

Ministry of Education, Tertiary Education, Science and Technology

Guidelines for Safe Operating of Schools During Covid-19

June 2021

Contents

Part A.1 Sanitary and Hygienic Conditions	3
Part B Guidelines for Identification and Reporting of Suspected COVID-19 Cases in Schools	7
Part C Basic Sanitary Measures	17
Part D Cleaning and disinfection guidelines	22

Part A.1 Sanitary and Hygienic Conditions

During on-going School activities:

Upon School Resumption

GENERAL

- Presentation of a COVID-19 Vaccination Card will be mandatory to have access to the Educational Institutions.
- Staffs/Students/Visitors having no Vaccination Card, will need to produce a negative PCR tests (not older than 7 days) in order to get access to the Educational Institutions.
- Use of masks for students and personnel, except for pre-primary children or those who medically are dispensed from wearing masks.
- Daily contactless temperature checks at school entrance for students, teaching and non-teaching.
- Designation and demarcation of an isolation room for suspected cases and disinfection of same prior and post utilization.
- Hand sanitizing at strategic points.
- Assigned time slots for regular hand washing.
- Respecting all social distancing norms: reduced class size, physical distancing at all times, staggered entry, dismissal and breaks.
- Avoiding large gatherings and always maintaining physical/social distancing, in the classrooms with spacing of desks to accommodate a distance of at least 1 meter as well as in corridors, in staff rooms, and within the school compound.
- Signage and visual aids to facilitate physical distancing in schools.
- Display of posters on use of masks and precautionary measures at strategic locations.
- Wherever possible schools are encouraged to conduct classes in open spaces as this can limit transmission and more easily allow for distance between children and staff.
- Establishment of a Covid-19 committee at school level and make this committee responsible and accountable for safe practices on the school compound.
- Establishment of procedures in case of staff/ learners being unwell (Temperature check, Isolation Room and notification of Health authorities and Parents).

OTHER MEASURES

- Morning assemblies would not be held, communications and sensitization will be done at classroom level until further notice.
- Staggered lunch break to avoid crowd gathering until further notice.
- PE classes would be conducted exclusively outdoors, however group sports would not be allowed, all activities, are to be in compliance with social distancing until further notice.

Cleaning and disinfecting classrooms daily

- Regular cleaning and disinfecting of high-touch places (railings, tables, sports equipment, door and window handles, teaching and learning aids etc.)
- Ensuring an adequate air flow and ventilation in classes by opening windows and doors. Ensure appropriate ventilation and ‘airing’ of rooms.
- Ensuring daily removal and safe disposal of trash.
- Regular disinfection of classrooms and specialist rooms.
- Availability of covered bins for disposal of used tissues
- Availability of adequate supply of cleaning supplies and equipment.

Toilet facilities

- Reinforcing frequency of toilet cleaning with appropriate cleaning agents with particular attention to door handles, flush handles and other contact points.
- Regular refilling of hand wash.
- Maintaining a log book for toilet cleaning.
- All staff and learners shall be encouraged to wash their hands.
- Ensuring that toilets do not become crowded.

Access to parents and third parties

- Entry by visitors, parents, and vendors should be restricted and to ensure compliance with regulations in force.
- Reminding parents/learners about drop-off and collection arrangements: they **should not gather at school gates**.
- Ensure strict access control measures are established and adhered to, including the signing of a register by all visitors.
- Encouraging persons to communicate with the school via telephone or email and limit face-to-face interactions.

Deliveries in school premises

- Planning deliveries in a staggered manner, if possible, to avoid having too many external people present at the school at the same time.
- Establishing specific procedures for the receipt of goods or supplies and reducing the opportunities for contact between personnel making deliveries and staff.
- Limiting the number of staff designated to handle deliveries. Staff receiving deliveries are required to wear masks at all times.
- Strict hand hygiene prior to and while receiving goods.
- Delivery personnel must wash or sanitize hands before and after every delivery.
- Disinfecting deliveries at point of delivery before entry into the building.
- Identifying of a place where mail or parcels can be deposited without contact. Entry by visitors, parents, and vendors should be restricted.

Reinforce hygienic measures

- Heads of schools to ensure adequate procurement of liquid soap and alcohol- based hand rub as well as availability of clean water supply.
- Schools and educators should reinforce regular hand washing practices with safe water and soap.
- Encouraging students to stay in one classroom for the duration of their class session.
- Discouraging the sharing of resources such as electronic devices, textbooks, etc.
- Assigning a specific desk and chair to each student which should be used by that student only, where feasible.
- Use of tissue rolls for adequate wiping of hands and covered bins for disposal thereof.

Meals

- Canteens would operate but under strict sanitary conditions- food handler's certificate and proper and safe food storage and packing practices.
- Students and staff must avoid sharing utensils or food.
- Students are required to have their snacks/lunches at their desks wherever feasible.
- Ensuring that the food handler's certificate for service providers of supplementary feeding programme is valid.
- Ensuring that food handlers adhere to precautionary measures such as wearing masks and gloves and ensure proper and safe food storage practice.

Transportation

- Heads of schools are required to remind everyone using public transportation that they must comply with the national protocol for travel on public service vehicles.
- Cleaning and disinfection of all vehicles (buses, vans and taxis) used for the conveyance of students
- Adequate ventilation at all times within the school transportation means as far as possible.

Psychosocial support

- Strategies to address the social and emotional learning needs of students who show signs of distress, anxiety or inability to cope during the return to school should be developed by schools.
- Schools are required to eradicate all forms of stigma or discrimination as a result of Covid-19.
- For further support, please contact NECS department of the Ministry.

Additional guidelines for special needs

- In addition to the general protocols for the safe operation of schools, the following additional guidelines must be enforced for the care and safety of students with special needs:
- Staggered school resumption.
- All special needs facilities must conform to all protocols that have been put in place for the safe operation of schools.
- All teachers and teaching aides must be sensitized about the special precautions to be enforced for the care of, engagement and interaction with special needs children.
- All toys, equipment, apparatus and learning materials must be thoroughly sanitized before and after use.
- Therapies should be staggered and in line with sanitary protocol, with regular cleaning and disinfection between therapy sessions.
- Conduct sensitization sessions for parents on the procedures and guidelines that are enforced for the safe operation of special needs schools/facilities.
- Training of special needs children in proper hand hygiene, cough etiquette, social and physical distancing and consistently enforce safe practices in the learning environment.
- Teachers and teacher aides must wear face masks or appropriate face protection at all times when interacting with students who cannot wear face masks or other face protection.
- Extra special attention should be paid to hand hygiene in classes and other places of direct contact with students who cannot wear facemasks or other face protection.
- Establishing guidelines for the safe drop-off and collection of children.

Part B Guidelines for Identification and Reporting of Suspected COVID-19 Cases in Schools

There is the need to strengthen the preventive measures against COVID-19 and heighten the vigilance of staff towards students' health, in the context of school resumption.

Every head of schools should use the Covid-19 Risk assessment checklist to ensure that their schools/settings are ready for school resumption.

Under no circumstances should learners or staff attend schools or settings if they:

- feel unwell with or, have any or the identified Covid-19 symptoms, they and their household should self-isolate immediately and seek medical advice. They may call on the hotline 8924
- have tested positive for COVID-19 or been told to self-isolate.
- live in a household with someone who has symptoms of, or has tested positive for COVID-19
- If **symptomatic or unwell**, learners and staff should **not attend** schools.
- If **suspected case** when a staff member or learner becomes unwell at school, they should be **isolated** until they can proceed to seek medical advice.

Actions to be taken when a learner or staff tests positive to Covid-19

1. In the event of a positive test, a contact tracer from MOH will contact the person tested to help identify potential contacts.
 - Schools should ensure that they have processes in place, a mandatory visitors book or even meeting books, supported by establishing seating plans where appropriate, to enable contacts to be quickly and easily identified and shared with the contact tracer to ease the exercise.
 - If a case should occur in the school setting, the head of school may contact the MOH hotline on 8924 for more information.
2. A positive test for a learner or staff member **DOES NOT NECESSARILY REQUIRE** closure of that school. The process of testing and contact tracing is part of the 'new normal' where schools will be required to follow these guidelines carefully, without causing alarm.
3. The affected classroom/ section will be closed until cleaned and decontaminated and other provisions would need to be taken to redirect the remaining staff/students from that section.
4. Where learners are quarantined or in treatment centers but medically stable, it is important that schools put systems in place to keep in contact with them, offer them support services, and see if the learners are able to access education support

Red Zones

- If school is found in a **red zone**, learners and staff will **not attend schools**; however, they would be required to put systems up to ensure that **remote learning** occurs.
- Where learners are quarantined or in treatment centers or live in a designated red zone, but medically stable, it is important that schools put systems in place to keep in contact with them, offer them support services including education support.
- **Where a staff member or learner becomes unwell at the school/setting with possible symptoms of COVID-19:**
 - They should be isolated, until they can proceed to seek medical advice
 - Fill in Format No 1 "Suspected cases for COVID-19" for students/pupils or Format No 2 for staff and send to relevant authorities.
 - Until they leave the school/setting (in the case of a learner, when they are collected by a parent) their contact with all other individuals at the school/setting should be minimized and the staff supervising the learner should wear adequate protective gear- masks, shields and gloves.
 - In case the student has a fever or is seriously ill, but schools cannot contact his/her parents or guardians, the student/pupil should be sent to the flu clinic of the nearby hospital for medical treatment. The staff who are temporarily taking care of the student should wear mask and gloves and put in place all precautionary measures.

Handling an outbreak within schools.

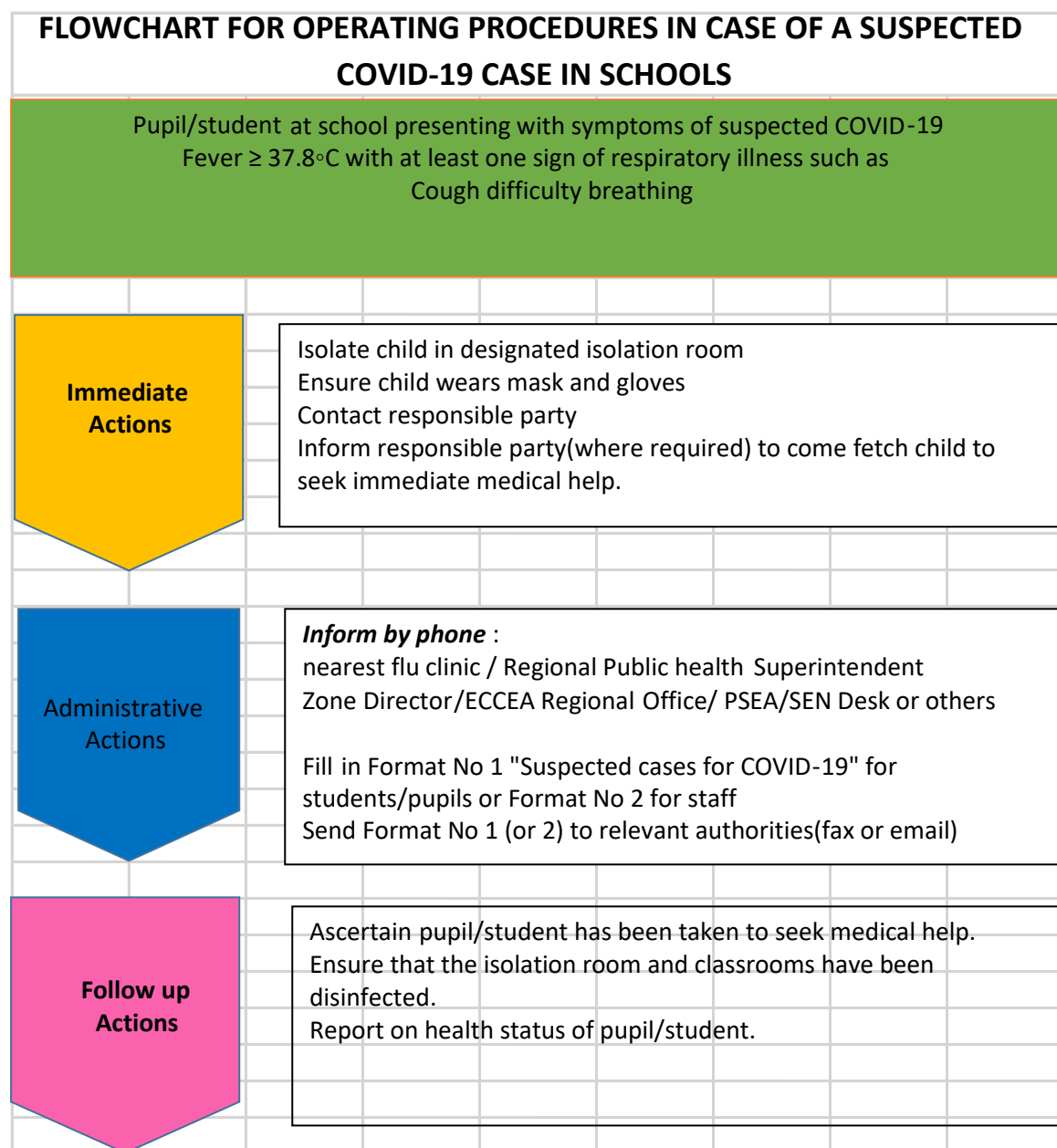
If there are 2 or more cases from your school/setting who tested positive for COVID-19 in a 14-day period, it means that there are inherent risks within the school setting:

1. Review your COVID-19 risk assessment including what measures you have in place in the school/setting, numbers of children attending, consistency of staff working with groups of learners, and infection and control measures.
2. Reinforce good practice and ensure that signs and symptoms of COVID-19 are understood and acted on appropriately i.e. precautionary measures, vaccination and PCR testing.
3. Any cluster in the school setting will prompt action from the Ministry of Health and Wellness. They will be able to advise you on further actions required to mitigate ongoing risks.
 - One of the actions may be testing of all staff to identify asymptomatic individuals.
 - Another action may be the decontamination of the school setting.

Refer to the Covid-19 action card for schools for a summary of key actions to control covid-19 in schools.

When a Suspected Case of COVID-19 is found in Schools

If a student or staff is suspected to be a case of COVID-19, the Heads of School will follow the guidelines in the flowchart below:



- The flowchart above is to be initiated as soon as any pupil/student (or staff) displays symptoms of a suspected case of novel coronavirus (COVID-19). In such cases, the name of the pupil/student, of his responsible party, [or staff] home address, home phone and mobile numbers to be sent immediately to the Regional Public Health Superintendent, to Zone Directorate, SEN Desk, PSEA, MITD, PML and ECCEA Regional Office, [Formats No.1 or No.2] as the case may be

Checklist for Flowchart on handling a suspected COVID-19 case in school

Please keep copies of this document at school. For each individual case, tick the checkbox at each step in the Table below

Name of Pupil/Student:	
Name of School	
Date	

SN	Immediate actions taken by Heads of schools	Checkbox	Remarks if any
1	Check whether symptoms are consistent with case definition in flowchart	<input type="checkbox"/>	
2	Isolate pupil/student in designated isolation room	<input type="checkbox"/>	
3	Ensure child/pupil wears face masks and gloves	<input type="checkbox"/>	
4	Inform Responsible party by phone	<input type="checkbox"/>	
5	Inform relevant authorities by phone	<input type="checkbox"/>	
5.1	nearest flu clinic at Regional Public Health Superintendent (See Annex for contact details on the next page)		
a	SSRNH hospital	<input type="checkbox"/>	
b	Dr A. G. Jeetoo hospital	<input type="checkbox"/>	
c	Dr Bruno Cheong hospital	<input type="checkbox"/>	
d	J. Nehru hospital	<input type="checkbox"/>	
e	Victoria hospital	<input type="checkbox"/>	
6.1	Fill in Format for "Suspected COVID-19 case"	<input type="checkbox"/>	
a	Format No 1	<input type="checkbox"/>	
b	Format No 2 for staff	<input type="checkbox"/>	
6.2	Send Format 1 or 2 to relevant authorities*	<input type="checkbox"/>	
7	Ascertain pupil/student was taken to seek medical help	<input type="checkbox"/>	
8	Disinfection of isolation room and classrooms	<input type="checkbox"/>	
9	Report on health status of pupil/student	<input type="checkbox"/>	

*fill remarks section to list of authorities informed

List of Regional Public Health Superintendent at Ministry of Health and Wellness

SN	Name	Contact Number	Fax Number	Region
1	Dr (Mrs) A. Poteeram	57926864/59421445	2438965	SSRNH
2	Dr(Mrs) S.Bundhoo	57807647	2128958	Dr A.G Jeetoo Hospital
3	Dr (Mrs) P.Pyneeandee	57754032	2128958	Dr A.G Jeetoo Hospital
4	Dr Y.A.A Khodoruth	59449067/58224001	4132566	Dr Bruno Cheong Hospital
5	Dr R.Lutchmun	594488159	4132566	Dr Bruno Cheong Hospital
6	Dr (Mrs) S. Valaydon	52525941	4276770/4257693	Victoria Hospital
7	Dr Deepchand	57639009	6274981/6273659	Jawaharlal Nehru Hospital
8	Dr(Mrs) U.Ballam	58103188	6274981/6273659	Jawaharlal Nehru Hospital

Covid-19 Risk Assessment Checklist

A		Safety checklist	Status			
SN	Safety indicator	Safety standard	Yes	No	N/A	Remarks
1	Building and school premises	The school compound, yard and water tanks have been cleaned				
		School buildings, classrooms and high touch places have been cleaned				
		Functional water system and clean water supply is available.				
		Public display of visual aids to promote social distancing and orientate learners and teachers on preventive measures				
		Entry and exit into the school premises are secured and monitored.				
2	Safety and security	Contactless thermometers available for temperature checks at the entrance into the school premises				
		Hand sanitizer is available at the entrance into the school premises				
		An isolation room has been identified and demarcated				
		Access to the school premises by visitors is controlled and monitored using a register				
3	Classrooms	The classrooms are split(where required), properly ventilated and suitable for physical distancing				
		The desks and chairs are arranged to ensure 1 metre spacing between learners.				
		Daily cleaning and disinfection of classrooms, desks, chairs and high touch places before and after classes.				

A		Safety checklist	Status			
4	Toilets	Hygiene of the toilets is maintained regularly				
		All disinfectants and cleaning materials are kept away from learners				
		The use of the toilets is monitored by designated individuals to ensure there is no overcrowding				
5	Communication channels	The school has a platform for communication and dissemination of periodic information				
		The school has comprehensive details of all parents and guardians (Name, Address and Phone Numbers)				
6	Safety Orientation	A Covid-19 school committee instituted				
		All staff and students are sensitised and trained to adhere to health and safety measures namely:				
		Proper use of masks				
		Hand Hygiene measures				
		Social distancing norms				
		Posters on preventive measures and wearing of masks displayed in strategic location around schools				
7	Adult Supervision	Designated personnel to ensure no crowd gathering at entry and exits of schools				
		Teachers are assigned to coordinate and monitor learner's adherence to sanitary measures within school compound				

Format No 1

Suspected case of Covid19 in a pupil/student

One copy of this document to be kept in school. One copy to be faxed to nearest Regional Public Health Superintendent, Zone Directorate, PSEA, MITD, PML, ECCEA Regional office as the case may be. In case there are two or more pupils/students, the Head of school will fax a covering letter listing the names of pupils/students (from youngest to oldest) and their respective class.

1. Name of school..... Zone.....
2. Address of school.....
3. Phone No (s)..... Fax:
4. Name of Head of School Email address:
5. Pupil/Student showing the following symptom(s)
Please tick one or more items as appropriate:
 (a) Fever [] (b) Headache [] (c) Cough []
 (d) Aching muscles or joints [] (e) Breathing difficulties [] (f) Other -
 If other, please specify which other symptoms.....
6. Date and time of occurrence of symptoms.....
7. If attended any health facility? Yes [] No []
 if yes, Name of facility.....
8. Name of student in block letters.....
 a. Other names of pupil/ student
 b. Did she/he travel recently? Yes [] No []
 c. Gender: Male [] Female: []
 d. Did she/he come in contact with a confirmed case? Yes [] No [] Unknown []
9. Full name of Responsible Party.....
10. Home address.....
11. Contact No. Of Resp. Party: Home Mobile Office.....
12. Action taken at school [please fill in the blanks and/or tick as appropriate]:

SN	ACTION	CHECKBOX
a	Responsible party informed athours	
b	Isolation of pupil/student to a separate room at..... hours	
c	Taken at home by Resp party at	
d	Nearest flu clinic at Regional Hospital (Name of Hospital) informed	
e	Zone Directorate/ ECCEA Regional Office informed	

Date.....

Signature of Head of school

Format No 2

Suspected case of Covid19 in staff

One copy of this document to be kept in school. One copy to be faxed to nearest Regional Public Health Superintendent, Zone Directorate, PSEA, MITD, PML and ECCEA Regional Office as the case may be.

1. Name of school..... Zone.....
2. Address of school.....
3. Phone No (s)..... Fax:
4. Name of Head of School.....Email Address.....
5. Staff showing the following symptom(s) *Please tick one or more items as appropriate:*

6. Fever ☐ (b) Headache ☐ (c) Cough ☐ (d) Aching muscles or joints ☐ (e) Breathing difficulties ☐ (f) Other -

If other, please specify which other symptoms.....

7. Date and time of occurrence of symptoms
8. If attended any health facility? Yes ☐ No ☐ if yes, Name of facility.....
9. Name of staff in block letters.....
 - a. Other names of staff
 - b. Did she/he travel recently? Yes ☐ No ☐
 - c. Gender: Male ☐ Female ☐
 - d. Did she/he come in contact with a confirmed case? Yes ☐ No ☐
 - e. Age group: 21-30 ☐ 31-40 ☐ 41-50 ☐ 51+ ☐

10. Name of emergency contact.....
11. Home address.....
12. Contact No. of emergency contact: Home Mobile.....Office.....

13. Action taken at school [please fill in the blanks and/or tick as appropriate]:

SN	ACTION	CHECK IN
a.	Isolation of staff in a separate room at.....hours	
b.	Left school at	
c.	Nearest flu clinic at Regional Hospital (Name of Hospital)informed	
d.	Zone Directorate and ECCEA Regional Office	

Date:.....

Signature of Head of school.....

WHO COVID-19: Case Definitions

Updated in Public health surveillance for COVID-19, published 16 December 2020



Case Definitions

Suspected case of SARS-CoV-2 infection

- A** A person who meets the clinical **AND** epidemiological criteria:

Clinical Criteria:

- Acute onset of fever **AND** cough; OR
- Acute onset of **ANY THREE OR MORE** of the following signs or symptoms: Fever, cough, general weakness/fatigue¹, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting¹, diarrhoea, altered mental status.

AND

Epidemiological Criteria:

- Residing or working in an **area with high risk of transmission of virus**: closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the 14 days prior to symptom onset; or
- Residing or travel to an **area with community transmission** anytime within the 14 days prior to symptom onset; or
- Working in **any health care setting**, including within health facilities or within the community; any time within the 14 days prior of symptom onset.

- B** A patient with **severe acute respiratory illness**:
(SARI: acute respiratory infection with history of fever or measured fever of $\geq 38^{\circ}\text{C}$; and cough; with onset within the last 10 days; and requires hospitalization).

- C** Asymptomatic person not meeting epidemiologic criteria with a **positive SARS-CoV-2 Antigen-RDT**²

¹ Signs separated with slash (/) are to be counted as one sign.

² NAAT is required for confirmation, see [Diagnostic testing for SARS-CoV-2](#)

See [Antigen detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays](#)

Note: Clinical and public health judgment should be used to determine the need for further investigation in patients who do not strictly meet the clinical or epidemiological criteria. Surveillance case definitions should not be used as the sole basis for guiding clinical management.

Probable case of SARS-CoV-2 infection

- A** A patient who meets **clinical criteria** above **AND** is a **contact of a probable or confirmed case**, or linked to a **COVID-19 cluster**³
- B** A **suspect case with chest imaging** showing findings suggestive of COVID-19 disease⁴
- C** A person with recent onset of **anosmia** (loss of smell) or **ageusia** (loss of taste) in the absence of any other identified cause.
- D** **Death**, not otherwise explained, in an adult with **respiratory distress** preceding death **AND was a contact of a probable or confirmed case** or linked to a **COVID-19 cluster**³

Confirmed case of SARS-CoV-2 infection

- A** A person with a positive **Nucleic Acid Amplification Test (NAAT)**
- B** A person with a **positive SARS-CoV-2 Antigen-RDT** **AND** meeting either the **probable case definition or suspect criteria A OR B**
- C** An **asymptomatic person with a positive SARS-CoV-2 Antigen-RDT** who is a **contact of a probable or confirmed case**

³ A group of symptomatic individuals linked by time, geographic location and common exposures, containing at least **one NAAT-confirmed** case or at least **two** epidemiologically linked, symptomatic (meeting clinical criteria of Suspect case definition A or B) persons with **positive Ag-RDTs** (based on $\geq 97\%$ specificity of test and desired $>99.9\%$ probability of at least one positive result being a true positive)

⁴ Typical chest imaging findings suggestive of COVID-19 include the following:

- **Chest radiography**: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution
- **Chest CT**: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
- **Lung ultrasound**: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.

Part C Basic Sanitary Measures

1. How to wash hands

- Step 1: Wet hands with safe running water.
- Step 2: Apply enough soap to cover wet hands.
- Step 3: Scrub all surfaces of the hands, including backs of hands, between fingers and under nails – for at least 20 seconds.
- Step 4: Rinse thoroughly under running water.
- Step 5: Dry hands with a clean, dry cloth, single use towel or hand drier as available

2. How to hand rub

- Step 1: Apply a palmful of the product in a cupped hand, covering all surfaces
- Step 2: Rub hands palm to palm.
- Step 3: Right palm over back of left hand with interlaced fingers and vice versa
- Step 4: Palm to palm with fingers interlaced.
- Step 5: Back of fingers to opposing palms with fingers interlocked.
- Step 6: Rub left thumb clasped in right palm and vice versa.
- Step 7: rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
- Step 8: Dry hands.

3. How to wear a face mask?

- Step 1: Wash your hand with soap under running water or use alcohol-based hand sanitizer.
- Step 2: Place the mask over the bridge of your nose.
- Step 3: Comfortably put the face mask against the side of the face.
- Step 4: Then place the elastic bands behind your ears or tie the ropes around your head.
- Step 5: Pull the mask downward to cover the chin. Allow for breathing without restriction.
- Step 6: If you touch the face mask while wearing it, wash your hands with soap and water or use alcohol-based hand sanitizer.
- Step 7: Replace the mask with a new one as soon as it is wet and wash after each user.

4. While using a cloth mask?

- 1. Cloth face masks should be washed after daily use.
- 2. Remove and soak in a bowl of warm soapy water after use. Wash it clean, then rinse and dry in sunlight.
- 3. Iron the mask and keep it in a plastic bag until you are ready to use it again. Replace damaged cloth mask with a new one

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



Duration of the entire procedure: 40-60 seconds

0



Wet hands with water;

1



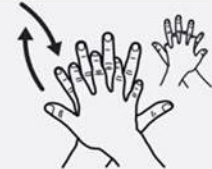
Apply enough soap to cover all hand surfaces;

2



Rub hands palm to palm;

3



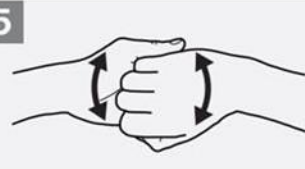
Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Rinse hands with water;

9



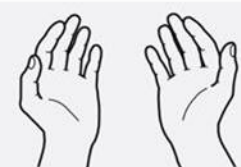
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care


SAVE LIVES

Clean Your Hands

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How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

 **Duration of the entire procedure: 20-30 seconds**



1a Apply a palmful of the product in a cupped hand, covering all surfaces;



1b



2

Rub hands palm to palm;



3

Right palm over left dorsum with interlaced fingers and vice versa;



4

Palm to palm with fingers interlaced;



5

Backs of fingers to opposing palms with fingers interlocked;



6

Rotational rubbing of left thumb clasped in right palm and vice versa;



7

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8

Once dry, your hands are safe.



World Health Organization

Patient Safety

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SAVE LIVES

Clean Your Hands

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World Health
Organization

How to **put on, use,** **take off and dispose** of a mask

1



Before putting on a mask, wash hands with alcohol-based hand rub or soap and water

2



Cover mouth and nose with mask and make sure there are no gaps between your face and the mask

Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water

3



Replace the mask with a new one as soon as it is damp and do not re-use single-use masks

4



To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; wash hands with alcohol-based hand rub or soap and water

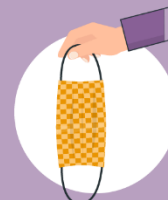
HOW CHILDREN CAN WEAR FABRIC MASKS

TO PROTECT YOURSELF AND OTHERS, REMEMBER TO:

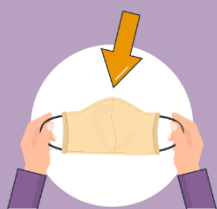
- Keep at least 1 metre distance from others
- Clean your hands often
- Avoid touching your face and the front of the mask
- Wear the mask with the correct side up and out



Clean hands before touching the mask



Inspect the mask for damage or if dirty



Identify the inside of the mask which will touch the face and the upper part that will cover the nose



Adjust the mask without leaving gaps on the sides



Cover mouth, nose and chin



Avoid touching the front of the mask



Clean hands before removing the mask



Remove the mask by the straps



Store the mask in a clean bag or container



Clean hands after removing the mask



Wash the mask at least once a day, preferably with hot water



Do not share masks with others

September 2020



Part D Cleaning and disinfection guidelines

General cleaning and disinfecting

Cleaning and disinfection is key to maintaining a safe environment for faculty, students, and staff.

- ☐ Cleaning removes dirt and most germs and is usually done with soap and water.
- ☐ Disinfecting kills most germs, depending on the type of chemical, and only when the chemical product is used as directed on the label.

Clean and disinfect at least daily or more, frequently touched surfaces and objects such as floors, door knobs and handles, stair rails, classroom desks and chairs, lunchroom tables and chairs, countertops, handrails, light switches and lab apparatus.

Soft surfaces such as drapes can be cleaned using soap and water or a cleaner appropriate for the material.

General precautions for the cleaning staff after an ill student has been in your facility

The following are general precautions for cleaning staff, given that community transmission of COVID-19 is occurring:

- ☐ Staff should not touch their face while cleaning and only after they can wash hands after cleaning.
- ☐ Cleaning staff should wear designated work clothes, masks and gloves when cleaning and handling trash.
- ☐ Clothing worn while cleaning should be placed in a plastic bag until it can be laundered.
- ☐ Cleaning staff should thoroughly wash hands with soap and water for at least 20 seconds after gloves are removed.

Cleaning and disinfecting products

- ☐ Use soap and water or another detergent to clean dirty items.
- ☐ Use an environmentally friendly household disinfectant and diluted household bleach solution.
- ☐ Alcohol solutions with at least 70% alcohol can also be used for cleaning surfaces.

Disinfectant use



Disinfectant	Recommended use	Precautions
<p>Sodium Hypochlorite</p> <p>Most household bleach solutions contain 5% sodium hypochlorite (50 000 parts per million (ppm) available chlorine).</p>	<p>1:100 dilution of 5% sodium hypochlorite is the usual recommendation. To get a 1:100 dilutions, use 1-part bleach to 99 parts cold tap- water.</p> <p>Adjust ratio of bleach to water as needed to achieve appropriate concentration of sodium hypochlorite, e.g. for bleach preparations containing 2.5% sodium hypochlorite, use twice as much bleach (i.e. 2 parts bleach to 98 parts water)</p> <p>Contact times for different uses</p> <p>Disinfection by wiping of nonporous surfaces: a contact time of 10 min is recommended.</p> <p>Disinfection by immersion: a contact of 30 min is recommended.</p>	<p>Irritates mucous membranes, the skin and the airways, decomposes under heat and light, and reacts readily with other chemicals.</p> <p>Mix and use in well- ventilated areas.</p> <p>Protective clothing required while mixing, handling and using bleach (mask, rubber gloves and waterproof apron). Goggles are also recommended to protect the eyes from splashes.</p> <p>Mix bleach with cold water because hot water decomposes the sodium hypochlorite and renders it ineffective.</p> <p>Do not mix with strong acids to avoid release of chlorine gas.</p> <p>Corrosive to metals.</p> <p>Surfaces must be cleaned of organic materials such as secretions, or other body fluids before disinfection.</p>
<p>Alcohol</p> <p>For example, isopropyl 70% Ethyl alcohol 60%.</p>	<p>Small surfaces (e.g. vials and thermometers) and occasionally external surfaces of equipment.</p>	<p>Flammable, toxic, to be used in well-ventilated areas and only on small surfaces, avoid inhalation.</p> <p>Keep away from heat sources, electrical equipment, flames, hot surfaces.</p> <p>Allow it to dry completely.</p>