



सत्यमेव जयते



National Centre for Disease Control

22 Sham Nath Marg, Delhi 110054

Directorate General of Health Services

Ministry of Health and Family Welfare



COVID-19 SCHOOL INFECTION PREVENTION AND CONTROL AND PREPAREDNESS ASSESSMENT TOOL

Attached is an infection control assessment and response tool (ICAR) that can be used to help schools prepare for COVID-19. The primary objective of the tool is to help school administration to be better prepared in keeping their student, faculty and staff safe. This tool is not designed to grade the schools in terms of their COVID-19 preparedness. The items assessed the key strategies of:

- Keeping COVID-19 out of the school
- Identifying infections as early as possible
- Preventing spread of COVID-19 in the school
- Assessing the preparedness of the schools
- Assessment of the general readiness in case of a COVID-19 outbreak in the school

About the tool and intended use:

- The assessment tool includes a combination of interviews and direct observation of practices in the school
- Assessments can be conducted by school administration or other faculty and staff members assigned by the school, state level school authorities, public health authorities or representatives from other agencies tasked to assess the preparedness at school level
- The tool consists of sections, where the assessor needs to ask questions and check documents and sections that need observations.
 - General Information
 - Elements to be assessed
 - A. Administrative policies: General (Ask)
 - B. Administrative policies: Prevent and reduce transmission (Ask)
 - C. Administrative policies: Safe operations Observations (Ask)
 - D. Environmental preparedness: Prevent and reduce transmission, Safe Operations (Observations)
 - E. Personal preparedness: Prevent and reduce transmission, Safe operations (Observations)
 - F. Outbreak preparedness: Communication plan, infection mitigation (Ask and Observe)
- After the evaluation is completed, the assessor should discuss outcomes of each section with the school administration and develop specific recommendations.

When to use the tool:

- The tool is developed both for private and public sectors schools; and boarding and day schools. Not all sections are relevant for all schools
- The assessment can be conducted before the schools opens to assess preparedness. In addition to the initial baseline assessment, the schools should plan regular assessment at a specific interval to plan to monitor the activities to ensure the safety of students, faculty and staff.

School Preparedness and Infection Prevention and Control

Assessment Checklist and Improvement Plan

Assessor name and Designation		Phone number		Date of assessment (DD/MM/YYYY)
Co-Assessor (If applicable)		Email address		

(i) General Information

Name of school				
Type	Kindergarten <input type="checkbox"/>	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Higher Secondary <input type="checkbox"/>
School Point of Contact (POC) Name				
School POC Designation				
POC Contact Number: Landline and mobile number				
POC email address				
Detailed Physical address				
<i>Block</i>				
<i>District</i>				
<i>State</i>				

Stage of assessment	At opening <input type="checkbox"/>	After Opening School <input type="checkbox"/>	Outbreak at School <input type="checkbox"/>
Date of school reopening	(DD/MM/YYYY)		
Name of person visited school to assess the preparedness prior to this time			
Department of the person assessing the preparedness			
Date of current assessment			
Is it the first assessment / Follow up assessment			
Date of last assessment	(DD/MM/YYYY)		
Number of students			
<i>Kindergarten</i> <i>Primary</i> <i>Secondary</i> <i>Higher Secondary</i>			
Number of total faculty			
<i>Kindergarten</i> <i>Primary (1 to 5)</i> <i>Secondary (6 to 10)</i> <i>Higher Secondary (11 to12)</i>			
Number of total staff			
What proportion of faculty/staff are vaccinated ?			

Elements to be assessed

(Note: Standard Operating Procedure is any written document that will guide and assist in implementation of the plan)

(A) Administrative Policies: General (Ask)

	Yes	No	N/A
1. Received any guidelines regarding school reopening preparedness from higher authorities (Ministry of education or health)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organized any table top exercise/ mock drills to assess the preparedness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, how frequently?</i>			
3. COVID Response team/POC formed at school for quick response to COVID suspects/ cases (list members with their day time job responsibilities)? <i>(space given on the last page to enlist)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. General Support Team/POC for coordination between all stakeholders like department of education, public health and local hospitals as required (list members with their daytime job responsibilities)? <i>(space given on the last page to enlist)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Team/POC for managing continuous supply of consumables like masks, sanitizers, handwash required during COVID formed at school (list members with their daytime job responsibilities)? <i>(space given on the last page to enlist)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Environmental cleaning or hygiene Inspection Team/POC formed at school (list members with their daytime job responsibilities)? <i>(space given on the last page to enlist)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there involvement/support from local public health in any of the teams mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes **No** **N/A**

8. Are students' part of any of the teams mentioned above?

Details in brief:

9. Is there a backup plan/ duty roster for the team members listed above?

Details in brief:

10. Roles and responsibilities developed for every team formed above?

11. Leave sanction policy for staff and faculty during illness (for Acute respiratory/ Influenza like Illness/ COVID symptoms)

Details in brief:

12. Standard Operating Procedures for

12.1 Mandatory use of face masks?

12.2 Monitoring adherence to mask use?

12.2a	Who supervises it?	<i>Hygiene team</i>	<input type="checkbox"/>		
		<i>Teachers supervision</i>	<input type="checkbox"/>		
		<i>Class monitor</i>	<input type="checkbox"/>		
		<i>Others (specify)</i>	<input type="checkbox"/>		
			Yes	No	N/A
12.3	Hand Sanitization?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4	Visit of service providers/parents regulated and monitored?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5	Do parents/guardian pickup or drop off student in school?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.6	If, yes do they stay in designated waiting area?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.7	School events?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.8	Access to COVID-19 testing when required?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.9	Good ventilation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.10	Display on spitting ban in school premises?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.11	Arrangement for thermal screening at school for all?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.12	Environmental cleaning?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.13	Trainings relating to implementation of various COVID-19 management related SOP?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.14	Risk Communication plan with parents?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes:

	Yes	No	N/A
12.15 Allotment of seat number to each student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.16 Plan for staggering classes/multiple shifts/ odd even/ to decongest areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Details in brief:</i>			
12.16 Plan of cohorting classes/ students with particular staff and teachers for school sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, how?</i>			
12.17 Campus closure plan, if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.18 Virtual learning using projectors, computers, television, gadgets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.19 Virtual parent teacher meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.20 International students or students from other states?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.21 Implement locker/change room policies if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.22 Plan for regular orientation of students on key COVID-19 prevention related messages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes:

	Yes	No	N/A
12.23 Policy for activities suspended during COVID-19 times/ high risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.24 Staggering meal timings if meal served in the common area through one kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.25 Plan for minimum attendance of students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.26 Plan for safeguarding the emotional and mental well being of the staff, faculty and student. details?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(B) Administrative Policies: Prevention and reduce transmission (Ask)

Check the ones where SOPs are available

1. Standard Operating Procedures for safe use/ physical / social distancing at school (Note: observations for this section are at E.a.1)	Classroom	<input type="checkbox"/>	Water facility stations	<input type="checkbox"/>
	Allotment of numbered desks/seats for each child	<input type="checkbox"/>	Lifts	<input type="checkbox"/>
	Corridors	<input type="checkbox"/>	Staircase	<input type="checkbox"/>
	Playground	<input type="checkbox"/>	Hallways	<input type="checkbox"/>
	Staff room	<input type="checkbox"/>	Assembly area	<input type="checkbox"/>
	Office	<input type="checkbox"/>	Transportation (school vans, private van pools, auto rickshaws)	<input type="checkbox"/>
	Library	<input type="checkbox"/>	Entry and exit points	<input type="checkbox"/>
	Laboratory	<input type="checkbox"/>	Washroom	<input type="checkbox"/>
	Canteen	<input type="checkbox"/>		

Yes

No

N/A

2. Plan for safeguarding the emotional and mental well being of the staff, faculty and student. If yes, details?

If yes, which are the symptoms recorded?

2b. Line list of symptomatic individuals maintained?

2c. Is standard policy for COVID-19 Response available?

If yes, details

(C) Administrative Policies: Safe Operations (Ask)

Check the ones where SOPs are available

1. Standard Operating Procedures for daily disinfection of high touch surfaces. Observations for this section are at D.b.1	Classroom	<input type="checkbox"/>	Water facility stations	<input type="checkbox"/>
	Furniture	<input type="checkbox"/>	Lifts	<input type="checkbox"/>
	Door handles	<input type="checkbox"/>	Staircase	<input type="checkbox"/>
	Windows	<input type="checkbox"/>	Hallways	<input type="checkbox"/>
	Staff room	<input type="checkbox"/>	Transportation (school vans, private van pools, auto rickshaws)	<input type="checkbox"/>
	Computer room	<input type="checkbox"/>	Laboratory equipment	<input type="checkbox"/>
	Office	<input type="checkbox"/>	Music instruments	<input type="checkbox"/>
	Laboratory	<input type="checkbox"/>	Toys	<input type="checkbox"/>
	Canteen	<input type="checkbox"/>	Washroom	<input type="checkbox"/>

Yes

No

N/A

2. Is there a consent form for attendance of school by student taken from guardian?

Yes

No

N/A

3. Is there a doctor/ counsellor/ nurse/ paramedical health staff available at the school?

If yes, details

4. Is there a tie up with the local health facility in case of an emergency?

If yes, name the facility

5. Availability of necessary equipment like gloves, face cover/ masks, hand washing soaps for housekeeping staff/workers?

Check the ones where for which plans are available

6. Is there a stock out plan for?	Gloves	<input type="checkbox"/>	Running Water	<input type="checkbox"/>
	Masks	<input type="checkbox"/>	Hand Sanitizer	<input type="checkbox"/>
	Disinfectant	<input type="checkbox"/>	Thermometer back up	<input type="checkbox"/>
	Soap	<input type="checkbox"/>	Other consumables	<input type="checkbox"/>

(D) Elements to be assessed by Observation: Section D and E

Observation period 5 to 10 minutes

Time of the day.....

Environmental preparedness (Observe)

During (Check applicable)

Ongoing class

Meal time

D(a). Environmental Preparedness: Prevention and reduce transmission

	Yes	No	N/A
1. Use of visual cues to encourage physical distancing (for example, accessible signage, floor markings/ Marked circles on ground) at different places for maintaining social distancing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical distancing of 6 feet between the desks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical distancing of furniture in entire school premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a designated separate quarantine/isolation room for segregating symptomatic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Signage and messaging at prominent places present for safe disposal of waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Signage for COVID prevention activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Posters/standees/audio visual media on preventive measures about COVID displayed prominently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there cross ventilation present (Check whether windows/ doors are facing each other for air flow)?	Classes	<input type="checkbox"/>	
	Libraries	<input type="checkbox"/>	
	Labs	<input type="checkbox"/>	
	Staff rooms	<input type="checkbox"/>	

Canteens/
others

Yes

No

N/A

9. Provision of exhaust fans in washroom and toilet?

10. One-way flow of people at strategic locations like separate entry and exit?

D(b). Environmental Preparedness: Prevention and reduce transmission

Check the ones where SOPs are available

1. Are all high touch surfaces cleaned with a disinfectant with 1% sodium hypochlorite or phenolic disinfectants/ any other..... (Mention)?	Classroom	<input type="checkbox"/>	Washroom	<input type="checkbox"/>
	Furniture	<input type="checkbox"/>	Water facility stations	<input type="checkbox"/>
	Door handles	<input type="checkbox"/>	Lifts	<input type="checkbox"/>
	Windows	<input type="checkbox"/>	Staircase	<input type="checkbox"/>
	Staff room	<input type="checkbox"/>	Hallways	<input type="checkbox"/>
	Computer room	<input type="checkbox"/>	Transportation (school vans, private van pools, auto rickshaws)	<input type="checkbox"/>
	Office	<input type="checkbox"/>	Equipment	<input type="checkbox"/>
	Laboratory	<input type="checkbox"/>	Instruments	<input type="checkbox"/>
	Canteen	<input type="checkbox"/>	Toys	<input type="checkbox"/>

2. Are hand sanitizing stations installed in premises (especially at the entry, toilets, near the water coolers) and other strategic locations (Increased access to hand hygiene at easy to see strategic locations)?

	Yes	No	N/A
3. Separate set of cleaning equipment for toilets (mops, scrubber)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inspection by designated teams for checking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the school serving midday meals or serving food through the school kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to serving meals/ mid-day meals (above question), following procedures are followed in the kitchen? D.5, Yes: (Check all applicable)	Thermal screening of cooking staff for ARI/ ILI/ COVID symptoms.	<input type="checkbox"/>
	Floors of kitchen and the cooking top cleaned every day before and after the food is cooked.	<input type="checkbox"/>
	Efficient drainage system with adequate provisions for disposal of refuse.	<input type="checkbox"/>
	Ventilation systems natural and /or mechanical including windows, exhaust fans.	<input type="checkbox"/>
	Clean cloths used for wiping utensils, wiping hands and for clearing surfaces.	<input type="checkbox"/>
	Vegetables washed thoroughly with a combination of salt and haldi (turmeric) / 50 ppm chlorine (or equivalent solution)	<input type="checkbox"/>
	Clean potable water to remove the dirt and other contaminants	<input type="checkbox"/>
	Food grains, pulses washed properly before using	<input type="checkbox"/>
	Food served to children immediately after being cooked	<input type="checkbox"/>
	Serving meals with physical distancing	<input type="checkbox"/>
Other means to supply nutrition.....	<input type="checkbox"/>	

Best Practices for Environmental preparedness by School:

(E) Personal preparedness

Observation period 5 to 10 minutes | Time of the day.....

Personal preparedness (Observe)

During (Check applicable)

ongoing class

meal time

E(a). Personal preparedness: Prevent and reduce transmission (Observation)

Select all applicable

1. Physical/social distancing maintained at all the times in?	Playground	<input type="checkbox"/>	Water facility stations	<input type="checkbox"/>
	Staff room	<input type="checkbox"/>	Lifts	<input type="checkbox"/>
	Computer room	<input type="checkbox"/>	Staircase	<input type="checkbox"/>
	Office	<input type="checkbox"/>	Hallways	<input type="checkbox"/>
	Library	<input type="checkbox"/>	Assembly area	<input type="checkbox"/>
	Laboratory	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
	Canteen Staff during meal preparation (if applicable)	<input type="checkbox"/>	Washroom	<input type="checkbox"/>

Yes

No

N/A

2. Students adhering to mask wearing?

3. Faculty and staff adhering to mask wearing?

4. Monitoring of masks adherence by teachers/class monitors?

	Yes	No	N/A
5. Used masks lying on the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Students washing/ sanitizing their hands before entering the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Students washing/ sanitizing their hands before and after lunch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Students washing/ sanitizing their hands post-play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Shared towels in washrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Students sharing food/ water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. List of activities suspended at school <i>(Check all applicable)</i>	Instrumental Music class	<input type="checkbox"/>
	Choir and singing class	<input type="checkbox"/>
	Dance	<input type="checkbox"/>
	Arts	<input type="checkbox"/>
	Athletics	<input type="checkbox"/>
	Other recreational activities	<input type="checkbox"/>

E(b). Personal preparedness: Safe operations (Observation)

	Yes	No	N/A
1. Cleaning/housekeeping staff is trained regarding cleaning procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cleaning/housekeeping staff using PPE while cleaning the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PPE type: Mask /Gloves /Both /.....

3. If Kitchen present (Check all applicable)	Self-declaration with regard to the wellness of self and family members before starting their work.	<input type="checkbox"/>
	Wash their hands for minimum 20 seconds upon entering in the school following the prescribed methods.	<input type="checkbox"/>
	Nail polish or artificial nails not worn.	<input type="checkbox"/>
	No watches, rings, jewelry and bangles worn during cooking, serving and distribution as there is a danger of contamination of product.	<input type="checkbox"/>
	Spitting and nose blowing strictly prohibited within the premises.	<input type="checkbox"/>
	Adequate and suitable clean protective apron, and head gear for covering hair and gloves used.	<input type="checkbox"/>

4. Advice to parents not to send their ward to school during illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Allotment of seat number to each student for outbreak contact tracing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Best Practices:

(F) Outbreak preparedness

F(a). Communication Plan

Yes No N/A

1. Clear plan displayed for outbreak?

2. School has a core Emergency Response /COVID-19 Response Team for outbreak?

3. If yes, are the team members trained on various SOPs? <i>(Check all applicable)</i>	Roles and responsibilities of team defined.	<input type="checkbox"/>
	Plan for communicating to parents	<input type="checkbox"/>
	Plan for communicating to local health department	<input type="checkbox"/>
	Plan for communicating to education department	<input type="checkbox"/>
	Standard reporting formats	<input type="checkbox"/>
	Plan for monitoring absenteeism of other contacts of COVID suspect/ case from school	<input type="checkbox"/>

4. Display of Emergency contacts of district and state helplines?

5. IEC material for COVID suspects/ cases?

Best Practices for Outbreak Preparedness by School:

F(b). Infection Mitigation

1. Frequency of disinfection of school premises by sodium hypochlorite solution in case of outbreak?

Record maintenance and Details in brief:

2. During the outbreak, is the School closed/section?

3. When and how do you decide to close the school or a section of the school?

4. Screening of all students, staff and faculty (thermal scanning and for ILI symptoms) on regular basis?

5. Placement of ill in separate room?

6. Provide mask/ cover to ill till referral?

7. Educating students and staff regarding cough etiquettes?

8. Availability of necessary equipment like gloves, face cover/ masks, hand washing soaps for housekeeping/ cleaning staff/ workers?

9. Training of hand washing and use of mask safely during outbreak?

10. Advice to parents not to send their ward to school during illness?

11. Is contact tracing done using the seat numbers?

Extra space given for answering the following sections under administrative policies: general

3. COVID Response team/POC formed at school for quick response to COVID suspects/ cases (list members with their day time job responsibilities)?

4. General Support Team/POC for coordination between all stakeholders like department of education, public health and local hospitals as required (list members with their daytime job responsibilities)?

5. Team/POC for managing continuous supply of consumables like masks, sanitizers, handwash required during COVID formed at school (list members with their daytime job responsibilities)?

6. Environmental cleaning or hygiene Inspection Team/POC formed at school (list members with their daytime job responsibilities)?

