person learning. In order to enable in-person learning and help schools with their day-to-day operations, it is important to adopt and consistently perform actions to slow the spread of

the virus that causes COVID-19 in school and the community. Implementing these actions in schools will reduce the risk of in-school spread of COVID-19 regardless of the underlying community burden. Risk is lowest if community spread is low and proven prevention strategies are implemented consistently.

## COVID-19 in Children and Adolescents

While fewer children than adults have had COVID-19 in the United States, the number of school-aged children with COVID-19 has been increasing.<sup>1</sup> Children and adolescents can be infected with the virus that causes COVID-19, can get sick with COVID-19, and can spread the virus to others.<sup>2</sup>

Most children and adolescents with the virus that causes COVID-19 have mild symptoms and some have no symptoms at all.<sup>2-4</sup> The symptoms of COVID-19 are similar in adults and children and can look like other common illnesses, such as colds, strep throat, influenza, or allergies.<sup>2-4</sup> Children, like adults, who are infected but have no symptoms can still spread the virus to others.<sup>5</sup> For more information on symptoms of COVID-19 in children, visit [COVID-19 in Children and Teens](#).

Children and adolescents with [underlying medical conditions](#) are at increased risk for severe illness from COVID-19. Additionally, some children may develop the rare but serious condition associated with COVID-19 called Multisystem Inflammatory Syndrome in Children ([MIS-C](#)). While the number of children who have been hospitalized with COVID-19 has been low compared with adults, one-third of hospitalized children with COVID-19 have been admitted to the intensive care unit.<sup>6</sup> Most deaths in the U.S. from COVID-19 are among adults; however, children in the United States have [died from COVID-19](#).<sup>7</sup>

Because children with the virus that causes COVID-19 can spread it to other children and to adults,<sup>2,5,8,9</sup> it is important to take measures to minimize risk of spread in school settings. Using multiple prevention strategies can limit the spread of the COVID-19 in many settings.<sup>10,11</sup> Application and adherence to multiple prevention measures provided in this document help schools reopen and stay open safely for in-person learning.

Resuming and maintaining in-person learning may pose risks to children, teachers, school administrators, and other staff in the school environment, and their families and household members. Among adults, older age and having underlying medical conditions increases the risk for severe illness from COVID-19. For information about who is at increased risk, visit [People at Increased Risk](#).

## Deciding how to open for in-person learning

School officials should make decisions about school opening and about staying open for in-person learning based on [CDC's Indicators for Dynamic Decision-making](#). The many benefits of in-person schooling should be weighed against the risks of spreading COVID-19 in the school and community. Working with States, Tribes, Localities, and Territories

(STLT), schools can weigh levels of community transmission and their capacity to implement appropriate prevention measures in schools to protect students, teachers, administrators, and other staff.

## Taking actions to reduce the spread of the virus that causes COVID-19

The virus that causes COVID-19 is mostly spread during close contact by respiratory droplets released when people talk, sing, breathe, cough, or sneeze. The virus that causes COVID-19 can sometimes be spread through the air by airborne transmission or through touching contaminated surfaces or objects. Therefore, personal prevention practices (such as [handwashing](#), [staying home when sick](#)) and environmental [cleaning and disinfection](#) are important principles that are discussed below. Fortunately, there are a number of actions school administrators can take to help lower the risk of COVID-19 exposure and spread during school sessions and activities.

In order to reach the goal of reopening schools as safely and as quickly as possible for in-person learning, and help schools remain open, it is important to adopt and diligently implement actions to slow the spread of COVID-19 inside the school and out in the community. This means that students, families, teachers, school staff, and all community members take actions to [protect themselves and others](#) where they [live, work, learn, and play](#).

### Continuum of risk

#### By learning model and implementation of proven prevention strategies

In general, the risk of spread of COVID-19 in schools increases across the continuum of virtual, hybrid, to in-person learning. The risk for hybrid and in-person learning can be lowered depending on the prevention strategies put in place and the extent to which they are followed.

While not exhaustive, this stratification attempts to characterize the risks of spread among students, teachers, and staff across this continuum:

#### Lowest risk:

- Students and teachers engage in virtual-only classes, activities, and events.

#### Some risk:

- Hybrid Learning Model, where **most** students and teachers participate in virtual learning and **some** students and teachers engage in in-person learning, with:
  - **Small**, in-person classes, activities, and events
  - Cohorting and alternating or staggered schedules, **rigorously applied**  
**No mixing** of groups of students and teachers throughout/across school days

- **No sharing** of objects between students and teachers
- Students, teachers, and staff following **all steps** to [protect themselves and others at all times](#) including proper use of face masks, physical distancing, and hand hygiene
- Regularly scheduled **and consistent** (i.e., at least daily or between uses) [cleaning](#) of frequently touched areas

#### Medium risk:

- Hybrid Learning Model, where **most** students and teachers engage in in-person learning and **some** students and teachers participate in virtual learning, with:
  - **Larger** in-person classes, activities, and events
  - Cohorting and alternating or staggered schedules **applied with some exceptions**
  - **Some mixing** of groups of students and teachers throughout/across school days
  - **Minimal sharing** of objects between students and teachers
  - Students, teachers, and staff following **all steps** to [protect themselves and others](#) such as proper use of face masks, physical distancing, and hand hygiene
  - Regularly scheduled (i.e., at least daily or between uses) [cleaning](#) of frequently touched areas

#### Higher risk:

- Students and teachers engage **entirely in in-person** learning, activities, and events with:
  - **Some mixing** of groups of students and teachers throughout/across school days
  - **Some sharing** of objects between students and teachers
  - Students, teachers, and staff following **some** steps to [protect themselves and others](#) such as proper use of face masks, physical distancing, and hand hygiene
  - **Irregular** [cleaning](#) of frequently touched areas

#### Highest risk:




- Students and teachers **engage entirely in in-person** learning, activities, and events with:
  - Students **mixing freely** between classes and activities
  - Students and teachers **freely sharing** objects
  - Students, teachers, and staff do **not/are not** following steps to [protect themselves and others](#) such as proper use of face masks, physical distancing, and hand hygiene

- **Irregular cleaning** of frequently touched areas

## Plan and prepare

### Emergency operations plans: review, update, and implement EOPs

The most important actions for school administrators to take before reopening in-person services and facilities are **planning and preparing**. To best prepare, schools should expect that students, teachers, or staff may become sick with COVID-19 or be exposed to someone with COVID-19, and schools must know what to do when this happens. Regardless of the number of cases in a community, every school should have a plan in place to protect staff, children, and their families from the spread of COVID-19 and a response plan in place for if/when a student, teacher, or staff member tests positive for COVID-19. This plan should be developed in collaboration with state and local public health departments; school nurses, parents, caregivers, and guardians; student leaders; community members; and other relevant partners. Schools should prioritize EOP components that address infectious disease outbreaks and their consequences.

- Reference key resources on emergency preparedness while reviewing, updating, and implementing the EOP.
  - Multiple federal agencies have developed resources on school planning principles and a [6-step process](#)   for creating plans to build and continually foster safe and healthy school communities *before, during, and after* possible emergencies.
  - [The Readiness and Emergency Management for Schools \(REMS\) Technical Assistance Center's website](#)  contains free resources, trainings, and technical assistance (TA) for schools and their community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks. Schools may find these considerations are helpful for developing high-quality emergency operations plans.

School nurses, teachers, staff, parents, student leaders, and other community stakeholders (e.g., youth service organizations, health centers, etc.) should be involved in the development of the Emergency Operations Plans (EOP). Some of the strategies school administrators should consider while developing their EOP:

- Develop a protocol for monitoring local [COVID-19 data](#) in your community to keep track of the level of community transmission, to make decisions about changes to prevention strategies, and to help determine whether school closures may be necessary. This should include daily review of official public health data for the community surrounding the school. Contact the state, local, tribal, or territorial Public Health Department for references to local COVID-19 data
- Develop and test information-sharing systems (e.g., school-to-parent email or texting protocols, periodic virtual meetings with parent/teachers, etc.) with school and community partners and key stakeholders. Use institutional information systems for

day-to-day reporting on information that can help to detect and respond to an outbreak, such as number of cases and absenteeism or changes in the number of visits to the health center by students, teachers, and other staff.

- Adopt prevention strategies to promote [healthy behaviors](#) that reduce the spread of COVID-19, maintain healthy school environments and operations, and plan what to do if a student, teacher, or staff member gets sick.
- Examine the accessibility of information and resources to reduce the spread of COVID-19 and maintain healthy environments and determine whether they are culturally relevant, in plain language, and available in appropriate languages and accessible formats.
- In consultation with local officials, establish transparent criteria for when the school will suspend in-person learning to stop or slow the spread of COVID-19, as well as transparent criteria for when to resume in-person learning.
- Assess students' special needs (such as continuing education, meal programs, and other services) and develop strategies to address these needs if in-person learning is suspended or if a student needs to self-isolate as a result of a diagnosis of or exposure to COVID-19.
- Ensure the EOP takes into consideration [students with disabilities](#), students with special healthcare needs, students experiencing homelessness, migrant students and those with English learners, etc.

## Promote behaviors that reduce spread of COVID-19

Schools can make multiple recommended changes to encourage behaviors that reduce the spread of the virus that causes COVID-19.

### Staying home when appropriate

Educate staff and families about when they/their child(ren) should [stay home](#) and when they can return to in-person school.

- Actively encourage staff and students who are sick or who have recently had [close contact](#) (less than 6 feet for a cumulative total of 15 minutes or more over a period of 24 hours or direct physical contact) with a person with COVID-19 to stay home and [get tested for COVID-19](#). Develop policies that encourage sick employees and students to stay at home without fear of reprisal, and ensure employees, students, and students' families are aware of these policies. Consider not assessing schools based on absenteeism, and offering virtual learning and telework options, if feasible.
- Staff and students should [stay home](#) and [follow CDC recommendations](#) if they have tested positive for or are showing [symptoms](#) of COVID-19.
- Staff and students who have recently had [close contact](#) with a person with COVID-19 should also [stay home](#), [monitor their health](#), and [get tested for COVID-19](#).
- CDC's criteria can help inform when employees should return to work:
  - [If they have been sick with COVID-19](#)

– If they have recently had close contact with a person with COVID-19

## Hand hygiene and respiratory etiquette

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.
- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- If soap and water are not readily available, [hand sanitizer](#) that contains at least 60% alcohol should be used (for staff and older children who can safely use hand sanitizer).

## Masks

- Teach and reinforce the [consistent and correct use](#) of masks. The use of masks is one of many important prevention strategies to help prevent the spread of COVID-19. [Masks](#) offer some protection to the wearer and are also meant to protect others, in case the wearer is infected with the virus that causes COVID-19. [Masks](#) are not Personal Protective Equipment (PPE) (e.g., respirators).
- Masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called [source control](#).
- [Consistent and correct use](#) of masks is most important when students, teachers, and staff are indoors and when physical distancing is difficult to implement or maintain. Individuals should be frequently reminded not to touch the face covering or mask and to [wash their hands](#) or use hand sanitizer frequently. Information should be provided to staff, students, and students' families on [proper use, removal, and washing of masks](#).
- [Masks](#) should **not** be placed on:
  - Children younger than 2 years old
  - Anyone who has trouble breathing or is unconscious
  - Anyone who is incapacitated or otherwise unable to remove the mask without assistance
- [Consistent and correct use](#) of masks may be challenging for some students, teachers, and staff, including:
  - Younger students, such as those in early elementary school (Pre-K through 3<sup>rd</sup> grade).
  - Students, teachers, and staff with severe asthma or other breathing difficulties.
  - Students, teachers, and staff with special educational or healthcare needs, including intellectual and developmental disabilities, mental health conditions, and sensory concerns or tactile sensitivity.
- While [masks](#) are strongly encouraged to reduce the spread of COVID-19, CDC






recognizes there are specific instances when wearing a mask may not be feasible. In these instances, parents, guardians, caregivers, teachers, staff, and school administrators should consider [adaptations and alternatives](#) whenever possible. They may need to consult with healthcare providers for advice about wearing masks.

- People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear masks if they rely on lipreading to communicate. This may be particularly relevant for faculty or staff teaching or working with students who may be deaf or hard of hearing. In this situation, consider using a clear mask that covers the nose and wraps securely around the face. If a [clear mask](#) isn't available, consider whether faculty and staff can use written communication (including closed captioning) and decrease background noise to improve communication while wearing a mask that blocks your lips.
- In addition to those who interact with people who are deaf or hard of hearing, the following groups of teachers and staff may also consider using clear masks:
  - Teachers of young students (e.g., teaching young students to read).
  - Teachers of students who are English language learners
  - Teachers of students with disabilities
- Clear masks should be determined not to cause any breathing difficulties or over heating for the wearer. Clear masks are not face shields. CDC does not recommend use of face shields for normal everyday activities or as a substitute for masks because of a lack of evidence of their effectiveness to control the spread of the virus from the source for source control.

## Adequate supplies

Ensure you have accessible sinks and enough supplies for people to clean their hands and cover their coughs and sneezes. Supplies include soap, a way to dry hands (e.g., paper towels, hand dryer), tissues, hand sanitizer with at least 60% alcohol (for staff and older children who can safely use hand sanitizer), disinfectant wipes, masks (as feasible) and no-touch /foot-pedal trash cans (preferably covered).

## Signs and messages

- Post [signs](#) in highly visible locations (e.g., school entrances, restrooms) that [promote everyday protective measures](#)  and describe how to [stop the spread](#)  of germs (such as by [properly washing hands](#) and [properly wearing a mask](#)  ). Signs should include visual cues (such as clear, easy-to-understand pictures demonstrating the healthy behaviors) at the appropriate reading and literacy level.
- Broadcast regular [announcements](#) on reducing the spread of COVID-19 on PA systems.
- Use simple, clear, and effective language about behaviors that prevent spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and through school [social media accounts](#)). If feasible, provide communication in multiple languages.

- Use communication methods that are accessible for all students, faculty, and staff, including those with disabilities.
- Translate materials into common languages spoken by students, faculty, and staff and people in the school community.
- Find freely available CDC print and digital resources on CDC's [communications resources](#) main page. CDC also has [American Sign Language videos](#) related to COVID-19 and other [communication tools](#).

## Maintaining healthy environments

School administrators can make multiple recommended changes to physical spaces to maintain a healthy environment.

### Cleaning and disinfection

- [Clean and disinfect](#) frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses regularly. Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible. If shared objects are used, students should wash hands or use hand sanitizer before and after use.
- [Masks are required](#) on school buses and other forms of public transportation in the United States.
- To clean school buses or other transport vehicles, see guidance for [bus transit operators](#).
  - Develop a schedule for increased, routine cleaning.
  - Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#) [☑](#), including storing products securely away from children. Use products that meet [EPA disinfection criteria](#) [☑](#).
  - Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

### Shared objects

- Discourage sharing of items that are difficult to clean or disinfect.
- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time. Students should wash hands or use hand sanitizer before and after use.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.

### Ventilation

Consider [ventilation](#) system upgrades or improvements and other steps to increase the delivery of clean air and dilute potential contaminants in the school. Obtain consultation from experienced Heating, Ventilation and Air Conditioning (HVAC) professionals when considering changes to HVAC systems and equipment. Some of the recommendations below are based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) [Guidance for Building Operations During the COVID-19 Pandemic](#) [↗](#). Review additional [ASHRAE guidelines for schools and universities](#) [📄](#) [↗](#) for further information on ventilation recommendations for different types of buildings and building readiness for occupancy. Not all steps are applicable for all scenarios.

Improvement steps may include some or all of the following activities:

- Increase outdoor air ventilation, using caution in highly polluted areas.
  - When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
  - Use child-safe **fans** to increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic fan placement to help draw fresh air into the classroom from open windows or to blow air from the classroom out open windows).
  - Decrease occupancy in areas where outdoor ventilation cannot be increased.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase total airflow supply to occupied spaces, when possible.
- Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
- Further open minimum outdoor air dampers to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold, hot, or humid weather.
- Improve central air filtration:
  - [Increase air filtration](#) [↗](#) to as high as possible without significantly diminishing design airflow.
  - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass
  - Check filters to ensure they are within service life and appropriately installed.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after the school is occupied.
- Ensure restroom exhaust fans are functional and operating at full capacity when the school is occupied.
- Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.

- Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas such as the nurse's office).
- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas such as the nurse's office).
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate the virus that causes COVID-19, especially if options for increasing room ventilation are limited.
- Ventilation considerations are also important on school buses.

\*Note: The ventilation intervention considerations listed above come with a range of initial costs and operating costs which, along with risk assessment parameters such as community incidence rates, facemask compliance expectations and classroom density, may affect considerations for which interventions are implemented. Acquisition cost estimates (per room) for the listed ventilation interventions range from \$0.00 (opening a window; inspecting and maintain local exhaust ventilation; disabling DCV controls; or repositioning outdoor air dampers) to <\$100 (using fans to increase effectiveness of open windows; or repositioning supply/exhaust diffusers to create directional airflow) to approx. \$500 (adding portable HEPA fan/filter systems) to approx. \$1500 (adding upper room UVGI).

## Water systems

The temporary shutdown or reduced operation of schools and reductions in normal water use can create hazards for returning students and staff. To minimize the risk of lead or copper exposure, [Legionnaire's disease](#), and other diseases associated with water, [take steps](#) such as plumbing flushing to ensure that all water systems and features (e.g., sink faucets, drinking fountains, showers, decorative fountains) are safe to use after a prolonged facility shutdown, and [follow EPA's 3Ts, \(Training, Testing, and Taking Action\) for reducing lead in drinking water](#) [🔗](#). It may be necessary to conduct ongoing regular flushing after reopening. For additional resources, refer to EPA's [Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use](#) [🔗](#). Drinking fountains should be cleaned regularly.

## Modified layouts

- In elementary schools, students should be [should be at least 3 feet apart](#).
- In middle schools and high schools, students should be at least 3 feet apart in areas of low, moderate, or substantial community transmission. In areas of high community transmission, middle and high school students should be 6 feet apart, if cohorting is not possible.
- Maintain 6 feet of distance in the following settings:
  - Between adults in the school building (teachers and staff), and between adults and students. Several studies have found that transmission between staff is more common than transmission between students and staff, and among


students, in schools.<sup>1</sup>

- When masks can't be worn, such as when eating.
  - During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise. Move these activities outdoors or to large, well-ventilated spaces.
  - In common areas.
- Face desks in the same direction, where possible, or have students sit on only one side of tables.
  - Modify learning stations and activities as applicable so there are fewer students per group.
  - Provide physical guides, such as tape on floors or sidewalks and signs on walls (e.g., guides for creating "one-way routes" in hallways).
  - Create distance between children on school buses (e.g., seat children one child per row, skip rows) when possible. Children from the same household can sit together without distancing. [Masks are required](#) by federal order on school buses and other forms of public transportation in the United States. Open windows to improve ventilation when it does not create a safety hazard. More information about school transportation and prevention is available [here](#).



## Communal spaces

- Close communal use of shared spaces such as dining halls and playgrounds with shared playground equipment if possible; otherwise, stagger use and [clean](#) between use.

## Food service

- Schools are essential to meeting the nutritional needs of children with many consuming up to half their daily calories at school. Nationwide more than 30 million children participate in the National School Lunch Program and nearly 15 million participate in the School Breakfast Program. (15, 16) There are several prevention strategies that schools may implement while providing this critical service to their students.
- Avoid offering any self-serve food or drink options, such as hot and cold food bars, salad or condiment bars, and drink stations. Serve individually plated or pre-packaged [meals](#) instead, while ensuring the [safety of children with food allergies](#)  .
- As feasible, have children eat meals outdoors or in well-ventilated areas, while maintaining physical distance of at least 6 feet apart while unmasked.
- Have teachers and children wash their hands with soap and water for 20 seconds or use a hand sanitizer that contains at least 60% alcohol before and after eating. Ensure children do not share food, either brought from home or from the food service.
- If communal dining halls or cafeterias will be used, ensure that children remain at least 6 feet apart while unmasked, such as while eating. Clean tables and chairs

between each use.

- Ensure children do not share food or utensils. This helps prevent the spread of COVID-19 for all students and helps ensure the safety of [children with food allergies](#)  :
  - Use disposable food service items (e.g., utensils, trays).
  - If disposable items are not feasible or desirable, ensure that all non-disposable food service items and equipment are handled by staff with gloves and washed with dish soap and hot water or in a dishwasher.
  - Individuals should [wash their hands](#) after removing their gloves or after directly handling used food service items.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal.
- Provide tissues and no-touch or foot pedal trash cans, where possible, for employees, volunteers, and students to use.
- If possible, install touchless payment methods (pay without touching money, a card, or a keypad). Provide hand sanitizer right after handling money, cards, or keypads.
- Of Note: USDA has issued the [COVID-19 Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs](#)  .

### **Pets and Other Animals in the Classroom**

- While more research is needed, the information we have so far shows there is low risk of [animals spreading the virus](#) that causes COVID-19 to people. However, the virus may spread from people to animals in some situations, especially after an animal has close contact with a person with COVID-19.
- Do not allow animals that are at higher risk for infection with COVID-19 in the classroom. This includes cats, dogs, and small mammals like ferrets, hamsters, and rabbits.
- For service dogs, however, the benefits of having the dog in the classroom for a particular student or staff member can outweigh the risks of infection. Administrators can discuss with student's parents or guardians or the staff member, as well as teachers, the school nurse and the staff or student's healthcare provider, and make decisions to allow service dogs in the classroom on a case-by-case basis.
- For more information, see [If You Have Pets](#) and the [Healthy Pets, Healthy People](#) website.

## **Maintaining healthy operations**

School administrators can make multiple recommended changes to school management to maintain healthy operations.

### **Protections for staff and children at higher risk for severe illness from COVID-19**

- Offer options for staff at **higher risk for severe illness** (including older adults and people of all ages with certain underlying medical conditions or disabilities) that limit their exposure risk (e.g., telework, modified job responsibilities that limit exposure risk).
- Offer options for students at **higher risk of severe illness** that limit their exposure risk (e.g., virtual learning opportunities).
- Provide inclusive programming for children and youth with special **healthcare needs** and **disabilities** that allows on-site or virtual participation with appropriate accommodations, modifications, and assistance (e.g., students with disabilities may have more difficulties accessing and using technology for virtual learning).
- Consistent with applicable law, put in place policies to protect the privacy of people at **higher risk for severe illness** regarding underlying medical conditions.

### **Regulatory awareness**

Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.

### **Identifying small groups and keeping them together (cohorting or podding)**

Dividing students and teachers into **distinct groups that stay together throughout an entire school day** during in-person classroom instruction. Limit mixing between groups such that there is minimal or no interaction between cohorts. Maintain 6 feet of distance between cohorts where possible.

### **Alternating schedule**

Alternate the days when cohorts physically attend school. For example, certain grades or classrooms physically attend school on Monday/Tuesday and other grades or classrooms physically attend on Thursday/Friday (and the school is thoroughly cleaned in between, on Wednesday). As another example, some schools internationally have rotated in-person attendance weekly with one group of students attending during a week, followed by a different group the next week in rotation with thorough cleaning on the weekends.

### **Staggered scheduling**

- Stagger student arrival, drop-off, and pick-up time or locations by cohort, or put in place other protocols to limit contact between cohorts and direct contact with parents, guardians, and caregivers as much as possible.
- When possible, use flexible worksites (e.g., telework at home) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for physical distancing.

### **Mix of virtual learning and in-class learning (hybrid schedule)**

Hybrid options can apply a cohort approach to the in-class education provided.

### **Virtual/at-home only**

Students and teachers engage in virtual-only classes, activities, and events.

### **Gatherings, visitors, and field trips**

- Eliminate or decrease nonessential in-person interactions among teachers and staff during meetings, lunches, and other situations that could lead to adult-to-adult transmission.
- Pursue virtual group events, gatherings, or meetings, if possible, and promote [physical distancing](#) between people if events are held. Limit group size to the extent possible.
- Pursue options to convene sporting events and participate in [sports activities](#) in ways that reduce the risk of transmission of COVID-19 to players, families, coaches, and communities.
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- **Limit cross-school transfer for special programs.** For example, if students are brought from multiple schools for special programs (e.g., music, robotics, academic clubs, [sports](#)), consider using distance learning and virtual environments to deliver the instruction or temporarily offering duplicate programs in the participating schools. For youth sports considerations visit the [FAQs for Youth Sports Programs](#) (e.g., physical distance, wearing masks, etc.).
- Develop a plan for staff who travel between schools (e.g., school nurses, psychologists, therapists). For example, consider allowing them to have virtual meetings in place of physical school visits and revise scheduling to limit their visits to multiple campuses.
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.

### **Designated COVID-19 point of contact**

Designate a staff person, such as the school nurse, to be responsible for responding to COVID-19 concerns. All school staff and families should know who this person is and how to contact them.

### **Travel and transit**

- Consider options for limiting non-essential travel in accordance with state and local regulations and guidance.
- Consider postponing or canceling upcoming [student international travel programs](#).



- Encourage students, faculty and staff who use public transportation or ride sharing to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
- Ensure options for safe travel on campus for people with disabilities. For example, physical distancing in designated seating areas for wheelchairs may not be possible and drivers who may need to have close contact to assist a person with disabilities.
- Encourage students, faculty and staff who use public transportation or ride sharing to follow CDC guidance [how to protect yourself](#). Additionally, encourage them to commute during less busy times and clean their hands as soon as possible after their trip.

### Participation in community response efforts

Consider participating with local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

### Communication systems

Put systems in place for:

- Staff and families should self-report to the school if they or their student have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days. The reporting system should be consistent with the [health information sharing regulations for COVID-19](#) [↗](#) (e.g., see “Notify Health Officials and Close Contacts” in the **Preparing for When Someone Gets Sick section below**) and other applicable federal and state laws and regulations relating to privacy and confidentiality, such as the Family Educational Rights and Privacy Act (FERPA). The communication methods should be accessible for all students, faculty and staff, including those with disabilities and limited English proficiency (e.g., use interpreters and translated materials)
- Notifying staff, families, and the public of school closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

### Leave (time off) policies and excused absence policies

- Implement flexible sick leave policies and practices that enable staff to stay home when they are sick, have been exposed, or caring for someone who is sick.
  - Examine and revise policies for leave, telework, and employee compensation.
  - Leave policies should be flexible and not punish people for taking time off and should allow sick employees to stay home and away from co-workers. Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members. Additional flexibilities might include giving advances on future sick leave days and allowing employees to donate sick leave to each other, for example.

- Develop policies for return-to-school after COVID-19 illness. CDC's [criteria to discontinue home isolation and quarantine](#) can inform these policies.

## Back-up staffing plan

Monitor absenteeism of students and employees, cross-train staff, and create a roster of trained back-up staff.


## Staff training

- Train staff on all safety protocols.
- Conduct training virtually or ensure that [physical distancing](#) is maintained during training.

## Recognize signs and symptoms

We learn more about COVID-19 every day, and as more information becomes available, CDC will continue to update and share information. As our knowledge and understanding of COVID-19 evolves, this guidance may change.

Based on the best available evidence at this time:

- **CDC does not currently recommend universal symptom screenings** (screening all students grades K-12) be conducted by schools.
- **Parents or caregivers should be strongly encouraged to monitor their children** for [signs of infectious illness including COVID-19](#) every day.
- **Students who have symptoms of any infectious illness or symptoms consistent with COVID-19 should not attend school in-person.**
  - The profile of symptoms associated with COVID-19 remains under study and will be updated as warranted by research findings. **Further information on what symptoms may suggest infectious illness and recommended return-to-school policies is available at [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#).**
  - Schools that choose to conduct symptom screening should conduct these screenings safely and respectfully, and in accordance with any applicable privacy laws and regulations (e.g., confidentiality as required by the Americans with Disabilities Act (ADA) and the Family Educational Rights and Privacy Act [FERPA]).
  - The considerations detailed here are intended only for students in K-12 school settings. For guidance related to screening of staff, please refer to CDC's [Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019](#) and the Prevent Transmission Among Employees section of [CDC's Resuming Business Toolkit](#)  .

## Sharing facilities

Encourage any organizations that share or use the school facilities to also follow these considerations.

### **Support coping and resilience**

- Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
- Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Transparently communicate with staff, teachers, students, and families, including about mental health support services available at the school. These critical communications should be accessible to individuals with disabilities and limited English proficiency.
- Share facts about COVID-19 regularly through trusted sources of information to counter the spread of misinformation and mitigate fear.
- Consider posting signages for the national distress hotline: call or text 1-800-985-5990
- Ensure continuity of mental health services, such as [offering remote counseling](#).
- [Encourage](#) students to call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or [Lifeline Crisis Chat](#) [🔗](#) if they are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like wanting to harm themselves or others.

## **Prepare for when someone has COVID-19**

Schools can prepare for when students, teachers, or staff have symptoms of COVID-19 or are diagnosed with COVID-19.

### **Advise students, teachers, staff, and families of home isolation and quarantine criteria**

Students, teachers, and staff with COVID-19 should not return to in-person school until they have met CDC's [criteria to discontinue home isolation](#). Students, teachers, and staff who have been close contacts (within 6 feet for a cumulative total of 15 minutes or more over a period of 24 hours) of someone with COVID-19 should not return to in-person school until they have completed their [quarantine](#).

### **Make sure students, teachers, staff, and families know when to stay home**

Make sure that staff and families know that students, teachers, or staff with symptoms of COVID-19, with a positive test for COVID-19, or who have been in close contact with someone with COVID-19 should stay home and notify school officials (e.g., the designated COVID-19 point of contact). These critical communications should be accessible to individuals with disabilities and limited English proficiency. For detailed information on when students who have symptoms of COVID-19 can return to in-person school, visit [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#).

### Isolate and transport students who develop symptoms while at school

Some students may develop symptoms of infectious illness while at school. Schools should take action to isolate students who develop these symptoms from other students and staff. Follow the school isolation protocol outlined in [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#) when student develops symptoms of an infectious illness.

### Clean and disinfect

- Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#) them. For outdoor areas (e.g., playgrounds, sitting areas, outdoor eating areas, etc.), this includes surfaces or shared objects in the area, if applicable.
- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#) [↗](#), including storing products securely away from children.

### Notify health officials and close contacts

- In accordance with state and local laws and regulations, school administrators should notify [local health officials](#), staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#) [↗](#) and [FERPA](#) [↗](#) or and other applicable laws and regulations.
- Inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home and [self-monitor for symptoms](#), [get tested for COVID-19](#), and follow [CDC guidance](#) if symptoms develop. Maintain confidentiality as required by the [Americans with Disabilities Act \(ADA\)](#) [↗](#) and Family Educational Rights and Privacy Act (FERPA) or and other applicable laws and regulations.
- When cases are introduced into the school environment, they can lead to **clusters** (groups of school-associated cases) and potentially to uncontrolled spread. For more information on clusters, see section "Interventions to control clusters" on the [K-12 School Operational Strategy](#) page.
- A school might need to implement short-term building closure procedures **if/when an infected person has been on campus during their infectious period** and has close contact with others. If this happens, **work with local public health officials to determine next steps**. One option is an initial short-term class suspension and cancellation of events and activities (e.g., assemblies, spirit nights, field trips, and

sporting events) to allow time for local health officials to gain a better understanding of the COVID-19 situation and help the school determine appropriate next steps, including whether such a suspension needs to be extended to stop or slow further spread of COVID-19. In situations where schools are cohorting students (e.g., in pods) administrators may choose to close the building in places (e.g., classrooms, common areas) where others were exposed to the infected person. In the event that local health officials do not recommend building or classroom closures, thoroughly cleaning the areas where the infected person spent significant time should be considered.

- Local health officials' recommendations whether to suspend school or events and the duration such suspensions should be made on a case-by-case basis using the most up-to-date information about COVID-19 and taking into account local case-counts, and the degree of ongoing transmission in the community.

## What to do if a Student Becomes Sick Flowchart



### Information includes:

- Student negative COVID-19 test result
- Student positive COVID-19 test result
- And more

What to do if a Student Becomes Sick Flowchart

## Students with disabilities or special healthcare needs

### Plan for accommodations, modifications, and assistance for children and youth with disabilities and special healthcare needs


A customized and individualized approach for COVID-19 may be needed for children and youth with disabilities who have limited mobility; have difficulty accessing information due to visual, hearing, or other limiting factors; require close contact with direct service providers; have trouble understanding information; have difficulties with changes in routines; or have other concerns related to their disability. This approach should account for the following:


- Education should remain accessible for children in special education who have a 504 Plan or Individualized Education Program.
- Physical distancing and isolating at school may be difficult for many people with disabilities.
- Wearing [masks](#) may be difficult for people with certain disabilities (e.g., visual or hearing impairments) or for those with sensory, cognitive, or behavioral issues.

- Students may require assistance or visual and verbal reminders to cover their mouth and nose with a tissue when they cough or sneeze, throw the tissue in the trash, and wash their hands afterwards.
- Where service or [therapy animals](#) are used, use guidance to [protect the animal from COVID-19](#).
- [Cleaning and disinfecting](#) procedures may negatively affect students with sensory or respiratory issues.
- Students may require assistance or supervision [washing](#) their hands with soap and water for at least 20 seconds or using a hand sanitizer (containing at least 60% alcohol).
- [Cleaning and disinfecting](#) personal belongings, school objects, or surfaces may require assistance or supervision.
- Behavioral techniques can help all students, adjust to changes in routines and take preventive actions. These techniques may be especially beneficial for some children with disabilities and may include modeling and reinforcing desired behaviors and using picture schedules, timers, and visual cues. Organizations that support individuals with disabilities have information and resources to help schools with these behavioral techniques. In addition, behavioral therapists or local mental health or behavioral health agencies may be able to provide consultation for specific concerns.


### Follow guidance for Direct Service Providers (DSPs)

[Direct Service Providers](#) (personal care attendants, direct support professionals, paraprofessionals, therapists, and others) provide a variety of home and community-based, health-related services that support individuals with disabilities. Services provided may include assistance with activities of daily living, access to health services, and more. DSPs are essential for the health and well-being of the individuals they serve.

- Ask Direct Service Providers (DSPs) before they enter school if they are experiencing any [symptoms of COVID-19](#) or if they have been in contact with someone who has COVID-19. If DSPs provide services in other schools, ask specifically whether any of the other schools have had positive cases. For guidance related to screening of staff (to include DSPs), please refer to CDC's [Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019](#) and the Prevent Transmission Among Employees section of [CDC's Resuming Business Toolkit](#)  .
- If there is potential that a DSP may be splashed or sprayed by bodily fluids during their work, they should [use standard precautions](#) to avoid getting infected. They will need to wear personal protective equipment (PPE) including a facemask, eye protection, disposable gloves, and a gown.
- CDC has developed guidance for [DSPs](#). School administrators should review the DSP guidance and ensure that DSPs needing to enter the school are aware of those preventive actions.

After reviewing the suggestions listed on this page, school administrators can use CDC's [School Considerations: Readiness and Action Planning Tool](#)  to protect students, staff and communities.

## Pets and Other Animals in the Classroom

- While more research is needed, the information we have so far shows there is low risk of animals spreading the virus that causes COVID-19 to people. However, the virus may spread from people to animals in some situations, especially after an animal has close contact with a person with COVID-19.
- Do not allow pets that are at higher risk for infection with the virus that causes COVID-19 in the classroom. This includes cats, dogs, and small mammals like ferrets, hamsters, and rabbits.
- However, service dogs must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#) .
- School administrators should refer to CDC's [Guidance for Handlers of Service and Therapy Animals](#) when making decisions about allowing therapy animals in the school.
- For more information on pets and other animals, see [If You Have Pets](#) and the [Healthy Pets, Healthy People](#) website.

## Other Resources

### For Schools and Child Care Providers

[Back to School Planning Checklist for Parents, Caregivers, and Guardians](#)

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[Considerations for Use of Masks in Schools](#)

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[Guidance for Child Care Programs that Remain Open](#)

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[Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing](#)

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[Guidance for Schools and Childcare Centers](#)

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[Strategies for Protecting K-12 Staff](#)

### Everyday Steps to Slow the Spread

[Cleaning and Disinfection](#)

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[Community Prevention](#)

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[COVID-19 Prevention](#)

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[Use of Masks](#)

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[Handwashing Information](#)

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[Physical Distancing](#)

from COVID-19

[Guidance for Direct Service Providers, Parents, Caregivers, and Guardians, and People with Developmental and Behavioral Disorders](#)

[Guidance for Direct Service Providers](#)

[Guidance for Handlers of Service and Therapy Animals](#)

[Limitations and Considerations for COVID-19 Symptom Screening in K-12 Schools](#)

[School Decision Making Tool for Parents, Caregivers, and Guardians](#)

[Parental Resources](#)

[COVID-19 and Children](#)

[COVID-19 and Pets and Other Animals](#)

[Considerations for Outdoor Learning Gardens and Community Gardens](#)

## COVID-19 Fact Sheets, Posters, and Videos

[CDC COVID-19 Communication Toolkit](#)

[CDC COVID-19 Quarantine vs. Isolation !\[\]\(e3f255517d37bb309a3a931ec4849e6a\_img.jpg\)](#)

[CDC Communication Resource](#)

## COVID-19 Basics

[COVID-19 Frequently Asked Questions](#)

[If You Are Sick](#)

[Prevent Getting Sick](#)

[Symptoms of COVID-19](#)

[Latest COVID-19 Information](#)

[Managing Stress and Coping](#)

[People at Increased Risk](#)

[Talking to Children about COVID-19](#)

## For Businesses and Workplaces

[Guidance for Businesses and Employers](#)

[Worker Safety and Support](#)

[Managing Workplace Fatigue during COVID-19](#)

[HIPAA and COVID-19 !\[\]\(1f07ca0166c20613cbdc4e6e7b561b81\_img.jpg\)](#)

[OSHA Guidance on Preparing Workplaces for COVID-19 !\[\]\(90ef8a875012d671981c846fc200a6e1\_img.jpg\) !\[\]\(627d6e1ce38ede72a78e44ab6448645a\_img.jpg\)](#)

[U.S. Equal Employment Opportunity Commission: Coronavirus and COVID-19 !\[\]\(d1e354b20d5da71167901f383c85cd29\_img.jpg\)](#)



# Previous Updates

## Updates from Previous Content

### As of March 1, 2021

- Link added to resource summarizing [how to use CDC building ventilation recommendations in schools and child care programs](#)

### As of February 11, 2021

- Under the section **Promote behaviors that reduce spread of COVID-19**, removed surgical masks as an example of personal protective equipment (PPE).

### As of January 8, 2021

- Under the section **Pets and Other Animals in the Classroom**, added language that service dogs must be permitted to remain with their handlers

### As of December 31, 2020

- Incorporated new evidence about COVID-19 in children
- Updated language for clarity
- Updated language for consistency with other CDC COVID-19 guidance
- Updated language about keeping schools open, in addition to opening them for in-person learning
- Added information about animals in the classroom

## References

### References cited on this page

Last Updated Mar. 19, 2021

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)