



# Coronavirus Disease 2019 (COVID-19)

## K-12 Schools and Child Care Programs

FAQs for Administrators, Teachers, and Parents

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### Administrators

## Planning and Responding to COVID-19

### What should I consider as I plan and prepare for COVID-19?

Administrators should always reinforce healthy practices among their staff and students, as well as prepare for a potential case of COVID-19, regardless of the current level of community transmission.

As you create and update your preparedness plans, work with your local health officials to determine the most appropriate plan and actions for your school or program. Together, you will need to consider your local community situation—whether you have local transmission in your community, and if so, the level of transmission (none/minimal, minimal to moderate, substantial).

CDC has created overall guidance, as well as guidance tailored for transmission level in your area to help child care programs, schools, and their partners understand how to help prevent COVID-19 and react quickly when a case is identified. The guidance includes information about the following:

- How to prepare if you have no community spread of COVID-19.
- How to prepare if you have minimal to moderate community spread in your community.
- How to prepare if you have substantial community spread in your community.
- What to do if a person with COVID-19 has entered your school.

[See CDC's full interim guidance for more details.](#)

## What can staff and students do to prevent the spread of COVID-19?

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Encourage students and staff to take [everyday preventive actions](#) to prevent the spread of respiratory illnesses. These actions include staying home when sick; appropriately covering coughs and sneezes; cleaning and disinfecting frequently touched surfaces; and washing hands often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if they are visibly dirty. Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.

## How should my school prepare when there is no community transmission in our area?


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The most important thing you can do now is to prepare. Schools need to be ready if COVID-19 does appear in their communities. Here are some strategies:

- Review, update, and implement emergency operations plans.
- Develop information-sharing systems with partners.
- Teach and reinforce health hygiene practices.
- Intensify cleaning and disinfection efforts.
- Monitor and plan for absenteeism.
- Assess group gatherings and events. Follow current guidance about non-critical gatherings and events.
- Require sick students and staff to stay home. Establish procedures for students and staff who are sick at school.
- Create and test communications plans for use with the school community.
- Review CDC's guidance for business and employers.

## What should I include in my emergency operations plan?

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Review and update your emergency operations plan in collaboration with your [local health department](#) . Focus on the components or annexes of the plans that address infectious disease outbreaks.

- Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). This includes strategies for social distancing and school dismissal that may be used to stop or slow the spread of infectious disease. The plan should also include strategies for continuing education, meal programs, and other related services in the event of school dismissal.
- Ensure the plan emphasizes everyday preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.

## How should my school prepare when there is minimal to moderate community transmission in our area? —

Work with your local health officials to determine a set of strategies appropriate for your community's situation. Continue using the preparedness strategies implemented for no community transmission, and consider the following social distancing strategies:

- Cancel field trips, assemblies, and other large gatherings.
- Cancel or modify classes where students are likely to be in very close contact.
- Increase the space between desks to at least 6 feet.
- Stagger arrival and/or dismissal times.
- Reduce congestion in the health office.
- Limit nonessential visitors.
- Limit bringing in students from other schools for special programs (e.g., music, robotics, academic clubs)
- Teach staff, students, and their families to maintain a safe distance (6 feet) from each other in the school.

## What should I do when there is substantial community transmission? —

If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for child care programs or schools. These strategies are expected to extend across multiple programs, schools, or school districts within the community.

You may need to consider extended school dismissals (e.g. dismissals for longer than 2 weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community. During extended school dismissals, also cancel extracurricular group activities, school-based afterschool programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events). Remember to implement strategies to ensure the continuity of education (e.g., distance learning) as well as meal programs and other essential services for students.

## Should my school screen students for COVID-19? —

Schools and child care programs are **not expected** to screen children, students, or staff to identify cases of COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and follow up on next steps.

## What resources does CDC have available to share with staff, students, and parents? —

Share resources with the school community to help them understand COVID-19 and steps they can take to protect themselves:

- CDC's [health communication resources](#)
- CDC information on [stigma and COVID-19](#)
- CDC information on [COVID-19 and children](#)
- CDC offers several free handwashing resources that include [health promotion materials](#), information on [proper handwashing technique](#), and tips for families to help children develop good handwashing habits.
- Other health and education professional organizations may also have helpful resources your school can use or share, such as the [American Academy of Pediatrics](#) [↗](#)
- CDC's information on [helping children cope with emergencies](#)
- [Stigma prevention and facts about COVID-19](#)

## What should I do if my school experiences increased rates of absenteeism? —

If your school notices a substantial increase in the number of students or staff missing school due to illness, report this to your local health officials.



## What steps should my school take if a student or staff member shows symptoms of COVID-19? —

You should establish procedures to ensure students and staff who become sick at school or who arrive at school sick are sent home as soon as possible. Keep anyone sick separate from well students and staff until the [sick person can be sent home](#).

## What should I do if the suspected sick student or staff member is confirmed to have COVID-19? —

Immediately notify local health officials. These officials will help administrators determine a course of action for their child care programs or schools.

You will likely dismiss students and most staff for 2-5 days. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities. Work with the local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

First, students with symptoms of COVID-19 should not attend school. Symptoms of asthma and COVID-19 may overlap, including cough and shortness of breath. Therefore, students experiencing acute asthma attacks should not be attending school without approval by a healthcare provider; if an asthma attack starts at school, a student may need a bronchodilator treatment before being sent home or before an ambulance arrives. The American Lung Association’s [Model Policy for School Districts: Stock Bronchodilators](#)   recommends using inhalers with disposable spacers/mouthpieces and nebulizers with disposable tubing with mask/mouthpieces. Inhalers and nebulizers should be used and cleaned according to the manufacturer’s instructions.

During this COVID-19 pandemic, [asthma treatments using inhalers with spacers](#) (with or without face mask, according to each student’s individualized treatment plan) are preferred over nebulizer treatments whenever possible. Based on limited data, use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure.

Based on limited available data, [it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious](#). During this COVID-19 pandemic, nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with or without spacer or face mask).

Schools should obtain the appropriate personal protective equipment (PPE) for staff who administer nebulizer treatments. PPE for use when administering nebulizer treatments to students with asthma consists of gloves, medical grade [facemask](#) and eye protection. School staff should be trained on when to use PPE, what PPE is necessary, where this PPE is stored, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of used PPE. CDC has [information](#) on using PPE. Staff should also be trained on how to administer nebulizer treatments.



During this COVID-19 pandemic, if a nebulizer treatment is necessary at school for a student, the number of people present in the room should be limited to the student and the staff member administering the treatment. If appropriate based on the student’s age and level of maturity, the staff member could leave the room and return when the treatment is finished. After the nebulizer treatment, this room should undergo routine cleaning and disinfection. CDC has [information on how to clean and disinfect](#) and [how to prevent asthma attacks triggered by cleaning and disinfecting](#) activities.



Use of peak flow meters, including in the school setting, includes forceful exhalation. Forceful exhalation is not considered an aerosol-generating procedure associated with increased risk of transmitting the virus that causes COVID-19. However, for some people with asthma, using a peak flow meter can trigger cough.




[People with moderate to severe asthma](#) may be at higher risk of getting very sick from COVID-19. CDC has more information on COVID-19 for [schools](#) and [healthcare providers](#) (including school nurses).

## If each child has his or her own spacer, can a school's metered dose inhaler be used by more than one student if the actuator is cleaned before use by another student?

CDC is not aware of data regarding practices to prevent transmission of the virus that causes COVID-19 or other respiratory viruses, when multiple people share one asthma inhaler.

Students should be permitted to use their personal inhaler, as needed, to the extent permitted by state law and school policies. When students need to use of the school's stock inhaler, the inhaler should be used and cleaned according to the manufacturer's instructions. The American Lung Association's [Model Policy for School Districts: Stock Bronchodilators](#)   recommends using inhalers with disposable spacers/mouthpieces.

Additional strategies to further minimize cross-contamination include using spacers with one-way valves and not allowing the student to touch the inhaler (e.g., the student can touch the spacer, but only the school staff administering the inhaler can touch the inhaler). [Limited data from healthcare settings](#)   suggest wiping all surfaces of an inhaler with an alcohol-based wipe containing at least 70% alcohol after inhaler use, and then allowing these surfaces to air-dry can prevent bacterial cross-contamination. CDC is not aware of data on whether this has helped prevent viral infections or infections in the school setting.

CDC is not aware of data regarding viral contamination of spacer devices. A [study evaluating the persistence of SARS-CoV-2](#)  (the virus that causes COVID-19) on plastic, stainless steel, and cardboard surfaces showed that the virus is able to remain viable for up to 72 hours. The American Lung Association's [Model Policy for School Districts: Stock Bronchodilators](#)   recommends using inhalers with disposable spacers or disposable mouthpieces.

School staff who administer asthma medication to students should use good hand hygiene, including [washing hands](#) with soap and water for at least 20 seconds before and after administration. If soap and water are not available and hands are not visibly dirty, staff should use an alcohol-based hand sanitizer that contains at least 60% alcohol.

[People with moderate to severe asthma](#) may be at higher risk of getting very sick from COVID-19. CDC has more information on COVID-19 for [schools](#) and [healthcare providers](#) (including school nurses).

CDC has additional information about asthma (non-COVID related) for health professionals and schools here: <https://www.cdc.gov/asthma/info.html>

## Dismissals

## When should I dismiss our school/child care program?

Any decision about school dismissal or cancellation of school events should be made in coordination with your local health officials. Schools are not expected to make decisions about dismissals on their own.

You may need to temporarily dismiss school for 2-5 days, if a student or staff member attended school before being confirmed as having COVID-19. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities. Work with the local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

If there is substantial transmission in the local community, [local health officials may suggest extended school dismissals](#) (e.g., dismissals for longer than two weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community.

## Are there ways for students to keep learning if we decide to dismiss schools?

Yes, consider implementing e-learning plans, including digital and distance learning options as feasible and appropriate. Determine, in consultation with school district officials or other relevant state or local partners:

- If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding.
- How to convert face-to-face lessons into online lessons and how to train teachers to do so.
- How to triage technical issues if faced with limited IT support and staff.
- How to encourage appropriate adult supervision while children are using distance learning approaches.
- How to deal with the potential lack of students' access to computers and the internet at home.

## If I make the decision for a school dismissal, what else should I consider?

In the event of a school dismissal, extracurricular group activities and large events, such as performances, field trips, and sporting events should also be cancelled. This may require close coordination with other partners and organizations (e.g., high school athletics associations, music associations). In addition, discourage students and staff from gathering or socializing anywhere, like at a friend's house, a favorite restaurant, or the local shopping mall.

Ensure continuity of meal programs for your students. Consider ways to distribute food to students who receive free or reduced cost meals. Check with the US Department of Agriculture – Food and Nutrition Service for additional information: <https://www.fns.usda.gov/disaster/USDAfoodsPandemicSchools>. If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as “grab-and-go” bagged lunches or meal delivery.

Consider alternatives for providing essential medical and social services for students. Continue providing necessary services for children with special healthcare needs, or work with the state Title V Children and Youth with Special Health Care Needs (CYSHCN) Program.

## If we dismiss school, what do we need to consider when re-opening the building to students?

CDC is currently working on additional guidance to help schools determine when and how to re-open in an orderly manner. If you need immediate assistance with this, consult local health officials for guidance. Stay in touch with your local and state health department, as well as the Department of Education.

## Recent Travel

### What should we do if a child, student, or staff member has recently traveled to an area with COVID-19 or has a family member who has traveled to an area with COVID-19?

Review updated [CDC information for travelers](#), including [FAQ for travelers](#), and consult with state and local health officials. Health officials may use CDC's Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings to make recommendations. Individuals returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.

## Teachers

### What can teachers do to protect themselves and their students?

Teachers and students are in close contact for much of the day, and schools can become a place where respiratory diseases like COVID-19 can quickly spread. Protect yourself and your students by practicing and [promoting healthy habits](#) during the school year. You should also plan to say home if you have symptoms of COVID-19 like fever, cough, or shortness of breath. Encourage parents to keep students at home if they're sick. Consider social distancing strategies, such as modifying classes where students are likely to be in very close contact; increasing space between desks; and allowing students to eat meals in the classroom.

### How should I talk to my students about COVID-19?

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Teachers can play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has [created guidance to help adults have conversations with children about COVID-19](#) and ways they can avoid getting and spreading the disease.



# Parents

## What are schools doing to prepare for COVID-19? –

Schools are advised to ensure adequate supplies are available to support healthy hygiene practices, and to routinely clean and disinfect objects and surfaces that are frequently touched.

They are also working closely with local health officials to review and update their school emergency operation plans, and to determine if or when to dismiss schools.

## How will I know if my child's school is closed? –

Look out for information from your school district. Information may come via phone, email, or website depending on your school's communication plan. Local media outlets may provide updates, since they often monitor this information.

## Are children more at-risk? –

Information about [COVID-19 in children](#) is somewhat limited, but the information that is available suggests that children with confirmed COVID-19 generally had mild symptoms. Person-to-person spread from or to children, as among adults, is thought to occur mainly via respiratory droplets produced when an infected person coughs, sneezes, or talks. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19.

However, a small percentage of children have been reported to have more severe illness. People who have serious chronic medical conditions are believed to be at higher risk. Despite lower risk of serious illness among most children, children with COVID-19-like symptoms should avoid contact with others who might be at higher risk, such as [older adults and adults with serious chronic medical conditions](#).

## How should parents talk to children about COVID-19? –

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Parents play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has created [guidance to help adults have conversations with children about COVID-19](#) and ways they can avoid getting and spreading the disease.