School & Custody Considerations in light of COVID-19

Handouts from Lyn Greenberg, Ph.D., ABPP

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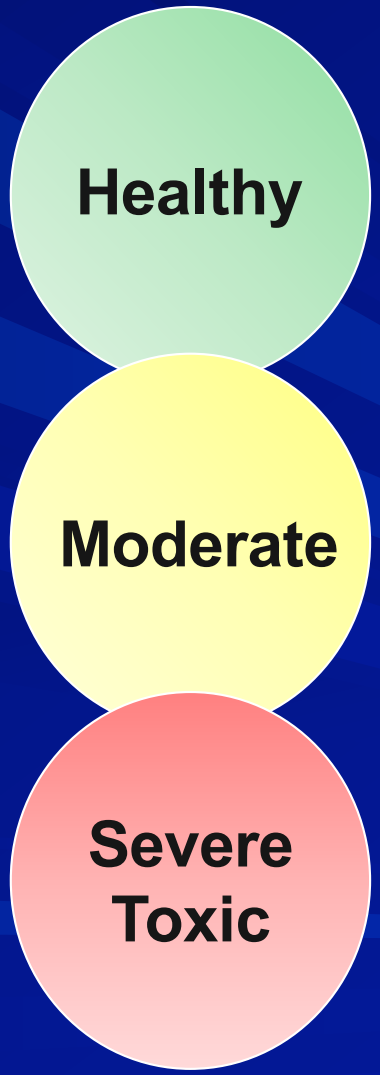
our family wizard

Levels of Stress, Potential Outcomes



Avoidance
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Unhealthy Stress
Responses

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Interventions,
Treatment, Recovery,
Resilience

Inspired by Drozd and Saini, 2018

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Toolkit for Emotional Care During Social Distancing: Practical Strategies for Separated Parents and their Children

Resources compiled by Lyn R. Greenberg, PhD, ABPP., Madeline Miller, MA student and Sarah Wilkins, PsyD student

AFCC and other professionals have published excellent guidance for coparenting during the coronavirus crisis – specifically advising compliance with the parenting plan, transparency, flexibility, modeling good health care practices, generosity toward one's coparent and creativity in supporting the other parent-child relationship[1]. For many families, practical tools and problem solving may be essential – not just for healthy coparenting, but for supporting children through a crisis and promoting healthy adjustment.

[1] Please see Seven Guidelines for Parents who are Divorced/Separated and Sharing Custody of Children During the COVID19 Pandemic

- **Remember that you still have resources.**
  - Reach out to professionals who have helped you before
  - Request telehealth or zoom conferencing
  - Communicate with your coparent if you can
  - Set up communication with teachers, parents of other students, etc.

Remember that you still have resources. Everyone feels destabilized by the current situation, but professionals are mobilizing to meet it. If you have been working with a parenting coordinator, mediator, or therapist, that person may already be set up to continue working with you by telephone or remote video conferencing. Stressors associated with current anxieties, school closures and social distancing requirements will impact every household. You may find your co-parent to be unusually cooperative, as I've seen occur with parents whose children suddenly suffer a crisis or serious illness. Or you may need some assistance establishing common routines (which your children will need) or establishing communication channels that you haven't needed before. For example, many coparents have established the habit of having each parent communicate independently with their child's teacher, to decrease the need for direct interaction with the other parent. With schools closed, that option may not be available for a while. Nevertheless, many professionals can offer practical tools for exchanging educational information without conflict. Other strategies and community resources are described below and at the end of this article.

- **Assemble a toolkit for managing stress and frustration.**
  - Practical, low cost tools and activities
  - Headphones for each
  - Homemade "coupons" for pleasurable activities
  - Free or Low cost online stress management or relaxation programs
  - Bubbles, play-doh, silly string, etc.
  - List of resources and their contact information (medical providers, mediators, therapists, friends)

Assemble a toolkit for managing stress and frustration. The stresses associated with the COVID-19 crisis are impacting everyone. Many stressors are predictable and not entirely avoidable, but you can plan for them. Some simple preparations may help you manage these stressors and defuse frustrations before they become overwhelming. Just as you have first aid supplies at home for cuts and bruises, you can assemble a toolkit for managing stress. Engage your child in putting this toolkit together, as it will provide a good opportunity to discuss the fact that this situation is difficult for everyone and to share your predictions as to what the "tough spots" may be. Headphones for each member of the family are extremely important, as these make many other options possible. (They do not need to be expensive.) Add some specific tools for de-stressing. There are a number of free or low-cost stress management and relaxation programs available online. Some are geared for adolescents and children. (A list is provided at the end of this article.) Consider adding a couple of home-made "coupons" that your child can "trade in" for a break from homework, some extra screen time to play a game online with a friend, etc. Add a list of your resources and their contact information – medical providers, mediators, therapists, even a friend to whom you can vent (with the door closed and both you and your child wearing headphones). Other items for your toolkit may be more individualized – does someone use a stress ball? Put it in. Add a couple of bottles of Bubbles – blowing the biggest bubble you can promotes the kind of deep breathing that physiologically reduces stress. If you are involved with a professional, that person may be able to help you identify items for your toolkit and discuss it with your child over remote video.

- **Establish a routine and set up your space for it.**
  - Establish predictable structure and expectations for at least part of the day
  - Schedule breaks for your children during online school
  - Empathize with your children during this unstable time
  - Set up space for "school," allow your child to decorate it and express preferences for comfort
  - Involve your coparent

Establish a routine and set up your space for it. Children need structure. Schools establish routines so that there is some predictability to the day and children know what's expected. That doesn't mean that you can't break the routine occasionally or plan a different activity, but establishing a predictable structure and expectations, at least for the part of the day that would normally be consumed by school, can be helpful to children who are already dealing with the destabilization caused by the schools closing and the interruption of activities and social relationships. If your school district is streaming classes, that schedule may

determine when children need to be at their computers – unfortunately, many school districts aren't yet well set up for online learning, so the scheduling may be left to parents. Set up an area of your home where your child will be doing schoolwork and make sure that all of the required materials are there. Schedule some breaks, perhaps even including some opportunities to connect with friends via video chat. Make it a point to empathize with the frustration, loss and loneliness your child may be feeling. It's also a good idea to consult with your coparent about the schedule, or at least share what you are doing. While the routines between separated households are rarely identical and don't need to be, some general consistency may be helpful to both of you and to your children. If you've had difficult relationship with your coparent before, it's easy to assume that cooperation won't be forthcoming. But both of you are dealing with a large hole in your child's schedule and relationships, and with the stress of what is likely to be a long emergency. If you don't think such a conversation will work well one-on-one, consult a professional who can do remote videoconferencing.

- **Be Creative with Educational planning**,
  - Add variety
  - Consider online educational resources and games
  - Encourage your child to ask both parents for help
  - Reach out to classmates and their parents
  - Communicate with the teacher if your child is having difficulty

Be Creative with Educational planning. You probably already know what kind of learning your child finds interesting or boring. Few teachers of young children rely solely on lecture and worksheets – those who do aren't particularly popular with children. But as schools struggle to ramp up online learning, adding interesting variation to their methods may not be a high priority. Fortunately, many free and low-cost resources are being made available by both private and nonprofit entities, ranging from children's activities in local newspapers to educational films and interactive experiences. A few of the available sources are listed at the end of this article. Group chat and videoconferencing programs, some of which are free or low cost, can be used to set up group experiences for learning.

For example, some programs will allow you to stream a film or complete an activity within a group video chat, or have several children watch the same film and then come together to talk about it. Your children are missing their friends and most parents are struggling with the same issues you are – reaching out to them can save strain on all of you, particularly if you take turns finding resources and having discussions with your kids. This is another area in which outreach to your coparent may be helpful. Are you better at language arts? Is your coparent better at math? Encourage your child to reach out to the other parent for help with schoolwork that the other parent can be helpful with. As the AFCC and AAML have noted, generosity at this difficult time is something that judges will look for later – better yet, you may

begin to establish a foundation of trust that will allow you to narrow the issues that require a legal process.

- **Make time for daily exercise**
  - Offer to run or bike with your children
  - Use online exercise and movement programs
  - If you have a game system, have your child select activities that require movement
  - Require exercise every day, but support children in choosing the activity

Make time for exercise every day. Stay-at-home orders have reduced the available options for exercise, although going for a run or bike ride on your own is still possible. The opportunities available for your child are even more limited. If you own any kind of electronic game system, many programs are available that require movement. Exercise and movement programs for both adults and children are readily available online. Children may respond better to games and are often particularly fond of active games in which they can outperform adults. If you have any kind of exercise apparatus at home, find out if it can safely be used by children. If not, ask your child to help you find an active game or two, online or through your cable or game system, that they could enjoy (or tolerate) playing with you once a day. Older siblings can also be helpful at finding something that will work. It's best to make such exercise a regular part of your day, as that aids stress reduction, teaches healthy habits, and avoids the medical and psychological side effects of reduced activity. A few sources are listed at the end of this article. You may need to try a few to find one you like, engaging your child in the process. It's helpful to set the expectation that exercise is a necessary part of the day but your child can have a role in choosing the program or kind of exercise.

- **Find a way to help.**
  - Set an example of cooperation
  - Teach children healthy skills for self-care, stress management, and self-control
  - Help them learn to care for others

Find a way to help. The lessons children learn during this difficult time aren't limited

to their schoolwork. They will see how well their parents are able to cooperate, whether parents appreciate their social relationships enough to help them share time with friends online, and what their parents model for them in terms of self-care, managing stress, and self-control. They will also learn whatever you show them about caring for other people. They can't control the spread of the virus or stay-at-home orders but doing something for others can make a valuable contribution and help them to feel more empowered and effective. If there is a safe opportunity for volunteering in your community, great. But helping others does not require violating social distancing rules. Perhaps an organization that you are already part of, such as a community or religious group, is already establishing food delivery services for those who cannot leave their homes. Community messaging programs like NextDoor or city message boards may provide opportunities. Is there an older family member or neighbor who your child knows? Engage your child in calling that person to see how they are doing, offer to add their shopping list to yours, or even to connect with them online and send pictures or have a brief chat. Perhaps a group they are already part of, like a scouting troop or team that is now inactive, can organize a fundraising drive or other activity. Many are already doing so. Involving children in something larger than themselves may both help the community and help both of you feel better.

Ask for help if you need it. Although this situation can feel like each person is alone, we are all having a common experience. It isn't easy on anyone and no one will handle it perfectly. Caring for yourself emotionally is easiest with a little planning, but if you are feeling overwhelmed, reach out to someone. It may be the best gift you can give your child.

Free and Low-Cost Resources

Stress Management

18 Tips on How to Cope with Children During Quarantine

Free Mindfulness Classes for Kids

Go Noodle Movement and Mindfulness Videos

Free Guided Relaxation for Kids

Mindfulness-based stress reduction (adults)

Educational and Learning Resources

Two Player online games

PBS Kids Online Games

Teachers' Favorite Free Learning Websites for Kids

Sesame Street Online

Scholastic (games and activities divided by grade level)

Cool Math (math games for kids 13+)

Cool Math (math games for kids 13 and under)

Disney Jr. Educational Games

Learning Games for Kids

Free Teachables worksheets and activities (pre-k – 8)

Free Activities/Fun Ideas during Quarantine

50+ Easy Indoor Activities for Kids

NPR List of Free Activities/resources during COVID-19

50+ Activities for Kids

Virtual Storytime

125 Ideas to Keep Kids Entertained During the Coronavirus Crisis

Exercise Resources

Adults

Core Power On-Demand free classes (30-minute and 60-minute classes)

Yoga for Uncertain Times

OrangeTheory Fitness Uploading Free Videos Every Day to YouTube

25+ Fitness Studios and Gyms Offering Live-Stream Workouts During the Coronavirus Outbreak

Children and Families

YMCA Free Workouts and Resources for Kids

Online Physical Education for Kids

Yoga for Kids Ages 3-5

ZUMBA for Kids (additional link)

Family Fun Cardio Workout

General COVID-19 Resources

CDC General Website for COVID-19

Great Resources about COVID-19 and Ways to Keep You and Your Family Healthy and Active

National Association of School Psychologists on Talking to Your Children about COVID-19

American Psychological Association (APA) Advice for Newly Remote Workers

National Child Traumatic Stress Network Resources re COVID 19

CDC on Handwashing

NPR Comic on COVID-19 for Kids

Action for healthy kids: Resources for Schools/families during COVID-19

School Decision-Making Tool for Parents, Caregivers, and Guardians
Families Deciding How to Go Back to School

Updated July 23, 2020 Print

Many parents, caregivers, and guardians face new and difficult choices about how their child will return to school in the fall, such as deciding between in-person and virtual learning.

This tool is designed to help parents, caregivers, and guardians weigh the risks and benefits of available educational options to help them make decisions about sending their child back to school. It is organized to provide parents and caregivers with:

- Information on COVID-19 and why safely reopening schools is so critical.
- Tools to:
  - Help you assess your child's and your family's risk of COVID-19;
  - Consider factors that will help you make a choice, if offered, of instructional format (e.g. virtual, in person, or a hybrid option); and
  - Prepare for the school year, regardless of format.

Introduction

Schools play an important role in students' educational achievement, health, and wellbeing. Working with local health officials and with parents and caregivers, schools also have an important role in slowing the spread of SARS-CoV-2 (the virus that causes COVID-19) while protecting students, teachers, and staff and helping ensure students have safe and healthy learning environments.

As schools begin to reopen across the nation, parents, guardians, and caregivers will be making decisions based on numerous factors, such as individual preferences, health concerns, work situations, and school considerations. When making decisions about school for your family, there are many things to think about beyond academics, such as access to school meal programs, social services, extended day childcare, extra-curricular activities, social-emotional support from peers and educators, and transportation. Parents, guardians, and caregivers will be thinking about numerous factors, such as individual preferences, health concerns, work situations, and school considerations.

Many schools are offering parents and guardians a choice between in-person and virtual modes of instruction. CDC's **Decision-Making Tool for Parents and Guardians** is designed to help you think through school re-entry and the choices that your child's school is offering.

Decision-Making Considerations

Because of the COVID-19 public health emergency (PHE), instructional formats such as class size, setting, and daily schedules will likely look different than in past years. Consider the risks and benefits of these different instructional formats. For example, in-person instruction may offer easier access to school services, improved educational efficacy, more opportunities for social interaction and return to work for some parents and caregivers, but it also has a higher risk of COVID-19 exposure for your child than virtual instruction. Families will differ in their choice of instructional formats based on whether the student or members of the household are at increased risk of severe illness, the student's academic needs, the level of

COVID-19 spread in the community, available school transportation options, school ability to execute recommended guidelines, the student's social-emotional wellbeing, comfort and familiarity with the school's reopening plans, and the family's situation and needs.

As you are making decisions about your child(ren) returning to school, it is important to consider the full spectrum of risks involved in both in-person and virtual learning options. Parents, guardians, and caregivers should weigh the relative health risks of COVID-19 transmission from in-personal instruction against the educational, social-behavioral, and emotional risks of providing no in-person instruction when deciding between these two options. Aside from a child's home, no other setting has more influence on a child's health and well-being than the school. The in-person school environment not only provides educational instruction, but supports a child's social and emotional skills, safety, speech, mental health, reliable nutrition, and opportunities for physical activity. This tool is designed to help weigh the risks and benefits of available educational options to help you make decisions about sending your child back to school.

What We Know About COVID-19 and Children

COVID-19 is a newly identified disease caused by the virus SARS-CoV-2. Scientists are still learning about how it spreads, how it affects children, and what role children may play in its spread. Limited data about COVID-19 in children suggest that children are less likely to get COVID-19 than adults, and when they do get COVID-19, they generally have less serious illness than adults [1]. Common symptoms of COVID-19 among children include fever, cough, runny nose, sore throat, headache, body ache, and diarrhea; many children may have mild or no symptoms [1]. As of July 21, 2020, 6.6% of reported COVID-19 cases and <0.1% of COVID-19-related deaths are among children and adolescents less than 18 years of age in the United States [2]. While uncommon, deaths and rare illness such as multisystem inflammatory syndrome in children (MIS-C) may occur [3].

Evidence and information about transmission (the way germs move from person to person) of COVID-19 to children is relatively limited. Evidence from other countries suggest that most pediatric cases resulted from children becoming infected by a family member [4]. The more individuals a person interacts with, and the longer the interaction, the higher the risk of COVID-19 spread. The risk of getting COVID-19 is also influenced by the intensity of transmission in your community. Your State, local, Tribal, or territorial health department website should provide information about the spread of COVID-19 in your area.

Children at Increased Risk of Severe Illness from COVID-19

Some children may be at increased risk of getting COVID-19 or may be at increased risk for severe illness from COVID-19. For these children, parents and caregivers may need to take additional precautions with regard to school re-entry. There are more COVID-19 cases reported among children with intellectual and developmental disabilities than those without [5]. People of any age, including children, with certain underlying medical conditions are at increased risk for severe illness from COVID-19. Additionally, children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease might be at increased risk for severe illness from COVID-19, compared to other children. Severe illness means that they may require hospitalization, intensive care, or a ventilator to help them breathe, or may even die.

Household Members and Caregivers at Increased Risk for Severe Illness from COVID-19

While there is no way to ensure zero risk of infection, it is important to understand potential risks and how to adopt different types of prevention measures when resuming activities, including returning to school. Parents and guardians should consider whether other household members are at increased risk of severe illness from COVID-19 when making decisions about which activities to resume.

In addition, long-standing systemic health and social inequities have put some groups at higher risk of contracting COVID-19 or experiencing severe illness, including some members of racial and ethnic minority groups, and individuals experiencing homelessness.

If you, your child, or a household member are at increased risk for severe illness from COVID-19, you will need to weigh the benefits, risks, and feasibility of the educational options available. The table below will help you to assess your risk for COVID-19.

Household and Community Risks for COVID-19.

In this section, a "True" response indicates higher risk for COVID-19

	Does Not Apply	*False*	*Unsure*	*True*
My child has an underlying condition that increases the risk for severe illness from COVID-19.	☐	☐	☐	☐
I live with someone, or my child's caregiver, is at increased risk for severe illness from COVID-19 due to age or underlying medical conditions.	☐	☐	☐	☐
The level of community spread in my area is high.	☐	☐	☐	☐

Critical Role of Schools

COVID-19 transmission and illness are not the only risks to consider when making decisions about sending children back to school. Schools provide important services and supports for children's academic, social-emotional and physical health. For instance, social interaction among children in grades K-12 is important not only for emotional wellbeing, but also for children's language, communication, social, and interpersonal skills [6]. Some students may have experienced social isolation and increased anxiety while not physically being in school due to COVID-19.

Schools also provide critical services, such as school meal programs and behavioral and mental health services. Continuity of other special services is important for student success and lack of access to these services and supports have the potential to widen existing disparities and cause long-term effects on children's educational outcomes, health, and the economic wellbeing of families and communities.

Review Your School's Plans to Reduce Risk

Review local school or school district reopening plans to understand the steps they are taking to reduce the spread of COVID-19 and support educational goals. Schools can implement strategies across 4 key areas to reduce the spread of COVID-19:

1) promoting behaviors that reduce spread (e.g. social distancing, washing hands and wearing masks or cloth face coverings),

2) maintaining healthy environments (e.g., ensuring proper ventilation, cleaning and disinfecting frequently touched surfaces)

3) maintaining healthy operations (e.g., staggering schedules, keeping students in small groups), and

4) preparing for when someone gets sick.

Schools in communities with higher levels of SARS-CoV-2 will likely take more steps to prevent the spread of disease. See CDC's Considerations for Schools for examples of some steps schools may take as part of their reopening strategy. Parents and caregivers might also be interested in learning how the school plans to support the emotional wellbeing of students—both in person and virtually.

Schools can work with state, local, territorial, and tribal health officials to determine whether and how to implement these considerations 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.

Decision-Making Tool for Parents and Guardians

Choosing whether or not to send your child back to school can be difficult. When weighing decisions about your child returning to school, it is important to consider your family's

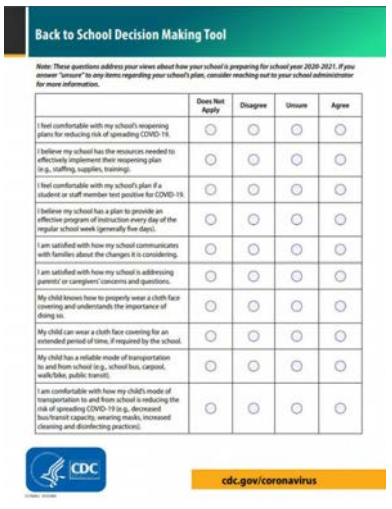
Back to School Decision Making

unique needs and situation and your comfort level with the steps your school is taking to reduce the spread of COVID-19. Some considerations may include the specific risks to members of your household if a child were to become infected in school, as well as access to school meal programs, social services, extended day childcare services and extra-curricular activities, social-emotional support from peers and educators, and school transportation.

The questions in these tools are designed to help you weigh the risks and benefits of available educational options before you make decisions. Recognizing that there may be many unknowns, answer each question with a check in the column that most closely reflects you and your family today. When you are finished, review your answers. Remember, each family is different so certain questions may be particularly important to you. Multiple checks in the "Unsure" or "Disagree" columns might warrant a conversation with school administrators, your healthcare provider, or your employer. Parents may also want to use the tool to make their views, concerns, and suggestions known to school administrators.

If your child or a member of your family has been diagnosed with COVID-19, please follow CDC's guidelines and stay at home until the criteria to discontinue home isolation have been met.

Decision Making Tool



[PDF - 213 KB]

Back to School

Note: These questions address your views about how your school is preparing for school year 2020-2021. If you answer "unsure" to any items regarding your school's plan, consider reaching out to your school administrator for more information.

	Does Not Apply	Disagree	Unsure	Agree
I feel comfortable with my school's reopening plans for reducing risk of spreading COVID-19.	☐	☐	☐	☐
I believe my school has the resources needed to effectively implement their reopening plan (e.g., staffing, supplies, training).	☐	☐	☐	☐
I feel comfortable with my school's plan if a student or staff member test positive for COVID-19.	☐	☐	☐	☐
I believe my school has a plan to provide an effective program of instruction every day of the regular school week (generally five days).	☐	☐	☐	☐
I am satisfied with how my school communicates with families about the changes it is considering.	☐	☐	☐	☐
I am satisfied with how my school is addressing parents' or caregivers' concerns and questions.	☐	☐	☐	☐
My child knows how to properly wear a cloth face covering and understands the importance of doing so.	☐	☐	☐	☐
My child can wear a cloth face covering for an extended period of time, if required by the school.	☐	☐	☐	☐
My child has a reliable mode of transportation to and from school (e.g., school bus, carpool, walk/bike, public transit).	☐	☐	☐	☐

	Does Not Apply	Disagree	Unsure	Agree
I am comfortable with how my child's mode of transportation to and from school is reducing the risk of spreading COVID-19 (e.g., decreased bus/transit capacity, wearing cloth face coverings, increased cleaning and disinfecting practices).	☐	☐	☐	☐

Virtual/At-Home Learning Feasibility

Note: The questions in this section assess whether learning would be feasible for you and your child.

	Does Not Apply	Disagree	Unsure	Agree
I am able to work while my child is not in school (i.e., can still successfully do my job or I am able to telework).	☐	☐	☐	☐
I have access to reliable internet and a device, such as a computer or tablet, which my child can use for virtual learning.	☐	☐	☐	☐
I can supervise or identify someone who can supervise my child during periods of virtual/at home learning.	☐	☐	☐	☐
My child has a space where I live that is free of distractions during school hours.	☐	☐	☐	☐
My school provides a virtual learning option that allows students to have real-time interactions with their teachers (e.g., have live instruction).	☐	☐	☐	☐
My child's learning style and needs are compatible with digital modes of learning.	☐	☐	☐	☐

Academic and Social-Emotional Wellbeing

	Does Not Apply	Disagree	Unsure	Agree
My child will be able to keep up academically through virtual/at-home learning.	☐	☐	☐	☐
My child will receive quality education through virtual/at-home learning.	☐	☐	☐	☐
My child will be sufficiently engaged during prolonged periods of virtual/at-home learning.	☐	☐	☐	☐
My child will be able to stay socially connected during prolonged periods of virtual/at-home learning.	☐	☐	☐	☐

	Does Not Apply	Disagree	Unsure	Agree
If my child needs specialized adaptive communication devices, equipment, or learning aides, I am able to have them where I live.	☐	☐	☐	☐

School-Based Services

Note: The questions below review some school-based services that your family may be using. You may want to consider whether you have been able to access these services through a virtual/at home learning option, your satisfaction with the services to date, and whether you would prefer to receive these services in school. If your child is at higher risk for severe illness and relies on school-based services that are only available on site, you may want to have additional conversations with your school to address concerns you may have.

	Does Not Apply	Disagree	Unsure	Agree
If your child has an Individualized Education Program (IEP) or other specialized learning or behavior plan... My child is able to receive the required IEP learning accommodations through a virtual/at-home learning option that meets my family's needs.	☐	☐	☐	☐
If your child receives school-based learning services (e.g., tutoring before or after school) ... My child is able to receive needed school-based learning services through a virtual/at-home learning option that meets my family's needs.	☐	☐	☐	☐
If your child receives school-based nutrition services (e.g., school breakfast or lunch) ... My child has an alternative to the nutrition services provided in schools that adequately meets our family's needs [Your school district's child nutrition website may have this information].[1]	☐	☐	☐	☐
If your child receives school-based behavioral services (e.g., social skills training, occupational therapy, speech/language therapy) ... My child is able to receive needed behavioral services through a virtual/at-home option that meets my family's needs.	☐	☐	☐	☐
If your child receives school-based emotional or mental health services... My child is able to receive needed emotional or mental health services through a virtual/at-home option that meets my family's needs.	☐	☐	☐	☐

	Does Not Apply	Disagree	Unsure	Agree
If your child attends after care (including after school clubs and activities) provided by the school... My child has an alternative to the after-care services provided by schools that adequately meets my family's needs.	☐	☐	☐	☐

[1] School meals in some states may still be available to parents with kids for children learning from home, although this may be subject to change. Learn about parent meal pick-up options here: https://www.fns.usda.gov/meals4kids

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

COVID-19 Planning Considerations: Guidance for School Re-entry

The purpose of this guidance revision is to continue to support communities, local leadership in education and public health, and pediatricians collaborating with schools in creating policies for school re-entry during the coronavirus disease 2019 (COVID-19) pandemic that foster the overall health of children, adolescents, educators, staff, and communities and are based on available evidence. Along with our colleagues in the field of education, the American Academy of Pediatrics (AAP) strongly advocates for additional federal assistance to schools throughout the United States, with no restrictions regarding their plans for in-person versus virtual learning. Regardless, in places in the United States with high levels of community transmission of severe acute respiratory syndrome-coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19, where in-person learning is not possible, these schools will also need more assistance, not less, to support the additional staffing needs, alternative learning sites, hybrid educational models, and child care.

Schools and school-supported programs are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, either in person or virtually; social and emotional skills; safety; reliable nutrition; physical/speech therapy and mental health services; and opportunities for physical activity, among other benefits. Schools also serve as critical centers in communities by supporting adult-focused activities (such as job training, neighborhood meetings, and parenting classes) as well as ensuring safe places for children and adolescents to be while parents or guardians are working, which in turn supports the local economy.

Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the differential impact the COVID-19 pandemic and the associated school closures have had on different racial and ethnic groups and vulnerable populations. The AAP condemns the persistent racial and social inequities that exist within the US educational system. The disparities in school funding, quality of school facilities, educational staffing, and resources for enriching curriculum between schools have been exacerbated by the pandemic. Families rely on schools to provide child care; a safe, stimulating space for children to learn; opportunities for socialization; and access to school-based mental, physical, and nutritional health services. Without adequate support for families to access these services, disparities will likely worsen, especially for children who are English language learners, children with disabilities, children living in poverty, and children of African American/Black, Latinx/Hispanic, and Native American/Alaska Native origin.i,ii

For children and adolescents in virtual learning models, educational disparities may widen further. According to the Pew Research Center, 1 in 5 teenagers are not able to complete schoolwork at home because of lack of a computer or internet connection.iii This technological "homework gap" disproportionately affects Black, Hispanic, and low-income families.3

The AAP strongly recommends that school districts promote racial/ethnic and social justice by promoting the well-being of all children in any school-reopening plan, particularly children living in marginalized communities. To address these disparities, federal, state, and local governments should allocate resources to provide equitable access to educational supports. These recommendations are provided, acknowledging that our understanding of the COVID-19 pandemic is changing rapidly.

Any school re-entry policies should consider the following key principles:

- To be able to open schools safely, it is vitally important that communities take all necessary measures to limit the spread of the SARS-CoV-2.
- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.
- Schools must take a multi-pronged, layered approach to protect students, teachers, and staff. By using different approaches, these layers of protection will make in-person learning safe and possible.

- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission and test positivity rate throughout the community and in the schools, recognizing the differences between school districts, including urban, suburban, and rural districts.
- School districts must be in close communication and coordinate with state and/or local public health authorities, school nurses, local pediatric practitioners, and other medical experts.
- School re-entry policies should be practical, feasible, and appropriate for child and adolescent's developmental stage and address teacher and staff safety.
- Special considerations and accommodations to account for the diversity of youth should be made, especially for vulnerable populations, including those who are medically fragile or complex, live in poverty, have developmental challenges, or have disabilities, with the goal of safe return to school. These youth and their families should work closely with their pediatrician using a shared decision-making approach regarding return to school.
- Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations when needed for any child or adolescent with unique medical needs.
    - Children and adolescents who need customized considerations should not be automatically excluded from school unless required in order to adhere to local public health mandates or because their unique medical needs would put them at increased risk for contracting COVID-19 during current conditions in their community.

- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities but should also look to create safe working environments for educators and school staff. This focus on overall health and well-being includes addressing the behavioral/mental health needs of students and staff.
- These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.

- Federal, state, and local funding should be provided for all schools so they can provide all the safety measures required for students and staff. Funding to support virtual learning and provide needed resources must be available for communities, schools, and children facing limitations implementing these learning modalities in their home (eg, socioeconomic disadvantages) or in the event of school re-closure because of resurgence of SARS-CoV-2 in the community or a school outbreak.

With the above principles in mind, **the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school**. *Unfortunately, in many parts of the United States, there is currently uncontrolled spread of SARS-CoV-2. Although the AAP strongly advocates for in-person learning for the coming school year, the current widespread circulation of the virus will not permit in-person learning to be safely accomplished in many jurisdictions.* The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families. The disproportionate impact this has had on Black, Latinx, and Native American/Alaskan Native children and adolescents must also be recognized.

Policy makers and school administrators must also consider the mounting evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents can become infected and are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection.iv We continue to learn more about the role children play in transmission of SARS-CoV-2. At present, it appears that children younger than 10 years may be less likely to become infected and less likely

to spread infection to others, although further studies are needed.v More recent data suggest children older than 10 years may spread SARS-CoV-2 as efficiently as adults, and this information should be part of the considerations taken in determining how to safely and effectively open schools. Additional in-depth studies are needed to truly understand the infectivity and transmissibility of this virus in anyone younger than 18 years, including children and adolescents with disabilities and medical complexities. Policies to mitigate the spread of COVID-19 within schools must be balanced with the previously noted known harms to children, adolescents, families, and the community that come with keeping children at home.

Finally, policy makers and school administrators should acknowledge that COVID-19 policies are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of SARS-CoV-2 transmission, but implementation of several coordinated interventions can greatly reduce that risk. For example, where physical distance cannot be maintained, students (older than 2 years) and staff should wear cloth face coverings (unless medical or developmental conditions prohibit use). In the following sections, some general principles are reviewed that policy makers and school administrators should consider as they safely plan for the coming school year. For all of these, engagement of the entire school community, including teachers and staff, regarding these measures should begin early, ideally at least several weeks before the start of the school year.

Since this guidance was first released, there have been several other documents released by the **Centers for Disease Control and Prevention** (CDC), **National Association of School Nurses**, and the **National Academy of Sciences, Engineering, and Medicine**. All these documents are consistent regarding the importance of considering the degree to which SARS-CoV-2 is circulating in a community in making school re-opening policies. In many places in the United States at the present time, opening schools to in-person learning for all students is likely not feasible because of widespread community transmission and high levels of positivity in testing. Even in these communities, though, in-person learning should still be the goal and may be feasible as the epidemiology improves. Countries that have been able to successfully open schools have had low rates of community SARS-CoV-2 circulation. This guideline is intended to augment, not replace, guidance from the CDC and others and should be used in concert with other guidance. Ultimately, the decision to re-open schools to in-person learning should be based on the guidance of local and state public health authorities and school administrators.

Physical Distancing Measures

Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of transmission is through respiratory droplets by persons in close proximity. There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the CDC recommends that schools "space seating/desks at least 6 feet apart when feasible." In many school settings, 6 feet between students is not feasible without drastically limiting the number of students. Some countries have been able to successfully reopen schools after first controlling community-wide spread of SARS-CoV-2 while using 3 feet of distance between students without increases in community spread.vi Physical distance between desks should follow current public health guidance. In the absence of specific guidance, desks should be placed at least 3 feet apart, and ideally 6 feet apart. If desks are spaced less than 6 feet apart, face coverings should be strongly encouraged and adhere to public health guidance. In many jurisdictions, face coverings are mandatory for children in public settings, including schools. **Schools should weigh the benefits of strict adherence to a 6-feet spacing rule between students with the potential downside if remote learning is the only alternative.** Further, while these guidelines support the concept of cohorting, strict adherence to a specific size of student groups (eg, 10 per classroom, 15 per classroom, etc) should be discouraged, because the size of cohorts will vary depending on many factors specific to individual schools and even individual classrooms.

Given what is known about SARS-CoV-2 transmission dynamics, adults within schools should maintain a distance of 6 feet from other people as much as possible, particularly around other adult staff. For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually or outside if possible. In addition, other strategies to increase adult-adult physical distance in time and space should be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows. Parents should, in general, be discouraged from entering the school building. Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing. Congregating in shared spaces, such as staff lounge areas, should not be allowed given the increasing evidence that these types of spaces have increased rates of transmission because of close proximity and lax adherence to masking recommendations.

The recommendations in each of the age groups below are not instructional strategies but are guidance to optimize the return of students to schools in the context of physical distancing guidelines and the developmentally appropriate implementation of the strategies. Educational experts may have preference for one or another of the guidelines based on the instructional needs of the classes or schools in which they work.

Pre-Kindergarten (Pre-K)

In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence, and it is certainly difficult to implement. Therefore, Pre-K program planning should focus on more effective risk mitigation strategies for this population. These strategies include hand and cough hygiene, infection prevention education for staff and families, adult physical distancing from one another, adults and children wearing face coverings, cohorting, and spending time outdoors.

Higher-priority strategies:

- Cohort classes to minimize crossover among children and adults within the school; the exact size of the cohort may vary, often dependent on local or state health department guidance.
- Utilize outdoor spaces when possible.
- Limit unnecessary visitors into the building.

Lower-priority strategies:

- Cloth face coverings for children in the Pre-K setting
    - Encourage families to practice wearing cloth face coverings with children while at home. Support modeling by teachers and parents.

- Reducing classmate interactions/play in Pre-K–aged children may not provide substantial COVID-19 risk reduction.

Elementary Schools

Higher-priority strategies:

- Children should wear cloth face coverings
    - Practice by children and good modeling by adults will help children be more successful at wearing cloth face coverings at younger ages.

- Desks should be placed at least 3 feet apart, and ideally 6 feet apart when feasible.
    - If this reduces the amount of time children are present in school, harm may outweigh potential benefits.

- Cohort classes to minimize crossover among children and adults within the school.
- Utilize outdoor spaces when possible.

Lower-priority strategies:

- The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.
- Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

Secondary Schools

There is likely a greater impact of physical distancing on risk reduction of COVID-19 in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation of many of these measures in older age groups, as the structure of school is usually based on students changing classrooms. Suggestions for physical distancing risk mitigation strategies when feasible:

- Universal face coverings in middle and high schools, particularly when not able to maintain a 6-foot distance (students and adults).

- Planned avoidance of close physical proximity in cases of increased exhalation (singing, exercise, band); these activities are safest outdoors and spread out.
- Desks should be placed at least 3 feet apart, and ideally 6 feet apart when feasible.
- Cohort classes if possible, limit cross-over of students and teachers to the extent possible.
    - Ideas that may assist with cohorting:
        - Block schedules (with fewer classes in a given day and electives truncated to shortened time periods).
        - Eliminate use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building.
            - This strategy would need to be implemented in conjunction with planning to ensure that students are not carrying home an unreasonable number of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.
        - Have teachers rotate into different classrooms instead of students when feasible.
        - Utilize outdoor spaces when possible.
        - Teachers and other adult staff should maintain a distance of 6 feet from students when possible and if not disruptive to educational process.
        - Restructure elective offerings to allow small groups within one classroom. This may not be possible in a small classroom.

Special Education

Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more

negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis. Additional safety measures for teachers and staff working with students with disabilities may need to be in place to ensure optimal safety for all.

Adult Staff and Educators

- Universal cloth face coverings at all times.
- Particular avoidance of close physical proximity to other adults and children.
- Desks should be placed 6 feet away from students if feasible.
- Cohort teachers with classes if possible, limit cross-over of students and teachers to the extent possible.
    - Recognizing certain teachers must cross-over to multiple classes, such as specials teachers, special educators, and secondary school teachers.

- Use plexiglass in front and around desks particularly if unable to be 6 feet away from students.

Physical Distancing in Specific Enclosed Spaces

Buses

- Encourage alternative modes of transportation for students who have other safe options, including walking or biking.

- Ideally, for students riding the bus, symptom screening would be performed prior to them being dropped off at the bus stop.

    - Having bus drivers or monitors perform these screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.

- Assigned seating; if possible, assign seats by cohort (same students sit together each day).
- Tape marks showing students where to sit.
- Face coverings should be worn at all times, particularly if 6 feet distance cannot be maintained.
- Driver should be a minimum of 6 feet from students; driver must wear face covering; consider physical barrier for driver (eg, plexiglass).
- Minimize number of people on the bus at one time *within reason*.
    - Consider altering start and end times at different grades to allow fewer students on the bus at a time.

- Adults who do not need to be on the bus should not be on the bus.
- Have windows open if weather allows.
- Ensure adequate cleaning of buses between uses.

Hallways

- Consider creating one-way hallways to reduce close contact.
- Place physical guides, such as tape, on floors or sidewalks to create one-way routes.
- Where feasible, keep students in the classroom and rotate teachers instead.
- Stagger class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms.
- Assign lockers by cohort or eliminate lockers altogether.

Playgrounds

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on maintaining classroom cohorts of students and limiting the size of groups participating in playground time (eg, mixing of cohorts). Outdoor transmission of virus is known to be much lower than indoor transmission. If playground equipment is being used, it should be part of cleaning plans implemented by schools.

Meals/Cafeteria

School meals play an important part in addressing food security for children and adolescents and, as was observed in the early stages of the pandemic, were crucial sources of food and nutrition to children, adolescents, and their families. Regardless of whether children are participating in in-person or distance learning, school districts must continue to provide food security to all students. This may require enacting strong policies and procedures to ensure access to all students. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.

- Consider having students cohorted, potentially in their classrooms, especially if students remain in their classroom throughout the day.
- Create separate lunch periods to minimize the number of students in the cafeteria at one time.
- Use unused or underutilized spaces for lunch/break times.
- Use outdoor spaces when possible.
- Create an environment that is as safe as possible from exposure to food allergens.
- Encourage children and adults to wash their hands or use hand sanitizer before and after eating.

Face Coverings and Personal Protective Equipment (PPE)

Cloth face coverings protect others if the wearer is infected with SARS-CoV-2 and is not aware. Cloth face coverings may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2.vii,viii,ix Universal face covering use in schools for children older than 2 years is recommended. **It is important to note many children, even those with medical conditions, are able to safely and effectively wear face coverings with adequate practice and support as well as modeling from adults.** School staff and older students (those who attend middle or high school) should be able to wear cloth face coverings safely and consistently and should be encouraged to do so. Children younger than 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear cloth face coverings.

For certain populations, the use of cloth face coverings by teachers may impede the education process. These include students who are deaf or hard of hearing, students receiving speech/language services, young students in early education programs, and English language learners. Although there are products (eg, face coverings with clear panels in the front) to facilitate their use among these populations, these products may not be available in all settings.

Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and to replace and maintain (wash daily) a cloth face covering.

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include universal N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the **CDC guidance on infection control measures**. **Asthma treatments using inhalers with spacers** should be used rather than nebulizer treatments whenever possible, because nebulizer treatments are aerosol-generating procedures, which increase risks to others. The **CDC recommends** that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask) for a respiratory emergency. Schools should work with families and health care providers to assist with obtaining an inhaler and spacer for students with limited access. In addition, schools should work to develop and implement asthma action plans, which may include directly observed controller medication administration in schools to promote optimal asthma control. In those rare cases in which a student can only use a nebulizer, school health staff should **wear gloves, an N95 facemask (when available), gown, and eye protection**. Staff should be trained on proper donning and doffing procedures and follow the **CDC guidance** regarding precautions when performing this aerosol-generating procedure. Nebulizer treatments should be

performed in a space that limits exposure to others and with minimal staff present. Rooms should be well-ventilated, or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine **cleaning and disinfection**.

School staff working with students who are unable to wear a cloth face covering or who are unable to manage secretions and who must be in close proximity to these students should wear a surgical mask in combination with a face shield.

Cleaning and Disinfection

The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents effectively adhering to recommendations, it is critical that staff consistently set a good example for students by modeling behaviors around physical distancing, face coverings, and hand hygiene. Infection via fomites is less likely. However, because the virus may survive on certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

The additional cleaning requirements because of the COVID-19 pandemic will require additional resources for schools both in supplies and potential in staffing. Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of PPE if indicated, and proper ventilation. The use of the Environmental Protection Agency (EPA)-approved disinfectants against COVID-19 is recommended (**EPA List N**). When possible, only products labeled as **safe for humans and the environment** (eg, Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities.

Most of these products are not safe for use by children, whose “hand-to-mouth” behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If disinfection is needed while children are in the classroom, adequate ventilation should be in place and nonirritating products should be used. Disinfectants such as bleach and those containing quaternary ammonium compounds or “Quats” should not be used when children and adolescents are present, because these are known respiratory irritants.

In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom, or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.

When elimination of use of high-touch surfaces is not possible, surfaces that are used frequently, such a drinking fountains, door handles, sinks and faucet handles, etc, should be cleaned and disinfected at least daily and as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection. Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipment should also be disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users. **Routine cleaning practices** should be used for indoor areas that have not been used for 7 or more days or outdoor equipment. Surfaces that are not high-touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc, should be cleaned and disinfected regularly if used continuously.

Alternative Disinfection Methods

The efficacy of **alternative disinfection methods**, such as ultrasonic waves, high-intensity UV radiation, and LED blue light against COVID-19 virus is not known. The EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, the EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of SARS-CoV-2.x

Testing and Screening

Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen. **The CDC does not recommend universal testing of students and staff**. Testing all students for acute SARS-CoV-2 infection prior to the start of school is not feasible in most settings at this time. Even in places where this is possible, it is not clear that such testing would reduce the likelihood of spread within schools. It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time. It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. So, although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19. Stated another way, a student who is negative for COVID-19 on the first day of school may not remain negative throughout the school year.

A student or school staff member who has had a known exposure to COVID-19 (eg, close contact –within 6 feet for at least 15 minutes – with an individual with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19), according to **CDC guidelines**, should self-quarantine for 14 days from the last exposure. In every case, local health officials should make the determination on quarantine and contact tracing. However, depending on current community viral case rates, local health authorities may make differing recommendations regarding contact tracing and/ or school exclusion or school closure.

Another type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision-making and has no place in considerations for entrance to or exclusion from school. **CDC guidance** regarding antibody testing for COVID-19 is that serologic test results should not be used to make decisions about grouping people residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities. Additionally, serologic test results should not be used to make decisions about returning people to the workplace. The CDC

states that serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. The AAP recommends this guidance be applied to school settings as well.

Schools should have a policy regarding symptom screening for teachers and staff and what to do if a student or school staff member becomes sick with symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments. The list of symptoms of COVID-19 infection has grown since the start of the pandemic and the manifestations of COVID-19 infection in children, although similar, is often not the same as that for adults. **First and foremost, parents should be instructed to keep their child at home if they are ill, and staff members should stay home if they are ill.** Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school. **School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students and staff with the information known about how children manifest and transmit COVID-19 infection, the risk of transmission in schools, and the possible lost instructional time to conduct the screenings**. At this time, the **CDC currently does not recommend universally screening students** at school, because screening may fail to identify a student who has a SARS-CoV-2 infection and may overidentify students with different common childhood illnesses. Schools should develop plans for rapid response to a student or staff member with fever who is in the school regardless of the implementation of temperature checks or symptom screening prior to entering the school building.

In lieu of temperature checks and symptom screening being performed after arrival to school, **methods to allow parent performing and reporting of symptoms and temperature checks performed at home may be considered.** Resources and time may necessitate this strategy at most schools. The epidemiology of disease in children along with evidence of the utility of temperature screenings in health systems may further justify this approach. Procedures using texting apps, phone systems, or online reporting rely on parent report and may be most practical but possibly unreliable, depending on individual family's ability to use these communication processes, especially if not made available in their primary language or lack of electronic forms of communication. School nurses or nurse aides should be equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or **isolate students** who may have COVID-19 symptoms.

COVID-19 manifests similarly to other respiratory illness in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. **According to the CDC**, children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. A student or staff member excluded because of symptoms of COVID-19 should contact their health care provider to discuss testing and medical care. In the absence of testing, students or staff should follow local health department guidance for exclusion.

Ventilation

The primary mode of transmission of SARS-CoV-2 appears to be by droplet transmission by people in close proximity. There are emerging studies on the possible role of airborne transmission. Although it is possible that there may be this type of transmission in some settings, the preponderance of evidence at this time suggests that this is not a primary mode of transmission. For example, the reproductive number of SARS-CoV-2 is in the range of other viruses known to be transmitted primarily by respiratory droplets, such as influenza. Further, simple face masks appear to be quite effective for decreasing the likelihood of transmission of SARS-CoV-2, in contrast with known airborne pathogens such as measles. With this in mind, mitigation efforts should focus on prevention of droplet transmission. Proper ventilation, however, does have a role in preventing the spread of any respiratory pathogen. Heating, air conditioning, and ventilation (HVAC) systems should be inspected for optimal functioning, filters should be within their service life, and MERV-13 (minimum efficiency reporting value) efficiency filtration should be used, if the equipment allows.xi,xii Demand-controlled ventilation (DVC) should be disabled when possible, and the system should run continuously to improve air exchanges in the school building.

Other Considerations

On-site School-Based Health Services

On-site school health services, including school-based health centers, should be supported if available, to complement the pediatric medical home and to provide pediatric acute, chronic, and preventive care. Collaboration with **school nurses** will be essential, and school districts should involve school health services staff early in the planning phase for reopening and

consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health, vision screening, hearing, and reproductive health services.

Vision Screening

Vision screening practices should continue in school whenever possible. Vision screening serves to identify children who may otherwise have no outward symptoms of blurred vision or subtle ocular abnormalities that, if untreated, may lead to permanent vision loss or impaired academic performance in school. Personal prevention practices and environmental **cleaning and disinfection** are important principles to follow during vision screening, along with any additional guidelines from local health authorities.

Hearing Screening

Safe hearing screening practices should continue in schools whenever possible. School screening programs for hearing are critical in identifying children who have hearing loss as soon as possible so that reversible causes can be treated and hearing restored. Children with permanent or progressive hearing loss will be habilitated with hearing aids to prevent impaired academic performance in the future. Personal prevention practices and environmental **cleaning and disinfection** are important principles to follow during hearing screening, along with any additional guidelines from local health authorities.

Education

The impacts of lost instructional time and social emotional development on children and adolescents should be anticipated, and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress because of school closures and distress associated with lost academic progress and the pandemic in general should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen. If the academic expectations are unrealistic, school will likely become a source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas. In addition, continued improvement of remote learning

practices should be encouraged, and further funding should be provided by federal and local governments to provide further support (eg, universal free broadband internet).

Students with Disabilities

The impact of loss of instructional time and related services, including mental health services as well as occupational, physical, and speech/language therapy during the period of school closures is significant for students with disabilities. All students, but especially those with disabilities, may have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child and adolescent with an IEP to determine the needs for compensatory education to adjust for lost instructional time as well as other related services. In addition, schools can expect a backlog in evaluations; therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. Many school districts require adequate instructional effort before determining eligibility for special education services. However, virtual instruction or lack of instruction should not be reasons to avoid starting services such as response-to-intervention (RTI) services, even if a final eligibility determination is postponed.

Behavioral Health/Emotional Support for Children and Adolescents

Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for **infection control** is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, grief because of loss, financial/employment concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support, and just like other areas, supporting mental health will require additional funding to ensure adequate staffing and the training of those staff to address the needs of the students and staff in the schools.

Schools should consider providing training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic. Students requiring mental health support should be referred to school

mental health professionals.

Suicide is the second leading cause of death among adolescents or youth 10 to 24 years of age in the United States. In the event distance learning is needed, schools should develop mechanisms to evaluate youth remotely if concerns are voiced by educators or family members and should be establishing policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before schools reopen.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic. Fear-based messages widely used to encourage strict physical distancing may cause problems when schools reopen, because the risk of exposure to COVID-19 may be mitigated but not eliminated. Communicating effectively is especially critical, given potential adaptations in plans for in-person or distance learning that need to occur during the school year because of changes in community transmission of SARS-CoV-2.

When schools do reopen, plans should already be in place for outreach to families whose students do not return for various reasons. This outreach is especially critical, given the high likelihood of separation anxiety and agoraphobia in students. Students may have difficulty with the social and emotional aspects of transitioning back into the school setting, especially given the unfamiliarity with the changed school environment and experience. Special considerations are warranted for students with pre-existing anxiety, depression, and other mental health conditions; children with a prior history of trauma or loss; and students in early education who may be particularly sensitive to disruptions in routine and caregivers. Students facing other challenges, such as poverty, food insecurity, and homelessness, and those subjected to ongoing racial inequities may benefit from additional support and assistance.

Schools need to incorporate academic accommodations and supports for all students who may still be having difficulty concentrating or learning new information because of stress or family situations that are compounded by the pandemic. It is important that school personnel do not anticipate or attempt to catch up for lost academic time through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates. These expectations should be communicated to educators, students, and family members so that school does not become a source of further distress.

Mental Health of Staff

The personal impact on educators and other school staff should be recognized. In the same way that students are going to need support to effectively return to school and to be prepared to be ready to process the information they are being taught, teachers cannot be expected to be successful at teaching children without having their mental health needs supported. The strain on teachers this year as they have been asked to teach differently while they support their own needs and those of their families has been significant, and they will be bringing that stress back to school as schools reopen. Resources such as Employee Assistance Programs and other means to provide support and mental health services should be established prior to reopening. The individual needs and concerns of school professionals should be addressed with accommodations made as needed (eg, for a classroom educator who is pregnant, has a medical condition that confers a higher risk of serious illness with COVID-19, resides with a family member who is at higher risk, or has a mental health condition that compromises the ability to cope with the additional stress).

Although schools should be prepared to be agile to meet evolving needs and respond to increasing knowledge related to the pandemic and may need to institute partial or complete closures when the public health need requires, school leaders should recognize that staff, students, and families will benefit from sufficient time to understand and adjust to changes in routine and practices. During a crisis, people benefit from clear and regular communication from a trusted source of information and the opportunity to dialogue about concerns and needs and feel they are able to contribute in some way to the decision-making process. Change is more difficult in the context of crisis and when predictability is already severely compromised.

Food Insecurity

In 2018, 11.8 million children and adolescents (1 in 7) in the United States lived in a food-insecure household.xiii The coronavirus pandemic has led to increased unemployment and poverty for America's families, which will likely increase even further the number of families who experience food insecurity.xiv School re-entry planning must consider the many children and adolescents who experience food insecurity already (especially at-risk and low-income populations) and who will have limited access to routine meals through the school district if schools remain closed. The short- and long-term effects of food insecurity in children and adolescents are profound.xv In the early months of the pandemic, many families were not able to pick up the food provided through schools despite the school's attempt to reach all families. Given low participation in pick-up food programs this spring in some school districts, school districts should coordinate meal delivery in accessible locations and

consider providing multiple days' worth of meals to reduce the burden on families. **Plans should be made prior to the start of the school year for how students participating in free- and reduced- meal programs will receive food in the event of a school closure or if they are excluded from school because of illness or SARS-CoV-2 infection.**

Immunizations

Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, **although influenza vaccination is generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students and staff.** The symptoms of influenza and SARS-CoV-2 infection are similar and taking steps to prevent influenza will decrease the incidence of disease in schools, and the related lost educational time and resources needed to handle such situations by school personnel and families. School districts should consider requiring influenza vaccination for all staff members.

Pediatricians should work with schools and local public health authorities to promote childhood vaccination messaging well before the start of the school year. It is vital that all children receive recommend vaccinations on time and get caught up if they are behind as a result of the pandemic. The capacity of the health care system to support increased demand for vaccinations should be addressed through a multifaceted collaborative and coordinated approach among all child-serving agencies including schools.

Organized Activities

It is likely that sporting events, practices, and conditioning sessions as well as other extracurricular activities will be limited in many locations. The **AAP Interim Guidance on Return to Sports** helps pediatricians inform families on how best to ensure safety when considering a return to sports participation. Preparticipation evaluations should be conducted in alignment with the **AAP Preparticipation Physical Evaluation Monograph, 5th ed**, and state and local guidance.

Additional Information

- **Guidance Related to Childcare During COVID-19**

- Cloth Face Coverings
- Testing Guidance
- COVID-19 Interim Guidance: Return to Sports
- Information for Parents on HealthyChildren.org: Returning to School During COVID-19
- CDC COVID-19 Resources
- Coalition to Support Grieving Students
- Using Social Stories to Support People with I/DD During the COVID-19 Emergency
- Social Stories for Young and Old on COVID-19

References

Interim Guidance Disclaimer: The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

Last Updated 08/19/2020

Source American Academy of Pediatrics

Operating schools during COVID-19: CDC's Considerations

Operating Schools During COVID-19

Updated Sept. 1, 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:

- 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

Support healthy hygiene behaviors by providing adequate supplies, including soap and water, hand sanitizer with at least 60% alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, masks (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 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

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.

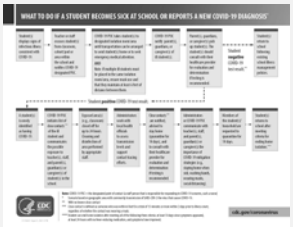
Clean and disinfect

- 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

Everyday Steps to Slow the Spread

Cleaning and Disinfection

Community Mitigation

COVID-19 Prevention

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

School Decision Making Tool for Parents, Caregivers, and Guardians

COVID-19 Fact Sheets, Posters, and Videos

CDC Communication Resources

CDC COVID-19 Communication Toolkit

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

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

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