

REPUBLIC OF RWANDA



MINISTRY OF EDUCATION

REPUBLIC OF RWANDA



MINISTRY OF HEALTH

## HEALTH GUIDELINES FOR SCHOOL REOPENING

### 1. Background

The World Health Organization (WHO) declared COVID-19 as a Public Health Emergency of International Concern on January 30<sup>th</sup>, 2020 and as a pandemic on 11<sup>th</sup> March, 2020.

The first case in Rwanda was declared on March 14<sup>th</sup>, 2020. Following the declaration of the outbreak, a comprehensive preparedness and response plan was developed that focused on contact tracing, testing, isolation, and treatment.

These activities were coupled with re-enforcing mandatory face masks and social distancing, closure of ports of entry, and lockdowns including school closure.

Furthermore, since May 4<sup>th</sup>, 2020, Rwanda has gradually eased lockdown measures in a bid to stimulate the economy by reopening public transportation including taxi-motos, restaurants, places of worship, and resuming of commercial flights; all while strictly observing COVID-19 prevention guidelines such as physical distancing, use of hand sanitizers, mandatory mask wearing and imposed curfew.

In anticipation of school reopening, it is imperative to define and implement mitigation measures for safe reopening of schools with minimum risk. These guidelines serve as a prerequisite requirement for reopening of schools in the current context of COVID-19.

### 2. Preliminary observations

The available scientific evidence suggests that young people are less likely to suffer from severe symptoms related to COVID-19. However, children can contribute to COVID-19 transmission in schools and household settings. Despite these concerns, it is essential to reopen schools safely, in a phased approach while continuously assessing and adapting precaution measures.

### **3. Recommended health measures for school reopening**

#### **3.1 Setting-up a School COVID-19 Task Force**

In order to ensure that these guidelines are effectively implemented, a School Task Force will be established in each school, with the following composition and terms of references.

##### **Composition:**

- The Task Force will involve teachers, parents', the head of the nearest health center (or a health professional well-versed in COVID preparedness and response), and a representative of the local authority at sector level. The Chairperson of the School Task Force is the Head of the school.

##### **Terms of references for the School Task Force:**

- Conduct assessments to evaluate if recommended prevention measures are in place
- Develop a plan of implementation to address identified gaps
- Report symptomatic suspected cases on a daily basis to the nearest health facility for immediate action and follow-up
- Ensure information sharing on public health prevention and control measures with parents and other members of the community
- Submit a daily report of suspected Influenza Like Illness (ILI-Syndrome Grippal) reported by students and school staff (through self-reporting, family and household health status)

#### **3.2 Preparing key stakeholders to the new task**

The team from the nearest District Hospital and health center will train school staff, health workers on safety and sanitation standards to be implemented.

#### **3.3 Transportation and on-site preparations for back to school**

##### **Transport:**

- Enforce physical distancing for public transportation as recommended by existing COVID-19 measures by RURA

##### **On-site preparations:**

- Arrange classroom settings ensuring one-meter distance between a student and another. For example, a standard classroom of 6.45 x 7.9 meters should accommodate maximum of 23 students, one per desk.
- Set entry and exit points to enforce compliance to preventive measures (temperature checks, proper wearing of a face mask and social distancing) and restrict movement while entering and exiting school premises
- Avail thermo flash (at least 2 per school but optimally, around one per 100 students), hand sanitizers with at least 60% alcohol and/or hand washing facilities with soap and water (or Kandagira Ukarabe stations at each school that can be refilled periodically)
- Designate at least two isolation rooms suspect cases (School Clinic) equipped with emergency kits (gowns, gloves, masks and face shields). Decontaminate between use. Boarding schools

should strictly have 2 isolation rooms while day schools can have one but partitioned for girls and boys.

### **3.4 Infection Prevention and Control**

In order to prevent and mitigate the risks of spread of COVID-19 in schools, the following measures are mandatory:

- All children above 2 years and staff must wear facemasks correctly at all times
- Every student and staff should be screened before entering the school (temperature checks with non-contact thermometers—any student /staff with a fever of 37.5°C and above will not join classes. He or she will be isolated, and management will follow process of suspect case handling).
- Each student should remain within their own cohort throughout the school period, preferably within the same classroom. Only teachers can switch classes.
- Gatherings (school assembly, sports activities) are prohibited
- Social distancing should be reinforced by teachers, other staff and head students.
- Regular hand washing practices should be imposed: before and after leaving school, eating, playing, coming in contact with contaminated surfaces.
- Ensure regular cleaning of frequently touched surfaces and objects (door handles, desks, toys, etc.).
- For ventilation, keep doors and windows open
- Avoid sharing teaching aids among students and teachers. If it must be shared, decontaminate them after every shift.

### **3.5 Criteria for Day Schools [Primary, Secondary and University] closure:**

- In case a positive case is confirmed, school is temporarily suspended. The whole class and other close contacts are tested. The classroom is decontaminated and school resumes after an assessment is done by the competent Health Authorities under District Hospital Leadership.

### **3.6 Criteria for Boarding Schools [High Schools and Universities]:**

- In case a positive case is confirmed, test the whole class and other close contacts of the infected student
- Isolate all positive cases within designated rooms at the school
- Classes will continue for those tested negative among close contacts and all who are asymptomatic and *not* close contacts of the positive case
- External visitors are strictly prohibited on campus
- Students are *not* allowed to leave campus
- Students and staff are required to *strictly* follow prevention guidelines.

**For further information about the Ministry of Health COVID-19 guidelines, please visit:**

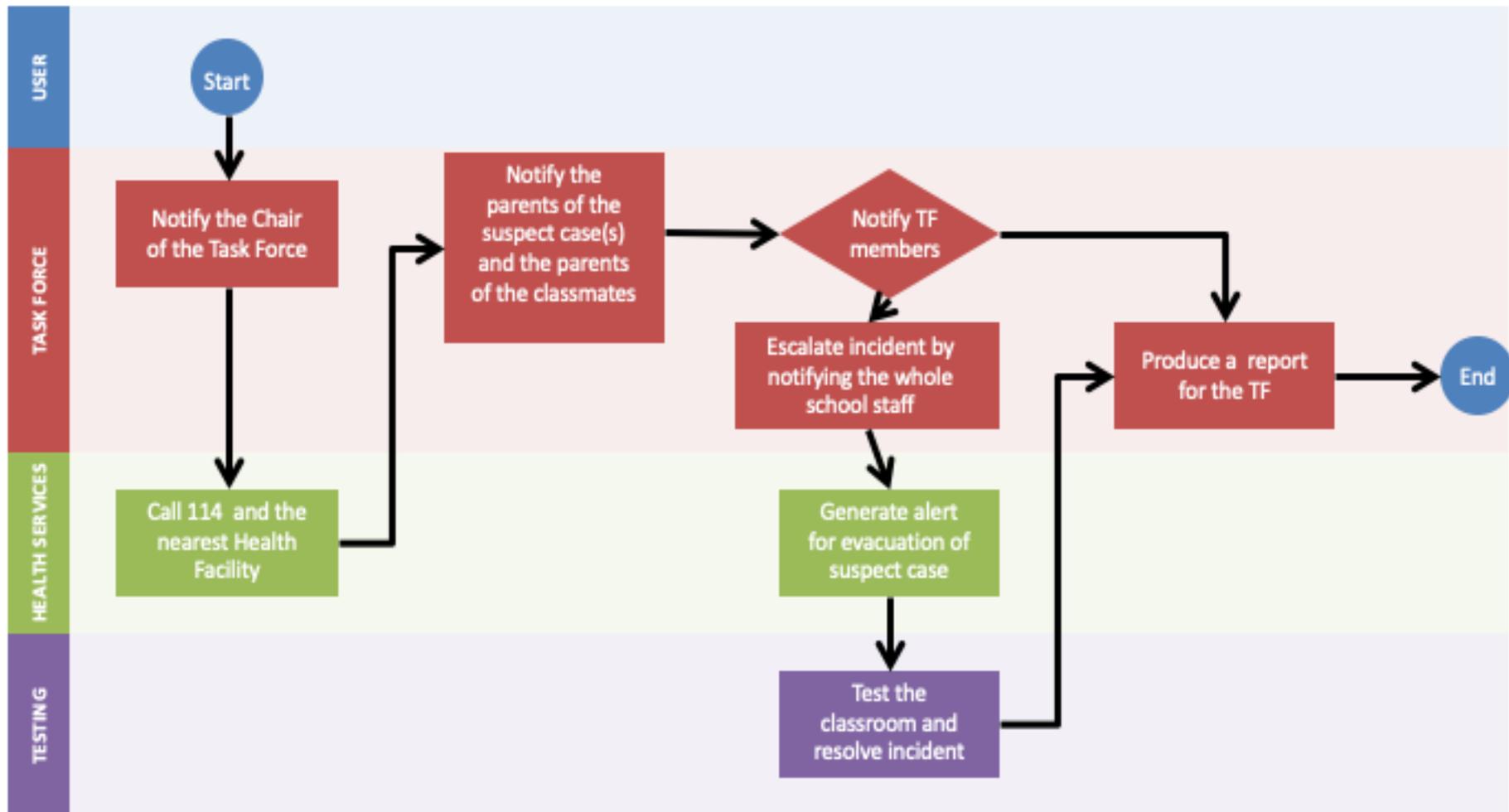
[www.rbc.gov.rw](http://www.rbc.gov.rw) or call the toll-free number 114,

**For further information on school reopening, contact Ministry of Education on toll free number 2028 or email [info@mineduc.gov.rw](mailto:info@mineduc.gov.rw)**

#### 4. Chain of Communication

## Chain of Communication

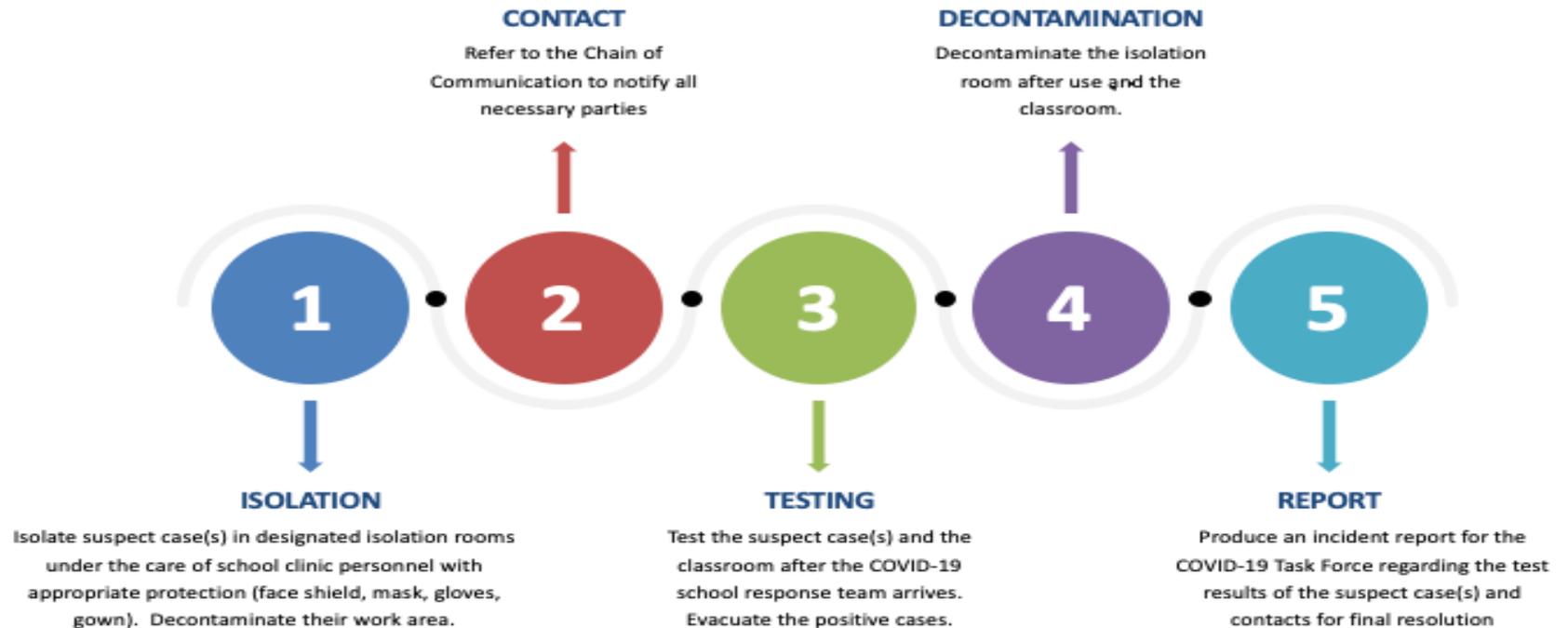
Suspect Case(s) Identified



## 5. Process to handle suspect case(s)

### PROCESSES to handle Suspect Case(s)

In the School



## 6. Staff Health Competence Training

# STAFF HEALTH COMPETENCE TRAINING

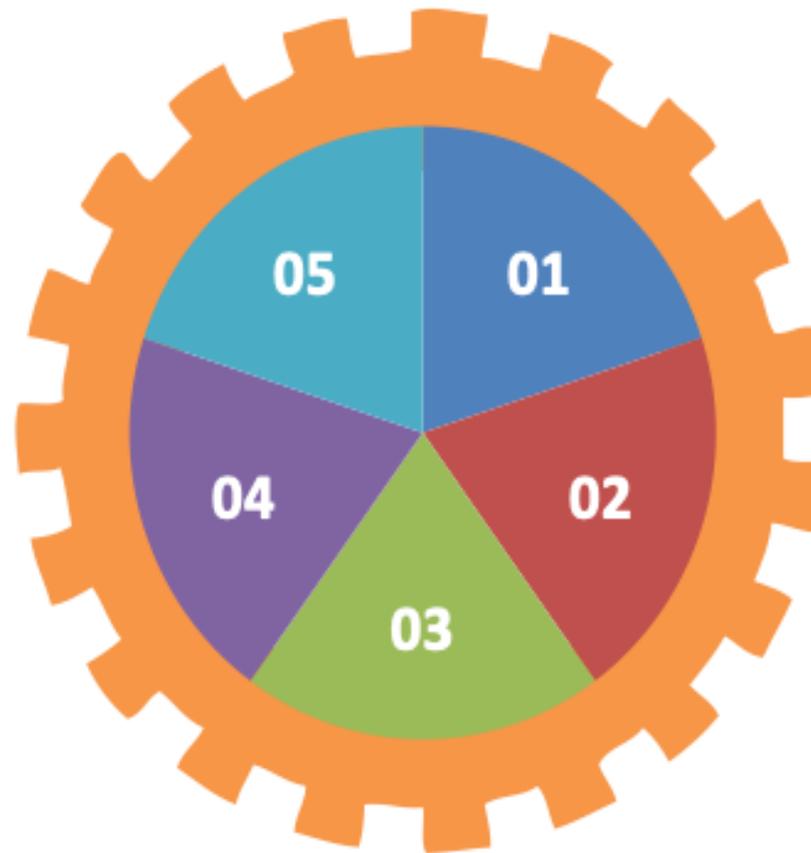
COVID-19 preparedness and response

### RISK MANAGEMENT

Develop risk management skills and strategies to be able to identify and resolve gaps that endanger COVID-19 management goals.

### TESTING PROTOCOL

Comprehend the testing flowchart for the testing of suspect cases and classroom contacts.



### HEALTH SCREENING

Learn to identify COVID-19 signs of illness in students and staff and how to use properly the no contact thermometers.

### HEALTH PROMOTION

Gain strategies to motivate and educate the student body on mandatory public health measures.

### ISOLATION PROTOCOL

Simulate suspect cases scenarios to understand the processes required to handle them.