Major Revisions to CDC School COVID-19 Guidance
8-11-22

Top Line Changes

- Removed the recommendation to cohort
- Changed recommendation to conduct screening testing to focus on high-risk activities during high COVID-19 Community Level or in response to an outbreak
- Removed the recommendation to quarantine, except in high-risk congregate settings
- Removed information about Test to Stay
- Added detailed information on when to wear a mask, managing cases and exposures, and responding to outbreaks

1. Based on the COVID-19 Community Levels, this guidance provides flexibility so schools and ECE programs can adapt to changing local situations, including periods of increased community health impacts from COVID-19. School and ECE program administrators should work with local health officials to consider other local conditions and factors when deciding to implement prevention strategies.

Here are the actions:

- **At all COVID-19 Community Levels:**
  - Promote **equitable access** to vaccination, testing, masks and respirators, treatment and prevention medications, community outreach, and support services.
  - Ensure **access** to testing, including through point-of-care and at-home tests for all people.
  - **Maintain ventilation improvements**.
  - Provide communications and messaging to **encourage isolation** among people who test positive.
- **MEDIUM AND HIGH (yellow and orange)**
  - Implement screening testing in high-risk settings where screening testing is recommended.
- **HIGH (red)**
  - Implement healthcare surge support as needed.

2. K-12 schools and ECE programs (e.g., center-based child care, family child care, Head Start, or other early learning, early intervention and preschool/pre-kindergarten programs delivered in schools, homes, or other settings) should put in place a **core set of infectious disease prevention strategies** as part of their normal operations.

Specific Strategies for Everyday Operations

1. **Equitable access to vaccination** – leading public health strategy to prevent severe disease and reduces burden on people, schools, healthcare systems and communities. Strategies – provide information that meets needs of community, including those with limited English proficiency; encourage trust and confidence in vaccines; establish supportive policies and practices that make getting vaccinated easy and convenient, including onsite clinics, etc.

2. **Staying home when sick** -- People who have symptoms of respiratory or gastrointestinal infections, such as cough, fever, sore throat, vomiting, or diarrhea, **should stay home.**
   - Testing is recommended for people with symptoms; those at high risk who test positive should consult with a healthcare provider right away for possible treatment, even if their symptoms are mild.
   - Recommends flexible, non-punitive, and supportive paid sick leave policies and practices. These policies should support workers caring for a sick family member and encourage sick workers to stay home without fear of retaliation, loss of pay, loss of employment, or other negative impacts.
   - Schools should also provide excused absences for students who are sick, avoid policies that incentivize coming to school while sick, and support children who are learning at home if they are sick.
   - Schools and ECE programs should ensure that employees and families are aware of and understand these policies and avoid language that penalizes or stigmatizes staying home when sick.

3. **Ventilation** -- Schools and ECE programs can optimize ventilation and maintain improvements to indoor air quality to reduce the risk of germs and contaminants spreading through the air.

   - Funds provided through the U.S. Department of Education's Elementary and Secondary Schools Emergency Relief (ESSER) Programs and the Governor's Emergency Education Relief (GEER) Programs and the Department of Health and Humans Services' Head Start and Child Care American Rescue Plan can support improvements to ventilation; repairs, upgrades, and replacements in Heating, Ventilation, and Air Conditioning (HVAC) systems; purchase of MERV-13 air filters, portable air cleaners, and upper-room germicidal ultraviolet irradiation systems; as well as implementation of other public health protocols and CDC guidance.
   - The Environmental Protection Agency's (EPA) Clean Air in Buildings Challenge provides specific steps schools and other buildings can take to improve indoor air quality and reduce the risk of airborne spread of viruses and other contaminants. Ventilation recommendations for different types of buildings can be found in the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) schools and universities guidance. CDC does not provide recommendations for, or against, any manufacturer or product.
   - When COVID-19 Community Levels increase or in response to an outbreak, schools and ECE programs can take additional steps to increase outdoor air intake and improve air filtration. For example, safely opening windows and doors, including on school buses and ECE transportation vehicles, and using portable air cleaners with HEPA filters, are strategies to improve ventilation. Schools and ECE programs may also consider holding some activities outside if feasible when the COVID-19 Community Level is high.

4. **Hand Hygiene and Respiratory Etiquette ---** Schools and ECE programs should teach and reinforce proper handwashing to lower the risk of spreading viruses and should teach and reinforce covering coughs and sneezes to help keep individuals from getting and spreading infectious diseases.

5. **Cleaning --** Schools and ECE programs should clean surfaces at least once a day to reduce the risk of germs spreading by touching surfaces.

COVID-19 Community Levels and Associated Prevention Strategies

School and ECE program administrators **should work with local health officials** to consider other local conditions and factors when deciding to implement prevention strategies. School and ECE-specific indicators—such as rates of absenteeism among students and staff or presence of students or staff who are at risk of getting very sick with COVID-19—can help with decision-making.

When the COVID-19 Community Level moves to a lower category or after resolution of an outbreak, schools and ECE programs can consider **removing prevention strategies one at a time**, followed by close monitoring of COVID-19 transmission within the school or ECE and the COVID-19 Community Level of their community in the weeks that follow.

Masking -- At a high COVID-19 Community Level, universal indoor masking in schools and ECE programs is recommended, as it is in the community at-large.
- CDC also recommends masking at all times in healthcare settings, including **school nurses' offices**, regardless of the current COVID-19 Community Level.
- People who have known or suspected exposure to COVID-19 should also wear a well-fitting mask or respirator around others for 10 days from their last exposure, regardless of vaccination status or history of prior infection.
- **Anyone who chooses to wear a mask or respirator should be supported in their decision to do** so at any COVID-19 Community Level, including low.
- At a medium and high COVID-19 Community Level, **people who are immunocompromised or at risk for getting very sick with COVID-19 should wear a mask** or respirator that provides greater protection
- Schools and ECE programs should consider **flexible, non-punitive policies and practices to support individuals who choose to wear masks** regardless of the COVID-19 Community Level.
- Schools with **students at risk** for getting very sick with COVID-19 must make reasonable modifications when necessary to ensure that all students have access in-person learning.
- Schools might need to require masking in settings such as classrooms or during activities to protect students with immunocompromising conditions or other conditions that increase their risk for getting very sick. Students with immunocompromising conditions or other conditions or disabilities that increase risk for getting very sick with COVID-19 **should not be placed into separate classrooms or otherwise segregated from other students.**

Testing

1. **Diagnostic Testing** -- Schools and ECE programs can offer diagnostic testing for students and staff with symptoms of COVID-19 or who were exposed to someone with COVID-19 in the K-12 or ECE setting, or refer them to a community testing site, healthcare provider, or to use an at-home test.

2. **Screening Testing** -- Screening testing identifies people with COVID-19 who do not have symptoms or known or suspected exposures, so that steps can be taken to prevent further spread of COVID-19. **CDC no longer recommends routine screening testing in K-12 schools.**
    a. However, **at a high COVID-19 Community Level**, K-12 schools and ECE programs can consider implementing screening testing for students and staff for high-risk activities (for example, close contact sports, band, choir, theater); at key times in the year, for example before/after large events (such as prom, tournaments, group travel); and when returning from breaks (such as, holidays, spring break, at the beginning of the school year).
    b. Schools serving students who are at risk for getting very sick with COVID-19, such as those with moderate or severe immunocompromise or complex medical conditions, can consider implementing screening testing at a medium or high COVID-19 Community Level.
    c. Schools and ECE programs that choose to rely on at-home test kits for screening testing should ensure equal access and availability to the tests; establish accessible systems that are in place for ensuring timely reporting of positive results to the school or ECE program; and communicate with families the importance of following **isolation guidance** (5 days isolation; 10 days mask) for anyone who tests positive.
    d. **Communication strategies** should take into account the needs of people with limited English proficiency who require language services, and individuals with disabilities who require accessible formats.

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Management of Cases and Exposures -- Students or staff who come to school or an ECE program with symptoms or develop symptoms while at school or an ECE program should be asked to wear a **well-fitting mask or respirator** while in the building and be sent home and encouraged to get tested if testing is unavailable at school.
- Symptomatic people who cannot wear a mask should be separated from others as much as possible; children should be supervised by a designated caregiver who is wearing a well-fitting mask or respirator until they leave school grounds.
- Schools and ECEs should develop mechanisms to ensure that people with COVID-19 isolate away from others and do not attend school until they have completed isolation. **Once isolation has ended, people should wear a well-fitting mask or respirator around others through day 10.**
- Testing is not required to determine the end of isolation or mask use following COVID-19 infection; however people can use the **test-based strategy** (with two sequential negative tests 48 hours apart, you may remove your mask sooner than day 10).