Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises

World Health Organization

Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises

ISBN 978-92-4-001746-7 (electronic version)
ISBN 978-92-4-001747-4 (print version)

Photo credits: Cover = top left - iStock.com/lakshmiprasad S; top right - iStock.com/South_agency; middle left - iStock.com/ Drazen Zigic; middle right - iStock.com/Izusek; bottom left - iStock.com/Dusan Stankovic; bottom right - iStock.com/zeljkosantrac.

Design and layout by Genève Design

Contents

Acknowledgements

The development of the *Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises* is a collaborative effort led by the World Health Organization (WHO) Department of Health Promotion under the leadership of Rüdiger Krech and with technical guidance from Faten Ben Abdelaziz, Yasmine Anwar, Mervat Nessiem and Marc Ho of the WHO Department of Health Security Preparedness, in collaboration with Christopher Castle, Yong Feng Liu and Emilie Sidaner of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and Michele Doura of the World Food Programme (WFP). Special thanks are also due to Linda Jones, Jerome Pfaffmann and Deepika Sharma of the United Nations Children's Fund (UNICEF).

The guidance in this document will be updated on the basis of lessons learned and as emerging evidence becomes available.

Special thanks go to the members of the Health-promoting schools expert working group for their thoughtful reviews and valuable inputs in developing this guidance, including:

Habib Benzian (New York University, USA)
Goof Buijs (UNESCO Chair, Global Health & Education)
Lloyd Kolbe (Indiana University, USA)
Doug McCall (International School Health Network)
Madeleine Kennedy-Macfoy (Education International)
Bella Elisabeth Monse (Deutsche Gesellschaft für Internationale Zusammenarbeit, Philippines)
Dennis Sinyolo, (Education International)
Mohini Venkatesh (Save the Children)
Antonia Wulff (Education International).

Additional inputs were received from: Valentina Baltag and David Ross (WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing); Abdi Abdul Rahman and Olivier Le Polain (WHO Department for Health Emergency, Information and Risk Assessment); Rosamund Lewis (WHO Department for Emerging Diseases and Zoonoses); Peter Phori (WHO Regional Office for Africa); Gerry Eijkemans (WHO Regional Office for the Americas/Pan American Health Organization); Samar Elfeky (WHO Regional Office for the Eastern Mediterranean); Suvajee Good (WHO Regional Office for South East Asia); Riitta Hamalainen (WHO Regional Office for Western Pacific); Irene Amongin (UNICEF); Arushi Singh, Tigran Yepoyan, Joanna Herat (UNESCO); Nicola Gray (UNESCO Chair for Global Health & Education); Leonora MacEwen, Suzanne Grant-Lewis and Thalia Seguin from (UNESCO International Institute for Educational Planning); Ulla Pedersen (Schools for Health in Europe); and Martin Weber (Program Manager Child and Adolescent Health and Development European Union/Child and Adolescent Health). Additional inputs were received from UNICEF staff.

Abbreviations

COVID-19	Coronavirus disease
IFRC	International Federation of Red Cross and Red Crescent Societies
MoE	Ministry of Education
MoH	Ministry of Health
MHM	Menstrual hygiene management
MHPSS	Mental health and psychosocial support
PHSM	Public health and social measure
PPE	Personal protective equipment
SDG	Sustainable Development Goal
SOP	Standard operating procedure
SST	School support team
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNO	United Nations Organization
WASH	water, sanitation and hygiene
WHO	World Health Organization
WFP	World Food Programme

1. Introduction

1.1 Background

During the coronavirus disease (COVID-19) pandemic, prolonged school closures may result in a reversal of educational gains, limiting children's educational and vocational opportunities as well as their social and emotional interactions and development. The longer a student stays out of school, the higher the risk of dropping out.[1] Additionally, students who are out of school – and particularly girls – are at increased risk of vulnerabilities (e.g. subject to greater rates of violence and exploitation, child marriage and teenage pregnancy).[1,2,3] Furthermore, prolonged school closures interrupt and disrupt the provision of, and access to, essential school-based services such as school feeding and nutrition programmes, immunization, and mental health and psychosocial support (MHPSS).[1,2] As the COVID-19 crisis becomes more protracted, there is a growing need to ensure that concerned stakeholders have appropriate mechanisms and capabilities to cope with their evolving local situations (Box 1).

Box 1.

The decision to introduce, adapt or lift public health and social measures (PHSM), or to scale up health system capacity, should be based on an analysis of the level of COVID-19 transmission, the health system response capacity and other contextual factors. Based on the joint assessment of these factors, a situational level should be assigned to a geographical area to inform whether and how to adjust PHSM. See *WHO interim guidance in Considerations for implementing and adjusting public health and social measures in the context of COVID-19* (4 November 2020).

On the basis of available data from individual countries and recent studies, children under the 18 years of age account for some 8.5% of reported cases. Also, fewer deaths have been reported in this age group compared to other age groups. Furthermore, infections in children have generally caused mild disease, while severe disease due to COVID-19 is rare among the under-18s. However, a few cases of critical illness have been reported and pre-existing medical conditions have been suggested as risk factors for severe disease and admission to intensive care units (ICUs) in children.[4]

The present checklist should be considered as part of overall efforts of the Inter-Agency Standing Committee's *Interim guidance for COVID-19 prevention and control in schools*[5] and the *Framework for reopening schools*.[6]

---

1 Adverse consequences of school closures. Paris: UNESCO; 2020 (https://en.unesco.org/covid19/educationresponse/consequences, accessed 7 December 2020).
2 Framework for reopening schools. UNESCO; UNICEF; World Bank; WFP; April 2020 (https://www.gcedclearinghouse.org/resources/framework-reopening-schools-april-2020, accessed 7 December 2020).
3 The COVID-19 pandemic: shocks to education and policy. World Bank Policy Note. Washington (DC): The World Bank; 2020 (https://openknowledge.worldbank.org/handle/10986/33696, accessed 7 December 2020).
4 Considerations for school-related public health measures in the context of COVID-19. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/handle/10665/334294, accessed 7 December 2020).
5 Interim guidance for COVID-19 prevention and control in schools. Inter-Agency Standing Committee; 2020 (https://interagencystandingcommittee.org/other/interim-guidance-covid-19-prevention-and-control-schools-jointly-developed-ifrc-unicef-and, accessed 7 December 2020).
6 Framework for reopening schools. UNESCO; UNICEF; World Bank; WFP; April 2020 (https://www.gcedclearinghouse.org/resources/framework-reopening-schools-april-2020, accessed 7 December 2020).

1.2 Purpose, scope and target users

The purpose of this checklist is to enhance compliance and adherence with the public health measures outlined in the recently-updated *Considerations for school-related public health measures in the context of COVID-19* (see Annex), particularly taking into consideration children under the age of 18 years in educational settings and schools with limited resources. The checklist was developed in accordance with the health-promoting schools principles and approaches.[7,8] It highlights the importance of multi-level coordination (i.e. national, subnational and individual school levels) and both participatory and co-designed approaches among various stakeholders (e.g. school staff, teachers, students and parents). This approach aims to optimize compliance with public health and social measures based on social and cultural contexts, as described in *Considerations for implementing and adjusting public health and social measures in the context of COVID-19*.
The checklist is aligned with, and builds upon, existing COVID-19-related WHO guidelines[9,10,11,12] and is structured around protective measures related to: 1) hand hygiene and respiratory etiquette; 2) physical distancing; 3) use of masks in schools; 4) environmental cleaning and ventilation; and 5) respecting procedures for isolation of all people with symptoms.

The checklist is designed to support policy-makers, staff and officials from the education and health sectors, local authorities, school principals/leaders and administrators, teachers' unions, community leaders, school staff, teachers, parents and caregivers.

1.3 Methodology for developing the checklist

In developing the checklist, specialists in children's and young persons' health, health promotion, education and emergencies – from WHO, the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Education, Scientific and Cultural Organization (UNESCO), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Indiana University, New York University, Save the Children, international school health networks including the FRESH network, the School Health Europe network (SHE) and Education International – jointly reviewed the available recommendations and country responses on school reopenings and resurgences of COVID-19 in the current pandemic. Prior to finalization, the checklist was also reviewed by technical units of WHO, UNICEF, WFP and UNESCO, as well as by a multidisciplinary group of external experts, including teachers. In the absence of strong scientific evidence on student and staff adherence to recommended measures in schools, expert consensus among members of the working group provided the underlying basis for the checklist.

---

[7] What is a health promoting school? Geneva: World Health Organization (https://www.who.int/school_youth_health/gshi/hps/en/, accessed 7 December 2020).
[8] Information Series on School Health. Geneva: World Health Organization (https://www.who.int/school_youth_health/resources/information_series/en/, accessed 7 December 2020).
[9] Considerations for school-related public health measures in the context of COVID-19. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/handle/10665/334294, accessed 7 December 2020).
[10] Advice on the use of masks for children in the community in the context of COVID-19. Geneva: World Health Organization; August 2020 (WHO Advice on the use of masks for children in the context of COVID-19, accessed 6 December 2020).
[11] Considerations in adjusting public health and social measures in the context of COVID-19 (Interim guidance). Geneva: World Health Organization; 2020 (https://apps.who.int/iris/rest/bitstreams/1275007/retrieve, accessed 6 December 2020).
[12] Interim guidance for COVID-19 prevention and control in schools. Inter-Agency Standing Committee; 2020 (https://interagencystandingcommittee.org/other/interim-guidance-covid-19-prevention-and-control-schools-jointly-developed-ifrc-unicef-and, accessed 7 December 2020).

1.4 Considerations for reopening schools

Guided by national and local governments, measures to guarantee safe operation and learning conditions help to minimize and prevent the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) among school communities. The timing and approach to school reopening following closure is both complex and sensitive; it should be driven by data and the safety measures in place, as well as by the concerns of students, parents, caregivers and teachers.

Enhancing compliance with public health measures is influenced by the active engagement of concerned stakeholders – e.g. students, parents, caregivers – in decisions that affect their lives, families, safety and education. Students can be strong allies in strengthening efforts and reinforcing or amplifying messages.

As outlined in the WHO/UNESCO/UNICEF/World Bank/WFP *Framework for reopening schools* and *Considerations in adjusting public health and social measures in the context of COVID-19*, decisions to reopen schools following temporary closure should be based on assessments and analyses of context-specific risks and benefits. Such decisions should be taken in the best interests of students and public health considerations, including advice from health experts and epidemiologists. The framework highlights six dimensions to consider when planning for school reopening, namely: policy; financing; safe operations; learning; reaching the most marginalized; well-being; and protection.

Box 2.

Example of vulnerable and/or marginalized students:

- Minorities
- Adolescent girls
- Migrants, children forcibly displaced or refugees
- Children living with disabilities
- Children living in institutions
- Children living in poverty
- Children living in countries affected by conflict and other protracted crises
- Children living in overcrowded housing
- Children living in informal settlements
- Orphans
- Child-headed households
- Children who are separated from their parents/caregivers
- Out-of-school children

All plans and measures to reopen schools safely should aim to reduce inequalities and improve educational conditions and health outcomes for the most vulnerable and marginalized (Box 2). To achieve this aim, school return campaigns should diversify communication and outreach specifically to target vulnerable children, including those with disabilities or special learning needs.[13]

They should also account for the needs of staff and teachers, including those with disabilities or medical comorbidities that place them at higher risk of severe disease if infected with SARS-CoV-2. It is crucial for schools-related policies and programmes to consider the challenges facing the most vulnerable and marginalized in accessing services in education and health.[14]

[13] Return to school. Guidance Note No. 5. New York (NY): Inter-agency Network for Education in Emergencies; 2020 (https://inee.org/resources/guidance-note-5-return-school, accessed 7 December 2020).
[14] Return to school. Guidance Note No. 5. INEE; 2020 (https://inee.org/resources/guidance-note-5-return-school, accessed 7 December 2020).

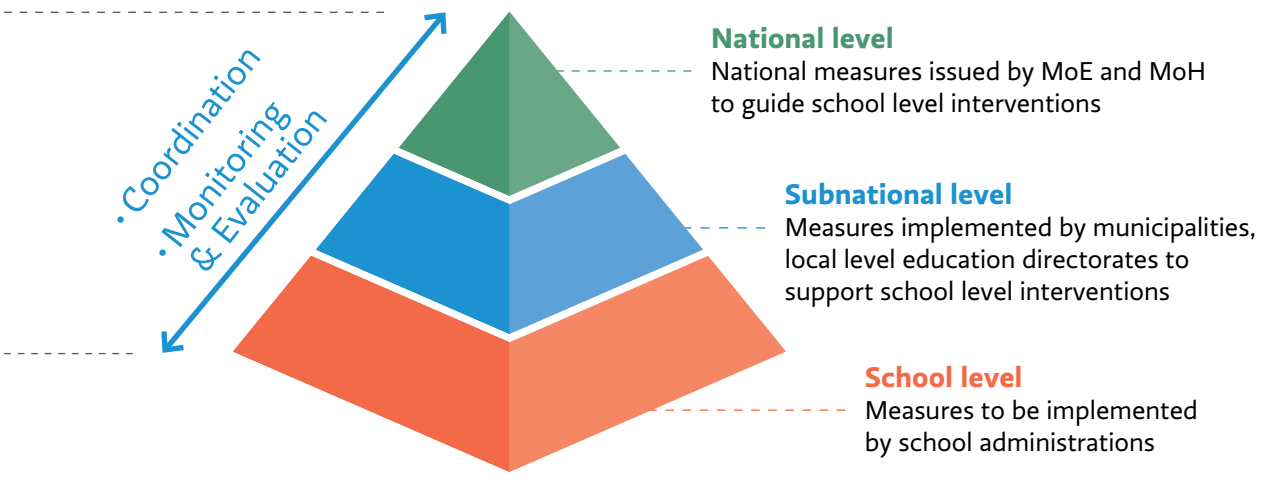
2. Multi-level coordination

Successful uptake of the measures taken will depend on the level of adherence to protective measures, as outlined in *Considerations for school-related public health measures in the context of COVID-19*. By engaging key concerned local stakeholders, it is expected that these measures will not only be contextualized but will also help ensure local ownership and sustainability. In this way, the checklist aims to enhance both compliance with and adherence to the existing COVID-19-related public health and social measures targeting children under the age of 18 years in educational settings.[15] Through a participatory, co-designed approach engaging key stakeholders, the actions outlined will help enhance responsiveness and sustain the uptake of measures based on social and cultural contexts.

2.1 Structure

The checklist includes 38 essential actions for the safer reopening of schools and preparation for potential COVID-19 resurgences. These actions divide the responsibilities of decision-makers and stakeholders at national, subnational and school levels; the actions are mutually supportive and require timely coordination at all levels (see Figure 1).[16]

Figure 1. Multi-level coordination for school responses to COVID-19



[15] Considerations for school-related public health measures in the context of COVID-19. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/rest/bitstreams/1275007/retrieve, accessed 7 December 2020).

[16] The division of responsibilities between the different levels of decision-making will vary from country to country and will need to be adapted to national and local contexts.

3. Essential actions

During school reopening phases, it is important to note that schools may need to close, partially close and reopen more than once, depending on the prevailing intensity of SARS-CoV-2 transmission within a distinctive administrative and epidemiological unit (e.g. district or subdistrict), as well as on the overall public health situation in the country, locality and/or community.[17] The measures for school reopening are intended to support the implementation of existing measures to enable, monitor and sustain the return to school as equitable and ensuring high-quality education while safeguarding students' health and well-being.

Preparations for COVID-19 resurgences are intended to both support and prepare schools by designing plans and protocols for continuing education, and providing training in anticipation of potential resurgences that might result in school closure being decided by national and/or local authorities. In this context "resurgence" refers to the occurrence of an increase in SARS-CoV-2 transmission and/or prevalence of COVID-19-related illness or hospitalizations following a period of cessation or interruption. For instance, this might occur after relaxation of policies to restrict movements or social contacts, resulting in further waves of the pandemic.

Countries have different governance and policy-making arrangements. Although these kinds of decisions generally occur at national level, they are decentralized/devolved in some contexts (e.g. to state/subnational or local authorities). Where this is the case, actions should match the requirements of the appropriate subnational bodies. In establishing a localized response, regions and localities should be given the autonomy or flexibility to make rapid, responsive decisions based on available information, resources, capacities and needs.

It should also be noted that actions can be taken at any stage. The actions in the checklist are not intended to suggest either uniform or all-or-nothing approaches. Users are urged constantly to adapt the checklist and specific actions – or combinations of actions – in accordance with changing local epidemiological, economic, social and cultural contexts.

[17] Considerations for school-related public health measures in the context of COVID-19. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/rest/bitstreams/1275007/retrieve, accessed 7 December 2020).

3.1 Actions at national level (eight actions)

National actions by the Ministry of Education (MoE) and the Ministry of Health (MoH) should guide school-level interventions. The suggested actions should be implemented on the basis of feasibility and should be adapted to the specific national context and governance systems.

Phases	Essential actions	✔
REOPENING	**1.** Issue regularly updated **national guidance** on school reopening (or necessity to close) together with contingency planning based on local transmission rates to support decision-making at national and local levels. The guidance should address: • Continuous risk assessment including: - the latest local epidemiological situation; - general health and well-being of children, teachers and other school staff including risk of exposure to infection in school settings; - the capacity of educational institutions to adapt their systems to operate safely; - equity and the impact of school closures on educational loss; - consideration of the range of other public health measures implemented outside of schools. • Infection-prevention measures including hygiene and daily practices at schools, environmental cleaning, contact minimization with unwell individuals, physical distancing based on age considerations, ventilation, age-appropriate wearing of masks in schools when physical distancing cannot be ensured, school transportation and meals. • Behavioural aspects. • Curriculum expectations. • Responses in line with national and local public health protocols. • Monitoring and surveillance. • Contingency planning.	☐
	2. MoE in collaboration with MoH to issue a national policy on **wearing of masks** in schools (and provision of masks) based on *WHO/UNICEF Advice on the use of masks for children in the community in the context of COVID-19*.	☐
	3. MoE and MoH to issue school policies and guidelines on **physical distancing, hand hygiene and environmental cleaning** based on *Considerations for school-related public health measures in the context of COVID-19* and IASC *Interim guidance for COVID-19 prevention and control in schools*.	☐
	4. MoE in collaboration with MoH to adapt and disseminate **health education messages** on the disease and recommended good health behaviours.	☐
PREPARING FOR COVID-19 RESURGENCES	**5.** Update national plan on **disease outbreak preparedness and response** based on best practices and lessons learned from the COVID-19 pandemic.	☐
	6. Update guidance on **remote education support** in the eventuality of an increased number of cases and moving to an online learning environment.	☐
	7. Establish a **continuity plan** for vaccination programmes, mental health programmes and psychological support for students, teachers and school staff during school discontinuity.	☐
	8. Establish a committee for continuous **monitoring and evaluation** of the situation in schools in collaboration with the education sector.	☐

3.2 Actions at subnational level (nine actions)

Actions implemented through multi-stakeholder coordination include support from municipalities and local education directorates to school-level efforts to implement and sustain protective measures. The suggested actions should be implemented on the basis of the feasibility and should be adapted to the contexts at subnational level.

Phases	Essential actions	✔
REOPENING	**1.** Local public health authority to collaborate with school authorities to ensure **epidemiological surveillance** in schools in accordance with existing case investigation protocols.	☐
	2. Ensure that **school response protocols** are in accordance with the public health department recommendations or national/local policies and guidelines.	☐
	3. Support and sustain **critical needs**, including school feeding and water, sanitation and hygiene (WASH) facilities; and sustain **essential equipment** (e.g. soap, alcohol-based hand-rub, masks and other personal protective equipment (PPE) for staff involved in cleaning and disinfection)[18] to ensure they are available for students, teachers and school staff, as appropriate.	☐
	4. Ensure that **WASH facilities** are operational in learning spaces prior to and during school openings in accordance with national guidance (e.g. soap, alcohol-based hand rub, hand washing stations), including cleaning and disinfectant supplies. If schools have been closed for prolonged periods of time, water systems should be flushed and chlorinated to prevent water-borne diseases or environmental contamination by potential pathogens after school reopening. (See Annex A. Supply and cleaning recommendations for more information).	☐
	5. Disseminate health education messages on risk and protective behaviours, including messages on safe school reopening measures targeted at students and their families to ensure adherence to measures and high student return rates. (See Annex B. Contextualization, Dissemination and Implementation for more information).	☐
PREPARING FOR COVID-19 RESURGENCES	**6.** Local authorities to review and adapt **contingency plans** for disease outbreak preparedness and response for schools, and to ensure essential school-based health services during school closure (e.g. MPHSS, menstrual hygiene management, immunization).	☐
	7. Contingency plans are available to support schools' **food distribution programmes** to vulnerable population groups in case of school closures and are disseminated with related standard operating procedures.	☐
	8. Contingency plans to support schools in re-establishing **WASH services** in case of school closure are available and disseminated with related standard operating procedures.	☐
	9. An emergency response team is set up to coordinate the **contingency plans** for disease outbreaks between national, subnational, local and school authority levels.	☐

[18] The minimum recommended PPE is **rubber gloves, impermeable aprons and closed shoes**. Eye protection and medical masks may also be needed to protect against chemicals in use or if there is a risk of splashing. (For more information, see: https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-inthe-context-of-covid-19, accessed 7 December 2020).

3.3 Actions at school level (21 actions)

Actions should be implemented by school administrations through co-design and participatory approaches. The suggested actions should be implemented on the basis of feasibility and should be adapted to the specific contexts at the individual school level.

Phases	Essential actions	✔
REOPENING	**1.** Set up a school support team (SST) appropriate to the local context – e.g. it may be composed of teachers, school administrators, students and parents/caregivers – to **assess the feasibility of implementing protective measures** before school reopening based on the recommendations of national and subnational/local authorities. Measures could include, for instance: • assessing school premises for the capacity to maintain a distance of **at least 1 metre**: a) outside classrooms for both students (all age groups) and staff; and b) inside classrooms, based on age considerations and local COVID-19 transmission intensity; • assessing the availability and appropriateness of existing handwashing facilities, taking account of social, economic and cultural contexts; • assessing the needs of students living with health conditions and special needs; • developing options: a) to prevent the mixing of students from different age groups and classes; and b) to reduce the risk of transmission by limiting the number of students and staff in contact with each other to those within respective groups/years. Options might include: - expanding timetables, with some students and teachers attending in the morning and others in the afternoon or evening; - staggering recesses/breaks; - staggering lunch break (if difficult, an alternative is to eat lunch at the desk or to alternate when and where classes take lunch); - establishing an order for each class to enter or leave the building/classroom; - setting up different entrances for different classes. For detailed recommendations, consult: *WHO Considerations for school-related public health measures in the context of COVID-19*.	☐
	2. The SST to revise **personnel and attendance policies**: a) to take account of health-related absences and persons with pre-existing health conditions; and b) to support remote and blended teaching approaches.	☐
	3. The SST: a) to review the feasibility of implementing **physical distancing** in and outside classrooms; and b) to identify areas where the measures cannot be implemented (e.g. in certain classrooms and/or with certain student grades/years). Ensure strict wearing of masks if the use of these places cannot be avoided.	☐

Phases	Essential actions	✔
REOPENING	**4.** The SST to promote adherence to **hand hygiene and respiratory etiquette**. This includes identifying points at which to place hand hygiene equipment at school and classroom entrances, on all floors, and in toilet and canteen facilities, and creating schedules for frequent hand hygiene. Install supplementary handwashing facilities where possible to close existing gaps.	☐
	5. The SST to promote the **wearing of masks** among students, teachers and school staff, in accordance with national and local guidance for mask use, including by age and especially where physical distancing cannot be achieved. This should include use of nonmedical fabric masks, and medical masks under certain conditions (e.g. for immunocompromised children or those with other diseases, in consultation with the child's medical provider). Mask use should adhere to national and local policies on wearing masks and should be in accordance with WHO/UNICEF recommendations *(see WHO Advice on the use of masks for children in the community in the context of COVID-19)*. Students should be educated on the proper use of masks and the disposal of masks after use. Note that teachers and school staff may be required to wear masks if they cannot guarantee the 1 metre distance or if they are in areas experiencing established community transmission.	☐
	6. School administrators and teachers to ensure **adequate ventilation**, using natural ventilation in classrooms, canteens and other rooms (see Q&A: *Ventilation and air conditioning in public spaces and buildings and COVID-19*).	☐
	7. The SST to develop and disseminate guidance on protection measures through **communication materials** such as notes, posters, flyers.	☐
	8. The SST to instruct maintenance staff to **reorganize the school layout**, including classrooms, to enable physical distancing and hygiene measures based on the guidance, including cleaning and disinfecting the school environment at least once a day (including cafeteria, gym and sports facilities). Particular attention should be paid to water and sanitation facilities and to surfaces that are frequency touched (e.g. railings, desks, lunch tables, sports equipment, doors, window handles, light switches, toys, teaching and learning materials, play equipment).	☐
	9. The SST to ensure **adequate and sufficient supplies** of soap, hand sanitizer and masks and to avoid potential stockouts.	☐
	10. The SST to conduct **daily checks** to ensure compliance with measures.	☐
	11. Teachers to conduct regular **health education and pedagogical sessions** to promote healthy and protective behaviours, and to address and counter rumours and false and misleading information, as well as COVID-19-related stigma.	☐

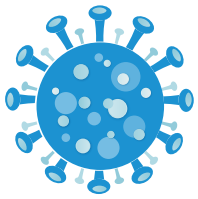
Phases	Essential actions	✔
REOPENING	**12.** School administration to **engage with students, parents and staff** to ensure acceptance of the school's protective measures, including when dropping off and picking up children from schools within and outside the school premises.	☐
	13. Raise awareness among staff and students of the **importance of self-reporting any symptoms**. The most common symptoms are fever, dry cough and fatigue; however, refer to https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub for a comprehensive list of symptoms. Follow the rules for quarantine and self-isolation, as decided by national or local health authorities. More information can be found at https://www.who.int/publications/i/item/WHO-2019-nCoV-Schools_transmission-2020.1. **Once a case is detected in the school, the following should apply:** › A **representative of the school** will be asked to investigate when the first confirmed COVID-19 case was identified in at least one person who attended or worked in the school during the infectious period. Cases should be isolated and contacts quarantined in accordance with national public health guidance. › **The school** should provide a list of all students (by grade, class, group activities) and staff (teachers, medical, administrative, other) to the investigation team. Class planning should be provided for students identified as close or casual school contacts. › All information provided to the investigation team, either by the school or by any of the persons involved, must be stored securely and confidentiality must be ensured at all times. › An investigation team working with the public health authority will contact all known **close and casual school contacts** of a primary case(s) identified by the school and invite them to participate in the investigation. › Identified school contacts should report to the relevant health authorities any signs or symptoms compatible with SARS-CoV-2 infection, in accordance with local protocols for contact tracing and management. › Any contact with clinical symptoms within 14 days of the last exposure/contact with the primary case(s) should be considered a **suspected case** and should therefore be managed according to national/local scase management protocols. › Contacts who are found to be infected with SARS-CoV-2 should be reclassified as **cases** and followed up as cases.	☐
	14. A policy of "staying at home if unwell" is enforced for students, teachers and school staff with symptoms and school **sick leave policies** are revised accordingly.	☐
	15. School health staff to keep a **record of students' health status and development**, including immunization checks to prevent outbreak-prone vaccine-preventable diseases (e.g. measles) and report to the school administration.	☐

Phases	Essential actions	✔
PREPARING FOR COVID-19 RESURGENCES	**16.** The SST to disseminate information on **hygiene and cleaning protocols** to school staff and students.	☐
	17. School administration to **re-assess and plan** for additional staff required to implement adapted teaching methods (e.g. smaller groups, shifts) and enhanced cleaning practices in schools.	☐
	18. School administration, teachers, students, parents/caregivers to identify measures for the **continuation of school feeding and school-based health service**s (e.g. MHPSS, menstrual hygiene management, immunization).	☐
	19. School administration to inform and **update students, staff and parents** about current measures adapted to the evolving situation.	☐
	20. School administration to set up **training sessions** on distance learning, safety and cleaning, and disease outbreak prevention, preparedness and response measures.	☐
	21. School administration to provide training and **learning materials/ platforms** for school staff and teachers to deliver (culturally sensitive and age-appropriate) messages, activities and lessons to prevent and control disease outbreaks in schools.	☐

Annex: Guidance and resources

- ✔ Advice on the use of masks for children in the community in the context of COVID-19. Geneva: World Health Organization; August 2020 (WHO Advice on the use of masks for children in the context of COVID-19, accessed 6 December 2020).
- ✔ COVID-19 response – health, safety and resurgence protocols. Ensuring safe school reopening, operation and resurgence planning, Version 1. Paris: United Nations Educational, Scientific and Cultural Organization; September 2020 (https://en.unesco.org/sites/default/files/unesco-covid-19-health_safety-resurgence-protocols.pdf, accessed 6 December 2020).
- ✔ 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, 14 September 2020 Geneva: World Health Organization; 2020 (https://apps.who.int/iris/handle/10665/334294, accessed 6 December 2020).
- ✔ Considerations in adjusting public health and social measures in the context of COVID-19 (Interim guidance). Geneva: World Health Organization, April 2020 (https://apps.who.int/iris/rest/bitstreams/1275007/retrieve, accessed 6 December 2020)
- ✔ Strengthening preparedness for COVID-19 in cities and urban settings: interim guidance for local authorities. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/rest/bitstreams/1275991/retrieve, accessed 6 December 2020).
- ✔ Framework for reopening schools. UNESCO, UNICEF, WFP, World Bank; April 2020. (Available in English, French, Arabic, Spanish, Portuguese and Chinese) (https://www.wfp.org/publications/framework-reopening-schools-report-unesco-unicef-world-bank-and-world-food-programme, accessed 6 December 2020).
- ✔ EI guidance on reopening schools and education institutions. Brussels: Education International; 2020 (https://issuu.com/educationinternational/docs/2020_covid-19_eischoolreopening_en?-fr=sZWQ3NTEyNTQ2OTY, accessed 6 December 2020).
- ✔ Risk Communication and Community Engagement (RCCE) Action Plan Guidance: COVID-19 preparedness and response. Geneva: WHO, UNICEF, International Federation of Red Cross and Red Crescent Societies (IFRC); 2020 (https://www.who.int/docs/default-source/coronaviruse/covid19-rcce-guidance-final-brand.pdf, accessed 6 December 2020).
- ✔ Role of community engagement in situations of extensive community transmission of COVID-19. Interim guidance. Geneva: World Health Organization; 5 May 2020 (https://apps.who.int/iris/bitstream/handle/10665/332172/WPR-DSE-2020-016-eng.pdf, accessed 6 December 2020).
- ✔ Social stigma associated with COVID-19. A guide to preventing and addressing social stigma. Geneva: WHO, UNICEF, International Federation of Red Cross and Red Crescent Societies (IFRC); 24 February 2020 (https://www.who.int/docs/default-source/epi-win/stigma/covid19-stigma-guide.pdf, accessed 6 December 2020).

- ✔ Crisis-sensitive educational planning. Issue Note No. 2.4 – April 2020. Paris: United Nations Educational, Scientific and Cultural Organization; April 2020 (https://unesdoc.unesco.org/ark:/48223/pf0000373272/PDF/373272eng.pdf.multi, accessed 6 December 2020).
- ✔ Distance learning strategies in response to COVID-19 school closures. Issue Note No. 2.1 – April 2020. Paris: United Nations Educational, Scientific and Cultural Organization; 2020 (https://unesdoc.unesco.org/ark:/48223/pf0000373305/PDF/373305eng.pdf.multi, accessed 6 December 2020).
- ✔ School reopening. Issue Note No. 7.1 – April 2020. Paris: United Nations Educational, Scientific and Cultural Organization; 2020 (https://unesdoc.unesco.org/ark:/48223/pf0000373275, accessed 6 December 2020).
- ✔ School reopening: ensuring learning continuity. Issue Note No.7.3 – June 2020. Paris: United Nations Educational, Scientific and Cultural Organization; 2020 (https://unesdoc.unesco.org/ark:/48223/pf0000373610/PDF/373610eng.pdf.multi, accessed 6 December 2020)-
- ✔ Supporting teachers and education personnel during times of crisis. Issue Note No. 2.2 – April 2020. Paris: United Nations Educational, Scientific and Cultural Organization; 2020 (https://unesdoc.unesco.org/ark:/48223/pf0000373338/PDF/373338eng.pdf.multi, accessed 6 December 2020).
- ✔ Addressing the gender dimension of school closures. Issue Note No. 3.1 – August 2020. Paris: United Nations Educational, Scientific and Cultural Organization; 2020 (https://unesdoc.unesco.org/ark:/48223/pf0000373379/PDF/373379eng.pdf.multi, accessed 6 December 2020).
- ✔ COVID-19 crisis and curriculum: sustaining quality outcomes in the context of remote learning. Issue Note No. 4.2 – April 2020. Paris: United Nations Educational, Scientific and Cultural Organization; 2020 (https://unesdoc.unesco.org/ark:/48223/pf0000373273/PDF/373273eng.pdf.multi, accessed 6 December 2020).
- ✔ Cleaning and disinfection of environmental surfaces in the context of COVID-19. Interim guidance. Geneva: World Health Organization; May 2020 (https://apps.who.int/iris/rest/bitstreams/1277966/retrieve, accessed 6 December 2020).
- ✔ Water, sanitation, hygiene, and waste management for the COVID-19 virus. Interim guidance. Geneva: World Health Organization and United Nations Children's Fund; April 2020 (https://apps.who.int/iris/rest/bitstreams/1275547/retrieve, accessed 6 December 2020).
- ✔ 10 Immediate WASH in Schools (WinS) actions for school heads to manage the response to COVID-19. (Several languages available). Eschborn: WASH in Schools Network; 2020 (https://www.susana.org/en/knowledge-hub/resources-and-publications/library/details/3855, accessed 6 December 2020).



- ✔ COVID-19 Emergency Preparedness and Response: WASH and infection prevention and control measures in schools. New York (NY): United Nations Children's Fund; March 2020 (https://www.unicef.org/media/66356/file/WASH-COVID-19-infection-prevention-and-control-in-schools-2020.pdf, accessed 6 December 2020).
- ✔ Mitigating the effects of the COVID-19 pandemic on food and nutrition of schoolchildren. Interim Guidance Note. Rome and New York (NY): World Food Programme, Food and Agriculture Organization of the United Nations, United Nations Children's Fund (http://www.fao.org/3/ca8434en/CA8434EN.pdf, accessed 6 December 2020).
- ✔ Immunization in the context of COVID-19 pandemic. Frequently Asked Questions (FAQ). Geneva and New York (NY): World Health Organization and United Nations Children's Fund; April 2020 (https://apps.who.int/iris/bitstream/handle/10665/331818/WHO-2019-nCoV-immunization_services-FAQ-2020.1-eng.pdf, accessed 6 December 2020).
- ✔ Social service workforce safety and wellness during the COVID-19 response: recommended actions. New York (NY): United Nations Children's Fund/Alliance for Child Protection in Humanitarian Action; 2020 (https://alliancecpha.org/en/system/tdf/library/attachments/ssw_tn_low_res.pdf?file=1&type=node&id=37965, accessed 6 December 2020).
- ✔ COVID-19: Protecting children from violence, abuse and neglect in the home, Version 1. Alliance for Child Protection in Humanitarian Action, End Violence Against Children, UNICEF, WHO, 2020. (https://www.unicef.org/media/68711/file/COVID-19-Protecting-children-from-violence-abuse-and-neglect-in-home-2020.pdf, accessed 6 December 2020).
- ✔ Safe to learn during COVID-19. Recommendations to prevent and respond to violence against children in all learning environments. New York (NY): United Nations Children's Fund; May 2020 (https://www.unicef.org/sites/default/files/2020-05/STL-COVID-19-Response-Key-Messages.pdf, accessed 6 December 2020).

World Health Organization

ISBN 978-92-4-001746-7