Coronavirus Disease 2019 (COVID–19)

Operating schools during COVID-19: CDC's Considerations

Operating Schools During COVID-19

Updated Oct. 29, 2020   Print

Summary of Changes

Updates have been made to align with the new school resources and tools that were released on July 23rd and 24th and the latest COVID-19 information.

Changes to the considerations as of August 21, 2020:

- Expanded considerations on planning and preparing schools before opening
- Updated considerations on ventilation
- Updated considerations on food service
- Updated considerations for students who may be unable to wear masks
- Updated considerations for students with special healthcare needs and disabilities
- Updated considerations on cohorting, staggering, and alternating strategies
- Updated considerations on recognizing signs and symptoms of COVID-19 and screening
- Updated considerations on coping and support
- Updated considerations on making plans for accommodations
- Updated considerations for Direct Service Providers (DSPs)

Considerations for schools

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

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

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

School-based health facilities may refer to CDC's Guidance for U.S. Healthcare Facilities and may find it helpful to reference the Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic.

More information for schools

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

School-based health facilities may refer to CDC's Guidance for U.S. Healthcare Facilities and may find it helpful to reference the Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic.

Guiding principles to keep in mind

Everyone's goal is to prioritize the reopening of schools as safely and as quickly as possible given the many known and established benefits of in-person learning. In order to enable this and assist schools with their day-to-day operations, it is important to adopt and diligently implement actions to slow the spread of COVID-19 inside the school and out in the community. Vigilance to these actions will moderate the risk of in-school transmission regardless of the underlying community burden – with risk being the lowest if community transmission is low and there is fidelity to implementing proven mitigation strategies.

The statement The Importance of Reopening America's Schools this Fall highlights that parents and school leaders are very eager for schools to reopen, but understandably concerned about the health and safety of their children during the COVID-19 pandemic.

Children and COVID–19

In general, children with COVID-19 are less likely to have severe symptoms than adults or experience an asymptomatic infection – meaning they do not have any signs or symptoms of disease (1-7).

Analysis of pediatric COVID-19 hospitalization data from 14 states from early March to late July 2020 found the cumulative rate of COVID-19–associated hospitalization among children was over 20 times lower compared to adults (8.0 versus 164.5 per 100,000 population) (8). Although the cumulative rate is low, one in three children hospitalized with COVID-19 was admitted to an intensive care unit so the risk is not negligible (8). Similarly, the death rate among school-aged children is much lower than the rate among adults (9, 10). Also, the comparatively low risk for hospitalization and death among children themselves must be contextualized to the risk posed to teachers, school administrators, and other staff in the school environment. The risk of teachers, school administrators, and other staff in the school is expected to mirror that of other adults in the community if they contract COVID-19.

To be sure, the best available evidence from countries that have reopened schools indicates that COVID-19 poses low risks to school-aged children – at least in areas with low community transmission. That said, the body of evidence is growing that children of all ages are susceptible to SARS-CoV-2 infection (3-7) and, contrary to early reports (11, 12), might play a role in transmission (7, 13, 14).

The many benefits of in-person schooling should be weighed against the risks posed by COVID-19 spread. Of key significance, in-person learning is in the best interest of students, when compared to virtual learning. Application and adherence to mitigation measures provided in this document and similar to those implemented at essential workplaces can help schools reopen and stay open safely for in-person learning.

Deciding how to reopen

School officials should make decisions about school reopening based on available data including levels of community transmission and their capacity to implement appropriate mitigation measures in schools to protect students, teachers, administrators, and other staff. Schools should also consider other aspects of students' risk and wellbeing that arise when schools do not reopen for in-person classes. This includes the potential adverse impacts on students' social-emotional, behavioral, and mental health, as well as the critical services provided to students to help mitigate health disparities and serve children in need, such as school lunch programs, special education services, after-school programs and mental health services.

The unique and critical role that schools play makes them a priority for reopening and remaining open, enabling students to receive both academic instruction and enable the provision of other critical services and supports. By strictly implementing mitigation strategies, schools will be able to meet the needs of their students and community, while reducing the risk of COVID-19 spread.

Taking actions to lower the risk of COVID-19 spread

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own eyes, nose, or mouth. Therefore, personal prevention practices (such as handwashing, staying home when sick) and environmental cleaning and disinfection are important principles that are discussed below. Fortunately, there are a number of actions school administrators can take to help lower the risk of COVID-19 exposure and spread during school sessions and activities.

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

Continuum of risk

By model of learning and implementation of proven mitigation strategies

In general, the risk of COVID-19 spread in schools increases across the continuum of virtual, hybrid, to in-person learning with the risk moderated for hybrid and in-person learning based upon the range of mitigation strategies put in place and the extent they are conscientiously followed.

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

Lowest risk:

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

Some risk:

- Hybrid Learning Model: Some students participate in virtual learning and other students participate in in-person learning
- Small, in-person classes, activities, and events
- Cohorting, alternating schedules, and staggered schedules are applied rigorously
- No mixing of groups of students and teachers throughout/across school days
- Students and teachers do not share objects
- Students, teachers, and staff follow all steps to protect themselves and others at all times including proper use of face masks, social distancing, hand hygiene
- Regularly scheduled (i.e., at least daily or between uses) cleaning and disinfection of frequently touched areas implemented with fidelity

Medium risk:

- Hybrid Learning Model: Most students participate in in-person learning, some students participate in virtual learning
- Larger in-person classes, activities, and events
- Cohorting, alternating schedules, and staggered schedules are applied with some exceptions
- Some mixing of groups of students and teachers throughout/across school days
- Students and teachers minimally share objects
- Students, teachers, and staff follow all steps to protect themselves and others such as proper use of face masks, social distancing, hand hygiene
- Regularly scheduled cleaning and disinfection of frequently touched areas largely implemented with fidelity

Higher risk:

- Students and teachers engage in in-person only learning, activities, and events
- Students minimally mix between classes and activities
- Students and teachers share some objects
- Students, teachers, and staff follow some steps to protect themselves and others at all times such as proper use of face masks, social distancing, hand hygiene
- Irregular cleaning and disinfection of frequently touched areas

Highest risk:

- Students and teachers engage in in-person only learning, activities, and events
- Students mix freely between classes and activities
- Students and teachers freely share objects
- Students, teachers, and staff do not/are not required to follow steps to protect themselves and others such as proper use of face masks, social distancing, hand hygiene
- Irregular cleaning and disinfection of frequently touched areas

Plan and prepare

Emergency operations plans: review, update, and implement EOPs

The most important actions for school administrators to take before reopening in-person services and facilities are **planning and preparing**. To best prepare, schools should expect that students, teachers, or staff may contract symptoms consistent with COVID-19, and schools must know what to do when this happens. Regardless of the number of cases in a community, every school should have a plan in place to protect staff, children, and their families from the spread of COVID-19 and a response plan in place for if/when a student, teacher, or staff member tests positive for COVID-19. This plan should be developed in collaboration with state and local public health departments; school nurses,

parents, caregivers, and guardians; student leaders; community members; and other relevant partners. Schools should prioritize EOP components that address infectious disease outbreaks and their consequences.

- Reference key resources on emergency preparedness while reviewing, updating, and implementing the EOP.
    - Multiple federal agencies have developed resources on school planning principles and a 6-step process 📕 ↗ for creating plans to build and continually foster safe and healthy school communities *before*, *during*, and *after* possible emergencies.

    - The Readiness and Emergency Management for Schools (REMS) Technical Assistance Center's website ↗ contains free resources, trainings, and technical assistance (TA) for schools and their community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks. Schools may find these considerations are helpful for developing high-quality emergency operations plans.

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

- Develop a protocol for monitoring local COVID-19 data in your community to keep track of the level of community transmission, to make decisions about changes to mitigation strategies, and to help determine whether school closures may be necessary. This should include daily review of official public health data for the community surrounding the school. Contact the state, local, tribal, or territorial Public Health Department for references to local COVID-19 data.

- Develop and test information-sharing systems (e.g., school-to-parent email or texting protocols, periodic virtual meetings with parent/teachers, etc.) with school and community partners and key stakeholders. Use institutional information systems for day-to-day reporting on information that can help to detect and respond to an outbreak, such as number of cases and absenteeism or changes in the number of visits to the health center by students, teachers, and other staff.

- Adopt mitigation strategies to promote healthy behaviors that reduce the spread of COVID-19, maintain healthy school environments and operations, and plan what to do if a student, teacher, or staff member gets sick.

- Examine the accessibility of information and resources to reduce the spread of COVID-19 and maintain healthy environments and determine whether they are culturally relevant, in plain language, and available in appropriate languages and accessible formats.

- In consultation with local officials, establish transparent criteria for when the school will suspend in-person learning to stop or slow the spread of COVID-19, as well as transparent criteria for when to resume in-person learning.

- Assess students' special needs (such as continuing education, meal programs, and other services) and develop strategies to address these needs if in-person learning is suspended or if a student needs to self-isolate as a result of a diagnosis of or exposure to COVID-19.

- Ensure the EOP takes into consideration students with disabilities, students with special healthcare needs, students experiencing homelessness, migrant students and those with English learners, etc.

Promote behaviors that reduce spread of COVID-19

Schools may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

Staying home when appropriate

Educate staff and families about when they/their child(ren) should stay home and when they can return to school.

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

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

Hand hygiene and respiratory etiquette

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

Masks

- Teach and reinforce use of masks. The use of masks is one of many important mitigation strategies to help prevent the spread of COVID-19. Masks are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Masks are not Personal Protective Equipment (PPE) (e.g., surgical masks, respirators).
- Appropriate and consistent use of masks is most important when students, teachers,

and staff are indoors and when social distancing is difficult to implement or maintain. Individuals should be frequently reminded not to touch the face covering or mask and to wash their hands or use hand sanitizer frequently. Information should be provided to staff, students, and students' families on proper use, removal, and washing of masks.

- Masks should **not** be placed on:

    - Children younger than 2 years old

    - Anyone who has trouble breathing or is unconscious

    - Anyone who is incapacitated or otherwise unable to remove the mask without assistance

- Appropriate and consistent use of masks may be challenging for some students, teachers, and staff, including:

    - Younger students, such as those in early elementary school (Pre-K through 3rd grade).

    - Students, teachers, and staff with severe asthma or other breathing difficulties.

    - Students, teachers, and staff with special educational or healthcare needs, including intellectual and developmental disabilities, mental health conditions, and sensory concerns or tactile sensitivity.

- While masks are strongly encouraged to reduce the spread of COVID-19, CDC recognizes there are specific instances when wearing a mask may not be feasible. In these instances, parents, guardians, caregivers, teachers, staff, and school administrators should consider adaptations and alternatives whenever possible. They may need to consult with healthcare providers for advice about wearing masks.

- People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear masks if they rely on lipreading to communicate. This may be particularly relevant for faculty or staff teaching or working with students who may be deaf or hard of hearing. In this situation, consider using a clear mask that covers the nose and wraps securely around the face. If a clear mask isn't available, consider whether faculty and staff can use written communication (including closed captioning) and decrease background noise to improve communication while wearing a mask that blocks your lips.

- Masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called source control.

- In addition to those who interact with people who are deaf or hard of hearing, the following groups of teachers and staff may also consider using clear masks:

    - Teachers of young students (e.g., teaching young students to read).

    - Teachers of students who are English language learners

    - Teachers of students with disabilities

- Clear masks should be determined not to cause any breathing difficulties or over heating for the wearer. Clear masks are not face shields. CDC does not recommend use of face shields for normal everyday activities or as a substitute for masks

because of a lack of evidence of their effectiveness to control the spread of the virus from the source for source control.

Adequate supplies

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

Signs and messages

- Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures 🅿 and describe how to stop the spread 🅿 of germs (such as by properly washing hands and properly wearing a mask 🖼). Signs should include visual cues (such as clear, easy-to-understand pictures demonstrating the healthy behaviors) at the appropriate reading and literacy level.
- Broadcast regular announcements on reducing the spread of COVID-19 on PA systems.
- Use simple, clear, and effective language about behaviors that prevent spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and through school social media accounts). If feasible, provide communication in multiple languages.
- Use communication methods that are accessible for all students, faculty, and staff, including those with disabilities.
- Translate materials into common languages spoken by students, faculty, and staff and people in the school community.
- Find freely available CDC print and digital resources on CDC's communications resources main page. CDC also has American Sign Language videos related to COVID-19 and other communication tools.

Maintaining healthy environments

School administrators may consider implementing several strategies to maintain healthy environments.

Cleaning and disinfection

- Clean and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses at least daily or between use as much as possible. Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.
- Develop a schedule for increased frequency of routine cleaning and disinfection.
- If transport vehicles (e.g., buses) are used by the school, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, masks). To clean and disinfect school buses or other transport vehicles, see guidance for bus

transit operators.

- Develop a schedule for increased, routine cleaning and disinfection.
- Ensure safe and correct use and storage of cleaning and disinfection products ⬈ , including storing products securely away from children. Use products that meet EPA disinfection criteria ⬈ .
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

Shared objects

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

Ventilation

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

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

- Increase outdoor air ventilation, using caution in highly polluted areas.

  - When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
  - Use **fans** to increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic window fan placement in exhaust mode can help draw fresh air into 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 for the current occupancy level for each space.

- Increase total airflow supply to occupied spaces, when possible.
- Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
- Further open minimum outdoor air dampers to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold, hot, or humid weather.
- Improve central air filtration:

  - Increase air filtration ⬀ to as high as possible without significantly diminishing design airflow.
  - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass
  - Check filters to ensure they are within service life and appropriately installed.

- Consider running the HVAC system at maximum outside airflow for 2 hours before and after the school is occupied.
- Ensure restroom exhaust fans are functional and operating at full capacity when the school is occupied.
- Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- Use **portable high-efficiency particulate air (HEPA) fan/filtration systems** to help enhance air cleaning (especially in higher risk areas such as the nurse's office).
- Inspect and maintain local exhaust ventilation in areas such as bathrooms, kitchens, cooking areas, etc.
- Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas such as nurse's office and special education classrooms).
- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas such as the nurse's office).
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited.
- Ventilation considerations are also important on school buses.

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

Water systems

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

Modified layouts

- Space seating/desks at least 6 feet apart when feasible.
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
- Modify learning stations and activities as applicable so there are fewer students per group, placed at least 6 feet apart if possible.
- Create distance between children on school buses (g., seat children one child per row, skip rows) when possible.

Physical barriers and guides

- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating "one way routes" in hallways).

Communal spaces

- Close communal use shared spaces such as dining halls and playgrounds with shared playground equipment if possible; otherwise, stagger use and clean and disinfect between use.
- Add physical barriers, such as plastic flexible screens, between bathroom sinks especially when they cannot be at least 6 feet apart.

Food service

- Schools are essential to meeting the nutritional needs of children with many consuming up to half their daily calories at school. Nationwide more than 30 million children participate in the National School Lunch Program and nearly 15 million participate in the School Breakfast Program. (15, 16) There are several mitigation strategies that schools may implement while providing this critical service to their students.

- Avoid offering any self-serve food or drink options, such as hot and cold food bars, salad or condiment bars, and drink stations. Serve individually plated or pre-packaged meals instead, while ensuring the safety of children with food allergies 🔴 .

- As feasible, have children eat meals outdoors or in classrooms, while maintaining social distance (at least 6 feet apart) as much as possible, instead of in a communal dining hall or cafeteria.

- Have teachers and children wash their hands with soap and water for 20 seconds or use a hand sanitizer that contains at least 60% alcohol before and after eating. Ensure children do not share food, either brought from home or from the food service.

- If communal dining halls or cafeterias will be used, ensure that children remain at least 6 feet apart in food service lines and at tables while eating. Clean and disinfect tables and chairs between each use.

- Ensure children do not share food or utensils. This helps prevent the spread of COVID-19 for all students and helps ensure the safety of children with food allergies 🔴 :

    - Use disposable food service items (e.g., utensils, trays).
    - If disposable items are not feasible or desirable, ensure that all non-disposable food service items and equipment are handled by staff with gloves and washed with dish soap and hot water or in a dishwasher.
    - Individuals should wash their hands after removing their gloves or after directly handling used food service items.

- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal.

- Provide tissues and no-touch or foot pedal trash cans, where possible, for employees, volunteers, and students to use.

- If possible, install touchless payment methods (pay without touching money, a card, or a keypad). Provide hand sanitizer right after handling money, cards, or keypads.

- Of Note: USDA has issued the COVID-19 Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs ↗ .

Maintaining healthy operations

Schools may consider implementing several strategies to maintain healthy operations.

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

- Offer options for staff at higher risk for severe illness (including older adults and people of all ages with certain underlying medical conditions or disabilities) that limit their exposure risk (e.g., telework, modified job responsibilities that limit exposure risk).

- Offer options for students at higher risk of severe illness that limit their exposure risk (e.g., virtual learning opportunities).

- Provide inclusive programming for children and youth with special healthcare needs and disabilities that allows on-site or virtual participation with appropriate

accommodations, modifications, and assistance (e.g., students with disabilities may have more difficulties accessing and using technology for virtual learning).

- Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.

Regulatory awareness

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

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

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

Alternating schedule

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

Staggered scheduling

- Stagger student arrival, drop-off, and pick-up time or locations by cohort, or put in place other protocols to limit contact between cohorts and direct contact with parents, guardians, and caregivers as much as possible.
- When possible, use flexible worksites (e.g., telework at home) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (staying at least 6 feet apart).

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

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

Virtual/at-home only

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

Gatherings, visitors, and field trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
- Pursue options to convene sporting events and participate in sports activities in ways that reduce the risk of transmission of COVID-19 to players, families, coaches, and

communities.

- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- **Limit cross-school transfer for special programs.** For example, if students are brought from multiple schools for special programs (e.g., music, robotics, academic clubs, sports), consider using distance learning and virtual environments to deliver the instruction or temporarily offering duplicate programs in the participating schools. For youth sports considerations visit the FAQs for Youth Sports Programs (e.g., physical distance, wearing masks, etc.).
- Develop a plan for staff who travel between schools (e.g., school nurses, psychologists, therapists). For example, consider allowing them to have virtual meetings in place of physical school visits and revise scheduling to limit their visits to multiple campuses.
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.

Designated COVID-19 point of contact

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

Travel and transit

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

Participation in community response efforts

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

Communication systems

Put systems in place for:

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

Leave (time off) policies and excused absence policies

- Implement flexible sick leave policies and practices that enable staff to stay home when they are sick, have been exposed, or caring for someone who is sick.

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

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

Back-up staffing plan

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

Staff training

- Train staff on all safety protocols.
- Conduct training virtually or ensure that social distancing is maintained during training.

Recognize signs and symptoms

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

Based on the best available evidence at this time:

- **CDC does not currently recommend universal symptom screenings**

(screening all students grades K-12) be conducted by schools.

- **Parents or caregivers should be strongly encouraged to monitor their children** for signs of infectious illness including COVID-19 every day.

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

Sharing facilities

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

Support coping and resilience

- Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.

- Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.

- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.

- Transparently communicate with staff, teachers, students, and families, including about mental health support services available at the school. These critical communications should be accessible to individuals with disabilities and limited English proficiency.

- Share facts about COVID-19 regularly through trusted sources of information to counter the spread of misinformation and mitigate fear.

- Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUsto 66746

- Ensure continuity of mental health services, such as offering remote counseling.

- Encourage students to call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or Lifeline Crisis Chat 🔗 if they are feeling overwhelmed with emotions such as sadness, depression, anxiety, or

feel like wanting to harm themselves or others.

Prepare for when someone is sick with COVID-19

Schools may consider implementing several strategies to prepare for when someone is sick with COVID-19.

Advise staff and families of students sick with COVID-19 of home isolation criteria

Sick staff members or students should not return until they have met CDC's criteria to discontinue home isolation.

Make sure that staff and families know when they should stay home

Make sure that staff and families know that they (staff) or their children (families) should not come to school, and that they should notify school officials (e.g., the designated COVID-19 point of contact [e.g., school nurse]) if they (staff) or their child (families) test positive for COVID-19 or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case. These critical communications should be accessible to individuals with disabilities and limited English proficiency.

Isolate and transport students who develop symptoms while at school

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

Clean and disinfect

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

Notify health officials and close contacts

- In accordance with state and local laws and regulations, school administrators should notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA) ☒ and FERPA ☒ or and other applicable laws and regulations.
- Inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop. Maintain confidentiality as required by the Americans with Disabilities Act

(ADA) ⧉ and Family Educational Rights and Privacy Act (FERPA) or and other applicable laws and regulations.

- A school might need to implement short-term building closure procedures **if/when an infected person has been on campus** during their infectious period and has close contact with others. If this happens, **work with local public health officials to determine next steps.** One option is an initial short-term class suspension and cancellation of events and activities (e.g., assemblies, spirit nights, field trips, and sporting events) to allow time for local health officials to gain a better understanding of the COVID-19 situation and help the school determine appropriate next steps, including whether such a suspension needs to be extended to stop or slow further spread of COVID-19. In situations where schools are cohorting students (e.g., in pods) administrators may choose to close the building in places (e.g., classrooms, common areas) where others were exposed to the infected person. In the event that local health officials do not recommend building or classroom closures, thoroughly cleaning the areas where the infected person spent significant time should be considered.

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

What to do if a Student Becomes Sick Flowchart

Information includes:

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

What to do if a Student Becomes Sick Flowchart

Students with disabilities or special healthcare needs

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

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

- Education should remain accessible for children in special education who have a 504 Plan or Individualized Education Program.

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

Follow guidance for Direct Service Providers (DSPs)

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

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

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

References

References cited on this page   +

Other Resources

For Schools and Child Care Providers

Back to School Planning Checklist for Parents, Caregivers, and Guardians

Considerations for Use of Masks in Schools

Guidance for Child Care Programs that Remain Open

Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing

Guidance for Schools and Childcare Centers

Guidance for Direct Service Providers, Parents, Caregivers, and Guardians, and People with Developmental and Behavioral Disorders

Guidance for Direct Service Providers

Guidance for Handlers of Service and Therapy Animals

Limitations and Considerations for COVID-19 Symptom Screening in K-12 Schools

Preparing K-12 Communities to Return to School Safely

Everyday Steps to Slow the Spread

Cleaning and Disinfection

Community Mitigation

COVID-19 Prevention

Masks

Handwashing Information

Social Distancing

COVID-19 Basics

COVID-19 Frequently Asked Questions

Latest COVID-19 Information

Managing Stress and Coping

People at Increased Risk

School Decision Making Tool for Parents, Caregivers, and Guardians

COVID-19 Fact Sheets, Posters, and Videos

CDC Communication Resources

CDC COVID-19 Communication Toolkit

For Businesses and Workplaces

Guidance for Businesses and Employers

HIPAA and COVID-19 ↗

OSHA Guidance on Preparing Workplaces for COVID-19 📕 ↗

U.S. Equal Employment Opportunity Commission: Coronavirus and COVID-19 ↗