



ADVISORY FOR REOPENING OF SCHOOLS & PRE-SCHOOL FACILITIES

**Indian Association of
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Indian Association of Preventive and Social Medicine (IAPSM), being deeply concerned with severe impact of school closure on the children due to the COVID-19 pandemic, has prepared a comprehensive advisory on Reopening of Schools & pre-school facilities, by incorporating inputs of various Public health experts & other stake-holders in order to ensure quality education of children and measures to prevent spread of COVID at educational facilities.

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The Indian Academy of Preventive and Social Medicine (IAPSM) recommends resuming the physical presence of children in schools and pre-schools (including Anganwadi centres and play schools) and providing the choice of in-person classes at educational institutes.

This document is an advisory from IAPSM on resumption of physical classrooms in educational institutions. It outlines the background, rationale and safeguards for the same. The advisory applies to educational institutes across age-groups - starting from pre-school (including Anganwadi centres) to professional institutions.

IAPSM realizes that the Indian context is heterogeneous in terms of the situation of the SARS-CoV-2 pandemic and combative measures currently in place. Hence, this advisory should be adapted as per local contexts. The decisions to resume in-person activities should be decentralized, dynamic and based on local preparedness and SARS-CoV-2 epidemiology.

BACKGROUND

Education is essential for the overall growth and development of any child. Children are the future of the world and a nation's development depends on their development. Besides providing basic education, pre-schools and schools serve several other important functions; e.g., settings for early learning, creche services, facilities for physical activities of children, mid-day meals, which further enhance the role schools play to help children realise their full potential and for nation building. In addition, they provide employment to teachers, staff and other caretakers.

Due to SARS-CoV-2, the face of education changed globally with the majority of teaching-learning activities shifting to online platforms. Initially, little was known about the disease and health systems were underprepared for handling the pandemic. This coupled with concerns around security of children resulted in closure of educational institutions in 167 countries by the end of March 2020. This number gradually came down but due to the subsequent surge in the number of SARS-CoV-2 cases, several countries closed the schools again in early 2021. With the passage of time, it is being increasingly realized that lockdowns and school closure, if prolonged, have significant adverse impact. Due to this reason, in most of the countries in the world, schools have been opened. India was amongst the last eight countries before schools in a few states have started to open up. ¹

Like in most of the countries of the world, in India, schools and students were not prepared for the abrupt shift in learning to online modes. School closures not only exposed the socio-economic educational inequality, but also exacerbated it as it relied heavily on family support and resources available both in the home and at the school. The closure of schools has not only differentially interrupted the learning of students but also restricted their opportunity for overall physical, social and emotional development in a way that could have lasting repercussions. As per UNESCO, over 32 crore children have been affected in India due to school closures. What started as a public health emergency has snowballed into a formidable test for global development as well as development of our future generation. [1,2](#)

“ *My daughter is missing out on the social interactions. The environment/feeling when children go to school can't come without actually going to school* ”
..... Parent of primary and high school going children (Urban private school)



ARE CONCERNS REGARDING OPENING OF THE SCHOOLS VALID?

There are mainly two concerns around sending children to schools. First, children getting infected with SARS-CoV-2 and the risk of severe infection among them, and second, children transmitting the infection to other family members, especially elderly.

The available evidence suggests that children do get SARS-CoV-2 infection at very similar rate as adults. However, a large proportion of children remain asymptomatic/mild symptomatic. SARS-CoV-2 infected children seldom need intensive care as compared to adults,² and outcomes are usually good, especially among the younger ones in those aged less than 9 years.^{3,4}

Data from Indian states, including the latest and fourth national serosurveys, shows that children have already got Covid-19 infection at a similar or even higher rate than adults (mostly asymptomatic and with far lower rate of moderate to severe disease). Therefore, they are already protected and not at additional risk. This also informs us that in spite of schools not been open, children did interact with peers and neighbours their lanes and villages. There is evidence available from US and Italy to conclude that attending physical schools does not increase the risk of children getting infected with SARS-CoV-2 or COVID related hospitalization.⁵

“ Before covid, we burned more calories, we were more socially and physically active. Now, during the covid times I think only 2 out of 10 people workout.

... a 16-year old high school student ”

Another fear is related to the transmission of infection to family members giving rise to surge in cases at a large geographic level. A study by Chung et al stated that among 37 000 nasal swab samples tested, 123 children and 432 adults had SARS-CoV-2 infection. They concluded that children were less frequently symptomatic (61.8%) compared to adults (92.8%), had fewer symptoms compared to adults, and had a shorter duration of symptoms (mean 3.8 compared to 4.9 among adults).⁶ Symptomatic children who had lower SARS-CoV-2 cycle threshold (Ct) values means had higher viral RNA levels compared to asymptomatic individuals. Also, there was no difference in Ct values between symptomatic children and symptomatic adults, nor between asymptomatic children and asymptomatic adults.⁷⁻⁹

“ *When a teacher tells his/her students to follow precautions, students follow it better. They go back to their homes and emphasize the importance of following precautions among their family members*

....a middle school teacher from Urban area **”**

Another meta-analysis showed that the risk of asymptomatic transmission is significantly lower than that of symptomatic transmission (relative risk, 0.58; 95% CI, 0.34-0.99; P = .047).¹⁰ Thus, these studies conclude that children may be transmitting SARS-CoV-2 less.¹¹⁻¹² Another report from 15 countries on school reopening and COVID surge suggests that only three countries observed an increase in transmission due to school opening, however, this surge was not proven scientifically to be linked to school attendance. According to the report, two countries scientifically established that there was no surge in cases due to school reopening.¹³

Most of the districts across the country are reporting nearly zero cases for many weeks now. During the initial phase of the pandemic and subsequently during the second wave of the pandemic, closure of the school along with mass movement restrictions were considered effective strategies to prevent further transmission. However, economic and other activities have now opened considering these as essential activities for our economy. When all activities and gatherings (with observance of standard operating protocols) are happening; and all community members including children are having practically pre-covid level interactions, opening of schools in this scenario is not likely to increase the risk of community transmission significantly. Among all the activities which may contribute to spread of the SARS-CoV-2; we outweigh the benefit versus risk and decide on the reopening of particular activities. Considering the huge benefits of scholastic learning and development of children and future human resource development of the nation. IAPSM strongly believe that this is the time offline classes in all schools and preschool settings should be restarted.

“ *Earlier the board was black and the future was bright, now the screens are white and we are probably heading for a dark future for our student. Schools are not just meant for educating children, they play an important role in the overall development of children* **”**
....A high school teacher

HOW MUCH ARE CHILDREN LOSING DUE TO SCHOOL CLOSURE?

The educational system, particularly in India, demanded a long due transformation. Many developments (such as digitization) have accelerated with the pandemic. However, wider section of society do not have adequate access to right kind of devices and internet connectivity. Moreover, the physical space defined by the school as the main locus of learning remains a central feature of formal education systems at all levels. Children learn most when with other children in schools, which contributes to their social, emotional and mental well-being and impart skills such as communication and negotiation, to list a few. The present crisis has reminded us that apart from formal learning, the educational institutions also serve as a source of nutritious meals to a large number of children, enhance social relationships thereby inculcating social norms which may help in enhancing support for building a resilient society in future. Children's reliance on online platforms for distance learning may also increase their risk of exposure to inappropriate content on the internet.

“ *We do not have the internet nor a proper phone. It is difficult to access online school. We only play. We do collect some notes here and there. Anyway, it is of no use as there are no exams*

.... a 16-year old high school student **”**

A school has a significant role to stimulate curiosity in the young and sensitive minds, and to nurture them to be better human beings, shaping personality and the way the child deals with the challenges of life. We must not forget the role of pre-school education provided through kindergarten and Anganwadi centres. Pre-school education has a profound lifelong positive impact. Enriching experiences in the early years will support children's healthy development, whereas, on the other hand, stress or adversity can have damaging effects on the growing brain and developmental progress of a child. High school children need to return to physical classes as this period sets the stage for their future careers, however, we should also strive to resume physical classes for primary and preschool children given the importance of physical classes and social interactions for their overall development and to provide equal opportunities for children from underprivileged communities.



Although, the dilemma of opening or not opening the schools still exist and more so among parents, the lost opportunities in terms of the role educational institutions play in inculcating emotions, respect, love, compassion, team work, integrity and diversity among the children, the opportunity schools give to children to interact with others and build relationships is huge, which may have a lasting impact and may take many years to fill the void created due to school closures during the pandemic. An estimate from the World Bank has indicated that due to school closures, children could lose around an estimated USD 10 trillion globally in their life earnings. This can further increase the learning poverty levels to 63%. Estimated economic loss for South Asia due to school closure is projected between USD 622 billion to USD 880 billion in the best and worst-case scenario. The school closure has widened the inequalities in the children's life. [14](#)

Further, school closure along with lockdown restrictions have also impacted the amount of physical activity of children which puts them at risk of obesity in future. It has also been seen those instances of child labour, children working in farms with parents have also increased especially in rural areas.

“ *It's harder to talk to a teacher on the phone than in person. We also lost bond with our friends*

... a 13 year old student, urban area

”

PHYSICAL CLASSES: A NECESSITY TO ENSURE EQUITABLE OPPORTUNITIES

SARS-CoV-2 has forced a deviation from traditional learning and teaching leading to reduced interpersonal and physical interactions. This has resulted in serious predicament for children belonging to the marginalized and disadvantaged section of the society, who rely majorly on the physical setting of schools to access educational materials, guidance, nutrition, and interpersonal development. Focusing on education in particular, around 65% of the Indian students are enrolled in the public sector institutions [15,16](#) and a major proportion live in rural areas, where access to online platforms is limited, both for students as well as teachers. Availability of electricity, internet connectivity and accessibility to smart phones are some of the major concerns for the rural population. As per a report, among the children enrolled in schools only 56% families own a smartphone. Lack of these prerequisites, coupled with limited capacity of parents in the disadvantaged section of the population, makes it difficult for such children to cope up with the ongoing online education at the same pace as their urban and other privileged counterparts. [16](#) Thus, a pertinent risk of reversal of several decades of progress in equity, education, child nutrition and development glooms over us if schools are not opened immediately.

“ *Regarding my younger daughter, she has not been to school at all, does not know who her teachers are. It concerns us.*

..... father of a 4 year old girl

”

Further disadvantaged may be girls and children with special needs who may not be able to access or operate the online platforms. The issue of access to internet and smartphones is an issue not only across different strata of society but also across genders as per the International Telecommunication Union's 2019 report. ¹⁷ Studies indicate that the impact of this learning loss would be greater among children from less educated and economic weaker households thus exacerbating the existing inequity in the society. ^{14,18}

“

They (BPL families) don't often have smartphones for any online activity or only one mobile phone will be there in the family. if there are two children, it is difficult for them to connect simultaneously with a single device. Often they (children) go with their parents to the field to work.

....a middle school teacher from rural area

”



WHY SHOULD WE NOT WAIT FOR VACCINATION OF THE KIDS?

According to the World Health Organization, children and adolescents tend to have milder disease compared to adults. Therefore, except for those children who are at higher risk for severe SARS-CoV-2, they do not form a priority group for vaccination. ¹⁷ The risk of death among children due to SARS-CoV-2 is less than the risk due to traffic accidents or other infections like Dengue. Moreover, the latest national serosurvey indicates that almost three-fifth of Indian children already had natural infection. Schools are open in most of the countries of the world even if none of the countries have vaccination for children younger than 12. Therefore, vaccination of children is not a prerequisite to open schools. The joint committee on vaccination and immunisation (JCVI) has advised the government of United Kingdom not to vaccinate all children aged 12-15 years as individual health benefits from covid-19 vaccination are small in this age group. ¹⁹

“

We have lost little enjoyments like celebrating birth and death anniversaries of our national leaders, various competitions like elocution, essay, drawing, painting, singing, etc which help in our development

....a 14-year old high school student

”

SAFEGUARDS AT DIFFERENT LEVELS

IAPSM understands that resources may not be comparable across settings. These would vary according to the profile of the school and population. The precautions mentioned below are desirable and should be adapted as per local conditions and resources.

Safeguards at school (educational institution)

ENSURE SCHOOL PREPAREDNESS

Classrooms should be well-ventilated. Doors and windows should be kept open to allow air to flow freely. If feasible and as per weather conditions, classes could be conducted in the open but shaded areas. Students should be seated apart from one another with adequate physical distance and wearing face masks. Avoid assembly for the entire school together; instead, these can be held inside classrooms. Support staff in the school can be trained on preparation of common disinfectants (if procurement is not possible) in the school and also trained on frequent disinfection in school premises. (Annexure 1) Sufficient Information, Education, Communication materials should be displayed on the school premises on common symptoms, mode of transmission and prevention of SARS-CoV-2 and other common pathogens. Hand washing and toilet facilities with frequent cleaning should be available. In addition, linkages of the schools with health facility and school health services should be strengthened.

**OPTIMIZE SCHOOL
ATTENDANCE**

Parents and teachers must engage in dialogue to ensure how the school environment and transportation services could be optimized to reduce risk exposure. Some of the ways to do so could be alternating in-person and virtual classrooms on different days of the week, limiting the hours in school, ensuring spacing between the students at school, avoiding gathering in schools, etc. Prefer to have parent-teacher meetings telephonically or virtually or in small physical groups.

**TRAIN THE STAFF
AND STUDENTS ON
COVID-
APPROPRIATE
BEHAVIOUR**

staff and students in educational institutes should be trained and encouraged to follow COVID-appropriate behaviour at all times. Students will follow if they see their teachers following COVID-appropriate behaviour. Wearing a mask correctly, following social distancing and cough etiquettes are of paramount importance and should be emphasized upon. The schools should also promote hand hygiene and make adequate provisions for the same. Maintain stocks of masks and sanitizers at school, if possible. The following video will guide on COVID-appropriate behaviour:

<https://www.youtube.com/watch?v=3dpTbtUSlcl>

**TRAIN CLASS
TEACHERS ON
IDENTIFYING
RESPIRATORY
SYMPTOMS**

Train the teachers to identify respiratory symptoms i.e. cough, sore throat, runny nose, sneezing, fever. Report to the school office and parents if any child is sick or has any of the above symptoms. Keep the sick child in a separate room preventing interaction with other children in the class, till the child is seen by a health officer or sent back home safely. Schools should make arrangements for a standard treatment kit with paracetamol, thermometer, etc. Any staff with respiratory symptoms must be isolated and advised to stay at home and to seek medical advice.

**VACCINATION
FOR STAFF**

Most of the states have already prioritised school teachers and staff for vaccination. If not already done, all school teachers and other staff should be vaccinated on priority against SARS-CoV-2.

**TRAIN THE
STUDENTS**

Health promotional activities with emphasis on COVID-appropriate behaviours should be taught during breaks as fun games and recognitions/appreciations/awards can be given to those children who inculcate positive health behaviours so that peer reinforcement would be better in younger children. Students can be encouraged to be 'messengers of change' in their households and in the community for promoting COVID-appropriate behaviours.

**SELF-DECLARATION
OF RESPIRATORY
SYMPTOMS**

Schools should encourage staff and students to self-declare if they have any respiratory symptoms.

**FACILITATE SAFE
TRANSPORT**

Schools should encourage all staff (including the driver and the conductor) and students wear mask during transit. Students, parents and school staff (including the vehicle staff) should be trained on COVID-appropriate behaviour. Avoid overcrowding in the vehicle and facilitate distance-seating arrangements, as feasible.

**MAINTAIN VIGIL
AND INFORMED
RESTRAIN**

There are guidelines and standard operating procedures for containment-measures if SARS-CoV-2 cases get reported from a particular locality or institution. District and School administrations should be vigilant towards the SARS-CoV-2 situation. There is a need for flexibility and prompt decentralized decision-making at the district and sub-district levels. Once physical classrooms resume, schools should not close these down as 'knee-jerk reaction' to an anticipated SARS-CoV-2 situation. Such decisions must be taken only after diligent epidemiological investigations by competent public health and administrative authorities.

COUNSELING SERVICES

Children may demonstrate anxiety coming back to school after a hiatus. Some of the children may be recovering from losses in the family. Some may face or display stigmatized behavior. The school staff should be sensitive towards this. Teachers must also be sensitized to identify such possible counseling needs in the children, and also to counsel students and communicate to parents, if needed. School authorities must be sensitive to counseling needs among teachers as well. If resources permit, the school may solicit the services of a professional psychologist for needful assessment and management.

Safeguards at home for families with school-going children

PREPARE THE CHILD

Teach the child about COVID-appropriate behaviour. Pack water bottle, sanitizer and mask with school bag. Interact with the child for answering queries as s/he starts resuming physical classes. Ensure good nutrition and sleep habits for the child.

**MONITOR THE
CHILD'S HEALTH**

Monitor the child's health daily morning before sending the child to school. If the child has respiratory symptoms (cough, sore throat, runny nose, sneezing, fever), do not send the child to school and notify the same to school authorities, and seek medical advice promptly. If you have more than one school/ college going child at home, retain all children at home if any one of them has respiratory symptoms. The children can resume their classrooms online while at home and physically once the symptoms have subsided.

**VACCINATION FOR
VULNERABLE
INDIVIDUALS
IN THE
HOUSEHOLD**

Families with vulnerable members (elderly and those with comorbid conditions) should ensure that these members should get vaccinated and seek medical advice for appropriate management.

**HOSTELS AND
RESIDENTIAL
FACILITIES**

Hostels and residential institutions can be reopened keeping the above safeguards in consideration.

Safeguards for special schools

- Children with special abilities should not be forced to wear a mask; they could instead be suggested to follow physical distancing all times.
- Availability of special services like hearing, speech and occupational therapy should be individualized with minimum emphasis on group therapy. The teacher can wear a transparent mask so that the children could do 'lip reading'.
- A contact person/teacher should be available to help the children with any additional needs.

To summarize...

- Benefits of resuming physical classrooms for children outweighs the risk of SARS-CoV-2 in children and the community at large. Resumption of physical classrooms for children is advisable.
- Resumption of physical classrooms is a collaborative effort between parents and school authorities for the overall growth and development of children - our nation's future. IAPSM has mentioned certain safeguards that should be considered by both, as physical classrooms resume. It may be impracticable to have all the safeguards in place in all settings though it is desirable to do so. It is evident that children have much low risk of contracting and transmitting SARS-CoV-2 and encountering adverse outcomes.
- Local health authorities and administration must engage with school authorities and parent-teacher bodies (if available) to ensure continuous communication and to address concerns, if any.

FREQUENTLY ASKED QUESTIONS (FAQS)

FAQs BY PARENTS

Does going back to school increase my child's risk of catching or transmitting the coronavirus?

According to a report published by the CDC-USA, going back to in-person school is not a major SARS-CoV-2 risk factor for children if they maintain preventive measures such as wearing masks and physical distancing. Attending parties, playdates and in-person family gatherings such as weddings and funerals is associated with a higher risk of children testing positive for the coronavirus.

What precautions should we take during transport to and from school?

Following precautions should be taken for safe transport:

1. Vaccination of drivers for these vehicles should be prioritized. If using a school bus
2. Avoid overcrowding during transport
3. Promote and put in place respiratory and hand hygiene, physical distancing measures and use of masks in transportation such as school buses, in accordance with local policy
4. If possible, allow only one child per seat and ensure physical distance wherever feasible.
5. If possible and safe, keep the windows of the buses, vans, and other vehicles open.
6. Parents should be told not to send a child with fever or cough
7. Prioritize vaccination of drivers
8. School buses should be sanitized regularly

Is Vaccination for children essential?

No. There is no evidence that vaccination for kids is essential. In more than 175 countries schools are open but no country in the world has vaccinated children younger than 12 years. The risk of moderate to severe disease is already very low among children.

Are children infected with COVID more infectious?

No. Children being super-spreaders is a myth. In fact, the capacity of children to spread the infection is much less as compared to adults. However, vaccination for the elderly and other vulnerable members in these families should be encouraged.

Can covid cause death among children?

The deaths in children due to SARS-CoV-2 are very rare. In fact, the risk of severe disease is only those children who have pre-existing health conditions. We have witnessed very few severe cases due to SARS-CoV-2 infection among children (mostly among children with pre-existing comorbidities). Data from across the world and India shows that infection is generally very mild in children. Most of the children who get SARS-CoV-2 do not show any symptoms or have mild symptoms. Only a small proportion of children may develop severe disease, much less common than in adults and the elderly.

Are there any long term sequelae of covid among children?

Most children who become infected with the SARS-CoV-2 have only a mild illness. Multisystem Inflammatory Syndrome in Children (MIS-C) is rare, and most children who develop MIS-C eventually get better with medical care.

How are schools better than home for young children, adolescents and preschool children?

Holistic learning is not merely about being taught from textbooks but about physical, mental, social and emotional development. When interacting with each other, children learn language, communication, negotiation, and other interpersonal and social skills. This helps their physical and emotional well-being. Online classes are no substitute for this. There is far greater learning loss, due to school closure than many of us realize and it is likely to accumulate over the years. This learning loss is inversely proportional to the age of the child - younger the child, higher the loss. This is because younger children need more personalized learning and guidance.

FAQs BY TEACHERS

How to ensure COVID appropriate behaviour among children and adolescents?

Young children normally follow what is taught to them. Teaching COVID-appropriate behaviours again and again will help them comply with them. Children and adolescents usually copy the adults and their peers. Therefore, teachers and other staff should become role models for COVID-appropriate behaviours. Efforts should be made that COVID-appropriate behaviour becomes the norm for the school. Encouraging older children to develop health education materials and to teach COVID-appropriate behaviours to the younger ones may help establish a norm.

What precautions should we take to start classes in school?

- Use innovative methods to reach out to all children and encourage them to follow COVID-appropriate behaviours
- Wherever possible, teachers may be encouraged to organise classes in such a way that overcrowding is avoided and COVID-appropriate behaviours are complied with. Staggering of classes or blended learning with a mix of offline classes along with online learning should be encouraged.
- Ensure good ventilation as well as cleanliness in all classrooms.
- Schools should ensure vaccination of all teachers and staff

How should we manage children with fever and cold in school?

A child with fever and cold needs to be isolated from other children. Schools should have provision to keep these children in a separate room till the child is taken home or s/he is seen by a medical practitioner. The parents should be requested to consult a physician. While managing such cases, school authorities and teachers should ensure that there is no stigma and unnecessary fear among students and staff. It would be desirable that the schools have alternate options available for classes as well as exams for children who need to be isolated or quarantined.

Do we need to close school if case of COVID is reported?

If multiple SARS-CoV-2 cases are reported within a school, schools should get in touch with local health authorities for needful guidance. Action should be based on proper epidemiological investigations.

Should we consider blended learning for young children too?

School opening should not be considered binary. Blended learning is not only an option for COVID-related school closures, but it is also a futuristic approach, which will help improve learning for all students. However, during the SARS-CoV-2 pandemic, this decision must be made depending on the context of each school. Deciding to close, partially close or reopen schools should be guided by a risk-based approach, most importantly the epidemiology of SARS-CoV-2 at the local level. The preparation of offline and online learning should be made in consensus and be learner centric, with emphasis on affective and Psychomotor domains using interactive learning methods for offline classes and more cognitive for online mode. So appropriate approaches for blended learning for children of all age groups should be promoted. Post-COVID, school closure and opening will be a dynamic process for many months to come.

Should we have games and Physical Training periods?

Avoiding group games would be a good practice. However, schools must promote physical activities among children with adequate COVID-appropriate behaviours. Wherever physical training periods are included, proper hand washing and personal hygiene measures should be strictly introduced before and after the physical training period.

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