



Joint Advisory by
AHPI & GCCMC

Guidelines for Reopening of Schools Post COVID-19 Pandemic

Contents

Foreword	4
Executive Summary	5
Introduction and Background	6
Recommendations for Preparedness of School Before Re-opening	8
Instituting a School Task Force/Committee for COVID Safety	9
Ensuring General COVID-Appropriate Facility Requirements	10
Dedicated Isolation Unit	11
Advocacy and Communication	11
Training of Staff	12
Day to Day Management	13
General Management	14
Campus	15
Classrooms	16
Toilets	16
Playgrounds	16
Cafeteria	17
Laboratories	18
Meals in School including Mid-Day Meals	18
Common Areas	18
Library	19
Transport Facilities	19

Contents

Recommendations for Stakeholders	20
Parents	21
Students	22
School Administrators	22
Teachers	23
Non-teaching and Other Staff (Drivers, Janitors, Security Guards, etc.)	24
Visitors	24
Addressing Mental Health Issues	25
Additional Measures for Boarding Schools	26
Schools Catering to Children with Special Needs	27
Annexure	28
I. Checklist for School Administrators, Teachers and Other Staff	28
II. Checklist for Students	29
III. Checklist for Parents and Community-Members	30
Expert Committee	31
References	34

Foreword

After over 18 months of the COVID-19 pandemic running unchecked through our nation, the economy has been adversely impacted, with many sectors bearing the brunt of it. The education sector, too, has endured major disruption, with schools forced to shut down across the country or move to virtual learning.

The safe reopening of schools is a vital requirement, since children have been floundering with interrupted learning and isolation, subjected to different types of stressors for which they are not equipped, and suffering poor nutritional health (especially those depending on schools for nutrition), leading to a negative impact on both their mental and physical health.

An expert committee comprising of educators from government and private schools, healthcare professionals and parents from across the country have come together to present a range of realistic, implementable and sustainable measures to protect the health of our nation's children while providing some semblance of a normal life at school. These safety measures will help instil some confidence in parents, educators and students, and encourage their returning to school.

We hope that schools will take forward these recommendations to the extent feasible and feel empowered to offer their students and staff a safe space to begin the slow return to normalcy.

Dr. Alexander Thomas

President,
Association of Healthcare Providers – India

Dr. Shakila Shamsu

Former OSD, New Education Policy,
Ministry of Education,
Government of India

Executive Summary

School campuses in India are re-opening after a prolonged period of being shut down completely in some areas, and in favour of virtual learning wherever possible. An expert committee comprised of educators, healthcare professionals and parents have come together to present some recommendations for a safe learning environment at school while safeguarding public health. A summary of these recommendations are outlined below:

Schools may start preparing for reopening before students arrive on campus. A School Task Force/Committee for COVID Safety should recommend safety protocols and review the safety measures. COVID facility requirements should be in place in classrooms and other areas on the school premises a week before reopening. All teachers, administrators, staff, and other school employees including bus drivers should be fully vaccinated and appropriately trained on COVID-appropriate behaviour. The teachers should also be trained to provide psychosocial support to the students. The school should communicate openly with parents about the safety protocols and preventive measures put in place at school, and receive their consent before their children attend school.

Detailed recommendations for day-to-day management have been developed for various aspects of school life including

campus management, toilet and washroom usage guidelines, specific safety protocols for playgrounds, laboratories, common areas, cafeterias and the provision of mid-day meals, and transport facilities.

Recommendations have been presented for each of the stakeholders involved in the safe reopening of school. Parents should sensitise children on hygiene practices and monitor their health. Students should follow COVID-appropriate behaviour at all times. School administrators should prepare COVID-safe protocols and effectively communicate with parents. Teachers and other school staff should be fully vaccinated and strictly enforce COVID protocols. Visitors should avoid school premises as far as possible and maintain strict COVID-appropriate behaviour on essential visits.

Mental health recommendations have been provided in order to provide for the psychosocial support required by vulnerable minors who have been exposed to various economic and social stressors. Additional measures are provided for boarding schools due to the cohabiting aspects of boarders. There are specific recommendations for schools catering to children with special needs. Links to specific guidelines, SOPs and checklists for school staff, students, parents, and community members are provided at the end of the document.

Introduction and Background



COVID-19 infection is gradually becoming an endemic disease in India. The pandemic has hit the education sector hard. According to UNICEF, the closure of 1.5 million schools due to the pandemic in India in 2020 impacted 247 million children of elementary and secondary schools (UNICEF, 2021).

UNESCO has listed “interrupted learning” as the top adverse consequence of COVID-19 school closures worldwide (UNESCO, 2021). The mental and physical health of students have both been badly affected (Hoffman and Miller, 2020). The incidence of childhood obesity, myopia and certain mental disorders have increased during school closure (Jenssen et al, 2021; Wang et al 2020).

The ‘Mid-day Meal Program’, one of the world’s largest school feeding programs, provides nutritious food to 115.9 million school-going Indian children (MWCD, 2020). This program has indirectly contributed to increased enrolment and attendance of students in school. The closure of schools and anganwadis in the wake of the pandemic has therefore caused a significant reduction in nutritional intake among school-going children.

School closures have disrupted students’ lives, amplifying anxiety caused by isolation, further exacerbated by the loss of physical, intellectual and social engagement. The inability to play outdoors, meet friends, or even be in a classroom have led to reduced motivation. Learning through a new medium,

absence of sharing physical space with peers and extended home confinement can lead to long-term negative effects on the psychological and physical well-being of children. These factors need to be taken into consideration while planning the reopening strategy. There are some studies among children and adolescents available which conclude that school attendance is not directly associated with contracting COVID-19 (Leidman et al, 2020; Ismail et al, 2021; Gandini et al, 2021; Mossong et al, 2020). Though the vaccination drive aims to vaccinate as many adults as possible before the year ends, vaccines have not yet been approved in our country for use in children.

In this scenario, the best option is to ensure that our children are surrounded by fully vaccinated individuals.

Many states have started reopening schools and the number of students returning to physical classes is gradually increasing. School authorities need to take steps to invoke confidence among students and parents alike to ensure that the students and staff are safe while on school premises.

Recommendations for Preparedness of School Before Reopening



A security guard and a woman wearing masks at the entrance of a school, waiting for the students to arrive.

Every school is different. This document has made broad suggestions regarding the safe functioning of schools; however, schools are advised to customize various interventions relevant to their needs.

While deciding which classes to open first, it is recommended that pre-school and primary classes be given priority, allowing younger children to resume their learning and development because the transmission rate is lower in younger age groups when compared to middle and high school groups.

It is recommended that schools open in a phased manner.

Instituting a School Task Force/ Committee for COVID Safety

- Each school needs to form a School Task Force/ Committee for management and monitoring the safety of students and employees.
- The constitution of the committee should be as follows:
 - » Principal - Chairperson
 - » A senior teacher, preferably a biology teacher
 - » Class teachers of each class
 - » Class monitor/student representative
 - » A parent representative
 - » A non-teaching employee of the school
 - » Physician
 - » A representative from the urban local body or local panchayat
- The suggested terms of reference of the committee:
- Reviewing the safety measures adopted by the school
- Recommending safety protocols based on the local COVID situation and the school's COVID situation
- The committee is to meet regularly and as and when required and ensure the implementation of recommendations. The activities and recommendations of the task force are to be periodically communicated to the parents and other stakeholders.

Ensuring General COVID-Appropriate Facility Requirements

- The whole school is to be thoroughly sanitized using recommended disinfectants, including classrooms, stairs, corridors, restrooms, laboratories, staff rooms, common rooms and playgrounds well before and the day immediately before the students return.
- All school equipment should be kept clean at all times.
- Hand sanitizer is to be placed at the appropriate places.
- There should be a daily plan for the sanitization of classrooms and all the places visited by students and staff.
- Temperature screening is to be conducted at the entry.
- Attendance is to be decided based on the size of the classroom. The number of students in the class at any one time should not exceed this number so as to ensure adequate physical distancing.
- Students should use only their designated seats.
- There are to be markers on benches and chairs to help maintain physical distancing.
- Children are to be encouraged to remain in the same group (social bubble) and avoid intermingling as far as possible.
- All school staff, including persons involved in transporting students, should be fully vaccinated.
- Classrooms in use should have big open windows for adequate ventilation, if feasible.
- Air conditioning in classrooms should be avoided. If AC is required, it should be fitted with HEPA filters or modified to ensure that the percentage of recirculated air is decreased.
- Some classes can be taken in open-air spaces if feasible, keeping weather and other factors in mind.
- The classrooms should have exhaust fans wherever possible.

Dedicated Isolation Unit

- The school should make provision for a separate isolation unit for suspected COVID patients.
- All attending persons in the isolation room should take the appropriate precautions.
- Provision for basic medical care is to be made available in the isolation unit.
- Emergency contact numbers should be displayed in the room.
- Adequate essential medicines should be made available in the room.
- A school vehicle with a driver should be made available at a designated place for emergency transfer if possible.
- The school is to maintain COVID health records of students and employees.
- Parents should be immediately informed if their ward is suspected to have COVID.

Advocacy and Communication

- Parents should be encouraged to send their children to school and school authorities should hold multiple sessions with parents to apprise them of the various preventive measures put in place at school.
- The school authorities should take parents' consent before asking a student to come to school.
- The school administration should communicate regularly with the teachers, staff and students regarding COVID related issues (including the latest advisories) ensuring that COVID appropriate behavior is adhered to in the school premises at all times by all stakeholders. This can be done by in a variety of ways including through digital means, posters and public announcements.

Training of Staff

- The school authorities should organize regular sensitization programs by health professionals regarding the various preventive measures that need to be strictly implemented including masking, social distancing, hygiene, cough etiquette and optimal COVID-appropriate behavior for all the employees of the school.
- WASH strategies (Water Access, Sanitation, and Hygiene) should be practiced along with infection control in order to prevent cross-transmission.
- Staff should be trained in the provision of psychological and social support to the students to address violence, depression and anxiety.
- The school task force needs to regularly review the need for such training programs and provide feedback.



A meeting on COVID-19 held in a school near Beawar, Rajasthan.

Day-to-Day Management



A sanitary worker in a protective suit, conducting disinfection of a school during COVID-19.

General Management

- All teachers, students and staff are to compulsorily wear three-layered masks full time while in school, changing it as and when required.
- A daily screening of staff, students and visitors for body temperature should be conducted and a history of fever or 'feeling feverish' within the previous 24 hours taken before allowing entry into the building if there has been no fever.
- Sufficient extra masks are to be made available to the class teachers and students.
- Children below five years of age should be assisted and watched carefully (for breathing difficulties) while using masks.
- Signage on COVID appropriate behavior should be placed in strategic areas on the school premises.
- Sharing of laptops, phones and other personal items should be avoided.
- All benches, seating areas, school buses and ambulances are to be demarcated and clear signs used to specify the usable and unusable portions.
- No large gatherings or assemblies should be held in school.
- All staff and students of the school are to be educated on COVID-19 with emphases on prevention, appropriate and frequent hand hygiene, respiratory hygiene, mask use, symptoms of COVID-19 and steps to take if someone falls ill.
- Students gathering and socializing while leaving the school premises are to be avoided.
- Respiratory hygiene, hand hygiene, physical distancing measures in school transport, and tips for safely commuting to and from school, including using public transport, are to be imparted to students.
- A school-based COVID screening strategy according to prevailing government guidelines should be considered for implementation.
- Children should bring minimal possessions to school such as stationary, wristwatches, mobile phones, etc. and sharing of these personal items should be discouraged. Eating together and sharing food/water should likewise be discouraged.

Campus

- There should be a thorough and deep cleaning of all areas, especially work areas and other commonly used areas.
- A monitoring team should visit the areas frequented by students and staff to check for cleanliness.
- All students should sanitize their hands before and after school, before and after eating food, after visiting the lavatory, and as required.
- Teachers or staff are to be deputed to monitor important points and places such as in hallways and corridors to ensure that social distance is maintained.
- Staggered timings for entry and exit of students of different classes should be planned if possible.
- Shortened and staggered school timings for different classes can help avoid crowding.
- Announcements, standees, posters, messages, etc. can be used to spread awareness.
- Students who do not carry masks to school should be provided with them.
- Students are to be allowed only in classrooms, playgrounds, cafeterias, laboratories and libraries, ensuring that protocols are followed.
- A teacher should be present in the classroom during break times. Students should sit in their classes and finish eating lunch. No child should be allowed to move out without the teacher's permission.
- There should be no common break time for all sections. Staggered timings, if possible, should be incorporated.

Classrooms

- A new seating matrix should be implemented with markers made at a distance of about six feet between tables.
 - School assemblies may be conducted in their respective classrooms.
 - Staggered arrival and dispersal plans are to be created.
 - Students are to be given permanent seats and strict instructions be given to avoid changing places.
 - Teachers and students should sanitize their hands before entering the classroom.
-

Toilets

- The toilets should be cleaned as per the national guidelines using sodium hypochlorite 1% solution (MoHFW, 2020).
 - Students should not be allowed to crowd either inside or outside the toilets.
 - Students should be told not to touch their eyes, nose or mouth after touching any surface in the washroom.
 - Students should wash their hands with soap and water after toilet usage.
 - School water points could have queue-managers to ensure that students do not crowd around the water point.
-

Playgrounds

- Contact sports, especially those where the players are in close proximity and could expose each other to respiratory secretions, such as wrestling, kabaddi and basketball, carry more COVID-19 risk than others and are to be avoided. Drill exercises and team sports such as tennis, baseball, softball and soccer, pose a smaller risk because players can maintain physical distance and usually play these in an open field with adequate ventilation. Yoga classes may be permitted, if feasible, preferably outdoors.

Playgrounds (continued)

- Sanitization of all the sports equipment is a mandatory pre-requisite before each class.
- Physical education teachers should take students from class to class while maintaining the protocol of social distancing. Class monitors can also assist.
- Students should not be permitted to share or borrow any sports equipment.
- Small student groups should be created for team workouts or practices.
- Swimming pool operations can be resumed as per Government directives.
- Group activities and team sports, National Cadet Corps (NCC), Scouts and Guides, cultural and scientific meets, etc. should be discouraged.

Cafeteria

- Food servers should wear headcovers, masks and gloves.
- Students should follow good hygienic practices and avoid contact with soiled surfaces in the cafeteria.
- Students should avoid touching their faces after using plates, cutlery, or napkins.
- Social distancing should be strictly followed.
- Students should discard paper napkins into closed dustbins.
- Food should be delivered to the classrooms wherever possible.
- The cafeteria menus should include healthy and nutritious items known to boost immunity.

Laboratories

- Lab assistants should ensure the proper sanitization of tables, equipment and apparatus after each class.
 - Disposable hand gloves and aprons are to be used by all teachers, lab assistants and students in the lab.
 - Only two students are to be permitted at each table, with at least 5-6 feet distance to be always maintained from surrounding tables.
-

Meals in School including Mid-Day Meals

- Students are to bring their own food and water from home as far as possible and should avoid sharing food and water.
 - Students are to have lunch in their classrooms under supervision. No student should be allowed to leave the classroom without the teacher's permission.
 - Mid-day meal programs should be reinstated as soon as possible.
 - Sharing of food should not be permitted.
-

Common Areas

- Movement along corridors should be restricted.
- Floor duties should be assigned to teachers.
- Students must move in a line while going for optional classes/labs/playgrounds, while maintaining proper social distancing.
- Class timings should be organized in such a way so as to avoid crowding.

Library

- Children of higher classes can access the library.
- Sanitizer dispensers are to be placed at the library entrance.
- Sanitisers should be placed on every table in the library.
- Borrowing and taking books out of the library should be discouraged; children may read books within the library itself.

Transport Facilities

- Vehicular entry and exit onto the school premises should be carefully regulated with clear signage.
- Parents should be encouraged to use personal vehicles to drop off and pick up their children.
- No private vehicles are to be allowed inside the school campus.
- Students using school transport should follow seating and alighting instructions.
- Students should use only their designated seats on the buses and should not exchange seats.
- Cough etiquette, hand hygiene, and physical distancing measures are to be observed while travelling by school buses. While commuting (whether on school or public transport, talking loudly and eating while travelling should be avoided).
- Staff and students using their own transport should avoid crowding in the parking lot.
- Staff members and security is to be enhanced at the bus bay and in the parking lot.
- Appropriate barriers should be installed between the driver and the passengers in school buses. Sanitiser should be made available in the bus and the driver should be trained in disinfection of the vehicle.

Recommendations for Stakeholders



Every one of us has a role to play in stopping the spread of the disease. Each stakeholder involved in school operations should be diligent to prevent any further wave of COVID infection. If any family member or close contact is suspected to have COVID-19 infection, the school should be intimated and the appropriate protocol followed based on the prevailing [Government of India Guidelines](#).

Schools must follow the new protocols and other norms specified by the State and local bodies from time to time to prevent spread of COVID infection.

Parents

- Should be strongly encouraged to become fully vaccinated.
- Should sensitize and teach children to follow hygienic practices.
- Should clean and sanitize their ward's uniform and belongings daily at high temperatures, using bleach-based detergent powder/liquid/soap, without shaking the clothes.
- Should not send their ward to school if any member of the family, or anybody with whom the ward has come in close contact, is suspected to have COVID-19 infection.
- Should monitor the health of their wards.
- Should adhere to guidelines while visiting the school.
- Should attend parent-teacher meetings virtually or in small batches as far as possible.

Students

- Should always wear a mask while on the school campus.
- Should maintain physical distance from other students.
- Should wash hands frequently or use hand sanitizer regularly
- Should refrain from eating together and sharing meals.
- Should be encouraged to bathe/shower immediately once home from school.
- Should carry their own personal water bottles to school.
- Should report any case of sickness among other students to the teachers.

School Administrators

- Should prepare standard operating procedures for timely sanitization of school campus.
- Should prepare a plan for what to do when a student falls ill.
- Should liaise with local health authorities to ensure that regulatory norms are being followed and stay updated regarding the COVID situation in the region.
- Should conduct regular awareness programs for the staff and students of the school.
- Should be aware of the students' attendance record of the students and investigate the cause of prolonged absenteeism, if any.
- Should provide checklists to reassure parents that all preventive measures are being strictly enforced to prevent cross-transmission at school (see Annexures).
- Should periodically communicate to parents all the measures adopted by the school for student safety in relation to the COVID-19 pandemic.
- Should maintain up-to-date entry records of any visitors to the school.

School Administrators (continued)

- Should encourage primary school students to avoid the daily use of school bags by keeping learning material in classrooms
- Should encourage older students to use water-resistant bags that can be appropriately disinfected whenever required.
- Should extend full cooperation to Government protocols such as contact tracing, testing, isolation, disinfection, etc.
- Should, wherever possible, identify children from economically weaker sections and help in the provision of safety essentials, such as masks, etc.

Teachers

- Should be fully vaccinated.
- Should always carry a sanitizer bottle.
- Should always be vigilant.
- Should be aware of the COVID situation in the vicinity and region.
- Should emphasize the importance of masking, social distancing, hand hygiene and COVID-appropriate behaviour to students.
- Should be trained to communicate with parents and students regarding the measures put in place by the school to combat COVID-19.

Non-teaching and Other Staff (Drivers, Janitors, Security Guards, etc.)

- Should be fully vaccinated.
- Should always carry a sanitizer bottle.
- Should avoid contact with students as far as possible,
- Should be trained in basic COVID-appropriate behaviour.
- Should be aware of the COVID situation in the vicinity and region.
- Should be trained to communicate with other stakeholders regarding the measures put in place by the school to combat COVID-19.

Visitors

- Should only be allowed on campus with prior appointments.
- Should avoid non-essential visits to school.
- Should promote non-contact methods of greeting.
- Should model COVID-appropriate behaviour, including masking, at all times.
- Should strictly adhere to visitor timings.



Visiting students standing in queue, while maintaining social distancing before entering the building.

Addressing Mental Health Issues

The COVID-19 pandemic and school closures have led to short-term and long-term psychosocial and mental health problems for children and adolescents. The following can be done to improve their mental health:

- It is crucial to provide psychosocial support to minors who are highly vulnerable and exposed to various economic and social stressors.
- Maintenance of social contact with families and friends through tele services or social platforms can help to reduce stress. However, excessive social media use should be checked.
- The school authorities should give students sufficient notice to prepare for exams.
- Parents and their families should increase communication with children, play collaborative games, and encourage physical activity and music.
- Promoting a healthy and balanced diet, maintaining oral health, physical exercise, proper rest, avoidance of fatigue, and enhancing immunity are some measures to prevent infection and improve mental health.
- The child should follow a consistent routine, with enough opportunities to play, read, rest and engage in physical activity.
- Excessive and irresponsible use of social media, online gaming or other internet use should be avoided.
- Parents should be counseled on screen time, sleep hygiene, unhealthy eating habits and the need for exercise for children.
- Teachers should discuss what is wellbeing and how it is important for students. They can assist in teaching simple exercises, including deep breathing, muscle relaxation, distraction, and positive self-talk. Workshops can be conducted in which 'life skills' related to coping with stress can be in focus by using more practical examples.
- Teachers can make children understand the importance of prosocial behavior and the importance of human virtues like empathy and patience among others.
- The teachers need to interact with parents online or through phones regarding feedback about students and their mental health.
- Teachers can serve as a gateway to identify and refer students to the appropriate healthcare providers, including counselors
- Efforts should be made to reinforce confidence in parents through periodic communication.
- Teachers and other staff of the school should be provided opportunities for periodic interaction with the administration and other experts as may be necessary in order to ensure confidence.
- Professional help to be made available, if needed.

Additional Measures for Boarding Schools

- Boarding is to be resumed batchwise. Appropriate screening and quarantine measures should be followed before admitting students.
- Temporary partitions may be erected to separate boarders. Adequate distance between beds may be ensured. As far as possible, students should stay in their designated places.
- Physical distancing must be maintained all times in hostels.
- Signage should be placed at prominent places.
- Alternative spaces may be arranged to enable students to maintain physical distancing.
- Initial priority for calling students to join back hostels may be given to students who have no support at home and no facility for online education.
- Students of higher classes may be called first according to the accommodation facilities of the school.
- Every boarder needs to be screened before they rejoin the hostel. Only asymptomatic boarders should be allowed to join.
- Since students may be coming from different locations by using public transport such as buses, trains, etc., it is important that they minimize their contact and interaction with others on arrival at hostel, and effectively maintain quarantine as per State/ UT requirements. Their health status should be monitored during the period.
- A counselor or teacher should visit regularly to take care of any mental or emotional health issue of the students.
- Hostel should be out of bounds for all persons except essential staff with known health status.
- Meal timings should be staggered for students, employees and staff families.
- Impromptu physical meetings and socializing should be avoided.
- There should be seating with distancing protocols in place. Seats in use should not face each other.
- All staff should be fully vaccinated.
- An adequate number of hand-washing stations should be established.
- There should be increased reliance on in-house food preparations.
- Visiting medical teams may inspect kitchens and messes at least once a week to ensure maintenance of hygiene.
- Capacity building of hostel staff should be conducted on physical distancing norms, health and hygiene, clean and nutritious food, etc., for the boarders.
- It is preferable to have an in-house nurse and in-house doctor on call.
- Students should be encouraged to report even minor health-related complaints.
- The school should preferably have a formal arrangement with a local hospital for both emergency and routine care of boarders and other staff.

Schools Catering to Children with Special Needs

- Children with special needs including those with autism, attention deficit hyperactivity disorder, cerebral palsy, learning disabilities, developmental delays and other behavioral and emotional difficulties need special care.
- It is important to sensitize parents, teachers and caregivers to ensure the well-being of these children.
- During physical education, special consideration should be made for these children as they may be more vulnerable to COVID-19 infection.
- Further information can be found in [A Guide to Parents of Specially Abled Children](#) and [Guidelines for the Development of e-Content for Children with Disabilities](#).



14-year-old Manisha lost her right arm after an electrical injury during the COVID-19 lockdown in 2020. She is learning to write with her left hand so that she can continue her education and fulfill her dream of becoming an IAS officer.

Annexure I

Checklist for School Administrators, Teachers and Other Staff

Task	Yes/No
1 Students and staff have been sensitized on good personal hygiene practices and proper hand washing techniques.	
2 Signage on healthy hygiene practices have been displayed at prominent places in the school such as classrooms, corridors, washrooms, reception area, etc.	
3 There are adequate and clean separate toilets for girls and boys.	
4 Soap and safe water are available at age-appropriate hand washing stations.	
5 Key supplies such as digital thermometer, disinfectants, soaps, hand sanitizers, masks, etc., are available in adequate quantities at school.	
6 Health and hygiene lessons are integrated into everyday teaching.	
7 The school building, classrooms, kitchen, water and sanitation facilities, school transport facilities, surfaces that are touched by many people (desks, railings, door handles, switches, lunch tables, sports equipment, window handles, toys, teaching learning material, etc.) are cleaned and disinfected at least once a day.	
8 There is an adequate number of cleaning staff at school.	
9 There is adequate air flow and ventilation in the school premises.	
10 Regular health screenings are conducted for all staff and students at school.	
11 There is daily trash removal and safe disposal.	
12 There is a full-time nurse or doctor and counsellor available at school.	
13 The school has a tie-up with the nearby hospital for emergencies.	
14 Arrangements have been made to avoid crowded conditions at school.	
15 Enough space has been created between student desks.	

Annexure II

Checklist for Students

Task	Yes/No
1 Avoid stressful situations by talking and sharing with others and help keep yourself and your school safe and healthy.	
2 Protect yourself and others by: <ul style="list-style-type: none"> ● Washing hands frequently, always with soap and safe water, for at least 40 seconds. ● Not touching the face. ● Not sharing cups, eating utensils, food or drinks with others. 	
3 Act as a leader in keeping yourself, your school, family and community healthy by: <ul style="list-style-type: none"> ● Sharing what you have learnt about preventing disease with your family and friends, especially with younger children. ● Model good practices such as sneezing or coughing into your elbow and washing your hands, especially for younger family members. 	
4 Don't stigmatize your peers or tease anyone about being sick.	
5 Tell your parents, another family member, or a caregiver if you feel sick, and ask to stay home.	

Annexure III

Checklist for Parents and Community-Members

Task	Yes/No
1 Regularly monitor your child's health.	
2 Keep your child at home if s/he is ill or has any specific medical condition that may put them at higher risk.	
3 Teach and model good hygiene practices at home. <ul style="list-style-type: none"> ● Wash your hands with soap and water frequently or use an alcohol-based hand sanitizer with at least 70% alcohol. ● Ensure the availability of safe drinking water. ● Ensure clean and safe toilets at home. ● Ensure the safe collection, storage and disposal of waste. ● Cough and sneeze into a tissue or your elbow and avoid touching your face, eyes, mouth, and nose. 	
4 Ensure the emotional safety of your child through various means.	
5 Prevent stigma by using facts and teach your children to be considerate of one another.	
6 Coordinate with school to obtain information.	
7 Offer support to the school to strengthen school safety efforts.	

Expert Committee

Chairpersons

Dr. Shakila Shamsu

Former OSD (New Education Policy), Ministry of Education, Govt. of India
Secretary, erstwhile Drafting Committee, National Education Policy

Dr. Alexander Thomas

President, Association of Healthcare Providers – India (AHPI)
President, Association of National Board Accredited Institutions (ANBAI)
Convenor, Medical Education, National Education Policy

Advisors

Dr. Girdhar Gyani

Director-General, Association of Healthcare Providers India [AHPI]
Former Secretary General, Quality Council of India (including education)

Mr. Hariprasad Hegde

Senior Vice President and Global Head of Operations, Wipro Ltd.

Mr. Prabhat Jain

Founding Chairman and Member, Governing Body, FICCI Alliance
for Re-Imagining School Education (FICCI ARISE)
Co-Founder, Pathways Schools

Coordinator

Dr. V.C Shanmuganandan

Advisor, Association of Healthcare Providers - India (AHPI)
Former Additional Director, CGHS, Government of India (GoI)

Group Leads

Dr. Giridhara R. Babu

Professor and Head, Life Course Epidemiology, Public Health Foundation of India (PHFI)
Member, COVID Technical Advisory Committee, Government of Karnataka
(epigiridhar@gmail.com)

Dr. Ritesh Singh

Associate Professor, Department of Community and Family Medicine, All
India Institute of Medical Sciences (AIIMS), Kalyani, West Bengal
(ritesh.cmfm@aiimskalyani.edu.in, drriteshsingh@yahoo.com)

Members

Dr. Glory Alexander

Founder and Director, ASHA Foundation, Bangalore
Author, Anmol Ashayein, an Adolescent Health Education program that has
been imparted to over 250,000 students aged 13-16 years across India.
(alexglory11@gmail.com)

Dr. S. Balasubramanian

Medical Director and Head, Department of Pediatrics,
Kanchi Kamakoti CHILDS Trust Hospital, Chennai
(sbsped@gmail.com)

Dr. Anita Bhalla

Principal, Bharatiya Vidya Bhavan, Sohan Lal Public School, Amritsar
(anitaarorbhalla@ymail.com)

Expert Committee

Members

Dr. Kalpana Datta

Professor of Pediatrics, Director of Pediatrics Center of Excellence in HIV Care, Medical College, Kolkata.

Recognized teacher for MD, DCH and DNB

(drkalpanadatta@gmail.com)

Dr. Suneela Garg

Professor of Excellence (Community Medicine), Maulana Azad Medical College and Associated Hospitals, New Delhi

National President, IAPSM and Organized Medicine Academic Guild

(gargsuneela@gmail.com)

Mrs. Anasuya Mishra

Headmistress, Government Upper Primary School, Odisha

(anasuyamishra07063@gmail.com)

Ms. Divya Rachael Alexander

Consultant, Health and Public Policy Research

Author, Annol Ashayein, an Adolescent Health Education program that has been imparted to over 250,000 students aged 13-16 years across India.

(divya.alexander@gmail.com)

Dr. Priscilla Rupali

Professor, Department of Infectious Diseases, Christian Medical College, Vellore

International Ambassador for the Society for Health Care Epidemiology of America (prisci@cmcvellore.ac.in, prisci@cmcvellore.ac.in)

Dr. Divyashree S.

Consultant, Infectious Diseases, MGM New Bombay Hospital, Vashi

(doc.divyashree@gmail.com)

Mrs. Sunitha S. Rao

Principal, Delhi Public School, Nacharam, Secunderabad

(principal@dpssecunderabad.in)

Dr. Anupam Sachdeva

Director, Pediatric Hematology Oncology and Bone Marrow Transplantation, Institute for Child Health, Sir Ganga Ram Hospital, New Delhi

(anupamace@yahoo.co.in)

Br. Turiachaitanya Sandipan Maharaj

Headmaster, Ramakrishna Mission Vidyalaya, Narendrapur, Kolkata

(rkmvnarendrapur@gmail.com)

Mr. Awanindra Singh

Principal, SS+2 High School, Childag, Ranchi

(awanindra2210@gmail.com)

Dr. Sanjeev K. Singh

Infectious Diseases Expert, Amrita Institute of Medical Sciences, Delhi and Medical Director, Amrita Institute of Medical Sciences, Delhi

(sanjeevksingh@aims.amrita.edu)

Expert Committee

Reviewers

Dr. Shishta Basu

Senior Director and Head, Department of Obstetrics & Gynecology & Infertility, Max Super Specialty Hospital, Delhi

Mrs. G. Jyothi

Teacher, Secunderabad

Mrs. K. Renuka Raju

Chairman/Managing Director/Correspondent, Lotus National Schools (Four CBSE Schools), Telangana

Dr. Naresh Shetty

President, QUESS HealthCare, Bangalore

Former President, Ramaiah Memorial Hospital and International Program

Dr. Archana Surana

Managing Trustee, Surana Educational Institutions; managed 9 Educational Institutions from Pre-primary, Primary, High School (CBSE), PUC Colleges, Degree Colleges, Post Graduate Colleges & Research Centers.

Dr. Zakkariya K. A.

Professor and Director DDU KAUSHAL Kendra, Cochin University of Science and Technology
Chairman, Kochi Chapter of Indian Society for Training and Development

We gratefully acknowledge the assistance of the following people in developing this document: **Ms. Daisy A. John**, Research Assistant, Public Health Foundation of India; **Mr. Antony George**, Assistant Director, AHPI; **Mr. Jerald James**, Executive Assistant, AHPI; and **Mr. Pratyush Gupta**, document design; **Ms. Divya Rachael Alexander** edited the document.

References

1. UNICEF (2021). UNICEF India Covid-19 Press Release. Available at <https://www.unicef.org/india/press-releases/covid-19-schools-more-168-million-children-globally-have-been-completely-closed>
2. UNESCO (2021) Adverse Consequences of School Closures. Available at <https://en.unesco.org/covid19/educationresponse/consequences>
3. Hoffman JA, Miller EA (2020). Addressing the Consequences of School Closure due to COVID-19 on Children's Physical and Mental Well-being. *World Med Health Policy* 2020;12:300-10.
4. Jenssen BP, Kelly MK, Powell M, Bouchelle Z, Mayne SL, Fiks AG (2021). COVID-19 and Changes in Child Obesity. *Pediatrics* 2021;147:e2021050123.
5. Wang J, Li Y, Musch DC, et al (2021). Progression of Myopia in School-aged Children after COVID-19 Home Confinement. *JAMA Ophthalmol* 2021;139:293-300.
6. MWCD (2020). Annual Report 2020-2021. Available at https://wcd.nic.in/sites/default/files/WCD_AR_English%20final_.pdf
7. MoHFW (2020). Guidelines on Disinfection of Common Public Places. Available at <https://www.mohfw.gov.in/pdf/GuidelinesonDisinfectionofCommonPublicPlacesIncludingOffices.pdf>
8. Leidman E, Duca LM, Omura JD, et al (2021). COVID-19 Trends Among Persons Aged 0-24 Years – United States, March 1-December 12, 2020. *MMWR Morb Mortal Wkly Rep* 2021;70(3):88-94. doi:10.15585/mmwr.mm7003e1
9. Ismail SA, Saliba V, Lopez Bernal J, et al (2021). SARS-CoV-2 Infection and Transmission in Educational Settings: a Prospective, Cross-sectional Analysis of Infection Clusters and Outbreaks in England. *Lancet Infect Dis* 2021;21(3):344-353. doi:10.1016/S1473-3099(20)30882-3
10. Gandini S, Rainisio M, Iannuzzo ML, et al (2021). A Cross-Sectional and Prospective Cohort Study of the Role of Schools in the SARS-CoV-2 Second Wave in Italy. *Lancet Reg Health Eur* 2021;5:100092. doi:10.1016/j.lanepe.2021.100092
11. Mossong J, Mombaerts L, Veiber L, et al (2021). SARS-CoV-2 Transmission in Educational Settings during an Early Summer Epidemic Wave in Luxembourg, 2020. *BMC Infect Dis* 2021;21(1):417. doi:10.1186/s12879-021-06089-5
12. CMI Brief (2020). Impacts of School Closures on Children in Developing Countries: Can We Learn Something from the Past? Available at <https://www.cmi.no/publications/7214-impacts-of-school-closures-on-children-in-developing-countries-can-we-learn-something-from-the-past>
13. Larsen, L., Helland, M.S. & Holt, T (2021). The Impact of School Closure and Social Isolation on Children in Vulnerable Families during COVID-19: a Focus on Children's Reactions. *Eur Child Adolesc Psychiatry*. <https://doi.org/10.1007/s00787-021-01758-x>
14. Singh S, Roy D, Sinha K, Parveen S, Sharma G, Joshi G (2020). Impact of COVID-19 and Lockdown on Mental Health of Children and Adolescents: A Narrative Review with Recommendations. *Psychiatry Res*. 2020;293:113429. doi:10.1016/j.psychres.2020.113429.
15. WHO. (2020b). WHO | COVID-19: Resources for Adolescents and Youth. WHO; World Health Organ. http://www.who.int/maternal_child_adolescent/links/covid-19-mncah-resources-adolescents-and-youth/en/.
16. Shen K., Yang Y., Wang T., Zhao D., Jiang Y., Jin R., Zheng Y., Xu B., Xie Z., Lin L., Shang Y., Lu X., Shu S., Bai Y., Deng J., Lu M., Ye L., Wang X., Wang Y. Diagnosis, Treatment, And Prevention Of 2019 Novel Coronavirus Infection In Children: Experts' Consensus Statement. *World Journal of Pediatrics : WJP*; 2020. Global Pediatric Pulmonology Alliance; pp. 1–9.
17. CDC (2019). Data and Statistics on Children's Mental Health | CDC. Centers Dis. Control Prevent. 2019 <https://www.cdc.gov/childrensmentalhealth/data.html>.
18. UNICEF. (2020a). Children with Autism and COVID-19. Available at <https://www.unicef.org/serbia/en/children-autism-and-covid-19>
19. Bhat R., Singh V.K., Naik N., Kamath C., R, Mulimani P, Kulkarni N. (2020) COVID 2019 Outbreak: the Disappointment in Indian Teachers. *Asian J. Psychiatry*. 2020 doi: 10.1016/j.ajp.2020.102047
20. Cooper, K. (2020). Don't Let Children be the Hidden Victims of COVID-19 Pandemic. Available at <https://www.unicef.org/press-releases/dont-let-children-be-hidden-victims-covid-19-pandemic>.
21. Dalton L., Rapa E., Stein A. (2020). Protecting the Psychological Health of Children through Effective Communication about COVID-19. *Lancet Child Adolesc. Health*. 2020;4(5):346–347. doi: 10.1016/S2352-4642(20)30097-3.
22. Holmes E.A., O'Connor R.C., Perry V.H., Tracey I., Wessely S., Arseneault L., Ballard C., Christensen H., Cohen Silver R, Everall I, Ford T, John A, Kabir T, King K, Madan I, Michie S, Przybylski A.K, Shafran R., Sweeney A....Bullmore E. (2020). Multidisciplinary Research Priorities for the COVID-19 Pandemic: A Call for Action for Mental Health Science. *Lancet. Psychiatry*, S2215-0366(20)30168-1. 2020 doi: 10.1016/S2215-0366(20)30168-1.
23. Jiao W.Y., Wang L.N., Liu J., Fang S.F., Jiao F.Y., Pettoello-Mantovani M., Somekh E. (2020) Behavioral and Emotional Disorders in Children during the COVID-19 Epidemic. *J. Pediatr.*, S0022-3476(20)30336-X. 2020 doi: 10.1016/j.jpeds.2020.03.013. PubMed.

References

24. Lee J. Mental health effects of school closures during COVID-19. *Lancet. Child Adolesc. Health*, S2352-4642(20)30109-7. 2020 doi: 10.1016/S2352-4642(20)30109-7.
25. Clark, H. et al (2020). A Future for the World's Children? A WHO-UNICEF-Lancet Commission. *Lancet* 395(10224):605–658.
26. OECD Policy Responses to Coronavirus (COVID-19). Education and COVID-19: Focusing on the Long-term Impact of School Closures. <https://www.oecd.org/coronavirus/policy-responses/education-and-covid-19-focusing-on-the-long-term-impact-of-school-closures-2cea926e>.
27. Jonas Vlachos, Edvin Hertegård, Helena B. Svaleryd (2021). The Effects of School Closures on SARS-CoV-2 among Parents and Teachers. *Proceedings of the National Academy of Sciences* Mar 2021, 118 (9) e2020834118; DOI: 10.1073/pnas.2020834118.
28. Alban Conto, Maria Carolina; Akseer, Spogmai; Dreesen, Thomas; Kamei, Akito; Mizunoya, Suguru; Rigole, Annika (2020). COVID-19: Effects of School Closures on Foundational Skills and Promising Practices for Monitoring and Mitigating Learning Loss, Innocenti Working Papers no. 2020-13, UNICEF Office of Research - Innocenti, Florence.
29. Narmada S, Somasundaram (2020) Preparedness for Reopening and Conducting Schools During and Post COVID-19 period. *Indian Journal of Practical Pediatrics* 2020, 22(2):217.
30. Willyard C (2021). COVID and Schools: the Evidence for Reopening Safely. *Nature* 2021, 595(7866):164-167.
31. Carvalho S, Rossiter J, Angrist N, Hares S, Silverman R (2020). Planning for School Reopening and Recovery after COVID-19. An Evidence Kit for Policymakers, Centre for Global Development 2020.
32. Gurdasani D, Alwan NA, Greenhalgh T, Hyde Z, Johnson L, McKee M, Michie S, Prather KA, Rasmussen SD, Reicher S: School Reopening Without Robust COVID-19 Mitigation Risks Accelerating the Pandemic. *The Lancet* 2021, 397(10280):1177-1178.
33. Water, Sanitation and Hygiene (WASH) Safe Water, Toilets and Good Hygiene Keep Children Alive and Healthy. Available at <https://www.unicef.org/wash>
34. IAP (2020). INDIAN PEDIATRICS 1 OCTOBER 12, 2020. Indian Academy of Pediatrics Guidelines on School Reopening, Remote Learning and Curriculum in and After the COVID-19 Pandemic.





GCCMC

Enabled by **Wipro**