Centers for Disease Control and Prevention

COVID-19

Frequently Asked Questions about COVID-19 for School Administrators

The Frequently Asked Questions (FAQs) about COVID-19 for School Administrators are based on CDC's Guidance for COVID-19 Prevention in K-12 Schools.

Updated Dec. 17, 2021

Vaccination

Can we ask families or students about their COVID-19 vaccination status?

- State laws establish vaccination requirements for school children. Your policies or practices for obtaining proof of COVID-19 vaccination should comply with all state and local policies. State laws also establish the enforcement of school vaccination requirements and exemptions. Schools that plan to ask about COVID-19 vaccination status should use standard protocols to collect and secure the data on vaccination status and other immunization or health status information about students. Data collection should align with relevant regulations of the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, and applicable state privacy laws.

Can I open our school for in-person learning if not all students and staff members are vaccinated?

- Yes, if state law allows. The most important and effective strategy we have right now to help schools stay open is having high levels of vaccination among all eligible students, teachers, staff, and family members.
- Using multiple prevention strategies at the same time remains critical to protect everyone. In addition to vaccination, examples of prevention strategies include universal masking, physical distancing, and increased ventilation.

My school or school district has low vaccination coverage among students and staff. How can I better promote vaccination and increase vaccine confidence?

- Work with community stakeholders to better understand and address the causes of vaccine hesitancy.
- Partner with the local health department to offer vaccination clinics at the school to provide easy access to COVID-19 vaccines for your students and families, teachers, staff members, and the surrounding community.

- Demonstrate the importance of COVID-19 vaccination by offering supportive policies and practices around getting vaccinated such as offering paid leave for employees for themselves or when caring for their family members.
- Be prepared to address questions and misinformation about the COVID-19 vaccines. Use CDC's tips for talking about COVID-19 vaccines.
- Consider providing COVID-19 vaccine fact sheets to parents and caregivers and adding them to your school and school district websites.
- Visit the Promoting Vaccination section of the Guidance for COVID-19 Prevention in K-12 Schools, the Benefits of Getting a COVID-19 Vaccine, or the Communication Resources for COVID-19 Vaccines for more information and resources.

Can we require students to be vaccinated to participate in sports and extracurricular activities?

- Some schools or school districts have policies in place that require COVID-19 vaccination in school settings or require alternatives for those who are unvaccinated, such as regular screening testing. These orders can also apply to sports and extracurricular activities. The decision to establish such policies is up to the school, school district, and local jurisdiction.

Masks

Do masks work?

- Yes, masks work. Masks help prevent virus particles from entering the air or being breathed in by the person wearing a mask. For masks to work best, students, teachers, and staff members need to wear a well-fitting mask consistently and correctly. Consistent and correct mask use is especially important indoors and in crowded outdoor settings when physical distancing is difficult.

Does CDC think schools should require universal mask policies in K-12 schools?

- CDC recommends universal indoor masking in K-12 schools, regardless of vaccination status. Requiring the use of masks is one way that schools can ensure there is universal masking at the school.

Should students be wearing a mask on the school bus?

- Yes. CDC issued an order on January 29, 2021 requiring masks on public transportation. CDC's Order applies to all public transportation, including school buses. All passengers and drivers must wear a mask on school

buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order.

What should I do if my state does not allow schools to require masking?

- If your school is not requiring masking, you should still encourage universal masking for teachers, staff members, and students. In addition, follow CDC guidance to ensure all other COVID-19 prevention strategies are used. The risk of transmission may increase when one of the recommended prevention strategies, such as universal masking, is not followed.

Physical Distancing

What if we can't maintain 6 feet of distancing between students and staff?

- CDC recommends that schools implement physical distancing to the extent possible. Distancing requirements should **not** prevent students from returning to in-person learning. In general, CDC's guidance for distancing in adult-to-adult and adult-to-student interactions continues to be 6 feet. In the classroom setting, guidance indicates that students should be at least 3 feet from each other, and they should wear masks correctly and consistently.
- Some ways schools can maximize distancing includes moving any unnecessary furniture out of the classroom, using empty classrooms, and using outdoor space when possible.

If our school can maintain 6 feet of distancing between students and staff, is it "safe" for us to no longer require masks?

- No. Physical distancing is only one of the recommended layered prevention strategies. When schools use multiple prevention strategies, it helps prevent spread of COVID-19 in the school. CDC recommends universal indoor masking by all students (age 2 years and older), staff members, teachers, and visitors to K-12 schools, regardless of vaccination status.

Testing and Screening

What is the benefit of school-based testing?

- Testing is an important layer of prevention that can quickly identify people who have COVID-19 and potentially prevent an outbreak within the school. Testing is used to identify people who have the virus that causes

COVID-19, including those with or without symptoms. By identifying infections early, schools can limit COVID-19 transmission and keep students in school for in-person learning, sports, and extracurricular activities.

- School testing programs can make it quick and easy to get students tested, whether as part of routine screening testing, or when they have symptoms or are determined to be a close contact to someone with COVID-19. Some schools offer just diagnostic testing and some offer both diagnostic and screening testing. Schools are encouraged to offer both diagnostic and screening testing, and resources are available from the federal government to support testing in schools. Testing locations in your school's community can be found at the HHS Community-Based Testing webpage .

What's the difference between diagnostic and screening testing strategies?

- **Diagnostic testing** is intended to identify current infection in individuals and should be performed on anyone who has signs and symptoms consistent with COVID-19 or who has been identified as a close contact. A laboratory-based Nucleic Acid Amplification Test (NAAT) is recommended for diagnostic testing of vaccinated, asymptomatic individuals following recent, known, or suspected exposure to SARS-CoV-2.
- **Screening testing** is intended to identify unvaccinated people with COVID-19 who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission.

What should I do if a student or staff member tests positive for COVID-19?

- Report positive test results to your local public health department in accordance with applicable laws and regulations as soon as possible.
- Work with your local health department so you are prepared to support timely contact tracing and follow steps to prevent the spread of COVID-19 at your school. Refer to the Toolkit for Responding to COVID-19 Cases to help with these efforts.
- The student or staff member should be advised **not** to attend in-person school, socialize, or participate in any extracurricular activities. The school should provide instructions for isolation, alternatives to in-person education (such as remote learning options), and information about current policies for when students and staff members can return to school. CDC has information on isolation and quarantine.

If a student or staff member tests positive for COVID-19 during the school day, what should they do?

- The student or staff member should immediately be separated from other people and put on a mask if they are not already wearing one. They should be sent home and given instructions on isolation. The school, in coordination with the health department, should conduct contact tracing right away to identify close contacts and give instructions for testing, masking, and quarantine based on their vaccination status or history of prior infection in the past 90 days.

What should we do if a student or staff member reports that they have tested positive for COVID-19 on a self-test?

19 on a self-test?

- You should advise them to isolate, regardless of symptoms. CDC also encourages those who test positive with a self-test to report the results to a health care professional. The school, in coordination with the health department, should conduct contact tracing to identify close contacts. Work with your local or state health department to identify close contacts quickly and instruct them on public health recommendations based on their vaccination status.

If a student or staff member who tested positive from a self-test receives follow-up testing through a health care provider or a test site and obtains a negative test, can we allow them to be back at school?

- People who receive a negative laboratory-based Nucleic Acid Amplification Test (NAAT) result through a health care provider or test site can return to school **only if** they do not have symptoms of COVID-19 and, if not fully vaccinated, have not been determined to be a close contact to a person with COVID-19.

Can antibody testing be used to exempt someone from quarantine or other public health recommendations if they are determined to be a close contact?

- No. An antibody test is a blood test that checks for the presence of antibodies, which are proteins created by a person's immune system that help fight off infections. These antibodies can be created in response to an infection or after vaccination. Antibody tests do not look for current infection and should not be used to determine the need for quarantine or other public health recommendations following close contact with someone who has COVID-19.

Close Contacts, Contact Tracing, and Quarantine

CDC provides guidance for conducting contact tracing in K-12 schools. Guidance includes information on how to prepare for a case in the school, develop policies that support contact tracing, and collaborate with local public health authorities. In addition, CDC released the Toolkit for Responding to COVID-19 Cases to assist K-12 administrators with implementation of contact tracing, including quarantine, isolation, and determination of close contacts. Please reference this toolkit for more information and guidance about quarantine and isolation; customizable case, close contact, and isolation notification letters; and decision trees to determine close contacts.

What is the definition of a close contact?

- A close contact is defined as someone who was less than 6 feet away from a person with infection (lab confirmed or clinical diagnosis) for a cumulative time of 15 minutes or more, over a 24-hour period.
- In the K–12 indoor classroom setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition excludes students who were between 3 to 6 feet of an infected student (laboratory-confirmed or a clinical diagnosis) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time

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Does the close contact exception apply outdoors?

- Yes. In K-12 settings, the exception to the close contact definition now includes students in **structured outdoor settings** (holding class outdoors with educator supervision) who were between 3-6 feet of an infected student if **both** the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.
- A “structured outdoor setting” is any outdoor setting that allows for supervised implementation of mask wearing and a minimum of 3 feet of distance between students. This does not include settings such as outdoor sports, recess, or other situations where monitoring of at least 3 feet of distance and correct and consistent mask use is more difficult.
- Masking and distancing conditions in a “structured outdoor setting” should mimic the conditions in an indoor classroom setting.
- If students are spaced more than 6 feet apart in outdoor settings, masking is not necessary.

Why does the close contact exception only apply to students and not to teachers or staff?

- The K-12 exception to the definition of a close contact does not include exposures that involved adults due to the differences in transmission dynamics between adults and children described in the science brief, Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs.
- The exception to the close contact definition was specifically developed to facilitate the ability to use 3 feet of distance between students in indoor classroom settings (and now structured outdoor settings) when 6 feet distancing is not feasible.
- Exposures in K-12 classrooms that involve adults should use the 6 feet distancing criteria in the standard close contact definition.

What are the recommendations for people determined to be close contacts in a K-12 school?

- Public health recommendations for close contacts depend on vaccination status and history of prior infection in the past 90 days. For detailed guidance on public health recommendations for close contacts, including testing, masking, and quarantine, go to the Overview of COVID-19 Quarantine for K-12 Schools section in the toolkit.

If a person had COVID-19 in the past 90 days, completed isolation, and recovered, do they have to quarantine if they are determined to be a close contact?

- No. Someone who tested positive for COVID-19 with a viral test within the previous 90 days, and has subsequently recovered and remains without COVID-19 symptoms, does not need to quarantine. However, close contacts with prior infection in the previous 90 days should wear a mask indoors in public for 14 days

after exposure and monitor for COVID-19 symptoms; and, even after the 14 day period, universal masking is recommended in schools. If symptoms develop, they should isolate immediately and consult with a healthcare professional.

If we decide to allow close contacts who are unvaccinated or not fully vaccinated to stay in school ("Test to Stay"), is this safe?

- Test to Stay combines contact tracing and serial testing (testing that is repeated at least twice during a seven-day period post-exposure) to allow asymptomatic school-associated close contacts who are not fully vaccinated and do not test positive for SARS-CoV-2 to continue in-person learning.
- Because fully vaccinated close contacts are not required to quarantine following exposure, they would not be included in Test to Stay.
- Schools may consider Test to Stay as an option for keeping close contacts who are not fully vaccinated in the classroom as an alternative to traditional quarantine at home. Test to Stay should be implemented with other layered prevention strategies.
- Students participating in Test to Stay should consistently wear masks while in school and should stay home and isolate if they develop symptoms or test positive for COVID-19.
- Published studies show low levels of in-school transmission where Test to Stay is implemented.
- Schools and school districts that are considering implementation of Test to Stay should make efforts to ensure that such strategies, if offered, are available in an equitable way among students and across schools and comply with all applicable laws, regulations, and policies, including those related to privacy and confidentiality. For instance, in districts that offer Test to Stay, state and local health agencies should consider assisting schools without adequate contact tracing or testing by providing them access to such resources. Similarly, school administrators should make efforts to ensure that all students within the school who qualify for Test to Stay are able to access testing, especially if it is provided outside of the school setting.
- More information about Test to Stay is provided in the Science Brief on the Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs.

Isolation

What should a student or staff member do if they have COVID-19 symptoms that are also symptoms of the common cold, allergies, or influenza?

- People should **not come to school** when they are ill. They should stay home and isolate immediately. They should also get tested for COVID-19. It is very important that students and staff do not attend in-person school when they have symptoms of COVID-19 or while they are awaiting test results. Schools should provide remote learning options during this time. As with symptoms of any infectious illness, students and staff members should also not gather in public places, play sports, participate in extracurricular activities, or socialize in-person with people who do not live in their household. Please visit the Isolation for K-12 Schools section of the Contact Tracing toolkit for more guidance on when and how to isolate.

What should we do if students or staff start showing symptoms at school?

- Anyone who is showing symptoms of COVID-19 while at school should immediately be separated from other people and wear a mask. If it is a student, contact their caregiver for immediate pick-up and help them arrange for a COVID-19 test. If it is a staff member, send them home immediately and refer them for testing. It is very important that a symptomatic student or staff member not attend in-person school when they have signs or symptoms of COVID-19. Consult your school or school district for guidance on screening, testing, isolation, and quarantine.

Sports and Activities

Can students safely participate in extracurricular activities and sports?

- Due to increased breathing that occurs during physical activity, many sports and some extracurricular activities could put athletes, coaches, trainers, and staff members at increased risk for getting and spreading the virus that causes COVID-19. Close contact, indoor sports, and extracurricular activities that involve heavier breathing or raised voices (shouting, singing, cheering, yelling) are particularly risky, especially in times of substantial to high community transmission. Promoting in-person learning should be the top priority, above sports and extracurricular activities. However, when students are engaging in sports and extracurricular activities, schools should implement layered prevention strategies as discussed in the “Sports and Other Extracurricular Activities” section of the Guidance for COVID-19 Prevention in K-12 Schools.

Can students participate in recess and physical education?

- Yes. Recess and physical education can help students learn about, achieve, and support their social, emotional, and mental health. The risk of COVID-19 transmission is lower when physical activities are conducted outdoors than indoors, particularly when students are spaced more than 6 feet apart. When physical education and recess are held indoors, it is important that school facilities have good ventilation and that everyone wears masks and maximizes distance as much as possible. In general, students, teachers, and staff members do not need to wear masks when participating in recess and physical education outdoors.

Should we require athletes to be tested in order to play?

- To facilitate safer participation in sports and extracurricular activities, schools should consider implementing screening testing for participants who are not fully vaccinated. See the sports section of CDC’s Guidance for COVID-19 Prevention in K-12 Schools for more information on how to implement such screening testing programs.

Is it ok for students to use the playground?

- Yes. More is known about how long the virus stays on surfaces compared with what we knew in 2020. Students can safely use playground equipment with daily cleaning. Students, teachers, and staff should wash their hands before and after use of any playground equipment. Cleaning and disinfection between every use of playground and physical education equipment is not needed.

Can students share objects (such as art supplies or sports equipment) with other students?

- Yes, but students should wash their hands or use hand sanitizer before and after use of any shared materials. Cleaning and disinfection between everyday use of art supplies, sports equipment, and music sheets is not needed.
- Keeping hands clean and regularly cleaning surfaces helps prevent a variety of diseases and infections. CDC recommends that handwashing stations are made available for students, teachers, and staff members to access whenever they may need to remove their mask, while sharing objects, after any coughing or sneezing, before and after eating, and after using the restroom.

Mealtime

Are there ways to keep students safe during mealtime?

- Yes. To reduce the risk of transmission during mealtimes, students should be spaced 6 feet apart with proper ventilation since masks are removed while eating. Schools should require masks and distancing in food service lines, keep students at least 6 feet apart while eating, and have students put their masks back on immediately after eating. Use of outdoor space during mealtimes can help with physical distancing and improve ventilation.

What does CDC recommend for physical distancing during lunch and other meals?

- CDC recommends people stay at least 6 feet apart during lunch and other mealtimes. Mealtimes are a high-risk situation because masks are removed while eating. Whenever possible, mealtime should take place outside, because risk of transmission is much lower outside. In schools where cafeteria space is limited, some ways to facilitate physical distancing include using additional spaces outside of the cafeteria for mealtime seating (such as gymnasiums, libraries, or outdoor spaces), and staggering lunch times.

Ventilation

Will improving the school's ventilation reduce the risk of COVID-19 spreading?

- Yes. Improving ventilation is a key prevention strategy. Opening windows brings fresh air into the classroom and can reduce the number of virus particles in the air. This strategy is helpful as long it does not become a safety or health risk to the students. Some ways to improve ventilation include:
  - Opening multiple doors; using child-safe fans
  - Opening windows as long as it does not present a safety hazard for students
  - Making changes to the heating, ventilation, and air conditioning (HVAC) or air filtration systems
  - Using portable HEPA air cleaners
  - Keeping the ventilation system fan running all day (thermostats set to “on” and not “auto”), especially when students and staff are gathering
- Move classes and mealtimes outside when weather permits.
- During transportation, bus drivers should open or crack windows a few inches to improve air circulation. See CDC’s Face Masks Requirements for Public Transportation for more information.
- Funds provided through the Elementary and Secondary Schools Emergency Relief Programs and the Governor’s Emergency Education Relief Programs can support improvements to ventilation and implementing public health protocols and policies in line with guidance from the CDC for the reopening and operation of school facilities to effectively maintain the health and safety of students, educators, and other staff. Please see question B-7 of the U.S. Department of Education Uses of Funds [78 KB, 61 Pages] guidance for these programs.

Cases, Clusters, and Outbreaks

How are school-associated COVID-19 cases, clusters, and outbreaks defined?

- In August 2021, the Council of State and Territorial Epidemiologists (CSTE) released the Standardized COVID-19 K-12 School Surveillance Guidance for Classification of Clusters and Outbreaks to define K-12 school-associated COVID-19 cases, transmission, clusters, and outbreaks. Jurisdictions may use these definitions to identify school-associated COVID-19 cases, clusters, and outbreaks and make public health recommendations for school data collection and reporting.

What do we need to do if we are experiencing a COVID-19 outbreak in school?

- Below are considerations if your school is experiencing an outbreak:
  - **Be prepared:** Establish relationships with local and state health departments prior to an outbreak and have a contact tracing system in place. This will help identify and report COVID-19 cases, conduct contact tracing, and determine who needs to isolate or quarantine. See CDC’s Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education (IHEs) and Toolkit for Responding to COVID-19 Cases for more information on contact tracing in K-12 school settings, quarantine, isolation, and customizable letters to parents.
  - **Testing:** During an outbreak, COVID-19 screening testing should be increased to quickly identify and isolate additional students, teachers, and staff members who have COVID-19. Schools with an existing screening testing program may increase the frequency of testing (for example, test 2-3 times a week instead of once or increase the percentage of students, teacher, and staff members who are tested).

- **Prevention Strategies:** If your school is experiencing a COVID-19 outbreak, ensure all prevention strategies are in place to help prevent further transmission. This includes universal masking, maximizing physical distancing, and improving indoor ventilation or moving classes and mealtime outdoors if possible.
- **Extracurricular activities and sports:** In-person learning should always be prioritized over extracurricular activities and sports. During an outbreak, consider postponing sports, extracurricular activities, and other high-risk activities to slow the spread of COVID-19, even if there are lower levels of community transmission.
- **In-person vs. remote learning:** Schools should be prepared to switch to remote learning in the event of a school outbreak. Schools may need to pause in-person learning due to such events as teacher and staff shortages from the number COVID-19 infections. When multiple and layered prevention strategies are in place, especially screening and testing and prompt identification and isolation or quarantine of cases, in-person learning is more likely to be able to continue during an outbreak.

During an outbreak, when should a school move to remote learning?

- CDC does not have recommended thresholds for when a school should move to remote or virtual learning . This decision will vary from school to school based on local context and needs. Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions.
- Multiple studies have shown that transmission within school settings is typically lower than — or at least similar to — levels of community transmission **when layered prevention strategies are in place in schools.** Using all prevention strategies at the same time will help reduce in-school transmission and maintain in-person learning.
- Schools can consider a number of factors when determining if they need to move to virtual or remote learning. Examples include logistical issues that may prevent the school from staying open (such as lack of teachers and staff who may be out due to isolation or quarantine), need for controlling an outbreak within the school, or the inability to implement certain prevention measures (such as inability to keep up with contact tracing efforts to help control transmission).

Community Transmission

What is community transmission and why is it so important?

- Community transmission, also known as community spread, means the virus is spreading and infecting people. You can check the COVID Data Tracker to determine the level of community transmission in your school's area.
- The more cases there are in the community, the higher the chance that a student, educator, or staff member will come to your school with COVID-19. Using multiple prevention strategies at the same time is critical to reduce school transmission. With increased community spread, students, teachers, and staff members are more likely to come to school infected.

How can I find out the level of community transmission where my school is located?

- Check the COVID Data Tracker to determine the level of community transmission in your area.

Funding

Can you provide more detail about the sources of funding for COVID-19?

- CDC provides financial support and technical assistance to health departments to support their efforts to detect, prevent, and respond to emerging infectious diseases such as COVID-19. This is provided under the Epidemiology and Laboratory Capacity Cooperative Agreement. Additional funding is offered through CDC's Division of State and Local Readiness (DSLR) and through the U.S. Department of Health and Human Services' Operation Expanded Testing Program .
- Funds provided through the Department of Education's Elementary and Secondary Schools Emergency Relief Programs and the Governor's Emergency Education Relief Programs can also support testing students and staff, COVID-19 vaccinations, personal protective equipment, and improvements to ventilation. Please see question B-2, B-3, B-4, and B-7 of the U.S. Department of Education Uses of Funds guidance for the use of funds for these activities.

Can you provide more detail about ELC funding?

- In April of 2021, CDC's ELC cooperative agreement awarded $10 billion from the American Rescue Plan Act of 2021, P.L. 117-2, under the ELC Reopening Schools award to 64 state, local, and territorial health departments to support comprehensive screening testing for K-12 schools (public and private). Visit the ELC Reopening Schools: Support for Screening testing to Reopen & Keep Schools Operating Safely guidance to learn more about resources available to support school testing.

Can you provide more detail about FEMA funding?

- FEMA will fund testing to detect COVID-19 infections both in a medical setting and testing needed to safely open and operate public facilities, including schools. Funding may be used to support both diagnostic and screening protocols.
- This funding can be used for laboratory testing materials and test kits including antigen self-tests, contracting for testing support by a third party, staffing to administer tests, training for individuals to administer tests, signage and other communication materials, personal protective equipment, and other administrative supplies to conduct testing, and technology to register and track testing results. Visit the FEMA Funding for COVID-19 Testing website to learn more.

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