

## COVID-19 PREPAREDNESS CHECKLIST FOR SCHOOL SETTINGS IN INDIA

(v 1.0 dated 25.04.2020)



### Acknowledgement:

This document is a modified version of the preparedness checklist for Community Health settings in India prepared by COVID-19-PHC Action Group, a voluntary group of public health researchers, practitioners and experts<sup>1</sup>.

It has been modified by the COVID-19 response coordination group of AddressHealth, India's leading provider of health services to schools. The members of AddressHealth's COVID-19 response coordination group are:

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## COVID-19 Preparedness Checklist for School Settings in India

### PURPOSE OF THIS DOCUMENT

Coronavirus disease (COVID-19) has been declared a Public Health Emergency of International Concern by WHO.

As this is a new virus, we are still learning about how it affects children. We know it is possible for people of any age to be infected with the virus, but so far there are relatively few cases of COVID-19 reported among children.

COVID-19 was first reported in India at the end of January 2020. Initially, it was restricted to people with a history of travel or exposure to someone else with travel to one of the COVID-19 reporting countries. However, community transmission is imminent. In such a situation, the preparedness of schools will be crucial in terms of their response to prevent the further transmission of COVID-19 and / or mitigate its adverse effects.

The typical reader of this document is managing a school, especially a school run by a private trust/ society. We have kept in mind the typical private school setting in urban India. This too may vary from state to state, from district to district, and hence these guidelines will require adaptation to your settings. Please feel free to reach out to AddressHealth by email ([info@addresshealth.com](mailto:info@addresshealth.com)) or by phone (9901700088) for any clarifications or suggestions.

**This document is not endorsed by or approved by any government agency/entity.**

It has been prepared by AddressHealth by modifying a document for PHC preparedness put together by COVID-19-PHC Action Group (see above). This document must be used to complement the most updated guidelines and resources from the Ministry of Health & Family Welfare and other government agencies at national, state and local levels. AddressHealth will attempt to update the document, as and when more comprehensive guidelines for school settings are issued as well as more evidence comes to light, which is relevant to the context of schools.

School closures will be the norm, where mitigation strategies are being employed to reduce the rate of spread and the peak of COVID-19. This document is intended to address periods, where schools have been allowed to be kept open by public health authorities, but are at risk of short to medium closures. This document allows schools to be prepared for effective actions, during the periods, when schools are open. It doesn't address issues such as learning deficits and outcomes and strategies to overcome them.

### Recommendations for healthy schools are:

1. Sick students, teachers and other staff should not come to school.
2. Schools should enforce regular hand washing with clean water and soap or alcohol based hand sanitizer, where water and soap are not available
3. Schools should provide water, sanitation and waste management facilities and follow daily disinfection and cleaning of school surfaces, at a minimum.
4. Schools should promote social distancing (a term applied to certain actions that are taken to slow down the spread of a highly contagious disease, including limiting large groups of people coming together)

### Social (Physical) Distancing to be practiced by schools:

1. Staggering the beginning and end of the school day. This should include strict social distancing measures for parent drop and pick up, such that no overcrowding happens in or near school premises.
2. Staggering lunch breaks.
3. Cancelling assemblies, sports games and other events that create crowded conditions
4. When possible, create space for children's desks to be at least one metre apart and ensure that there are no shared desks.
5. Teach and model creating space and avoiding unnecessary touching
6. Limit non- essential visitors. Ensure that all visitors are screened for temperature at entrance. Also ask all visitors to fill in a self-declaration form on symptoms, any tests done for COVID-19 (and its result) or contact history with recent COVID-19 positive persons
7. Allow students to eat meals in classrooms, while maintaining a distance of minimum six feet.

Physical distancing (also sometimes referred to as social distancing) is the main strategy to control transmission of infection in the community. It is a non-pharmaceutical infection prevention and control intervention, implemented to avoid/decrease contact between those who are infected with a disease causing pathogen and those who are not, so as to stop or slow down the rate and extent of disease transmission in a community. This eventually leads to decrease in spread, morbidity and mortality due to the disease.

See more details in the MOHFW guidelines<sup>2</sup>

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<sup>22</sup> <https://www.mohfw.gov.in/pdf/SocialDistancingAdvisorybyMOHFW.pdf> Accessed on 22.04.2020

## Section A: Preparedness within schools (including school infirmaries and medical rooms)

### Checklist for Overall School preparedness

1. Infrastructure, equipment and supplies
2. Teaching, Non-Teaching & Infirmary Staff safety
3. Care for children in school
4. Biomedical waste management and disinfection
5. Health information, outreach and communication
6. Monitoring and reporting

## Section B: Preparedness at the level of parents and families

### Checklist for preparedness of parents and families

1. Health information, outreach and communication
2. Information about close contact with COVID-19 positive and/or Quarantined symptomatic people to schools
3. Providing consent for school actions for health and safety
4. School Absence

## SECTION A: Preparedness within schools



### Section A: Checklist for overall School preparedness

No.	Assessment item	Remarks/Action	Status
1.	INFRASTRUCTURE, EQUIPMENT AND SUPPLIES		
1.1	<p>Are there designated hand-washing areas for all students and staff at various points of the school (one for every classroom with approximately 30 students)?</p> <p>In the absence of handwashing points, have hand sanitizers been provided at each point-of-use for every classroom (with approximately 30 students)/ staff especially near entrances/exits/lunchrooms and toilets? <a href="#">See Notes.</a></p>		

1.2	Are there adequate arrangements to dry hands after washing them using personal clean cloth towels carried by each student or disposable paper towels? <a href="#">See Notes</a>		
1.3	Do the classrooms have exhaust/appropriate ventilation?		
1.4	Does the school infirmary have a separate area for children reporting with cough, cold and/or fever?		
1.5	Are there signages to indicate a separate area for such children?		
1.6	Is there a designated hand-washing and hand sanitisation area/corner for the Infirmiry nurse?		
1.7	Are Infirmiry nurses and any assistants equipped with Personal Protective Equipment (PPE) ( <a href="#">see notes in 2.7</a> )? Are the supplies sufficient for a month?		
1.8	Have you printed and kept a copy of all relevant COVID-19 government guidelines in the infirmiry and administrator's office?		
1.9	Have you prepared an Infirmiry room(s) preparedness plan including PPE and disinfection and displayed it in the room?		
1.10	Is running water available throughout the day at the School Infirmiry? If not, is a contingency plan available?		
1.11	Are disinfectants, sanitisers and soap requirement for at least a month available in the school for cleaning as per guidelines?		
1.12	Have you identified PPE and disinfectant suppliers' phone numbers for emergency indents?		
1.13	Does your School Infirmiry have adequate stock for essential medicines and supplies, required for at least a month based on your estimations?		

1.14	Do you have equipment for thermal screening at the main entrance for screening visitors (whose visit is unavoidable)?		
1.15	Do you ask all visitors to fill in a self-declaration form to screen them? <a href="#">See Notes</a>		

#### NOTES:

1.1 It must be noted that hand washing is the best way to clean hands. But in case soap and water are not readily available you can use a hand sanitizer that contains at least 60% alcohol. But sanitizers do **not** get rid of all types of germs.

They may not be as effective when hands are visibly dirty or greasy. They might not remove harmful chemicals from hands like pesticides and heavy metals<sup>3</sup>.

1.2 CDC recommends that the best way to dry hands is using clean towels or air dry them. Though the studies around the best way to dry hands are inconclusive, since hand dryers can generate aerosolized particles they should be avoided. Further since paper towels are not environment friendly we must consider using personal clean hand towels. Each student must be instructed to carry a clean hand towel to school every day. This towel must be washed with water and detergent and thoroughly dried before reuse.

1.15: Sample Screening Form for Visitors ( [see Annexure 1 at the end](#))

No.	Assessment item	Remarks/Action	Status
2	TEACHING, NON-TEACHING & INFIRMARY STAFF SAFETY		
2.1	Have all the school staff undergone training on modes of transmission and common myths/misconceptions about COVID19? <a href="#">See Notes.</a>		
2.2	Is school ensuring that the teachers/staff are regularly updated with the latest accurate information regarding COVID 19 taken from reliable sources, particularly because information can change over a period of time and a lot of misinformation can circulate?		

<sup>3</sup> <https://www.cdc.gov/healthywater/hygiene/hand/handwashing.html>. Accessed on 23.04.2020

2.3	Are teachers aware about the best way to communicate about COVID 19 to students in a way that is honest, accurate, and minimizes anxiety or fear?		
2.4	Have all the infirmery staff and their assistants undergone training on PPE handling and disposal (masks & N95 respirators mainly)?		
2.5	Have the sanitization and disinfection guidelines been printed and displayed in all relevant areas in the school?		
2.6	Have you held mock drills for school staff on handling a suspected COVID 19 case? <a href="#">See Notes</a>		
2.7	Have PPE (masks and gloves mainly) been distributed to each staff in the Infirmary, as per guidelines based on the possible (high/moderate/low) risk involved? <a href="#">See Notes</a>		
2.8	Has the space in and around the school infirmary been divided into zones based on risk with restriction of outsiders and non-medical staff in the high-risk areas?		
2.9	Are the staff of the school, conducting a self-assessment for symptoms daily and reporting to school administrator, if they cross, the set risk threshold?		
2.10	Does your preparedness plan, include any residential quarters of staff on school campus?		
2.11	Have you identified critical job functions and positions, and planned for alternative coverage by cross-training staff?		
2.12	Do you actively encourage sick teachers/staff (with symptoms suggestive of COVID-19, refer 3.4) to stay home?		
2.13	Have you communicated to all employees not to return to work until the criteria to		



	discontinue home isolation (at that point of time as per local health authorities) are met?		
2.14	Have you communicated to the employees that they need to inform if they are caring for someone at home with COVID-19?		
2.15	Do you have a flexible sick leave policy in place consistent with the public health guidelines?		
2.16	Do you discourage employees from using other workers' phones, desks, offices, or other work tools and equipment, when possible? If necessary, clean and disinfect them before and after use.		
2.17	Have you encouraged teachers not to move study materials from one classroom to other rooms, as much as possible?		
2.18	Do you advise employees to take precautions before travel as per the guidelines at that point of time?		
2.19	Do you have protocol for staff meetings with social distancing measures?		
2.20	Have staff been provided secure low risk rooms/lockers/designated safe locations to keep personal belongings during duty hours?		
2.21	Is the food being prepared and served safely in case you have a school canteen? <a href="#">See Notes.</a>		
2.22	Are you checking on the health and wellness of the infirm nurse and / or doctor on your campus periodically? <a href="#">See Notes</a>		

#### NOTES:

**2.1 Awareness about COVID-19:** Awareness material is available in simple non-technical language for health workers in MoHFW's pocket book of five<sup>4</sup>.

<sup>4</sup> [https://www.mohfw.gov.in/pdf/3Pocketbookof5\\_Covid19\\_27March.pdf](https://www.mohfw.gov.in/pdf/3Pocketbookof5_Covid19_27March.pdf). Accessed on 24.04.2020

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**2.6 Mock drill for staff:** An important way to assess staff and facility preparedness and training is by conducting mock drills for school staff. Mock drills also help in reassuring staff and alleviating anxiety among staff.

**2.7 PPE use:** At school, the main components of PPE used frequently are surgical masks, N95 masks and gloves.

1. Low risk areas/staff requiring surgical mask or cloth based mask<sup>5,6</sup>
  1. Drivers
  2. Non-Teaching housekeeping staff
  3. Cloth based masks for teachers, students and other staff as per government recommendations.
2. Moderate risk areas/staff requiring surgical masks and gloves only
  1. School Infirmary staff , any school workers checking temperature
  2. Sanitary staff cleaning washrooms and hand wash areas
3. High risk areas/staff requiring N95 respirators and gloves
  1. Infirmary staff, if attending to any respiratory case in isolation area.

**2.21 Food Safety:** Enforce frequent hand washing for all cooks, food handlers, cashiers and other foodservice personnel. Clean cookware, plates, cups and cutlery regularly with dishwasher soap and water. Plan for distribution that minimizes handling. Stagger meal times to diminish crowds and allow time for cleaning and disinfecting between shift.

**2.22 Health & Wellness of Nurse/doctor:** Health workers struggle like the general public to get their own essential supplies. They may face stigma and discrimination from the society. They can be overwhelmed with both the surge in cases as well as poor outcomes to treatment in some situations. It is important that the school authorities address this issue proactively and give adequate attention to mental health issues from the start.

- Keep aside some time during team meetings to address Infirmary Nurse/ Doctor motivation and mental health. Examples of activities: allowing them to talk about their concerns and challenges and administrators acknowledging it.
- Early mobilisation of community and awareness to counter stigma.
- Providing psychosocial support (individual counselling and peer-group (e.g. creating a WhatsApp group as a platform to share supportive and encouraging messages only))
- Consider paying non-performance-based incentives.
- Arrange for transport or provide, additional transport allowance.
- Arrange for child-care support.
- Arrange separate good quality clean accommodation (in residential schools or in cases where they cannot travel to and fro from home).
- Ensure staff is well-rested and not overstressed.

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<sup>5</sup> <https://www.mohfw.gov.in/pdf/Advisory&ManualonuseofHomemadeProtectiveCoverforFace&Mouth.pdf>.

Accessed on 24.04/2020

<sup>6</sup> <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>. Accessed on 24.04.2020

- Developing an reward and recognition strategy.

No.	Assessment item	Remarks/Action	Status
3	CARE FOR CHILDREN AT SCHOOL		
3.1	Do you have a protocol in place in case a confirmed case of COVID 19 enters the school? <a href="#">See Notes for School Decision Tree</a> recommended by CDC or follow guidelines of public health authorities/ education department		
3.2	Do you have a procedure for a staff/student who becomes sick at school or arrives at school sick (with symptoms of Influenza like illness (ILI))? <a href="#">See Notes</a>		
3.3	Have you printed a list and contact details of COVID-19 testing centres and designated COVID-19 hospitals in your district/neighbouring districts?		
3.4	Have you displayed the latest COVID-19 symptoms list along with red-flags, high travel and high contact risk conditions in the school infirmary? <a href="#">See Notes</a>		
3.5	Are physical distancing norms implemented in the school, school bus/vans including spacing desks/running buses at half the capacity and restricting group activities in the school?		
3.6	Do you have phone numbers of all parents/ guardians?		
3.7	Do you have a strategy in place to minimise routine infirmary visits, including children with chronic illnesses, who need medications?		

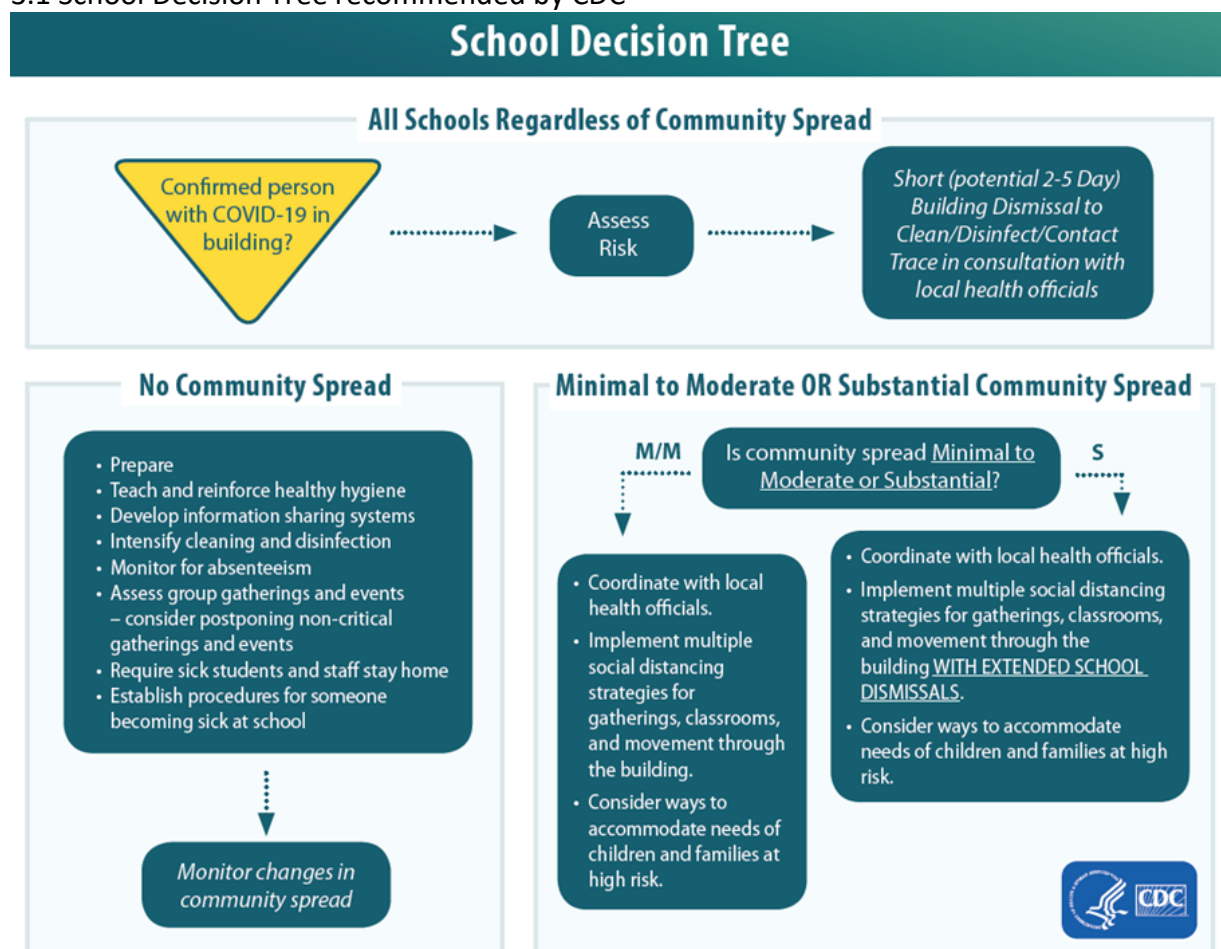
3.8	Have you planned emergency care provision in a way that it runs uninterrupted despite the changes brought in for COVID-19 precautions? <a href="#">See Notes</a>		
3.9	Do you have a plan to ensure continuity of critical services that may take place in schools such as school health screenings or care for children with special needs, as per the government regulations at that point of time? <a href="#">See Notes</a>		
3.10	Do you actively encourage children not to share pens/pencils etc to prevent spread of infection through fomites?		
3.11	Do you have a doctor on campus to attend to any child who needs to be seen by a doctor, after triaging by school infirmary nurse?		
3.12	If 3.11 is no, Do you have a doctor who can provide tele-consultation, in case any child needs to be reviewed by a doctor? <a href="#">See Notes</a>		
3.13	For schools with residential hostels only: Do you follow all social distancing, hygiene measures and disinfection protocols prescribed for public places, in the hostel strictly <sup>7</sup> ?		

#### NOTES:

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<sup>7</sup> <https://www.mohfw.gov.in/pdf/Guidelinesondisinfectionofcommonpublicplacesincludingoffices.pdf>. Accessed on 24.04.2020

### 3.1 School Decision Tree recommended by CDC<sup>8</sup>



**3.2 Patient Flow to School Infirmary:** Any child/ staff presenting with symptoms matching Influenza-like illness (ILI) should be guided to a separate marked area of the school infirmary.

**3.4 Screening, treatment and referral protocols** (refer to ICMR<sup>9</sup> or MOHFW<sup>10</sup> website for latest protocols)

Follow the treatment protocol for the primary health care provided by your state government/appropriate higher government authority. Given the dynamic shifts in our understanding of COVID-19, these may be updated from time to time. Clinical management guidelines are now available on MoHFW website.

A symptom checklist for COVID-19 (for illustration purposes only; check updated list from your district/state government)

<sup>8</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.htm>

<sup>9</sup> <https://icmr.nic.in/content/covid-19>

<sup>10</sup> <https://www.mohfw.gov.in/>

S No.	Symptoms	Yes	No	Remarks with duration
1	Fever			
2	Cough			
3	Runny Nose			
4	Sore throat			
5	Body pain			
6	Loss of appetite			
7	Diarrhoea			
8	Lost sense of smell (anosmia) and taste (ageusia)			
RED FLAGS				
8	Difficulty breathing or shortness of breath after symptoms set in			IMMEDIATE ACTION For any one of these symptoms, refer for testing and management to centres.
9	Persistent pain or pressure in the chest			
10	Bluish lips or face			

#### High Contact Risk Check

S. No.	High Contact Risk Criteria	Yes	No	Within 14 days of contact?
1	Contact with someone in the last 14 days having symptoms of severe respiratory illness/admitted for the same			
2	Patient in close proximity (within 3ft) of a conveyance with a symptomatic person who later tested positive for COVID-19			
3	Contact with someone in the last 14 days having tested positive for COVID-19			

4	Direct physical contact with the person being suspected to have COVID-19 including examining a person without PPE (personal protective equipment)			
5	Touched or cleaned the linen/clothes/dishes of a person suspected to have COVID-19			
6	Touched the body fluids (respiratory secretions, vomit, saliva, urine, feces) of a person with suspected COVID-19			

**3.8 Planned Emergency Care:** The infirmary staff must plan in advance to ensure that emergency care like trauma care continues uninterrupted at the infirmary while ensuring the safety of child and staff. Nebulization for respiratory distress **SHOULD NOT** be carried out because it is an aerosol generating activity. An adequate number of spacers and metered dose inhalers, must be available in the infirmary. These can be sterilized after each use or individual spacers can be issued to concerned students, after a single use.

**3.9 Support to vulnerable populations:**

Children with special needs: Children with special needs must be identified and their individual care plans, updated with infirmary nurse and class teacher.

Children with chronic diseases: Children with chronic diseases must be identified and their individual care plans, updated with infirmary nurse and class teacher.

**3.12 Telephonic/Whatsapp/tele-medicine consultations:** Parents should give prior consent for any tele medicine consults for their ward with a doctor, as per referral by school infirmary nurse.<sup>11</sup>

No.	Assessment item	Remarks/Action	Status
4	BIOMEDICAL WASTE MANAGEMENT AND DISINFECTION		
4.1	Is there a plan for disposal of infected or other biomedical waste by your school? Biomedical waste especially, infectious waste, stored in yellow colour coded bags, should be disposed only through authorized biomedical waste management agencies.		

<sup>1111</sup> The telemedicine guidelines have been issued by the Board of Governors, in supersession of the Medical Council of India. Please refer <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>. Accessed on 23.04.2020

	In case, such facility is not available, please contact public health authorities, for disposal of biomedical waste.		
4.5	Are staff aware that PPE removal should be at/near the bin?		
4.6	Have you implemented a common area disinfection routine at your facility? <a href="#">See Notes</a>		
4.7	Is the disinfection solution being prepared daily, as per set protocols? <a href="#">See Notes</a>		
4.8	Are the school transport vehicles being disinfected, at least on a daily basis?		

#### NOTES:

4.6 to 4.8 Facility cleaning and Disinfection plan: Please prepare a school-wide disinfection plan, including all school buses and vans. This will depend on the number of trips, each bus makes in a day. Ensure a thorough daily disinfection at the end of daily trips. Frequently touched surfaces in the buses such as handles, can be cleaned after every trip.

The MOHFW guidelines for disinfection of common public places can be used for the same<sup>4</sup>.

What to use?

One Percent (1%) sodium hypochlorite solution is recommended. For surfaces that do not tolerate bleach, disinfectants with a minimum of 60% ethanol or 70% isopropanol <sup>12</sup> can be used (phones, computers, keyboards and other electronics)

#### Indoor areas:

- All indoor areas should be cleaned every evening after office hours or early in the morning before the rooms are occupied.
- If contact surface is visibly dirty, it should be cleaned with soap and water prior to disinfection.
- Prior to cleaning, the worker should wear disposable rubber boots, gloves (heavy duty), and a triple layer mask.
- Start cleaning from cleaner areas and proceed towards dirtier areas.
- All indoor areas such as classrooms, entrance lobbies, corridors and staircases, escalators, elevators, security guard booths, office rooms, meeting rooms, cafeteria should be mopped with a disinfectant with 1% sodium hypochlorite or phenolic disinfectants. The guidelines for preparing fresh 1% sodium hypochlorite solution are given below.

<sup>12</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>. Accessed on 24.04.2020



- High contact surfaces such elevator buttons, handrails / handles and call buttons, handrails, public counters, intercom systems, equipment like telephone, printers/scanners, and other office machines should be cleaned twice daily by mopping with a linen/absorbable cloth soaked in 1% sodium hypochlorite. Frequently touched areas like table tops, chair handles, pens, diary files, keyboards, mouse, mouse pad, tea/coffee dispensing machines etc. should specially be cleaned.
  - For metallic surfaces like door handles, security locks, keys etc. Cleaning liquids with a minimum of 60% ethanol or 70% isopropanol can be used to wipe down surfaces where the use of bleach is not suitable.
  - If someone is coughing, without following respiratory etiquettes or mask, the areas around his/her seat should be vacated and cleaned with 1% sodium hypochlorite.
  - Carefully clean the equipment used in cleaning at the end of the cleaning process.
  - Remove PPE, discard in a disposable PPE in yellow disposable bag and wash hands with soap and water.
- In addition, all employees should consider cleaning the work area in front of them with a disinfecting wipe prior to use and sit one seat further away from others, if possible

## 2. Outdoor areas

Outdoor areas have less risk than indoor areas due to air currents and exposure to sunlight. Cleaning and disinfection efforts should be targeted to frequently touched/contaminated surfaces as already detailed above.

- Toilets and washrooms

Sanitary workers must use separate set of cleaning equipment for toilets (mops, nylon scrubber) and separate set for sink and commode). They should always wear disposable protective gloves while cleaning a toilet.

Areas	Agents / Toilet cleaner	Procedure
Toilet pot/ commode	Sodium hypochlorite 1%/ detergent Soap powder / long handle angular brush	<ul style="list-style-type: none"> <li>• Inside of toilet pot/commode:</li> <li>• Scrub with the recommended agents and the long handle angular brush.</li> <li>• Outside: clean with recommended agents; use a scrubber.</li> </ul>
Lid/ commode	Nylon scrubber and soap powder/detergent 1% Sodium Hypochlorite	<ul style="list-style-type: none"> <li>• Wet and scrub with soap powder and the nylon scrubber inside and outside.</li> <li>• Wipe with 1% Sodium Hypochlorite</li> </ul>
Toilet floor	Soap powder /detergent and scrubbing brush/ nylon broom 1% Sodium Hypochlorite	<ul style="list-style-type: none"> <li>• Scrub floor with soap powder and the scrubbing brush</li> <li>• Wash with water</li> </ul>

		<ul style="list-style-type: none"> <li>• Use sodium hypochlorite 1% dilution</li> </ul>
Sink	Soap powder / detergent and nylon scrubber 1% Sodium Hypochlorite	<ul style="list-style-type: none"> <li>• Scrub with the nylon scrubber.</li> <li>• Wipe with 1% sodium hypochlorite</li> </ul>
Showers area / Taps and fittings	Warm water Detergent powder Nylon Scrubber 1% Sodium Hypochlorite/ 70% alcohol	<ul style="list-style-type: none"> <li>• Thoroughly scrub the floors/tiles with warm water and detergent</li> <li>• Wipe over taps and fittings with a damp cloth and detergent.</li> <li>• Care should be taken to clean the underside of taps and fittings.</li> <li>• Wipe with 1% sodium hypochlorite/ 70% alcohol</li> </ul>
Soap dispensers	Detergent and water	<ul style="list-style-type: none"> <li>• Should be cleaned daily with detergent and water and dispensers dried.</li> </ul>

- Cleaning liquids with a minimum of 60% ethanol or 70% isopropanol can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metal. Chloroxylonol (4.5-5.5%)/ Benzalkonium Chloride or any other disinfectants found to be effective against coronavirus may also be used as per manufacturer's instructions)
- Always use freshly prepared 1% sodium hypochlorite.
- Do not use disinfectants spray on potentially highly contaminated areas (such as toilet bowl or surrounding surfaces) as it may create splashes which can further spread the virus.
- To prevent cross contamination, discard cleaning material made of cloth (mop and wiping cloth) in appropriate bags after cleaning and disinfecting. Wear new pair of gloves and fasten the bag.
- Disinfect all cleaning equipment after use and before using in other area
- Disinfect buckets by soaking in bleach solution or rinse in hot water

#### 4.7 Preparing 1% hypochlorite solution<sup>13</sup>

##### 1. Preparation of Chlorine solution using Hypochlorite Solution

Concentration of commercially available hypochlorite solution	Required chlorine Concentration	To prepare 1000 ml	
		Solution in ml	Add water in ml
5%	2%	400	600
	1%	200	800
	0.50%	100	900
10%	0.50%	50	950
	1%	100	900
	2%	200	800

##### PREPARATION OF DILUTE SOLUTIONS OF BLEACHING POWDER

Strength of SBP (stable bleaching powder)	Volume of water	Desired concentration	Bleaching powder in grams per litre
20%	1 litre	0.50%	25
		1%	50
		2%	100
		5%	250
		10%	500
25%	1 Litre	0.50%	20
		1%	40
		2%	80
		5%	200
		10%	400
30%	1 Litre	0.5%	17
		1%	33
		2%	67
		5%	167
		10%	333

<sup>13</sup> [https://nhm.gov.in/images/pdf/in-focus/Swachhta\\_Abhiyaan\\_Guidelines.pdf](https://nhm.gov.in/images/pdf/in-focus/Swachhta_Abhiyaan_Guidelines.pdf)

No.	Assessment item	Remarks/Action	Status
5	HEALTH INFORMATION, OUTREACH AND COMMUNICATION		
5.2	Have you identified a single platform on which all of your facility and field staff are available for communication and coordination? (E.g. Whatsapp/any other platform on which all staff are available for remote access)		
5.3	Have you procured/printed and displayed key posters on COVID-19 in common areas? <a href="#">See Notes</a>		
5.4	Are students/teachers/staff instructed to wash their hands or use hand sanitizer if the hands are not visibly dirty throughout the day, including <sup>14</sup> : <ul style="list-style-type: none"> <li>• After arriving at school</li> <li>• Before eating.</li> <li>• After eating.</li> <li>• After they use the toilet</li> <li>• After they cough/sneeze</li> <li>• After they have touched an item or surface that may be frequently touched by other people, such as door handles, stair railings, tables, keyboards, etc.</li> <li>• Before touching their eyes, nose, or mouth</li> </ul>		
5.5	Does the awareness material include a focus on countering possible stigma and discrimination due to quarantine status, contact exposure or test positivity of any child or school staff? <a href="#">See Notes.</a>		
5.6	Is the state/district COVID-19 helpline number(s) prominently displayed at your school infirmary entrance and in all posters?		

<sup>14</sup> <https://www.cdc.gov/handwashing/when-how-handwashing.html>. Accessed on 24.04.20

5.7	Is information on COVID-19 being circulated through the school communication portal to all parents?		
5.8	Have you implemented targeted health education which integrates disease prevention and control in your school? <a href="#">See Notes</a>		
5.9	Have you compiled authentic videos/resources from the MoHFW/ state health department /WHO/CDC etc to share with staff and parents?		

#### NOTES:

##### 5.3 Posters to print and display in common areas of school

- Dos and don'ts
- Common symptoms
- National and state level helpline numbers
- When to seek medical attention (risk-factors/red flags as indicated above)
- Stay home when sick.
- How to wash hands?
- How to cover coughs and sneezes?
- Clean frequently touched surfaces.

5.5 Stigma and discrimination due to quarantine status, contact exposure or test positivity: In any communication from school, ensure emphasis on ensuring that everyone is treated with dignity and ensure that no individuals/groups face any stigma/discrimination due to contracting COVID-19 or for any other reason.

##### 5.8 Implement targeted health education

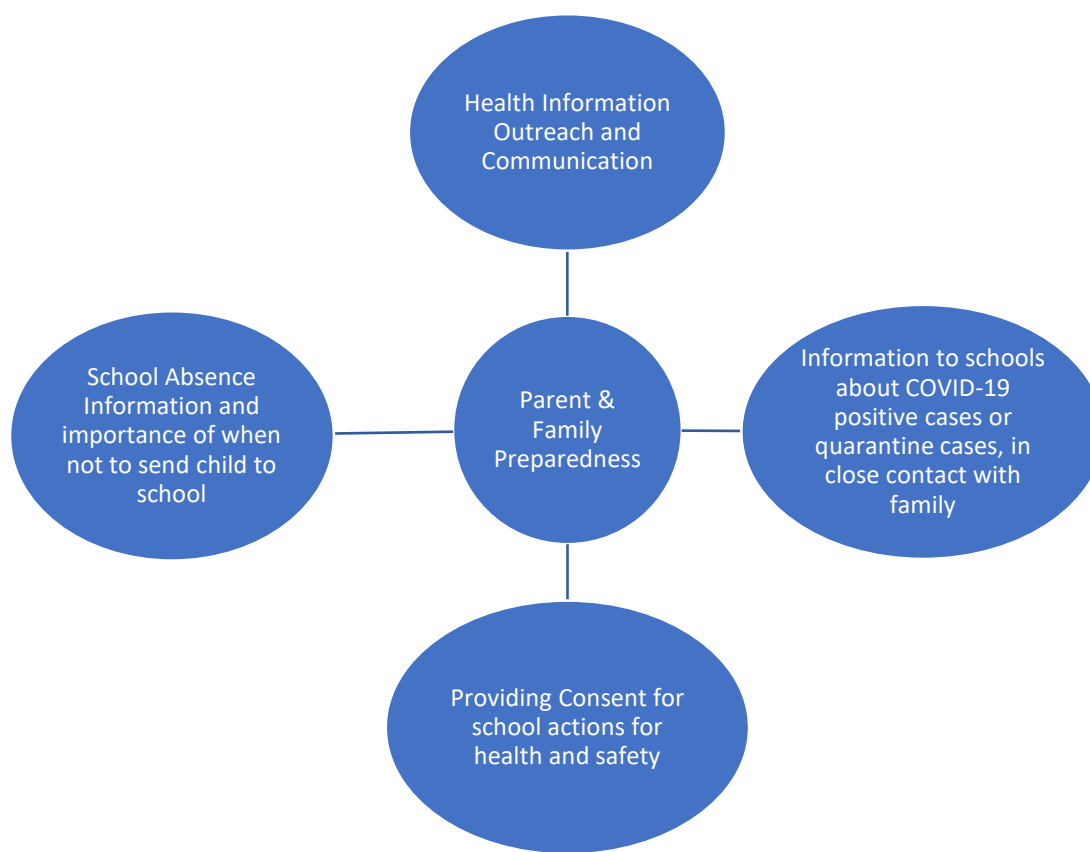
Integrate disease prevention and control in daily activities and lessons. Ensure content is age-, gender-, ethnicity-, and disability-responsive and activities are built into existing subjects.

Include health education laying emphasis on topics like

- Personal hygiene
- Handwashing
- Prevent spread of infection by covering coughs/sneezes
- How to deal with fear and anxiety?
- How to cope with change?
- How to stay safe online?
- Vaccines
- Staying active indoors

No.	Assessment item	Remarks/Action	Status
6	MONITORING AND REPORTING		
6.1	Have you notified a face-to-face (virtual if possible) meeting schedule for your school infirmary staff and administrator at least on a weekly basis?		
6.2	Have you considered identifying a point-person at the school for the dissemination of information to all stakeholders?		
6.3	Have you made contingency plans for absence of school infirmary nurse?		
6.4	Do you review the absenteeism patterns among your staff/students and alert local health authorities particularly if the absences appear to be due to respiratory symptoms?		

## Section B. Preparedness of parents and families



### Sections B: Checklist for preparedness for parents and families

No	Assessment item	Remarks/Action	Status
7	HEALTH INFORMATION, OUTREACH AND COMMUNICATION		
7.1	Is information on COVID-19 being circulated through the school communication portal to all parents? This must include  a) modes of transmission, b) common myths/misconceptions, c) use of masks by public d) social distancing measures e) other measures being promoted by government authorities		
7.2	Is the school in coordination with the infirmiry nurse/doctor sharing various mental health guidelines available with the parents including various resources on		

	positive mental health including yoga and meditation advice?		
7.3	Is the state/district COVID-19 helpline number(s) prominently displayed at your school infirmary entrance and in all posters?		
7.4	Does the awareness material include a focus on countering possible stigma and discrimination due to quarantine status, contact exposure or test positivity of any child or school staff?		
7.5	Does the school send information to parents about COVID-19 and similar illnesses, including hand and respiratory hygiene, pandemics, vaccines, physical(social) distancing etc		
7.6	Is the information regarding usefulness about Arogya Setu App <sup>15</sup> being disseminated among the parents and school staff?		

No	Assessment Item	Remarks/Action	Status
8	INFORMATION TO SCHOOLS ABOUT COVID-19 POSITIVE CASES OR QUARANTINE CASES, IN CLOSE CONTACT WITH FAMILY		
8.1	Are parents being encouraged to share information about COVID-19 positive cases or quarantine cases with Influenza-like-illness (ILI) symptoms, in close contact with family? Are parents encouraged to inform school, if their residence has been declared a containment zone?		
8.2	Have they been reassured that no possible stigma and discrimination of children will be done, based on such information?		
8.3	What channel is being used for such communication? Who is the nodal point person for such information?		

<sup>15</sup> <https://www.mygov.in/aarogya-setu-app/>. Accessed on 24.04.2020



8.4	Is the School Infirmary nurse being informed of communication from parents?		
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No	Assessment Item	Remarks/Action	Status
9	PROVIDING CONSENT FOR SCHOOL ACTIONS FOR HEALTH AND SAFETY		
9.1	Are parents providing consent for teleconsultations with a doctor for any health issue, which requires a referral by the school, including but not limited to Suspected COVID-19 symptoms?		
9.2	Are parents being informed of disinfection procedures carried out by school? Are parents encouraged to share allergy information of children to chemicals used for disinfection ( Chlorine/ Bleaching Powder/ Sodium Hypochlorite)		
9.3	Are parents providing consent for isolation of children with respiratory symptoms?		
9.4	Is there a plan for parents to immediately take children identified with respiratory symptoms and / or fever, home?		

No	Assessment	Remarks/Action	Status
10	SCHOOL ABSENCE – INFORMATION AND IMPORTANCE OF WHEN NOT TO SEND CHILD TO SCHOOL		
10.1	Are parents encouraged to keep children with respiratory symptoms and / or fever at home? Are they assured that school absence will be considered very sympathetically?		
10.2	Has school publicly announced to do away with any attendance linked rewards or marking in the progress report of child for the academic year?		

10.3	Are parents informed to send detailed leave of absence notes, including details of illness-doctors note, prescription etc		
10.4	Does school infirmery nurse maintain a file of all such communication from parents, including doctor's prescriptions, lab results etc and also take adequate precautions with children who are back in school, after a bout of fever or ILI?		
10.5	Do you share information with parents (not specific to COVID -19) about when not to send your child to school? <sup>16</sup>		

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<sup>16</sup> <https://www.healthychildren.org/English/family-life/work-play/Pages/When-to-Keep-Your-Child-Home-from-Child-Care.aspx>. Accessed on 25.04.2020

## Annexure 1:

## COVID-19 Screening Checklist for Schools – for Visitors

Date & Time	___/___/_____ @ ___:___ am/pm
Name	
Mobile Number	
Category of Visitor	Parent/Guardian/ Vendor/ Public Servant/Staff Relative/ Others_____
Purpose of Visit	
Fever (> 38.4°C / 100.4°F)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Restrict Entry

**Self Declaration Form related to COVID-19**

Have you had this symptom in last month?	Response	If Yes, what's the current status? <sup>17</sup>
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since _____ days
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since _____ days
Runny Nose	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since _____ days
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since _____ days
Lost sense of smell and / or taste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since _____ days
Breathing Difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since _____ days
Have you been in contact with someone who has tested positive for COVID-19 in the last 30 days/ one month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details <sup>18</sup>
Have you been in close contact with someone or taken care of someone, who has had any of the above listed symptoms, in the last one month/ 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details
Have you tested positive for COVID-19 at any time in the last one month/ 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details

Signature of Visitor

<sup>17</sup> Restrict entry, if symptoms are current or last history of symptoms is less than 14 days<sup>18</sup> If yes, restrict entry. The screening criteria has been set at a month, to make it simple for screening personnel

**End Note:**

This document has been compiled to help schools, especially those run by private trusts/ not for profits to prepare to tackle the challenge of COVID-19, while schools are in session. It is focussed on mitigating the risk of children, staff and school authorities, contracting COVID-19 and containing the spread of the same within the school environment. It doesn't attempt to address issues arising out of the challenge to learning environment due to school closures, physical distancing etc. It has extensively borrowed references and guidance from the following:

1. COVID-19 PREPAREDNESS CHECKLIST FOR RURAL & URBAN PRIMARY HEALTH CARE & COMMUNITY HEALTH SETTINGS IN INDIA, COVID-19-PHC Action Group, April 2020
2. Interim Guidance for Administrators of US K-12 Schools and Child Care Programs to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). CDC, March 2020
3. Key Messages and Actions for COVID-19 Prevention and Control in Schools. UNICEF/WHO/IFRC. March 2020.
4. Ministry of Health & Family Welfare Website ([www.mohfw.gov.in](http://www.mohfw.gov.in))

AddressHealth intends to update the guidance on a periodic basis, as and when they are issued at national or international level, or scientific evidence emerges, which has impact on these guidelines. Please email us ([info@addresshealth.com](mailto:info@addresshealth.com)) or call +91-9901700088 for any inputs or clarifications.

AddressHealth is a leading provider of school health services to schools in urban India. We currently serve private and government schools in Bangalore, Pune, Delhi – NCR and Hyderabad. Our services include: School Infirmary Services, Annual Health Check-Up, Systematic Health Education and School Mental Wellbeing Programs. Please visit [www.addresshealth.com](http://www.addresshealth.com) for more details.