

Masks and Respirators in Schools

March 11, 2022

Two years into the COVID-19 pandemic, public debate about wearing face coverings—including cloth or surgical masks and N95 respirators—has not subsided. Many states have eliminated requirements for universal masking in schools, and on February 25, the U.S. Centers for Disease Control and Prevention (CDC) updated its longstanding guidance on school masking, changing its recommendation of universal masking in all schools to a metric-driven approach that pegs masking recommendations to community data on case numbers and hospital admissions and capacity.

NEA had called on the CDC to provide updated guidance to inform transitions away from mask mandates. While the [Association was encouraged by the new guidance](#), it renewed its call for local governments to bring educators to the table to help determine how to keep school communities safe. NEA continues to call on those making decisions about masking to factor in the needs of students with disabilities, students and educators who are immunocompromised, and communities of color that have disproportionately suffered severe illness and death from COVID-19.

This document summarizes updates to the CDC school-related guidance on face coverings and provides general information on masks and respirators. The final section of this document—Taking Action Based on the New CDC Guidance—includes suggestions for state and local NEA affiliates.

Note that the new CDC guidance distinguishes in places between “masks” and “respirators.” In this document, we use “face coverings” to refer to either. In general, “masks” refers to surgical or cloth coverings, while N95s, which are more protective, are considered respirators.

CDC Updates to School Masking Recommendations

Following are the primary updates to the CDC masking guidance as it relates to schools:

- CDC eliminated separate guidance for masking in schools. Instead, a single set of masking guidance applies to all settings, including schools.
- Whereas CDC used to require universal masking on school buses, it will no longer do so, exercising discretion to not enforce the school bus portion of the federal transportation-related requirements requiring universal masking.
- CDC recommends that, when community COVID-19 levels are “high,” individuals wear masks when indoors in schools (regardless of their vaccination status) and further, that individuals who are at higher risk from COVID-19 or who are immunocompromised consider wearing masks or respirators that provide greater protection. When levels are “medium,” individuals who are immunocompromised or at higher risk “may choose to mask indoors in public.”

- CDC recommends universal masking for settings that serve high-risk populations when community COVID-19 levels are “high.”
- The metrics used to determine a community’s COVID-19 levels have also been changed to ones based not on transmission data but more on medical impact. Community COVID-19 level is now determined by 1) the number of new cases per population of 100,000 over the past seven days (rather than the *rate* of new cases, as in the past); and 2) hospital admissions or hospital capacity. Where admissions and capacity (staffed inpatient hospital beds) metrics indicate different levels, the higher level applies.
- Community COVID-19 levels now fall into three categories—low, medium, and high—instead of the four categories in prior guidance.
- Jurisdictions are not precluded from requiring universal use of face coverings, including in schools, whether such requirements are intended as general public health measures or accommodations for individuals at higher risk. Note that some people with a disability, as defined by the Americans with Disabilities Act (ADA), may not be able to wear a standard face covering and may need an alternative accommodation.
- The guidance does not call for any changes to the recommended protections in school-related health care contexts, such as nurse’s offices, where protocols are intended to protect staff and students when exposure to COVID-19 is suspected or confirmed.

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community

| New COVID-19 Cases Per 100,000 people in the past 7 days | Indicators | Low | Medium | High |
|--|---|--------|------------|--------|
| Fewer than 200 | New COVID-19 admissions per 100,000 population (7-day total) | <10.0 | 10.0-19.9 | ≥20.0 |
| | Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average) | <10.0% | 10.0-14.9% | ≥15.0% |
| 200 or more | New COVID-19 admissions per 100,000 population (7-day total) | NA | <10.0 | ≥10.0 |
| | Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average) | NA | <10.0% | ≥10.0% |

The COVID-19 community level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days

Source: [COVID-19 Community Levels](#)

The individual and community-level prevention strategies recommended by the CDC vary depending on the community COVID-19 level. For a full list of the strategies, see the appendix to this document.

Guidance from the Department of Education and Recommendations from the American Academy of Pediatrics

In a [February 25 stakeholder letter](#) addressing CDC’s change in its masking guidance, the Department of Education emphasizes that school districts and individual schools and classrooms may still choose to require masking regardless of COVID-19 community level based on their community’s needs “and especially keeping in mind those for whom prevention strategies provide critical protection for in-person learning.” The letter goes on to note that layered prevention

strategies – which may well include masking – can help protect the rights of students with disabilities who may be more vulnerable to COVID-19 infections.

In response to the new CDC guidance, the president of the American Academy of Pediatrics, Dr. Moira Szilagyi, [noted](#), “The toll of the pandemic has not been felt equally across racial or economic lines, and we must acknowledge these inequities as we help families navigate the right choices to keep themselves and their children safe and healthy.” She continued: “Families of children with special health care needs may also now be forced to stay home from school or other activities if universal masking goes away. One of the best ways to protect our communities is to encourage everyone ages five and older to get vaccinated.”

How Face Coverings Protect Students and Educators

[Masking is an effective way to reduce transmission of COVID-19](#). According to the National Academy of Sciences, public mask wearing “[is most effective at reducing spread of the virus when compliance is high](#),” which argues for mask mandates. Indeed, a [CDC study from late 2021 found](#), “Counties without school mask requirements experienced larger increases in pediatric COVID-19 case rates after the start of school compared with counties that had school mask requirements.” Studies focusing on [Florida](#), [North Carolina](#), [Arkansas](#), and [Arizona](#) have come to similar conclusions. Face coverings may be particularly important for individuals who cannot be vaccinated or who are more vulnerable to COVID-19.

A [study funded by the National Institutes of Health](#) released in March 2022 found that, during the Delta COVID-19 surge, schools with mandatory masking had 72 percent fewer cases of in-school transmission of the disease compared with schools with optional or partial masking policies. The study included more than 1 million students and 157,000 educators across nine states.

Types of Face Coverings

The term “face covering” to protect against COVID-19 is a general term used in this document to include everything from fabric or surgical masks to respirators like N95s. [Face coverings matter because COVID-19 is an airborne disease](#) spread mainly through droplets and airborne particles. As the U.S. Centers for Disease Control and Prevention (CDC) has determined, the “smallest very fine droplets, and aerosol particles formed when these fine droplets rapidly dry, are small enough that they can remain suspended in the air for minutes to hours.”

Recently, [CDC clarified that some types of masks and respirators provide more protection](#) to the individual wearing the face covering than others: “Loosely woven cloth products provide the least protection, layered finely woven products offer more protection, well-fitting disposable surgical masks and KN95s offer even more protection, and well-fitting NIOSH-approved respirators (including N95s) offer the highest level of protection.” The National Institute for Occupational Safety and Health (NIOSH) is an agency within CDC that, among much other work, researches and provides guidance on respirator use and evaluates and approves N95 respirators for adults.

Surgical masks and cloth masks are not as effective as N95 respirators because they don’t filter small infectious particles as well and they don’t form a seal against an individual’s skin, allowing leakage of unfiltered air through the gaps and openings. N95s have head bands to help ensure a proper seal. Ear loops—common on other face coverings, including KN95s and KF94s—are not effective in ensuring a proper seal against the skin. Fit matters because when air leaks in and out without passing through the covering, it is not filtered.

As several authors recently noted, initial guidance from CDC called for cloth masks because “it was initially assumed SARS-CoV-2 spread via droplets (in coughs and sneezes) which caused infection when they landed on the mouth, nose or eyes. For such particles, a cloth or surgical mask is an efficient form of *source control* to protect others from virus emitted by the wearer. Now it’s

understood the virus is airborne. Virus-laden particles build up in the air over time indoors because of breathing and speaking.” This is why guidance has changed and why [more-protective face coverings that better filter air are now recommended in most circumstances](#) rather than just using cloth masks to protect against the spread of larger droplets. A [cloth mask over a surgical mask \(not the other way around\)](#) also provides greater protection than cloth masks alone.

Comparing N95s, KN95s, and KF94s

N95s, KN95s, KF94s function by filtering the air breathed in and out by the individual wearing it and are designed to meet specific filtration goals—[the N95s and KN95s should filter at least 95 percent of airborne particles, and KF94s 94 percent](#). However, NIOSH only approves N95s, so only N95s are certified by NIOSH to meet the stated filtration goals. KN95s and KF94s are often advertised as being equal to N95 respirators. However, while [N95 respirators are tested and certified by NIOSH](#) for use in the United States, KN95s and KF94s are not. Once approved, N95 manufacturers must follow strict quality assurance requirements, which are monitored by NIOSH. KN95s are designed to meet Chinese standards and KF94s to meet Korean standards; although they look similar to N95s, most KN95s and KF94s use ear loops instead of head bands, which may not provide a tight fit, making them less effective. Although some counterfeit N95s have been found in the United States, [counterfeit or poorly performing KN95s](#) are an even more serious problem. In fact, CDC indicates that about [60 percent of KN95s evaluated by NIOSH during the pandemic did not meet the requirements](#) stated by the manufacturer. N95s currently cost between \$1-\$3 each, depending on the volume purchased and the model selected. NIOSH-approved N95s come in several shapes—cup, flatfold, and duck-bill—and usually two or three sizes to better fit different sized and shaped faces. [N95s do not seal or fit properly if there is any facial hair that crosses the seal against the skin](#).

If you work in a public school in a state with a state occupational health and safety plan, explore existing employer requirements related to employer-required respirators and voluntarily used respirators.

Taking Action Based on the New CDC Guidance

For general use, N95 respirators provide better protection against the spread of COVID-19 than other types of face coverings discussed in this document, which is why the NEA recommends their use when feasible. It is important to keep in mind that legitimate KN95s and KF94s still provide better protection than cloth face coverings or no coverings at all.

CDC’s new guidance has the effect of pushing mask-related decisions to local jurisdictions. Where levels are “high,” the Department of Education interprets CDC’s guidance to continue to recommend universal masking in schools and on school buses. State and local government requirements, guidance, or prohibitions may vary from the CDC guidance.

NEA recommends that affiliates continue to advocate for:

- Layered COVID-19 mitigations measures, including improved ventilation;
- Employer-provided personal protective equipment in school settings where it is needed for school nurses and other school-health personnel and employees and students at higher risk from COVID-19;
- Meaningful inclusion of educators in decision-making on school-related masking policies;
- Consideration in masking policy decisions of the needs of students with disabilities, students and educators who are immunocompromised, and communities of color that have disproportionately suffered severe illness and death from COVID-19;
- Employer-provided or, if necessary, employer-reimbursed face coverings for educators;
- When respirators are to be used, training for all employees in proper fit, use, seal, and replacement of respirators;

- Fit testing guidance for all employees using respirators, especially for school nurses and others with higher risk of exposure to COVID-19 or individuals in settings where students may not consistently and correctly wear a mask;
- Development and deployment by the employer of educational material on face coverings in all languages and formats relevant to employees, students, and families in the relevant communities;
- Identification of circumstances that may require unique solutions, such as for students with special needs or with hearing disabilities who may need to wear face coverings that allow the mouth of the individual wearing the face covering to be visible;
- Regular evaluation of the respirator or face covering program, including reporting of data to the union related to the program, and a summary of complaints/concerns from employees, and;
- The development of comprehensive school plans to address infectious diseases, cleaning and disinfection, and indoor air quality, and the inclusion of educators and their unions in the development, implementation, and assessment of such plans.

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Appendix: COVID-19 Community Level and COVID-19 Prevention

Source: [CDC--COVID-19 Community Levels](#)

| COVID-19 Community level | Individual- and household-level prevention behaviors | Community-level prevention strategies (as recommended by state or local authorities) |
|--------------------------|--|--|
| Low | <ul style="list-style-type: none"> • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 • If you are immunocompromised or high risk for severe disease <ul style="list-style-type: none"> – Have a plan for rapid testing if needed (e.g., having home tests or access to testing) – Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies | <ul style="list-style-type: none"> • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> – Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations |
| Medium | <ul style="list-style-type: none"> • If you are immunocompromised or high risk for severe disease <ul style="list-style-type: none"> – Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing) – Have a plan for rapid testing if needed (e.g., having home tests or access to testing) – Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies • If you have household or social contact with someone at high risk for severe disease <ul style="list-style-type: none"> – consider self-testing to detect infection before contact – consider wearing a mask when indoors with them • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 | <ul style="list-style-type: none"> • Protect people at high risk for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information • Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate • Implement enhanced prevention measures in high-risk congregate settings (see guidance for correctional facilities and homeless shelters) • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> – Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations |

| COVID-19 Community level | Individual- and household-level prevention behaviors | Community-level prevention strategies (as recommended by state or local authorities) |
|--------------------------|---|--|
| High | <ul style="list-style-type: none"> • Wear a well-fitting mask¹ indoors in public, regardless of vaccination status (including in K-12 schools and other indoor community settings) • If you are immunocompromised or high risk for severe disease <ul style="list-style-type: none"> – Wear a mask or respirator that provides you with greater protection – Consider avoiding non-essential indoor activities in public where you could be exposed – Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing) – Have a plan for rapid testing if needed (e.g., having home tests or access to testing) – Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies • If you have household or social contact with someone at high risk for severe disease <ul style="list-style-type: none"> – consider self-testing to detect infection before contact – consider wearing a mask when indoors with them • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 | <ul style="list-style-type: none"> • Consider setting-specific recommendations for prevention strategies based on local factors • Implement healthcare surge support as needed • Protect people at high risk for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information • Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate • Implement enhanced prevention measures in high-risk congregate settings (see guidance for correctional facilities and homeless shelters) • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> – Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations |