Coronavirus Disease 2019 (COVID-19)

Strategies for Protecting K-12 School Staff from COVID-19

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The information on this page provides an expanded focus on the health and safety of K-12 school staff. The strategies also provide workplace safety and health information for administrators related to protecting teachers, substitute teachers, paraprofessionals, janitorial/maintenance staff, office staff, school nutrition staff, school nurses/health professionals, school bus drivers and bus aides, coaching staff and athletic trainers, and music, choir, and performing arts teachers. This list is not exhaustive and addresses only some of the many jobs in schools. These strategies are meant to supplement—**not replace**—Operating schools during COVID-19: CDC's Considerations, and any federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply.

These strategies apply whether staff and students have returned to in-person learning, staff is assigned to work in school buildings to support virtual learning, or the school implements hybrid models (combined in-person and virtual instruction). Certain aspects of these strategies apply to non-school buildings operated by K-12 school systems (e.g., office workers in district administration buildings, transportation hubs, and maintenance shops).

Specifically, this page provides information about:

- What is currently known about COVID-19 transmission in schools and the exposure risk among K-12 school staff;
- Preventing and reducing the spread of the SARS-CoV-2 virus that causes COVID-19 among school staff, which will also prevent transmission among students and the wider community;
- Maintaining healthy school operations;
- Maintaining a healthy school/work environment; and
- Special considerations for certain occupations within school environments.

Who is this inform

ation for?

These strategies are intended for K-12 school administrators pre paring for school programs for staff and students during the COVID-19 pandemic. Administrators oversee the daily operations of K-12 schools. These strategies are also intended for other groups, including school district superintendents, school principals, and assistant principals, who share responsibilities for safely

On This Page

operating school buildings. Finally, this information may also be useful to boards of education, state and local policy makers, unions/labor groups, school employees, including teachers, paraprofessionals, other support staff, and parents, families, and students.

All K-12 school workplaces developing plans to continue operations while COVID-19 outbreaks occur among teachers, staff, and students, or in the

surrounding community, should:

1. Work directly with appropriate state, tribal, local, and territorial public health officials and occupational safety and health professionals;
2. Incorporate relevant aspects of CDC guidance, including, but not limited to, CDC's Schools and Childcare Progra

ms: Plan, Prepare, and Respond and Interim Guidance for Businesses and Employers;

3. Incorporate guidance from the Occupational Safety and Health Administration (OSHA) and other federal and state regulatory agencies, as needed; and
4. Communicate regularly with

families, staff, and other partners about important COVID-19 information.

Guiding Principles to Keep in Mind

The risk for COVID-19 spread rises with increased close contact with others. The more people who teachers and staff interact with, and the longer those interactions last, the higher the risk of COVID-19 spread. While not exhaustive, Operating schools during COVID-19: CDC's Considerations provides a stratification that attempts to characterize the risks of spread among students, teachers, and staff across this continuum.

Exposure Risk among K-12 Staff

The risk of occupational spread of COVID-19 depends on several factors. Some of these factors are described in the joint publication by the U.S. Department of Labor and the U.S. Department of Health and Human Services titled Guidance on Preparing Workplaces for COVID-19. Distinctive factors that affect risk for exposure to COVID-19 for teachers and staff in school settings include:

- **Distance between staff and others**: In addition to their primary job functions and interaction with students, school staff may also be near (within 6 feet) one another at times, such as when arriving at school and during breaks. Shared spaces (e.g., break rooms, entrances/exits, restrooms) and shared transportation to and from the school (e.g., personal or public transportation, carpooling, ride sharing) may increase their risk. These can be mitigated or minimized with good practices.
- **Duration of contact:** Extended contact with potentially infectious individuals increases the risk of COVID-19 spread.
- **Type of contact**: Current evidence indicates that COVID-19 spreads primarily through respiratory droplets and short-range aerosols produced when an infected person coughs, sneezes, or talks in close proximity to other people. At this time, long-range airborne transmission does not appear to be a primary way COVID-19 spreads. There is not yet clear evidence that ventilation systems spread the virus from space to space causing exposures. Studies indicate that people who are not showing symptoms (i.e., asymptomatic) can still spread the virus. COVID-19 exposure may also occur from touching one's mouth, nose, or possibly eyes after contact with contaminated surfaces or objects, such as office equipment, workstations, or break room tables.

More information on what is known about the signs and symptoms, burden, and transmission of SARS-CoV-2 among children can be found in Preparing K-12 School Administrators for a Safe Return to School in Fall 2020.

Persons at Higher Risk for Illness

Staff at increased risk for severe illness from COVID-19 include older adults and people of any age with certain underlying medical conditions. Policies and procedures addressing issues related to teachers and other staff at higher risk of serious illness should be made in consultation with occupational medicine and human resource professionals, keeping in mind Equal Employment Opportunity (EEO) concerns.

Symptoms

The profile of symptoms associated with COVID-19 remains under study and will be updated as warranted by research findings. Check the CDC website for the latest information.

Create a COVID-19 Hazard Assessment Plan

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. For information on developing and implementing an Emergency Operations Plan (EOP), please refer to the Operating schools during COVID-19: CDC's Considerations website.

An important part of a school's EOP is to develop a plan for conducting initial and periodic hazard assessments of the school to identify COVID-19 risks, prevention strategies (e.g., engineering and administrative controls and personal protective equipment (PPE)), and to identify new or recurring hazards.

To create a hazard assessment plan:

- Refer to the OSHA website to learn more about how to develop a hazard assessment plan.
- Engage with staff across the full range of jobs associated with schools (e.g., classroom instructors, school healthcare professionals, school nutrition staff, custodial staff, office staff, and others) to learn the specific hazards and exposures associated with each position.
    - Create small working groups or teams that can assess group-specific hazards and report back to the larger assessment team.
- Assemble health and safety working groups with employee and management representatives, from both the district and school levels, to assist with developing, implementing, and evaluating a health and safety plan and adjusting accordingly.
    - Work closely with occupational health and safety and/or occupational medical professionals, when possible.
    - Include representatives of authorized unions, if applicable.
- Conduct a thorough hazard assessment to determine if workplace hazards are present, or are likely to be present, and determine what type of controls or PPE are needed for specific job duties. For more information on conducting a hazard assessment , please refer to the Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19).
- Collect information regularly through a variety of channels (e.g., email, electronic surveys, virtual meetings, focus groups) to reach a wider cross-section of staff, and elicit deeper, more informative responses.

See the OSHA COVID-19 webpage for more information on how to protect workers from potential COVID-19 exposures. Guidance may also be available from state, local, or professional technical organizations. For example, the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) has published Reopening Guide for Schools and Universities which includes useful plans and checklists to prepare buildings for occupancy and check on equipment and systems, as well as maintenance plans and checks during the academic year.

Strategies for Controlling COVID-19 Exposures

Infection prevention recommendations for staff and students are based on an approach known as the hierarchy of controls. This approach groups actions by their effectiveness in reducing or removing hazards. In most cases, the preferred approach is for management to:

1. Reduce the risk of COVID-19 by having teachers, staff, and students stay home when sick or if they have been in close contact with a person with COVID-19. Monitor COVID-19 transmission rates in the immediate community and in the communities in which students, teachers, and staff live. Work collaboratively with local health officials to determine if temporary school closure is necessary.
2. Install engineering controls, including modifying work areas using physical barriers, incorporating required accessibility requirements, and improving ventilation, where feasible.
3. Establish administrative controls and safe work practices for all staff to follow, which include appropriate cleaning and disinfection practices and appropriate mask policies.
4. Provide PPE in accordance with the school administrator's worksite hazard assessment to protect staff from hazards not controlled by engineering and administrative controls alone (e.g., school health staff, janitorial and maintenance staff).

Reducing the risks of COVID-19 in K-12 school worksites

K-12 school administration, particularly in areas where community spread of COVID-19 is occurring, should develop and implement a comprehensive strategy aimed at preventing the introduction of COVID-19 into school facilities. Please refer to the CDC Preparing K-12 School Administrators for a Safe Return to School page for more information.

Strategies for reducing the spread of COVID-19 in schools include educating and training staff on at-home symptom screening (e.g., fever, cough, sore throat) and cooperating with federal and local health officials, including to facilitate contact tracing, if exposures or infections warrant.

Screening K-12 school staff for COVID-19

Given the wide range of symptoms and the fact that some people with COVID-19 are presymptomatic or asymptomatic, there are limitations to symptom screening for the identification of COVID-19. CDC does not currently recommend that schools conduct universal in-person symptom screenings. Refer to Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations for more information on screening students. Information about screening employees can be found on the General Business Frequently Asked Questions page. One option is to encourage staff to self-screen prior to coming onsite.

Testing of K-12 school staff

CDC does not recommend universal testing of all students and staff. CDC's Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing advises that schools should determine, in collaboration with local health officials, whether to implement any testing strategy and, if so, how to best do so. School administrators are encouraged to review SARS-CoV-2 Testing Strategy: Considerations for Non-Healthcare Workplaces when considering testing of all school employees.

Managing sick staff

When school staff or students report or have symptoms (e.g., fever, cough, sore throat) upon arrival at work or become sick during the day, school administrators should:

- Immediately separate the person(s) from others at the school. Individuals who are sick should immediately go home or to a healthcare facility depending on how severe their symptoms are, and follow CDC guidance for caring for oneself and others who are sick.
- Actively encourage staff and students who are sick, or who have recently had close contact with a person with COVID-19, to get tested and stay home.
- Develop policies that encourage sick staff to stay at home but without fear of retaliation, and ensure employees are aware of these policies.
- Identify an isolation area to separate anyone who has COVID-19 symptoms and potential exposure, ideally with a dedicated restroom not used by others. Note: Considerations for screening and management of symptoms for adults may be different than those for K-12 students. Additional considerations related to screening teachers and staff can be found on the General Business FAQ page.
- Ensure that personnel managing sick employees or students are appropriately protected from exposure. See What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.
    - Only designated, trained staff should interact with people showing symptoms of COVID-19. At least one designated, trained staff member should be available at all times in case there is a need to isolate a symptomatic employee or student.
    - When providing care for anyone with suspected or confirmed SARS-CoV-2 infection, personnel who need to be within 6 feet of a sick colleague or student should be provided appropriate PPE (including gloves, a gown, a face shield or goggles, and an N95 or equivalent or higher-level respirator or a surgical facemask if a respirator is not available), and follow Standard and Transmission-Based Precautions.
    - If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical exams, fit testing, and training in accordance with OSHA's Respiratory Protection standard (29 CFR 1910.134).
        - If the district has health and safety professional/s, work with them to establish a respiratory protection program; if not, professional organizations, such as the American Industrial Hygiene Association (AIHA) and the American Society of Safety Professionals (ASSP), maintain lists of health and safety consultants across the U.S. who may be able to assist with implementing a respiratory protection

program.
        - The OSHA Respiratory Protection website provides links to a variety of guidance documents, web pages, and online tools related to respiratory protection.
- On-site healthcare services staff, including school nurses, should follow appropriate CDC and OSHA guidance for healthcare and emergency response personnel. For additional information, refer to the **Special Considerations – School nurses/health professionals** section below.
- Have a procedure in place for the safe and accessible transport of an employee who becomes sick while at work. The employee may need to be transported home or to a healthcare provider.
- If a school staff member is confirmed to have COVID-19, contact the local public health authorities about contact tracing.
    - Maintain the sick employee's confidentiality, as required by the Americans with Disabilities Act (ADA) and other applicable federal and state laws. Instruct fellow staff about how to proceed based on the CDC Public Health Recommendations for Community-Related Exposure.
- If a school staff member becomes or reports being sick, clean and disinfect the work area and any shared common areas (including restrooms) and any supplies, tools, or equipment handled by that staff member.
- Work with local health officials to facilitate the identification of other exposed and potentially exposed individuals, such as coworkers or students, in the school.
- Students, teachers, and staff who test positive or had close contact with an individual who tested positive for SARS-CoV-2 should be provided with guidance for when it is safe to discontinue self-isolation or end quarantine.

Engineering controls

Increasing ventilation

Consider steps to increase the delivery of clean air and dilute potential contaminants. Not all steps are applicable for all scenarios. Consult with experienced HVAC professionals when considering changes to HVAC systems and equipment. Some of these recommendations are based on 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.

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

- Increase outdoor air ventilation, using caution when outdoor air quality is low.
    - 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 and staff using the school.
    - Consider outdoor classes where circumstances allow.

    - Use fans to increase the effectiveness of open windows. Position fans securely and carefully in/near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic window fan placement in exhaust mode can help draw fresh air into the room via other open windows and doors without generating strong room air currents).
    - Decrease occupancy in areas where outdoor ventilation cannot be increased.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality as defined by ASHRAE Standard 62.1, *Ventilation for Acceptable Indoor Air Quality* , for the current occupancy level for each space.
- Increase total airflow supply to occupied spaces, whenever feasible.
- 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, if practical. 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.
    - 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 occupied times.
- Ensure restroom exhaust fans are functional and operating at full capacity when the building is occupied.
- Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- Consider portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas such as 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 administrative reception areas and nurse's office).
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited.
- Ventilation considerations are also important on school buses. See section titled **Special Considerations – School bus drivers and bus aides** for additional information.

Other engineering controls

For information on other engineering controls, such as water systems, modified layouts, and physical barriers and guides, please refer to Operating schools during COVID-19: CDC's Considerations and CDC's Interim Guidance for Businesses and

Employers.

Administrative controls

Important administrative controls include staggering and alternating schedules, reducing maximum occupancy in all areas of the building, closing indoor communal use spaces, promoting hand hygiene, implementing cleaning and disinfection protocols, and posting signs and messages to promote everyday protective measures.

In addition, K-12 school administrators may consider strategies to:

- Reinforce use of masks (refer to Guidance for K-12 School Administrators on the Use of Masks in Schools for more information).
    - Masks are not personal protective equipment and should not be worn instead of respiratory protection when respirators are required.
- Implement social distancing measures and cohorting.
- Institute flexible leave policies.
    - Ensure that policies encourage sick employees to stay at home but without fear of retaliation, and ensure employees are aware of these policies.
- Minimize elevator use, wherever possible, and encourage the use of stairs. Review CDC's Considerations for Schools, FAQ for School Administrators on Reopening Schools, and COVID-19 Employer Information for Office Buildings for information related to safely using elevators during the pandemic.

Consider strategies for protecting staff at higher risk for severe illness

- Offer options for staff at increased risk for severe illness from COVID-19 (e.g., telework, virtual teaching opportunities, modified job responsibilities, or temporary reassignment to different job responsibilities). Employers may also consider extending these options to staff with a household member at higher risk of severe illness if exposed to COVID-19.
    - If a job may only be performed at the workplace, investigate reasonable accommodations that could offer protection to an individual whose disability puts them at greater risk from COVID-19. Some accommodations may meet an employee's needs on a temporary basis without causing undue hardship on the employer. The U.S. Equal Employment Opportunity Commission (EEOC) has established guidance regarding Pandemic Preparedness in the Workplace and the Americans with Disabilities Act . The guidance enables employers to take steps to protect teachers and staff, consistent with CDC guidance.
    - Consistent with applicable federal, state, and local law, put in place policies to protect the privacy of people at higher risk for severe illness due to underlying medical conditions.

Educate and train K-12 staff about how they can reduce the spread of COVID-19

Training should be provided to all staff, including substitute teachers and other temporary personnel. Communication and training for staff should be easy to understand and be provided in languages other than English, as needed. Training should also be accompanied by necessary instructional materials in accessible formats, as required, and include information about:

- Symptoms of COVID-19, how it spreads, risks for workplace exposures and how teachers and staff can protect themselves, and the different risk levels for different populations depending on age and medical condition.
- Proper handwashing practices and use of hand sanitizer.
- Cough and sneeze etiquette.
- Other routine infection control precautions (e.g., putting on or taking off masks, social distancing measures).
    - More detailed information on PPE training for school nurses and health professionals is provided in the **Special Considerations – School nurses/health professionals** section below.
- Procedures to follow when an employee becomes sick or is exposed to someone who is potentially sick.
- Other workplace hazards, including exposure to cleaning and disinfectant chemicals, and ways to minimize exposure without compromising cleaning and disinfection.
- OSHA provides additional information about training on its COVID-19 webpage.

Cleaning and disinfection in K-12 school worksites

- Consult general CDC guidance for cleaning and disinfecting worksites, which may help guide planning for COVID-19 disinfection.
- Refer to List N on the U.S. Environmental Protection Agency (EPA) website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
    - Reduce the risk of asthma among staff and students, and other health effects related to disinfecting, by selecting less-toxic disinfectant products on list N with asthma-safer ingredients (e.g., citric acid or lactic acid) as well as by reviewing the NIOSH/OSHA Info sheet on protecting workers who use cleaning chemicals. Vapors from cleaning products can linger long-after they have been applied, which can exacerbate asthma symptoms and expose students and staff to potentially harmful substances.
    - Follow label directions for appropriate dilution rates and contact times.
    - Provide staff training on chemical hazards and manufacturer's directions.
- Minimize exposure to cleaning and disinfectant chemicals without compromising disinfection by considering steps, such as:
    - Use pre-mixed (ready-to-use) cleaning and disinfectant products instead of having to mix or dilute product.

    - Use enclosed mixing/diluting dispenser systems to accurately mix products and minimize exposures.
    - Avoid using spray products to clean surfaces such as mirrors and windows, using wipes or pre-soaked rags instead.
    - Use containers/buckets with lids to store cleaning wipes/rags or product, and keep lids closed between cleaning of surfaces.
    - Read and follow all instruction labels to ensure safe and appropriate use. Do not use stronger concentrations than recommended as they will not be more effective and could exacerbate asthma and other chemical-related health conditions.
- Establish a written protocol for the increased cleaning and disinfecting of areas, such as restrooms, locker rooms, office work areas, cafeterias, break areas, and common spaces, that ensures routine cleaning and disinfection of frequently touched surfaces (e.g., desks, door knobs, time clocks, microwave or refrigerator handles, sinks, dispensers, vending machine touchpads) at least once per school day, if feasible.
    - See **Special Considerations – Janitors and Maintenance Staff** for more information.
- Frequently clean push bars and handles on any doors that do not open automatically and handrails on stairs or along walkways.
- Frequently clean physical barriers (if used).
- Ensure staff keep cleaning and disinfectant products out of children's reach and stored in a space with restricted access.
- See **Special Considerations – Janitors and Maintenance Staff** for additional information on training and safety precautions.

Personal protective equipment (PPE)

Employers are responsible for providing a safe and healthy workplace . Conduct a thorough hazard assessment of the school worksite to identify potential workplace hazards related to COVID-19. When engineering and administrative controls cannot be implemented or are not fully protective, employers are required by OSHA standards (29 CFR part 1910, Subpart I) to:

- Determine what PPE is needed for their specific job duties (e.g., school nurses or other health services staff performing job tasks that expose them to chemicals or particulate matter).
  - For example, some school staff need PPE in order to perform their jobs safely, such as janitorial and maintenance staff.
  - Masks are not PPE.
- Select and provide appropriate PPE to staff at no cost, if required.
  - Some barriers may offer better protection for a variety of chemicals. More information on recommended barriers for common disinfectants can be located at the CDC Hazard Communication for Disinfectants Used Against Viruses. Always review the label on the product before use and follow manufacturers' recommendations in the product's safety data sheet.
- Train their staff on hazard identification and correct use (including putting on and removing) of PPE.

When respirators are not required to protect workers, employers may consider allowing voluntary use of filtering facepiece respirators (such as N95s) if staff wish to provide and use such equipment on their own. Owners and operators who allow voluntary use of respirators should ensure they comply with the voluntary use provisions of the OSHA Respiratory Protection standard (29 CFR 1910.134).

In light of potential PPE shortages, administrators should consider modifying staff and student interaction and use the suggested engineering and administrative controls, mentioned above, as primary prevention and control measures that reduce the need for PPE. See the **Special Considerations** section for information on limited circumstances in which PPE for K-12 staff may be necessary.

Supporting Teacher and Staff Mental Health and Well-Being

To protect and support the mental health of K-12 teachers and staff during the COVID-19 pandemic, administrators should consider these options:

- **Provide mental health benefits.** Circulate information about your district's Employee Assistance Plan and any mental health and counseling services that are available. Remind staff what mental health benefits are included in their insurance plans.
- **Implement flexible sick leave policies and practices**. Each staff member's life outside of work is different. Many have caregiving responsibilities and may need to provide care for ill loved ones, oversee virtual learning, and/or arrange child- or elder-care during a time when access to such care may be limited. Be understanding and flexible with leave policies and work schedules as circumstances change and needs arise.
- **Evaluate changes to work design.** Eliminate non-essential tasks so staff can focus on the critical ones. Reduce ambiguity by providing necessary resources and guidance for how to instruct and carry out job tasks under changing circumstances. Give staff more control over how they carry out work tasks.
- **Support coping and resilience**. Encourage teachers and school staff to take breaks from watching, reading, or listening to news stories about COVID-19, including social media, if they are feeling overwhelmed or distressed. Encourage employees to talk with people they trust about their concerns and how they are feeling. Consider posting signage for the Disaster Distress Helpline: 1-800-985-5990, or text TalkWithUs to 66746.
- **Foster wellness.** Consider holding all-staff meetings that focus on mental health awareness, if facilities allow for appropriate social distancing. If you educate staff about mental health and encourage open conversation about the challenges people are experiencing, employees may be more likely to access care when needed. If you have access to a wellness provider, consider hosting virtual mindfulness or discussion sessions. Consider the importance of healthy sleep. Staff can also serve as valuable resources to one another by sharing strategies for coping with the pandemic.
- **Connect.** If remote work is necessary, remember that physical distance does not have to mean socially distant. Using virtual platforms to continue team building and staff meetings can be good for morale by fostering a sense of community and togetherness and easing feelings of loneliness. Be inclusive; provide opportunities for staff, at all levels, in all departments, to participate in these interactions.
- **Provide training.** Consider that staff members may have different levels of ability with using virtual platforms and new learning technologies. Offer training and technical support for new job demands may help to reduce stress.
- **Model healthy behavior.** Encourage all school leaders to take care of their own physical, social, and psychological needs. By doing so, they serve as role models and set the tone that it is acceptable and necessary to take care of oneself.

For additional information, please see the **Resources** section.

Special Considerations

Teachers, substitute teachers, paraprofessionals, and specialists

The overall guidance for prevention and control in this document will suffice in most standard classroom or school environments. Some teachers and staff may encounter work situations that require modifying or adapting policies or procedures due to the nature of the work required, including:

When social distancing cannot be maintained

K-12 staff will not always be able to maintain 6 feet of distance between themselves and students. This issue may be of particular concern to paraprofessionals, therapists, and other staff who have close and consistent contact with students with disabilities. These teachers and staff are considered to be in the same general risk category as direct service providers who provide similar services outside of the school setting. In these cases, additional steps must be taken to ensure the safety of the staff and the students by reducing the likelihood of COVID-19 spread, through adopting additional control measures, such as:

- Using physical barriers (e.g., plexiglass or similar materials, other impermeable dividers or partitions) to separate staff and students from each other in classrooms or other shared spaces.
- Reducing exposure amount by reducing daily caseloads, where feasible.
- Relocating workspaces to the best ventilated spaces in the building.
- Wearing a mask as much as possible during service delivery.
- Considering adaptations and alternatives, whenever possible, to increase the feasibility of wearing a mask to reduce the risk of COVID-19 spreading.
- Considering whether service providers may need additional protective equipment for some interactions with students. See CDC's Guidance for Direct Service Providers for additional information.

When a mask cannot be worn by staff (or some students)

CDC recognizes that wearing masks may not be possible in every situation or for some people. In some situations, wearing a mask may exacerbate a physical or mental health condition or introduce significant safety concerns. Wearing masks may be difficult for people with sensory, cognitive, or behavioral issues. Masks prevent reading lips and observing facial expressions. Individuals requesting mask exemptions may be asked by the employer to provide documentation regarding why the accommodation is necessary. This health information should be kept confidential, in accordance with applicable federal and state privacy laws and regulations. Adaptations and alternatives should be considered, whenever possible, to reduce the risk of spreading COVID-19 when wearing a mask is not feasible.

When K-12 administrators and staff need to visit multiple locations or worksites

In addition to the general considerations to be followed above, administrators and staff that move from location to location throughout the day should take special care to not spread COVID-19 between sites during their movements. Ways to prevent spread in these cases include:

- Practicing good hand hygiene before and after visiting each location.
- Cleaning and disinfecting shared supplies or tools used in multiple locations by multiple people, after each use, before being used by the next group of students or educators.
- Cleaning and disinfecting their vehicle's commonly touched surfaces after visiting each site or at least once a day.

Janitors and maintenance staff

Implement enhanced cleaning and disinfecting practices

- Develop a schedule and daily checklist for increased, routine cleaning and disinfection. An established schedule can avoid under- or over-use of cleaning products.
- Establish a comprehensive written protocol for increased cleaning and disinfection of areas, such as classrooms, communal dining halls or cafeterias, restrooms, locker rooms, office work areas, break areas, and common spaces, that ensures routine cleaning and disinfection of frequently touched surfaces (e.g., desks, door knobs, time clocks, microwave or refrigerator handles, sinks, dispensers, vending machine touchpads).
- Consider whether cleaning and disinfecting may be necessary at the following times:
    - In the morning before students and staff arrive
    - Between classes
    - Between use of shared surfaces or objects
    - Before and after meals
    - Before students return from recess
    - After students leave for the day
- Select disinfectant products on List N with asthma-safer ingredients (citric acid or lactic acid) to reduce the risk of asthma and other health effects related to disinfecting, as recommended by the US EPA Design for Environment program.
    - For additional information, review the NIOSH/OSHA Infosheet on protecting workers who use cleaning chemicals . Health hazards for active ingredients of common disinfectants are here. Ensure staff keep cleaning and disinfectant products out of children's reach and stored in a space with restricted access.
- Ensure all employees performing cleaning have access to cleaning products' safety data sheets (SDSs) and are informed of potential hazards and trained on

the associated safe practices per the information found in the SDSs.

- Minimize exposure to cleaning and disinfectant chemicals, without compromising disinfection, by referring to the **Cleaning and disinfection in K-12 school worksites** section above.
- Train staff who use cleaners and disinfectants on the comprehensive written protocol to read and interpret all instruction labels and understand safe and appropriate use.
- Provide easy-to-understand instructional materials and training in languages other than English, as needed.

Ventilation considerations during cleaning and disinfecting

- Refer to the **Ventilation** section when cleaning and disinfecting to prevent overexposure to chemicals.

Provide and encourage use of necessary personal protective equipment (PPE)

- Custodial staff and any other staff who clean and disinfect the school site should have access to proper PPE, including gloves, eye protection, respiratory protection, and other appropriate PPE, as required by the product instructions in the SDS and appropriate training in their safe use.
  - If respiratory protection is recommended on the SDS, consider using a respirator with a combination cartridge for chemicals and particulate exposure.
- Maintenance workers who perform routine maintenance of the HVAC system, especially checking or replacing filters and dust build up, need to use appropriate PPE.
- If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical exams, fit testing, and training in accordance with OSHA's Respiratory Protection standard (29 CFR 1910.134).
  - Refer to the **Reducing the risks of COVID-19 in K-12 school worksites** section for additional information on establishing a respiratory protection program.
- Discard disposable gloves after each cleaning. For reusable gloves, dedicate a pair for disinfecting surfaces to prevent the spread of COVID-19. After removing gloves, wash hands with soap and water for at least 20 seconds.
  - Some barriers (butyl rubber, natural rubber, neoprene rubber, nitrile rubber, and polyvinylchloride) may offer better protection for a variety of chemicals than other barriers. More information on recommended barriers for common disinfectants can be located on the CDC cleaning and disinfecting webpage.

For additional information, please see the **Resources** section at the end of this document.

Office staff

- Review the considerations in the CDC document COVID-19 Employer Information for Office Buildings.
- Modify or adjust seats, furniture, and workstations to maintain social distancing of 6 feet between office staff, where possible and incorporating accessibility requirements.
- Install transparent shields or other physical barriers, where possible, to separate office staff and visitors where social distancing is not an option.
- Arrange chairs in reception or other communal seating areas, by turning, draping (covering chair with tape or fabric so seats cannot be used), spacing, or removing chairs, to maintain social distancing.
- Use methods to physically separate staff in all areas of the building, including work areas and other areas such as meeting rooms, break rooms, parking lots, entrance and exit areas, and locker rooms.
- Use signs, tape marks, or other visual cues, such as decals or colored tape on the floor, placed 6 feet apart, to show where to stand when physical barriers are not possible.
- Replace high-touch communal items, such as coffee pots and bulk snacks, with alternatives such as pre-packaged, single-serving items. Encourage office staff to bring their own water to minimize use and touching of water fountains or consider installing no-touch activation methods for water fountains.
- In accordance with your school's comprehensive written cleaning and disinfecting protocol, clean and disinfect all surfaces, at least daily, that are frequently touched by multiple people, such as door handles, desks, light switches, faucets, workstations, keyboards, telephones, handrails, printer/copiers, and drinking fountains. More frequent cleaning and disinfection may be required based on level of use.

For additional information, please see the **Resources** section at the end of this document.

School nutrition staff

There is no evidence to indicate spread of COVID-19 through food. To maintain environments that are as safe as possible for school nutrition professionals, school administrators who oversee cafeterias and kitchens should review the following considerations to prevent the spread of COVID-19. These steps supplement the general considerations for protecting all school staff, presented above, and CDC's Considerations for Schools.

Provide support for school nutrition professionals to protect themselves and others.

Consider the following actions:

- As feasible, have children eat meals in classrooms or outdoors, while

maintaining social distance as much as possible, instead of in a communal dining hall or cafeteria.

- Limit offering any self-serve food or drink options, such as hot and cold food bars, salad or condiment bars, and drink stations. If possible, serve individually plated or pre-packaged meals instead.
- Create physical barriers to protect school nutrition professionals and those they serve, including students and other school staff.
- Use tape to mark workstations (boxes or stripes on the floor) 6 feet apart in kitchens, food service, and food delivery points where interactions with students or other staff occur.
- Clean and disinfect frequently touched surfaces, such as kitchen countertops, refrigerator handles, cafeteria and service tables, door handles, carts, trays, tables, chairs, turnstiles, and countertops, throughout the day. Follow the directions on the cleaning product's label and wash hands afterwards to prevent skin irritation.
- Train nutrition professional staff on protecting themselves and others. Consider conducting training virtually or, if in-person, ensure that physical distancing is maintained.
- Place posters where they are likely to be seen, including in kitchens or common areas, that encourage staying home when sick, cough and sneeze etiquette, and good hand hygiene.
- Provide appropriate masks, gloves, and other appropriate equipment to provide protection from colleagues, students, and workspaces.

Follow steps for safe meal preparation

- Install plastic or plexiglass barriers between workstations to protect staff in situations where social distancing is difficult to maintain.
- Plan menus, production, and food preparation schedules to allow employees to maintain the recommended social distance of 6 feet while working, when possible.
- Assign one person for each task or workstation, as feasible.
- Limit the number of staff accessing storage areas or large equipment, like refrigerators.
- Provide tissues and no-touch disposal receptacles for use by staff.
- Implement a plan for curbside pickup of meals or contactless delivery service (if applicable, in event of school dismissal) to minimize contacts with students and their families, when possible.
- Require staff to wear masks.

For additional information, please see the **Resources** section at the end of this document.

School nurses/health professionals

Similar to other school employees, school nurses/healthcare professionals should be familiar with the general recommendations for all school employees. They should also be familiar with Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. Some of the topics that are most relevant to the school clinic setting include:

- Training on the use and care of PPE. School administrators should select appropriate PPE and provide it to school nurses/health professionals in accordance with OSHA PPE standards (29 CFR 1910 Subpart I). School nurses/health professionals must receive training on and demonstrate an understanding of:
    - when to use PPE
    - what PPE is necessary
    - how to properly don, use, and doff PPE in a manner to prevent self-contamination
    - how to properly dispose of or disinfect and maintain PPE
    - the limitations of PPE
- Recommended infection prevention and control (IPC) practices for routine healthcare delivery during the pandemic, which include:
    - Screen and triage everyone entering a healthcare facility (e.g., nurse's office, school-based health center/clinic (SBHC)) for signs and symptoms of COVID-19.
    - Implement universal source control measures.
    - Limit occupancy in health offices and isolation rooms to adhere to physical distancing guidance, as much as possible.
    - Practice hand hygiene.
    - Ensure enhanced ventilation in health care delivery spaces in schools or relocate them into workspaces with enhanced ventilation.
    - Refer to the recommended IPC practices (covered in the section above, **Managing sick staff and students**).
- Implement universal use of PPE for school healthcare staff.
    - Provide appropriate PPE, at no cost, to healthcare staff.
        - Surgical facemasks are preferred over other masks for HCPs, as surgical facemasks offer both source control and protection for the wearer against exposure to fluids, respiratory droplets, and large particles from others.
        - Eye protection in areas with moderate to substantial community transmission.
    - For aerosol generating procedures (AGPs), an N95 or equivalent or higher-level respirator is recommended instead of a surgical facemask. However, AGPs should rarely be necessary in school clinics.
    - Special considerations should be given to children with asthma who use "breathing treatments" or peak flow meters. In brief:
        - Due to limited availability of data, it is uncertain whether aerosols

generated by nebulizer treatments are potentially infectious. During the 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).

        - Use of peak flow meters, including in the school setting, includes forceful exhalation. Based on limited available data, 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.
    - Train healthcare staff on correct use of PPE.

- Practice environmental infection control (refer to the **Cleaning and disinfection in K-12 school worksites** section above).

More details about all of the topics in the list above can be found in Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.

For additional information, please see the **Resources** section at the end of this document.

School bus drivers and bus aides

School bus drivers and bus aides, as well as other school staff, have the potential to come into contact with the virus that causes COVID-19 by:

- Being in close contact with other people at the worksite, which can include students, coworkers, and maintenance workers.
- Assisting passengers with a disability.
- Touching or handling high-contact surfaces and equipment and then touching their face, mouth, nose, or eyes.

School systems can implement a number of strategies to reduce risk of transmission on buses:

- Whenever possible, drivers and aides should open bus windows to increase circulation of outdoor air, but not if doing so might pose a safety or health risk (e.g., risk of falling).
- School bus drivers and bus aides should practice all safety actions and protocols as indicated for other school staff (e.g., hand hygiene). Similar to other frequently touched surfaces, bus surfaces should be cleaned and disinfected after each use of the bus using EPA-approved disinfectants . Special care should be exercised when performing disinfection to avoid overexposures to disinfectants in poorly ventilated buses.
- Schools should consider having spare masks available to ensure all students wear masks on the school bus.

- During dismissal, schools should provide physical guides, such as signs or tape on the sidewalk, to help students and school staff remain at least 6 feet apart while waiting for transportation. Whenever circumstances safely allow, waiting for transportation should take place outdoors.
- Establish, where possible, physical barriers between school bus drivers and students.
    - Use strip curtains, plastic barriers, or similar materials to create impermeable dividers or partitions.
    - Consider leaving seats near the driver open if barriers cannot be used.
- Consider making foot-traffic unidirectional in narrow or confined areas in the bus to encourage social distancing. For example, by loading the bus from back to front and unloading from front to back.
- Place hand sanitizers with at least 60% alcohol at the entrance of the school bus and encourage safe use when getting on/off the bus for driver and students.
    - Use touch-free stations where possible.
    - Supervise young children when they use hand sanitizer.
- Provide disposable disinfecting wipes and other cleaning materials and conduct targeted and more frequent cleaning of frequently touched surfaces (wheelchair lifts, wheelchair securements, handrails, and areas in the driver cockpit commonly touched by the driver).
- Maintain social distancing in the bus, including at entry doors.
    - Limit the number of students in the bus at one time. Consult state and local guidance, if available.
    - Drivers and aides should create distance between children on school buses, including seating children one student per row facing forward and skipping rows between students. Children from the same household can sit together, if needed.
    - It may be difficult to maintain physical distancing by school bus drivers and attendants who are required by state regulation to exit the bus to help students cross the street or assist students while on the bus. A balance for crossing streets safely, caring for the student, and keeping a safe physical distance is encouraged. Use of more protective masks would help decrease risk of transmission. See the **Special Considerations – Teachers, substitute teachers, paraprofessionals, and specialists** section above.
- Encourage using masks. However, masks should not be worn by drivers and aides if their use creates a new risk (e.g., interference with driving or vision, contribution to heat-related illness) that exceeds their COVID-19 related benefits of slowing the spread of the virus.

For additional information, please see the **Resources** section at the end of this document.

Coaching staff and athletic trainers

Administrators should make decisions about restarting extracurricular athletic activities, in collaboration with local health officials, based on a number of factors. These factors include the level of community transmission, whether cases are identified among students, teachers, or staff, and what other indicators local public health officials are using to follow COVID-19. In addition, administrators should consider the transmission risk of the particular sport (e.g., cross country and tennis generally pose a lower risk than wrestling, outdoor sports generally pose a lower risk than indoor sports, etc.) and the ability to mitigate transmission risk, and whether student, teacher, and staff cohorts are being used in the school.

Coaching staff and athletic trainers might come into contact with the virus that causes COVID-19 by:

- Being in close contact with other people at the worksite, which can include coworkers and students.
- Touching or handling high-contact surfaces and equipment, and then touching their face, mouth, nose, or eyes.

School systems can implement a number of strategies to reduce COVID-19 risk for coaching staff and athletic trainers:

- Develop plans to communicate with students, parents, and staff regarding modifications to gym or exercise facilities.
- Modify or adjust cardio equipment, free weight areas, weight training equipment, and classrooms to maintain social distancing of at least 6 feet between students and coaching staff and athletic trainers.
- Establish, where possible, physical barriers between staff and between staff and students for training, practices, and competitions.
    - Install cleanable, transparent shields or other barriers to physically separate coaching staff and athletic trainers and students where distancing is not an option (e.g., between pieces of equipment that cannot be moved).
    - Use strip curtains, plastic barriers, or similar materials to create impermeable dividers or partitions.
- Encourage social distancing of at least 6 feet between staff and students in all areas of the facility such as work-out areas, classrooms, pools, courts, walking/running tracks, locker rooms, parking lots, and in entrance/exit areas.
- Encourage social distancing during all workout activities.
- Consider making foot-traffic unidirectional in narrow or confined areas, such as aisles and stairwells, to encourage single-file movement at a distance of 6 feet or more.
- Provide disposable disinfecting wipes and other cleaning materials and conduct targeted and more frequent cleaning of frequently touched surfaces (free weights, exercise equipment, cardio machines, locker rooms (if in use), vending machines, railings and door handles, countertops, doorknobs, toilets, tables, light switches, phones, faucets, sinks, keyboards, etc.).
- Clean and disinfect all exercise equipment and tools between users.
- Consider removing hard-to-clean items and equipment, such as exercise bands,

rubber mats, foam rollers, and yoga blocks.

- Consider opening sections of the facility in phases.
  - Keep areas where social distancing is particularly challenging closed until local infection risks are lowered.
  - Develop plans to determine what conditions are necessary to open additional areas of the facility.
  - When opening aquatic activity areas, consult CDC Considerations for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19.
- Consider limiting locker room access to the restroom area only, prohibiting the use of shower and changing areas.
- Consider closing water stations and water fountains if students have alternative water access.
  - Encourage staff (and students) to bring their own water bottles to minimize use and touching of water fountains or consider installing no-touch activation methods for water fountains.
- Determine if any additional modifications can be made to minimize the risk of transmission, such as reducing class sizes, moving to larger areas or holding classes outdoors, and removing shared yoga mats and asking students to bring their own.
- Consider mask use where feasible (refer to Considerations for Wearing Masks) when engaging in high impact activities.
- Consider having coaches use a portable amplifier to keep voices at a low, conversational volume.

For additional information, please see the **Resources** section at the end of this page.

Music, choir, and performing arts teachers

Administrators should make decisions about restarting extracurricular performing arts activities, in collaboration with local health officials, based on a number of factors. These factors include the level of community transmission, whether cases are identified among students, teachers, or staff, what other indicators local public health officials are using to follow COVID-19, and whether student, teacher, and staff cohorts are being implemented within the school.

Singing or playing wind and brass instruments can generate respiratory droplets and aerosols that may contain the COVID-19 virus if a person is infected.

Some general considerations for music and performing arts include:

- Reinforce use of masks by all students and staff when not singing or playing an instrument that requires the use of their mouth (unless class is outdoors and distance can be maintained).
- Consider conducting the class in an outdoor/open environment or under an open tent.
  - Ensure outdoor classes are safe from other hazards, such as heat, cold, and

air pollution.
    - If the class is held indoors, ensure the ventilation system is optimized with regard to flow rate and filtration. Refer to the **Ventilation** section above for more information.
- Consider having teachers use a portable amplifier to keep voices at a low, conversational volume.
- Limit the number of students at one time in storage and backstage areas.
- Install transparent shields or other physical barriers, where possible, to separate the students and staff.
- Maintain social distancing to protect students and staff.

Music instruction

- Develop plans to communicate with students regarding safety expectations during music classes.
- Practice cohorting; rehearsals should be conducted in "pods" of students with the same 5-10 students always rehearsing together.
- Limit exchange (or sharing) of any instruments, parts, music sheets, or any other items.
- Modify or adjust seating arrangements during music classes to allow for a minimum of 6 feet between students and music teachers. This may reduce the number of students that can fit in a performing arts classroom.
- Establish, where possible, physical barriers between staff and between staff and students.
    - Install cleanable, transparent shields or other barriers to physically separate music staff and students.
    - Use strip curtains, plastic barriers, or similar materials to create impermeable dividers or partitions.
- Use disposable absorbent pads or other receptacles, where possible, to catch the contents of spit valves; discard and clean properly after use.
- Consider using "bell covers" for the openings of brass instruments and specially designed bags with hand openings for woodwind instruments to minimize the generation of droplets and aerosols.

Theater and dance

- Limit, where possible, sharing of props, costumes, and wigs.
- Clean and disinfect dressing rooms, green rooms, and production areas using an EPA-registered household disinfectant .
- Consider holding virtual or outdoor performances instead of indoor performances.
- Reinforce social distancing and mask use for staff and students when students are not singing or playing an instrument that requires the use of their mouth (unless class is outdoors and distance can be maintained).

Other Information

Workers' rights

Employees have the right to safe and healthy workplaces. If an employee believes working conditions are unsafe or unhealthful, the employee may file a safety and health complaint with OSHA at any time. If possible, employees should tell their employer about any concerns. For more information on how to file a safety and health complaint, visit OSHA's File a Complaint website.

Employees also have the right to speak up about hazards without fear of retaliation. Section 11(c) of the Occupational Safety and Health Act of 1970, 29 USC 660(c), prohibits employers from retaliating against workers for raising concerns about safety and health conditions. Acts of retaliation can include terminations, demotions, denials of overtime or promotion, or reductions in pay or hours. Any worker who believes that their employer is retaliating against them for reporting unsafe working conditions should contact OSHA immediately. OSHA encourages workers who suffer such retaliation to submit a complaint to OSHA as soon as possible in order to file their complaint within the legal time limits. Complaints under section 11(c) must be filed within 30 days after the alleged unfavorable employment action occurs (that is, when the employee is notified of the retaliatory action).

Note that if the condition clearly presents a risk of death or serious physical harm, there is not sufficient time for OSHA to inspect, and, where possible, the employee has brought the condition to the attention of their employer, they may have a legal right to refuse to work in a situation in which they would be exposed to the hazard. Visit OSHA's Workers' Right to Refuse Dangerous Work website to learn more.

OSHA recommends employers review its publication Recommended Practices for Anti-Retaliation Programs.

Resources

COVID-19 workplace resources

- CDC: Coronavirus (COVID-19)
- CDC: Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19)
- CDC: Prepare your Small Business and Employees for the Effects of COVID-19
- CDC-INFO: 1-800-CDC-INFO (1-800-232-4636) | TTY: 1-888-232-6348
- NIOSH: COVID-19 Information for the Workplace
- OSHA: COVID-19
- OSHA: COVID-19 Standards
- CDC: General Business Frequently Asked Questions
- National Institutes of Health (NIH): Workplace Checklist for Prevention of Exposure to SARS-CoV-2 Virus in Non-Healthcare Industries

Mental health resources

- CDC: Coping with Stress
- National Suicide Prevention Lifeline
  - Toll-free number 1-800-273-TALK (1-800-273-8255)
  - The Online Lifeline Crisis Chat is free and confidential. You'll be connected to a skilled, trained counselor in your area.
- National Domestic Violence Hotline
  - Call 1-800-799-7233 and TTY 1-800-787-3224
- Disaster Distress Helpline
  - Call 1-800-985-5990 or text TalkWithUs to 66746
- Substance Abuse and Mental Health Services Administration (SAMHSA): Find Treatment
- American Psychological Association (APA): APA COVID-19 Information and Resources
- National Alliance on Mental Illness (NAMI): COVID-19 Information and Resources

Janitor and maintenance staff resources

- CDC: Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes
- CDC: What Waste Collectors and Recyclers Need to Know about COVID-19
- CDC: Cleaning and Disinfecting Your Facility

Office staff resources

- CDC: COVID-19 Employer Information for Office Buildings

School nutrition professionals resources

- CDC: What School Nutrition Professionals and Volunteers at Schools Need to

Know about COVID-19

- CDC: Food and Coronavirus Disease 2019 (COVID-19)
- CDC: What Food and Grocery Pick-Up and Delivery Drivers Need to Know about COVID-19
- CDC: What Grocery and Food Retail Workers Need to Know about COVID-19
- CDC: Schools and Childcare Programs
- FDA: Food Safety and the Coronavirus Disease 2019 (COVID-19)
- School Nutrition Association (SNA): COVID-19 Back to School Resources

School nurses/health professional resources

- CDC: Get Your Clinic Ready for Coronavirus Disease 2019 (COVID-19)

School bus driver and bus aide resources

- CDC: What Bus Transit Operators Need to Know About COVID-19
- CDC: Cleaning and Disinfection for Non-emergency Transport Vehicles
- CDC: Interim Guidance for Mass Transit Administrators (for passenger-related questions)

Coaching staff and athletic trainer resources

- CDC: Considerations for Youth Sports

Music, choir, and performing arts teacher resources

- National Federation of State High School Associations: Performing Arts Aerosol Study

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