HEALTH AND SAFETY PROGRAMAMIDST COVID-19 PANDEMIC AMONG SCHOOLSIN SURIGAO DEL SUR, PHILLIPINES

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ABSTRACT: This study aimed to determine the Health and Safety ProgramCompliance among Schools in the Division of Surigao del Sur amidst Covid-19 pandemic. The respondent of the study includes; the School Heads, school based management (SBM) coordinators, Disaster Risk Reduction Coordinators and Nurses from the different schools of Surigao Del Sur Division. The researchers used a descriptive-survey method in exploring the objectives of the study. The instrument used was an adapted questionnaire from the Revised School Based Management Assessment Tool. Revisions were made to suit to the current study. The questionnaire consisted of threeparts: first is the profile of the implementers and the school under study, second is the health and safety program compliance among schools based on the followingprinciples namely: Psychosocial Preparedness, Health Protocols/Standards, School Safety Protocols and Practices, Infrastructure, Monitoring and Evaluation and the third part is the problems encountered by the implementers in the implementation based on the principles mentioned above. Based on the findings of the study, there are few indicators in every principle which are fairly compliant, and problems were also identified in the implementation of the program. Hence, the study recommends strengthening of the implementation of the program since it is very essential in this time of pandemic. Sharing of best practices among schools is also recommended to facilitate enhancement of the program implementation.

KEYWORDS:, Covid-19 Pandemic, School Health and Safety Program Compliance, Problems Encountered in the Implementation

I.   INTRODUCTION

One of the most recent public health emergencies of worldwide concern is the recent COVID-19 pandemic which started in China and almost infected every country within the whole world. This has received global attention because of growing infections and the need to eradicate the disease and flatten the curve of infections (Guo et al., 2020). This COVID-19 pandemic has brought extraordinary challenges and has affected the educational institutions. The protection of kids and academic facilities are significant. Precautions must be taken to prevent the spread of the COVID-19 in school; however, care must also be taken to avoid stigmatizing students and staff who may have been exposed to the virus. It's important to note that COVID-19 doesn't discriminate based on race, ethnicity, disability, age, or gender. Education settings should continue to be welcoming, respectful, inclusive, and tolerant of all students. Schools should take steps to prevent COVID-19 from entering and spreading among students and staff who have been exposed to the virus while also limiting disruption and shielding students and staff from discrimination (UNICEF 2020). The Department of Education (DepEd) implements the Learning Continuity Plan in its commitment to making sure safe educational continuity within the face of Covid 19. In the provision of learning opportunities, the health and safety of the learners and teaching and non-teaching personnel are of utmost importance they must be protected in the least times. To make sure the safe returnto colleges and DepEd offices, when allowed by the Department of Health, the Inter-Agency Task Force for the Management of Infectious Diseases, or the Office of the President, DepEd issues Guidelines on the specified Health Standards in Basic Education Offices and Schools for the guidance of all learners, teachers, and non-teaching personnel nationwide (DepEd Order 014 s. 2020). Thus, the researchers finds it valuable and important to conduct this study to determine the health and safety programs compliance of schools in the Surigao del Sur division, to evaluate its compliance in response to the new normal setting. Likewise, it enables our leaders in the education sector to assess the resiliency of the school management in mitigating the effect of this deadly virus.
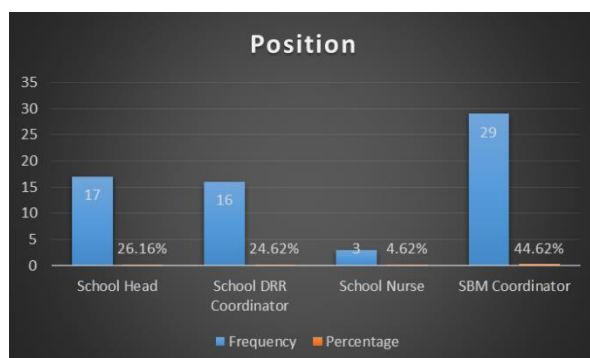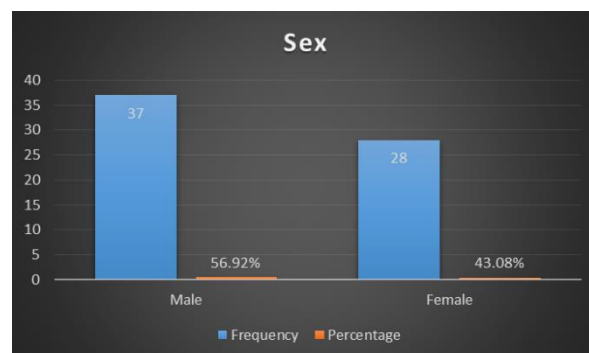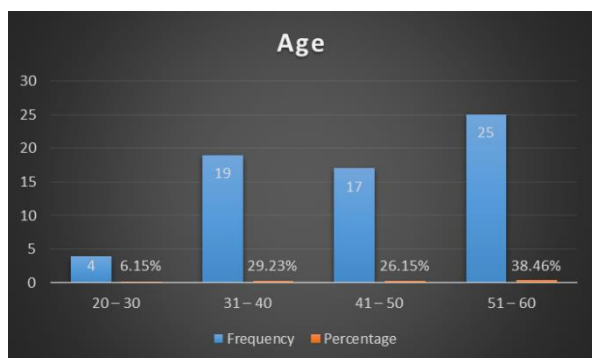
II. METHODOLOGY

The select schools in the existing districts of Carrascal, CantilanMadrid, Carmen, Lanuza and Cortes area are considered as the participants of the study. The basis for the selection of these schools is the following: Central Schools, non-central schools and high schools in the area. Eighty-five (85) respondents from both the elementary and secondary levels are carefully identified from the twenty-four (24) schools in the different districts of CarCanMadCarLanCor area. Each of these schools are represented by school heads, school nurses, DRR coordinators, SBM coordinators and master teachers who were encouraged to accomplish the validated questionnaires. The respondents were chosen since they were the individuals being capacitated by the Department of Education on how the health and safety programs of the schools are implemented. They are considered proficient individuals in the field of policies and guidelines in implementing the Safety and Health Programs of the School; hence the elemental criterion of their inclusion as respondents of the study. The study used a descriptive-quantitative method to explore its objectives. It is considered as descriptive as it describes and measured the compliance of the Health and Safety Program in the new normal situation as to the psychosocial awareness, safety and health protocols, health practices, how the program is being monitored and evaluated, and infrastructure as well as to the problems met by the implementers. The study used an adopted questionnaire as the main tool which comprised three parts.
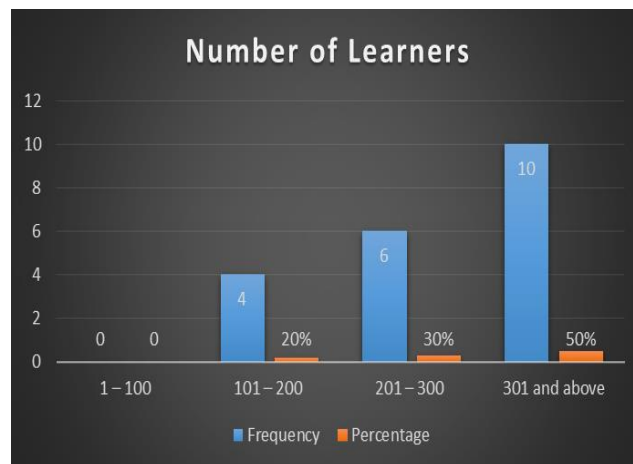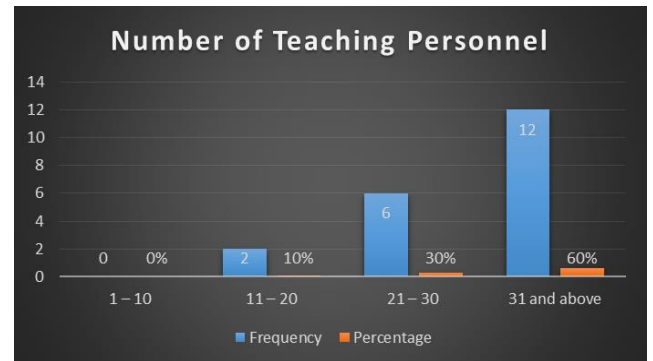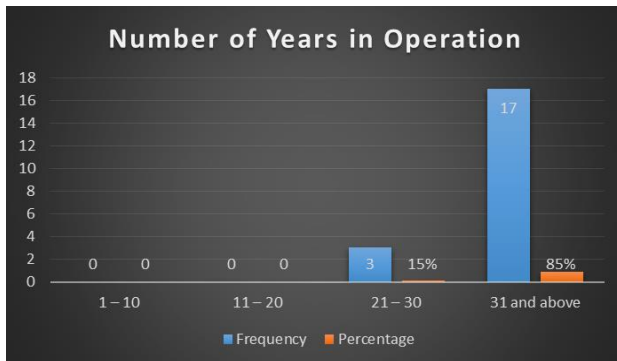
Part I-A includes the profile of the respondents in terms of age, sex, and position and Part I-B is about the profile of the school which includes the number of years in operation number of teachers, and number of learners. Part II includes the extent of health and safety implementation with different areas of concern. Part III is all about the problems being encountered in the implementation of the health and safety program. Before the gathering of the data, the researchers secured a permit from the Schools Division Superintendent to conduct the study. The approval has been presented to the district supervisors of the CarCanMadCarLanCor area then to the school heads of the identified schools as respondent. The gathered data were analized and interpreted using appropriate statistical tools.

III. RESULT

I. A- Profile of the Implementers

B. Profile of the School

II. Extent of Compliance of Schools to Health and Safety Programs

Area of Focus	Total Mean	Descriptive Equivalent
Psychosocial Awareness	3.58	Highly Compliant
Health Protocols/Standards	3.23	Highly Compliant
School Safety Protocols and Practices	2.74	Fairly Compliant
Infrastructure	2.92	Fairly Compliant
Monitoring and Evaluation	2.46	Fairly Compliant
Grand Mean	**2.98**	**Fairly Compliant**

Legend: 4.00-3.1- Very Satisfactory (HC), 3.00-2.1- Fairly Compliant (FC), 2.00-1.1- Poorly Compliant(PC), 1.00- Non-Compliant

III. Problems Encountered in the Compliance of School Health and Safety Programs

Area of Focus	Total Mean	Descriptive Equivalent
Psychosocial Awareness	1.78	Less Serious
Health Protocols/Standards	1.30	Less Serious
School Safety Protocols and Practices	1.89	Less Serious
Infrastructure	2.98	Serious
Monitoring and Evaluation	2.46	Serious
Grand Mean	**2.98**	**Less Serious**

IV DISCUSSION

There is a clear implication that there are no actual school operations and a number of teaching personnel required to comply with the school health and safety program. This further implies that the number of school personnel does not directly correspond to the number of years of operation of the school. Moreover, in the profile of the implementers, it can be observed that out of 65 respondents, only 4 or 6.15% of them were aged 20 - 30 years old, while 19 or 29.23% of them were aged 31 - 40 years old. In terms of the sex of the respondents, males outnumbered the female respondents with 37 males and only 28 females. It can also be inferred in the results that based on the respondents' position, 17 out of 65 respondents or 26.16% were school heads, 16 of them or 24.62% are School DRR Coordinators, only 3 of them or 4.62% are school nurses, and 29 respondents or 44.62% are School-based Management Coordinators. This reveals that the implementers of school health and safety programs are not younger than 30 years old School-based Management Coordinators. School heads and school DRR Coordinators are also tending and expressed involvement in the compliance of the program while only limited numbers of school nurses are involved.

To sum up the results, most of the schools are operating for 31 years and above. For the number of teaching personnel, most of the schools have 21 - 30 teachers with 301 and above pupils. Most of the schools are classified as medium, and identified as complete elementary and the secondary schools have both junior and senior high schools. As to the profile of the implementers, mostly of the implementers aged 31 - 40, and the majority of the implementers are male. In the health and Safety Program Compliance the tableabove manifests the compliance of the school and implementers to the health and safety program to the new normal setting. The first Indicator, which is Psychosocial Awareness, the school and its implementers are aware of the preparations and preventive measures amidst the pandemic governed by rules and regulations mandated by the Department of Education through its memorandums. Moreover, this result implies that in the development of this Basic Education - Learning Continuity Plan (BE-LCP), inputs from different units and field offices of the Department of Education were followed. In the integration of inputs into the BE-LCP, the Office of the Secretary was guided by the following principles: 1. Protect the health, safety, and well-being of learners, teachers, and personnel, and prevent the further transmission of COVID-19; 2. Ensure learning continuity through K-12 curriculum adjustments, alignment of learning materials, deployment of multiple learning delivery modalities, provision of corresponding training for teachers and school leaders, and proper orientation of parents or guardians of learners were diligently exercised by the Implementers.

To attain success in preventing the spread of the virus and maintaining the preventive measures, the Department of Education stressed that the communications efforts shall be directed by the Central Office to ensure unified branding while still being anchored on grassroots contexts to make them responsive to localized needs (DepEd, 2020). This means that School Heads and Implementers have the authority to localize their responses and preparation in combating the harmful effect of the virus. With these strategies, results from the table above show that the school and implementers are compliant with the mandate of the national office. The second area of focus, which is Health Protocols/Standards, result shows evident obedience to this basic health protocol among the schools under study. From this area of focus, the first indicator, which is: "Use of alcohol and hand sanitizer in every classroom and the school office," is highly compliant? This means that the implementers are adhering to the promotion of hand washing as the primary prevention of the virus. This result can be associated with Mann &Lohmann (2018) that general hand hygiene has been deemed the cornerstone of infection prevention and is essential with minimizing the colonization and the transmission of infection across public workers. Furthermore, Cotugno&Principi (2020) emphasized that hand hygiene is of utmost importance as it may be contaminated easily from direct contact with airborne microorganism droplets from coughs and sneezes. Particularly in situations like pandemic outbreaks, it is crucial to interrupt the transmission chain of the virus by proper hand sanitization. It can be achieved with contact isolation and strict infection control tool like maintaining good hand hygiene in hospital settings and public and the community.

The third area of focus is School Safety Protocols and Practices. The result shows that the school and the implementers are maintaining the school safety and practices. However, among the indicators under this area, the fourth indicator, which is: "Clogged canals, stagnant water/drainage system cleaned and disinfected for dengue /malaria-carrying mosquitoes," got the lowest rating. This implies that there is still a need for the schools to take care of the school drainage systems, clean the clogged canals to avoid some diseases. Blom (2015) mentioned that adequate sanitation is fundamental and a prerequisite for safe life and productivity. In contrast, malfunctioning sanitation has been reported to cause outbreaks all over the world. In areas with no sanitation, diarrheal mortality is high and has been shown to decrease by 36% after interventions to improve sanitation. Further, drainage systems and their maintenance, if neglected, could pose a threat in both community and healthcare, causing infections as well as the emergence of multi-resistant bacteria that could cause unpredictable clinical manifestations. The fourth area of focus is Infrastructure, result shows that the schools under study are

compliant with the health and safety programs in infrastructure. However, from the indicators in the area, a very important structure that is supposed to be present in every school got the lowest rating. Indicator 2 of the fourth area of concern "Existing school clinic with available first aid kits and medicines," got a mean of 2.49 with a descriptive equivalent of poorly compliant; this means that not all schools have school clinic with available first aid kits and medicines. This result poses a problem, especially in this time of the pandemic. The World Health Organization (2020) pointed that one of the preventions and control measures to be put in place in schools is the health and safety infrastructure. Therefore, there are several actions and requirements that should be reviewed and put in place to prevent the introduction and spread of COVID 19 in schools and into the community; and ensure the safety of children and school staff while at school. The fifth area of concern is monitoring and evaluation, having a mean of 2.46 with a descriptive equivalent of poorly compliant; this means that there is no proper monitoring and evaluation to the schools regarding its compliance to the Health and Safety Programs. Further, it is inferred from the data that most schools are not making incidental reports on the lapses of safety and health standards regularly. The Center for Disease Control and Prevention (2019) emphasized that monitoring and evaluation provide practical information for state and local public the health and education agencies, school and district administrators, and evaluation professionals to make timely decisions to support the health and safety of all students, faculty, and staff and to promote health equity. Hence monitoring and evaluation of the school health and safety program during a pandemic are essential.

In the problems encountered in compliance with the Schools Health and Safety Program of schools, it can glean that three among the five areas of focus, namely: Psychological awareness, Health Protocols/Standards and School Safety protocols, and Practices are considered to be less serious problems by the implementers. This means that the implementers did not have a major problem in complying with these areas. Although there are some indicators from these areas that need attention, as presented in table above, but still the implementers considered it as a manageable problem. The data depicts that the school and the implementers and the stakeholders, are oriented on the guidelines in complying with regulations related to Psychological awareness, Health Protocols/Standards, and School Safety protocols and practices. Abel & McQueen (2020) opined that the health and well-being of children and youth must be a fundamental value of society. Urgent health and social problems have underscored the need for collaboration among families, schools, agencies, communities, and governments in taking a comprehensive approach to school-based health promotion.

Meanwhile, two of the five areas of focus, namely: Infrastructure and Monitoring and Evaluation, are considered a serious problem by the Implementers. The guideline on the Required Health Standards in Basic Education Offices and Schools (2020) emphasizes the importance of health facilities and infrastructures in schools during the pandemic. The result from table 3 above, it links to the problem encountered by the school and implementers that the absence of a school clinic to some schools under study brings problems for the implementers in compliance to the health and safety programs in the new normal setting. Considering that school clinic is essential since it caters to needs regarding health and wellness. In the last area of focus, the Monitoring and evaluation, the implementers considered it as a serious problem as well. The fifth indicator under this area of focus which is "The school has no comprehensive plan to cater the emergency needs of its employees who manifest the symptoms of Covid-19," presents that the school is not equipped dealing with the situation in the new normal. This data seems alarming since the school should be ready and oriented with its new normal scheme of dealing with its clientele. Mann &Lohmann (2019) emphasized that it is imperative for schools to have contingency planning to analyze the impact of potential crises and ensure appropriate arrangements are made, and respond in a timely and effective way.

III. CONCLUSIONS
Based on the findings stated above, the following conclusions were drawn: The profile of the school has no control over their compliance to health and safety programs. The school and implementers are having difficulties in compliance to the infrastructure and monitoring and evaluation area. Similar to the problems met, the same areas of focus were identified. This study further concludes that this new normal situation brings the problem to schools, especially the small schools that lack facilities and equipment in combating this deadly virus. Furthermore, theDepEd officials may provide a detailed orientation of DepEd Order No. 14 s. 2020, the Guidelines on the Required Health Standards in Basic Education Offices and Schools. They may also address the gaps that were reported to be able to implement the program effectively. The School administrators may also actively and seriously design a monitoring tool to closely look into the problems of monitoring and evaluation of the health and safety programs of the schools during the time in the current normal environment of a pandemic.

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