



# PUBLIC HEALTH MEASURES IN SCHOOLS DURING COVID-19 PANDEMIC

### **1. BACKGROUND**

The World Health Organization (WHO) declared COVID-19 as a Public Health Emergency of International Concern on January 30th, 2020 and as a pandemic on 11th March, 2020.

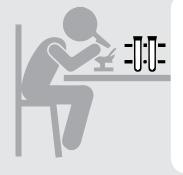
The first case in Rwanda was declared on March 14th, 2020. Following the declaration of the outbreak, a comprehensive preparedness and response plan was developed. The key priority interventions included testing, isolation and contact tracing.

These interventions were coupled with other public health and social measures including re-enforcing mandatory face masks and social distancing, closure of ports of entry, and lockdowns including school closure.

Since May 4th, 2020, Rwanda has gradually eased lockdown measures in a bid to stimulate the economy by reopening public transportation including taxi-motos, schools, restaurants, places of worship, and resuming of commercial flights; all while strictly observing COVID-19 prevention measures such as physical distancing, use of hand sanitizers, mandatory mask wearing and imposed curfew.

In order to ensure the safety of teachers and students at school, it is imperative to define and implement mitigation measures. These guidelines are outlining public health measures to be followed at schools during COVID-19 pandemic.

### 2. PRELIMINARY OBSERVATIONS



The available scientific evidence suggests that young people are less likely to suffer from severe symptoms related to COVID-19. However, children can contribute to COVID-19 transmission in schools and household settings. Despite these concerns, it is essential to keep schools opened, and ensure continuously assessing and adapting precaution measures.

### **3. OBJECTIVES**



- To minimize the risk of SARS-CoV-2 transmission within schools and school associated settings among students, teachers and other school staff;
- To minimize the potential of school to be amplifiers for transmission of SARS-CoV-2 within communities;
- To ensure integration of public health measures in schools into the wider measures implemented at the community level.

### **4. RECOMMENDED PUBLIC HEALTH MEASURES FOR SCHOOLS**



#### 4.1. Setting-up a School COVID-19 Task Force

In order to ensure that these guidelines are effectively implemented, a School Task Force should be established in each school, with the following composition and terms of references.

#### **Composition:**

 The Task Force involves teachers, parents, the head of the nearest health center (or a health professional well-versed in COVID preparedness and response), and a representative of the local authority at sector level. The Chairperson of the School Task Force is the Head of the school.

#### Terms of references for the School Task Force:

- Conduct assessments to evaluate if recommended prevention measures are in place;
- Develop a plan of implementation to address identified gaps;







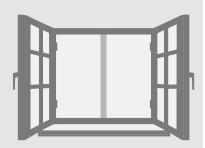
- Report symptomatic suspected cases on a daily basis to the nearest health facility for immediate action and follow-up;
- Ensure information sharing on public health prevention and control measures with parents and other members of the community;
- Submit a daily report of suspected Influenza Like Illness (ILI-Syndrome Grippal) reported by students and school staff (through self-reporting, family and household health status).
- Report on school absenteeism.

#### 4.2. Preparing key stakeholders to the new task

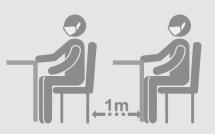
• The team from the nearest District Hospital and Health center will continue to train school staff and health workers on safety and sanitation standards to be implemented as it is needed.

# 4.3 Measures to Prevent the introduction and spread of COVID-19 infection in Schools

- 1. At school level:
- Set entry and exit points to enforce compliance to preventive measures (temperature checks, proper wearing of a face mask and social distancing) and restrict movement while entering and exiting school premises;
- Each student should remain within their own cohort throughout the school period, preferably within the same classroom. Only teachers can switch classes;
- Maintain clean environment, frequent cleaning of surfaces and shared objects
- Regular hand washing practices should be imposed: before and after leaving school, eating, playing, and coming in contact with contaminated surfaces;
- Avail thermo flash (at least 2 per school but optimally, around one per 100 students), hand sanitizers with at least 60% alcohol and/or hand washing facilities with soap and water (or Kandagira Ukarabe stations at each school that can be refilled periodically);
- Every student and staff should be screened before entering the school (Temperature checks with non-contact thermometers; any student /staff with a fever of 37.5oC and above will not join classes. He or she will be isolated, and management will follow process of suspect case handling);
- Ensure adequate and appropriate ventilation in buses and private cars by opening windows and encourage outdoor activities,









- Ensure the use of **facial masks** is respected at school all the time;
- **Social distancing** should be reinforced by teachers, other staff and head students;
- Designate at least two isolation rooms for suspect cases (School Clinic) equipped with emergency kits (gowns, gloves, masks and face shields). Decontaminate between use. Boarding schools should strictly have 2 isolation rooms while day schools can have one but partitioned for girls and boys.
- Gatherings and contact sports are prohibited;
- Create a schedule for frequent hand hygiene, especially for young children, specifically at school arrival and at certain key moments of the school routine, including before snacks and lunch and before school exit; provide sufficient soap and clean water or alcohol-based rub at school entrances and throughout the school and in classrooms where feasible; ensure physical distancing when students wait at hand hygiene/washing points using signage on the ground;
- Enforce the policy of **"staying at home if unwell"** for students, teachers or school staff with potential COVID-19 infection and connect them with local healthcare providers for assessment, testing and care.

### 2. Classroom level

- All children above 5 years and staff must wear facemasks correctly at all times but it is also recommended that children aged between 2 and 5 wear facemasks when needed;
- Arrange classroom settings ensuring one-meter distance between a student and another;
- Ensure regular cleaning of frequently touched surfaces and objects (door handles, desks, toys, etc.);
- For ventilation, keep doors and windows open;
- Avoid sharing teaching aids among students and teachers. If it must be shared, decontaminate them after every shift;

# Special consideration for students and teachers at high risk of Severe- illness

- Identify students and teachers with pre-existing medical conditions;
- Develop appropriate strategies to keep these individuals safe;
- Maintain physical distancing and use of medical masks;
- Frequent hand hygiene and respiratory etiquette.





# 4.4. Criteria for Day Schools [Primary, Secondary and University]:

- In case a positive case is confirmed, close contacts and students with covid-19 symptoms will be tested;
- The classroom will be decontaminated;
- Other measures will be decided after risk assessment is done by the competent Health Authorities under District Hospital Leadership.

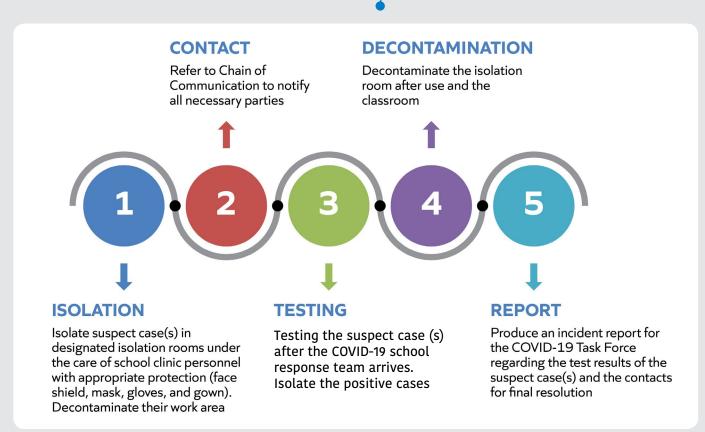
# 4.5. Criteria for Boarding Schools [High Schools and Universities]:

- In case a positive case is confirmed, close contacts and students with covid-19 symptoms will be tested.
- Isolate all positive cases within designated rooms at the school;
- Classes will continue for those tested negative among close contacts and all who are asymp¬tomatic and not close contacts of the positive case;
- External visitors are strictly prohibited on campus;
- Students are not allowed to leave campus;
- Students and staff are required to strictly follow prevention guidelines;
- Other measures will be decided after risk assessment is done by the competent Health Authorities under District Hospital Leadership.

## **5.CHAIN OF COMMUNICATION**

#### 5.1.Suspect case(s) identified Start Notify the Parents of the **Notify the Chair** Notify TF suspected case(s) of the Task Force Members **TASK FORCE** and the parents of the classmates Escalate incident **Produce a report** End by notifying the for the TF whole staff Generate alert for evacuation of Call 114 and the nearest Health Facility suspect case Test the classroom and resolve incident

### 6.PROCESS TO HANDLE SUSPECT CASE(S)



For further information about COVID-19 guidelines, please visit: <u>www.rbc.gov.rw</u> or call the toll-free number **114**,

For further information on school reopening, contact Ministry of Education on toll free number **2028** or email <u>info@mineduc.gov.rw</u>