



## GUIDANCE NOTE AND PROTOCOLS

### SAFE SCHOOL ENVIRONMENTS DURING THE EVD OUTBREAK



© UNICEF/NYHQ2009-2334/Kamber

With support from :

UNICEF, WFP, PLAN , WAHA, GIZ in Guinea

## **Introduction**

The Ebola outbreak has hugely negative impact on the right to education for almost 5 Million children and students of all ages in Guinea, Sierra Leone and Liberia.

The decision to reopen the preschools, as well as primary, secondary, technical schools and universities is at the discretion of the government, especially the ministries in charge of Education and the Ministry of Health. The decision must be based on sound epidemiological data, on the level of EVD prevalence, taking into account the safety of large gatherings of people, the ability of the health system and the readiness of schools themselves to support the health and safety of children.

What is this guidance note about?

- The admission rules for students, teachers, supervisors, and workers
- Special hygiene measures and rules
- Key equipment for the prevention of transmission of EVD in school
- Procedures for the referral and management of a suspected case of EVD in schools
- Support for children and non-discrimination

SAMPLE

## INDEX PAGE

<b>1. Admission of pupils and students, teachers, supervisors, workers</b>	<b>p.4</b>
1.1. Recording individual risk during school closure	p.4
1.2. Controlling access to schools (contacts)	p.5
1.3. Temperature taking	p.6
<b>2. Specific hygiene practices</b>	<b>p.7</b>
2.1. Hand washing	p.8
2.2. Cleaning the environment	p.8
2.3. Managing cuts and scrapes	p.9
<b>3. Key equipment for prevention of transmission of EVD in school</b>	<b>p.10</b>
3.1. Equipment for access control	p.10
A. Infrared Thermometer	p.10
B. The form for recording individual risk during school closure	<b>p.11</b>
C. Form to control access to schools (contacts)	p.11
D. School registry (contacts and victims)	p.11
3.2. Equipment for compliance with hygiene rules	p.11
A. The WASH kit (Water, Sanitation and Hygiene)	P.11
B. Utensils for eating and drinking	P.12
C. Cleaning Kit	P.12
<b>4. Protocol for the referral and management of a suspected case of Ebola in schools</b>	<b>P.13</b>
4.1. Managing a child with fever	p.13
A. Case of child/pupil with fever at the school entrance	p.14
B. Case of child/pupil with fever or EVD symptoms during the school hours	p.14
4.2. Managing an adult with fever	p.15
A. Case of adult with fever at the school entrance	p.15
B. Case of adult with fever or EVD symptoms during the school hours	p.15
<b>5. Support for children/adults and non-discrimination</b>	<b>p.17</b>
5.1. Support to children and adults who are isolated from others at the school premises when they present fever or symptoms	p.17
5.2. Content of teacher training in psychosocial support	p.17
<b>6. Key messages to families</b>	<b>p.19</b>

## 1 Admission of pupils and students, teachers, supervisors, workers

*Who cannot enter the school premises?*

*What controls will be put in place?*

*Who is responsible for enforcing these rules and control in school?*

During the epidemic access to school is prohibited to:

- A child, pupil, student, teacher or any other person who has a fever over 38 ° C;
- A child, pupil, student, teacher or any other person who had contact with a patient or victim of Ebola in the past 21 days;
- A child, pupil, student, teacher or any other person who has three symptoms of Ebola, including headache, fever, joint and muscle pain, diarrhea, vomiting, abnormal bleeding, weakness, etc.;
- A child, pupil, student, teacher or any other person who does not agree to respect the preventive measures put in place in schools;
- Anyone who is not a child, pupil, student, teachers and school staff, except those authorized by the school director (pre-school parents who will have to go through access control measures like having their temperature measured)

In this time of health emergency, the sale of food must take place inside the school compound. Children should not leave the school yard until the end of the school day.

Ministry of Education, in partnership with the Ministry of Health and others, should implement the following protocols to ensure that the rules on access to school are met for the duration of the Ebola epidemic. Collaboration and commitment of the whole school community is fundamental to the successful management of our schools during this difficult time.

### 1. School registry (contacts and victims)

During the time of Ebola outbreak, it is critical to identify the possible contacts and victims in a timely manner, and take appropriate measures to avoid further contacts with other children and adults at schools so that the infection at school can be avoided.

The following steps should be followed by the school Director in order to keep record of possible contacts to avoid Ebola transmission at schools.

1. The school Director shall keep the register of children, teachers and workers who have been identified as possible contacts. Forms can be used to obtain necessary information. See **Form for recording individual risk during school closure (cf. 1.1.)** and **Form to control access to schools (contacts) (cf. 1.2.)**.

2. On the 21<sup>st</sup> day of the quarantine period, the director communicates with the community worker to ascertain whether the child, teacher or worker placed in 'school quarantine' is not sick and can return to school.
3. Community workers sensitize the families that pupils should return to school and that adults should resume work at school.
4. The Director also records the names of students, teachers and other school staff who are victims of Ebola.

### 1.1. Recording individual risk during school closure

The individual record (form) for each pupil/student and teacher will be completed by parents or pupils, and teachers. The forms will be submitted to the school director on the first day of school. This form will provide information on the movement of pupils, students and teachers during the holidays, until the day before school starts, and will help create a database of pupils, students and teachers who have been in contact with Ebola cases before the opening of classes. It is extremely important that the school community is involved in this exercise.

If parents and students can not complete the form, teachers will support.

NB: The school principal is responsible for the collection, control and management of records.

**ANNEX 1:** Individual Record

### 1.2. Controlling access to schools (contacts)

Through a Partnership Framework (Ministry Education, Ministry of Health and the Ministry of Territorial Administration and Decentralization) a control system will be set up with respect to compliance with access and hygiene rules in preschool, schools and universities.

Health centers personnel will help schools identify students, teachers and other school workers who are victims of Ebola or who are possible contacts. **Possible contacts will be asked not to go to school for 21 days from the day of last contact.** Community workers will monitor possible contacts – children and adults - and communicate their names to the schools.

Please find in annex (1) the form to be filled by health workers or community workers when a child is hospitalized, or lives in a family with cases of Ebola or when a child is a victim of Ebola and (2) the form to be filled by health workers or community workers when an adult is hospitalized, or lives in a community with cases of Ebola or when an adult is a victim of Ebola.

The form will help keep track of children and school personnel who have been in contact with people who are sick or dead of Ebola. **These children and adults will be made aware that they cannot go to school for 21 days.**

Relevant telephone directories of school principals (preschool, primary, secondary, university) will be provided to all health services and all community workers. District education authorities are responsible for updating the contact lists and distributing them to the health centers and community workers.

- The forms for controlling access to school with instructions is distributed to all health services: 2 forms (Adult / Child);
- Health services fill up one form for controlling access for each patient or victim (adult / child), and

report data by phone to school directors. They submit all completed forms to 'school watch committees';

- School directors distribute the forms for controlling access to the school with instructions to community mobilizers;
- Community mobilizers fill up the form for controlling access to school (Adult / Child) for each case of Ebola victim or person (adult / child) who is sick at home, report data by phone to school directors, and submit all completed forms to 'school watch committees';
- The school watch committees collect forms filled by the health services/community mobilizers, and sensitize families so they do not allow family members (students and school staff) of Ebola victims or patients not to go to school for 21 days. Rules for accessing school are written on the form. The school watch committees submit the forms to the school directors;
- The school director, after receiving information from the health center or community mobilizer, informs the teacher of the child in a confidential manner;
- Teachers should ensure that the student (possible contact identified in the form) does not come to class or – if the notification comes during school hours - that the pupil leaves the classroom. The teacher will accompany the child to the office of the director. The school principal will contact the parents and the child will return home if he/she does not present three Ebola symptoms at once;
- The Director shall keep the register of children, teachers and workers who have been identified as possible contacts. On the 21<sup>st</sup> day, the director communicates with the community worker to ascertain whether the child, teacher or worker placed in 'school quarantine' can return to school;
- Community workers sensitize the families that pupils should return to school and that adults should resume work at school (if they are not sick).

ANNEX 2 Form for controlling access to school (Adult)

ANNEX 3 Form for controlling access to school (Child)

### **1.3. Taking the temperature**

Before the resumption of the school year, the school director must identify and arrange a place at the school premises, where children and adults who present symptoms of EVD can be temporarily 'isolated'.

Every day a team of four must ensure temperature measurement at the school gate, using the infra-red thermometers, as well as monitoring, isolating and referring pupils and students to health services during the school hours.

**It is critical that a child or a person with the first symptom of Ebola is identified in a timely manner, and follow the protocol to prevent the transmission of Ebola at school. The temperature measurement is needed in this time of Ebola epidemic because schools are overcrowded with children and young persons whose behavior is difficult to control,** Despite the Ministries of Education discourage physical contact among students during this period, is still important that pupils/students, teachers and other school personnel have no fever when they are at the school premises.

## 2. SPECIFIC HYGIENE PRACTICES

*A list of hygiene practices that must be met in school*

*Who is responsible for enforcing these rules at school?*

*Who is responsible for overseeing the implementation of practices by schools?*

During the epidemic, as a general rule of good management, Ministries of education encourage school directors to ensure that water and soap are available in all schools for hand washing and for cleaning the school environment. In addition drinking water is made available to children in all schools.

School director is the main responsible actor for the enforcement of hygiene rules in schools. However, communities are also responsible for the participation and contribution for the successful implementation of these rules. For preschool and elementary school, district education authorities are responsible for running inspection in schools and for communicating to the authorities of a higher level, needs and gaps at school level, or violations of the rules

N°	Hygiene rules and behaviors	Responsible
1	Anyone who enters the school must wash their hands or have their hands washed: at the school entrance, after using the toilet, after physical education activities, before and after eating, after a play session, and after handling body fluids or blowing the nose (tears, nasal secretions, saliva, etc.	Teachers and supervisors
2	Anyone who enters the school wear clean clothes	Parents, teachers and supervisors
3	Avoid touching and cuddling children	Teachers and supervisors
4	Prohibit the sale of unsafe food	Teachers and supervisors
5	Prohibit eating food that falls to the ground	Teachers and supervisors
6	Each child / student should come to school with his/her water bottle	Teachers and supervisors
7	Prohibit the sale of bush meat at the school premises	School director and supervisors
8	Clean everyday classrooms, workshops, laboratories, furniture and toilets with soap or chlorine	Cleaning services, and PTA
10	For early childhood, clean everyday play materials, toys, mats and mattresses, with soap or chlorine	Educators and cleaners
11	Avoid use of sharp objects in the classroom, especially in early childhood	School directors, teachers, and educators
12	Be sure to follow the protocols and quickly clean biological fluids: saliva, vomit, blood, nasal discharge, tears	School directors, teachers, and educators

## 2.1. Handwashing

Hand washing is the most effective means to fight against the spread of Ebola virus. The recommended method is the use of soap and water or chlorinated water.

Key life-saving messages must be sent to school administrators, teachers and other education workers, pupils, students and their families. This includes:

How to wash your hands:

- Wash your hands under running water and soap, or use chlorinated water if soap is not available
- Rub hands together for 15 seconds and rinse well
- Dry hands without using a towel

When to wash hands:

Children should always wash their hands:

- Upon arrival at school, before entering the classroom
- After using the toilet
- Before and after meals
- After a play session
- After handling body fluids or blowing the nose (tears, nasal secretions, saliva, etc.)

Teachers and education personnel should always wash their hands:

- Upon arrival at school, before starting work
- Before preparing food, eating, or help children eat
- After using the toilet or helping a child use the toilet
- After blowing their nose or helping a child blow his/her nose
- After wearing gloves and contacting with body fluids (tears, nasal secretions, saliva, blood)

What if ...

A school ... does not currently have installed hand washing: you can set up taps Tippy

**ANNEX 4 TIPPY TAP MANUAL**

What if ...

There is no water at school: schools should consider asking parents to bring water to school. The minimum amount of water in schools should be 2 to 3 liters of water per student per day for drinking and hand washing.

## 2.2. Cleaning the environment

Cleaning the environment, including school furniture, equipment, and toys should be frequent and thorough. Floors and surfaces can be cleaned using a moistened cloth at least once a day with water and a detergent and then disinfected with a 0.5% chlorine solution (or a solution containing 5,000 ppm - parts per million- available free chlorine). Establish and monitor cleaning schedules.

- Wash and disinfect toilets and hand-washing stations at least once a day. Establish and monitor cleaning schedules.

- All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately. For cleaning blood stains, vomit, stool, or urine:
  - Use gloves to protect yourself.
  - Pour the bleach solution on to the blood, etc.
  - Soak a large towel in the bleach solution.
  - Use that soaked towel to clean off the blood.
  - Place the soiled towel in a bucket and cover with bleach solution.
  - Soiled towels and gloves must be soaked in a bucket filled with bleach solution for at least one hour. After one hour, the towels may be washed with soap and reused once they are dry.

### **2.3 Taking care of cuts and scrapes**

- Rinse with soap and water
- Cover all cuts and abrasions with dressings
- Gloves should be worn whenever contact with blood is anticipated, e.g. going to dress a cut, helping a child with a nosebleed. If contact with blood occurs, do not panic and wash with soap and water.

It is useful for schools to be equipped with first aid kits.

### **2.4 Safety precautions for children at schools**

Teachers should inform and remind children hygiene and safety precautions including:

- Avoid body contact through sports and play
- Do not play "horseplay" (involving children touching the hands or face each other)
- "Do not touch" others (notably not kissing nor shake hands for the greetings)- Do not put pencils / pens in the mouth
- Do not share food
- Do not drink from the same cup, or wash it after each use

Children need to be provided with guidance on activities they *can* do, e.g. any games, songs, dances, that do not involve body contact.

### **2.5 Other precautions at school**

Where possible, school administrators and teachers should also be encouraged to find creative solutions to avoid overcrowding in classrooms.

### 3. KEY EQUIPMENT FOR PREVENTION OF TRANSMISSION OF EVD IN SCHOOLS

- *Equipment for enforcing access rules*
  - *Equipment for enforcing hygiene rules*
  - *Who is responsible for the equipment?*
- 

#### 3.1. Equipment for access control

##### A. Infra-red Thermometer

Measuring the temperature is of a critical importance in times of Ebola. High fever (over 38C) is one of the symptoms of Ebola. It is critical that children and adults who have fever are immediately identified, and managed strictly following the protocols, and with care and psychosocial support.

The infrared thermometer is supplied to schools in districts affected by the Ebola epidemic. Where the virus is widespread it is important to measure fever before entering the school premises so that children and teachers do not enter the classrooms and come to contact with others if they have a fever.

Ordinary thermometers should not be used as the temperature is taken either in the mouth or under the arm, since saliva and sweat are vectors of infection.

The temperature of the child must be taken on a daily basis before s/he enters school. School directors may ask the children and teachers to come to school earlier in order not to delay the start of classes.

Before the resumption of the school year, the school director must identify and arrange a place within the school premises, where children and adults who present symptoms of EVD can be temporarily 'isolated'.

Every day during the school year, a small team (up to four persons) must ensure temperature measurement at the school gate, as well as monitoring, isolating and referring to health services children and adults showing symptoms of EVD .



**3.2. Equipment for compliance with hygiene rules**  
Ebola fever forced to equip schools with specific supplies that may contribute to the prevention of Ebola in these institutions.

**A. The kit WASH (Water, Sanitation and Hygiene)**

All schools that do not have hand washing devices for will be equipped with one or more hand washing kits.

Composition:

- A hand washing EAA type
- 2 devices hand washing TippyTap,
- 3 Boxes of 70 pieces of soap
- Chlorine C 1 Box 250 ml.

Use and Practical Advice

I. The Hand washing device (DLM) EAA type should be used to contain water to be used for

washing hands with soap (this kit is designed for 50 students and inputs available for 3 months) It is advisable to place it at the entrance of the school and in front of every classroom. Once completed, the bucket containing water from hand washing must be drained into a sump to avoid stagnation of waste water in the school yard.

To avoid putting students in danger, specialists in hygiene, water and sanitation discourages the use of HTH (chlorine powder) to school. Experts recommend the use of soap for washing hands at school.

II. Pieces of soap should be used for hand washing. A piece of soap should be placed on the hand washing device (soap holder is manufactured) to keep dry to prevent the spread of pathogens that can lead to contamination among users.

III. Bottles of chlorine C 250 ml are used to process drinking water to school to prevent certain waterborne diseases (parasitosis, diarrhea, cholera, etc.).

IV. The two devices for hand washing (TippyTap) should also be used for hand washing. They must be constructed by teachers and students, according to the attached instructions. This could be within the scope of an educational activity to promote health. They will be installed outside of the latrine area. Using a string, soap will be attached to the support of two 5 liter container of water for hand washing. It is advisable to put gravel around the Tippy Tap, to avoid sloughs may be caused by water used for hand washing

Prerequisite - to ensure proper use of this kit, it is necessary to:

- Provide students and teachers with a user guide on hand washing here attached
- Provide regular service and maintenance of equipment sold to client
- Construct sump for the infiltration of water used for hand washing
- Train teachers on how to mix the chlorine to produce drinking water and also on the time needed for chlorine to act in the water for an effective treatment
- Involve the parent and Teachers association Association in the substitution of soap and chlorine
- The PTAs could also ensure that the water supply for hand washing devices is regular.

**Annex 4:** TAP TIPPY construction manual

**Annex 5:** Guidelines on how to prepare a Chlorinated solution to Prevent Ebola

**Annex 6:** Manufacturing solution - chlorine mother

**Annex 7:** Hand washing Poster

**Annex 8:** How to treat water at home

## **B. Utensils for eating and drinking**

It is not recommended for children share the same cup and utensils for eating it to avoid exchanging fluids from the body.

## **C. Cleaning Kit**

Sponges, buckets, chlorine, bleach, etc.

## 4 PROTOCOLS FOR THE REFERRAL AND MANAGEMENT OF A SUSPECTED CASE OF EBOLA IN SCHOOLS

- *Managing a child with fever*
  - *Managing an adult with fever*
  - *Referral to health services*
- 

### 4.1. Managing a child with fever

Before the resumption of the school year, the school director must identify and arrange a place at the school premises, where children and adults who present symptoms of EVD can be temporarily 'isolated'.

Every day a team of four must ensure temperature measurement at the school gate, as well as monitoring, isolating and referring pupils and students to health services during the school year.

The temperature measurement is needed in this time of Ebola epidemic because schools are overcrowded with children and young persons whose behavior is difficult to control.



It is important that children and adults who have fever are dealt with in a caring manner, and offered immediate psychosocial support.



If a child has a fever when he/SHE arrives at school, or if a child presents suspicious symptoms during school hours, this is the protocol to be followed:

**A. Case of a child/pupil with fever upon arrival at school**

- The person who detects the fever alerts other members of the team, and assigns the child to him/her, while he/she continues taking the temperature
- The child/pupil is immediately moved out of the group (queue) and placed in a suitable location away instead of going to class
- The isolated child/pupil is put at ease and supported psychologically
- The school principal informs the family of the child that the child must go home
- If the child has three symptoms of Ebola at once (which include fever headache, joint and muscle pain, diarrhea, vomiting, abnormal bleeding, weakness, etc.) the director immediately informs the nearest health service
- School director also informs parents of the child/pupil of his/her condition and arrangements
- The contacted health center picks up the child/pupil for proper medical care
- The health department informs the school director and the parents on the health conditions of the child/pupil
- The principal of the school records all confirmed Ebola cases in the register if EVD is confirmed

**B. Case of child/pupil with fever or EVD symptoms during the school hours**

- Teacher who detects the case in the classroom immediately accompanies the pupil to the isolation area in the school premises
- The school director informs the family of the child (the child must go home in case of fever only)
- If the child has three symptoms of Ebola at once (which include fever headache, joint and muscle pain, diarrhea, vomiting, abnormal bleeding, weakness, etc.) the director immediately informs the nearest health service
- School director also informs parents of the child/pupil of his/her condition and arrangements
- The contacted health center picks up the child/pupil for proper medical care

- The health center informs the school director and the parents on the health conditions of the child/pupil
- If the EVD case is confirmed the health worker fills the Form for controlling access to school (Child), immediately communicates the list of possible contacts to the school director(s), and provides the school watch team with a copy of the form
- If the child/pupil case is confirmed among student population, the school director immediately informs the district education authorities
- **If an Ebola case is confirmed among student population, the school director meets the health and education authorities to decide on the necessity to close school for 21 days**
- The school director records all confirmed Ebola cases in the register if EVD is confirmed

#### 4.2. Managing an adult with fever

If a teacher/ school worker is with fever upon arrival at the school or shows suspicious symptoms during school hours, this is the protocol to follow:

##### A. Case of adult with fever at the school entrance

- The person who detects the fever, ask the teacher to walk to the 'isolation room' and continues to measure the temperature
- The school director calls the substitute teacher to replace the sick one
- The teacher is comforted and psychologically supported. The principal asked him/her to go home and come back when he/she feels better
- If the teacher has both three symptoms of Ebola fever include headache, fever, joint and muscle pain, diarrhea, vomiting, abnormal bleeding, weakness, etc., the school director informs the nearest health facility and the teacher remains in the school
- The health facility collects the teacher for proper medical care
- The teacher or the health center inform the school director of the developments
- If the Ebola case is confirmed the health center fills the Form for controlling access to school (Adult), immediately communicates the list of possible contacts to the school directors, and provides the school watch team with a copy of the form
- If the Ebola case is confirmed among teaching/school staff, the school director immediately informs the district education authorities
- **If an Ebola case is confirmed among teaching/school staff, the school director meets the health and education authorities to decide on the necessity to close school for 21 days**
- The school director records all confirmed Ebola cases in the register if EVD is confirmed

##### B. Case of adult with fever or EVD symptoms during the school hours

- The teacher immediately stops teaching and leaves the classroom
- The teacher avoids physical contact with students and colleagues at the school

- In case of fever only, the teacher promptly informs the authority of the school and goes home
- If the teacher has three symptoms of Ebola at the same time (which include headache, fever, joint and muscle pain, diarrhea, vomiting, abnormal bleeding, weakness, etc.,) the school director informs the nearest health facility and the teacher remains in the school (in isolation)
- The teacher is comforted and provided with psychosocial support
- The health facility collects the teacher for proper medical care
- The teacher or the health department inform the school director of the developments
- If the Ebola case is confirmed the health center fills the Form for controlling access to school (Adult), immediately communicates the list of possible contacts to the school director(s), and provides the school watch team with a copy of the form.
- If the Ebola case is confirmed among teaching/school staff, the school director immediately informs the district education authorities
- **If an Ebola case is confirmed among teaching/school staff, the school director meets the health and education authorities to decide on the necessity to close school for 21 days.**
- The school director records all confirmed Ebola cases in the register if EVD is confirmed

## 5 SUPPORT FOR CHILDREN AND ADULTS AND NON- DISCRIMINATION

- *Support to children, and young people, and school personnel when they are in isolation because they have fever or other symptoms*
- *Contents of teacher training in PSS support*

### 5.1. Support to children and adults who are isolated from others at the school premises when they present fever or symptoms

- When a child/young person, teacher or other employee of the school is placed in isolation because he/she has fever or other symptoms of Ebola, the school director is responsible for ensuring that he/she is supported and that someone speaks to him/her before the arrival of health personnel
- If a suspected case is detected, the school director must provide support and non-discrimination towards the child and his family, or the ill teacher
- If a child/pupil/teacher is a suspect or confirmed Ebola case, school authorities must support the child/teacher and parents in coordination with the health authorities
- Community mobilizers will monitor the child/teacher for 21 days
- If the child/pupil/teacher do not develop EVD symptoms after 21 days showing that they do not have the Ebola virus and therefore do not constitute a risk to other people, they may return to school
- A child/pupil/teacher who were infected and treated from Ebola and released from the hospital can return to school. They are cured of Ebola and pose no risk to others
- If a student loses a parent the school Director and teachers are responsible for the psychosocial support to orphaned or separated children who lost a parent or guardian. These children should be referred child protection services.

### 5.2. Content of teacher training in psychosocial support

The training will provide teachers working in the most affected areas with the skills to manage their personal stress and psychological distress. Teachers will be guided on how to create an environment of psychosocial support for children in schools and how to strengthen the resilience of children.

- Teachers will receive important information that will enable them to identify children (and colleagues) who are experiencing significant distress or who have urgent needs for psychosocial support. Teachers will learn to listen to children / young people and colleagues in distress
- Teachers will learn about the stigma and discrimination related to Ebola, and how to ensure that classrooms / schools remain without stigma
- Teachers will learn to act with care in cases where children / young people and school personnel need to be isolated from others at the school premises
- Teachers will learn techniques and provide active learning activities that offer psychosocial support in the classroom
- Teachers understand about different vulnerabilities emerging as a consequence of Ebola, particularly for orphans, surviving children and children who may have lost family members or

siblings

- Teachers will agree that the majority of children are supported and helped through participation in the regular classroom activities, through a structured routine, and friendly communication. Some children may not respond to psychosocial support provided by the school only, and may need professional psychological support.

Specifically, the module contains

- Definition of Psychosocial support. What is the role of family, community and teachers/ school environment?
- Resilience. What is resilience? How can we strengthen the resilience of children / youth through artistic activities, discussion groups, structured activities, psychologically age-appropriate activities? How to strengthen the resilience of teachers?
- How to identify a child that is not doing well? How can we support the child? Identify and demonstrate the tools available to support the child.
- What support do teachers need to be able to effectively support children?

Key resources:

Psychological First Aid

- The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings
- Laugh, Run and Move to develop together: Games with a Psychosocial aim, Terre des hommes, 2007

## 6. KEY MESSAGES FOR FAMILIES

Key messages on behavior and rules should target families to ensure that schools are a safe place for all children.

Ministry officials will use different channels: radios (national, rural and community education); community leaders (door to door, chat etc.), traditional and religious leaders; opinion leaders; posters / images.

Before, during and after the school year, the messages will be aired by radio several times a day; during prayers (mosques and churches); and during community based mobilization events as needed.

### **School directors are responsible for sharing these messages with families.**

Dear Parents,

In order to protect our children against the disease Ebola virus during 2014-2015 school year, here are some rules that must be observed:

- If the temperature of your child's body is high (fever > 38 degrees/ hot body), you should contact a health worker or send the child for a medical check-up at the nearest health facility
- In this time of health emergency, the sale of food must happen inside the court. Pupils cannot leave school premises during the break
- Parents cannot enter the school premises, except for parents of small children in preschools
- At school, it will be mandatory to measure the fever of pupils and teachers (and parents) before they enter the school premises. An infrared thermometer will be used that does not touch the body. This is not dangerous and does not cause any pain. However, this may delay the start of lessons. Hence the need to send children to school an hour earlier
- Children should be provided with a water bottle to drink. Children will not be allowed to leave school compound during the break.
- If you receive the advice not to send your child to school for 21 days, it is for the safety of the school and the other children. Be sure to send your child back to school on day 22, after taking the advice of a physician or a community worker's
- At home you have to use some exceptional hygiene rules so that schools become a cleaner and healthier environment for all children
- Keep your children's clothes away from urine, vomit and blood;
  - Ensure that your children wash their hands with soap and water before eating, after using the toilet and before leaving for school;
  - Be sure that your child has a clean body in a clean outfit when he / she goes to school;
  - Whenever your children are ready for school, you have to remind them that they should not share food and drinking water with their classmates;
  - You must tell your child to tell the teacher when he/she feels sick (headache, nausea, diarrhea, vomiting etc.).
- During this period of Ebola epidemic, food vendors will be exceptionally allowed to enter the school compound to avoid that children leave the school yard in search of food. The

body temperature of food vendors will be measured with a thermometer, and they will be asked to wash their hands

- The school does not accept the unsafe food is sold in schools. Children are not allowed to leave the school yard to look for food or water
- Parents should inform the school authorities if the child or a family member has been in contact with a person who is sick in Ebola or who is a victim of Ebola

The Ministers of Education thank all the families for their cooperation.

SAMPLE