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ED COVID-19 HANDBOOK

Strategies for Safely Reopening
Elementary and Secondary Schools



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Summary of Recent Changes in April 2021 Update:

- Revised physical distancing recommendations to reflect at least 3 feet between students in classrooms and provide clearer guidance when a greater distance (such as 6 feet) is recommended.
- Removed recommendation for physical barriers.

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Table of Contents

ED COVID-19 Handbook	1
Introduction.....	1
Summary of CDC Operational Strategies and Steps for Safe School Reopening.....	2
Safe Practices for In-Person Learning.....	7
Masking Practices	8
Physical Distancing Practices	10
Cohorting/Podding and Staffing Considerations for Physical Distancing	13
Transportation Considerations	15
Encouraging Families and Staff to Check for Symptoms at Home	16
Handwashing and Respiratory Etiquette	17
Safety Considerations Related to Music, Arts, and Athletics Programs	18
Supporting Ongoing Engagement with Educators, Families, and the School Community ...	21

Introduction

President Biden committed to seeking the necessary resources to support the safe reopening and continued operation of schools. As stated in [Executive Order 14000](#), *Supporting the Reopening and Continuing Operation of Schools and Early Childhood Education Providers*, every student in America deserves a high-quality education in a safe environment. The Biden-Harris Administration believes strongly that returning to in-person learning as soon as possible is essential for all students and families. This includes models where instruction is entirely in-person for students (where students learn from an educator who is physically present) and hybrid approaches that combine in-person and remote learning. The Administration recognizes the unique challenges students in underserved communities face, including students from low-income backgrounds, students of color, [LGBTQ+ students](#), English learners, students with disabilities, American Indian and Alaska Native students, students who are migratory, students in foster care, students in correctional facilities, and students experiencing homelessness.

Such students are [less likely to have access](#) to the broadband, resources, and other supports required to participate in high-quality remote education. They also are more likely to rely on key school-supported resources, such as food programs, special education and related services, counseling, and afterschool programs to meet basic developmental needs. For parents and guardians/caregivers (referenced collectively hereafter in this volume as “parents”) who have less-flexible jobs, staying at home to provide care for their children and aid with remote learning might be impracticable or impossible.

To reopen safely in the COVID-19 pandemic and maximize the use of in-person instruction, schools need sufficient resources, as well as strong state and local public health measures that everyone follows. Consistent implementation of effective strategies for preventing the transmission of COVID-19 during all school-related activities is critical for reopening schools—and keeping them open. It is also important to recognize that communities of color and people with disabilities or chronic conditions have borne a [disproportionate burden](#) of illness and serious outcomes from COVID-19 and require additional considerations. It is essential that all schools and students receive the resources, technical assistance, and other supports necessary to plan and implement comprehensive prevention strategies and that district and school leaders and educators consistently engage parents and community partners throughout the process—paying close attention to communities who have borne a disproportionate burden of COVID-19. The Centers for Disease Control and Prevention (CDC) recommends that students who are at increased risk of severe illness (including those with special healthcare needs) or who live with people at increased risk should be given the option of virtual instruction regardless of the mode of learning offered. These options should likewise be extended to staff who have a household member with a high-risk condition or who are at increased risk for severe illness from COVID-19.

This is the first volume in the U.S. Department of Education (ED) COVID-19 Handbook, a series intended to support the education community as schools reopen. This series will provide tools to aid educators in implementing CDC's [Operational Strategy for K-12 Schools Through Phased Prevention](#) (K-12 Operational Strategy) by addressing common challenges and providing practical examples. This series will be updated as additional scientific evidence becomes available, including evidence related to [new variants](#) of the virus that causes COVID-19.

Other than statutory and regulatory requirements referenced in the document, the contents of this guidance do not have the force and effect of law and do not bind the public. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

Evidence compiled by CDC shows that schools can safely reopen with consistent implementation of prevention strategies by all involved, especially with the universal and correct wearing of masks and physical distancing (also referred to as “social distancing”). and communities should continually collaborate to facilitate safe in-person learning for the greatest number of students feasible in a local context.

ED will release additional volumes within the Handbook providing specific strategies to address the extraordinary disruption created by COVID-19 for students, educators, and parents—especially for underserved students and communities that preliminary data suggest have been hit hardest by the pandemic. For schools that serve younger children, including Pre-K and Head Start programs, please consult [CDC's Guidance for Operating Child Care Programs During COVID-19](#) (the U.S. Department of Health and Human Services will also be issuing resources to support early childhood education and afterschool providers).

[Summary of CDC Operational Strategies and Steps for Safe School Reopening](#)

CDC recently released the [K-12 Operational Strategy](#) and a related [scientific brief](#) regarding schools. The CDC K-12 Operational Strategy makes recommendations based on the best-available evidence, which indicates that K-12 schools strictly implementing prevention strategies can open safely for in-person instruction and remain open. The CDC K-12 Operational Strategy emphasizes the importance of using a combination of layered prevention strategies to avoid COVID-19 transmission in schools, including:

1. Universal and correct wearing of [masks](#).
2. Physical distancing.
3. [Handwashing](#) and [respiratory etiquette](#).

4. [Cleaning](#) and maintaining healthy facilities, including [ventilation improvements](#).
5. [Contact tracing](#) in combination with [isolation](#) and [quarantine](#), in collaboration with the state, local, territorial, or Tribal health departments.

While each of these strategies is important, emphasis should be placed on the **universal and correct wearing of masks** and **physical distancing**.

In addition to these key prevention strategies, screening testing¹ and prioritizing vaccinations for school staff can be layered as additional public health strategies to support reopening K-12 schools. However, screening testing and vaccinations are not prerequisites for safe reopening if students and staff consistently implement the prevention strategies in the bulleted list above and described below. Schools can partner with local health departments to provide necessary testing to students and families, as appropriate, and in compliance with applicable privacy laws, including the Family Educational Rights and Privacy Act (FERPA), Part B of the Individuals with Disabilities Education Act (IDEA), and the Protection of Pupil Rights amendment (PPRA). Expanding screening testing can help reassure parents that it is safe to send their child to school, reassure educators it is safe to return in person, and identify cases. When a positive test result is reported, contact tracing, isolation (for people who test positive), and quarantine (for people who are close contacts to someone who tested positive) can limit secondary transmission in schools.

District and school leaders should consider the following steps when developing reopening plans or plans to keep schools open and safe for students, educators, staff, and families:

1. **Analyze community data as a first step to determine appropriate in-person learning approaches.** District and school leaders should review levels of community transmission to inform the degree of in-person learning that can proceed safely. The [CDC K-12 Operational Strategy](#) offers recommendations about [thresholds of community transmission](#) and the associated actions schools should take to operate safely. CDC identifies four categories of community transmission of COVID-19 – low (blue), moderate (yellow), substantial (orange), or high (red) — based on two metrics: (1) total new cases per 100,000 persons in the past 7 days and (2) percentage of positive diagnostic and screening viral tests that are [nucleic acid amplification tests \(NAATs\)](#),² including reverse

¹ Screening testing is intended to identify infected individuals without symptoms (or prior to development of symptoms) who may be contagious so that measures can be taken to prevent further transmission.

² NAATs are tests that identify the presence of the virus' genetic material. These tests are more accurate than antigen tests, which detect viral proteins. They are also distinct from antibody tests, which detect the body's response to past infections.

transcription polymerase chain reaction (RT-PCR) tests.³ School and district leaders can refer to the [CDC COVID-19 Data Tracker](#) for county-level data.

CDC's operational strategy then advises on how to [use the thresholds](#) determined by these metrics as a first step in planning to implement prevention strategies in elementary, middle, and high school level learning:

- At low (blue) levels: **K-12 schools** open for in-person learning if they strictly implement the previously listed five key prevention strategies, including masking and physical distancing of 3 feet or more. Sports and extracurricular activities can occur with physical distancing of 6 feet or more to the greatest extent possible. See the section below on “Safety Considerations Related to Extracurricular Activities and Athletics Programs” for more information.
- At moderate (yellow) levels: **K-12 schools** open for in-person learning if they strictly implement the previously listed five key prevention strategies, including masking and physical distancing of 3 feet or more. Sports and extracurricular activities should only occur in person if physical distancing of 6 feet or more can be maintained. See the section below on “Safety Considerations Related to Extracurricular Activities and Athletics Programs” for more information.
- At substantial (orange) levels: **K-12 schools** open for in-person learning if they strictly implement the previously listed five key prevention strategies, including masking and physical distancing of 3 feet or more. Cohorting is recommended when possible. (For more information on “cohorting,” see the “Cohorting/Podding and Staffing Considerations for Physical Distancing” section below.) Sports and extracurricular activities should occur only if they can be held outdoors with physical distancing of 6 feet or more. See the section below on “Safety Considerations Related to Extracurricular Activities and Athletics Programs” for more information.
- At high (red) levels:
 - **Elementary schools** open for in-person learning with strict adherence to prevention strategies, including masking. Physical distancing of 3 feet or more should be required. Cohorting is recommended when possible.

³ The total number of new cases per 100,000 people can be calculated by adding the number of new cases in the county (or other community type) in the last 7 days divided by the population in the county (or other community type) and multiplying by 100,000.

- **Middle and high schools** that can use cohorting can operate in person with 3 feet or more of distance with strict adherence to all prevention strategies (including masking). Schools that cannot use cohorting should ensure 6 feet of distance between students in classrooms and continue to use 6 feet of distance between students outside classrooms and throughout the school, as previously recommended.
- **K-12** sports and extracurricular activities should occur only if they can be held outdoors with 6 feet or more of physical distancing. CDC recommends that indoor athletics be postponed or conducted virtually.

Additional considerations and examples for implementing approaches to physical distancing are described below in greater detail in the “Safe Practices for In-Person Learning” section.

2. **Require universal masking.** Universal and [correct](#) wearing of masks (covering the mouth and nose with a mask that fits to the face) that provides the necessary protection should be required, as permitted by law, except for people who cannot safely wear a mask, as further described below. It is important to ensure all students and staff participating in in-person learning have access to and know how to correctly wear masks. If it is helpful to [ensure that a mask fits well](#), wearing a cloth mask over a disposable mask is one option. Schools should require consistent and correct wearing of masks and identify and determine how best to support staff and students who cannot correctly wear masks or need accommodations (see “Masking Practices” section below). The narrow subset of students with disabilities who cannot wear a mask because of their disability, or cannot safely wear a mask, might still be able to attend school safely if other prevention strategies can be followed, including, for example, correct masking for others who work or learn with them and physical distancing. [Adaptations](#) and alternatives, such as additional facial protections can be considered for educators and other students working with or learning with such students in addition to physical distancing. Public schools must provide a free appropriate public education (FAPE) as required by federal disability law in both in-person and remote learning environments. Additional considerations and examples for implementing universal masking are described below in greater detail in the “Safe Practices for In-Person Learning” section of this Handbook.
3. **Plan the use of space.** Work with educators, facility staff, and community leaders to identify sufficient safe space that allows for physical distancing, making adjustments as needed to classroom layouts. CDC provides a resource showing possible [ways to set up a classroom](#) to facilitate physical distancing.

School leaders should conduct a [school walk-through](#) to identify any classrooms or spaces where additional changes might be needed when preparing to reopen for in-person learning. School leaders can also identify other safe spaces in the community that might be available and suitable for instruction to maintain physical distancing, such as libraries and community recreational centers. Educators should be provided additional collaboration and planning time before the school reopening to redesign their classroom space and develop and coordinate new routines among staff to support physical distancing. In addition to collaborating with teachers and paraprofessionals, school leaders can identify opportunities to establish or expand partnerships, for example, with community-based organizations to provide adult supervision for sections of classes that need to meet in different rooms while differentiating such roles from educators' positions (see "Physical Distancing Practices" section below).

4. **Collaborate with local public health officials in compliance with applicable privacy laws, including FERPA, IDEA, and PPRA**, on such matters as supporting diagnostic testing for symptomatic students, educators, and staff and determining ways to communicate with families about symptom check policies and tools. For students, teachers, and staff who receive a positive test or diagnosis of COVID-19, collaborations with public health officials are necessary to conduct contact tracing and identify close contacts for referrals to diagnostic testing and quarantine. Collaboration with local public health officials should also include decisions regarding any prioritization for vaccinations. CDC's Advisory Committee on Immunization Practices recommends that frontline essential workers, including those who work in the education sector (teachers and school staff) be prioritized for vaccine allocation in phase 1b, following healthcare personnel and residents of long-term care facilities (phase 1a). Across all states, vaccines are also now available for educators through the [Federal Retail Pharmacy Program](#). Even after teachers and staff are vaccinated, schools need to continue the previously described prevention measures for the foreseeable future, including requiring masks in schools and physical distancing. While vaccinated educators and staff might be protected, others might not be vaccinated or might be vaccinated but not yet have full protection after vaccination, including students, families of students, as well as educators' and staff's own family members.
5. **Improve facility [cleaning](#) and [ventilation](#)** to the greatest extent possible, including, minimally, by opening windows and doors and using fans where safe and feasible; routinely and consistently cleaning the facility, particularly high-touch or shared surfaces; conducting assessments or audits of existing ventilation systems; and developing a ventilation improvement plan, which may be based on tools from [CDC](#). For example, districts and schools can schedule incremental checkpoints to ensure plans for updating ventilation are going according to schedule and increase the frequency of changing ventilation filters.

CDC’s existing ventilation guidance has a range of options for everything from window fans that draw air out to high-efficiency particulate air (HEPA) fans to ultraviolet germicidal irradiation (UVGI), as well as [recommendations](#) for air circulation. In addition, the [Council of the Great City Schools](#) has developed recommendations on ventilation and improving air quality and created a checklist that might be useful to schools. The New York City Department of Education also has a [school building ventilation survey](#) that is publicly available and can be used or modified by other school districts.

- 6. Determine the format for sports, other extracurricular activities, and school events** based on CDC guidance and additional information below on supporting student access to a well-rounded education, ensuring all students have access to these opportunities on a nondiscriminatory basis, and recognizing that in-person instruction should be prioritized. Some activities – specifically, those that require close contact between competitors - pose a higher risk than others that involve the least physical contact and can be played outdoors while maintaining physical distance. For additional information, please see the section below on “Safety Considerations Related to Music, Arts, and Athletics Programs.” Schools may consider using screening testing for student athletes and adults (e.g., coaches, teacher advisors) who support these activities to facilitate safe participation and reduce risk of transmission. CDC recommends that such tests be more frequent for higher risk sports and at higher rates of community transmission. See Table 4 in the [Testing section](#) of the CDC K-12 Operational Strategy. For an example of risk stratification for sports, see [this link](#).

The decision whether to reopen a school—or remain open—should be based on community transmission rates as a first step. As discussed above, the [CDC K-12 Operational Strategy](#) offers thresholds of community transmission to help local school officials make decisions about the degree to which schools offer in-person learning. When determining how to offer in-person instruction and to whom (after taking into consideration community transmission rates), school leaders should develop criteria for prioritizing such instruction if the school is not open for all students. For example, schools might prioritize offering in-person instruction for younger students, students without reliable access to broadband or technology devices, students with disabilities, children in foster care, children experiencing homelessness, and others for whom remote learning is particularly challenging. The CDC K-12 Operational Strategy indicates that, with *full and consistent implementation of prevention strategies*, schools can safely offer in-person learning. However, this requires universal and correct wearing of masks, physical distancing, and other prevention practices that also take into consideration the disability-related accommodations described below.

[Safe Practices for In-Person Learning](#)

The recommendations in this section complement existing CDC guidance and provide additional details about implementing the principles outlined above. District and school

leaders and educators should consider the following practices as they provide continuity of instruction, including in-person learning to the greatest extent safely feasible.

Masking Practices

One of the most effective prevention strategies is the consistent and correct wearing of masks. [CDC recommends universally and correctly wearing a mask](#) in all public settings, when around anyone who does not live with you (including inside your own home), and when taking care of someone who has COVID-19. Masks should be worn by students, educators, staff, and anyone else working in, around, or entering the school. However, masks should not be worn by children younger than 2 years old; by [someone who cannot wear a mask safely](#), such as the narrow subset of students with disabilities who cannot wear a mask or safely wear a mask because of their disability, consistent with CDC guidelines; or in a situation when wearing a mask would create a risk to workplace health or safety as determined by the [workplace risk assessment](#). In these instances, parents, educators, and school leaders must keep in mind their responsibilities under federal disability law and should also consider some of the [adaptations and alternatives](#) recommended by CDC, consulting with healthcare professionals for individual advice about the child wearing a mask. If a student typically works with a Direct Service Provider (DSP), school administrators should review the [DSP guidance](#) and ensure that DSPs who enter the school building are aware of and following all mitigating actions.

In addition, having all staff and other students wear masks that include a clear panel (while still sealing to a wearer's face and distinct from a face shield) might be particularly beneficial for students or educators who are deaf or hard of hearing, emerging readers, students with speech disabilities, and English learners. For example, under [Boston Public Schools' Collective Bargaining Agreement](#), staff are provided masks with these clear panels for speech therapy sessions, working with students who are deaf or hard of hearing, other special education and related services, reading instruction, English learner services, and world language classes.

If it is not feasible to wear a typical mask while communicating with some people, including those who are deaf or hard of hearing or students with disabilities who receive speech language pathology services, a practitioner should wear a mask that covers his or her nose and mouth and has a clear panel (described above). However, the use of a face shield without the use of a mask is not recommended; face shields have performed poorly in experiments simulating respiratory transmission of infection by aerosols and have not been demonstrated to be effective for preventing transmission of the virus that causes COVID-19.⁴ For school nurses or other adults who might come into contact with a sick student, face shields or other protective equipment for the eyes should be considered *in addition to* masks that cover the mouth and nose. Face shields should be

⁴ William G. Lindsley, Françoise M. Blachere, Brandon F. Law, Donald H. Beezhold & John D. Noti (2021). [Efficacy of face masks, neck gaiters and face shields for reducing the expulsion of simulated cough-generated aerosols](#). *Aerosol Science and Technology*, DOI: [10.1080/02786826.2020.1862409](#)

cleaned and disinfected regularly, for example, by cleaning them daily if reused daily, and replacing as needed.

To support educators, staff, and students in consistently and effectively wearing masks, school leaders and educators should consider posting signs in classrooms and throughout the school building on simple rules for the [correct wearing of masks](#). For example, signs could read:

- Wash or sanitize your hands before putting on a mask and after taking one off;
- Do not touch masks while wearing them;

- Wear your mask over both your nose and mouth;

- Do not wear masks when they are wet, as that could make it difficult to breathe;

- Do not share or swap masks (and label masks to prevent accidental swapping); and

- Place used masks in [indicate location of receptacle].

CDC has [examples of posters](#) that educators can use. These posters must be provided in common languages, as appropriate, and should use visual cues that are representative of the diversity of the school community to adequately communicate the recommendations. In addition, this information must be provided in alternative formats such as Braille or large print to students who are blind or have a visual impairment, or students with reading disabilities who cannot access signage (for example by making announcements over the schools' public address system). Also, this information must be made accessible to students who are deaf or hard of hearing and who cannot hear auditory announcements. This information can be reinforced through school newspapers, daily announcements, and role modeling.

Students and staff should wash masks after each day of use, or if they become soiled. However, some students might not have masks or be able to wash them daily. Schools should develop policies for how to appropriately address instances when student are not wearing masks or are not wearing masks correctly. For example, *no disciplinary action should be taken for students who do not bring a mask to school*. Schools should offer masks to those students who need them, such as students who either forgot to bring in their mask or whose families are unable to afford them. Schools should carefully consider appropriate responses to students with disabilities whose disability may impact their ability to wear a mask, thus ensuring that students with disabilities continue to receive FAPE. For example, if a student's difficulty wearing a mask is related to an emotional disturbance or sensory disability, the school's response should be different from a response for a student without a disability. As noted in the previously listed additional Handbook topics, additional resources will be provided to help support districts and schools in creating safe and inclusive learning environments for all

students, including students with disabilities, consistent with applicable legal requirements.

School leaders should establish protocols for how and when masks should be removed and where removed masks should be placed (for example, in a container or bag) under conditions of physical distancing during meals. They should discourage or prohibit group mask breaks indoors that are not part of these protocols. However, school leaders should establish safe protocols for students who require a break from their face covering or mask, such as students who require a “sensory break,” allowing temporary removal in a well-ventilated, ideally outdoor, space away from peers. It is important that these mask protocols be consistent with federal disability law as described above. Any [mask removal](#) should be consistent with CDC recommendations, including by handling the mask only by the ear loops; not touching eyes, nose, or mouth when removing the mask; and washing hands after removing it.

Physical Distancing Practices

Physical distancing is a particularly effective prevention strategy when combined with wearing masks. The CDC [K-12 Operational Strategy](#) recommends the following for physical distancing in schools:

- Ensure distancing of at least 3 feet apart between students in classrooms in the following circumstances, where other prevention strategies are also strictly implemented:
 - For elementary school students;
 - For middle and high school students in areas of low, moderate, or substantial community transmission, with or without cohorting; and
 - For middle and high school students in areas of high community transmission where [cohorting](#) is used. For middle and high school students in classrooms when community transmission is high and cohorting is not possible, maintain at least 6 feet of distance between students.
- Across all school types and transmission levels, maintain 6 feet of distance in the following settings:
 - Between adults (teachers and staff), and between adults and students, at all times in the school building;
 - When masks cannot be worn, such as when [eating](#). Move mealtimes outside when safe and feasible;
 - During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise. Move these activities outdoors or to large, well-ventilated space, when possible.
 - In common areas such as school lobbies and auditoriums.
- Limit contact between cohorts of students.

- Eliminate or decrease nonessential in-person interactions among teachers and staff during meetings, lunches, and other situations that could lead to adult-to-adult transmission.

There are a number of creative strategies that can be used to maximize the physical distance between students if schools are facing challenges in maintaining appropriate physical distance.

Physical distancing might require reducing the occupancy of classrooms and adding instructional space. For example, classes or groups of students within a class may meet in the auditorium, other spaces within a school, or in local convention centers or office space, if such spaces are available and safe for student use, in order to safely facilitate the in-person learning experience.

[CDC has guidance](#) for schools and educators to consider to help increase distancing as educators and students move about **the classroom**, including:

- Reducing the number of students in each classroom.
- Turning desks to face in the same direction, placing them in large circles (rather than having them closely face each other), or having students sit on only one side of tables, allowing for appropriate space in each of these scenarios and placing tape or markings on classroom floors to indicate where desks should be placed to maintain the necessary physical distance. For example, the District of Columbia Public Schools offers suggested diagrams and pictures of classroom setups in their [COVID-19 Operations Handbook](#).
- Creating a seating chart and maintaining the same assigned seats throughout the day, to the greatest extent possible.
- Removing nonessential furniture from classrooms to increase the distance between student desks.
- Modifying learning stations and activities so there are fewer students per group, placing stations at least 6 feet apart to the greatest extent possible, and limiting the use of shared equipment, such as writing utensils, manipulatives, keyboards, and headphones. Clean any shared objects between uses, following instructions from the manufacturer and the cleaning product(s). For example, consider safe ways to clean electronic devices based on the manufacturer's guidelines. Always store cleaning products safely, for example, by storing them so they cannot be accessed by students in elementary school or older students who do not have the maturity or ability to use them safely.
- Implementing procedures for turning in assignments in a manner that minimizes contact in the classroom (for example, collecting assignments electronically or in a bin as students exit the classroom).

School leaders can support these efforts by implementing strategies to increase the physical distance between students **in common areas** (e.g., outside the classroom) by:

- Using non-classroom space (e.g., cafeterias and auditoriums) for instruction to allow for greater physical distancing and having classes outdoors where practical (where heaters or fans could be provided if needed).
- Providing physical guides, such as tape on floors and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times in common areas.
- Creating “one-way routes,” or designating areas of the hallway and stairways (i.e., lanes) as flow paths to keep students separated when passing.
- Reconfiguring bell schedules to streamline foot traffic and maintain practicable physical distancing.
- Staggering class changes as needed (e.g., by hall, odd/even room numbers, grade/discipline) to decrease the number of students in hallways at one time, providing additional time for transitions, and quickly and efficiently transitioning students in and out of the classroom.
- Staggering the use of communal places, such as cafeterias, to make it easier for students to remain at least 6 feet apart in line or at tables while eating (making sure to [clean](#) between uses, referring as needed to the [CDC Toolkit for School Administrators](#)). As feasible, have students eat meals outdoors, weather permitting, or in their classrooms while maintaining physical distance (at least 6 feet apart). Consider innovative meal delivery methods, such as delivery to classrooms, hallway kiosks, and “grab and go.” Ensure appropriate training for staff to support cleaning surfaces before and after meals and disposing of liquids and leftover food items. Ensure [access to potable water](#) during meals, regardless of where they are served. Refer to additional CDC information for [school nutrition professionals and volunteers](#).
- Staggering the use of communally shared spaces such as playgrounds. Plastic chains, cones, painted lines, or rope can help create a visual separation of different recess areas. Educators can designate labeled areas for specific groups of students that can rotate through the areas throughout a given time period (day or week).
- Working with educators to coordinate assigned restroom times to ensure multiple classes do not use the restroom at the same time while still allowing individual students access to the bathroom as requested.

- Eliminating the use of lockers to the greatest extent feasible. When students can be kept in one room throughout the school day, cubbies or baskets can be used as a replacement for lockers.
- Painting, taping, or chalking 6-foot spaces to indicate where parents should wait to pick up their child or requiring parents to remain in their car during pickups and drop-offs.
- Reducing the number of in-person interactions other than those needed for instruction. For example, in Denver Public Schools, staff gatherings or meetings are done virtually, allowing educators to be either on-site or off-site for these interactions, with school leader permission.

Behavioral techniques like those found on the [Center on Positive Behavioral Interventions & Support's website](#) can help all students adjust to changes in routines.

For some students with disabilities, physical distancing at school may be difficult because of disability-related needs. Examples include children who are blind and require sighted guides, children who are deaf-blind who require tactile interpreting, and some children with significant disabilities who have intensive needs. Federal disability law requires schools to provide certain services to students with disabilities and to take an individualized approach to providing services, consistent with the student's individualized education program (IEP) or plan developed under Section 504 of the Rehabilitation Act of 1973 (504 plan), as appropriate.

Educators and community members should collaborate to facilitate safe in-person learning for the greatest number of students with disabilities feasible. Positive behavioral interventions and supports may be especially helpful for some students with disabilities and may include modeling and reinforcing desired behaviors and using picture schedules, timers, and visual cues. Organizations such as the [National Center for Learning Disabilities](#) have information and resources to help schools with these behavioral techniques. In addition, behavioral therapists or local mental health or behavioral health agencies might be able to provide consultation for specific concerns. As previously mentioned, if a student typically works with a DSP, school administrators should review the [DSP guidance](#) and ensure that DSPs who enter the school building are aware of all mitigating actions.

Cohorting/Podding and Staffing Considerations for Physical Distancing

One way to support physical distancing and smaller student groups for both in-person and hybrid learning is through "cohorting," often referred to as "podding." A cohort/pod is a stable group with fixed membership that stays together for all courses and activities (e.g., lunch, recess) and avoids contact with other people or cohorts/pods. Cohorting/podding might be more challenging to plan in upper grade levels with traditional schedules where students are less likely to stay with same group of students throughout the school day.

When designing cohorts/pods, it is critical that cohorts/pods be created to maintain the health and safety of members. *Cohorts/pods should not group students by perceived ability or in ways that perpetuate tracking.* The construction of cohorts/pods can increase or decrease equity or segregation within schools, and it is important to ensure any use of cohorting/podding for learning is designed to support inclusion for English learners, students with disabilities consistent with their IEPs or 504 plans, and other underserved students, and is consistent with applicable civil rights and related requirements. School officials may wish to consult with state and local legal officials on these matters.

It is also important to note that cohorting/podding is not a replacement for masks and physical distancing. is an additional strategy that, as described above, allows students within a cohort to learn in-person while maintaining at least 3 feet of physical distance between students in the cohort when they are located in a classroom; minimizes opportunities for exposure to or transmission of COVID-19; facilitates more efficient contact tracing in the event an individual receives a positive test result; and allows for targeted testing, quarantine, and isolation of a single cohort/pod instead of schoolwide closures in the event an individual or a group of individuals tests positive for COVID-19. Schools should use and layer prevention strategies, including universal and correct wearing of masks, physical distancing, handwashing and respiratory etiquette, cleaning and healthy facilities, and contact tracing and diagnostic testing, including when students meet in cohorts/pods.

When establishing cohorts/podding, school leaders and educators may consider:

- Grouping students into cohorts/pods that stay together all day with their core teacher (and any aide or student teacher who is present), including for lunch and recess. If there are counselors, teachers of electives, related service providers, and specialized instructional support personnel (SISP), they would ideally be assigned to only one cohort/pod or conduct their classes or counseling virtually.
- For schools using block schedules, another way to minimize the number of interactions is to offer interdisciplinary team block schedules in which teachers from two or more subjects share a common group of students. This might be more feasible for younger students. For example, at two groups of 15 each, the interdisciplinary teaching team would see no more than 30 students in total. SISP, special educators, and related service providers should be included on the interdisciplinary teacher teams.
- Schools may keep a single cohort/pod together in one classroom and work with educators to consider possible options for educators rotating between cohorts/pods or have small cohorts/pods move together in staggered passing schedules to other classrooms they need to use without allowing students or staff to mix with others from distinctive cohorts/pods. Teachers from different content areas can work in teams that share students, preferably in a dedicated space, separate from others. For example, a math, science, English, history, and special education teacher might work as a team with groups of students they share.

Each teacher would see all four groups (60 students total) but would not see any other students in the school.

- Cohorts/pods could take fewer courses more intensely over shorter periods of time and then switch schedules or membership after a break at the quarter, trimester, or semester in ways that support students attending additional classes while maintaining stable cohorts/pods in a given quarter, trimester, or semester.
- If the use of cohorts/pods leads to a reduction in the number of available courses or the number of classes or seats in a particular course or program, it is the school district's responsibility to ensure that underserved students— including students from low-income backgrounds, students of color, American Indian and Alaska Native students, students in foster care, students experiencing homelessness, English learners, students who are migratory, and students with disabilities—are not disproportionately affected by reduced access to gatekeeper and advanced courses or programs at the elementary, middle, and high school levels.

Creating small cohorts/pods of students requires staffing considerations to ensure that all students are taught by qualified educators. Schools might need to hire additional educators or partner with parents and other community-based volunteers to ensure adults are available to assist students and support teachers when a single class is meeting in multiple locations. ED offered [waivers](#) that permit Nita M. Lowey 21st Century Community Learning Centers to facilitate supplemental activities when school is in session but students are not receiving in-person instruction. Such support does not take the place of qualified professional educators and paraeducators.

Transportation Considerations

Physically distancing students can be a particular challenge on school buses and other vehicles that transport groups of students to school. However, there are several options to consider to promote safety and increase the distance among students and between students and the driver on school buses:

- Opening windows, weather permitting, to increase circulation of outdoor air, as long as doing so does not pose a safety or health risk (e.g., risk of falling).
- Maintaining mandatory consistent, correct use of masks by adults and children while on a school bus and at arrival/departure points (e.g., bus stops), except for individuals who cannot safely wear a mask. Bus drivers should be provided with extra masks to make available in case a student does not have one.
- Seating one student per row, alternating window and aisle seating, skipping rows when possible.
- Seating members of the same household next to each other.

- Assigning each bus rider to a designated seat that is the same every day, to promote clear expectations and assist contact tracing, when needed.
- Using seat assignments that load the bus from the rear forward (and unload from the front backward) to help reduce student contact.
- If a school system provides transportation for students with disabilities as part of their IEP or 504 plan, including medically fragile children, considering the reservation of specific seats that would not be used for other students during the day and would be subject to special precautions for cleaning. Alternatively, the student's IEP or 504 team could discuss arranging for separate transportation for those students who require this type of transportation in order to receive FAPE.
- Installing signage with visual cues on the school bus to encourage physical distancing protocols and to communicate this information to students with vision or reading disabilities.
- Developing a communication plan to encourage students and parents to maintain physical distance at bus stops and avoid congregating in groups while waiting for the bus.
- Encouraging families to drive or walk their children to school, if possible, to reduce the number of students on buses. Families could be reimbursed for reasonable and necessary costs associated with ensuring that their children are maintaining safe physical distancing in travelling to and from school. In certain circumstances, for example, it might be appropriate to reimburse families for mileage expenses related to transporting children if there is insufficient space on school buses to maintain physical distancing, provided schools maintain appropriate documentation and conform with any statutory and regulatory requirements related to the federal, state, or local funding source.

Encouraging Families and Staff to Check for Symptoms at Home

Districts and schools should establish clear guidelines for when educators, staff, and [students](#) should [stay home](#) and when they can return to school. Educators, staff, and students who [have symptoms](#) or who live with someone who has developed symptoms should stay home and consult with a healthcare provider for testing and care as directed. For example, schools can share with educators, staff, students, and their families in multiple formats and languages, and other approaches to ensure accessibility for individuals with disabilities, the list of symptoms that, when present, generally suggest that a person has an infectious illness and should not attend school, regardless of whether or not the illness is COVID-19:

- Fever or chills

- Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Shortness of breath or difficulty breathing (for students with asthma or other respiratory conditions, a change from their baseline breathing)
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. To help students, families, educators, and staff get into the habit of checking for these symptoms, district and school leaders will need to establish ways of reminding people of the symptoms and asking them to check. This might include posting signs on the entrances to buildings or providing periodic mobile or other communications to families with reminders to check.

Students and staff will need to [quarantine](#) or [isolate](#) if exposed to COVID-19, if they have a confirmed case of COVID-19, or if they live with someone who has COVID-19. Schools should plan for what to do if a student becomes [sick at school](#) or reports a new COVID-19 diagnosis. CDC resources provide specific steps a school can follow. For additional information on when to return to school, refer to the CDC [scenarios](#) for returning to school. As previously mentioned, additional volumes of the handbook will be provided by ED to help support districts and schools in meeting the social, emotional, mental health, and academic needs of students and the well-being of educators and school staff.

Handwashing and Respiratory Etiquette

[Handwashing](#) and good respiratory etiquette serve as additional prevention strategies that, in combination with correct and consistent masking, physical distancing, and other

practices, help keep students and staff safe. Good hand hygiene—regular handwashing with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not readily available—reduces the spread of germs that can cause illness, especially if done at key times throughout the day. To avoid poison emergencies, hand sanitizers should be stored away, and out of sight of children under 6 years of age and should be used with adult supervision. Schools should reinforce handwashing with soap and water for at least 20 seconds, build time into the day for washing hands, make hand sanitizers with at least 60% alcohol content available, and [promote](#) hand hygiene. CDC has [fact sheets](#) available about handwashing. Educators and school leaders should consider how to set up classrooms to support handwashing and respiratory etiquette.

Safety Considerations Related to Music, Arts, and Athletics Programs

Schools should prioritize in-person learning over in-person extracurricular and athletics programs and activities, in keeping with CDC recommendations for safe levels of interaction depending on the extent of [community transmission of COVID-19](#). In general, whether occurring as part of instruction or as extracurricular activities, schools should aim to continue to offer music, performing arts, physical education, health education, and athletics programs as part of a well-rounded education for all students during the COVID-19 public health emergency, even if some activities may need to be offered virtually or through a hybrid approach.

For music and performing arts, CDC recommends masks be worn by all students and staff when not playing an instrument that requires the use of their mouth (unless the program is outdoors and at least 6 feet of distance can be maintained). When singing, people should wear a mask. Schools can consider holding music and performing arts classes outside or in an open environment or under an open tent, if safe from other hazards, such as heat, cold, and air pollution. If the class is held indoors, maintain at least 6 feet of distance and ensure that it occurs in healthy facilities, including by optimizing [ventilation](#). Cohorting/podding can help minimize class size. Teachers can use a portable amplifier to keep voices at a low, conversational volume and should limit the exchange (or sharing) of any instruments, parts, music sheets, or any other items. Depending on the instrument, disposable absorbent pads or other receptacles, where possible, should be provided to catch the contents of spit valves. Teachers can consider using “bell covers” for the openings of brass instruments and specially designed bags with hand openings for woodwind instruments to minimize the generation of droplets and aerosols.

CDC recommends that schools conduct sports activities in ways that reduce the risk of transmission of COVID-19 to players, families, coaches, and communities, which may include considering which sports can be safely played, prioritizing outdoor sports or sports that involve the least physical contact, and mask wearing. In communities with substantial or high rates of transmission, CDC further recommends that indoor athletics be postponed or conducted virtually. Districts and schools must operate all athletic activities consistent with federal civil rights laws (Title VI of the Civil Rights Act of 1964,

Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act) and Part B of the Individuals with Disabilities Education Act. School leaders may need to consult with state and local legal advisors on equity matters. Schools may consider using screening testing for student athletes and adults (e.g., coaches, teacher advisors) who support these activities to facilitate safe participation and reduce risk of transmission. CDC recommends that such tests be more frequent for higher risk sports and at higher rates of community transmission. See Table 4 in the [Testing section](#) of the CDC K-12 Operational Strategy. For an example of risk stratification for sports, see [this link](#).

For high school students in particular, access to athletics can be critical for increasing the options available to students for postsecondary education, specifically as they relate to athletic scholarships. K-12 and higher education athletics leaders should work together to safely preserve these postsecondary education opportunities, consistent with CDC guidance. Districts and schools should consider the following to try to safely maintain student access to athletic programs while ensuring compliance with the nondiscrimination laws:

- **Consider community transmission rates in determining which activities are appropriate.** At low rates of community transmission, CDC guidelines indicate that sports and arts programs may occur with at least 6 feet of distance between students to the greatest extent possible. At moderate rates of community transmission, 6 feet of distance should be required. At substantial or high rates, these activities should occur only if they can be held outdoors with more than 6 feet of physical distancing between participants. Schools may consider using screening testing for student athletes and adults (e.g., coaches, trainers) who support these activities. For more information on approaches to testing, please refer to the CDC K-12 Operational Strategy [Testing section](#).
- **Prioritizing sports that pose fewer risks.** Outdoor sports that allow for physical distancing are safer than indoor sports. Sports that require frequent closeness or contact between players, or that involve shared equipment, may make it more difficult to maintain physical distancing and, therefore, may present increased risk for COVID-19 spread. Consider which sports are feasible given the level of community transmission, and avoid high contact sports, which are associated with greater risks. To determine which sports are safer to play during the COVID-19 pandemic, consider the following:
 - Ability to play outdoors
 - Ability to wear a mask during the activity
 - Physical closeness of players during play
 - Amount of necessary touching of shared equipment and gear

- Ability to engage in physical distancing while not actively engaged in play, such as when on the bench or sideline
- Players' age and ability to comply with physical distancing and other protective actions
- Size of the team and field of play
- Presence of nonessential visitors or volunteers during practices or games
- Travel required outside of the local community
- **Limiting cross-school transfer** for special programs, especially beyond the community. For youth sports considerations, visit the [CDC FAQs for Youth Sports Programs](#) (e.g., physical distancing, wearing masks).
- **Providing prepackaged boxes or bags** if food or snacks are offered.
- **Considering eliminating use of locker rooms** if they are small and poorly ventilated or do not allow for physical distancing. Advise students to come to the athletic activity in clothes that are appropriate for participation in the athletic program.
- **Limiting or prohibiting spectators and any nonessential visitors, volunteers, and activities** involving external groups or organizations as possible—especially with people who are not from the local geographic area (e.g., community, town, city, county).
- **Avoiding equipment sharing** and, if unavoidable, cleaning shared equipment between use by different students. Used equipment can be collected in a central container placed in the middle of the gym, marked for cleaning, or schools can personalize gym equipment and make students or cohorts/pods responsible for maintaining their own equipment.
- **Ensuring consistent wearing of masks**, aligned with guidance for gyms and fitness facilities, indicating that masks should cover the mouth and nose, be fit to the face, and should be worn during indoor and outdoor physical conditioning and training or physical education classes (except when showering, at which time students should maintain physical distance). Students should take a break from exercise if any difficulty in breathing is noted and should change their mask or face covering if it becomes wet, sticks to the face, or obstructs breathing. Masks that restrict airflow under heavy exertion are not advised for exercise.
- **Using a microphone and speaker** and any other needed accommodation as described in a student's IEP or 504 plan when coaches or instructors deliver instructions. The use of face coverings and the need for students to spread out to maintain physical distance might make it more difficult for coaches to be heard.

- **Encouraging physical distancing** during times when players are not actively participating in practice or competition. For example, teams can increase space between players on the sideline, in the dugout, or on the bench. Consider posting signs or visual cues on the ground or walls to indicate appropriate spacing distance. Additionally, coaches can encourage athletes to spread out for individual skill-building work or cardiovascular conditioning, rather than staying clustered together. As described in the [CDC K-12 Operational Strategy](#), activities that cannot be done while athletes maintain physical distancing are only recommended when there is a low (blue) level of community transmission.
- **Not holding indoor practices** for outdoor sports, and, where feasible, holding practices outdoors for indoor sports.
- **Limiting or avoiding team meetings or social activities** or holding such activities virtually.
- **Avoiding travel** to areas with high levels of community transmission and travel when a team is located in an area with high community transmission.

Supporting Ongoing Engagement with Educators, Families, and the School Community

As schools and districts work to develop and implement these strategies, engagement with educators, facility staff, families, and the school community is key. A successful school reopening strategy requires engaging the entire school community to promote confidence and demonstrate inclusivity, in addition to broadly engaging education stakeholders to support actions that will lead to a safe learning environment for all educators, staff, and students.

School reopening planning should include representatives from a wide range of school personnel and other stakeholders to get diverse input and foster trust, engagement, and support. School representatives should include, at a minimum, administrators, teachers, specialized instructional support personnel (e.g., paraprofessionals), related service providers, early childhood education and afterschool providers, school counselors, school social workers, school psychologists, and nurses, as well as custodial personnel, transportation personnel, food personnel, and family services representatives. It is especially important to include professional education representative organizations/unions, as well as special education-related services providers and specialized instructional support personnel organizations, in order to benefit from their expertise and to foster support, understanding, buy-in, and trust, and to demonstrate respect for the educators and other school personnel who have been supporting students throughout the pandemic.

In addition, school reopening planning should include student and parent representatives, and individuals and organizations that represent the interests of students, staff, and parents with disabilities, who have limited English proficiency, or

who have transportation needs; others with access and functional needs; and state and local legal officials, so that specific interests and legal requirements are considered in the early stages of planning.

Both during school reopening planning and following school reopening, education leaders should actively engage parents on school reopening and safety measures. This engagement should be rooted in an understanding that COVID-19 has impacted everyone and has caused different traumas, such as the loss of loved ones, economic insecurity, or anxiety from social isolation and uncertainty. At the same time, approaches to family and community engagement should recognize the disproportionate toll COVID-19 has taken on communities of color and families from low-income backgrounds. Parents might also have specific health and safety questions or concerns about sending their children back to in-person instruction because of the perceived health risk to the student's immediate family and to other household members—even as parents are also concerned about their child missing the instructional and social and emotional opportunities that come with in-person learning.

To gain a better understanding of the extent of parent and caregiver concerns, school leaders and educators can conduct individual outreach activities, use surveys, or hold virtual town halls. In choosing an outreach strategy, school leaders should also ensure that the voices of those who are affected by barriers to internet and device access are represented. For example, underserved families might not be represented if feedback is gathered only online.

To that end, schools and school districts should conduct active and specific outreach to underserved families—including parents of students of color, English learners, students with disabilities, American Indian and Alaska Native students, students in foster care, and students experiencing homelessness—to communicate the health and safety measures the school has in place and strategies the school is implementing to mitigate against transmission, and to solicit input and answer questions from parents and ensure equitable access to information. This must include outreach in a language that limited English proficient parents can understand and in alternate formats or via auxiliary aids and services as needed to facilitate effective communication for individuals with disabilities. Where appropriate, information should be provided in partnership with trusted community-based organizations that serve families in the school community.

After a school reopens, education leaders at the school and district levels should use locally collected data, including those data collected for federal purposes, to determine whether different subgroups of historically underserved students are participating in in-person instruction proportionate to their enrollment in the school and school district and, if they are not, conduct enhanced, ongoing active and specific outreach to the relevant school communities and work to address their concerns.

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