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Republika ng Pilipinas
Kagawaran ng Edukasyon
Tanggapan ng Pangalawang Kalihim

DepEd Task Force COVID-19
AIDE MEMOIRE
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NOTES ON CHILDREN AND COVID-19
AND SOME PROPOSED RECOMMENDATIONS

The WHO-China Joint Report, done by 25 experts who did an independent review of the outbreak in Wuhan and beyond (*please see attachment, page 11*), notes the following:

Children

Data on individuals aged 18 years old and under suggest that there is a relatively low attack rate in this age group (2.4% of all reported cases). Within Wuhan, among testing of ILI samples, no children were positive in November and December of 2019 and in the first two weeks of January 2020. From available data, and in the absence of results from serologic studies, it is not possible to determine the extent of infection among children, what role children play in transmission, whether children are less susceptible or if they present differently clinically (*i.e., generally milder presentations*). The Joint Mission learned that ***infected children have largely been identified through contact tracing in households of adults.*** Of note, people interviewed by the Joint Mission Team could not recall episodes in which transmission occurred from a child to an adult.

(ILI: influenza-like-illness)

From this report, the following are interesting to note:

- a) The attack rate of this virus on children is only 2.5%;
- b) There is no evidence to show that children can infect adults;
- c) Most children with infections were mild and part of family clusters

Hence, it appears that **the risk of transmission in a Code Red situation is mainly about adults infecting other adults or children who they have been in**



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close contact with. It looks like it is not kids who are generally prone to get this sickness but adults.

Highest risk, per WHO report, are **adults over 60 years old who have pre-existing conditions**. Accordingly, it is best that these individuals **wear surgical masks as preventive measure**.

But since **COVID-19 is novel and it keeps on changing**, these **notes, deductions and/or inferences are not conclusive**, but still they can serve as parameters for the adoption of more heightened preventive measures for those with high/higher vulnerabilities.

Some Recommendations that can be considered:

- 1. Carry out behavior change campaign and compliance for hand and cough hygiene for ALL ADULTS, to include not only teachers and learners but also the following:**
 - a) School bus drivers/conductors and transport operators
 - b) Food handlers and servers, canteen operators
 - c) Janitors, cleaners, utility personnel
 - d) Officials and administrative staff

- 2. Develop and produce teaching materials on COVID-19**
 - a) Curriculum and learning modules on COVID-19 prevention (proper hand-washing, cough etiquette, food safety)
 - b) Curriculum and learning modules on social distancing (no handshakes, no *beso-beso*, no sharing of food, no crowding; avoid congested areas)
 - c) Curriculum and learning modules on preventing stigma and bullying
 - d) Integrate all COVID-19 materials to the daily lesson plans
 - e) Maximize open educational resources (OERs) for faster sharing of COVID-19 teaching materials
 - f) Program for regular exposure to the sun to increase Vitamin D (documented to improve resistance to respiratory infections)
 - g) Encourage learners to report to teachers if there are household members who are sick
 - h) Encourage learners to share with their parents, relatives, and friends what has been taught them about COVID-19 and the appropriate preventive measures

3. **Directly address COVID-19 stigma and bullying**

There have been documented cases of **children bullied due to nationality** in other countries. It is expected that **children may tease or distance themselves from children who are clustered or quarantined**. To preempt this, **a campaign of solidarity/team spirit is needed** from the very start. Stigma can be addressed by changing the social norms about our space of interaction with others.

- a) If we promote the policy of non-physical contact with others, then it must apply to ALL, not just to people who have come out of quarantine.
- b) Encourage children to write to others who are quarantined.
- c) Encourage children to write letters of support to the doctors, nurses, and health workers of San Lazaro Hospital, Research Institute for Tropical Medicine (RITM), their local hospitals and the Department of Health (DOH) to thank them for taking good care of everyone. In short, create a culture of caring among everyone instead of creating fear about the virus.

DepEd can play a big role in preventing overreaction, panic, hysteria, and media frenzy. Stigma and bullying are high risks. A way to prevent this is to promote solidarity/oneness with all our health workers. Children writing letters to the DOH, to doctors and nurses will be a good way of developing empathy to prevent bullying and stigma that can happen with quarantines and lockdowns.

4. **Conduct risk assessment per school**

A rapid assessment tool can be developed to help school administrators in their decision making and mitigation efforts. All schools should have a School Task Force on COVID-19 and be compliant with a risk scorecard enumerated below. If the scores are low, then investments must be made to comply, particularly in providing water and soap for hand hygiene - the one single intervention that can change the outcome of this COVID-19 outbreak.

- a) Provide water and soap
- b) Provide 70% Isopropyl alcohol, and hand sanitizers
- c) Provide/repair handwashing facilities
- d) Provide thermometers or other temperature measuring gadgets for screening at school entrances
- e) Always keep classrooms well-ventilated (air and sun), open all windows

- f) Assign volunteer nurse/doctor for referral of sick children
- g) Provide/make contingency plan for an isolation room or open space with volunteer/s (teacher/parent/Red Cross) trained on infection precautions (surgical mask and gloves)
- h) Designate hospital/Red Cross for school referral
- i) All items under #2 and #3.

5. Thoroughly study the suspension of classes.

What will children do when classes are suspended? Children in urban areas might choose to go to malls and inadvertently increase the risks of transmission in enclosed spaces. If classes will be suspended, there must also be a corresponding directive for them not to go to malls, markets, and crowded areas.

In non-congested areas with open spaces, children may be encouraged to engage in physical activity such as working with and exploring nature. The promotion of similar outdoor activities in the sun with minimal interpersonal contact, will help increase immunity and bring health benefits to our learners.

Let us always keep in mind how COVID-19 is transmitted: it is spread through droplets from infected persons or through cough or sneeze particles that settle on surfaces that we touch and transfer to our hands, then mouth/nose, and eventually to the respiratory tract.

6. Prepare distance learning modules in case classes are suspended.

Prepare distance learning modules in case classes are suspended. Technology can be adopted to facilitate the development and distribution of distance learning modules.

An Education Technology Unit (ETU) has already been established in ICTS which can assist the Curriculum & Instruction strand in finding solutions to address the growing threat of COVID19 through Open Educational Resources (OER) and other technologies. ETU can work with the CI strand in preparing e-learning resources, similar to the ones shown to the Secretary in Abra, that children can work on while classes are suspended. These can be uploaded through a website that learners can access from home.

7. Adopt a compressed workweek for non-teaching personnel

Consider a 4-day workweek for non-teaching personnel with half of them working Monday thru Thursday schedule and the other half reporting Thursday thru Friday.

This will provide work-life balance for non-teaching personnel and also help them prepare for and mitigate the outbreak. The extended weekend will give them longer rest to strengthen their immunity. It will also give them the opportunity to properly care for family members through better-prepared nutritious meals and the cleaning of immediate surroundings and the upkeep of a healthy, hygienic home environment.

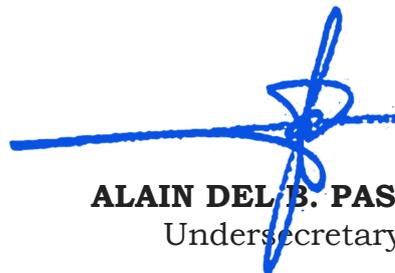
8. Introduce and institute protocols in offices and schools:

- a) Early morning, noon and early evening cleaning and disinfecting of surfaces, especially those which are always touched by learners and personnel
- b) Every weekend thorough cleaning and disinfecting of entire schools and offices
- c) Availability and strict enforcement of handwashing, hand sanitizers, alcohol disinfecting, thermometer readings, etc. for all learners and personnel entering the schools and offices without exception

These recommendations are under discussions of the DepEd Task Force COVID-19 (DTF-COVID-19) and QRRT-COVID-19 with inputs from Dr. Susan Mercado, Special Envoy of the President for Global Health Initiatives at Office of the President of the Philippines; Member, Expert Panel, Board of Directors at Philippine Health Insurance Corporation, and former Secretary-General of Red Cross Philippines.

DTF-COVID-19 and QRRT-COVID 19 constantly refer concerns to and are always in consultation with the Department of Health (DOH) on COVID-19 matters.

For information and consideration.


ALAIN DEL B. PASCUA
Undersecretary



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