# Considerations for K-12 Schools: Readiness and Planning Tool

## CDC Readiness and Planning Tool to Prevent the Spread of COVID-19 in K-12 Schools

CDC offers the following readiness and planning tool to share ways school administrators can help protect students, staff, and communities, and slow the spread of COVID-19. This tool aligns with the Considerations for Schools, and includes the following:

- General Readiness Assessment
- Daily/Weekly Readiness Assessment
- Preparing for if Someone Gets Sick
- Special Considerations and Resources

School administrators may review and complete the general readiness assessment while working with state, local, tribal, territorial, or federal officials when making initial preparations to promote healthy behaviors, environments, and operations that reduce the spread of COVID-19. The daily/weekly readiness assessment can be used to monitor recommended practices. Planning tools are also included to help school administrators prepare to respond if someone gets sick and to identify special considerations specific to their school community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs and context of each community.
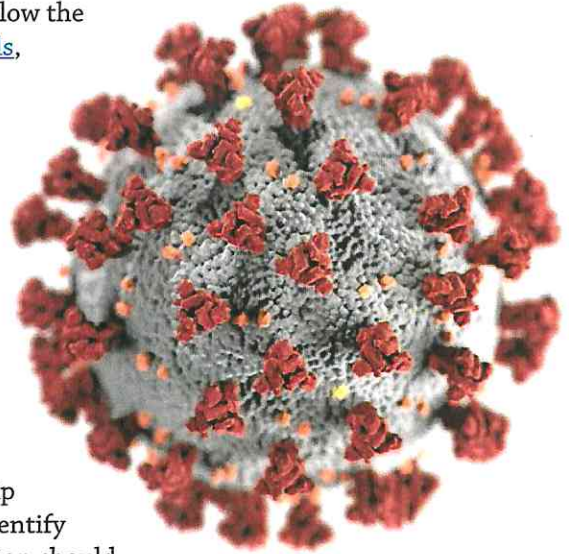
## Guiding Principles to Keep in Mind

- **Lowest Risk:** Students and teachers engage in virtual-only classes, activities, and events.

- **More Risk:** Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects.

- **Highest Risk:** Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

**cdc.gov/coronavirus**

# Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools
# Cloth Face Coverings in Schools

Updated July 23, 2020

CDC suggests that all school reopening plans address adherence to behaviors that prevent the spread of COVID-19. When used consistently and correctly, important mitigation strategies, cloth face coverings are important to help slow the spread of COVID-19. Other important mitigation strategies include social distancing, washing hands, and regular cleaning and disinfecting frequently touched surfaces in schools and buses. CDC provides considerations for wearing cloth face coverings and recommends that people wear cloth face coverings in public settings and when around people who live outside of their household. The use of cloth face coverings is especially important when social distancing is difficult to maintain.

Cloth face coverings 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 cloth face covering coughs, sneezes, talks, or raises their voice. Cloth face coverings are an example of source control. Several studies[1-13] have documented asymptomatic and pre-symptomatic SARS-CoV-2 transmission; meaning that people with COVID-19 who never develop symptoms (asymptomatic) and those who are not yet showing symptoms (pre-symptomatic) can still transmit the virus to other people. Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected. Cloth face coverings are not personal protective equipment, such as surgical masks or respirators.

The use of cloth face coverings in educational settings may present challenges, particularly for younger students and students with special healthcare or educational needs. This document provides guidance to help school administrators decide how to best implement the wearing of cloth face coverings — in their school settings and facilities, including but not limited to buses and other shared transportation.

Education and promotion of positive and supportive relationships should remain the primary focus of school administrators, teachers, and staff. This guidance provides K-12 school administrators with strategies to encourage students to wear face coverings, consistent with CDC guidance, while maintaining a positive learning environment.

## General Considerations

COVID-19 can be spread to others even if you do not feel sick. A cloth face covering helps prevent a person who is sick from spreading the virus to others. Appropriate and consistent use of cloth face coverings is most important when students, teachers, and staff are indoors and when social distancing of at least 6 feet is difficult to implement or maintain.

Cloth face coverings 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 cloth face covering without assistance.

Appropriate and consistent use of cloth face coverings may be challenging for some students, teachers, and staff, including:

- Younger students, such as those in early elementary school.
- 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 cloth face coverings are strongly encouraged to reduce the spread of COVID-19, CDC recognizes there are specific instances when wearing a cloth face covering may not be feasible. In these instances,

parents, guardians, caregivers, teachers, and school administrators should consider adaptations and alternatives whenever possible. They may need to consult with healthcare providers for advice about wearing cloth face coverings.

Consider use of clear face coverings that cover the nose and wrap securely around the face by some teachers and staff. Clear face coverings should be determined not to cause any breathing difficulties or over heating for the wearer. Teachers and staff who may consider using clear face coverings include;

- Those who interact with students or staff who are deaf or hard of hearing, per the Individuals with Disabilities Education Act ↗
- Teachers of young students learning to read
- Teachers of students in English as a second language classes
- Teachers of students with disabilities

Clear face coverings are not face shields. CDC does **not** recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings because of a lack of evidence of their effectiveness for source control.

# Unintended Consequences

- Stigma, discrimination, or bullying may arise due to wearing or not wearing a cloth face covering. Schools should have a plan to prevent and address harmful or inappropriate
- Not all families will agree with school policies about cloth face coverings. Schools should have a plan to address challenges that may arise and refer parents, caregivers, and guardians to CDC's guidance on cloth face coverings.

# Practical Recommendations

- Include cloth face coverings on school supply lists and provide cloth face coverings as needed to students, teachers, staff, or visitors who do not have them available.
- Include clear face coverings on school supply lists for teachers and staff who regularly interact with students who are deaf or hard of hearing, students learning to read, students with disabilities, and those who rely on lip reading as a part of learning, such as students who are English Language Learners.
- Ensure that students and staff are aware of the correct use of cloth face coverings, including wearing cloth face coverings over the nose and mouth and securely around the face.
- Ensure that students, teachers and staff are aware that they should wash or sanitize their hands (using a hand sanitizer that contains at least 60% alcohol) before putting on a cloth face covering.

- Ensure that students, teachers, and staff are aware that they should not touch their cloth face coverings while wearing them and, if they do, they should wash their hands before and after with soap and water or sanitize hands (using a hand sanitizer that contains at least 60% alcohol).
- Ensure teachers and staff are aware that they should wash or sanitize hands (using a hand sanitizer that contains at least 60% alcohol) before and after helping a student put on or adjust a cloth face covering.
- Ensure that all students and staff are aware that cloth face coverings should not be worn if they are wet. A wet cloth face covering may make it difficult to breathe.
- Ensure that all students and staff are aware that they should never share or swap cloth face coverings.
- Students' cloth face coverings should be clearly identified with their names or initials, to avoid confusion or swapping. Students' face coverings may also be labeled to indicate top/bottom and front/back.
- Cloth face coverings should be stored in a space designated for each student that is separate from others when not being worn (e.g., in individually labeled containers or bags, personal lockers, or cubbies).
- Cloth face coverings should be washed after every day of use and/or before being used again, or if visibly soiled.
- Students and schools should consider having additional cloth face coverings available for students, teachers, and staff in case a back-up cloth face covering is needed during the day and to facilitate every day washing of cloth face coverings.

# Additional Considerations for the Use of Cloth Face Coverings among K–12 Students

CDC recommends that people, including teachers, staff, and students, wear cloth face coverings in public settings as able when around people who live outside of their household, especially when other social distancing measures are difficult to maintain.

The following table contains examples of some, **but not all**, situations schools might encounter.

| Possible Student Scenario | Cloth face coverings recommended | Cloth face coverings may be considered | Additional considerations |
|---|---|---|---|
| Students are seated less than 6 feet apart while riding a bus or carpooling | ✔ | | - Cloth face coverings should always be worn by bus and carpool drivers as able* |
| Students are less than 6 feet apart while entering or exiting school (e.g., carpool drop off/pick up) or while transitioning to/from other activities | ✔ | | - Consider having staff monitor students during transitions to encourage correct use and distribute cloth face coverings as needed.<br>- Teachers and staff should wash or sanitize hands (using a hand sanitizer that contains at least 60% alcohol) before and after helping a student put on or adjust a cloth face covering. |

| Possible Student Scenario | Cloth face coverings recommended | Cloth face coverings may be considered | Additional considerations |
|---|---|---|---|
| Students are seated *at least* 6 feet apart in the classroom | | ✔ | • Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading. |
| Students are seated *less than* 6 feet apart in the classroom, or are engaging in learning stations or circle time that require close contact | ✔ | | • Schools may consider keeping students in "cohorts." Cohorts are groups of students that do not mix with other cohorts/groups of students throughout the school day.<br>• Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading. |
| Students are less than 6 feet apart while transitioning between classes or to other activities during the school day | ✔ | | • Schools may consider staggering classroom transition times and allow only one-way pathways/hallways.<br>• Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading. |
| Students are at recess or in physical education class. | | ✔ | • Vigorous exercise in a confined space (e.g., indoors) may contribute to transmission of COVID-19 and should be limited.<br>• Social distancing helps protect students at recess or in physical education class.<br>• Consider conducting activities in an area with greater ventilation or air exchange (e.g., outdoors).<br>• See CDC's guidance on youth sports for more information.<br>• Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading. |

| Possible Student Scenario | Cloth face coverings recommended | Cloth face coverings may be considered | Additional considerations |
|---|---|---|---|
| Students are in band, choir, or music class. | | ✔ | • When students are not singing or playing an instrument that requires the use of their mouth, they should wear a cloth face covering in music class (unless class is outdoors and distance can be maintained).<br>• Social distancing helps protect students in music class.<br>• While students are singing or playing an instrument, use visual cues to keep them at least 6 feet apart. If it's safe and weather permits, consider moving class outdoors where air circulation is better than indoors and maintain at least 6 feet distance between students. |
| Students are at least 6 feet apart during mealtimes in a common area. | | ✔ | • Cloth face coverings are recommended when transitioning to and from mealtimes if outside of the classroom.<br>• Schools may be able to stagger mealtimes to ensure 6 feet distance between students in a cafeteria or lunchroom.<br>• Schools can serve meals in classrooms if students are able to maintain 6 feet of distance between one another in the classroom.<br>• Consider allowing students to eat meals outside, if weather permits. |
| Students participating in an assembly or event that requires close contact. | ✔ | | • Large assemblies of students should be discontinued, unless necessary.<br>• When necessary, consider having the assemblies outdoors, plan for social distancing, and encourage use of cloth face coverings according to CDC guidance.<br>• Cloth face coverings should be worn by teachers and staff at all times* and are especially important at times when social distancing is difficult to maintain. |

| Possible Student Scenario | Cloth face coverings recommended | Cloth face coverings may be considered | Additional considerations |
| --- | --- | --- | --- |
| Student has severe asthma or breathing problems. | | ✓ | • Cloth face coverings should NOT be worn by children under the age of 2 or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the cloth face covering without assistance.<br>• Administrators and/or teachers should consult with parents, caregivers, or guardians about strategies to protect these students and those around them.<br>• Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading. |
| Student is deaf or hard of hearing, or relies on lip reading to communicate. | | ✓ | • Clear face coverings may be considered for teachers or staff who interact with students who are deaf and hard of hearing.<br>• Face shields are not considered clear face coverings.<br>• It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings. Some people may choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask, they should wrap around the sides of the wearer's face and extend to below the chin. |
| Student has a disability, childhood mental health conditions, sensory concern/tactile sensitivity. | ✓ | | • Administrators and/or teachers should consult with parents, caregivers, or guardians about strategies to protect these students and those around them.<br>• Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading. |

| Possible Student Scenario | Cloth face coverings recommended | Cloth face coverings may be considered | Additional considerations |
|---|---|---|---|
| Student is receiving one-on-one services or instruction. | ✔ | | • Students and service providers should wear a face covering as much as possible during service delivery.*<br><br>• Administrators and/or teachers should consult with parents, caregivers, or guardians about strategies to protect these students and those around them.<br><br>• Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading.<br><br>• Cloth face coverings should be worn by teachers and staff at all times* and are especially important at times when social distancing is difficult to maintain.<br><br>• Students and service providers may need additional protective equipment depending on the individual characteristics of the student. See CDC's Guidance for Direct Service Providers for additional information. |

* CDC recognizes that wearing cloth face coverings may not be possible in every situation or for some people. In some situations, wearing a cloth face covering may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns. Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading if it is not possible to wear one. Learn more.

# Strategies to Support Students' Wearing Cloth Face Coverings in Schools

## All Students

- Encourage parents, caregivers, and guardians to practice wearing cloth face coverings with students at home before the first day of school. If parents, caregivers, and guardians model appropriate use of face coverings and help students get used to wearing them, students may be more comfortable using them.

- Introduce students with sensory concerns/tactile sensitivities to face coverings with a variety of materials, prints, and textures, and allow them to choose which face covering is most comfortable.

- Use behavioral techniques such as positive reinforcement to increase the likelihood that students will comply with face covering guidance and other prevention practices.

- Encourage parents, caregivers, and guardians to include students in the selection of their cloth face covering and/or the material that is used to make it. This might increase a child's acceptance of wearing the cloth face covering.

- Display age appropriate posters and materials with visual cues that show the proper way to wear a face covering in classrooms and hallways. Consider incorporating images of popular influencers promoting or modeling use of cloth

face coverings.

- Include reminders about face coverings in daily announcements, school newspapers, and other All communication should be in an appropriate format, literacy level, and language. Consider including how to properly use, take off, and wash cloth face coverings in back-to-school communications educational materials.

## Elementary School Settings

- Ensure that teachers and school staff are available to help students put on and adjust face coverings as needed and that teachers and staff wash or sanitize their hands with hand sanitizer that includes at least 60% alcohol before and after doing so.
- Play games or engage in other fun activities that teach students how to wear a face covering.
- Consider using some art materials or other creative outlets to help students understand why face coverings help reduce the spread of COVID-19.
- Share social stories about face coverings with students so they know what to expect at school. A social story is similar to a simple picture book that teaches students what to expect in social settings.
- Use behavioral techniques, such as positive reinforcement, to increase the likelihood that students will comply with face covering guidance.

## Middle School Settings

- Show short videos or incorporate short lessons (less than 10 minutes) that teach students how to wear a face covering. Consider including videos with celebrities, musicians, athletes or other influencers popular among this age group.
- Follow videos with verbal instructions that demonstrate the correct ways to wear a face covering.
- Engage the class in discussions about why face coverings help reduce the spread of COVID-19.
- Incorporate a lesson into the science curriculum on how respiratory droplets spread infectious disease.
- Create a school competition for the best health communication strategy to highlight the importance of wearing a cloth face covering to middle school students.

## High School Settings

- Show videos or incorporate lessons that teach students how to wear a face covering, including the correct and incorrect ways to wear a face covering. Consider including videos with celebrities, musicians, athletes, or other influencers popular among this age group.
- Ask students to write a short paper on the science behind the use of cloth face coverings as a form of source control.
- Create a school competition for the best health communication strategy to highlight the importance of wearing cloth face coverings to high school students.

## Students with Special Healthcare Needs

- Ask parents, caregivers, and guardians to practice wearing face coverings at home before the student returns to school.
- Share social stories about face coverings with students so they know what to expect at school. A social story is similar to a simple picture book that teaches students about what to expect in social settings.
- Introduce students with sensory concerns or tactile sensitivities to face coverings with a variety of materials, prints, and textures, and allow them to choose which face covering is most comfortable.

- Use behavioral techniques such as positive reinforcement to increase the likelihood that students will comply with face covering guidance and other prevention practices.

# References

1. Lu X, Zhang L, Du H, et al. SARS-CoV-2 Infection in Students. *N Engl J Med* 2020;382:1663-5.

2. Chan JF, Yuan S, Kok KH, et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. *Lancet* 2020;395:514-23.

3. Wang Y, Liu Y, Liu L, Wang X, Luo N, Ling L. Clinical outcome of 55 asymptomatic cases at the time of hospital admission infected with SARS-Coronavirus-2 in Shenzhen, China. *J Infect Dis*

4. Pan X, Chen D, Xia Y, et al. Asymptomatic cases in a family cluster with SARS-CoV-2 infection. *Lancet Infect Dis* 2020;20:410-1.

5. Bai Y, Yao L, Wei T, et al. Presumed Asymptomatic Carrier Transmission of COVID-19. *JAMA* 2020; 323(14):1406-1407.

6. Kam KQ, Yung CF, Cui L, et al. A Well Infant with Coronavirus Disease 2019 (COVID-19) with High Viral Load. *Clin Infect Dis*

7. McMichael TM, Clark S, Pogosjans S, et al. COVID-19 in a Long-Term Care Facility – King County, Washington, February 27-March 9, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:339-42.

8. Kimball A, Hatfield KM, Arons M, et al. Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility – King County, Washington, March 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:377-81.

9. Roxby AC, Greninger AL, Hatfield KM, et al. Detection of SARS-CoV-2 Among Residents and Staff Members of an Independent and Assisted Living Community for Older Adults – Seattle, Washington, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:416-8.

10. Mizumoto K, Kagaya K, Zarebski A, Chowell G. Estimating the asymptomatic proportion of coronavirus disease 2019 (COVID-19) cases on board the Diamond Princess cruise ship, Yokohama, Japan, 2020. *Euro Surveill* 2020;25.

11. Hoehl S, Rabenau H, Berger A, et al. Evidence of SARS-CoV-2 Infection in Returning Travelers from Wuhan, China. *N Engl J Med* 2020;382:1278-80.

12. Wei WE, Li Z, Chiew CJ, Yong SE, Toh MP, Lee VJ. Presymptomatic Transmission of SARS-CoV-2 – Singapore, January 23-March 16, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:411-5.

13. Tong ZD, Tang A, Li KF, et al. Potential Presymptomatic Transmission of SARS-CoV-2, Zhejiang Province, China, 2020. *Emerg Infect Dis* 2020;26:1052-4.
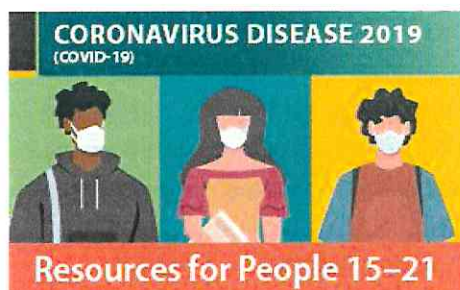
# Considerations for Schools Operating Schools

Operating Schools During COVID-19

Updated May 19, 2020



As some communities in the United States open K-12 schools, CDC offers the following considerations for ways in which schools can help protect students, teachers, administrators, and staff and slow the spread of COVID-19. Schools can determine, in collaboration with state and local health officials to the extent possible, whether and how to implement 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. 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. These considerations are meant to supplement—**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply.

Preparing for a Safe Return to School: The latest science on transmission risk, and the costs and benefits of opening schools

# Guiding Principles to Keep in Mind

The more people a student or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in school settings as follows:

- **Lowest Risk:** Students and teachers engage in virtual-only classes, activities, and events.
- **More Risk:** Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk:** Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as handwashing, staying home when sick) and environmental cleaning and disinfection are important principles that are covered in this document. 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.

After reviewing the considerations listed on this page, school administrators can use CDC's K-12 Schools Readiness and Planning Tool ⬥ [9 pages] to protect students, staff and communities.

# Promoting Behaviors that Reduce Spread

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 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 having perfect attendance awards, 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.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
  - 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 can be used (for staff and older children who can safely use hand sanitizer).

- Cloth Face Coverings
  - Teach and reinforce use of cloth face coverings. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Face coverings should be worn by staff and students (particularly older students) as feasible, and are most essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students, and students' families on proper use, removal, and washing of cloth face coverings.
    - Note: Cloth face coverings 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 cloth face covering without assistance
  - Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.

- **Adequate Supplies**
  - Support healthy hygiene behaviors by providing adequate supplies, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible) and no-touch/foot-pedal trash cans.

- **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 cloth face covering 🖼 ).
  - Broadcast regular announcements on reducing the spread of COVID-19 on PA systems.
  - Include messages (for example, videos) about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and on school social media accounts).
  - Find free CDC print and digital resources on CDC's communications resources main page.

# Maintaining Healthy Environments

Schools 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.
  - 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, cloth face coverings). 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**

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example 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.

- **Water Systems**
  - To minimize the risk of Legionnaire's disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains.

- **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.
  - 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**
  - Have children bring their own meals as feasible, or serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies. 🔖
  - Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled 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. Avoid sharing food and utensils and ensure the safety of children with food allergies. 🔖

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

- 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.

- **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.
  - 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).
  - Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.
  - Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

- **Identifying Small Groups and Keeping Them Together (Cohorting)**
  - Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
  - Limit mixing between groups if possible.

- **Staggered Scheduling**
  - Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.
  - When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between employees and others, especially if social distancing is recommended by state and local health authorities.

- **Designated COVID-19 Point of Contact**
  - Designate a staff person to be responsible for responding to COVID-19 concerns (e.g., school nurse). All school staff and families should know who this person is and how to contact them.

- **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:
    - Consistent with applicable law and privacy policies, having staff and families 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 in accordance with 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).
    - 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.
- 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**
    - If feasible, conduct daily health checks (e.g., temperature screening and/or or symptom checking) of staff and students.
    - Health checks should be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations. School administrators may use examples of screening methods in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children and CDC's General Business FAQs for screening staff.

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

# Preparing for When Someone Gets Sick

Schools may consider implementing several strategies to prepare for when someone gets sick.

- **Advise Staff and Families of Sick Students of Home Isolation Criteria**
    - Sick staff members or students should not return until they have met CDC's criteria to discontinue home isolation.

- **Isolate and Transport Those Who are Sick**
    - 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) if they (staff) or their child (families) become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.

- Immediately separate staff and children with COVID-19 symptoms (such as fever, cough, or shortness of breath) at school. Individuals who are sick should 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.
- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.
- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.

- **Clean and Disinfect**
  - Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting
  - 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) ⧉ .
  - 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.

After reviewing the considerations listed on this page, school administrators can use CDC's K-12 Schools Readiness and Planning Tool 🅰 [9 pages] to protect students, staff and communities.

## Other Resources

Latest COVID-19 Information

Cleaning and Disinfection

Guidance for Businesses and Employers

Guidance for Schools and Childcare Centers

COVID-19 Prevention

Handwashing Information

Face Coverings

Social Distancing

COVID-19 Frequently Asked Questions

People at Higher Risk

Managing Stress and Coping

HIPAA and COVID-19 ☑

CDC Communication Resources

Community Mitigation

OSHA Guidance on Preparing Workplaces for COVID-19 📕 ☑

Last Updated May 19, 2020