Coronavirus Disease 2019 (COVID-19)

FAQ for School Administrators on Reopening Schools

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Updated July 24, 2020

Print

Planning and Responding to COVID-19

What can communities do to support schools to reopen safely for in-person instruction?
Schools are an essential part of the infrastructure of communities, as they provide safe, supportive learning environments for students, employ teachers and other staff, and enable parents, guardians, and caregivers to go to work. Schools also provide critical services that help to mitigate health disparities, such as school meal programs, social, physical, behavioral, and mental health services. Communities should make every effort to support the reopening of schools safely for in person learning in the fall.

From other countries, we know that schools can reopen safely for in-person learning in communities with low rates of COVID-19 spread if appropriate precautions are taken.[1,2] The creation of a local cross-sectional task force comprised of local decision makers, education leaders, and representatives of school staff, families, local health officials, and other community members can support identifying mitigation strategies for their community, given their local context, that can decrease community transmission levels now and throughout the fall.

The health, safety, and well-being of students, teachers, staff, and their families are the most important consideration in determining whether schools should reopen for in-person learning.

What is cohorting, and how does it work?
One important strategy that administrators can consider is cohorting (or forming "pods"). Cohorting forms groups of students, and sometimes teachers or staff, that stay together throughout the school day to minimize exposure for students, teachers, and staff across the school environment.

Ideally, students and staff within a cohort would only have physical proximity with others in the same cohort. This practice may help prevent the spread of SARS-CoV-2, the virus that causes COVID-19, by limiting cross-over of students, teachers, and staff to the extent possible, thus:

- decreasing opportunities for exposure to or transmission of SARS-CoV-2,
- facilitating more efficient contact tracing in the event of a positive case, and
- allowing for targeted testing, quarantine, and isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases.

Cohorting can be done as part of a traditional model with all students attending school in-person, on a full-time basis, or as part of a of a hybrid school model (i.e., students attending in-person school on an alternating schedule). Different strategies may be needed for elementary, middle, and high schools. Cohorting is a commonly used strategy in many elementary schools, in which students have the same teacher and classmates during the entire day and often for the entire school year. Implementation of this strategy varies, depending on setting and resources. For example, schools may keep cohorts together in one classroom, and have teachers rotate between cohorts. Alternatively, schools may assign student cohorts to specific days or weeks for in-person and online learning.

How is cohorting different from class size? Are there maximum or minimum cohort sizes that might help reduce SARS-CoV-2 transmission?
To date, there is no published scientific study on optimal maximum or minimum cohort sizes in reducing SARS-CoV-2 transmission among school-aged children in a camp or school setting in the United States. However, CDC modeling demonstrates that smaller cohort sizes are generally associated with less transmission in schools. Smaller cohorts means more limited contacts, but there is no specific threshold for optimal size. Even with smaller groups, cohorts may not be truly independent of one another. Families may have children of different ages (i.e., siblings) who act as connections between cohorts within a school. Teachers, especially with specialized expertise, may also connect multiple cohorts within a school because their expertise is used/needed across cohorts. Use of cloth face coverings and distancing when possible are particularly important when teachers are moving amongst groups of students.

Cohorting may be implemented as one of a variety of mitigation strategies that schools can use to help minimize SARS-CoV-2 transmission. It is important that schools balance community transmission risk, various mitigation strategies (e.g., limiting class sizes, use of cloth face coverings, proper hygiene, school cleaning), and students' educational and emotional needs when developing plans for reopening.

What is meant by an alternating schedule and what are its advantages or disadvantages?
An alternating schedule is when students rotate when they physically attend school. This is also sometimes called a hybrid schedule (mix of in-person and virtual school). For example, certain grades or classrooms may attend school on Monday and Tuesday while other grades or classrooms may attend on Thursday and Friday. The school would be thoroughly cleaned 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.[2]

CDC is currently examining different alternating scheduling durations and strategies to assess their potential impact on SARS-CoV-2 transmission risk in school. Preliminary modeling results suggest that – similar to cohorting – alternating schedules can help

reduce contact between students and staff, and both alternating days and alternating weeks of in-person instruction have the potential to reduce in-school transmission of SARS-CoV-2 compared with daily in-person instruction. While alternating schedules may reduce SARS-CoV-2 transmission risk, there may be additional costs related to lesson planning for teachers, childcare costs for parents, and other potential costs. More research is needed on the layered impact of alternating schedules with other SARS-CoV-2 mitigation strategies (e.g., social distancing, cloth face coverings, proper hygiene, and cohorting) as well as the impact of alternating schedules on students' learning and well-being.

What can school staff do to protect themselves and others from getting sick with COVID-19?

School staff can take everyday preventive actions to protect themselves and others from getting sick with COVID-19:

- Washing hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol**.** Cover all surfaces of your hands and rub them together until they feel dry.
- Covering coughs and sneezes with a tissue or inside of elbow, throwing the tissue away, and then washing hands.
- Avoiding touching one's eyes, nose, mouth, and cloth face covering.
- Maintaining distance of at least 6 feet from other adults, and from students when feasible.
- Wearing a cloth face covering especially when other social distancing measures are difficult to maintain.
- Cleaning and disinfecting frequently touched surfaces, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- Staying home when sick, or after being in close contact with a person with COVID-19.
- Limiting use of shared objects (e.g., gym or physical education equipment, art supplies, games) when possible, and cleaning and disinfecting these objects frequently.

How can students ride the school bus safely?

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

- Drivers should practice all safety actions and protocols as indicated above for other school staff (e.g., hand hygiene, cloth face coverings). Similar to frequently touched surfaces, buses should be cleaned and disinfected at least daily using EPA-approved disinfectants .
- Drivers can create distance between children on school buses, including seating children one student per row facing forward and skipping rows between students. However, students who live in the same household may sit together if needed. Schools may consider alternative strategies to accommodate the reduced number of students in buses, such as staggered pick up and drop off times or additional bus routes.
- Schools should consider having spare, clean cloth face coverings available to ensure

all students wear cloth face coverings on the school bus.

- Drivers can open bus windows to increase circulation of outdoor air, but should ensure that doing so does not pose a safety or health risk (e.g., risk of falling).
- During dismissal, schools may provide physical guides, such as signs and tape on the sidewalk, to ensure that students and school staff remain at least 6 feet apart while waiting for transportation.

What strategies can schools use to help students, teachers and staff be successful in reducing the risk of spreading SARS-CoV-2, the virus that causes COVID-19?

Currently, the most effective way to reduce the spread of SARS-CoV-2, the virus that causes COVID-19, is using multiple mitigation strategies in combination. This may include students, teachers, and staff staying home when sick; appropriately covering coughs and sneezes; wearing cloth face coverings; social distancing; cleaning and disinfecting frequently touched surfaces; and washing hands often with soap and water or using an alcohol-based hand sanitizer with at least 60% alcohol. Some of these strategies may be new for students, teachers, and staff to implement in the school setting. Therefore, increased education, training, and having protocols to ensure these strategies are implemented as intended are necessary to increase the likelihood of reducing the transmission of SARS-CoV-2.

Schools can educate staff and families about when they or their child(ren) should stay home and when they can return to school, while actively encouraging employees and students who are sick or who have recently had close contact with a person with COVID-19 to stay home. Schools can teach and reinforce handwashing practices among all students, teachers, and staff. Schools can also use physical guides, such as tape on floors or sidewalks, one-way routes in hallways, and signs on walls to help students, teachers, and staff remain at least 6 feet apart. Schools can implement flexible sick leave policies and practices that enable staff to stay home when they are sick, have been exposed, or are caring for someone who is sick.

Can physical distance between students in the classroom be less than 6 feet?

In general, the closer, longer, and more frequent the interaction between students, teachers and staff, the higher the risk of respiratory droplets being passed between people. Therefore, CDC recommends keeping a distance of at least 6 feet from other people, in addition to practicing other behaviors that reduce the spread of COVID-19 like wearing cloth face coverings, washing hands often with soap and water, and staying home when sick. Additionally, it is important to ensure ventilation systems operate properly to increase circulation of outdoor air as much as possible.

When maintaining 6 feet of distance is not feasible, try keeping as close to 6 feet apart as possible, recognizing that the closer you are, the more likely it is for respiratory droplets to be passed between people. In situations where maintaining physical distance is difficult, it is especially important to wear cloth face coverings. In areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks), schools can consider additional strategies such as installing physical barriers, such as sneeze guards and partitions. Schools can also consider using outdoor space, weather-permitting, to enable social distancing.

What have other countries done when they reopened school for in-person

learning?

1. Internationally, schools have responded to COVID-19 by using a variety of approaches.[1,2] Most countries have changed the way their schools operate. These changes have included reducing class sizes, increasing physical distance between students, and cohorting. Many countries have staggered attendance and their start and dismissal times, or they have created alternating shifts of students to enable social distancing. In some places, this approach has meant that only certain students have returned to in-person learning, either by varying grades attending in-person, or varying attendance by need. For example:
    - Denmark was the first European country to reopen schools. Denmark staggered students' reentry dates (e.g., one group started school first, followed by another group at a later date). Denmark limited class sizes and used other social distancing measures.[1] Younger students (under age 12) returned first based on their likely lower health risk, need for more supervision, and lower benefit from virtual learning compared to older students. Class sizes were reduced to allow physical distancing. Denmark has seen decreased infections among all age groups since schools reopened.[3]
    - In comparison to Denmark, Germany reopened for older students with students attending in alternating shifts to ensure a maximum class size of 10.[2]

Could reopening schools lead to increased rates of COVID-19?

Evidence from schools throughout the world suggests that reopening schools may be low risk in communities with low SARS-CoV-2 transmission rates.[4] Computer simulations from Europe have suggested that schools reopening may further increase spread in communities where transmission is already high.[4] As schools reopen, more will be learned about the feasibility and effectiveness of mitigation strategies such as wearing cloth face coverings and keeping people 6 feet apart through social distancing. Regardless of the level of community transmission, vigilance to practicing behaviors that prevent spread among everyone at school and taking other recommended actions to plan, prepare, and respond to COVID-19 will lower the risk of SARS-CoV-2 transmission than it might otherwise would be.

What should schools do if a student or school staff member tests positive for COVID-19?

Schools should have a plan to respond if someone within the school — a student, teacher, or staff member — tests positive for COVID-19. The plan should be communicated to parents, bearing in mind privacy concerns. Assessing the level of risk is important in determining an appropriate response. School administrators can also refer to CDC's Interim Considerations for K-12 School Administrators for SARS-Co-V-2 testing, which describes scenarios when K-12 students or staff may need to have a viral diagnostic test.

In most instances, a single case of COVID-19 in a school would not warrant closing the entire school. Community spread and how much contact the person with COVID-19 had with others, as well as when such contact took place, need to be considered. These variables should also be considered when determining how long a school, or part of the school, stays closed. If the spread of SARS-CoV-2 within a school is higher than in the community, or if the school is the source of an outbreak, administrators should work with local health officials to determine if temporarily closing the school building is necessary.

Students, teachers, and staff who test positive or had close contact with anyone who tested positive should be provided with guidance for when it is safe to discontinue self-isolation or end quarantine.

What about students and staff (or their family members) who are at increased risk for severe illness from COVID-19?
Some students and school staff (or their family members) may be at increased risk for severe illness from COVID-19. Schools may offer options for staff at increased risk for severe illness that limit their risk of exposure to SARS-CoV-2 (e.g., telework, modified job responsibilities). Schools may also offer options for students at increased risk that limit their risk of exposure to SARS-CoV-2 (e.g., virtual learning opportunities). Schools should establish policies to protect the privacy of students, teachers, school staff, and families at increased risk for severe illness because of age or certain underlying medical conditions, in accordance with applicable privacy laws (e.g., Family Educational Rights and Privacy Act, Americans with Disabilities Act). Schools may also consider planning for life events and circumstances that can affect students and staff members (e.g., unexpectedly caring for a family member at increased risk for severe illness).

What is symptom screening and does CDC recommend it for students and staff?
Based on the available evidence, CDC does not currently recommend universal (widespread) symptom screenings be conducted by schools. Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness, and students who are sick should not attend school.

What is universal testing and does CDC recommend it for students and staff?
Universal testing refers to testing all students and staff in school settings for SARS-CoV-2, regardless of whether they are showing symptoms or have a known exposure to someone with COVID-19.

CDC does not recommend universal testing of all students and staff for several reasons:

- Viral testing only provides COVID-19 status for individuals at the time of testing.
- One-time or universal entry testing could miss COVID-19 cases in the early stages of infection, and it could miss exposures that happen after testing.
- Implementing a universal approach to testing in schools may pose challenges, such as the lack of infrastructure to support routine testing and follow up in the school setting; unknown acceptability of this testing approach among students, parents, and staff; lack of dedicated resources; practical considerations related to testing minors; and potential disruption in the educational environment.

How should schools serve meals to students and staff?
In addition to having nutrition services staff continue to follow recommended food safety practices for preparing and serving food:

- Schools should avoid offering any self-serve food or drink options, such as hot and cold food bars, salad or condiment bars, and drink stations.
- Schools should serve individually plated or pre-packaged meals, while ensuring the safety of children with food allergies [108 pages, 8 MB].
- As feasible, schools should have students and staff eat meals in classrooms, while maintaining social distancing as much as possible, instead of in a communal dining

hall or cafeteria.

- If communal dining halls or cafeterias are used, schools should encourage social distancing in food service lines and at tables while eating.
- Students and staff should 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.
- Schools should clean and disinfect food line areas, tables, and chairs between uses.
- Schools should encourage students and staff not to share food or utensils and use disposable food service items (e.g., utensils, trays). If use of disposable items is not possible, 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.
- Lastly, if food is offered at any event, schools may consider:
    - Having pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal.
    - Providing tissues and no-touch or foot pedal disposal receptacles for use by students, staff, and food service volunteers.
    - If possible, installing touchless payment methods. If touchless payment is not possible, providing hand sanitizer to students and staff for use right after handling money, cards, or keypads.

At what point should schools close for in-person learning?
The decision to close schools for in-person learning should be made together by local officials – including school administrators and public health officials — in a manner that is transparent for students, staff, parents, caregivers and guardians, and all community members.

The decision to close schools for in-person learning should take into account a number of factors, such as:

- the importance of in-person education to the social, emotional, and academic growth and well-being of students;
- the level of community transmission;
- whether cases have been identified among students and staff;
- other indicators that local public health officials are using to assess the status of COVID-19 in their area; and
- whether student and staff cohorts have been implemented within the school, which would allow for the quarantining of affected cohorts rather than full school closure.

Additional resources for K-12 administrators

- Considerations for Schools
- Latest COVID-19 Information
- Cleaning and Disinfection
- Guidance for Businesses and Employers
- Guidance for Schools and Childcare Centers
- COVID-19 Prevention
- Handwashing Information
- Face Coverings
- Social Distancing
- COVID-19 Frequently Asked Questions
- People at Higher Risk
- Managing Stress and Coping
- HIPAA and COVID-19
- CDC Communication Resources
- Community Mitigation
- Approach for Monitoring and Evaluating Community Mitigation Strategies
- FERPA & Coronavirus Disease 2019 [9 Pages, 1 MB]
- OSHA Guidance on Preparing Workplaces for COVID-19 [35 Pages, 3 MB]

References

[1] Melnick, H., & Darling-Hammond, L. (with Leung, M., Yun, C., Schachner, A., Plasencia, S., & Ondrasek, N.). (2020). *Reopening schools in the context of COVID-19: Health and safety guidelines from other countries* (policy brief). Palo Alto, CA: Learning Policy Institute.

[2]Guthrie BL. Tordoff DM, Meisner J, Tolentino L et al., Summary of School Re-Opening Models and Implementation Approaches During the COVID 19 Pandemic. [18 Pages, 2 MB] Global Health at University of Washington. Published July 6, 2020. Accessed July 23, 2020.

[3]Reopening schools in Denmark did not worsen outbreak, data shows. Reuters . Published May 28, 2020. Accessed July 23, 2020.

[4] Stage HB, Shingleton J, Ghosh S, Scarabel F, Pellis L, Finnie T. Shut and re-open: the role of schools in the spread of COVID-19 in Europe. arXiv preprint arXiv:2006.14158. 2020 Jun 25.

Last Updated July 24, 2020
Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases