



## PREVENTION, HYGIENE AND HEALTH PROMOTION MEASURES AGAINST COVID-19 FOR SCHOOLS IN 2021-2022 SCHOOL YEAR

This document presents the English translation of sections 5 and 6 of the document in Spanish "[Medidas de Prevención, Higiene y Promoción de la Salud frente a COVID-19 para centros educativos en el curso 2021-2022](#)" in its version of 29 June 2021. These sections include both the main preventive measures taken (limiting contacts; personal prevention measures; cleaning, disinfection and ventilation; case management), and the main cross-cutting actions.

### 1. BASIC PREVENTION, HYGIENE AND HEALTH PROMOTION PRINCIPLES AGAINST COVID-19 FOR SCHOOLS

The scientific evidence accumulated to date suggests that SARS-CoV-2 can be transmitted from person to person by different means, the principal means of transmission being when respiratory aerosols or larger droplets emitted by an infected individual are inhaled by a susceptible individual, entering their upper and lower respiratory tracts. The concentration and size of the aerosols generated depends on the activity carried out; both are at their lowest when we are breathing gently and increase progressively if we speak quietly, speak loudly, shout, sing, cough, or engage in intense physical activity.

Contagion can also occur by means of indirect contact, i.e. the virus can be spread, by hands or objects contaminated with the respiratory secretions of an infected person, to the respiratory tract mucosae or the conjunctiva of a susceptible individual.<sup>1</sup>

The risk of spreading SARS-CoV-2 increases the more that people interact with each other and the longer the duration of these interactions.<sup>2</sup> It has also been proven that there is more transmission at short distances (less than 1 metre), and in closed, crowded, poorly ventilated spaces in which the necessary prevention measures have not been taken. It is recommended that in closed spaces in which people spend long periods of time, the social distance maintained should be greater than 1 metre.<sup>3 4 5</sup>

The basic prevention, hygiene and health promotion principles against Covid-19 for schools are founded on the following:<sup>6</sup>

<sup>1</sup> Información científica-técnica. Enfermedad por coronavirus, COVID-19. [Scientific-technical information. Coronavirus disease], COVID-19. Update, 12 November 2020 <https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov-China/documentos/ITCoronavirus.pdf>

<sup>2</sup> Guidance for Institutions of Higher Education (CDC, 30 May 2020) <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html>

<sup>3</sup> Coronavirus disease (COVID-19): How is it transmitted? (WHO, 30 April 2021) <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-how-is-it-transmitted>

<sup>4</sup> Two metres or one: what is the evidence for physical distancing in covid-19? [www.bmj.com/content/370/bmj.m3223](http://www.bmj.com/content/370/bmj.m3223)

<sup>5</sup> Chu DK et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. The Lancet. Published online June 1, 2020 [https://doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9) Available at: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931142-9>

<sup>6</sup> UNICEF. COVID-19: Proteger la salud en las aulas [Protecting health in the classroom]. May 2020. Available at: <https://www.unicef.es/sites/unicef.es/files/educa/unicef-educa-covid19-apertura-centros-educativos-funcionamiento-seguro-2.pdf>



With a view to adapting measures as far as possible to the epidemiological situation, different scenarios have been considered depending on the alert level in each territory, as described in the document on the Coordinated Response Actions for Controlling the Transmission of Covid-19:<sup>7</sup>

- The new normality, alert levels 1 and 2

- Alert levels 3 and 4

Changes in scenario shall be established by the health authority of the Autonomous Community for each province, or for the territorial level that it decides on. It is recommended that epidemiological aspects as well as aspects related to educational organization be taken into account in deciding said territorial level. Any changes shall be maintained for 2 weeks and then re-evaluated.

The definition of different scenarios allows for minimum social distances to be reduced under the new normality (alert levels 1 and 2), pursuant to the recommendations of international bodies, and increased if passing into alert levels 3 and 4, under which it is known that the risk of transmission rises amongst adolescents. Moreover, this system ensures that schools are aware of any increase in community transmission rates, so that they can step up measures and raise awareness in the educational community.

The scenarios shall be reviewed during the first term of the year, and the corresponding restrictions shall be relaxed or tightened depending on the progress of vaccination among students and on the valuation made of the epidemiological evolution of the pandemic by the bodies of the Interterritorial Council of the National Health System.

<sup>7</sup> Actuaciones de respuesta coordinada para el control de la transmisión de COVID-19. [Coordinated Response Actions for Controlling the Transmission of Covid-19.] 2 June 2021 [https://www.msbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Actuaciones\\_respuesta\\_COVID\\_2021.06.02.pdf](https://www.msbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Actuaciones_respuesta_COVID_2021.06.02.pdf)

As long as the epidemiological situation so allows, and pursuant to health authority mandates, schools shall be kept open throughout the school year, ensuring the continuance of school canteen services, as well as of academic support for children with specific needs or academic difficulties, or belonging to socially vulnerable families.

Following the highly positive outcomes obtained in the Autonomous Communities during the 2020-2021 school year, the Departments of Health and Education shall maintain a coordination group to monitor the evolution of the pandemic at the Autonomous Community level.

Each school must have a Beginning of School Year Plan that includes a Contingency Plan setting forth the actions to be undertaken and the coordination mechanisms necessary for all possible scenarios.

All schools must designate an individual to be responsible for Covid-19-related matters who must familiarize themselves with all documents in force regarding schools and Covid-19. This person shall act as an interlocutor with the health services at the request of the corresponding public health unit or on their own initiative when they need to consult on a particular matter, and they must be familiar with the mechanisms of effective communication established with the health authorities of their territorial sphere.

It is also recommended that each school have a task force for health and Covid-19 formed by school management, administrative staff, one or several members of the teaching staff, a member of the cleaning service and representatives of the families and the students. This task force must guarantee compliance with the basic principles against Covid-19, must ensure that the entire educational community is informed of their implementation, and must be involved in programming health promotion actions to mitigate the impact of the pandemic on children and adolescents.

## 1. Limiting contacts

1. **The maximum amount of face-to-face learning shall be guaranteed for all levels and stages of the educational system**, at least under the new normality scenario (alert levels 1 and 2). Under alert levels 3 and 4, in the exceptional case that compliance with the necessary measures is impossible, blended learning may be adopted as of the 3<sup>rd</sup> year of compulsory secondary education (ESO) only. The unilateral decision by an Autonomous Community or Autonomous City to implement a general suspension of face-to-face learning may only be adopted in exceptional situations, after consultation with the Interterritorial Council of the National Health System.
2. In general, an interpersonal distance of at least **1.5 metres shall be maintained during interactions** between individuals at the school. The use of face masks shall be continued irrespective of the social distancing measures in place.
3. In general, students must maintain an interpersonal distance of at least 1.5 metres when moving around the school or when outside the classroom.
4. **Within the classroom**, students shall be organized differently depending on their school year and on community transmission rates. Said organization is set forth in table 1 and explained below it.

Stable coexistence groups are defined as groups comprising a limited number of students and their teacher, guaranteeing the limitation of contacts in all activities carried out at the school and preventing interaction with other groups, limiting the number of contacts as much as possible. By contrast, within each group itself, it will not be strictly necessary to maintain the stipulated interpersonal distance and therefore the members of each group can socialize and play amongst themselves, interacting with greater normality. Ideally, the number of adults that interact with each group should be kept to a minimum, with the key figure being the

students' teacher. This option, moreover, will speed up and simplify contact tracing, if a case of Covid-19 is identified.



- ✓ Face-to-face learning shall be guaranteed for all levels and stages of the educational system, at least under the new normality scenario (alert levels 1 and 2). On an exceptional basis, blended learning shall be adopted under alert levels 3 and 4, but only from the 3<sup>rd</sup> year of ESO upwards.
- ✓ Activities shall be carried out outdoors whenever possible, in all cases and for all levels.
- ✓ Efforts to ventilate educational spaces as much as possible shall be intensified.

Table 1. Limiting contacts in the classroom at schools.

Educational stage		Scenarios at schools <sup>1</sup>	
		New normality <sup>2</sup> and alert levels 1 and 2	Alert levels 3 and 4
Early years education 0-3 years		Stable coexistence groups	
Early years education 3-6 years		Stable coexistence groups	
Primary education	1 <sup>st</sup> -4 <sup>th</sup>	Stable coexistence groups	
	5 <sup>th</sup> -6 <sup>th</sup>	Creation of stable coexistence groups or maintenance of a distance of 1.5 metres, with the possibility of reducing this to 1.2 metres.	
ESO and Basic Vocational Training	1 <sup>st</sup> -2 <sup>nd</sup> ESO	Distance of 1.5 metres, with the possibility of reducing it to 1.2 metres.	
	3 <sup>rd</sup> -4 <sup>th</sup> ESO and Basic Vocational Training	Distance of 1.5 metres, with the possibility of reducing it to 1.2 metres.	Minimum distance of 1.5 metres and/or outdoor classes.
Non-Compulsory Secondary Education and Official Language School classes			On an exceptional basis: blended learning, prioritizing attendance of students with social or academic difficulties.
Intermed. and higher vocational training Arts and sports education		Equivalent measures to those for non-compulsory secondary education. Where applicable, the measures corresponding to the professional sphere of reference shall also be adopted.	
Special education		Stable coexistence groups	

<sup>1</sup>The alert levels for assigning scenarios respond to the indicators of the epidemiological situation set forth in the document [Actuaciones de respuesta coordinada para el control de la transmisión de COVID-19 \[Coordinated Response Actions for Controlling the Transmission of Covid-19\]](#). Changes in scenario shall be established by the health authority of the Autonomous Community for each province, or for the territorial level that it decides on. Any changes shall be maintained for 2 weeks and then re-evaluated.

<sup>2</sup>Under the new normality, interaction between groups from the same school year shall be permitted, above all during outdoor activities. Interaction between groups shall not be permitted under the other risk scenarios. Maximum class sizes shall be in line with the number set forth in applicable legislation. <https://www.boe.es/eli/es/rd/2010/02/12/132>; [https://sede.educacion.gob.es/publivena/descarga.action?f\\_codigo\\_agc=21736](https://sede.educacion.gob.es/publivena/descarga.action?f_codigo_agc=21736)

**The scenarios shall be reviewed during the first term of the year on the basis of the progress of the vaccination strategy**

The measures for limiting contacts at each educational stage are explained and substantiated in greater detail below:

#### 4.1. Early years education (3-6 years):

**Students shall be organized into stable coexistence groups together with their teacher, comprising a maximum in line with the number set forth in the applicable legislation.**

In the case of 3-to-6-year-olds, the only effective and advisable measure for limiting contacts is to create stable coexistence groups, given that close interaction with key adult figures and with their peers is essential for their proper development, learning and emotional well-being. Moreover, children of this age group lack the necessary maturity to comply effectively with social distancing or personal prevention measures.

Although transmission rates of SARS-CoV-2 are low among the under-sixes, a population group in which symptoms are, moreover, primarily mild, it is advisable to keep the size of these groups small because proper use of face masks is not possible amongst children of this age.

In the new normality scenario, interaction between groups of the same school year is permitted, above all during outdoor activities (break-time, sports activities, projects, etc.). Interaction between groups shall not be permitted under the other risk scenarios. This allows for a greater amount of contact, while maintaining limitations on other interactions under a scenario in which we are coexisting with SARS-CoV-2, a scenario which is still not completely normal (the new normality). In addition, maintaining group sizes allows for changes in scenario, where necessary.

#### 4.2. Primary education:

**In years 1-4 of primary education, students shall be organized into stable coexistence groups together with their teacher. The maximum size of each stable coexistence group shall be in line with the number set forth in applicable legislation.**

**In years 5 and 6 of primary, the options are to organize students into stable coexistence groups, or to maintain an interpersonal distance of 1.5 metres, with the possibility of reducing it to 1.2 metres.**

**At this stage of education, maintaining face-to-face learning is essential and therefore the proposed option is designed for both possible scenarios.**

A recommended priority is the creation of stable coexistence groups, as proper compliance with physical distance measures is difficult for children of this age group and it is advisable for their development, emotional well-being and learning that they have a sufficient level of interaction with their peers and their teachers.

Although the transmission capacity of these students remains low (especially amongst the under-10s), and symptoms are usually mild, it is important that the measures remain in place.

The creation of stable coexistence groups proved to be effective during the 2020-2021 school year when community transmission rates were high. The possibility of increasing the number of students per group has been considered. However, it is recommended that, as far as possible, these groups be kept small, so as to reduce, not only the risk of transmission, but also



the impact on equity, emotional well-being and academic results, with a view to mitigating the impact of the pandemic on children.

In the new normality scenario, interaction between groups from the same school year is permitted, above all in outdoor activities (break-time, sports activities, projects, etc.). Interaction between groups shall not be permitted under the other risk scenarios. In this way, the limitation of contacts is relaxed, but limitations on other interactions are maintained and there is sufficient flexibility to allow for a change in scenario, should this be necessary.

#### 4.3. **Compulsory Secondary Education (ESO):**

**In ESO it is essential to maintain an interpersonal distance in the classroom of 1.5 metres, a distance which can be reduced to 1.2 metres in the low transmission scenario, in order to guarantee face-to-face learning. The maximum size of the groups shall be in line with the number set forth in applicable legislation.**

**Maintaining face-to-face learning in the 1<sup>st</sup> and 2<sup>nd</sup> year of ESO is vital and therefore a stable option has been proposed for both possible scenarios.**

**In the 3<sup>rd</sup> and 4<sup>th</sup> years of ESO, in the scenario corresponding to alert levels 3 and 4, the proposal is to increase the interpersonal distance to a minimum of 1.5 metres or opt for outdoor classes. On an exceptional basis, if it is not possible to guarantee face-to-face learning with either of the two aforementioned options, blended learning shall be adopted.**

The capacity of the adolescent population to transmit the SARS-CoV-2 virus is similar to that of adults, and ESO and non-compulsory secondary education are the educational stages in which outbreaks have most frequently been declared.

Therefore, and given that organizing students in this age group into stable coexistence groups is less feasible due to the existence of optional subjects and the need for teaching staff who are specialized in specific subjects, the chosen option is to maintain an **interpersonal distance of 1.5 metres, which can be reduced to 1.2 metres under the low transmission scenario in order to guarantee face-to-face learning.**

Scientific evidence indicates that, among adolescents, if community transmission levels are low or moderate, an interpersonal distance of at least 1 metre can be maintained at schools, although in closed spaces it is considered advisable to increase this distance to more than 1 metre. However, if community transmission rates are high or very high, according to scientific evidence, the interpersonal distance in schools for adolescents must be increased. In Spain, we have the experience of the 2020-2021 school year, in which a distance of 1.5 metres was maintained in approximately 99% of classrooms without any quarantining throughout the entire period.

Keeping groups small is recommended, not only to reduce the risk of transmission, but also for reasons relating to health equity and academic results (to close the academic gap suffered by certain students as a result of blended learning) and to mitigate the significant impact of the pandemic on the emotional well-being and mental health of the adolescent population.

For the **1<sup>st</sup> and 2<sup>nd</sup> years of ESO**, a stable organization must be established for the entire year, with sufficient measures to ensure the maintenance of **constant face-to-face learning**, irrespective of any rise in transmission rates, as under-14s are less self-sufficient and are still not fully autonomous.

However, it is also important to attempt to implement, as far as possible, organizational measures that enable **face-to-face learning in the 3<sup>rd</sup> and 4<sup>th</sup> years of ESO in a safe and healthy environment**, as during the 2020-2021 school year the negative impact of blended learning was noted not only with respect to the academic results of certain students but also as regards the emotional well-being of the adolescent population.

Therefore, a number of alternatives have been proposed for **alert levels 3 or 4**, with a view to ensuring safety while maintaining face-to-face learning:

- Firstly, face-to-face learning can be maintained by increasing the distance to **1.5 metres**, which will require sufficient space (whether in the classroom, in other properly adapted spaces in the school, or in public spaces of the municipality placed at the schools' disposal). Our experience of the 2020-2021 school year indicates that this option is safe.
- Secondly, an alternative option would be to hold classes **outdoors**, which would depend on weather conditions and on infrastructure (pergolas, awnings, etc.).
- On an exceptional basis, if it is not possible to guarantee face-to-face learning through the aforementioned options, **blended learning** shall be adopted, prioritizing face-to-face learning among the most academically and socially vulnerable students. Moreover, it is advisable to minimize the time allocated to remote learning, giving preference to organizational options that make it easier for students to attend classes daily (half of the group attending for three hours at the beginning of the school day, the other half of the group attending for three hours mid-morning) or with students attending school almost every day (with 20% of the class learning remotely every day of the week).

To facilitate transition between scenarios, there must be contingency plans for transition to alternative spaces or to blended learning in the event of high community transmission rates. Alternatively, a greater interpersonal distance could be established from the beginning of the school year to guarantee the continuance of face-to-face learning under any scenario.

In the new normality scenario, interaction between groups from the same school year is permitted, above all in outdoor activities (break-time, sports activities, projects, etc.). Interaction between groups shall not be permitted under the other risk scenarios.

#### 4.4. **Non-compulsory secondary education:**

**In non-compulsory secondary education, it is essential to maintain an interpersonal distance in the classroom of 1.5 metres, a distance which can be reduced to 1.2 metres in the low transmission scenario, with the aim of guaranteeing face-to-face learning.**

**The maximum group size shall be in line with the number set forth in applicable legislation.**



**In the scenario corresponding to alert levels 3 and 4, three alternatives have been proposed: opting for outdoor classes; increasing interpersonal distance to a minimum of 1.5 metres; or, on an exceptional basis, if face-to-face learning cannot be guaranteed by either of the two aforementioned options, adopting blended learning.**

The organization and the reasoning underlying the measures are similar to those for the 3<sup>rd</sup> and 4<sup>th</sup> years of ESO.

It should also be pointed out that students in the 2<sup>nd</sup> year of non-compulsory secondary education have a particular need for intensive academic support in relation to the university access exams, given the stress associated with this situation. Therefore, any organizational solutions would ideally allow for the maximum proportion of face-to-face learning possible while keeping students and staff safe, in order to safeguard equity and emotional well-being.

#### **4.5. Vocational Training:**

**At all levels of Vocational Training, an interpersonal distance of 1.5 metres—which may be reduced to 1.2 metres under the low transmission scenario—must be maintained within the classroom to guarantee face-to-face learning.**

**Maximum group sizes shall be in line with the number set forth in applicable legislation.**

When applicable, the measures corresponding to their professional sphere of reference shall be adopted.

In activities carried out in spaces with specific characteristics, such as workshops, laboratories or warehouses, attention shall be paid to the technical requirements of said spaces, as regards the distribution of the students, respecting, in all cases, the distance of 1.5 metres, which may be reduced to a minimum of at least 1.2 metres under the low transmission scenario. The occupational health and safety measures corresponding to the activity carried out in such spaces must also be respected.

In work experience activities scheduled at the school that require the presence of people who are neither staff nor students of the school, the specific legislation and Covid-related legislation of the production or services sector to which the work experience activity corresponds shall apply.

#### **4.6 Specific schemes for arts, sports and language education:**

The provisions for Vocational Training also apply for arts and sports education; in the case of Official Language School classes, the provisions for non-compulsory secondary education shall apply.

5. As far as possible, **outdoor spaces** should be used for educational and leisure activities, both within the school and in other spaces outside it. Some examples that have been carried out over these past months are: teaching the more active classes in the playground, conducting research activities in a nearby park, carrying out pedagogical activities at school or urban allotments, using public space ceded by the local entities to carry out outdoor educational activities, etc.
6. In general, schools should not organize activities that require students from different coexistence groups **to mix with each other**, or hold classes in which the minimum interpersonal distance cannot be maintained, except under the new normality scenario, in which interaction between groups of the same year shall be permitted, above all in outdoor activities. Interaction between groups shall not be permitted under the other risk scenarios.
7. Different **measures** have been established **to prevent crowding**:
  - 7.1. Entry to and exit from schools shall be staggered or, where applicable, the premises shall be entered via differentiated doors or spaces, or other organizational measures shall be adopted to prevent crowding at school entrances and exits.
  - 7.2. In all cases, efforts shall be made to keep the movement of groups of students around the school to a minimum. Wherever possible, it should be the teachers and not the students who move from classroom to classroom.
  - 7.3. To limit the number of people present in a single space at the same time, face-to-face assemblies and meetings shall be avoided and efforts made to hold such events online. Schools shall promote the option of conducting coordination meetings and all other non-academic activities online whenever possible.
  - 7.4. School sports events and celebrations shall be carried out provided that they can be held outdoors and under the same conditions as similar events in the community sphere.
8. Where possible, communication with **families** shall be by telephone, email, message or post, and digital procedures shall be facilitated. Should the teaching staff or management team consider it appropriate, family members may enter the school building provided that they comply with prevention and hygiene measures and do not present any symptoms compatible with Covid-19.
9. As regards **transport to and from school**:
  - 9.1. For the purpose of limiting contacts, the general public shall be advised, where possible, to opt for **active transport** (walking or cycling) on safe routes to school as a mobility option that better guarantees the maintenance of interpersonal distances is healthier, and does not entail the sharing of closed spaces. Schools shall seek to promote safe routes to school and increase the number of bike parking spaces, in collaboration with city councils.
  - 9.2. In the case of collective school transport, prevailing legislation setting forth preventive measures against Covid-19 shall apply. Students shall be assigned specific seats for the

entire school year, unless, based on the epidemiological situation, the health authorities determine a more restrictive or more flexible use of collective school transport.

10. As regards school attendance by **children who are chronically ill**, students with health conditions that make them more vulnerable to Covid-19 (such as, for example, cardiovascular diseases, diabetes, chronic lung diseases, cancer, immunosuppression or high blood pressure) may go to school, provided that their clinical condition is monitored and allows for them to do so, and that protection measures are rigorously maintained, unless they have been advised by a doctor not to attend school<sup>8</sup> (see [Appendix V](#), page 57 of the Spanish version of the document). The recommendations of the protocol for paediatric management of Covid-19 in primary care shall be followed.

## 2. Personal prevention measures

The main [personal prevention measures](#) that must be taken against Covid-19 and other respiratory infections are as follows:

1. [Frequent and meticulous handwashing \(infographics in Spanish\)](#), at the very least upon entering and leaving the school, before and after break-time, after eating, always after going to the toilet and always at least five times a day. Hands should be washed with soap and water whenever possible. Hands must be washed during at least 40 seconds with soap and water; where this is not possible they can be cleaned with hydroalcoholic gel during 20 seconds. It must be borne in mind that when our hands are visibly dirty, hydroalcoholic gel is not enough and soap and water must be used.
2. Avoid touching your nose, eyes and mouth with your hands as this facilitates transmission.
3. When coughing or sneezing, do not remove your face mask, and cover your mouth and nose with your inner elbow.
4. Use disposable tissues to remove respiratory secretions. After use, these tissues should be disposed of in a bin containing a bin liner and, if possible, with a lid and pedal. Wash your hands after disposing of this waste.
5. As regards the use of face masks:
  - 5.1. The use of face masks shall be mandatory for children aged 6 and above, irrespective of the maintenance of a specific interpersonal distance or of their belonging to a stable co-existence group, without prejudice to the exemptions provided for by law. The option of allowing students to remove their face masks during controlled outdoor activities in which the 1.5 metre distance is respected may be assessed, subject in turn to the evolution of the epidemiological situation. The healthy population shall be required to use

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<sup>8</sup> Manejo pediátrico en atención primaria de COVID-19 [Paediatric Management of Covid-19 in Primary Care] 18.11.2020. Available at: [https://www.msrebs.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Manejo\\_pediatría\\_ap.pdf](https://www.msrebs.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Manejo_pediatría_ap.pdf)

hygienic, and where possible, reusable face masks, which must meet the essential requirements set forth in article 5.1 of Order CSM /115/2021<sup>9</sup> (UNE 0064-1:2020, UNE 0064-2:2020, UNE 0065:2020 or UNE-CWA 17553:2020).

- 5.2. The authorities of each Autonomous Community may specify the moment at which children turning six years of age in the third year of the second cycle of early years education must start to use face masks, also assessing the epidemiological situation.
- 5.3. The use of face masks shall be mandatory for all teachers, irrespective of the interpersonal distance maintained. The option of allowing them to remove their face masks during controlled outdoor activities in which the 1.5 metre distance is respected may be assessed, subject in turn to the evolution of the epidemiological situation. Teachers must wear hygienic face masks meeting the essential requirements set forth in article 5.1 of Order CSM /115/2021 (UNE 0064-1:2020, UNE 0065:2020 or UNE-CWA 17553:2020), unless the Occupational Health and Safety Service advises otherwise.
- 5.4. Order CSM/115/2021 of 11 February, setting forth the information and commercialization requirements for hygienic face masks, includes, in turn, provisions and requirements regarding hygienic face masks or Community Face Coverings that are transparent or have transparent areas designed to enable accurate lip reading and recognition of all facial expressions. Transparent face masks are important for persons with hearing impairment and for work on aspects related to hearing and language. The Order sets forth the criteria for enabling transparent face masks to be safe and to provide a response to accessibility needs.
- 5.5. In those cases, such as early years education, special education, or special education classrooms in mainstream schools, in which students do not wear face masks and minimum interpersonal distances cannot be maintained, the use by the teaching staff of surgical or self-filtering face masks might be appropriate, depending on the risk assessment of each case by the Occupational Health and Safety Service.
- 5.6. The wearing of face masks during collective school transport shall also be mandatory for students aged 6 and above, and is recommended for 3-to-5-year-olds.
- 5.7. The [proper use \(infographics in Spanish\)](#) of masks must be explained as their misuse can lead to greater risk of transmission. The face mask must fit the face properly, it must be placed to cover both the nose and chin, and the user must take care only to touch the straps.
- 5.8. In general, the use of face masks is not recommended in the following cases: children under the age of 3 (mask wearing is contraindicated among the under-twos due to the risk of asphyxia), people suffering from respiratory problems which might be aggravated by wearing a face mask, people with a disability or in a situation of dependence preventing them from being able to remove their face mask without assistance, individuals who have behavioural disorders that make the use of face masks unfeasible, people who undertake activities that make using a mask difficult or impossible.
- 5.9. If there are students who cannot wear a face mask due to one of the grounds for exemption, other prevention measures shall be stepped up, but without allowing this situation to affect their right to face-to-face learning. In the case of teachers who cannot wear a

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<sup>9</sup> Order CSM/115/2021 of 11 February, setting forth the information and commercialization requirements of hygienic face masks. Available at: <https://www.boe.es/eli/es/or/2021/02/11/csm115>

face mask due to one of the grounds for exemption, an individual assessment shall be made by the Occupational Health and Safety Services.

6. When objects are shared, hygiene and prevention measures (such as handwashing and avoiding touching the nose, eyes and mouth) must be stepped up and the objects must be cleaned between their use by different groups.
7. The use of [gloves \(infographics in Spanish\)](#) is not generally recommended, but is recommended for carrying out cleaning tasks.
8. The vaccination strategy for combating Covid-19 prioritizes the immunization of early years education (0-6 years) and special education staff, including teaching staff as well as other professionals working directly with students at schools authorized by the Autonomous Communities, such as publicly and privately owned early years schools, and the immunization of primary and secondary education staff, including teaching staff as well as other professionals working with students at publicly and privately owned schools in the formal education system. At a later date, the strategy shall consider the vaccination of children and adolescents pursuant to the authorization and definition thereof.

### Vaccination of the educational community

The vaccination strategy to combat Covid-19 prioritizes the immunization of early years, primary, and secondary education **teaching staff** in order to protect the right of children and adolescents to face-to-face learning in the classroom, in application of the best interests of the child principle. Vaccinating teaching staff protects the face-to-face learning of children and adolescents, as required by Spanish law. In the third update of the vaccination strategy for combating Covid-19, early years education (0-6 years), special education, primary, and secondary education teaching and non-teaching staff were included as priority groups.

As regards the vaccination of **children and adolescents**, the strategy shall be updated as and when the use of vaccines among this age group is authorized and the priority groups defined. The use of vaccines against Covid-19 for children aged 12 and above was authorized in June 2021. In version seven of the vaccination strategy, the age group of those included in the following priority groups was extended to include children aged 12 and above (children born in 2009 or earlier): individuals with very high-risk conditions, highly dependent individuals, residents/attendants of centres for people with intellectual disabilities, children's homes, and special schools. Furthermore, the vaccination strategy for combating Covid-19 includes 12-to-19 year-olds as group 13 in the priority ranking for vaccination.<sup>10</sup>

## 3. Cleaning, disinfection and ventilation of the school

3. **Cleaning and disinfection:** cleaning shall be intensified, in particular of toilets and the most frequently used surfaces. Each school shall have a cleaning and disinfection **protocol** appropriate to its characteristics. This protocol shall include the following instructions:
  - a. Cleaning and disinfection at least once a day, increasing frequency in those spaces that require it due to the intensity of their use. For example, toilets shall be

<sup>10</sup> Update 8 of the Covid-19 Vaccination Strategy in Spain [https://www.msccbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19\\_Actualizacion8\\_EstrategiaVacunacion.pdf](https://www.msccbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/COVID-19_Actualizacion8_EstrategiaVacunacion.pdf)

- cleaned at least 2-3 times a day depending on habitual use and the number of users.
- b. Particular attention shall be paid to common areas and to frequently touched surfaces, such as doorknobs, tables and other furniture, handrails, floors, telephones, coat hooks, and other elements with similar characteristics.
  - c. Cleaning and disinfection measures shall also be extended, where applicable, to workers' private areas, such as rest areas, changing rooms, lockers, toilets, kitchens (where all crockery, cutlery and glassware shall be washed in the dishwasher, including that which has not been used, but which students may have touched with their hands).
  - d. In classrooms, one daily cleaning shall be sufficient, including of furniture (tables and other contact surfaces, etc.).
  - e. If shifts are established in classrooms, the canteen or other spaces, said spaces must be cleaned, disinfected and ventilated between every change of student group.
  - f. Shared workspaces must be cleaned and disinfected at the end of each shift, and at the end of the day, paying particular attention to furniture and other elements that are touched frequently, above all in those spaces used by more than one worker. After using a shared computer, the surface of the keyboard, the mouse and the screen must be disinfected.
  - g. Disinfectants such as recently prepared bleach dilutions (1:50) or any of the virucidal disinfectants authorized and registered by the Ministry of Health shall be used. These products shall be used in accordance with the indications on their labels and students shall be prevented from having contact with or using these products.
  - h. After each cleaning and disinfection, the materials used and protective equipment worn must be disposed of safely. Hands must be washed after disposing of said waste.
  - i. The cleaning of bins must be monitored, to ensure that they are kept clean and the materials inside them collected in bin liners, to avoid any accidental contact.
  - j. The cleaning and disinfection of workshops, laboratories and other spaces with specific characteristics, used for Vocational Training work experience, shall be carried out in accordance with the specific legislation of the production or services sector regarding cleaning, disinfection, disinfestation and environmental health, as well as the specific provisions set forth for the prevention of contagion with SARS-CoV-2.
4. **Ventilation of the school:** Given the new evidence regarding the transmission of SARS-CoV-2 via aerosols, it is essential to stress the importance of ventilation and strengthen certain related recommendations.
- a. **Natural ventilation** is the preferable option. **Cross-ventilation is recommended if it can be maintained permanently**, by opening doors and/or windows on opposite or at least different sides of the room, to favour the circulation of air and guarantee the proper replacement of air throughout the entire space. It is preferable to have several doors and windows (partially) open than only one door or window (fully) open. The school premises must be ventilated frequently, if possible on a permanent basis, including at least during 15 minutes at the beginning and at the end of the shift, during break-time, and, if possible, between classes,



also guaranteeing proper ventilation in the hallways and corridors; and adopting the necessary accident prevention measures. The aforementioned ventilation time of 15 minutes is a guideline and must be adapted to the conditions and characteristics of each classroom.

If the community transmission of SARS-CoV2 is high, schools must consider prioritizing natural ventilation—due to its effectiveness in preventing transmission—over and above aspects such as the temperature and humidity necessary for thermal comfort, or energy efficiency requirements.

- b. If natural ventilation is not sufficient, mechanical **(or forced) ventilation may be used**, increasing the supply of outside air and reducing the percentage of recirculated air as much as possible to obtain adequate air renewal. These systems are the same systems used for air conditioning and function by increasing the replacement of indoor air with outdoor air. Mechanical ventilation equipment must be properly installed and its proper maintenance guaranteed.
- c. Only if it is not possible to achieve proper ventilation through natural or mechanical ventilation may **air filters or purifiers (equipped with HEPA filters)** be used. **Another alternative is the use of other spaces** (classrooms or other rooms in the school, or municipal spaces). If the use of air filters is necessary, these must be sufficiently effective to ensure the recommended airflow and must be placed and maintained in accordance with technical advice.
- d. It is not necessary for all schools to purchase CO<sub>2</sub> meters. When reasonable doubts exist regarding the effectiveness of the ventilation system, or when weather conditions make it impossible to guarantee proper ventilation, this equipment may be used to take measurements on a one-off or periodic basis to help generate knowledge and experience in ventilation practices that guarantee proper air replacement. The measurement devices must be calibrated and verified pursuant to the technical document [Evaluación del riesgo de la transmisión de SARS-CoV-2 mediante aerosoles. Medidas de prevención y recomendaciones](#) [Assessment of the risk of transmission of SARS-CoV-2 via aerosols. Prevention measures and recommendations].
- e. If a professional attends to different students in the same space on a consecutive basis (physiotherapist, speech therapist, nurse, etc.) the surfaces used must be disinfected and the room ventilated during at least 5 minutes after each session or in line with the aforementioned parameters guaranteeing proper ventilation.
- f. If the school organizes activities that increase the emission of aerosols, i.e. activities involving shouting or singing, these should be held outdoors wherever possible. Where this is not possible, proper ventilation must be guaranteed, physical distances maintained and the proper use of face masks ensured. Given that engaging in physical exercise also increases the emission of aerosols, it is essential to promote the carrying out of physical education classes in outdoor spaces. When such classes are held indoors, it is especially important that face masks be worn properly, physical distances increased, and ventilation intensified.

## 5. Waste management

- a. It is recommended that the disposable towels and/or tissues used by staff and students to dry their hands or to comply with respiratory hygiene measures be deposited into bins with a bin liner and, if possible with a lid and pedal.

- b. All personal hygiene materials (face masks, gloves, etc.) must be deposited in the bin for undifferentiated waste (domestic waste not collected separately for recycling or composting or any other purpose).
- c. If a student or school employee begins to present symptoms while at the school, the bin or container in which they have deposited towels or tissues or any other used products must be placed in the individual space in which they are self-isolating. The rubbish bag must be removed and placed inside a second bin liner, which must be sealed and disposed of in the undifferentiated waste bin.

#### 4. Case management

1. The school must inform parents and parental figures and students of legal age that students with acute symptoms may not attend school. This message must be explicit and include a request for confirmation of receipt. Schools may establish mechanisms to identify symptoms in students at the school entrance or require a signed statement from students' parents.
2. Students, teachers and other professionals who [have symptoms](#) compatible with Covid-19, as well as those who are self-isolating because they have been diagnosed with Covid-19, or are in home quarantine after having been in close contact with an individual diagnosed with Covid-19, must stay away from the school. It is of particular importance to stress this message in the educational community.
3. Students and staff shall have their temperatures taken before being allowed to enter the school.
4. Should a case/cases appear at a school, the prevention and control measures shall be implemented by the Public Health unit or the competent unit designated by the authorities of the Autonomous Community or Autonomous City based on the technical document prepared by the Alerts and Preparedness and Response Plans Committee: "[Guía de actuación ante la aparición de casos de COVID-19 en centros educativos](#)" [Guide for dealing with cases of Covid-19 at schools] (and its subsequent updates). Possible measures include the temporary closure of classrooms and/or schools in the event of an outbreak or a rise in the community transmission rate.
5. If an individual begins to develop symptoms compatible with Covid-19 at the school, a previously established action protocol shall be implemented. The individual in question shall be taken to a separate, individual space and shall be required to wear a surgical face mask. Any person attending to them must wear a valveless FFP2 face mask. If the symptomatic individual is an autonomous adult and they feel well, they must go home, avoiding all contact with others on the way.
6. If the individual who starts to present symptoms cannot wear a surgical mask (children under the age of 6, people with respiratory problems, people who have difficulties removing their face mask unassisted or who have behavioural disorders that make the use of face masks unfeasible, or other difficulties that may arise due to their presenting acute symptoms) the person accompanying them must wear a face shield and a disposable gown, in addition to a valveless FFP2 face mask (the school must have a stock of such materials for situations in which they are required to attend to a suspected case).
7. If the individual is a minor, their family or legal guardians must be contacted. As soon as is possible, the family must contact their primary care health centre or the body or individual designated by their Autonomous Community, or call the telephone number of reference of their Autonomous Community for responding to suspected cases of Covid-19.

- If the individual presents severe symptoms or respiratory difficulty, the 112 emergency number must be called.
8. If the individual works at the school, they must contact their Occupational Health and Safety Service or their health centre or call the telephone number of reference of their Autonomous Community, and follow any instructions received. If the individual has severe symptoms or respiratory difficulty, the 112 emergency number must be called. Any worker who starts to show symptoms must leave their workplace until their medical situation can be assessed by a health professional.
  9. There must be fluid and effective coordination between the school and the social and public health services or the competent unit designated by the authorities of the Autonomous Community, to organize the proper management of possible cases and the study and monitoring of contacts. The organization of students into stable groups enables faster and more straightforward contact tracing in the event that a case of Covid-19 is identified.
  10. Any confirmed case must self-isolate at home pursuant to the strategy of surveillance, diagnosis and control of Covid-19.
  11. The Public Health unit or the unit or service designated by the authorities of the Autonomous Community shall be responsible for identifying and monitoring contacts pursuant to the surveillance and control protocol prevailing in the corresponding Autonomous Community and shall indicate the necessary measures to be taken at the school.
  12. The Autonomous Community shall assess the actions to be taken in the event of an outbreak, following the [Guía de actuación ante la aparición de casos de COVID-19 en centros educativos](#) [Guide for dealing with cases of Covid-19 at schools].
  13. In the event of an outbreak, both the health and the education authorities, in collaboration, should assess how measures are being implemented at the school.
  14. The instructions of the [Guía de actuación ante la aparición de casos de COVID-19 en centros educativos 14.04.2021](#) [Guide for dealing with cases of Covid-19 at schools 14.04.2021] and its updates must be followed. This Guide shall establish a minimum data set to be collected for the proper monitoring of measures and of the epidemiological situation.

## 2. CROSS-CUTTING ACTIONS

### 2.1. Reorganization of the school

#### a. Management of the school's human resources

Each school's **management team shall organize** the day-to-day activity of its human resources in accordance with the recommendations of this guide.

- Persons who are **symptomatic** or in home **isolation** due to a diagnosis of Covid-19, or who are in home **quarantine** having been in close contact with an individual diagnosed with Covid-19, **must not return to work**.
- Workers **vulnerable to Covid-19** (e.g. people with high blood pressure, cardiovascular diseases, diabetes, chronic lung diseases, cancer or immunosuppression) may go to work provided that their clinical condition is monitored. Protective measures shall be rigorously maintained, in accordance with the assessment carried out by the Occupational Health and Safety Service and its report on the necessary prevention, adaptation

and protection measures, following the provisions of the Procedure for Occupational Health and Safety Services in the event of exposure to SARS-CoV-2. When in doubt, the health service of the Occupational Health and Safety Service must assess the presence of those workers who are particularly vulnerable to coronavirus infection and issue a report on the necessary prevention, adaptation and protection measures, following the procedure established in the [Procedimiento de actuación para los servicios de prevención de riesgos laborales frente a la exposición al SARS-CoV-2](#) [Procedure for Occupational Health and Safety Services in the event of exposure to SARS-CoV-2].

- Workers shall receive information and training regarding the risks of infection and spread of coronavirus, paying particular attention to means of transmission and the prevention and protection measures adopted at the school.
- Workers shall be provided with the name, telephone number, address and other contact details of the **Occupational Health and Safety Service** assigned to them. It shall be the latter's task to assess the risk of exposure involved in certain activities not covered in this document and to decide on the preventive measures to be adopted at each school.
- In general, as established in the aforementioned Procedure, in accordance with the nature of the teaching activities undertaken at each school, as well as the incidence and prevalence of Covid-19 described so far among the paediatric population, the risk for teaching staff must be considered similar to the community risk and therefore classified as risk level 1 (RL1). When dealing with a possible case (described in point 5 and 6 of the previous section, on actions to be taken when a person begins to develop symptoms compatible with Covid-19), this risk level may be considered RL2, and the use of a valveless FFP2 face mask is advised. If the child cannot use a surgical mask, a face shield and disposable gown should also be used.

## b. Reorganization of school spaces

In order to make it possible to maintain the recommended interpersonal distance and limitation of contacts, schools must be reorganized to make the best use of all available space.

- **Outdoor** activities should be encouraged, for example by using playgrounds, especially if they have the necessary infrastructure (roofs, awnings) to provide protection from the weather, or nearby parks.
- As regards **indoor spaces**, there are various options that can be assessed at each school in order to increase the number of classrooms by using spaces such as canteens, libraries, thematic rooms (technology, IT, arts, laboratories, etc.), assembly halls, gymnasiums, etc.
- In addition, in order to limit contact between groups, **partitioning** may also be considered as a means of facilitating the creation of smaller classrooms in larger spaces (e.g. in canteens, gymnasiums or assembly halls). Sliding walls or other partitions can be placed between groups; in such cases, proper cleanliness and effective permanent cross-ventilation must be ensured.
- In those exceptional cases in which a school cannot relocate all of its students, coordination shall be carried out with local entities, which may be able to offer **municipal public spaces** such as libraries, play centres, sports centres, cultural centres or open-air spaces that guarantee face-to-face learning for children and adolescents in the municipality.
- As regards the **canteen service**:

- It is essential to ensure that students have access to healthy meals, and therefore the essential role of school canteens must be highlighted, and this service must remain available throughout the school year.
- Due to the new knowledge on aerosol transmission, and as canteens are spaces in which face masks are not worn at all times, it is necessary to reinforce prevention measures, both in terms of limiting the number of people sharing indoor spaces, as well as with respect to interpersonal distances and ventilation. It is therefore important, whenever possible, to rearrange spaces to optimize compliance with these measures. If there is reasonable doubt about the adequacy of ventilation in school canteens, CO<sub>2</sub> meters may be used to assess the quality of ventilation.
- School canteens, or alternative spaces provided for eating meals, shall allow for an interpersonal distance of at least 1.5 metres, except for students belonging to the same stable coexistence group.
- Each student shall be assigned a specific seat for the entire year; this measure shall be maintained for as long as the epidemiological situation makes it advisable.
- Measures shall be implemented to guarantee that different stable coexistence groups are kept apart from each other and the canteen space and timetables shall be organized in such a way that each stable coexistence group has its own timeslot and its own space for eating. Ventilation must be maintained on a permanent basis, as far as possible, and intensified between different groups' timeslots. When two or more groups have to share the canteen at the same time, they shall be separated from each other by as much distance as possible, and at least 1.5 metres.
- It must not be forgotten that, in order to safeguard the stable coexistence groups, classrooms may also be used for eating meals. Hot meals should be served using hot trolleys with trays. If this is not possible, hot food should be brought into the classroom as close to the mealtime as possible to ensure that it is kept at the right temperature. Classrooms must be kept sufficiently clean to ensure food safety.
- Partitions made of non-porous material may also be provided to divide the space so that it can be shared by, for example, two stable coexistence groups. In such cases, permanent cross-ventilation measures shall be stepped up.
- Each school must have a **room** available to **enable the isolation of any individual** who develops symptoms at the school. This room must be well ventilated and have a bin containing a bin liner and, if possible, with a lid and pedal.
- In **areas for attending to the general public**, a screen or glass may be installed to allow for safer service.
- In areas such as libraries, study rooms, changing rooms and other common areas, capacity control and prevention measures shall be established in accordance with current regulations, so that an interpersonal distance of at least 1.5 metres is maintained between users.

### c. Timetables and flexibility

In order to minimize the number of people sharing any single school space at the same time and to rearrange the groups, it may be necessary to reorganize timetables or make them more flexible.

- It could be useful to establish a staggered timetable for the **arrival and departure of** different groups or, at least, to offer a wider timeslot for arrival at the school.
- Similarly, **break-time, playground time and mealtimes** must be properly organized. The number of shifts must be increased and stable coexistence groups must be maintained so that students from different groups do not occupy the same space at the same time, thereby minimizing interaction between groups, especially in indoor spaces.
- Daily **face-to-face learning** shall be guaranteed for all students. Only in alert levels 3 and 4 may blended learning be adopted when it is not possible for the 1.5 metre distance to be ensured or for students to be taught outdoors.

#### d. Material resources for the implementation of preventive measures

The educational authorities must provide schools with the means for their workers to have the **protective equipment** necessary to undertake their duties, as detailed below. Similarly, they must ensure the availability at all times of the **material** necessary for compliance with prevention and hygiene measures:

- Water, soap and paper towels for drying hands, as well as hydroalcoholic gels, or virucidal disinfectants authorized and registered by the Ministry of Health, must be available at different points of the school, including in all toilets, to ensure that **hand cleaning** can be carried out when necessary. The storage and preservation of hydroalcoholic gels and/or disinfectants shall be the responsibility of an adult.
- Bins containing bin liners and, if possible, with a lid and pedal, shall be placed in different areas around the school to allow for the proper disposal of tissues/paper towels or other potentially contaminated waste.
- The school shall have surgical **masks** for use in the event that someone at the school starts to show symptoms, as well as hygienic masks for teachers and for students who need or have forgotten to bring a face mask.
- In the case of teachers of early years education, special education or special education classrooms in mainstream schools who, following a risk assessment, are instructed to use surgical or self-filtering face masks, the school shall provide them with these masks.
- In addition, the school shall have valveless FFP2 face masks, face shields and disposable gowns for situations where they are required for the care of a suspected case as mentioned in the section on case management.

## 2.2. Coordination and participation

### a. Coordination

Intersectoral work at a local level and coordination between the different levels of the public administration must be strengthened to enable collaborative solutions adapted to the circumstances of each school that make it possible to implement preventive measures, as well as to facilitate the necessary communication for the management of possible cases or outbreaks of Covid-19, and to attend to the most socially vulnerable students. The educational teams shall establish the coordination mechanisms adapted to their context. In these teams, school Covid managers can play an important role.

- **With Primary Care:** a fluid channel of communication shall be maintained between each school and its local health centre, within its community health competences, to provide support in resolving questions regarding how to organize the action to be taken in cases

with symptoms compatible with Covid-19 and prevention, hygiene and health promotion measures.

- **With Public Health:** a specific channel of communication shall be made available depending on the organization established by each community; for example, for contact and outbreak studies in schools or for the implementation of prevention, hygiene and health promotion measures. Public Health, in coordination with Primary Care and Occupational Health and Safety Services, in the case of workers, or the unit or service designated by each Autonomous Community, is responsible for the contact tracing of positive cases identified at schools. Public Health shall establish the appropriate control measures in the event of an outbreak, including, if necessary, ordering the closure of a classroom or of the entire school.
- **With Social Services:** in the case of socially vulnerable students, to provide information on available support services, food banks, community networks or neighbourhood initiatives, or to seek the necessary resources for blended learning (face-to-face and remote learning).
- **With local entities:** through school health committees or other intersectoral coordination forums at a local level.
  - **Spaces:** to work together to identify public spaces that can be used as an extension of the school.
  - **After-school care:** to find solutions for those students whose families' work schedules extend beyond school hours.
  - **Active transport to and from school:** safe routes to and from the school (walking or cycling), bike parking spaces.

## b. Participation

- **By families:** it is important to promote the participation of Family and Parents' Associations in order to facilitate communication and create partnerships to properly implement measures, as well as to actively listen to their needs and ensure their active participation.
- **By students:** the participation of children, adolescents and young people can play a key role in fostering prevention, hygiene and health promotion measures through student mediators or peer education through community health agents at the school and in the community (learning and service), so that they participate in all stages from the design of the measures onwards.

## 2.3. Communication and health education

### a. Communication

An effective channel of communication between the health sector and the entire educational community must be ensured so that relevant information can be transmitted. During the past school year, certain Autonomous Communities introduced interesting initiatives, such as online teacher training regarding Covid-19, or sending letters or emails on teacher vaccination.

School management teams must ensure that information on the action protocols and prevention, hygiene and health promotion measures implemented at schools reaches and is understood by the entire educational community.

- School workers shall be furnished with information and skills on prevention and hygiene measures and shall in turn facilitate communication with the rest of the educational community.

- Information shall be sent to all families, maintaining a channel of communication available to answer any queries.
- The use of infographics, posters and signage to promote compliance and understanding of prevention and hygiene measures shall be promoted. Care shall be taken to ensure that this information is kept up to date in the event of changes in the health authorities' guidelines.

## b. Health education

Health education activities, including prevention, hygiene and health promotion measures against Covid-19, shall be designed and implemented to actively involve students in improving the health of the educational community.

Similarly, these activities shall be mainstreamed into the health education and promotion programmes and activities that were already underway at the school, so that health can be worked on in a comprehensive manner.

- Why? Awareness of the importance of adopting disease prevention and control measures needs to be raised among students and all staff, and the necessary skills need to be acquired. In this way, students can also help others in their households or social environment to learn how to prevent and avoid the transmission of Covid-19 and to gain control over their own health and well-being.
- What? The basic aspects that health education on Covid-19 should include are the symptoms of the disease, how to act when symptoms appear, physical distance and contact limitation measures, hand hygiene and other personal prevention measures, proper use of face masks, awareness of the interdependence between human beings and the environment, promotion of co-responsibility for one's own health and the health of others, and the prevention of stigma. Several Autonomous Communities have made educational resources related to the Covid-19 pandemic available online for schools. [UNICEF's health education materials and resources](#)<sup>11</sup> are also of interest. The Deputy Directorate-General for Territorial Cooperation and Educational Innovation of the Ministry of Education and Vocational Training also has [educational resources on Covid-19](#)<sup>12</sup> and a [map of educational resources by Autonomous Community](#).

### Teaching material from the Ministry of Education and Vocational Training:

- Covid-19 teaching material for primary education
- Covid-19 teaching material for secondary education
- proposals for secondary schools to teach the critical use of information on Covid-19
- teaching ideas for primary education on sustainability in times of Covid-19
- teaching ideas for secondary schools on sustainability in times of Covid-19
- When? Until they have become a part of the standard school routine, a reminder of the basic measures should be given first thing each morning. In addition, these measures can be addressed in other timeslots to be determined by the teaching team, such as during form period, or mainstreamed into other subjects or interdisciplinary projects.
- Support material: [Appendix IV](#) (page 54 of the Spanish version of the document) contains useful materials that can be used both to raise awareness in the educational community and as a basis for preparing specific teaching material to be worked on later with students. Similarly, the use of the [healthy lifestyles website](#) and the websites of the different Autonomous Communities is recommended to work on aspects related to a healthy lifestyle: nutrition, physical activity, tobacco, alcohol, emotional well-being and injuries.

<sup>11</sup> <https://www.unicef.es/educa/salud>

<sup>12</sup> <http://www.educacionyfp.gob.es/gl/mc/sgctie/recursos-covid.html>

## 2.4. Equity

- In Europe, learning loss due to lockdown, school closures and distance learning is several times higher in schools in the most deprived areas compared to those in less deprived areas.<sup>13</sup> According to different studies, the most socially vulnerable population has been greatly affected by the changes in the structure of the education system resulting from the pandemic, and by online teaching, whether it has been fully online or blended, which has increased social and educational inequalities. In Spain, the most disadvantaged students are between 5 and 11 percentage points less likely to have access to the internet than their advantaged peers.<sup>14</sup> Therefore, it seems necessary to implement reinforcement measures in the coming school years that can mitigate or offset this impact.
- Given the unequal impact of the pandemic on the population, it is recommended that during this school year we intensify the focus on equity in planning, taking into account possible territorial diversity as regards social vulnerability, and allocate more resources to schools located in more deprived areas, where the impact of the pandemic has been greater.
- In the event of an epidemiological situation that requires blended learning, full attendance shall be guaranteed for socially vulnerable students, or students with academic difficulties.
- It is also recommended to reduce the size of groups as much as possible, and to allocate the necessary resources, as this is an effective measure to curb the transmission of the virus and to better meet the diversity of needs in schools, and to improve the emotional well-being of children and adolescents<sup>15</sup>.
- Both in the Beginning of School Year Plan and in the Contingency Plan, it is advisable to include, for each possible scenario, attention to the needs of the following **groups**:
  - Situations of social vulnerability: families at risk of poverty and exclusion, victims of violence, unaccompanied migrants, refugees, or members of minority and stigmatized groups.
  - Situations of special need: people with disabilities or special needs, or in need of educational support.
  - Families in which all parents or parental figures work outside the home or telework, but are not able to provide the necessary support to monitor students' work in the case of blended learning.
- In the monitoring and control of absenteeism carried out by form teachers, guidance services and absenteeism committees, it is advisable to find out students' reasons, in order to determine whether the student has been absent for health reasons or for other justified reasons.
- Given the current health and social crisis, it is essential to create a **pleasant and welcoming environment** at the school for students and staff alike, paying particular attention to the most emotionally and socially vulnerable individuals.

<sup>13</sup> Schooling during COVID-19: recommendations from the European Technical Advisory Group for schooling during COVID-19, 24 March 2021. Copenhagen: WHO Regional Office for Europe; 2021. Licence: CC BY-NC-SA 3.0 IGO. <https://apps.who.int/iris/bitstream/handle/10665/340872/WHO-EURO-2021-2151-41906-57497-eng.pdf>

<sup>14</sup> European Commission, "Educational inequalities in Europe and physical school closures during Covid-19" Fairness Policy Brief Series: 04/2020. [https://ec.europa.eu/jrc/sites/jrcsh/files/fairness\\_pb2020\\_wave04\\_covid\\_education\\_jrc\\_i1\\_19jun2020.pdf](https://ec.europa.eu/jrc/sites/jrcsh/files/fairness_pb2020_wave04_covid_education_jrc_i1_19jun2020.pdf). [https://ec.europa.eu/jrc/sites/jrcsh/files/fairness\\_pb2020\\_wave04\\_covid\\_education\\_jrc\\_i1\\_19jun2020.pdf](https://ec.europa.eu/jrc/sites/jrcsh/files/fairness_pb2020_wave04_covid_education_jrc_i1_19jun2020.pdf)

<sup>15</sup> ECDC. COVID-19 in children and the role of school settings in COVID-19 transmission. 6 August 2020. <https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>

- Schools must continue to be supportive, respectful and inclusive environments. In this regard, it is essential to take action to prevent stigmatization or discrimination in relation to Covid-19, paying particular attention to situations of greater emotional and social vulnerability that may have arisen as a result of this pandemic. It is important to prevent the [stigmatization](#) of students and all school staff who may have been exposed to the virus or may become infected in the future.

## 2.5. Health Promotion Recommendations for addressing the effects of the Covid-19 pandemic on children and adolescents

Health Promotion and Education at schools aims to encourage the entire educational community to achieve the highest possible level of physical, emotional and social health at both a personal and community level. Schools have an important role to play in addressing and mitigating the negative impact of the Covid-19 crisis on the physical health and emotional well-being of students. Given the effects of the pandemic on children and adolescents, these actions are even more relevant and need to be intensified during this school year.

Three main pillars of health promotion at schools in times of Covid-19 are as follows:

1. The promotion of healthy environments and lifestyles that facilitate the physical and emotional well-being of the entire educational community;
2. Health education and health literacy as a basic skill for understanding health information and for making conscious decisions. This can help students understand the causes of health problems, the reasons for recommendations and actions, and to reflect on the possible outcomes of one's own behaviour<sup>16</sup> ([Health education](#) section);
3. Liaison with other players and [community networks](#) located in the territory, promoting [coordination](#) and connection with [community resources and assets](#) in the neighbourhood or municipality where the school is located.

Beyond the circumstances of the pandemic, it will be important to consolidate health promotion actions in order to continue advancing in the **Schools for Health approach**,<sup>17 18 19</sup> which entails a commitment on the part of schools to promoting health and well-being in a comprehensive, globalized and equitable manner by planning actions with the participation of the educational community and its environment.

Primary healthcare teams (Spanish acronym: EAP) can play an important role in promoting school health. In some territories there are working committees on school health at health centres, in others the local EAP participates in the school health committees. In some places, health centre nurses have supported schools in promoting health and in detecting and managing cases of Covid-19. The EAPs are a key alliance in the development of health promotion strategies and actions in the educational setting.

<sup>16</sup> Colao A, Piscitelli P, Pulimeno M, Colazzo S, Miani A, Giannini S. Rethinking the role of the school after COVID-19. *Lancet Public Health*. 2020 Jul;5: e370. doi:10.1016/S2468-2667(20)30124-9.

<sup>17</sup> Schools for Health in Europe Network <https://www.schoolsforhealth.org/>

<sup>18</sup> SHE School Manual 2.0. A Methodological Guidebook to become a health promoting school November 2020 [https://www.schoolsforhealth.org/sites/default/files/she\\_school\\_manual\\_2.0.pdf](https://www.schoolsforhealth.org/sites/default/files/she_school_manual_2.0.pdf)

<sup>19</sup> Materials for teachers. Learning about health and health promotion in schools. October 2019 <https://www.schoolsforhealth.org/sites/default/files/editor/Teachers%20resources/materials-for-teachers-2019-english.pdf>

Throughout the past school year, a variety of different agents (parents, students, teachers, health and/or municipal workers, etc.) participated in community actions to improve health<sup>20</sup> at schools, thus helping to implement the necessary measures for tackling the pandemic at that time.

A number of actions aimed at health and a healthy lifestyle are proposed below:

### a. Engaging in physical activity and living a less sedentary lifestyle

The Covid-19 pandemic—especially the months spent in lockdown—has contributed to both a reduction in physical activity time and an increase in the number of people living a sedentary lifestyle and in the amount of screen time among children and young people. Physical activity improves overall health and, especially when done outdoors, can be an extremely useful tool for improving emotional well-being.

It is recommended that 0-to-5-year-olds engage in physical activity several times a day, and that 5-to-17-year-olds engage in at least one hour of moderate or vigorous [physical activity](#), and that prolonged periods of inactivity be shortened.<sup>21</sup> It is also recommended that physical activity be included among everyday activities, through active transport, play, climbing stairs, etc., and that activities be carried out outdoors.

The school environment is ideal for promoting physical activity, both in physical education classes, where teachers can play a key role, and in the rest of the school day:

- a) Break-time is a valuable time for socializing and for engaging in physical activity. The playground can be transformed into an [active playground](#) with different play areas monitored by caregivers who promote active games and interactions, with empathy, respect for diversity, and solidarity.<sup>22</sup>
- b) **Active breaks** involving physical exercise, such as the [¡Dame 10!](#) [Give me 10!] programme or similar initiatives seeking to incorporate exercise into all subjects, breaking up periods of inactivity (see also [Sugerencias prácticas para la promoción de la Actividad Física Infantojuvenil](#) [Practical suggestions for the promotion of physical activity among children and young people]). For the duration of the pandemic, physical activity should be carried out outdoors whenever possible.
- c) The school can organize **safe, healthy and sustainable routes to school**, together with local bodies and family associations, to facilitate active transport and encourage autonomy.
- d) Identify **community resources and assets** in the school environment that favour physical activity among students, and establish partnerships with sports facilities in the district or municipality to promote their use by students and their families.

### b. Eating a healthy diet

In order to contribute to a [healthy diet](#) it is recommended:

<sup>20</sup> Guía de acción comunitaria para ganar salud... o cómo trabajar en común para mejorar las condiciones de vida. [Community action guide on being healthier... or how to work together to improve living conditions.] [https://www.msbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/Accion\\_Comunitaria\\_Ganar\\_Salud.htm](https://www.msbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/Accion_Comunitaria_Ganar_Salud.htm)

<sup>21</sup> Ministry of Health, Social Services and Equality. Actividad Física para la Salud y Reducción del Sedentarismo. Recomendaciones para la población. Estrategia de Promoción de la Salud y Prevención en el SNS. [Physical Activity for Health and Living a Less Sedentary Lifestyle. Recommendations for the population. National Health System Strategy for Prevention and Health Promotion.] Madrid, 2015 [https://www.msbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/Recomendaciones\\_ActivFisica\\_para\\_la\\_Salud.pdf](https://www.msbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/Recomendaciones_ActivFisica_para_la_Salud.pdf)

<sup>22</sup> McNamara L, Colley P, Franklin N. School recess, social connectedness and health: a Canadian perspective. Health Promot Int. 2015;32: dav102. doi:10.1093/heapro/dav102.

- To eat more fresh produce, especially fruit and vegetables—at least 5 portions per day.<sup>23</sup>
- To eat less food high in saturated fats, salt and added sugars and avoid ultra-processed foods.
- To drink water when you are thirsty. Juices, even if they are natural, and other sugary drinks, are best avoided.<sup>25</sup>

Some of the actions that can be taken at schools are:

- a) Involving **school canteens**, which can promote healthy and sustainable eating, at times incorporating qualitative changes aimed at increasing the consumption of fruit and vegetables or incorporating seasonal and local produce.
- b) Adopting initiatives to promote **healthy eating** in the school environment. Attractive activities can be organized to familiarize students with fruits and vegetables by proposing different ways of eating them. During **break-time, mid-morning, or at snack time** it is advisable to eat fruit, unsalted raw or roasted nuts, or vegetables (tomatoes, carrot sticks, etc.), always avoiding sugary products and drinks.<sup>26 27</sup> Other foods that can be eaten occasionally are cereals and unsweetened dairy products (milk, natural yoghurt, low-fat cheese) and sandwiches, preferably made with wholemeal bread and healthy fillings.
- c) Ensuring that any **vending machines** in the school offer a variety of fruits, vegetables and other recommended healthy foods.<sup>28 29</sup>
- d) Ensuring that **water** is easily accessible to children throughout the school, as it should be the main drink throughout the day, present at all meals. Juices, even if they are natural, and other sugary drinks, are best avoided.<sup>26 30</sup>
- e) Introducing activities related to the **school vegetable garden** (or a garden outside the school premises) that allow children to identify foods and that promote knowledge about food production and procurement, the importance of primary producers, and the territory. This can facilitate the tasting of new vegetables and allow students to learn about local gastronomy in relation to production, the importance of eating seasonal foods, and their association with celebrations and traditions.<sup>30</sup>

<sup>23</sup> WHO. #HealthyAtHome: Healthy Diet. Available at: <https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---healthy-diet>

<sup>24</sup> Ribeiro KDDS, Garcia LRS, Dametto JFDS, Assunção DGF, Maciel BLL. COVID-19 and Nutrition: The Need for Initiatives to Promote Healthy Eating and Prevent Obesity in Childhood. *Child Obes.* 2020;16: 235-237. doi:10.1089/chi.2020.0121

<sup>25</sup> Public Health Agency of Catalonia. La alimentación saludable en la etapa escolar. Guía para familias y escuelas. [A healthy diet for school-aged children. Guide for families and schools.] 2020 edition.

<sup>26</sup> Community of Madrid. Alimentación Infantil. [Child Nutrition.] Available at: <https://www.comunidad.madrid/servicios/salud/alimentacion-infantil>

<sup>27</sup> Monroy-Parada DX, Ángeles Moya M, José Bosqued M, López L, Rodríguez-Artalejo F, Royo-Bordonada MÁ. Vending Machines of Food and Beverages and Nutritional Profile of their Products at Schools in Madrid, Spain, 2014-2015. *Rev Esp Public Health.* 2016;90: e1-9.

<sup>28</sup> Monroy-Parada DX, Ángeles Moya M, José Bosqued M, López L, Rodríguez-Artalejo F, Royo-Bordonada MÁ. Vending Machines of Food and Beverages and Nutritional Profile of their Products at Schools in Madrid, Spain, 2014-2015. *Rev Esp Public Health.* 2016;90: e1-9.

<sup>29</sup> Volpe R, Marchant S. Vending Machines and Cardiovascular Prevention: How to Implement Healthy Dietary Habits at School. *High Blood Press Cardiovasc Prev.* 2020;27: 417-419. doi:10.1007/s40292-020-00397-8

<sup>30</sup> Public Health Agency of Catalonia. La alimentación saludable en la etapa escolar. Guía para familias y escuelas. [A healthy diet for school-aged children. Guide for families and schools.] 2020 edition.

- f) **Engaging students** in activities involving **meal preparation** both at home and in educational programmes to reduce obesity and improve preferences and attitudes towards healthy dietary choices.<sup>31 32</sup>

### c. Promoting emotional well-being and socialization

The pandemic is having a major impact on the emotional well-being and mental health of children and adolescents. In a study carried out in February 2021, mental health appeared as the first concern amongst students of ESO-age and older.<sup>33</sup>

Schools should provide a safe space in which children and adolescents can interact, develop psychosocial skills, try out different roles through play and interpersonal interaction, and maintain bonds with their peers.

Some actions that can be taken by schools include:

- a) Fostering a **sense of belonging to a community**, which provides security and can prevent sadness and fear, feelings which may have become more prevalent among students during this pandemic.<sup>34</sup>
- b) Designing **psycho-educational programmes** to **provide emotional support** to children and adolescents (infographics in Spanish).
- c) Optimizing coordination to ensure that homework is allocated evenly throughout the week. Being able to enjoy sufficient **leisure time** decreases the likelihood of anxiety or stress associated with the Covid-19 pandemic.<sup>35</sup>
- d) Reinforcing psychological, pedagogical and **guidance** services at the school, strengthening **pastoral care** and working with families.<sup>36</sup> It is advisable to train educational teams and provide them with tools that enable them to support students and families in situations that could affect their emotional well-being, and to look after their own emotional well-being.

### d. Making appropriate use of screens and Information and Communication Technology (ICT)

The digital environment promoted by ICT offers countless options for learning, leisure, interconnection and physical activity. It should be used appropriately, safely, under supervision and in a healthy way, avoiding information overload and excessive use.

<sup>31</sup> Hersch D, Perdue L, Ambroz T, Boucher JL. The Impact of Cooking Classes on Food-Related Preferences, Attitudes, and Behaviors of School-Aged Children: A Systematic Review of the Evidence, 2003-2014. *Prev Chronic Dis.* 2014;11: 140267. doi:10.5888/pcd11.140267.

<sup>32</sup> Asigbee FM, Davis JN, Markowitz AK, Landry MJ, Vandyousefi S, Ghaddar R, et al. The association between child cooking involvement in food preparation and fruit and vegetable intake in a hispanic youth population. *Curr Dev Nutr.* 2020;4: 1-7. doi:10.1093/cdn/nzaa028

<sup>33</sup> Canae (State Confederation of Students' Associations). Estudiantes en pandemia. Informe 2020/2021 sobre educación y participación desde la perspectiva estudiantil. 2021 [Students during the pandemic. 2020/2021 report on education and participation from a student perspective. 2021]

<sup>34</sup> Tíscar-González V, Santiago-Garín J, Moreno-Casbas T, Zorrilla-Martínez I, Nonide-Robles M, Portuondo-Jiménez J. Percepciones y vivencias de escolares de 7 a 8 años del País Vasco durante la alerta sanitaria COVID-19. [Perceptions and experiences of 7-to-8-year-old schoolchildren in the Basque Country during the Covid-19 health alert.] *Gac Sanit.* 2020. doi:10.1016/j.gaceta.2020.11.006

<sup>35</sup> García-Álvarez L, de la Fuente-Tomás L, García-Portilla MP, Sáiz PA, Lacasa CM, Santo FD, et al. Early psychological impact of the 2019 Coronavirus disease (COVID-19) pandemic and lockdown in a large Spanish sample. *J Glob Health.* 2020;10: 1-15. doi:10.7189/jogh.10.020505

<sup>36</sup> Psychologists' Association of Madrid. Consecuencias psicoeducativas y emocionales de la pandemia, el confinamiento y la educación a distancia en el alumnado y familias. Estudio: 2021 [Psycho-educational and emotional consequences of the pandemic, lockdown and remote learning for students and families. Study: 2021]

To avoid excessive inactivity, it is recommended that 5-to-17-year-olds should limit screen time for recreational purposes to a maximum of two hours a day.<sup>37</sup>

Some recommendations for healthy use of screens and ICT include:

- a) Separating and respecting spaces for face-to-face and online learning and schooling from those for leisure and rest, guaranteeing times in which both students and educators can **disconnect**. Having **structured schedules for classes and communication** allows their use to be managed and limited.
- b) **Alternating** tasks and work methodologies that require the use of digital resources with others that do not.
- c) Teaching a healthy use of social networks, using them in the classroom as a health asset<sup>38</sup> for developing personal skills, facilitating interactions, relationships and inclusion, and promoting social participation and community action. In the context of the pandemic, social networks can play a role in mitigating feelings of loneliness and frustration and helping to maintain relationship networks. While **they can be used for educational or socialization purposes, their usage time should be limited** as per recommendations.
- d) Offering young people the opportunity to **make videos and other audio-visual products**, thereby facilitating the use of communication and creative tools, encouraging teamwork and fostering values, attitudes and behaviours that promote the care of their own health and that of others.<sup>39 40</sup>
- e) Providing **information and educational tools to families** on the safe and healthy use of screens, so that they, as parents or guardians, can support their children in learning how to make proper use of screens and are equipped with tools for preventing addiction.

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<sup>37</sup> According to the recommendations of the Spanish Association of Paediatrics, screen time for recreational purposes should not exceed one hour a day between the ages of 2 and 4, and two hours between the ages of 5 and 17. [https://www.aeped.es/sites/default/files/23-03-16\\_notadepresa\\_especial\\_enfamilia.pdf](https://www.aeped.es/sites/default/files/23-03-16_notadepresa_especial_enfamilia.pdf)

<sup>38</sup> Hernán-García M. Childhood, families and the Internet: a qualitative approach on health assets. Gaceta Sanitaria Vol.35. Núm. 3. P 236-242 (May-June 2021) DOI: 10.1016/j.gaceta.2019.07.006 <https://www.gacetasanitaria.org/es-childhood-families-internet-qualitative-approach-articulo-S0213911119301773>

<sup>39</sup> Gallego Diéguez J. Pantallas sanas. [Healthy screens.] Available at: <https://www.aragon.es/-/pantallas-sanas-2>

<sup>40</sup> Bertomeu Martínez MA. Redes sociales: Conversaciones multipantalla, riesgos y oportunidades. Tecnologías de la comunicación, jóvenes y promoción de la salud. [Social networks: Multiscreen conversations, risks and opportunities. Communication technology, young people and health promotion.] 2012.