

RISK ASSESSMENT OF PUBLIC ELEMENTARY SCHOOLS IN THE IMPLEMENTATION OF COVID-19 PROTOCOLS

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Abstract:

This study sought to determine the level of risk assessment of public elementary schools in implementing COVID-19 protocols in the Division of Bacolod City during the School Year 2021-2022. There were three hundred twenty-six (326) teacher-respondents classified according to age, highest educational attainment, and length of service. The study used the descriptive research design using the researcher-made survey questionnaire. In the analysis of the results of the study, the researcher used descriptive and comparative procedures. The statistical tools used frequency, percentage, mean, and Mann-Whitney U tests. Result shows a very high level of risk assessment of public elementary schools in implementing COVID-19 protocols in the area of preparedness, response, and recovery. Also, there was a very high level of risk assessment when the respondents were grouped according to the variables in the implementation of COVID-19 protocols in the areas of preparedness, response, and recovery. Moreover, there was a significant difference in the level of risk assessment of public elementary schools in implementing COVID-19 protocols in the aforementioned area when grouped and compared according to the highest educational attainment. Results of this study calls for: School DRRM coordinators to create standard policies and guidelines in responding to COVID-19-related cases in school and strictly implement it; prepare a regular orientation to stakeholders; Human Resource and Training Development Office conduct special training and seminars for all school personnel related to the matter; and School Heads conduct personal and psychosocial support to school personnel and learners suspected/ confirmed COVID-19 positive.

Keywords: Covid-19 protocols , implementation, public elementary , schools Risk assessment

Introduction:

Nature of the Problem

The COVID-19 pandemic had made all sectors in the Philippines tremble. Apart from the employment sector that was significantly affected by the crisis, the pandemic also resulted in unprecedented challenges in education. Despite the aggressive interventions of the Philippine government to stop the further transmission of the disease, cases of COVID-19 in the country are still growing (Moralista 2020).

In Bacolod City, as of February 7, 2022, it was reported that there had been 26,751 confirmed cases, including 815 deaths and currently the city has been placed under Alert Level 2 status by the National Inter-Agency Task Force (Pedrosa, 2022). Meanwhile, in an interview with Bacolod City Public School Teachers Federation President, he said five teachers had already died while many BCPSTF members had tested positive for COVID-19. The fatalities were a senior high, a junior high and grade school teachers (Espina-Varona, 2021).

However, despite the pandemic, the Department of Education is committed to delivering a continuous and quality learning among its students and yet promoting health awareness and compliance with safety health protocols of schools throughout the country (Betlen, 2021). To ensure that safe educational continuity amidst the challenges of COVID-19, the Department of Education established the DepEd Required Health Standards to guarantee the protection of the health, safety and well-being of learners, teachers and personnel and prevent the further transmission of COVID-19 (DepEd Order No. 014, series of 2020).

Moreover, risk assessment of public elementary schools is also significant to determine their preparedness, responsiveness and ability to recover of the risks brought by COVID-19. All public and private elementary and secondary schools/community learning centers are mandated to adopt the guidelines on the required health standards and implement the specific interventions for COVID-19 mitigation (DepEd Order No. 071, series of 2021).

The researcher, being the school's Disaster Risk Reduction Management coordinator, has observed some flaws in implementing safety standards in schools to prevent the spreading of the virus. Some of the policies are not strictly observed, like wearing facemasks above the noise level, wearing the face shield in closed, non-ventilated areas in school, frequent hand-washing, or disinfection with alcohol, non-compliance on quarantine policies, and many others. These experiences and observations motivated the researcher to conduct this study. It is his intention to determine the extent of public school awareness, compliance and risk assessment.

Current State of Knowledge

According to the International Standard ISO 31000 on Risk Assessment and Management, a risk is the effect of uncertainty on objectives, and an effect is a positive or negative deviation from what is expected. On the other hand, risk assessment and management consist of coordinated activities to direct and control an organization concerning risk. Therefore, an adequate risk management system has innumerable advantages for any organization, whether public or private. However, in the event of the current pandemic, it becomes crucial, to allocate more funds and resources to alleviate the potential threats of the virus. This emergency requires immediate responses and the relaxation of controls to permit more agility of management, making it necessary to contemplate restructuring public control systems, starting with a risk analysis and assessment (OECD, 2021).

Risk Assessment in the workplace is a component of the employees' health and safety, and all workers must share this in the organization. All employees must follow the policies and guidelines of the organization's Work Risk Assessment. There are three parts to a risk assessment; first, identify the various ways (hazards) that workers might be exposed to COVID-19 at the work site; second, assesses how likely it's that workers would be exposed to the hazards identified, and third, identify a way to prevent a worker's exposure to COVID-19 by removing the hazard, or lowering the chance by using blockades, developing and implementing safe work procedures, and utilized personal protective equipment and materials. A comprehensive emergency preparedness plan within the workplace can better handle health crises and pandemics, develop a fast and coordinated emergency response, and adopt measures to the particular emergency situation the organization is facing. A continuous monitoring of conditions and appropriate risk assessment will be required to ensure that control measures related to the risk of contagion are adapted to the specific evolving processes, conditions of work, and characteristics of the workforce during the critical period of contagion and afterward, so that reoccurrences may be prevented (International Labor Organization, 2020).

Meanwhile, World Health Organization (2021) urged the intuitions, schools and communities to steer or be a part of the response decision-making process by reinforcing risk communication and enforcing policies on health safety. Engage the community to help enforce local policies, increase confidence and social unity, and lessen the negative impacts of COVID-19. When assessing risk, school administrators may wish to consider whether there are personnel, activities, or settings at higher risk where robust interventions may be especially important. High-risk groups may include people who have a higher number of contacts (e.g., contact with multiple classrooms) as well as people who spend time in spaces where distancing, ventilation, or other mitigation measures are inadequate. Groups that are unlikely or unable to adhere to mitigation measures, such as younger children and some children with disabilities, may also warrant additional consideration. Furthermore, there is some indication that older children and adolescents may be more susceptible to SARS-CoV-2 infection than younger children, potentially making high schools at higher risk than younger grades (Rivers et al., 2020).

The COVID-19 pandemic has become a public health crisis within the Philippines and therefore the attention of national and native health authorities is concentrated on managing the fluctuating COVID-19 cases. COVID-19 risk assessment is multi-faceted. The highly infectious nature of the virus in a very naïve population, the high case mortality and health system over-burdening each have to be considered in developing a technique to regulate the spread of the virus and mitigate its health and economic consequences. It urges the Department of Health (DOH) to re-assess risk levels of regime units (LGUs), undertake a 100% identification of the place of residence of all COVID-19 confirmed cases and 100% reporting of number of isolation beds and ventilators by all hospitals, and develop and immediately implement a COVID-specific disease surveillance protocol, including mass testing, contact tracing, and quarantine. Careful and diligent implementation of those protocols will allow a gradual yet cautious and informed re-opening of the economy (Quimbo et al., 2020).

Moreover, Edmunds et al. (2021) conducted a study to analyze the risks and critical control points assessment of the return of students to higher education establishments. They identified key critical control points associated with university students' activities, lifestyle, and interaction patterns both on-and-off campus. In addition, they identified that the risk for potential SARS-CoV-2 transmission was the unacceptable contact threshold. Based on the results, they recommended developing strategies that can help reduce the risks of transmission. Employing the preventative measures they suggest can reduce the risks of SARS-CoV-2 transmission among and from university students. Hazard assessment proved a flexible tool for risk analysis in a specific setting in response to an emerging infectious disease threat. Systematic approaches to assessing hazards and risk critical control points enable robust strategies for protecting students and staff in HE settings during the COVID-19 pandemic.

Logrosa et al. (2021), conducted a study to work out the chance assessment and decision-making methods in analyzing the dynamics of COVID-19 epidemics in Davao City. The chance assessment consists of identifying the key risk factors of the COVID-19 contagion via bow-tie diagrams. Second, the protection controls for every risk factor relevant to the Davao City context are considered and identified as barriers within the bow tie. After which, the prioritization of the identified COVID-19 risks, moreover, because the effectiveness of the proposed interventions is performed using the analytic hierarchy process. Our results show that reducing the quantity of COVID-19 fatalities should be the highest priority of the health authorities. In turn, we predict that the COVID-19 contagion is often controlled and eliminated in Davao city three months after prioritizing the fatalities. So as to cut back the COVID-19 fatalities, health authorities should ensure an adequate number of COVID-ready ICU facilities. The overall public, on the other hand, should follow medical and science-based advice and suspected and confirmed COVID-19 patients should strictly follow isolation protocols. Overall, informed decision-making is important to avoid the unwanted consequences of an uncontrolled contagion.

Theoretical Underpinnings

This study is anchored on the Risk Management Theory. The word "risk" has become a standard and commonly used part of today's language, considering personal situations, society and business. Risk is everywhere, and it is important to manage risk to avoid much trouble. According to Spikin (2013), the risk is unavoidable in the field of human endeavor, so we must deal with risk as soon as possible to avoid accidents in the future. The routine approach employed in risk management relies on the scheme: within the prevention period, a company prepares for the chance, and once the chance occurs, resources and prepared measures to lessen harmful consequences. There must be a prepared emergency plan for a particular risk and situation. This plan includes relevant resources, communication and procedures just in case of an occurred risk. There is also a contingency plan wherein there is a guideline for risk mitigation, the staff is trained, and there is a budget allocation for the activity. Risk management is usually presented as a process and consists of the following phases: risk identification, risk analysis, evaluation of risk, treatment of risk, and monitoring and review of the risk.

As linked in the present study, public elementary schools used the process of risk management theory such as risk identification, risk analysis, risk evaluation, risk treatment, and review. This will give the public schools to establish a contingency plan for risk preparedness, risk response, and risk recovery from the threat of the COVID-19 virus. With the essence of these theories, the researcher finds it complete with supporting and justifying the contents of the present study on risk assessment of public elementary schools on COVID-19 protocols in Bacolod City.

Objectives

This study aimed to determine the awareness, compliance and risk assessment of public elementary schools in the implementation of COVID-19 protocols in the Division of Bacolod City during the School Year 2021-2022 as the basis for an advocacy plan. Specifically, this study sought to answer the following questions: 1) the level of risk assessment of public elementary schools in the implementation of COVID-19 protocols according to the area of preparedness, response and recovery; 2) the level of risk assessment of public elementary schools in the implementation of COVID-19 protocols when grouped according to the aforementioned variables; and 3) the significant difference in the level of risk assessment of public elementary schools in the implementation of COVID-19 protocols when and compared grouped according to the aforementioned variables.

Methodology

This section presents the discussion of the research methodology used, the subjects and respondents of the study, the research instruments used, the validity and reliability of the instruments, the procedure for data gathering, and the statistical tools and procedure for data analysis.

Research Design

This study utilized the descriptive research design to answer the objectives specified in this study using a survey questionnaire to determine the public elementary schools' risk assessment in the implementation of Covid-19 protocols in the Division of Bacolod City. According to Nachimas and De Ward (2015), descriptive research is fact-finding with adequate interpretation. It is more and beyond just data-gathering; the latter is not reflective thinking or research. It describes and interprets what it is; It is concerned with conditions of relationships that exist; practices and beliefs, a process that is going on; effects that are being felt, or trends that are developing. Descriptive research design is valuable to this present study in providing facts and scientific judgment in determining the schools' awareness, compliance, and risk assessment of Covid-19 protocols. Also, this design is appropriate for the study to know the present situation and to determine the prevailing issues making adequate and accurate interpretation of the data.

Study Respondents

The study's respondents were 326 teaching and non-teaching personnel from a total population of 2141. Since the number of respondents is quite large to handle, stratified sampling and random sampling techniques were used and using the Cochran formula to find the sample size. To get the percentage, the respondents coming from each district/school are divided by the total number of respondents and multiplied by the sample size. The researcher randomly selected the respondents from each school using the lottery technique.

Instruments

In this study, a self-made questionnaire was used to determine the level of risk assessment of public elementary schools on COVID-19 protocol. It was subjected to validity (4.82-excellent) and reliability (0.927-excellent). All of them were interpreted as worthy and good; respectively. The questionnaire was divided into two parts. Part 1 is to gather the respondents' demographic profile in terms of age, highest educational attainment, and length of service. Part 2 was the survey proper consisting of 30-line items on the risk assessment with 10 line items per area. The respondents were asked to rate each item using the five-point Likert's scale, which contains the following scores: 5 – always; 4 – often; 3 – sometimes; 2 – rarely, and 1 – almost never.

Data Gathering Procedure

In gathering the desired data, the researcher asked permission from the Schools Division Superintendent in the Division of Bacolod City. When given permission, the researcher immediately coordinated with the school principal and administered the survey questionnaires to all the respondents, and the same was retrieved for encoding and tabulation. Likewise, the gathered data was computed using excel and SPSS (Statistical Package for the Social Sciences).

Data Analysis and Statistical Treatment

Objective No. 1 used the descriptive analytical scheme and mean to determine the level of risk assessment of public elementary schools in the implementation of COVID-19 protocols according to the areas of preparedness, response and recovery.

Objective No. 2 used the descriptive analytical scheme and mean to determine the level of risk assessment of public elementary schools in the implementation of COVID-19 protocols when grouped according to the aforementioned variables.

Objective No. 3 used the comparative analytical scheme and Mann-Whitney U test to determine the significant difference in the level of risk assessment of public elementary schools in the implementation of the COVID-19 protocols when and compared grouped according to the aforementioned variables.

Ethical Consideration

Ethical considerations are a set of principles that guide your research designs and practices. These principles include voluntary participation, informed consent, anonymity, confidentiality, and risk of harm (Bhandari, 2021). The researcher will ask the respondents to sign or agree to a consent form in this study. After they sign or agree to the consent form, they are free to withdraw without giving a reason. If participants withdraw from the study before the data collection is completed, the data will be returned to the owner or destroyed. The researcher will inform the participants that there might be possible some questions could cause distress and might remind the participants' unpleasant experiences regarding incidents or events relating to the topic of investigation. Should this happen, the participants can decline to answer all the questions and may withdraw their participation at any time. The participants will be guaranteed that the information they have shared will not disclose to the public or anyone.

Results and Discussion

This section deals with the presentation, analysis and interpretation of data gathered to carry out the objectives of this study. All these were made possible by following certain appropriate procedures so as to give the exact data and solution to each specific problem.

Table 1

Level of Risk Assessment of public elementary schools in the implementation of COVID-19 protocols in the area of Preparedness

Preparedness Items	Mean	Interpretation
<i>The school ...</i>		

1. conducts simulation activities among school personnel regarding protocols and routines.	4.62	Very high level
2. Impose to teaching and non-teaching personnel the alternative work arrangement to minimize face-to-face interaction with colleagues, parents, and visitors	4.78	Very high level
3. has set-up clear and easy-to-understand signages, preferably in local languages and Braille, to strengthen observance of health protocols and protective measures	4.64	Very high level
4. displays school map at the entrance point indicating the location of classrooms, offices, clinics, etc.	4.66	Very high level
5. disseminate and post relevant updated hotline numbers of hospitals, police stations, fire stations, etc.	4.73	Very high level
6. establishes an Early Warning Systems (e.g., bell/siren emergency signal, a bulletin board for weather and COVID-19 advisories, etc.)	4.70	Very high level
7. establishes safe entrance and exit procedures for teachers, students, non-teaching personnel, and visitors.	4.77	Very high level
8. has set-up temperature thermal scanner and hand sanitizer at the entrance gate	4.81	Very high level
9. reiterates protocols for learners, teachers, and personnel who manifest COVID-19 symptoms not to physically report to school and seek medical advice virtually if possible	4.77	Very high level
10. has a decision model and contingency plan for reclosing and reopening the school in case of COVID-19 resurgence in the community,	4.68	Very high level
Overall mean	4.72	Very high level

As depicted in table 1, the respondents assessed an overall mean score of 4.72, interpreted as a "very high level." With this rating, we can assume that the public elementary schools in Bacolod City are very much prepared to conduct necessary precautionary measures for COVID-19 protocols. However, if we examine further the items in table 9, the respondents assessed a highest mean score of 4.81 on item No. 8, which states "has set-up temperature thermal scanner and hand sanitizer at the entrance gate" interpreted as "very high level." On the other hand, the lowest mean of 4.46 was on item No. 1, which states "conducts simulation activities among school personnel regarding protocols and routines" and is interpreted as "very high level."

This implies that the schools conduct simulation activities among school personnel regarding protocols and routines on a scheduled basis but not regularly. This is to follow physical distancing to avoid transmission of the virus. However, continuous strict implementation of health protocols and routines in schools is always emphasized by the school heads and school risk reduction and management coordinators during meetings. In addition, the school must also prepare an orientation session for teaching and non-teaching personnel, learners, parents, and stakeholders for existing protocols, mechanisms, and procedures in implementing COVID-19 protocols in schools that can be viewed on DepEd websites and other online platforms.

The result was also supported by the study of Ismail et al. (2017). According to them, schools become one of the largest categories of the workplace because children, young people, teachers, and other staff spend a lot of their daily time in schools where a variety of risks and hazards can occur, including physical, psychical, and social that may negatively affect their health and wellbeing. Therefore, school safety must provide a social and physical environment that includes how the building and the school's routines are managed to prevent problems.

Table 2

Level of Risk Assessment of public elementary schools in the implementation of COVID-19 protocols in the area of Response

Response Items	Mean	Interpretation
<i>The school ...</i>		
1. ensures a proper disposal system of infectious wastes, such as used tissues and masks, in non-contact receptacles.	4.67	Very high level
2. prioritize the non-face-to-face communications and coordination through available platforms and discouragement the entrance of school visitors and other external stakeholders.	4.67	Very high level
3. conduct daily rapid health checks on Teachers and personnel.	4.56	Very high level
4. conduct necessary disinfection activities, especially in the areas of the school frequented by personnel or learners' areas that tested positive.	4.66	Very high level
5. establishes/setting-up/refurbishment of a school clinic to provide basic health services to all school-goers	4.65	Very high level

6. implements a 24-hour granular lockdown period for disinfection following identification/detection of suspect, probable, or confirmed COVID-19 confirmed case/s, only after which can it be opened for use to occupants.	4.53	Very high level
7. implements return to school/work policies consistent with the latest national guidelines for suspected, probable, close contact, or confirmed cases.	4.68	Very high level
8. designates a separate space where sick school-goers managed in the clinic can temporarily stay, awaiting referral to the appropriate health facility.	4.60	Very high level
9. has established a clear procedure of referral system for COVID-19 suspected and confirmed personnel and learners.	4.63	Very high level
10. has a proactive help desk to respond to COVID-19-related cases and a mechanism connecting and coordinating with the hospitals, testing facilities, and LGUs.	4.57	Very high level
Overall mean	4.62	Very high level

As disclosed in Table 2, the respondents assessed a very high level of risk assessment of the public elementary schools in implementing COVID-19 protocols in the area of response. This is a very good thing for the respondents and schools wherein they can easily respond when sudden health emergencies arise in their respective schools. However, if go deeper into the investigation, the respondents assessed a highest mean score of 4.68 on item No. 7 which states "implements of return to school/work policies consistent with latest national guidelines for suspected, probable, close contact or confirmed cases" interpreted as "very high level." Whereas the lowest mean of 4.53 was on item No. 6, which states "implements of a 24-hour granular lockdown period for disinfection following identification/detection of suspect, probable, or confirmed COVID-19 confirmed case/s, only after which can it be opened for use to occupants" interpreted as "very high level."

The results imply that the schools rarely implement a 24-hour granular lockdown period for disinfection following identification or confirmed COVID-19 confirmed, only after which can it be opened for use to occupants. Teachers are now very vigilant about their safety. Once they feel a little uncomfortable with their physical condition, they restrict themselves from going to school to prevent transmission of the virus. So, the chances of teachers being infected in school are very rare. Thus, a 24-hour lockdown was rarely implemented in schools.

The results are congruent to the advocacy of the World Health Organization (2020), wherein they urged the intuitions, schools, and communities to lead or be part of the response decision-making process by reinforcing risk communication, enforcing policies/guidelines on health safety, and community engagement approaches that can reinforce local solutions, increase trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19.

Table 3
Level of Risk Assessment of public elementary schools in the implementation of COVID-19 protocols in the area of Recovery

Recovery Items	Mean	Interpretation
<i>The school ...</i>		
1. cooperates with the local health authorities in quarantine of close contacts of confirmed cases of COVID-19 consistent with DOH guidelines	4.72	Very high level
2. SDRRM Team ensures that contact tracing activities as required by the local health authorities, are initiated and completed among the possible close contacts among DepEd personnel and learners	4.66	Very high level
3. development reporting system requiring parents to report to the school if their children are experiencing flu-like system, recommendation of testing to be done immediately with support and guidance from the LGUs	4.58	Very high level
4. has developed resilience strategies for the learners, teachers, and personnel	4.65	Very high level
5. designates trained teachers who will facilitate activities fostering Mental Health such as mental health topics, the nature of COVID-19, and preventive measures (WASH, physical distancing, etc.)	4.60	Very high level
6. provide specialized psychosocial support to learners, teachers, and personnel who are confirmed to be positive, under isolation/quarantine, and categorized as suspect and probable through the Guidance Office	4.46	High level
7. support the Department of Health in encouraging school personnel, learners, and the community to vaccination	4.77	Very high level

8. promotes "school-life balance" through proper scheduling of schoolwork that will allow learners to enjoy quality time at home	4.74	Very high level
9. conduct wellness activities for teaching and non-teaching personnel	4.60	Very high level
10. participates in the intensive health promotion campaigns activities/supportive policies that schools in collaboration shall institute with their local health offices to maintain optimal health-seeking behaviors of learners and other community members	4.67	Very high level
Overall mean	4.65	Very high level

Table 3 showed the results wherein the level of risk assessment of public elementary schools in implementing COVID-91 protocols in terms of recovery was very high. These findings are supported by the respondents' responses with an overall mean score of 4.65, which is interpreted as a "very high level." However, if we conduct more detailed results, respondents assessed a highest mean score of 4.77 on item No. 7, which states "support the Department of Health in encouraging school personnel, learners and community for vaccination" interpreted as "very high level." The lowest mean of 4.46 was on item No. 10, which states, "provide specialized psychosocial support to learners, teachers, and personnel who are confirmed to be positive, under isolation/quarantine, and categorized as suspect and probable, through the Guidance Office" interpreted as "high level."

This implies that schools do not directly provide psychosocial support to teachers and learners because of the pandemic. However, once there is a confirmed Covid-19 case from their colleagues, they try their best to help financially, spiritually, or emotionally. This result is in line with the mental health and psychosocial activities of UNICEF (2020), wherein they reiterated that school heads and teachers play an essential role in supporting mental health and psychosocial support activities such as: sharing key factual messages with colleagues and learners and their families; maintaining social contact through phone calls, text messages, or other virtual platforms; and providing care and support to teachers and learners who were confirmed Covid-19 positive.

Table 4

Level of Risk Assessment of public elementary schools in the implementation of COVID-19 protocols in the area of Preparedness and when grouped according to Age

Preparedness Items	Age Younger		Older	
	Mean	Interpretation	Mean	Interpretation
<i>The school ...</i>				
1. conducts simulation activities among school personnel regarding protocols and routines.	4.60	Very high level	4.65	Very high level
2. Impose teaching and non-teaching personnel the alternative work arrangement to minimize face-to-face interaction with colleagues, parents, and visitors	4.80	Very high level	4.76	Very high level
3. has set up clear and easy-to-understand signages, preferably in local languages and Braille, to strengthen observance of health protocols and protective measures	4.66	Very high level	4.63	Very high level
4. displays school map at the entrance point indicating the location of classrooms, offices, clinics, etc.	4.68	Very high level	4.64	Very high level
5. disseminate and post relevant updated hotline numbers of hospitals, police stations, fire stations, etc.	4.74	Very high level	4.72	Very high level
6. establishes an Early Warning Systems (e.g., bell/siren emergency signal, a bulletin board for weather and COVID-19 advisories, etc.)	4.73	Very high level	4.66	Very high level
7. establishes safe entrance and exit procedures for teachers, students, non-teaching personnel, and visitors.	4.78	Very high level	4.76	Very high level
8. has set up temperature thermal scanner and hand sanitizer at the entrance gate	4.83	Very high level	4.78	Very high level
9. reiterates protocols for learners, teachers, and personnel who manifest COVID-19 symptoms not to physically report to school and seek medical advice virtually if possible	4.80	Very high level	4.74	Very high level
10. has a decision model and contingency plan for reclosing and reopening the school in case of COVID-19 resurgence in the community,	4.69	Very high level	4.68	Very high level
Overall mean	4.73	Very high level	4.70	Very high level

Results revealed that the level of risk assessment of public elementary schools in implementing COVID-19 protocols in the area of preparedness as perceived by the respondents when grouped according to age was very high. This is

supported by the responses wherein younger respondents obtained an overall mean of 4.73 while older respondents obtained an overall mean of 4.70, both interpreted as "very high level." However, if we go for further analysis, younger respondents obtained the highest rating of 4.83 on item No. 8, which states "has set-up temperature thermal scanner and hand sanitizer at the entrance gate" interpreted as "high level," while the lowest mean obtained of 4.60 was on item No. 1 which states "conducts simulation activities among school personnel regarding protocols and routines" interpreted as "very high level."

Older respondents obtained the highest rating of 4.78 on item No. 8, which states "has set-up temperature thermal scanner and hand sanitizer at the entrance gate" interpreted as "very high level," while the lowest mean obtained of 4.63 was on item No. 7 which states "has set-up clear and easy to understand signage's preferably in local languages and Braille to strengthen observance of health protocols and protective measures" interpreted as "very high level." This implies that younger respondents perceived that the school conducts simulation activities among school personnel regarding protocols and routines on a scheduled basis to minimize physical contact among school personnel to avoid transmission of the virus. Whereas, for older respondents, the school needs to improve their signage, preferably in local languages, to strengthen observance of health protocols and protective measures.

By having a comprehensive emergency preparedness plan in the workplace crafted to address health crises and pandemics, workplaces may be better prepared to develop a quick, coordinated, and effective response while adapting the measures to the specific emergency that the enterprise is facing. Continuous monitoring of conditions and appropriate risk assessment will be required to ensure that control measures related to the risk of contagion are adapted to the specific evolving processes, conditions of work, and characteristics of the workforce during the critical period of contagion and afterward, so that reoccurrences may be prevented (International Labor Organization, 2020).

Table 5

Level of Risk Assessment of public elementary schools in the implementation of COVID-19 protocols in the area of Response and when grouped according to Age

Response Items	Age Younger		Older	
	Mean	Interpretation	Mean	Interpretation
<i>The school ...</i>				
1. ensures a proper disposal system of infectious wastes, such as used tissues and masks, in non-contact receptacles.	4.66	Very high level	4.69	Very high level
2. prioritize the non-face-to-face communications and coordination through available platforms and discouragement the entrance of school visitors and other external stakeholders.	4.65	Very high level	4.68	Very high level
3. conduct daily rapid health checks on Teachers and personnel.	4.57	Very high level	4.56	Very high level
4. conduct necessary disinfection activities, especially in the areas of the school frequented by personnel or learners' areas that tested positive.	4.70	Very high level	4.62	Very high level
5. establishes/set up/refurbishment of a school clinic to provide essential health services to all school-goers	4.71	Very high level	4.59	Very high level
6. implements a 24-hour granular lockdown period for disinfection following identification/detection of suspect, probable, or confirmed COVID-19 confirmed case/s, only after which can it be opened for use to occupants.	4.52	Very high level	4.53	Very high level
7. implements return to school/work policies consistent with the latest national guidelines for suspected, probable, close contact, or confirmed cases.	4.69	Very high level	4.68	Very high level
8. designates separate space where sick school-goers who have been managed in the clinic can temporarily stay, awaiting referral to the appropriate health facility.	4.62	Very high level	4.58	Very high level
9. has established a clear procedure of referral system for COVID-19 suspected and confirmed personnel and learners.	4.66	Very high level	4.61	Very high level
10. has a proactive help desk to respond to COVID-19-related cases and a mechanism connecting and coordinating the hospitals, testing facilities, and LGUs.	4.58	Very high level	4.56	Very high level
Overall mean	4.64	Very high level	4.61	Very high level

As for the area of response, results revealed that the level of risk assessment of public elementary schools in implementing COVID-19 protocols as perceived by the respondents when grouped according to age was very high.

This is supported by their responses wherein younger respondents obtained an overall mean of 4.64 while older respondents obtained an overall mean of 4.61, both interpreted as "very high level." However, if we examine the table thoroughly, younger respondents obtained the highest rating of 4.71 on item No. 5, which states "establishes/setting-up/refurbishment of a school clinic to provide basic health services to all school-goers" interpreted as "very high level," while the lowest mean obtained of 4.52 was on item No. 6 which states "implements of a 24-hour granular lockdown period for disinfection following identification/detection of suspect, probable, or confirmed COVID-19 confirmed case/s, only after which can it be opened for use to occupants." interpreted as "very high level."

Older respondents obtained the highest rating of 4.69 on item No. 1, which states "ensures a proper disposal system of infectious wastes, such as used tissues and masks, in non-contact receptacles," interpreted as "very high level," while the lowest mean obtained of 4.53 was on item No. 6 which states "implements of a 24-hour granular lockdown period for disinfection following identification/detection of suspect, probable, or confirmed COVID-19 confirmed case/s, only after which can it be opened for use to occupants" interpreted as "very high level." This implies that both younger and older respondents perceived a common observation wherein some schools are proactive in responding to Covid activities in their area of responsibility. The schools rarely implement a 24-hour granular lockdown period for disinfection following the identification of a confirmed COVID-19 case. The schools rarely do this because the number of COVID-19 cases in schools is very rare. Teachers now are very vigilant of the safety health protocols. Once they experience uncomfortable with their physical conditions, they automatically restrict their selves from going to school for work to avoid transmission of the virus to colleagues. However, a daily schedule should be established for routine environmental cleaning and disinfection of high-touch surfaces in classrooms, common spaces, and offices. Routine environmental cleaning should be scheduled when students and teachers are not occupying the space. Cleaning once a day is enough to remove a potential virus that may be on surfaces sufficiently. Disinfecting removes any remaining germs on surfaces, reducing any risk of spreading infection (Centers for Disease Control and Prevention, 2021).

Table 6

Level of Risk Assessment of public elementary schools in the implementation of COVID-19 protocols in the area of Recovery and when grouped according to Age

Recovery Items	Age Younger		Older	
	Mean	Interpretation	Mean	Interpretation
<i>The school ...</i>				
1. cooperates with the local health authorities in quarantine of close contacts of confirmed cases of COVID-19 consistent with DOH guidelines	4.76	Very high level	4.68	Very high level
2. SDRRM Team ensures that contact tracing activities as required by the local health authorities, are initiated and completed among the possible close contacts among DepEd personnel and learners	4.67	Very high level	4.66	Very high level
3. development reporting system requiring parents to report to the school if their children are experiencing flu-like system, recommendation of testing to be done immediately with support and guidance from the LGUs	4.60	Very high level	4.56	Very high level
4. has developed resilience strategies for the learners, teachers, and personnel	4.65	Very high level	4.65	Very high level
5. designates trained teachers who will facilitate activities fostering Mental Health such as mental health topics, the nature of COVID-19, and preventive measures (WASH, physical distancing, etc.)	4.60	Very high level	4.61	Very high level
6. provide specialized psychosocial support to learners, teachers, and personnel who are confirmed to be positive, under isolation/quarantine, and categorized as suspect and probable, through the Guidance Office	4.43	High level	4.48	High level
7. support the Department of Health in encouraging school personnel, learners, and the community to vaccination	4.77	Very high level	4.77	Very high level
8. promotes "school-life balance" through proper scheduling of schoolwork that will allow learners to enjoy quality time at home	4.75	Very high level	4.73	Very high level
9. conduct wellness activities for teaching and non-teaching personnel	4.59	Very high level	4.62	Very high level
10. participates in the intensive health promotion campaigns activities/supportive policies that schools in collaboration shall institute with their local health offices to	4.70	Very high level	4.64	Very high level

maintain optimal health-seeking behaviors of learners and other community members

Overall mean	4.65	Very level	high	4.64	Very level	high
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Table 6 revealed the results; younger respondents assessed an overall mean of 4.65 while older respondents assessed an overall mean of 4.64, both interpreted as a "very high level." This could mean that regardless of their age, their perception of the level of risk assessment of public elementary schools in implementing COVID-19 protocols in the area of recovery was very high. However, if we go deeper into the investigation, younger respondents obtained the highest rating of 4.77 on item No. 7, which states "support the Department of Health in encouraging school personnel, learners and community for vaccination" interpreted as "very high level," while the lowest mean obtained of 4.43 was on item No. 6 which states "provide specialized psychosocial support to learners, teachers, and personnel who are confirmed to be positive, under isolation/quarantine, and categorized as suspect and probable, through the Guidance Office" interpreted as "high level."

Similarly, older respondents assessed the highest rating of 4.77 on item No. 7, which states "support the Department of Health in encouraging school personnel, learners and community for vaccination" interpreted as "very high level," while the lowest mean obtained of 4.48 was on item No. 6 which states "provide specialized psychosocial support to learners, teachers, and personnel who are confirmed to be positive, under isolation/quarantine, and categorized as suspect and probable, through the Guidance Office" interpreted as "high level." This implies that both younger and older respondents perceived a common observation wherein the school has less priority in providing specialized psychosocial support to learners, teachers, and personnel confirmed to be positive for Covid-19. However, in the event there is a confirmed Covid-19 positive from their colleagues, they try their very best to help, may it be financially, spiritually, or emotionally. Sharing key factual messages with colleagues and learners' families through phone calls, text messages, or other virtual platforms will lessen the burden and worries of the Covid-19 patient.

Table 7

Level of Risk Assessment of public elementary schools in the implementation of COVID-19 protocols in the area of Preparedness and when grouped according to Highest Educational Attainment

Preparedness Items	Highest Educational Attainment			
	Lower Mean	Interpretation	Higher Mean	Interpretation
<i>The school ...</i>				
1. conducts simulation activities among school personnel regarding protocols and routines.	4.66	Very high level	4.57	Very high level
2. Impose teaching and non-teaching personnel the alternative work arrangement to minimize face-to-face interaction with colleagues, parents, and visitors	4.80	Very high level	4.73	Very high level
3. has set up clear and easy-to-understand signages preferably in local languages and Braille, to strengthen observance of health protocols and protective measures	4.74	Very high level	4.51	Very high level
4. displays school map at the entrance point indicating the location of classrooms, offices, clinics, etc.	4.71	Very high level	4.58	Very high level
5. disseminate and post relevant updated hotline numbers of hospitals, police stations, fire stations, etc.	4.80	Very high level	4.63	Very high level
6. establishes an Early Warning Systems (e.g., bell/siren emergency signal, a bulletin board for weather and COVID-19 advisories, etc.)	4.76	Very high level	4.61	Very high level
7. establishes safe entrance and exit procedures for teachers, students, non-teaching personnel, and visitors.	4.84	Very high level	4.67	Very high level
8. has set up temperature thermal scanner and hand sanitizer at the entrance gate	4.89	Very high level	4.69	Very high level
9. reiterates protocols for learners, teachers, and personnel who manifest COVID-19 symptoms not to physically report to school and seek medical advice virtually if possible	4.85	Very high level	4.66	Very high level
10. has a decision model and contingency plan for reclosing and reopening the school in case of COVID-19 resurgence in the community,	4.74	Very high level	4.59	Very high level
Overall mean	4.78	Very high level	4.62	Very high level

As revealed in Table 7, the level of risk assessment of public elementary schools in implementing COVID-19 protocols in the area of preparedness as perceived by the respondents when grouped according to highest educational attainment was very high. Their responses showed that respondents with lower educational attainment assessed an

overall mean of 4.78, while respondents with higher educational attainment obtained an overall mean of 4.62. But if we look deeper into the responses of the two groups, respondents with lower educational attainment assessed the highest means score of 4.89 on item No. 8, which states "has set-up temperature thermal scanner and hand sanitizer at the entrance gate," interpreted as "very high level," while the lowest mean obtained of 4.66 was on item No. 1 which states "conducts simulation activities among school personnel regarding protocols and routines" interpreted as "very high level."

On the other hand, respondents with higher educational attainment assessed the highest rating of 4.73 on item No. 2, which states, "Impose to teaching and non-teaching personnel on the alternative work arrangement to minimize face-to-face interaction with colleagues, parents, and visitors" interpreted as "very high level," while the lowest mean obtained of 4.51 was on item No. 3 which states "has set-up clear and easy to understand signages preferably in local languages and Braille to strengthen observance of health protocols and protective measures" interpreted as "very high level." This implies that respondents with lower educational attainment perceived that the school conducts simulation activities among school personnel regarding protocols and routines on a scheduled basis. On the other hand, respondents perceived that the school must improve the COVID-19 signages to strengthen the observance of health protocols and protective measures. Ensure frequent communications and messaging on COVID-19 and school measures that will reassure parents, students, and teachers that schools are safe to attend once the mitigation measures have been undertaken. In addition, communication should be carried out to address and counter rumors and misleading information, as well as a stigma among school staff, teachers, parents/caregivers and students (UNICEF, 2020).

Table 8

Level of Risk Assessment of public elementary schools in the implementation of COVID-19 protocols in the area Response and when grouped according to Highest Educational Attainment

Response Items	Highest Educational Attainment			
	Lower Mean	Interpretation	Higher Mean	Interpretation
<i>The school ...</i>				
1. ensures a proper disposal system of infectious wastes, such as used tissues and masks, in non-contact receptacles.	4.75	Very high level	4.57	Very high level
2. prioritize the non-face-to-face communications and coordination through available platforms and discouragement the entrance of school visitors and other external stakeholders.	4.70	Very high level	4.62	Very high level
3. conduct daily rapid health checks to Teachers and personnel.	4.60	Very high level	4.52	Very high level
4. conduct necessary disinfection activities, especially in the areas of the school frequented by personnel or learners' area that tested positive.	4.72	Very high level	4.57	Very high level
5. establishes/setting up/refurbishment of a school clinic to provide basic health services to all school-goers	4.71	Very high level	4.57	Very high level
6. implements of a 24-hour granular lockdown period for disinfection following identification/detection of suspect, probable, or confirmed COVID-19 confirmed case/s, only after which can it be opened for use to occupants.	4.59	Very high level	4.44	High level
7. implements return to school/work policies consistent with latest national guidelines for suspected, probable, close contact, or confirmed cases.	4.77	Very high level	4.55	Very high level
8. designates separate space where sick school-goers who have been managed in the clinic can temporarily stay, awaiting referral to the appropriate health facility.	4.69	Very high level	4.47	High level
9. has established a clear procedure of referral system for COVID-19 suspected and confirmed personnel and learners.	4.68	Very high level	4.57	Very high level
10. has a proactive help desk to respond to COVID-19-related cases and a mechanism that connects and coordinates to the hospitals, testing facilities, and LGUs.	4.67	Very high level	4.43	High level
Overall mean	4.69	Very high level	4.53	Very high level

Table 8 divulges that the level of risk assessment of public elementary schools in the implementation of COVID-19 protocols in the area of response as perceived by the respondents when grouped according to highest educational attainment was very high. Their responses support it, wherein respondents with lower educational attainment obtained an overall mean of 4.69 interpreted as "very high level" while respondents with higher educational

attainment obtained an overall mean of 4.53 interpreted as "very high level." But if we examine further, respondents with lower educational attainment assessed a highest means score of 4.77 on item No. 7 which states "implements of return to school/work policies consistent with latest national guidelines for suspected, probable, close contact or confirmed cases" interpreted as "very high level," while the lowest mean obtained of 4.59 was on item No. 6 which states "implements of a 24-hour granular lockdown period for disinfection following identification/detection of suspect, probable, or confirmed COVID-19 confirmed case/s, only after which can it be opened for use to occupants" interpreted as "very high level."

Whereas, respondents with higher educational attainment assessed a highest rating of 4.62 on item No. 2 which states "prioritize the non-face-to-face communications and coordination through available platforms and discouragement the entrance of school visitors and other external stakeholders" interpreted as "very high level," while the lowest mean obtained of 4.43 was on item No. 10 which states "has a proactive help desk to response on COVID-19 related cases and a mechanism that connects and coordinates to the hospitals, testing facilities, and LGUs" interpreted as "high level". The result implies that the respondents with lower educational attainment perceived that some schools often implement a 24-hour granular lockdown period if there is school personnel suspected with Covid-19 infection. On the other hand, respondents with higher educational attainment observed that some schools have no proactive help desk to respond to COVID-19-related cases. COVID-19 continues to threaten lives and livelihoods throughout the world. In response, governments have taken economic measures to safeguard the health of their citizens and support the economy. Governments continue to plan and allocate significant additional resources to fund COVID-19 response and recovery. Thus, public spending must be transparent and monitored. Institutions must be made accountable to manage the economic impacts effectively and duly respond to citizens' needs (Webinar-ADB, 2020).

Table 9

Level of Risk Assessment of public elementary schools in the implementation of COVID-19 protocols in the area of Recovery and when grouped according to Highest Educational Attainment

Recovery Items	Highest Educational Attainment			
	Lower Mean	Interpretation	Higher Mean	Interpretation
<i>The school ...</i>				
1. cooperates with the local health authorities in quarantine of close contacts of confirmed cases of COVID-19 consistent with DOH guidelines	4.77	Very high level	4.64	Very high level
2. SDRRM Team ensures that contact tracing activities as required by the local health authorities, are initiated and completed among the possible close contacts among DepEd personnel and learners	4.72	Very high level	4.58	Very high level
3. development reporting system requiring parents to report to the school if their children are experiencing flu-like system, recommendation of testing to be done immediately with support and guidance from the LGUs	4.62	Very high level	4.52	Very high level
4. has developed resilience strategies for the learners, teachers, and personnel	4.69	Very high level	4.59	Very high level
5. designates trained teachers who will facilitate activities fostering Mental Health such as mental health topics, nature of COVID-19, and preventive measures (WASH, physical distancing, etc.)	4.65	Very high level	4.52	Very high level
6. provide specialized psychosocial support to learners, teachers and personnel who are confirmed to be positive, under isolation/quarantine, and categorized as suspect and probable through the Guidance Office	4.54	Very high level	4.33	High level
7. support the Department of Health in encouraging school personnel, learners and community to vaccination	4.80	Very high level	4.72	Very high level
8. promotes "school-life balance" through proper scheduling of schoolwork that will allow learners to enjoy quality time at home	4.78	Very high level	4.68	Very high level
9. conduct wellness activities for teaching and non-teaching personnel	4.65	Very high level	4.53	Very high level
10. participates in the intensive health promotion campaigns activities/supportive policies that shall be instituted by schools in collaboration with their local health offices to maintain optimal health-seeking behaviors of learners and other community members	4.72	Very high level	4.60	Very high level

Overall mean	4.70	Very level	high	4.57	Very level	high
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In the area of recovery, respondents with lower educational attainment assessed an overall mean of 4.70, interpreted as "very high level," while respondents with higher educational attainment assessed an overall mean of 4.57 interpreted as "very high level." This could mean that the level of risk assessment of public elementary schools in implementing COVID-19 protocols in the area of recovery as perceived by the respondents when grouped according to highest educational attainment was very high. If we analyze further the responses of the groups, respondents with lower educational attainment assessed a highest means score of 4.80 on item No. 7 which states "support the Department of Health in encouraging school personnel, learners and community for vaccination" interpreted as "very high level," while the lowest mean obtained of 4.54 was on item No. 6 which states "provide specialized psychosocial support to learners, teachers and personnel who are confirmed to be positive, under isolation/quarantine, and categorized as suspect and probable, through the Guidance Office" interpreted as "very high level."

In the perception, respondents with higher educational attainment assessed the highest rating of 4.72 on item No.7, which states "support the Department of Health in encouraging school personnel, learners and community for vaccination" interpreted as "very high level," while the lowest mean obtained of 4.33 was on item No. 6 which states "provide specialized psychosocial support to learners, teachers and personnel who are confirmed to be positive, under isolation/quarantine, and categorized as suspect and probable, through the Guidance Office" interpreted as "high level." Based on the results, it could imply that both lower and higher educational attainment perceived a similar observation wherein providing psychosocial support to learners, teachers, and personnel who are confirmed to be positive was the least priority of most schools. Offering psychosocial support to disaster-impacted individuals during the pandemic has gained traction to make people calm during concurrent crises. School heads and teachers play an important role in supporting mental health and psychosocial support activities such as: sharing key factual messages with colleagues and learners and their families; maintaining social contact through phone calls, text messages, or other virtual platforms; and providing care and support to teachers and learners who were confirmed Covid-19 positive (UNICEF, 2020).

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