

What does the evidence tell us about keeping schools open safely

State-of-the-art review of the evidence

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Three solid facts

1. Schools should be among the last places to be closed and first to reopen
2. School reopening, with comprehensive infection prevention and control measures in place, and when the community infection levels were low or moderate, did not increase community transmission
3. Implementation mechanisms in schools involve institutional, contextual and personal factors



Schools should be among the last places to
be closed and first to reopen

1

Impacts of school closures on health and education of children and young people

- Major impact on education: learning loss in core subjects, declines in college enrolment, increase in socioeconomic skills gap...
- Impact on physical, mental and social development and wellbeing
- Restricting access to school meals, health visiting, social care and school-based vaccinations disproportionately impact children from disadvantaged backgrounds.

School closure among the prevention and control measures

- Closing schools is not the most powerful measure to control transmission.
- School closures can contribute to a reduction in SARS-CoV-2 transmission, but by themselves are insufficient to prevent community transmission of COVID-19 in the absence of other interventions.

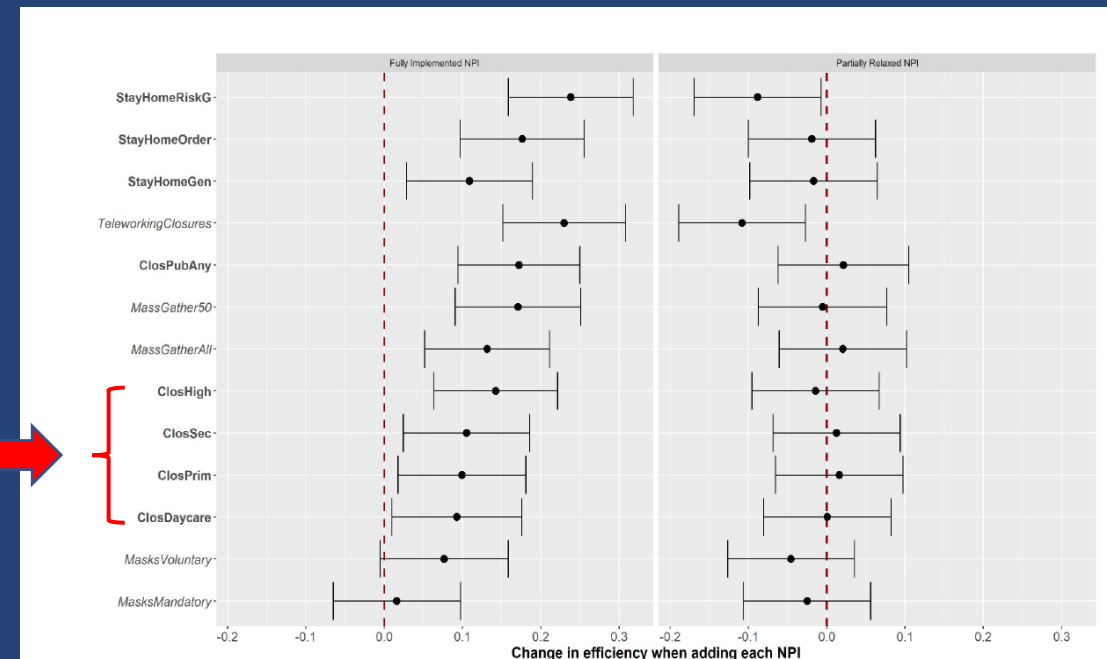


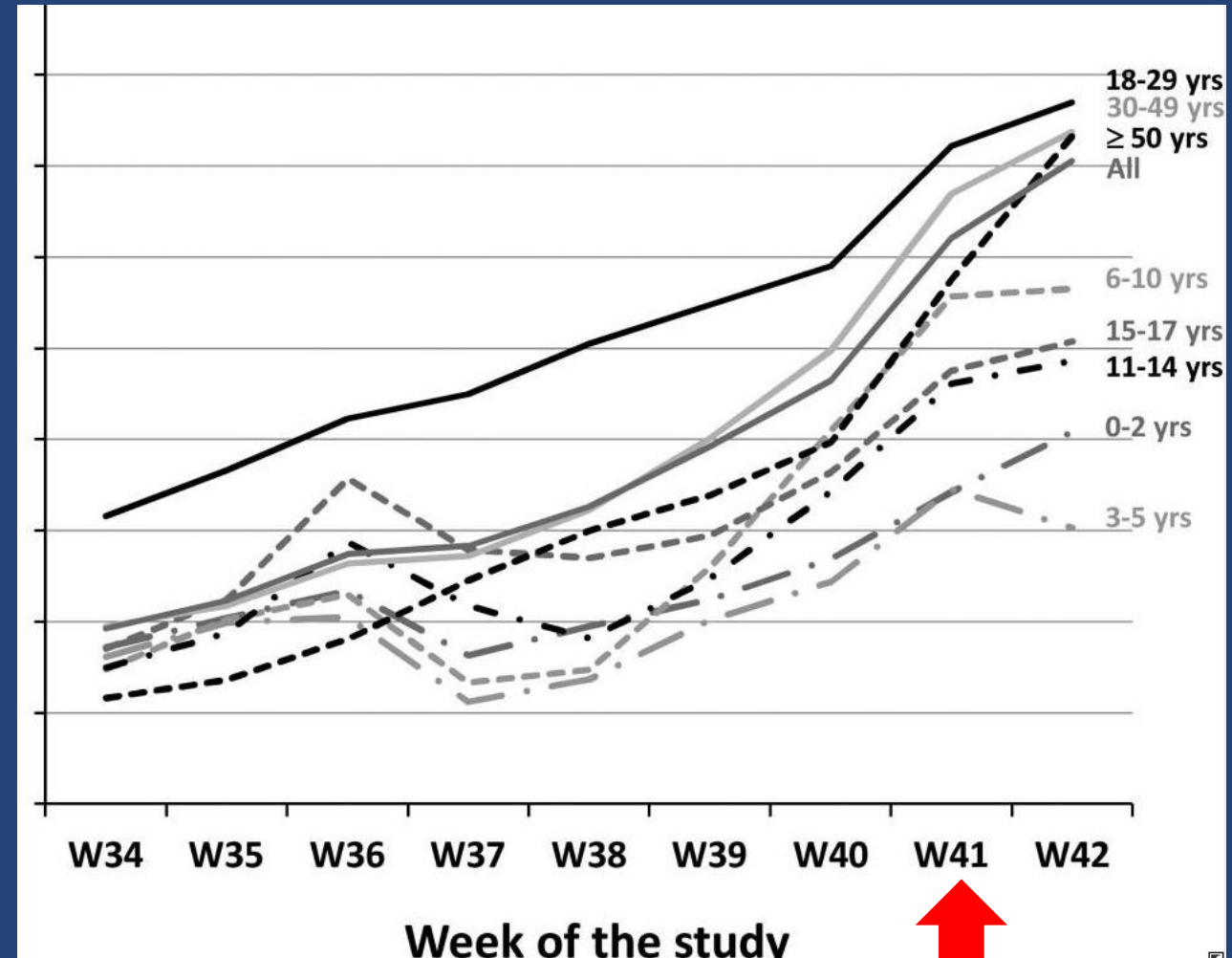
Figure 4: Additional PHR efficiency gained with NPIs implemented against COVID-19 in Europe. Results show the change in PHR efficiency over time when adding each of the 13 NPIs (mean adjusted effect and 95% confidence intervals in multivariate models). Results are disaggregated by level of implementation. A full description for each NPI is available in Table 1. Labels in X axis alternate between bold and italics to reflect different groups of NPIs.

School reopening, with comprehensive infection prevention and control measures in place, and when the community infection levels were low or moderate, did not increase community transmission

2

SARS-CoV-2 infection rates and school reopening

- Cases in school-aged children lagged behind and followed adult trends after schools reopened.
- Younger children are less likely to be infected than adolescents.

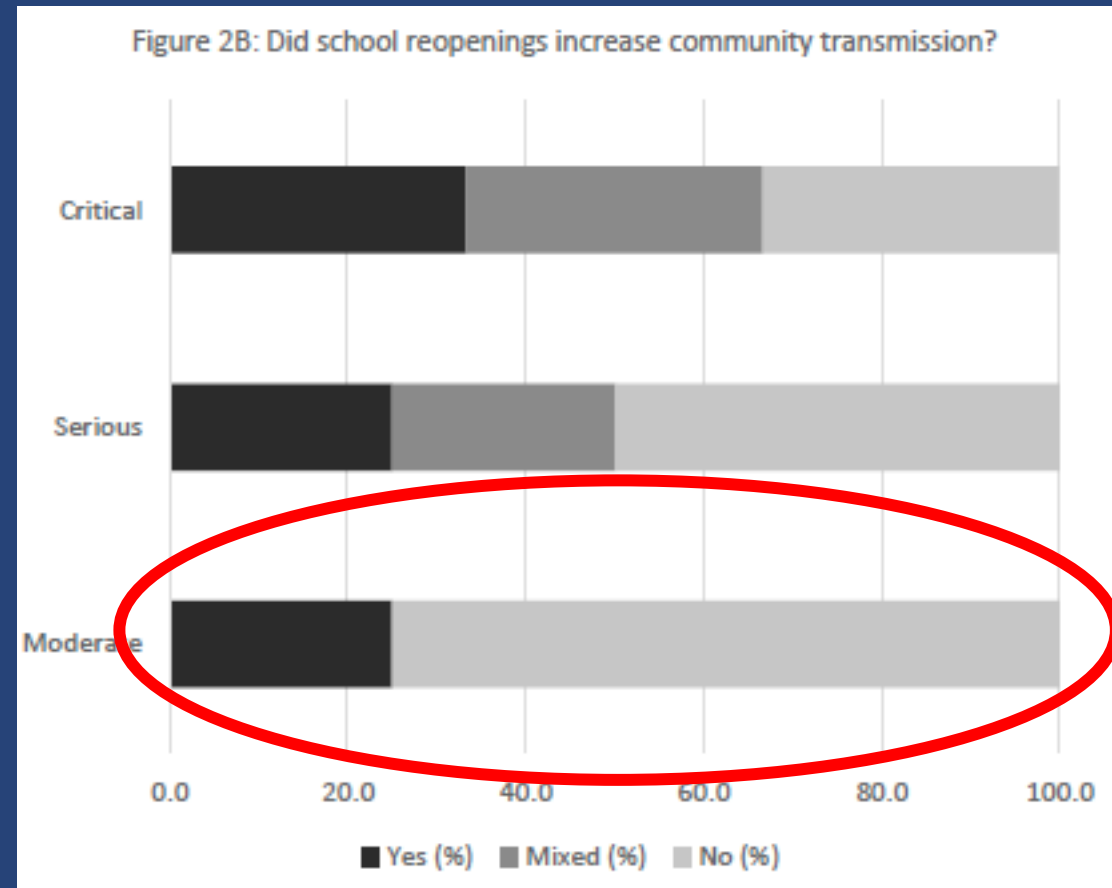


SARS-CoV-2 transmission within the school setting

- Significant secondary transmission can occur in school settings when prevention strategies are not implemented or followed.
- Comparing county-level COVID-19 hospitalizations between counties with in-person learning and those without in-person learning found no effect of in-person school reopening on COVID-19 hospitalization rates when baseline hospitalization rates were low or moderate (75% of the counties).

Influence of the reopening on community transmission

A systematic review of observational studies showed most studies reported that school reopening, with extensive infection prevention and control measures in place and when the community infection levels were low or moderate, did not increase community transmission of SARS-CoV-2.



Implementation mechanisms in schools involve
institutional, contextual and personal factors

3

Covid-19 guidelines



**Schools and
communities practices**



Variations in establishing material readiness in South Africa

	KwaZulu-Natal	Northern Cape	Estn Cape	Free State	Mpumalanga	Limpopo	North West	Gauteng	West Cape
Regulations received (yes)	43	46	44	66	60	62	65	59	89
Circuit Manager in touch (yes)	60	65	71	79	82	79	87	64	89
Adequate water for COVID cleaning (yes)	56	68	40	59	53	61	61	84	95
Needed water tanks delivered	19	2	6	34	14	12	9	19	17
All Offices cleaned	68	80	11	65	34	36	52	73	84
All Classrooms cleaned	55	64	9	41	23	30	47	68	76
Enough cleaning material available (surfaces, several times a day)	68	69	23	71	22	41	48	53	80
Sanitation facilities with soap and water	51	72	20	70	26	45	51	70	84
Face Masks available– 2 per person	22	30	2	9	13	3	4	25	84
Sufficient hand sanitizers available	87	84	7	77	25	69	42	40	87
Discussion with SGB	57	32	48	72	38	65	75	69	80

Readiness below 50%

Readiness between 50 and 80 %

Readiness above 80%

The implementation of preventive measures

- Nearly all governments produced or endorsed specific health and hygiene guidelines and measures for schools.
- Only around half of low-income and lower-middle income countries reported having enough resources, in comparison to 80 per cent of upper-middle-income countries and 95 per cent of high-income countries.

The implementation of preventive measures

- Implementation was facilitated by staff commitment and communication among stakeholders, but hampered by limitations with guidance received, physical environments, resources, parental adherence and balancing health promotion measures with learning.
- Research shows 3 main factors influences the adoption of new practices by teachers: institutional, personal and contextual.

The implementation of preventive measures

- Supporting every school to integrate health issues into their management and teaching is a priority.
- Such school policy should include the basic elements of:

Protection

Prevention

Education



Conclusion

1. Reducing transmission in schools is a shared responsibility and needs a combination of effective prevention strategies - implemented with the ability and commitment to adhere to them.
2. Strong implementation strategies based on educators' involvement and the provision of technical and pedagogical resources in each school is necessary.

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