

COVID-19 Information related to Students and School Staff as per WHO

What is the role of children in transmission?

The role of children in transmission is not yet fully understood. To date, few outbreaks involving children or schools have been reported. However, the small number of outbreaks reported among teaching or associated staff to date suggests that spread of COVID-19 within educational settings may be limited.

As children generally have milder illness and fewer symptoms, cases may sometimes go unnoticed. Importantly, early data from studies suggest that infection rates among teenagers may be higher than in younger children.

Considering that many countries are starting to slowly lift restrictions on activities, the longer-term effects of keeping schools open on community transmission are yet to be evaluated. Some modelling studies suggest that school re-opening might have a small effect on wider transmission in the community, but this is not well understood. Further studies are underway on the role of children in transmission in and outside of educational settings. WHO is collaborating with scientists around the world to develop protocols that countries can use to study COVID-19 transmission in educational institutions.

Should children with underlying health conditions (asthma, diabetes, obesity) return to school?

Whether a child should go to school depends on their health condition, the current transmission of COVID-19 within their community, and the protective measures the school and community have in place to reduce the risk of COVID-19 transmission. While current evidence suggests that the risk of severe disease for children is lower overall than for adults, special precautions can be taken to minimize the risk of infection among children, and the benefits of returning to school should also be considered.

Current evidence suggests that people with underlying conditions such as chronic respiratory illness including asthma (moderate-to-severe), obesity, diabetes or cancer, are at higher risk of developing severe disease and death than people without other health conditions. This also appears to be the case for children, but more information is still needed.

Should teachers and other staff with underlying health conditions return to school?

Adults 60 years and older and people with underlying health conditions are at higher risk for severe disease and death. The decision to return to a teaching environment depends on the individual and should include consideration of local disease trends, as well as the measures being put in place in schools to prevent further spread.

What are the prevention and control measures to be prepared and put in place in schools?

There are several actions and requirements that should be reviewed and put in place to prevent the introduction and spread of COVID-19 in schools and into the community; and to ensure the safety of children and school staff while at school. Special provisions should be considered for early childhood development, higher learning institutions, residential schools or specialized institutions.

WHO recommends the following:

Community-level measures: Carry out early detection, testing, contact tracing and quarantine of contacts; investigate clusters; ensure physical distancing, hand and hygiene practices and age-appropriate mask use; shield vulnerable groups. Community-led initiatives such as addressing misleading rumors also play an important role in reducing the risk of infection.

Policy, practice and infrastructure: Ensure the necessary resources, policies and infrastructure, are in place that protect the health and safety of all school personnel, including people at higher risk.

Behavioral aspects: Consider the age and capacity of students to understand and respect measures put in place. Younger children may find it more difficult to adhere to physical distancing or the appropriate use of masks.

Safety and security: School closure or re-opening may affect the safety and security of students and the most vulnerable children may require special attention, such as during pick-up and drop-off.

Hygiene and daily practices at the school and classroom level: Physical distancing of at least 1 metre between individuals including spacing of desks, frequent hand and respiratory hygiene, age-appropriate mask use, ventilation and environmental cleaning measures should be in place to limit exposure. Schools should educate staff and students on COVID-19 prevention measures, develop a schedule for daily cleaning and disinfection of the school environment, facilities and frequently touches surfaces, and ensure availability of hand hygiene facilities and national/local guidance on the use of masks.

Screening and care of sick students, teachers and other school staff: Schools should enforce the policy of “staying home if unwell”, waive the requirement for a doctor’s note, create a checklist for parents/students/staff to decide whether to go to school (taking into consideration the local situation), ensure students who have been in contact with a COVID-19 case stay home for 14 days, and consider options for screening on arrival.

Protection of individuals at high-risk: Schools should identify students and teachers at high-risk with pre-existing medical conditions to come up with strategies to keep them safe; maintain physical distancing and use of medical masks as well as frequent hand hygiene and respiratory etiquette.

Communication with parents and students: Schools should keep students and parents informed about the measures being implemented to ensure their collaboration and support.

Additional school-related measures such as immunization checks and catch-up vaccination programmes: Ensure continuity or expansion of essential services, including school feeding and mental health and psycho-social support.

Physical distancing outside classrooms: Maintain a distance of at least 1 metre for both students (all age groups) and staff, where feasible.

Physical distancing inside classrooms:

In areas with **community transmission** of COVID-19, maintain a distance of at least 1 metre between all individuals of all age groups, for any schools remaining open. This includes increasing desk spacing and staging recesses, breaks and lunchbreaks; limiting the mixing of classes and of age groups; considering smaller classes or alternating attendance schedules, and ensuring good ventilation in classrooms.

In areas with **cluster-transmission** of COVID-19, a risk-based approach should be taken when deciding whether to keep a distance of at least 1 metre between students. Staff should always keep at least 1 metre apart from each other and from students and should wear a mask in situations where 1-metre distance is not practical.

In areas with **sporadic cases/no cases** of COVID-19, children under the age of 12 should not be required to keep physical distance at all times. Where feasible, children aged 12 and over should keep at least 1 metre apart from each other. Staff should always keep at least 1 metre from each other and from students and should wear a mask in situations where 1-metre distance is not practical.

Remote learning: Where children cannot attend classes in person, support should be given to ensure students have continued access to educational materials and technologies (internet, texting radio, radio, or television), (e.g. delivering assignments or broadcasting lessons). Shutting down educational facilities should only be considered when no alternatives are available