

Mitigation Training in Preparation of Face-to-face Learning in Schools under Health Reviews during Pandemic

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ABSTRACT

The Covid-19 pandemic has hit the whole world, including Indonesia. This pandemic has greatly impacted all sectors, including education. The online learning process has many obstacles and brings serious impacts. As a result, the policy of implementing face-to-face learning during the pandemic was issued. Mitigation training is very important. This training attempts to discuss face-to-face learning at schools and obtain representative opinions regarding the preparation and consideration based on health reviews relevant to the latest research and recommendations. This online training was held with the participants involving teachers and parents (n=219) from Elementary and Junior High School of Al-Azhar Summarecon Serpong and has been shared on the YouTube platform. Several opinions were obtained from parents who disagree with the face-to-face learning idea. It also increased the knowledge regarding the mitigation of face-to-face learning at schools. The education aspect is indeed something that must become a priority, but without compromising the student's health aspect.

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INTRODUCTION

The Sars-cov-2 or Covid-19 pandemic has attacked the world for more than a year. Various efforts have been made to break the chain of transmission of Covid-19, such as requiring everyone to maintain health protocols and impose community restrictions, as well as the administration of vaccines, which are still undergoing. The pandemic has greatly impacted all sectors, including education. The learning process has switched to online during the pandemic. In this pandemic situation, education must remain a priority and common concern without compromising safety and health aspects (Department of Health Australian Government, 2021). The online learning process that has been implemented faces many obstacles. The evaluation results by the Indonesian Ministry of Education and Culture revealed that online learning has a serious impact. These impacts include the threats of dropping out of school, learning loss, and loss of interest in learning due to psychosocial pressure (the Indonesian Ministry of Education and Culture, 2016).

Considering the above situation, the ministry of education has allowed the school to conduct face-to-face learning for the students. However, the decision is not entirely accepted by some parents since they argue that the pandemic is not over yet, and it potentially increases the risk of an outbreak. On the other hand, the school should carefully prepare measures to ensure face-to-face learning is safe for the students and held successfully. Therefore, Face-to-face learning in schools must be supported by all relevant parties, especially in the implementation of health protocols in the school environment (European Center for Disease Control, 2020).

Health and educational aspects must remain a priority for students, even in a pandemic situation. Face-to-face learning in schools must be supported by all relevant parties, especially in the implementation of health protocols in the school environment (European Center for Disease Control, 2020). To introduce the implementation of health protocols for the parties, mitigation training is one necessary action. This training aims to discuss the implementation of face-to-face learning at schools and obtain representative opinions regarding the preparation and consideration under health reviews during the pandemic if learning is to be carried out face-to-face.

Moreover, this training is also supposed to increase awareness of the community that the pandemic may still have a significant health impact, as well as improve their knowledge about prevention measures for potential outbreaks of disease

LITERATURE REVIEW

Situation Analysis

There is a general agreement that the decision to close schools to control the Covid-19 pandemic should be used as a last resort. This is because the negative effects on physical and mental health, as well as educational impacts of school closures on students, not to mention the economic impacts on

society, will outweigh the positive effects. Schools should be the last places to close after all other precautions in the community have been taken, and the first to reopen when the situation allows. This implies that decision-makers and communities should prioritize school reopening over non-essential business and activities, such as indoor dining, bars, karaoke rooms, social gatherings, and close contact sports (Dong et al., 2020).

In addition, children of all ages are susceptible and can transmit Sars-cov-2. Compared to adults and elderlies, children and adolescents with Covid-19 are more often asymptomatic (not showing any symptoms) or only show mild and non-specific symptoms (Laws et al., 2021; Zhao et al., 2020).

Furthermore, so far there has been no consensus on the level of community spread that is safe for face-to-face learning. School closures may contribute to the reduction of Sars-cov-2 transmission, but will not be effective when implemented on their own. School closures (face-to-face learning activities) must be preceded and accompanied by restrictions on mobilization and interaction in the community, as well as prevention of crowds through large-scale social restrictions (PSBB). However, the opposite happened, schools were closed but socio-economic and political activities continued (Dong et al., 2020).

Situation Update

Children are very different, they are not mini-adults. They have special conditions that are different from adults. Intensive Care Units (ICU) for children are not always available in all hospitals, in addition, the number of health workers is starting to decrease. Covid-19 cases in children as of 17 June 2021 were recorded at 12.5% (meaning 1 out of 8 cases were children 0-18 years). In DKI Jakarta, on 17 June 2021, the number of positive cases in children increased by 661 (the most confirmed cases in Jakarta), with 144 of them happening in toddlers. The case fatality rate of Covid-19 in Indonesian children is the highest in the world (3-5%) and it varies every week (the most deaths in the world), with 50% of death cases being toddlers (National Disaster Management Agency, 2020).

Several school clusters have been re-opened, which has further led to their closures. Significant secondary transmission of Sars-cov-2 infection can and does occur in the school environment when prevention strategies are not implemented. In the event of an outbreak in the school environment, there tends to be an increase in transmission among teachers and school staff than among students. An important finding in school clusters was that it occurred because prevention strategies were not implemented – such as not wearing masks properly, overly crowded classrooms, and not maintaining health protocols. That's why it is very difficult to stop the spread of the infection. Therefore, if schools were to be opened, the health protocols must be really strict (Bialek et al., 2020; Davies et al., 2020; Munro & Faust, 2020; Task & Tfc, 2020).

Several researchers have found that a certain region can reduce the incidence of Covid-19 while still opening schools for face-to-face learning. Particular research has found that face-to-face learning did not increase Covid-19 hospitalization rates when initial hospitalization rates were low or moderate. Another research has also found a relationship between the incidence of Covid-19 and transmission in the school environment with the level of community transmission, thus underlining the importance of controlling Covid-19 to protect teachers, staff, and students in schools and their families. Several school clusters have occurred which led to their closures. Significant secondary transmission of Sars-cov-2 infection can and does occur in the school environment when prevention strategies are not implemented. In the event of an outbreak in the school environment, there tends to be an increase in transmission among teachers and school staff than among students. An important finding in school clusters was that it occurred because prevention strategies were not implemented – such as not wearing masks properly, overly crowded classrooms, and not maintaining health protocols (Centers for Disease Control and Prevention, 2021; European Center for Disease Control, 2020; Task & Tfc, 2020).

Another research also explained that the likelihood of Covid-19 cases associated with face-to-face learning in full time vs part-time is influenced by the number of prevention efforts. More effort means fewer risks. The researchers found that when schools used 7 or more mitigation/prevention measures, the increased risk directly associated with schools largely disappeared, and disappeared when 10 or more mitigations were taken (Lessler et al., 2021).

Evidence shows that many schools that have implemented strict prevention strategies can safely open for face-to-face learning (Bialek et al., 2020; Centers for Disease Control and Prevention, 2021; Zhao et al., 2020). Consistent implementation of multi-layered prevention strategies can reduce the transmission of Sars-cov-2 in schools by considering several indicators of community transmission to reflect the level of community risk and implementing phased prevention strategies based on the level of community transmission. Families of students who are at high risk for severe illness (including those with special health care needs) or who live with people at high risk should be given the option of virtual teaching, regardless of the mode of learning offered. Each school is encouraged to apply student groupings at an easily manageable number (10-20 students per group). This is to facilitate testing, and contact tracing, and to minimize transmission between groups. So without adequate mitigations, face-to-face learning could spread Covid-19 to families (American Academy of Pediatrics, 2021; Dong et al., 2020; Guha, 1999; Munro & Faust, 2020).

Mitigation Decision

The decision to re-opening schools is a local decision by considering indicators of community transmission. Information and knowledge concerning community transmission rates should be combined with that of school cases and the implementation of prevention strategies to guide the decision-making

process. Implementation of prevention strategies should be intensified if indicators deteriorate. The higher the level of community transmission, the more likely it is that Sars-cov-2 will spread to schools from the community, which can lead to transmission in schools if multiple prevention strategies are not used. The community transmission rate is defined as the total new cases per 100,000 persons in the last 7 days (low, 0-9; moderate, 10-49; substantial, 50-99; high,)100) and the percentage of positive tests in the last 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, 10%). Intensive prevention also involves imposing restrictions on sports and extracurricular activities. To make decisions about preventive measures, schools and health workers should consider the following information: The number of Covid-19 cases among students, teachers, and staff, as well as the number of people undergoing quarantine, compliance with prevention strategies, and community transmission rate. Families of students who are at high risk for severe illness (including those with special health care needs) or who live with people at high risk should be given the option of virtual teaching, regardless of the mode of learning offered. Each school is encouraged to apply student groupings at an easily manageable number (10 -20 students per group or of the room capacity). This is to facilitate testing, and contact tracing, and to minimize transmission between groups (Dong et al., 2020; Munro & Faust, 2020).

Moreover, to increase community awareness that the pandemic may still have a significant health impact, the pediatrician professional organization issues recommendations regarding school reopening (American Academy of Pediatrics, 2021). The recommendations are:

1. All teachers, school staff, and parents/caregivers must be vaccinated
2. Create small/bubble study groups with the same students & teacher for easy tracing
3. Time coming to and getting off school should be gradual. Small study groups can come and get at the same time
4. School gates should be under strict supervision to avoid crowds at school gates
5. If the school bus is used, everyone must wear a mask, keep their distance, and open-air ventilation (open the bus windows)
6. Good ventilation is an important component that must be maintained. Open all class windows and use outdoor areas. In an indoor setting, use HEPA-filter
7. Perform risk mapping: students with comorbidities, parents of students with comorbidities/living with the elderly, teachers with comorbidities (diabetes, heart, kidney, lung, cancer, autoimmune, HIV, obesity, certain syndromes). Children with comorbidities should continue to study online.
8. Perform routine PCR swab checks on all students, teachers, and school staff. If there are children/teachers/school staff suspected of having Covid-19, they must be willing to do a PCR swab examination.
9. Provide hand washing facilities in strategic locations (next to classrooms, next to toilets). Clean and maintain school facilities regularly.

10. Provide training on how to use the mask correctly. Provide a place to dispose of masks and provide spare masks.
11. Perform monitoring and evaluation regularly every 2 weeks
12. In activities involving more breathing, such as singing, shouting, bands, or sports, it is mandatory to move these activities outdoors or to a large, well-ventilated space. Move non-essential furniture so that it expands the classroom layout to maximize the distance between students.
13. Face the tables in the same direction.
14. Eliminate or reduce non-essential face-to-face interactions between teachers and school staff during meetings, lunches, and other situations that can lead to adult-to-adult transmission
15. Train the students:
 - a. Not to touch the face with unwashed hands
 - b. Not to exchange cutlery/other personal utensils, as much as possible do not eat and drink at school, the school provides a special place to eat, 1 room 1 person/alternately, before and after being disinfected, a HEPA-filter is provided in the room
 - c. To recognize the symptoms of Covid-19 and report if there is a family member at home who is sick.
 - d. Not to stigmatize friends who are infected with Covid-19
16. Mitigation flow should be prepared by the school and its health team:
 - a. The availability of a contact tracing system in combination with isolation and quarantine. The definition of close contact is someone who is within 2 meters of someone diagnosed with Covid-19 for a total of 15 minutes or more over 24 hours. Quarantine must be carried out by students, teachers, and staff who may be exposed to Covid-19. Close contacts, identified through contact tracing, should be quarantined unless they have been fully vaccinated, or have tested positive in the past 3 months, and do not have any symptoms.
 - b. If there is a student who has a suspected/probable Covid-19, parents must be willing to have their child checked to make sure the child has Covid-19/not and isolate them either at home/the hospital.
 - c. If it is proven that a student is infected with Covid-19, the school must stop face-to-face learning and conduct tracing of all school components, and cooperate with the local health office. Students, teachers, and staff who are in quarantine should stay home and follow local public health directives about when it is safe for them to be around other people and return to school (American Academy of Pediatrics, 2021)

Materials and Method

Based on a literature review about the mitigation during the covid-19 pandemic and face-to-face learning during a pandemic for students, this research uses a hermeneutic approach to understand the mitigation knowledge to prepare for face-to-face learning during a pandemic. Moreover, this study also approaches consideration based on health reviews relevant to the latest research and recommendations. In more detail, some activities are described below:

- a. First, the reflection in this study discusses the covid-19 update and several recommendations and results of the latest research.
- b. Second, the dialogues using question and answer sessions are explained the effect of face-to-face learning during a pandemic from school principals, representative teachers, and parents. The dialogues can be watched on the YouTube platform.
- c. (<https://www.youtube.com/watch?v=C8EBCtPgH1w&t=5s>)
- d. Third, the explanation can support the understanding of teachers, parents, and relevant stakeholders in making decisions or regulations about the health protocol of face-to-face learning at schools during the pandemics based on the recommendation on training.

The online training was held with the participants involving teachers and parents (n=219) from Elementary and Junior High School of Al-Azhar Summarecon Serpong, South Tangerang (figure 1) and has been shared on the YouTube platform (figure 2).

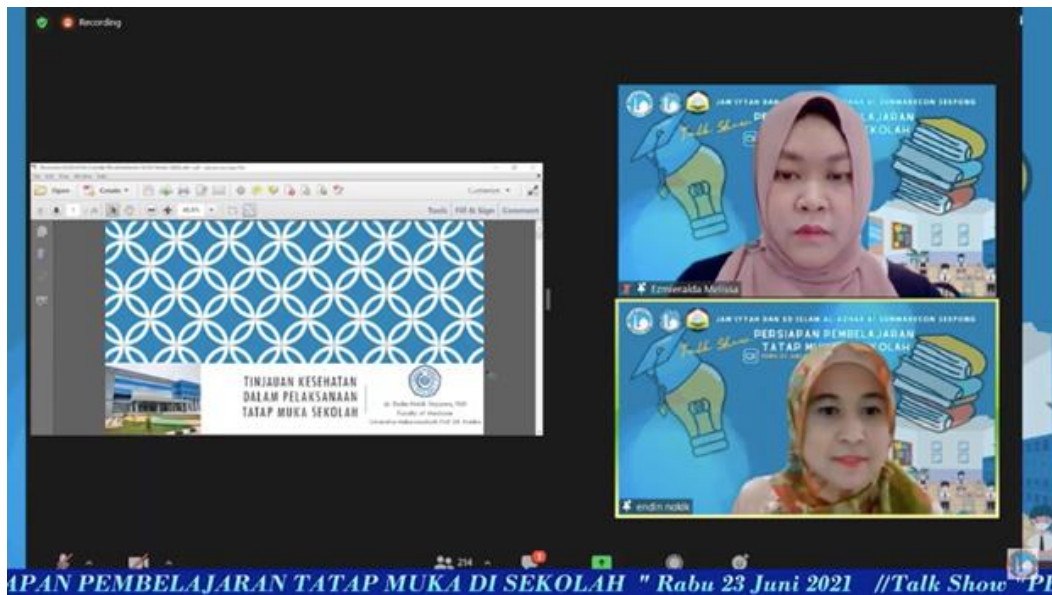


Figure 1.
mitigation training webinar

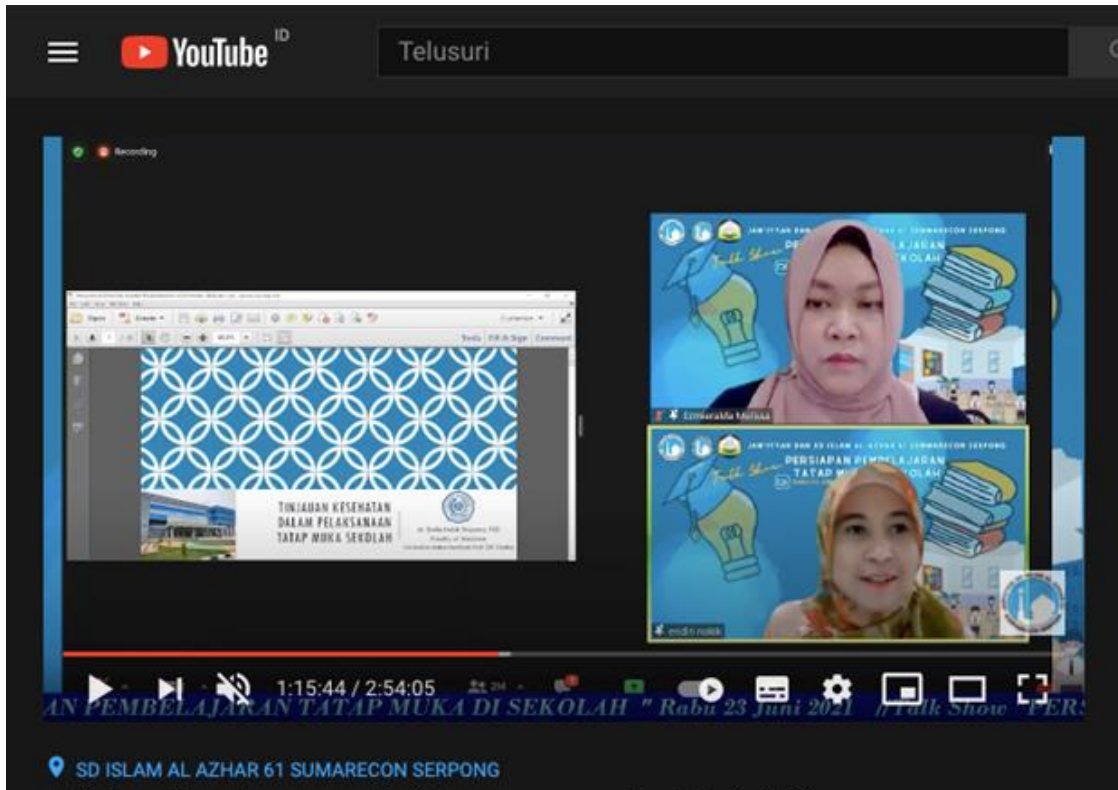


Figure 2.
The Webinar has been shared on YouTube platform

Results and Discussion

In this online training, discussions, as well as questions and answers were held to strengthen understanding of the topic delivered. From the discussion results, positive responses were obtained from the participants and reconfirmed their understanding of the material. From the training, several opinions were obtained from parents who did not agree with the idea of face-to-face learning through the survey form (can be watched on <https://www.youtube.com/watch?v=C8EBCtPgH1w&t=5s>).

Moreover, the training may produce the results as below:

- a. In the beginning, the School issues the policy for a maximum 50% capacity of attendance and the meeting will be held only once a week. Further, the school gradually increases the capacity and frequency of meeting after the assessment. School also does not obligate the students to join the face-to-face meeting but still offers for the parents if the students want to join the online meeting.
- b. School prepares online meetings for the parents who still hesitate to bring their children to the school.
- c. Teachers, Students, and Parents have been vaccinated as a preventive action against the outbreak
- d. School issues the written regulation following the recommendation of the training (figure 4).
- e. During the meeting, students regularly wash their hands and properly wear their masks.
- f. Queuing system to pick up the students from the school (figure 3).

The education aspect is indeed something that must become a priority, but without compromising the health aspect of students.

Considering the current situation and the spread of the Covid-19 in Indonesia, face-to-face learning at schools is not recommended. The requirement for schools to reopen is when the local transmission is under control (positivity rate <5%) and mortality rates decline (Department of Health Australian Government, 2021; Dong et al., 2020; Lee & Raszka, 2021). If face-to-face learning commences, blended learning must be prepared, and students and parents are given the freedom to choose. Students who study offline/online get the same rights and treatments. Considering the unpredictable nature of the Covid-19 pandemic duration, which has yet to be determined, teachers and schools should look for innovations in teaching and learning activities, such as using open space learning, drive-thru teaching, and learning activities. If face-to-face learning is to be initiated, conduct orientation (and simulation) to ensure all stakeholders understand. The preparation of the Standard Operating Procedure must involve the local pediatrician association. Teachers and parents can show and demonstrate good and correct health protocols for the students. It is recommended to "do it gradually", meaning: start with children who can't stand not eating and drinking at school, so they don't take off their masks at all. So the implication is that there are no lessons or offline sports. This recommendation is indeed difficult because in principle the virus has not been controlled. All activities involving children aged 0-18 are currently being held online (Leidman et al., 2021). Parents/caregivers must accompany their children during

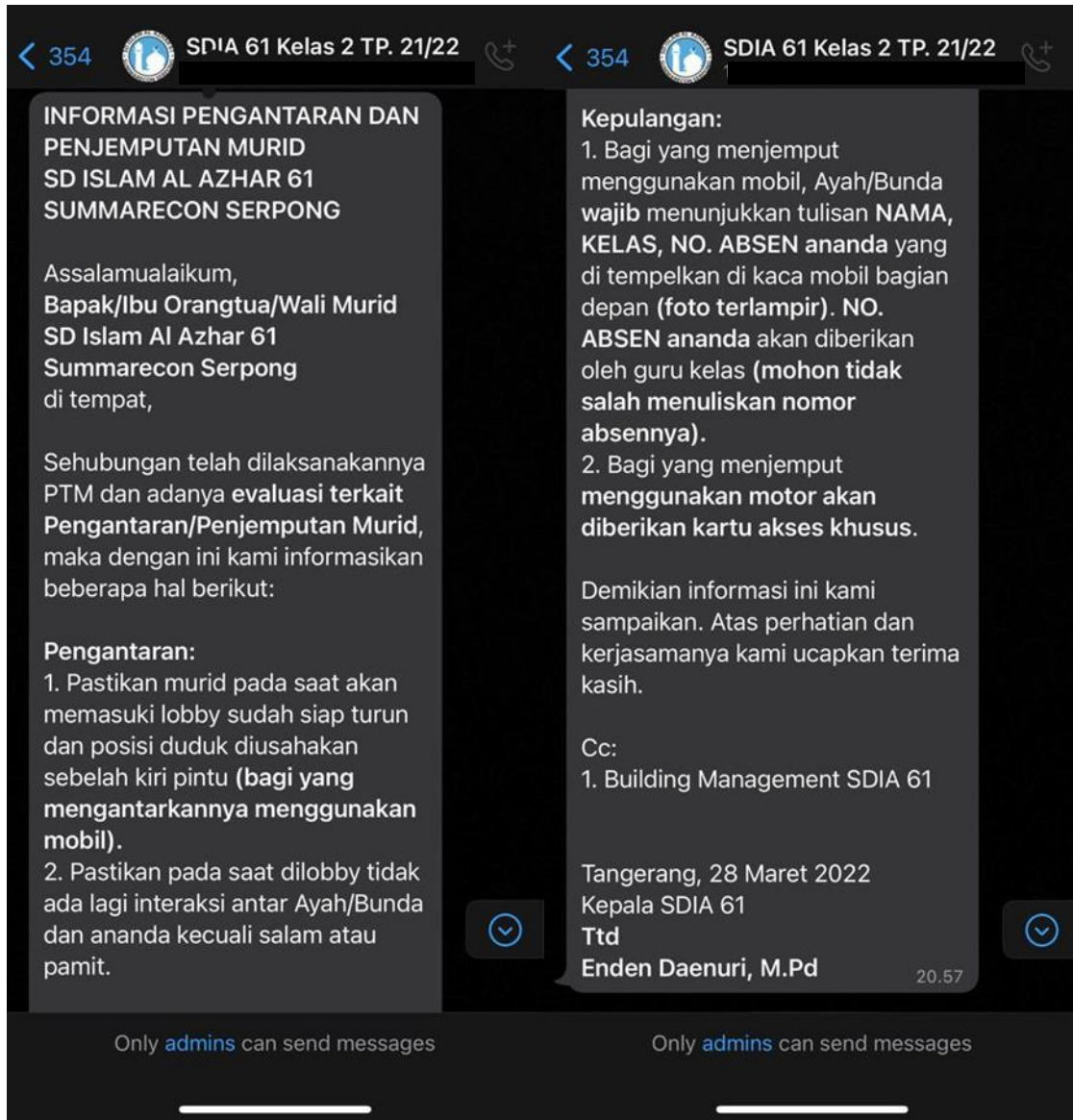


Figure 3.
Announcement for Queuing system to pick up the students from the school



Figure 4. information on face-to-face learning regulation

online/offline activities. Avoid taking children out of the house except in an emergency. Children must be at home. When doing activities outside the home, avoid closed ventilation areas, crowds, and the risk of close contact.

Conclusion

The potential for clusters that start from schools is very high. Therefore, everyone involved in schools without exception including families must cooperate. Schools should adopt prevention strategies optimally and extensively because a multi-layered prevention approach is essential, as well as developing strategies that can be revised and adapted depending on the level of virus transmission in the school and the community, as the situations can change rapidly. Face-to-face learning at schools (the right to education) must not come before the right to live and the right to be healthy. Honesty is important, it is useless to formulate Standard Operating Procedure if stakeholders are not honest. This situation is indeed difficult, but teachers and parents must not give up, teachers must improvise, and so do parents. To become "parents during the pandemic", we all have to work together and always be ready to support children.

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