

In addition, the CDC recently released a one page flow chart for schools to follow. It is found below.

## SCHOOLS DURING THE COVID-19 PANDEMIC



The purpose of this tool is to assist administrators in making (re)opening decisions regarding K-12 schools during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

### Should you consider opening?

- ✓ Will reopening be consistent with applicable state and local orders?
- ✓ Is the school ready to protect children and employees at higher risk for severe illness?
- ✓ Are you able to screen students and employees upon arrival for symptoms and history of exposure?

ANY NO



### Are recommended health and safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
- ✓ Intensify cleaning, disinfection, and ventilation
- ✓ Encourage social distancing through increased spacing, small groups and limited mixing between groups, if feasible
- ✓ Train all employees on health and safety protocols

ANY NO



### Is ongoing monitoring in place?

- ✓ Develop and implement procedures to check for signs and symptoms of students and employees daily upon arrival, as feasible
- ✓ Encourage anyone who is sick to stay home
- ✓ Plan for if students or employees get sick
- ✓ Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures
- ✓ Monitor student and employee absences and have flexible leave policies and practices
- ✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

ANY NO



ALL YES

OPEN AND MONITOR



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

The CDC had previously prepared a detailed proposal however it was not released for public use. While the guidance was withdrawn, we think that it can be used to give our schools and daycares with best practices for schools and child care programs.

## INTERIM GUIDANCE FOR CHILD CARE AND SCHOOLS FROM THE CENTER FOR DISEASE CONTROL

### Interim Guidance for Child Care Programs

The reopening of child care programs is crucial to helping parents and guardians return to work. Many States have closed schools for the academic year and, with summer quickly approaching, an increasing number of working parents may need to rely on these programs. CDC's [Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#) and supplemental [Guidance for Child Care Programs that Remain Open](#) provide recommendations for operating child care programs in low, moderate, and significant mitigation communities. In communities that are deemed significant mitigation areas by State and local authorities, child care programs should be closed. However, child care programs can choose to remain open to serve children of [essential workers](#), such as healthcare workers. All decisions about following these recommendations should be made locally, in collaboration with local health officials who can help determine levels of COVID-19 community transmission and the capacities of the local public health system and healthcare systems.

### (Re) Opening

- In all Phases:
  - Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
  - [Protect](#) and support staff, children, and their family members who are at [higher risk](#) for severe illness.
  - Provide staff from higher transmission areas (earlier Phase areas) telework and other options as feasible to eliminate travel to childcare programs in lower transmission (later Phase) areas and vice versa.
  - Follow CDC's supplemental Guidance for Child Care Programs that Remain Open.
  - Ensure that any other community groups or organizations that use the child care facilities also follow this guidance: [Guidance for Child Care Programs that Remain Open](#).
- **Phase 1:** Restrict to children of [essential workers](#) in areas needing **significant mitigation**.
- **Phase 2:** Expand to all children with **enhanced** social distancing measures.
- **Phase 3:** Remain open for all children with social distancing measures.

### Safety Actions

Promote [healthy hygiene practices](#) (Phases 1-3)

- Teach and reinforce [washing hands](#) and covering coughs and sneezes among children and staff.
- Teach and reinforce use of [cloth face coverings](#) among all staff. Face coverings are most essential at times when social distancing is not possible. Staff should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to all staff on [proper use, removal, and washing of cloth face coverings](#).

- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), and tissues.
- Post signs on how to [stop the spread](#) of COVID-19, [properly wash hands](#), [promote everyday protective measures](#), and [properly wear a face covering](#).

#### Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- [Clean, sanitize, and disinfect](#) frequently touched surfaces (for example, playground equipment, door handles, sink handles, drinking fountains) multiple times per day. and shared objects between use.
- Avoid use of items (for example, soft or plush toys) that are not easily cleaned, sanitized, or disinfected.
- Ensure [safe and correct application](#) of disinfectants and keep products away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.
- [Take steps](#) to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.

#### Ensure social distancing

- **Phase 1 and 2**
  - Ensure that classes include the same group of children each day, and that the same child care providers remain with the same group each day.
  - Restrict mixing between groups

- Cancel all field trips, inter-group events, and extracurricular activities (Phase 1)
- Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 2; Note: restricting attendance from those in Phase 1 areas).
- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- Space out seating and bedding (head-to-toe positioning) to six feet apart if possible.
- Close communal use spaces, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child's meal on a plate, to limit the use of shared serving utensils.
- Stagger arrival and drop-off times or put in place other protocols to limit direct contact with parents as much as possible.
- Phase 3
  - Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
  - Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
  - Continue to space out seating and bedding (head-to-toe positioning) to six feet apart, if possible.
  - Consider keeping communal use spaces closed, such as game rooms, playgrounds, or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
  - Consider continuing to plate each child's meal, to limit the use of shared serving utensils.
  - Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
  - Consider staggering arrival and drop-off times or put in place other protocols to limit direct contact with parents as much as possible.

### Limit sharing (Phases 1-3)

- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas or taken home each day and cleaned.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, other games, and learning aids.
- Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing), as well as by mediated contact.

### Train all staff (Phases 1-3)

- Train all staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure social distancing is maintained.

### Monitoring and Preparing

### Check for signs and symptoms (Phases 1-3)

- Screen children upon arrival, if possible. Establish routine, daily health checks on arrival, such as temperature screening of both staff and children. Options for daily health check screenings for children are provided in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) and in CDC's [General Business FAQs](#) for screening staff.
- Implement health checks (e.g. [temperature checks and symptom screening](#)) screenings safely, and respectfully, and with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- Employers and child care directors may use examples of screening methods in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.

### Plan for when a staff member, child, or visitor becomes sick (Phases 1-3)

- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation, and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone sick home or to a healthcare facility, as appropriate.
- Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
- Close off areas used by any sick person and do not use them until they have been cleaned. Wait 24 hours before you [clean or disinfect to reduce risk to individuals cleaning](#). If it is not possible to wait 24 hours, wait as long as possible.

### Ensure [safe and correct application](#) of disinfectants and keep disinfectant products away from children

- Advise sick staff members not to return until they have met CDC [criteria to discontinue home isolation](#).
- Inform anyone exposed to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow [CDC guidance](#) if symptoms develop.

### Maintain healthy operations (Phases 1-3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor absenteeism to identify any trends in employee or child absences due to illness. This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of [symptoms and notification of exposures and closures](#).

### Closing

### Phases 1-3

- It is very important to check State and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly.
- Where a community is deemed a significant mitigation community, child care programs should close, except for those caring for the children of essential workers, such as the children of health care workers.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a few days for cleaning and disinfection.

## Interim Guidance for Schools and Day Camps

As communities consider reopening centers for learning, such as K-12 schools and summer day camps, CDC offers the following recommendations to keep communities safe while resuming peer-to-peer learning and providing crucial support for parents and guardians returning to work. These recommendations depend on community monitoring to prevent COVID-19 from spreading. Communities with low levels of COVID-19 spread and those with confidence that the incidence of infection is genuinely low (e.g. communities that remain in low transmission or that have entered Phase two or three) may put in place the practices described below as part of a phased reopening. All decisions about following these recommendations should be made in collaboration with local health officials and other State and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems, among other relevant factors.

### (Re) Opening

- In all Phases:
  - Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
  - Protect and support staff and students who are at [higher risk for severe illness](#), such as providing options for telework and virtual learning.
  - Follow CDC's Guidance for [Schools and Childcare Programs](#).
  - Provide teachers and staff from higher transmission areas (earlier Phase areas) telework and other options as feasible to eliminate travel to schools and camps in lower transmission (later Phase) areas and vice versa.
  - Ensure external community organizations that use the facilities also follow this guidance.
- **Phase 1:** Schools that are currently closed, remain closed. E-learning or distance learning opportunities should be provided for all students. Ensure provision of student services such as school meal programs. Camps restrict to children of essential workers and for children who live in the local geographic area only.
- **Phase 2:** Remain open with **enhanced** social distancing measures and for children who live in the local geographic area only.
- **Phase 3:** Remain open with distancing measures. Restrict attendance to those from limited transmission areas (other Phase 3 areas) only.

### Safety Actions

#### Promote [healthy hygiene practices](#) (Phases 1-3)

- Teach and reinforce [washing hands](#) and covering coughs and sneezes among children and staff.
- Teach and reinforce use of [cloth face coverings](#) among all staff. Face coverings are most essential in times when physical distancing is not possible. Staff should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to all staff on [proper use, removal, and washing of cloth face coverings](#).
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
- Post signs on how to [stop the spread](#) of COVID-19, [properly wash hands](#), [promote everyday protective measures](#), and [properly wear a face covering](#).

#### Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- [Clean and disinfect](#) frequently touched surfaces within the school and on school buses at least daily (for example, playground equipment, door handles, sink handles, drinking fountains) and shared objects (for example, toys, games, art supplies) between uses.
- To clean and disinfect school buses see guidance for [bus transit operators](#).
- Ensure [safe and correct application](#) of disinfectants and keep products away from children.

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) risk to children using the facility.
- [Take steps](#) to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.

## Ensure Social Distancing

- **Phase 1 and 2**
  - Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
  - Restrict mixing between groups
  - Cancel all field trips, inter-group events, and extracurricular activities (Phase 1)
  - Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 2; Note: restricting attendance from those in Phase 1 areas).
  - Restrict nonessential visitors, volunteers, and activities involving other groups at the same time
  - Space seating/desks to at least six feet apart.
  - Close communal use spaces such as dining halls and playgrounds if possible; otherwise stagger use and disinfect in between use.
  - If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Serve individually plated meals and hold activities in separate classrooms. Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible.
  - Create social distance between children on school buses where possible.
- **Phase 3**
  - Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
  - Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
  - Continue to space out seating and bedding (head-to-toe positioning) to six feet apart, if possible.
  - Consider keeping communal use spaces closed, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
  - Consider continuing to plate each child's meal, to limit the use of shared serving utensils.
  - Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
  - Consider staggering arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible. Continue to stagger arrival and drop-off times and plan to continue limiting direct contact with parents as much as possible

### Limit sharing (Phases 1-3)

- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.

### Train all staff (Phases 1-3)

- Train all teachers and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

### Monitoring and Preparing

Check for [signs and symptoms](#) (Phases 1-3)

- Implement screenings safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- School and camp administrators may use examples of screening methods in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide for screening children and CDC's [General Business FAQs](#) for screening staff.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.
- Encourage staff or children who are sick to stay at home.

## Plan for when staff, students get sick.

- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. School nurses and other healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
- Establish procedures for safely transporting anyone sick home or to a healthcare facility.
- Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality as required by the [Americans with Disabilities Act \(ADA\)](#).
- Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you [clean and disinfect](#). If it is not possible to wait 24 hours, wait as long as possible. Ensure [safe and correct application](#) of disinfectants and keep disinfectant products away from children.
- Advise sick staff members not to return until they have met CDC [criteria to discontinue home isolation](#).
- Inform those exposed to a person with COVID-19 to stay home and self-monitor for symptoms, and follow [CDC guidance](#) if symptoms develop. Provide options for virtual learning.

## Maintain healthy operations (Phases 1-3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor absenteeism and have a roster of trained back-up staff.
- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication systems for staff and families for self-reporting of [symptoms and notification of exposures and closures](#).

## Closing

### Phases 1-3

- Check [State](#) and [local](#) health department notices daily about transmission in the area and adjust operations accordingly
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a short time (1-2 days) for cleaning and disinfection.

Finally, the World Health Organization recently released considerations for reopening schools which is found here below. This might be of some assistance as well.

## Considerations for school-related public health measures in the context of COVID-19

Annex to Considerations in adjusting public health and social measures in the context of COVID-19

10 May 2020



### Background

In response to COVID-19, countries around the world have implemented several public health and social measures (PHSM), such as movement restrictions, closure of schools and businesses, and international travel restrictions.<sup>1</sup> As the local epidemiology of the disease changes, countries will adjust (i.e. loosen or reinstate) these measures according to the intensity of transmission. WHO has issued guidance on adjusting PHSM while managing the risk of resurgence of cases.<sup>2</sup> A series of annexes has been developed to help guide countries through adjusting various public health measures in different contexts. This annex provides considerations for decision-makers and educators on how or when to reopen or close schools in the context of COVID-19. These decisions have important implications for children, parents or caregivers, teachers and other staff, communities, and society at large.<sup>3</sup> This document was drafted based a review of available literature, discussion with experts, regional partners and country examples.

### What should be considered when deciding to close or reopen schools?

Deciding to close, partially close or reopen schools should be guided by a risk-based approach to maximize the educational and health benefit for students, teachers, staff, and the wider community, and help prevent a new outbreak of COVID-19 in the community.<sup>3,4</sup> WHO, UNICEF and IFRC have issued guidance on the prevention and control of COVID-19 in schools.<sup>3</sup> Factors to consider in a general health risk assessment include epidemiological factors, health system and public health capacities,<sup>2</sup> community engagement and government capacity to sustain social and economic support to the most vulnerable. In a recent framework for reopening schools, partners highlight six key dimensions to consider when planning: policy, financing, safe operations, learning, reaching the most marginalized and wellbeing/protection.<sup>4</sup>

National authorities can facilitate a risk-based approach at the local level by offering standard operating procedures or checklists for schools, based on local epidemiology and conditions.

Decision makers should consider the following when deciding on whether to

open or close schools:

- Current understanding about COVID-19 transmission and severity in children
- Local situation and epidemiology of COVID-19 where the school(s) are located
- School setting and ability to maintain COVID-19 prevention and control measures

Additional factors to consider in deciding how or when to partially close or reopen schools include assessing what harm might occur due to school closure (e.g. risk of non-return to school, widening disparity in educational attainment, limited access to meals, domestic violence aggravated by economic uncertainties etc.), and the need to maintain schools at least partially open for children whose caregivers are 'key workers' for the country.

### What we know about COVID-19 and children

Data from individual countries, and a recent review of COVID-19 in children suggest that children are less often reported as cases than adults, and that the infection generally causes mild disease.<sup>5</sup> Serious illness due to COVID-19 is seen infrequently in children, although there have been rare cases of critical illness.<sup>6</sup> The role of children in transmission remains unclear<sup>7</sup> and additional data is needed, including from age-stratified sero-epidemiologic surveys.<sup>8</sup> To date, there have been few educational institutions involved in COVID-19 outbreaks, but from these studies, it appears that disease transmission was primarily related to social events linked to school or university life rather than transmission within classrooms. These studies also suggest that the introduction of the virus was likely by an adult member of staff.<sup>7 9</sup> Studies employing modelled data highlight the importance of local epidemiology in decision-making, but also of not relying on school measures as stand-alone interventions.<sup>1</sup> WHO will update this document when more information becomes available and as lessons are being learned from various countries on reopening schools.

### The local situation and epidemiology of COVID-19

The local situation and epidemiology of COVID-19 may vary from one place to another within a country. Discussions should be guided by the following questions:

- What impact is the current epidemiologic situation having on movement in the community? Are movement restrictions in place, is safe transport available?

- What is the trend in COVID-19 cases in the area? Is local information on disease trends accessible and reliable?
- Are public health officials in the community able to quickly detect and respond to new cases, to avert new outbreaks?
- Is the school able to maintain appropriate collaboration and coordination with local public health authorities (e.g. provide public health officers with information needed to trace contacts if a case or outbreak occurs in the school)?
- What is the number of staff at risk for severe disease (age-groups and underlying conditions)?
- What is the number of children with underlying conditions or special needs?

### School setting and ability to maintain COVID-19 prevention and control measures

#### Policy, practice and infrastructure

When schools are fully or partially open, COVID-19 prevention and control strategies<sup>2</sup> should be maintained. Risk assessment could be guided by the considerations below, while recommended actions and requirements are outlined in the following section:

#### School resources and infrastructure

- Does the school have policies and resources in place to ensure appropriate hand and respiratory hygiene, distancing and limiting crowding?
- Is it possible to access rooms large enough for desk-spacing? Can the school's infrastructure be extended, even temporarily, to provide the space that is needed?
- Does the school have access to adequate materials and supplies to help prevent transmission, such as well-stocked handwashing stations?
- Is it possible to reduce class sizes, or alternate the use of facilities daily or weekly by class groups?
- Does the school have access to a nurse to facilitate the care of sick children?

#### *Policies for educators and school staff*

- Are policies and procedures in place for the safety of all school personnel, including considerations to protect high-risk individuals (older persons, persons with underlying medical conditions)?
- Does the school have the capacity to train school staff on safe school operations?
- Should/could some flexible or partial tele-schooling approaches be implemented or maintained?
- Does the school have sufficient teachers' capacity to support changes to school timetabling bearing in mind that such changes will also affect other staff?
- Depending on local context, is it feasible to ask teachers who are at higher risk of severe illness from COVID-19, to support distance teaching instead of in-person teaching?

#### Behavioural aspects

In supporting the school environment, consider the age and experiences of students. Younger children may find it more difficult to adhere to physical distancing of at least 1 metre. For students in higher grades, requirements such as exams should be considered. To assess the

school's readiness for safe adjustments, consider the following:

*Reconfiguring school resources*

- Are schools able to adapt classrooms to help students comply with recommended measures?
- How will playtime/outdoor activities during recreation (where they exist) be adjusted to ensure adherence to recommended measures?
- Are students, parents and teachers willing and well equipped to engage with tele-schooling or similar distance learning strategies, or return to school based on new measures?

*Age-based considerations*

- Will there be enough supervision for students of different ages to ensure adherence to recommended measures, including during recreational times and breaks between classes?

- Based on local context and cultural norms, which age groups are considered better suited or higher priority for tele- schooling and which age groups most need face-to-face instruction? Are provisions in place to ensure safety/protection in online, virtual spaces?
- Can post-secondary institutions assess the safety (and potential closure or cancelation) of school-hosted venues, events and gatherings and offer the possibility of maintaining physical distancing, including in social situations outside the classroom (e.g. trips, get-togethers)?

To enable behaviour change, health education and training sessions may need to be offered to personnel. Visual and verbal cues and reminders (e.g. posters) can be provided to encourage students to maintain desired behaviours.

### Safety and Security

School closure or re-opening may affect the safety and security of students. Questions to consider include the following:

- Are children receiving a meal at school? Is there food security at home?
- Are there enough teachers or staff to run the school? Are there policies in place for teacher and staff safety and well-being? Are they well equipped for preventative and control measures?
- Are child protection services operational to respond to safety concerns for students at home or at school?
- Can staff, parents and communities work together to develop local guidance for schools?
- Are contingency plans in place to counteract harms of educational disruption for the most vulnerable children?

### Recommended measures for school reopening

The following strategies and adaptations should be in place wherever possible:

#### Hygiene and daily practices at school

*Hygiene and environmental cleaning to limit exposure:*

- Educate everyone in the school about COVID-19 prevention, this includes appropriate and frequent hand hygiene, respiratory hygiene, mask use if mandated, symptoms of COVID-19 and what to do if you feel sick. Non-contact greetings should also be advised. Offer weekly updates on these as the pandemic evolves.
- Create a **schedule for frequent hand hygiene**, especially for young children, and **provide sufficient alcohol-based rub or soap and clean water** at school entrances and throughout the school.
- Schedule regular cleaning of the school environment daily, including toilets, with water and soap/detergent and **disinfectant**<sup>1</sup>. Clean and disinfect **frequently touched surfaces such as door handles, desks, toys**, supplies, light switches, doorframes, play equipment, teaching aids used by children, and covers of books.
- Assess what can be done to limit risk of exposure, or direct physical contact, in physical education classes, sports or other physical activities and play in playgrounds, wet areas and changing rooms.

- Increase frequency of cleaning in gym and sports facilities and changing rooms, provide hand hygiene stations at entrances and exits, establish one-way circulation of athletes through the facilities and limit the number of persons allowed in the locker room at one time.
- Put in place respiratory and hand hygiene and physical distancing measures in transportation such as **school buses**, and tips for students on safe commute to and from school, including those using public transport. Only 1 child per seat and at least 1 metre apart in school buses, if possible. This may lead to a need to increase the number of school buses per school. If possible, windows of the bus should be kept open.
- Develop a school policy on **wearing a mask or a face covering** in line with **national or local guidance**. If a child or school staff is sick, she/he should not come to school. Provide **sufficient medical masks** for those who need it, such as school nurses and children with symptoms.

*Screening and management of sick students, teachers and other school staff*

- Enforce the policy of “**staying at home if unwell**” for students, teachers or school staff with symptoms. If possible, connect with local organizations to provide home care support and ensure communication between home and school.

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<sup>1</sup> WHO recommends 70% ethyl alcohol to disinfect small surface areas and equipment, or sodium hypochlorite 0.1% for disinfecting surfaces<sup>10</sup>

- Create a **checklist** for parents/students /staff to decide whether students /staff can go to school, and with due consideration for the local epidemiology of COVID-19. The checklist could include:

- underlying medical conditions and vulnerabilities, to protect the student/staff;
- recent illness or symptoms suggestive of COVID-19, to prevent spread to others;

- special circumstances in the home environment, to tailor support as needed;
- special considerations regarding school transport as needed.

- **Waive the requirement for a doctor's note to excuse absences** when there is community transmission of COVID-19.

- Consider **daily screening for body temperature, and history of fever or feeling feverish in the previous 24 hours**, on entry into the building for all staff, students and visitors to identify persons who are sick.

- Ensure students who have been in contact with a COVID-19 case stay home for 14 days. The school officials should notify public health authorities in case of a positive COVID-19 case.

- Establish procedures for students or staff who have symptoms of COVID-19 or are feeling unwell in any way to be sent home or isolated from others.

#### *Communication with parents and students*

- Inform parents about the measures the school is putting in place and ask for cooperation to report any cases of COVID-19 that occur in the household. If someone in the household is suspected to have COVID-19, keep the child home and inform the school.

- Explain to the students the reason for school-related measures, including discussing the scientific considerations and highlighting the help they can get through schools (e.g. psychosocial support).

#### *Additional school-related measures*

- Ensure that school entry **immunization checks are** in place. Check **vaccination status** for outbreak-prone vaccine- preventable diseases (e.g. measles) and remind parents of the importance of ensuring their children are up to date with all eligible vaccinations. For school-based immunization programmes, ensure there a plan for catch-up vaccination if needed.

- Boarding schools and other specialized institutions will need to extend these considerations to residential facilities, lecture halls, laboratories and other learning facilities for the all-round benefit and safety of students and staff.

### **Physical distancing and tele-schooling**

#### *Physical distancing at school*

- **Maintain a distance of at least 1 metre<sup>2</sup>** between everyone present at school

- Increase **desk spacing (at least 1 metre between desks), stagger recesses/breaks and lunchbreaks** (if difficult, one alternative is to have lunch at desk)

- **Limit mixing of classes** for school and after-school activities. For example, students in a class will stay in one classroom throughout the day, while teachers move between classrooms; or classes could use different entrances, if available, or establish an order for each class to enter and leave the building/classroom

- Expand high-school timetable, with some students and teachers attending in the morning, others in the afternoon, others in the evening

- Consider increasing the number of teachers, if possible, to allow for fewer students per classroom (if space is available)
- Advise against crowding during school pick-up or day care, and if possible avoid pick up by older family or community members (e.g. grandparents)
- Minimize shared break times, i.e. alternate when and where classes take lunch
- Discuss how to manage physical education and sports **lessons**
- **Move lessons outdoors** or **ventilate rooms** as much as possible
- Create awareness to ensure the students do not gather and socialize when leaving the school and in their free time

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<sup>2</sup> Most studies have used one metre as a benchmark for projection of respiratory droplets. One metre is equivalent to 3 feet and 3.37 inches. WHO is monitoring ongoing research on risks of COVID-19 transmission.

### *Tele-schooling and distance learning*

- Initiate or continue **tele-schooling**, or similar method, by blended methods where necessary and possible (e.g. some student groups could take online classes, learn from home through homework assignments, blogs, engage in at home physical activity).
- If tele-schooling is not possible, invite students to **take text-books home** or arrange to **deliver** assignments. Consider **radio or television broadcasts** of lessons, arrange a **buddy system** for homework with older siblings at home, or with friends by telephone
- Ensure age-appropriate and **frequent follow-up and support** for children out of school and avoid penalizing or stigmatizing such students

### Monitoring of schools after re-opening

As protective school measures are applied, it is important to monitor a range of factors such as:

- Effectiveness of tele-schooling interventions:
  - How well has the school been able to develop tele-schooling strategies?
  - What proportion of children were reached?
  - What is the feedback from students, parents and teachers?
- The effects of policies and measures on educational objectives and learning outcomes.
- The effects of policies and measures on health and well-being of children, siblings, staff, parents and other family members.
- The trend in school drop out after lifting the restrictions.

Inclusive and early collaboration between the school and the community is needed to develop and implement necessary measures. It will be important to maintain flexibility and modify approaches as needed, and to ensure learning and sharing of good practices. Completely closing schools without putting in place context-appropriate distance learning methods, wherever possible, and adaptive strategies to reduce potential harms may not be the best or only solution and should only be considered when alternatives are not available.

The World Health Organization offers these considerations to support policy development and help decision-makers, educational institutions and caregivers in this unique and challenging period, as they seek to do what is best for their children, students and community.

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**Further useful resources:**

UNESCO. UNESCO COVID 19 Education Response; Education Sector issue notes - Issue note n° 7.1 – April 2020 (<https://unesdoc.unesco.org/ark:/48223/pf0000373275>).

World Health Organization. Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza. Geneva, October 2019 ([https://www.who.int/influenza/publications/public\\_health\\_measures/publication/en/](https://www.who.int/influenza/publications/public_health_measures/publication/en/)).

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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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