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# Preparedness of A State University in the Gradual Reopening of Face-To-Face Classes: Input in Health, Safety and Security

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**ABSTRACT**

Due to the COVID-19 epidemic, schooling has changed in recent years across the globe. Currently, the pandemic appears to have ended, at least for the time being, and as life returns to normal gradually, consideration must be given to the consequences of the return to face-to-face education. In other words, it may be required, as suggested by the United Nations, to "reimagine education." It is necessary to do research to determine which features of online education during the epidemic may be applicable to the current educational system. The use of technology in the classroom, innovative and smart devices, new teaching methodologies, and the experiences and perspectives of students are crucial considerations. Commission on Higher Education (CHED) – Department of Health (DOH) Joint Memorandum Circular (JMC) No. 004 series of 2021, titled Guidelines on the Implementation of Limited Face-to-Face Classes for All the Programs of Higher Education Institutions, was issued recently (HEIs). Using a descriptive-survey design and questionnaires to collect data, the study included 317 respondents from three groups: students, educators, and community members. The goal of this study was to evaluate a state university's readiness for the progressive restoration of face-to-face classes. The State University is well- prepared for complying with the minimum health standard, which includes regular cleaning and disinfection of classrooms, enforcement of respiratory etiquette, appropriate case detection, contact tracing, quarantine, and isolation measures, and physical distancing to ensure compliance with CHED regulations and prevent the spread of COVID- 19. According to the respondents, the obstacles found in the gradual reopening of classes at a state university are severe, but manageable, and do not justify denying or denying students access to a face-to-face class. In general, the perceptions of the three respondents regarding the impact of the slow reopening of classrooms and the difficulties encountered are highly congruent, with the exception of their personal beliefs regarding the vaccine. Some responders continue to be adamant about the vaccination program and do not believe in the adherence of minimal health norms. The State University's health, safety, and security procedures are effective and efficient in light of the resumption of classes. It is suggested that the extra particular guidelines given in this study be submitted to the crisis management committee, as they can serve as a useful resource for the formulation of policies and regulations.

**Keywords:** gradual re-opening of classes, face to face classes, State University

## INTRODUCTION

The COVID-19 pandemic has significantly impacted social interactions and psychological aspects of society, leading to lifestyle changes. The government advocates for a stay-at-home policy to reduce physical interaction and spread the disease. The pandemic has also affected sectors like business and education, with school closures in education. The government proposes remote learning to minimize

physical interactions and large group gatherings. In Indonesia, online learning is commonly used to facilitate this shift.

According to UNESCO (2020) emphasizes the need for Ministries of Education to prepare for the resumption of school activities, citing the risk to public health and the prolonged duration of the pandemic. The determination of these measures will depend on the pandemic's status and progress, guided by health authorities in each country. Suzanne Grant Lewis acknowledged the pressures to resume educational activities, citing concerns about exacerbated educational disparities. However, she emphasized the importance of preserving the lives and welfare of the population and ensuring uninterrupted educational progress for all individuals. Robert Jenkins emphasized that the decision to reopen schools is context-specific and depends on school systems' ability to mitigate risks and community-based factors, considering schools offer vital services like health and nutrition. Grant Lewis, Director of the UNESCO International Institute for Educational Planning, emphasizes three prerequisites for school reopening: physical safeguards, qualified personnel, and local administration's ability to implement changes. Consultation, communication, and coordination are crucial for establishing confidence, alleviating parental concerns, and facilitating collaboration among stakeholders. Denmark, the first European country to reopen schools, has issued rules for hygiene and social separation, established a hotline, and a dedicated website to address concerns. This approach aims to ensure safety and collaboration in schools.

Mexico is set to reopen schools in two phases, with the first phase focusing on schools in risk-free communities. The second phase will see other schools resume operations, with the academic year extended by two weeks. The focus will be on socio-emotional support over academic content, guided by assessments and student well-being. In Sierra Leone, the reopening was accompanied by measures such as hygienic procedures, psycho-social support for teachers, fee exemptions, and school food programs. Social mobilization and collaboration with community leaders and civil society organizations helped reduce school dropout rates. UNESCO's Vibeke Jensen highlighted the conditional nature of school reopening, stating that it requires the readiness of the education system, including infrastructure, instructional processes, teaching personnel, students, and parents (UNESCO, 2020).

The Philippines has experienced a prolonged period of school closures due to the COVID-19 pandemic, spanning from March 2020 to October 2020. This hiatus resulted in the absence of formal educational instruction. As of September 2021, the enrollment rate for primary education in the 2021-2022 academic year is 100.3%, slightly higher than the previous year. However, over 27 million students have experienced disruptions in their in-person learning for over a year (UNICEF, 2021).

In a recent communication, Gopez (2021) suggests that secondary schools should adhere to health protocols and national and international norms to ensure the safety of students and educators during in-person classes. He believes that in higher education, it is crucial to implement and execute face-to-face classes to restore routine during the pandemic. In-person classes are restricted to students in medical and allied health programs.

Gopez (2021) states that educational institutions in regions with general community quarantine and modified quarantine can resume in-person operations for programs related to medicine, nursing, medical technology, medical laboratory science, physical therapy, midwifery, and public health. They need to collaborate with local government units to plan limited physical classes, develop a contingency plan, and maintain a minimum space of 1.5 meters between students. Extracurricular activities are prohibited to prevent large-scale gatherings. Educational institutions must reconfigure their premises to ensure adequate separation measures, including health declaration forms and body temperature checks at entry.

Administrators must maintain clear separation between professors and pupils during instructional sessions. School libraries have restricted operating hours to optimize online resource utilization. Regular cleaning and disinfection of facilities and equipment are essential. The youth group in the country suggests the government should delay in-person classes until the immunization program is implemented, as the ongoing pandemic necessitates a gradual resumption of in-person classes to restore normalcy.

This study aimed to evaluate a state university's readiness for the progressive restoration of face-to-face classes. Specifically, it intended to answer the following: Level of Preparedness of a State University in the gradual reopening of face-to-face classes in terms of the Crisis Management Committee; Cyclical student shifting model; Occupancy capacity; Additional health and safety measures; Minimum public health standard; Retrofitting; and Student‘s readiness; How do the three groups of respondents significantly differ on the rank orders in the Level of Preparedness in the gradual reopening of classes; How the respondents perceive the impact of the gradual reopening of classes in terms of: Health; Safety; and Security; Challenges encountered by the respondents in the gradual reopening of classes in a State University; How do the rank orders on the perception the impact of the gradual reopening of classes, the challenges encountered and solutions recommended significantly agree; and what innovative health, safety and security measures can be proposed for a more effective and efficient reopening of classes in a State University.

## METHODOLOGY

The study was conducted at Palawan State University-Main Campus' College of Criminal Justice Education, the first university in Region IV. The university has 19 campuses across the province, including the main campus in Tiniguiban, Puerto Princesa City, which houses the central administration, undergraduate and graduate colleges, and Laboratory High School, and eight colleges for instruction, research, extension, and production.

The respondents of the study are composed of three groups: the first group will be the students, the second group will be the educators, and the third group will be the community. This study utilized the descriptive correlational method of research. According to McBurney & White (2009), descriptive correlational design is used in research studies that provide static pictures of situations and establish the relationship between different variables. This method was used to determine the patterns of the assessment of the level of preparedness of a State University in the gradual reopening of face-to-face classes in terms of: Crisis Management Committee; Cyclical student shifting model; Occupancy capacity; Additional health and safety measures; Minimum public health standard; Retrofitting; and Student‘s readiness. This research method also used to assess the challenges encountered of the respondents in the gradual reopening of face-to-face classes.

The study used self-structured survey questionnaires based on CHED guidelines to assess the preparedness of a State University for the gradual reopening of face-to-face classes. The questionnaires included instruments for demographic profiling, assessment of preparedness in terms of Crisis Management Committee, Cyclical student shifting model, occupancy capacity, additional health and safety measures, minimum public standard, retrofitting, and student readiness. The questionnaires also assessed the impact of the reopening, challenges encountered, and recommendations for solutions. The respondents evaluated the instruments using a 4-point Likert Scale. The results provide valuable insights into the challenges and solutions faced by the university in reopening face-to-face classes.

The researcher used a referral system to distribute a survey questionnaire to students, educators, and com-

munity members. They used Google Forms and printed versions for data collection and interpretation. Respondents were contacted via Facebook Messenger and sent a link to the Google form. The informed consent form was completed by respondents, and the data was processed using Google Forms and Microsoft Excel. The data was collected from September to October 2022. The information was entered into a password-protected computer file and saved on Google Drive. The researcher ensured that each item on the questionnaire was completed before submission to prevent randomness and blankness. The data was then analyzed using SPSS version 21 for tabulation, computation, and totaling.

The study used statistical tools to analyze data from respondents. The percentage technique was used to determine social demographic profile and individual differences. The weighted mean was used to determine central tendency and category of responses. Scales were used to assess preparedness for the gradual reopening of face-to-face classes at a State University. Challenges faced by respondents were categorized as serious or not serious. The Kruskal-Wallis test, a nonparametric method, was used to interpret solutions and recommendations. The test does not assume a normal distribution of the underlying data. The results provide valuable insights into the challenges and recommendations faced by the respondents.

## RESULTS AND DISCUSSION

### Demographic Profile

The study consists of three groups: students, educators, and community members. The majority of respondents are aged 18-20, with 66% aged 18-20, followed by 34% aged 21-30. The majority of respondents are male (56%), with 103 females (44%). The majority of respondents are married (45%), while only 2% are widows or separated. The civil status of the respondents is 100% single (235), with 55% being married and 52% being married. The educational attainment of the respondents is 100% college level, with 32% being high school graduates, 32% being college graduates, 36% being master's degree holders, and 5% being doctorate degree holders. In terms of community members, 20% are high school graduates, 25% are college level, 53% are college graduates, and 2% are master's degree holders.

### The Level of Preparedness of a State University in the Gradual Reopening of Face-To-Face Classes

**Table 1. The assessment on the level of preparedness of a State University in the gradual reopening of face-to-face classes in terms of Crisis Management Committee (n= 317)**

| Indicators | X | VI | SD | V |
|---|---|---|---|---|
| 1. The students, parents or guardians, faculty, and staff have been consulted on how to safely reopen the campus for the gradual reopening of face-to-face classes. | 3.32 | Highly Prepared | 0.65 | 0.42 |
| 2. The State University has a database for the list of programs, courses, and year levels as well as the number of students and State University personnel who will participate in the gradual reopening of face-to-face classes, | 3.32 | Highly Prepared | 0.67 | 0.45 |
| 3. The State University has identified the buildings, classrooms, laboratories, and other facilities to be used per program in the conduct of the gradual reopening of face-to-face classes. | 3.31 | Highly Prepared | 0.63 | 0.39 |
| 4. Stakeholders have already been oriented and given Information, Education and Communication (IEC) materials | 3.28 | Highly Prepared | 0.7 | 0.49 |

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| detailing institutional policies, guidelines, and procedures on the safe conduct of the gradual reopening of face-to-face classes and health and safety protocols. | | | | |
| 5. There is a verification system on the vaccination status of individuals who will participate in the gradual reopening of face-to-face classes. | 3.27 | Prepared | 0.67 | 0.45 |
| 6. There is a Crisis Management Committee or equivalent to oversee the implementation of and monitoring and evaluation of compliance with the CHED-DOH Joint Memorandum Circular on the conduct of gradual reopening of face-to-face classes. | 3.22 | Prepared | 0.67 | 0.45 |
| 7. The State University has a system to ensure that students and teaching and non-teaching personnel who will participate in the gradual reopening of face- to-face classes under the JMC are registered with Phil Health, either as a direct or indirect contributor (dependents of the direct contributor), or with equivalent medical insurance that covers medical expenses related to COVID-19. | 3.01 | Prepared | 0.83 | 0.69 |
| **Average** | **3.26** | **Highly Prepared** | **0.69** | **0.48** |

The study reveals that a State University is highly prepared for the gradual reopening of face-to-face classes, with a mean preparedness score of 3.26. This indicates that the university has created a Crisis Management Committee (CMC) to assess the readiness of the institution for the reopening of classes, based on available data and observations. The creation of a CMC is mandatory before any HEI can revert back to in-person classes.

The CMC, chaired by the SUC President, shall develop centralized decision-making in matters relating to COVID-19 response, forming well-defined and systematized COVID-19 action plans, and the opening of limited face-to-face classes.

The Committee on Health and Education (CMC) is a crucial body in Higher Education Institutions (HEIs) responsible for conducting regular meetings to address ongoing issues and concerns, assessing the institution's readiness for limited face-to-face classes, taking charge of the application for reopening, disseminating relevant information, overseeing health and safety protocols, monitoring compliance with CHED, taking appropriate measures when risks and impacts of COVID-19 exist, managing campus-wide disinfection, and executing other tasks to minimize risks and impacts. The CMC acts as the brains of the entire machinery in the opening of in-person classes. The data indicates that the SUC is conducting consultative hearings among stakeholders, gathering necessary data on vaccination, insurance, and community health needs to ensure the opening classes are a safe environment for students, faculty, and the University community. The readiness of the SUC in re-opening or shifting to in-person classes is evident and supported by good planning, excellent decision-making, and consultation of interested parties. The State University (SUC) has been praised for its participative governance in running government schools, with the highest evaluation of the indicator "students, parents or guardians, faculty, and staff have been consulted on how to safely reopen the campus for the gradual reopening of face-to-face classes." This indicates that stakeholders must be consulted and their inputs considered in almost all processes made

by the SUC.

The State University has a system to ensure that students and teaching and non-teaching personnel participating in the gradual reopening of face-to-face classes under the JMC are registered with Phil Health, either as a direct or indirect contributor (dependents of the direct contributor), or with equivalent medical insurance that covers medical expenses related to COVID-19. However, not all respondents are members or registered with PhilHealth, the government's health insurance system. This means that some students may not receive proper medical attention or discounts during hospitalization.

There are two options for students to register under the National Health Insurance Program (NHIP). For students below 21 years old, they can register as dependents of their biological/foster parents, submitting a duly accomplished PhilHealth Member Registration Form (PMRF) and a clear copy of their birth certificate to the nearest PhilHealth office. Individuals aged 21 and above can apply as Direct or Indirect Contributors, with those from households with limited financial resources classified as Indirect Contributors.

However, certain students still face challenges in obtaining their Personal Identification Number (PIN) due to a limited understanding of the application process or insufficient assistance from their parents, who are required to make payments for the acquisition of the PIN from PhilHealth.

The study suggests that schools should continue virtual learning until a viable vaccine or therapy is available, and this should be done in collaboration with relevant stakeholders through forums or symposia. According to Aguirre et al. (2020), the most feasible approach for reopening schools is to implement reduced capacity measures and mandate insurance coverage for students and faculty.

Stakeholders and policy makers in educational institutions should prioritize COVID-19 vaccination as a crucial factor in their decision-making processes, including formulating policies for reopening schools, resuming in-person classes, and scheduling academic calendars. A comprehensive statewide distribution strategy for the vaccine is essential for achieving herd immunity and effectively curtailing the spread of the illness. The administration of the COVID-19 vaccination can enhance immunity and reduce the likelihood of severe respiratory illness. Additionally, compulsory health insurance coverage is crucial for students (Robledo et al. 2021).

**Table 2. The assessment on the level of preparedness of a State University in the gradual reopening of face-to-face classes in terms of: Cyclical Student Shifting Model (n= 317)**

| Indicators | X | VI | SD | V |
|---|---|---|---|---|
| 1. State University shall also adhere to the relevant restrictions on mobility imposed by the IATF and/or the concerned LGUs, such as localized quarantines, curfews, and the like. | 3.19 | Prepared | 0.65 | 0.43 |
| 2. In line with their chosen cyclical student shifting system, State University shall adopt measures to ensure their students shall only be on the campus during their designated schedules. | 3.18 | Prepared | 0.65 | 0.43 |
| 3. The cyclical student shifting mechanism to be implemented shall be developed in consultation with the faculty and students. | 3.16 | Prepared | 0.66 | 0.43 |

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| 4. State University may select a cyclical student shifting model they deem appropriate for their particular situations, without prejudice to further adjustments, whenever necessary. | 3.12 | Prepared | 0.64 | 0.41 |
| 5. State University shall adopt a cyclical student shifting system. | 3.07 | Prepared | 0.63 | 0.4 |
| **Average** | **3.14** | **Prepared** | **0.65** | **0.42** |

Table 2 assesses a state university's preparedness for reopening face-to-face classes using a cyclical student shifting model. The overall mean is 3.14, indicating preparedness. Adopting a cyclical system is recommended to address classroom shortages and ensure physical distancing during classes, despite the recommendation for a cyclical system in face-to-face settings.

State University (SUC) has been evaluated for adhering to localized quarantines, curfews, and other health protocols imposed by the Inter Agency Task Force (IATF) and local government units (LGUs). The respondents believe these measures make the SUC ready for in-person classes, as there are contingency measures in case of a COVID-19 outbreak. However, the statement "State University shall adopt a cyclical student shifting system" was given the lowest rating, with a mean of 3.07 and a standard deviation of 0.63 and variance of 0.42. This indicates that the use of cyclical shifting schedule is not favored by some stakeholders, particularly students, who prefer full face-to-face sessions and the removal of online modalities. The use of cyclical shifting is recommended for in-person classes in the joint memorandum circular (JMC No. 2021-001) released by the Commission on Higher Education (CHED) and the Department of Health (DOH) in the Philippines, outlining guidelines for the gradual reopening of higher education campuses for limited face-to-face classes during the COVID-19 pandemic. The circular also recommends limiting the number of students present within the campus through the adoption of a cyclical student shifting model.

A cyclical student shifting model is a timetable where a proportion of students are allowed to be in-campus for face-to-face instruction and flexible off-campus learning modalities. CHED and DOH suggest two models: the 4-17 cycle model, which allocates one-third of the school calendar for face-to-face instruction, and the 4-10 cycle model, which allocates half of the school days for face-to-face delivery of half of the instructional competencies. The 4-17 model allocates one-third of the school calendar for face-to-face instruction, while the 4-10 model allocates half of the school days for face-to-face delivery of half of the instructional competencies. However, not all competencies can be effectively delivered online, such as lab classes and skills demonstrations. Bolsomo and Sabinay's study shows low disease transmission for all proposed schedules, provided high adherence to health protocols among students or rigorous enforcement of health policies for a minimum duration of 18 weeks. In cases where health protocols are poorly implemented, the 4-10 cycle model or shifting schedules with 3-4 consecutive weeks of in-campus classes are recommended. Adhering to a rotating schedule for on-campus classes over three days is advisable to comply with health regulations (Bolsomo & Sabinay, 2022).

Aguirre et al. (2020) suggest that educational institutions are resuming operations with a reduced number of individuals present, allowing for social distancing measures and implementing reduced capacity measures. Hybrid learning involves resuming in-person sessions with a reduction in campus students while ensuring live-streamed classes for remote learning. The student cohort will be divided into two groups based on their surname, with each group assigned alternating days for in-person sessions. For example,

the initial cohort (A-M children) will attend school on Mondays, Wednesdays, and Fridays, while the second cohort (L-Z children) will attend school on Tuesdays and Wednesdays. The second cohort will begin in-person learning on Mondays, maintaining the alternating schedule of attendance.

Moreover, a double-shift system is a teaching approach where two distinct cohorts of students are accommodated in educational institutions during a single school day. The first cohort starts early and ends mid-day, while the second cohort attends from mid-day until late afternoon. Both groups use identical facilities and receive instruction from the same educators, while in some systems, they are assigned distinct instructors (Bray, 2008 as referenced by IIEP- UNESCO Learning Portal, n.d.).

**Table 3. The assessment on the level of preparedness of a state university in the gradual reopening of face-to-face classes in terms of: Occupancy Capacity (n= 317)**

| Indicators | X | VI | SD | V |
|---|---|---|---|---|
| 1. State University shall re-engineer or re- design the layouts of the facilities to ensure a physical distance of at least 1.5 meters is strictly observed. | 3.15 | Prepared | 0.72 | 0.51 |
| 2. State University shall determine the maximum number of students present inside the classrooms, laboratories, libraries, gymnasiums, covered courts, and other facilities which will be used for the gradual reopening of face-to-face classes following the 1.5 | 3.22 | Prepared | 0.73 | 0.53 |
| 3. State University shall ensure that the daily number of physically present students is manageable inside and immediately outside the school premise. | 3.26 | Highly Prepared | 0.66 | 0.43 |
| **Average** | **3.21** | **Prepared** | **0.70** | **0.49** |

Table 3 assesses a state university's preparedness for face-to-face classes reopening. A mean of 3.21 indicates preparedness, indicating that respondents agree that State University Centers (SUCs) meet the minimum occupancy capacity requirement.

State University (SUC) has been evaluated on various indicators, with the highest rating being "ensuring the daily number of physically present students is manageable inside and immediately outside the school premise." This is due to the availability of enough land area and classrooms that comply with the National Building Code's standard size. The second highest rating was "re-engineering or re-designing the layouts of the facilities to ensure a physical distance of at least 1.5 meters is strictly observed." Physical distancing measures have been implemented, and demarcation lines are visible in pathways, corridors, and classrooms. The final indicator "determining the maximum number of students present inside the classrooms, laboratories, libraries, gymnasiums, covered courts, and other facilities for the gradual reopening of face-to-face classes following the 1.5" was evaluated with a mean of 3.22, indicating preparedness and a standard deviation of 0.73 and a variance of 0.55.

The SUC was prepared to accommodate the number of students enrolled for face-to-face classes, as mandated by JMC No. 001 s. of 2021. HEIs must ensure daily physical presence of students is manageable inside, within, and outside the school premises. The layouts of classrooms, laboratories, and communal areas were redesigned, with a minimum physical distancing of 1.5m.

According to Maboloc (2021) suggests that higher education classes requiring laboratory work, like medical courses, engineering, and hard sciences, can start with a 50% capacity limit. This involves dividing students into two groups and implementing a rotational schedule, alternated between online instruction and laboratory work every two weeks. In regions with low infection rates, in-person lessons can resume, but with certain restrictions, requiring biweekly school attendance.

According to Meghani et al. (2022), school administrators in the United States are grappling with challenges in ensuring adequate ventilation, maintaining physical distancing, and implementing effective sanitation protocols to prevent the spread of SARS-CoV-2. With classrooms often accommodating over 20 students, institutions are implementing measures like staggered school schedules to ensure physical distancing among students, thereby mitigating the potential transmission of the virus.

**Table 4. The assessment on the level of preparedness of a State University in the gradual reopening of face-to-face classes in terms of: Additional Health and Safety Measures (n= 317)**

| Indicators | X | VI | SD | V |
|---|---|---|---|---|
| 1. Students and teaching and non-teaching personnel who have COVID-19 symptoms shall stay at home and shall report their conditions to their professors/supervisors. | 3.39 | Highly prepared | 0.68 | 0.46 |
| 2. State University shall implement a one-way foot traffic system to limit human intersection, contact, or interaction. | 3.27 | Highly prepared | 0.72 | 0.52 |
| 3. Personal Hygiene Kits are required to students and teaching and non-teaching personnel to bring their personal hygiene kits. | 3.25 | Prepared | 0.74 | 0.54 |
| 4. State University shall maximize and improve natural ventilation in all rooms and common areas, and consider upgrading ventilation systems in line with the guidelines of the DOLE DO No. 224, series of 2021. | 3.24 | Prepared | 0.73 | 0.53 |
| 5. Students and teaching and non-teaching personnel shall leave the campus immediately after their classes or work. | 3.23 | Prepared | 0.72 | 0.52 |
| 6. State University shall put up a screening or triage area at different points of entry where students, teaching and non-teaching personnel, and visitors are assessed. | 3.22 | Prepared | 0.71 | 0.51 |
| 7. Students and teaching and non-teaching personnel shall wash or sanitize their hands before entering the library facilities. | 3.22 | Prepared | 0.72 | 0.52 |
| 8. Students shall not be allowed to leave the campus premises between classes, each student shall only be permitted one entry and one exit per day. | 3.21 | Prepared | 0.72 | 0.52 |
| 9. The State University shall determine the break time period. There shall be staggered break time to lessen the number of possible occupants in the school. | 3.16 | Prepared | 0.72 | 0.52 |

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| 10. Students are highly encouraged to eat at their assigned seats inside their respective classrooms. However, State University may also set up a dining area. This extra precautionary measure may be taken because face masks will be removed to enable the students. | 3.14 | Prepared | 0.73 | 0.53 |
| **Average** | **3.23** | **Prepared** | **0.72** | **0.52** |

The table assesses a State University's preparedness for the gradual reopening of face-to-face classes, with an overall mean of 3.23, indicating readiness. The university appears to be prepared for the implementation of additional health and safety services, including work or study at home schemes, a one-way foot traffic system, personal hygiene kits, natural ventilation, screening and triage for students, faculty, employees, and guests, sanitation facilities, and non-congregation during breaks and staggered break times. The university appears to be well-prepared for these measures.

Health protocols are implemented to increase health protection from coronavirus transmission. These protocols include hand washing, wearing masks, maintaining physical distancing, avoiding crowds, and reducing mobilization. Additional measures include covering mouth and nose when sneezing, engaging in physical exercise, consuming vitamins or supplements, and maintaining balanced nutrition.

The highest mean indicator is the requirement for students and faculty with COVID-19 symptoms to stay at home and report their conditions to their professors/supervisors. Stay at home and work from home schemes are available for both students and faculty, with a 14-day quarantine period if required by a medical doctor. Mandatory work from home policies can be imposed by schools for high-risk employees, such as those over 60 years old, those with co-morbidities, or those with high-risk pre-existing illnesses.

The lowest mean indicator is the encouragement of students to eat at their assigned seats in their classrooms. Sharing food and utensils and eating together is discouraged due to the possibility of COVID-19 transmission. Some respondents believe this policy may not be achievable as it is a tradition and common practice that may be defeated when students eat outside the campus.

Resuming in-person educational activities requires careful planning to ensure the safety of students, teachers, and staff. This should be phased, with a focus on implementing physical distancing measures. The World Health Organization (WHO) released a checklist on December 11, 2020, to facilitate the reopening of schools and prepare for the potential COVID-19 recurrence. The checklist includes protective measures such as maintaining hand hygiene, implementing physical distancing, using masks, ensuring proper environmental cleaning and ventilation, and isolating individuals with symptoms. This checklist helps policymakers and school administrators improve their compliance with public health protocols during the pandemic. Accurate data from various entities is crucial for effective implementation and management of school health policies.

A study by Sentinellar (2020) suggests that resuming school activities doesn't necessarily mean returning to traditional in-person instruction. The reopening will depend on community risk severity classifications, as per guidelines from the Department of Health, IATF, and OP. Alternative Delivery Modes (ADM) are proven methods of education that provide high-quality education to marginalized students, helping them overcome personal, social, and economic barriers. Educators must adapt to changes in the educational system, particularly in instructional methods and communication strategies, to ensure high-quality education during the pandemic. Principal governing bodies' prescribed guidelines will serve as an educational intervention to ensure the long-term viability of instructional practices and knowledge

acquisition within the educational framework.

According to Tria (2020), mandatory physical distance and face masks are necessary in both public and private schools to prevent the spread of the pandemic. Governments worldwide have implemented regulations to enforce these measures, aiming to reduce infection rates and disrupt the transmission chain. Students, faculty, and non-teaching staff must adhere to these guidelines, as well as hygienic practices and preventive measures.

Educational institutions face challenges such as a decrease in student-teacher ratio, which can lead to insufficient classroom space, inadequate infrastructure, a shortage of qualified educators, and a lack of learning resources. However, public health remains a significant concern, and it is recommended that all educational institutions formulate and implement measures and rules related to physical distancing protocols and face mask use. This will help to mitigate the spread of communicable diseases and ensure a safer learning environment.

**Table 5. The assessment on the level of preparedness of a State University in the gradual reopening of face-to-face classes in terms of: Minimum Public Health Standard (n= 317)**

| Indicators | X | VI | SD | V |
|---|---|---|---|---|
| 1. The State University shall conduct regular cleaning and disinfection of classrooms and conform to the guidelines of the DOH, as provided in detail in DOH AO No. 2020-0157 | 3.38 | Highly Prepared | 0.63 | 0.39 |
| 2. The health and well-being of students and teaching and non-teaching personnel shall be protected. Measures for this include proper respiratory etiquette and hand hygiene and providing general welfare services. | 3.33 | Highly Prepared | 0.64 | 0.41 |
| 3. Appropriate case detection, contact tracing, quarantine, and isolation measures shall be in place before reopening the State University.<br>Contingency plans and coordination with its LGU for alignment of surveillance and referral protocols | 3.26 | Highly Prepared | 0.66 | 0.44 |
| 4. Reduce transmission reduction controls shall be developed towards ensuring personal and environmental hygiene. | 3.25 | Prepared | 0.65 | 0.43 |
| 5. Physical distancing shall be enforced through administrative and engineering controls that guide students, teaching and non-teaching personnel, and visitors to prevent overcrowding. | 3.25 | Prepared | 0.67 | 0.46 |
| **Average** | **3.29** | **Highly Prepared** | **0.65** | **0.43** |

The State University's preparedness for the gradual reopening of face-to-face classes is assessed in terms of minimum public health standards. The overall mean is 3.29, indicating high preparedness. The university is well-prepared in terms of regular cleaning and disinfection of classrooms, respiratory etiquette enforcement, case detection, contact tracing, quarantine, isolation measures, and physical distancing. The minimum health standards can be easily achieved due to existing measures taken before statutory regulations were created. Disinfection of classrooms and congregation areas, temperature checks

in gates, ingress and egress, case detection measures, contact tracing, quarantine or isolation, and some classrooms being converted to isolation areas. Physical distancing is enforced by reducing classroom capacity and placing foot travel guides in all buildings and pathways.

The State University (SUC) has been evaluated for its compliance with guidelines from the Department of Health (DOH) as per DOH AO No. 2020-0157. The respondents rated the SUC highly prepared, with a mean of 3.38, indicating effective enforcement of these guidelines. However, the lowest mean of 3.25, indicating a lack of preparedness, indicated a need for reduced transmission reduction controls to ensure personal and environmental hygiene. The SUC has implemented guidelines for limited face-to-face classes for all Higher Education Institution programs under the alert levels system for COVID-19 response under Joint Memorandum Circular number 004 series of 2021. Only some respondents agreed with the statement, but the data does not hinder the SUC from reopening face-to-face classes.

The company has implemented several measures to ensure safety in the workplace. These include alternative work arrangements, limiting face-to-face interaction, limiting physical presence in meetings, maintaining proper physical distancing, designing workspaces for unidirectional movement, limiting elevator usage in enclosed spaces, encouraging the use of stairs, promoting an online client system, and ensuring roving officers ensure physical distancing and adherence to minimum health protocols. These measures aim to minimize the number of participants and duration of meetings, maintain proper physical distancing, and promote a safe work environment.

The study of Buhat (2021) emphasizes the importance of adhering to minimum public health standards, such as wearing masks, practicing regular handwashing, and maintaining physical separation, to prevent infections. Failure to comply could lead to higher instances. Adherence to these standards has reduced infection risk per contact by 13-27% among individuals. The less severe outbreak in the country can be attributed to strict intervention implementation and high community adherence to these standards.

Marchall's 2020 study highlights the challenges faced by US school districts in reopening schools amid the COVID-19 pandemic. Policymakers must decide whether to maintain school operations, potentially exacerbating virus transmission, or implement closures. The closure of educational institutions can lead to increased child maltreatment, food insecurity, and mental health risks. These issues are particularly pronounced for impoverished children, particularly those with disabilities who lack access to resources. The resumption of in-person education may increase viral transmission, but preliminary findings suggest a lower prevalence among younger children, with most infected children experiencing minor symptoms. The pandemic has also intensified the challenges faced by students with disabilities in adapting to remote education.

Ondrasek et al. (2021) studied California districts' strategies to prevent the spread of the COVID-19 pandemic during school reopening. They included vaccination campaigns, facemask usage, improved ventilation systems, symptom screening protocols, physical distance, and support for students' well-being. The Los Angeles Unified School District mandates face masks for all students, faculty, and staff indoors and outdoors. Long Beach, Cajon Valley, and Yuba City also enforce masks. Chula Vista Elementary School District allows students to remove masks when outdoors or eating food. Parents are advised on selecting appropriate facial coverings and educators promote handwashing and hygiene practices. The district has adjusted cleaning and disinfection methods based on state recommendations and empirical evidence.

**Table 6. The assessment on the level of preparedness of a State University in the gradual reopening of face-to-face classes in terms of: Retrofitting (n= 317)**

| Indicator | X | VI | SD | V |
|---|---|---|---|---|
| 1. In Classroom/Laboratories, the committee shall maximize and improve natural ventilation in all rooms and common areas, and consider upgrading ventilation systems in line with the guidelines of the DOLE DO No. 224, series of 2021. | 3.26 | Highly Prepared | 0.70 | 0.49 |
| 2. In Eating/Dining Area/ Communal areas, the students are highly encouraged to eat at their assigned seats inside their respective classrooms. However, State University may also set up a dining area. This extra precautionary measure may be taken because fac | 3.17 | Prepared | 0.75 | 0.57 |
| 3. In Library, a physical distance of at least 1.5 m shall strictly be observed inside the library. | 3.26 | Highly Prepared | 0.68 | 0.46 |
| 4. Entry/ Exit, State University shall have designated exit gates or points. Students and teaching and non-teaching personnel can only pass through this gate to leave the campus. | 3.33 | Highly Prepared | 0.65 | 0.43 |
| 5. Foot Traffic/Stairways/Corridors, the students, teachers, and non-teaching personnel are highly encourage to follow social distancing policies several workplaces are adopting, including one-way traffic in corridors. | 3.28 | Highly Prepared | 0.68 | 0.47 |
| **Average** | **3.26** | **Highly Prepared** | **0.69** | **0.48** |

State University (SUC) has been highly prepared for retrofitting, with designated exit gates and 1.5 meters social distancing signages for students and teaching personnel. This compliance with JMC 004-2021 ensures the SUC meets the minimum requirement for reopening face-to-face classes. However, the indicator "Eating/Dining Area/Communal areas, students are highly encouraged to eat at their assigned seats inside their respective classrooms" has the lowest weighted mean of 3.17, indicating a high level of preparedness. The verbal description of "prepared" is considerably high, indicating that the SUC is highly prepared for retrofitting and should be allowed to conduct reopening of face-to-face classes. Overall, the SUC's retrofitting efforts demonstrate its readiness for reopening face-to-face classes.

According to Ancheta and Ancheta (2020) suggest that during the pandemic, schools should follow the guidelines set by the Department of Health (DOH) to prevent virus transmission. This includes implementing adequate ventilation systems, providing sanitation facilities, and promoting proper hygiene practices. Cabual and Cabual (2022) emphasize the importance of prioritizing the safety and well-being of students, teaching and non-teaching professionals, and administrators. Measures such as maintaining physical distance, wearing masks, and using face shields can help achieve this. Classrooms should be modified to accommodate only 50% of students in face-to-face courses, including laboratory activities.

The study Gorman et al. (2021) suggest that the Centers for Disease Control and Prevention (CDC) recommends classroom arrangement, including maintaining a six-foot distance between desks, unidirectional desk orientation, and seating students on the same side of tables. They also suggest establishing a minimum handwashing station or using hand sanitizer with 60% alcohol in areas where soap and water are unavailable. Communal items should be restricted and marked X's on tables to ensure a minimum distance of six feet. Floor and door markings should facilitate social distancing along pedestrian paths, and windows should be considered to enhance air circulation. The criteria for classroom arrangement vary among states, with some states recommending facing desks in the same direction while ensuring sufficient separation. Barriers or partitions are also recommended in situations where it is not feasible to maintain a minimum distance of six feet.

However, Romero et al. (2020) argue that university managers must establish guidelines for interior areas within academic classroom buildings as they anticipate the reintegration of students into physical campuses. They suggest incorporating social distancing norms into building design, particularly corridors, as there is a lack of scientific knowledge regarding optimal foot traffic scenarios within buildings. Large-scale merchants have adopted one-way foot traffic within aisles, based on speculative reasoning rather than empirical investigation. When formulating procedures for managing pedestrian flow within buildings, mathematical research should be considered.

**Table 7. The assessment on the level of preparedness of a State University in the gradual reopening of face-to-face classes in terms of: Student‘s Readiness**

| INDICATORS | X | VI | SD | V |
|---|---|---|---|---|
| 1. Educate oneself and well informed about the influence of Covid-19 virus. | 3.55 | Highly Prepared | 0.61 | 0.37 |
| 2. Students have their facemask on and disinfectant/alcohol always ready. | 3.54 | Highly Prepared | 0.62 | 0.38 |
| 3. Students are fully vaccinated and insured. | 3.52 | Highly Prepared | 0.68 | 0.47 |
| 4. Assess oneself before going to school. It includes; awareness on social distancing, self-discipline on wearing facemask all the time, and refrain from touching the face, eyes, nose and mouth. | 3.43 | Highly Prepared | 0.71 | 0.51 |
| 5. Wash hands frequently, always with soap and water for at least 20 seconds. | 3.37 | Highly Prepared | 0.7 | 0.49 |
| 6. Share of cups, eating utensils, food or drinks with others is highly prohibited. | 3.32 | Highly Prepared | 0.73 | 0.54 |
| **Average** | **3.45** | **Highly Prepared** | **0.68** | **0.46** |

Table 7 assesses a State University's preparedness for the gradual reopening of face-to-face classes. The data shows a weighted mean of 3.45, indicating high preparedness, with a standard deviation of 0.68 and a variance of 0.46. This indicates students are well-informed about COVID-19 prevention and contracting methods.

The respondents evaluated the SUC's students as highly prepared for the return of in-person classes due to their awareness and awareness of the Covid-19 virus. They were given updates in their learning management system on health concerns and were highly prepared to observe minimum health protocols such as hand washing, social distancing, wearing facemasks, and non-sharing of personal utensils. The lowest weighted mean was 3.32, indicating that students were highly prepared. The information dissemination through online platforms and social media has helped students become more aware of COVID-19 prevention and control, indicating that they are ready to attend classes in person and follow health protocols and regulations imposed by the State University. Overall, the students are fully prepared for the return of in-person classes and are well-prepared for the pandemic.

The study of Vincent (2020) argues that school facilities are designed to foster a nurturing environment for children's education and growth within tightly-knit communities, overseen by adults. These facilities encourage learning through close relationships, idea exchange, and effective communication. Public school facilities typically accommodate large numbers of students, offering ample space for classrooms, dining areas, outdoor activities, and assembly gatherings. They also promote cost-saving measures by sharing resources like laboratories, art studios, music rooms, computer facilities, and physical education spaces.

The Centers for Disease Control and Prevention (CDC) and state and local health authorities recommend school districts to implement mitigation strategies to combat COVID-19. These include increasing handwashing frequency, conducting daily checks for symptoms, using masks, ensuring physical distancing, and ensuring optimal indoor air ventilation and filtration. However, local school district administrators face operational challenges associated with these measures. To ensure safe reopening while maintaining meaningful learning opportunities, strategies must be employed. The physical conditions and quality of school buildings are crucial in determining the effectiveness of COVID-19 mitigation efforts. However, the importance of maintaining school infrastructure is often overlooked in national discussions about school reopening. Inadequately maintained school infrastructure hinders the implementation of effective policies to reduce the spread of SARS-CoV-2, increasing the likelihood of students and staff members acquiring the virus.

Additionally, Vincent (2020) emphasizes the importance of implementing mitigation measures to reduce virus transmission while not completely eliminating it. The Centers for Disease Control and Prevention (CDC) recommends "collective practice of preventive behaviors" for a safe reopening of schools. This includes social and physical distancing protocols, strict hand hygiene, face coverings, student cohorting strategies, maintaining a hygienic environment, regular cleaning and disinfection of surfaces, and sufficient indoor ventilation. Each state has released guidelines for school reopening, incorporating the CDC's advice, with a significant portion focusing on strategies to mitigate risk and curb virus transmission. These guidelines are essential for ensuring a safe reopening of schools.

Ondrasek et al.'s study highlights California districts' strategies for reopening schools during the pandemic. These include vaccination efforts, facemask enforcement, ventilation systems, symptom screening protocols, physical distancing guidelines, and support for students' well-being. Districts are also disseminating information about vaccines and procedures, as vaccines are crucial for safeguarding children, staff, and families. Educational districts may play a significant role in addressing vaccine hesitancy and promoting higher rates of immunization.

**Significant Differences on the rank orders in the Level of Preparedness in the Gradual Reopening of Classes of the three groups of respondents**

**Table 8. Significant agreement on the rank orders of the three groups of the respondents on the level of preparedness in the gradual reopening of face-to- face classes. (n= 317)**

| Ranks | | | |
|---|---|---|---|
| | **Category of respondents** | **N** | **Mean Rank** |
| 1. Crisis Management | Students | 235 | 143.89 |
| | Educators | 22 | 210.50 |
| | Community members | 60 | 199.28 |
| | Total | 317 | |
| 2. Cyclical student shifting model | Students | 235 | 153.09 |
| | Educators | 22 | 187.93 |
| | Community members | 60 | 171.56 |
| | Total | 317 | |
| 3. Occupancy capacity | Students | 235 | 156.93 |
| | Educators | 22 | 169.59 |
| | Community members | 60 | 163.21 |
| | Total | 317 | |
| 4. Additional health and safety measures | Students | 235 | 155.89 |
| | Educators | 22 | 182.77 |
| | Community members | 60 | 162.45 |
| | Total | 317 | |
| 5. Minimum public health standard | Students | 235 | 145.3 |
| | Educators | 22 | 158.619 |
| | Community members | 60 | 165.51 |
| | Total | 317 | |
| 6. Retrofitting | Students | 235 | 157.50 |
| | Educators | 22 | 172.57 |
| | Community members | 60 | 159.91 |
| | Total | 317 | |
| 7. Student readiness | Students | 235 | 157.43 |
| | Educators | 22 | 156.48 |
| | Community members | 60 | 166.09 |
| | Total | 317 | |

Table 9 specifically shows certain indicators where there are some significant differences in the on the rank orders of the three groups of the respondents on the level of preparedness in the gradual reopening of face-to- face classes. The statement: There is a Crisis Management Committee or equivalent to oversee the implementation of and monitoring and evaluation of compliance with the CHED-DOH Joint Memorandum Circular on the conduct of gradual reopening of face-to-face classes received a p- value of 0.00 which is interpreted as significantly different among the three groups of respondents.

**Table 9. Kruskall Wallis H test shows significant agreement on the rank orders of the three groups of respondents on the level of preparedness in the gradual reopening of face-to-face classes.**

| Indicators | Chi-Square | df | Asymp. Sig. | Verbal Interpretation |
|---|---|---|---|---|
| There is a Crisis Management Committee or equivalent to oversee the implementation of and monitoring and evaluation of compliance with the CHED- DOH Joint Memorandum Circular on the conduct of gradual reopening of face-to-face classes. | 27.950 | 2 | .000 | Significant |
| State University shall maximize and improve natural ventilation in all rooms and common areas, and consider upgrading ventilation systems in line with the guidelines of the DOLE DO No. 224, series of 2021. | 7.597 | 2 | .022 | Significant |

The statement discusses the establishment of a Crisis Management Committee to oversee the implementation and monitoring of compliance with the CHED-DOH Joint Memorandum Circular on the gradual reopening of face-to-face classes. Students and community members have the lowest mean rating, while educators give a high evaluation of the committee's creation and implementation. The responses indicate that educators are well-informed about CHED policies, while students and community members are less aware. This is due to the fact that most State University plans and activities are discussed first among academic staff and then with students. Students and community members are less invested in CHED policies, as they are passive recipients. Educators are responsible for monitoring CHED policies, as it is their function as academic staff to make correct decisions and adjust their activities according to CHED rules.

Additionally, the statement: State University shall maximize and improve natural ventilation in all rooms and common areas, and consider upgrading ventilation systems in line with the guidelines of the DOLE DO No. 224, series of 2021 received a p- value of 0.22 which is shows significant differences in the response of the three groups of respondents. This area falls under the area Minimum public health standard, which requires all HEIs to ensure that proper and natural ventilation is made available in rooms, common areas, and other areas where students congregate. The students gave the lowest rating, while the community members and educators gave high evaluations on the ventilation of classrooms and common areas. The differences in the response are reasonable since the students are the users of the identified areas; the students are concerned with the fact that there are some rooms that may have adequate ventilation but may not allow the use of an air-conditioning systems since only electric blowers are allowed to ensure that air is not recycled in rooms. The students are also concerned that there are some rooms that may not be properly ventilated, such as the audio-visual room, viewing room, library, and some other common areas. The American Academy of Pediatrics (2022) has found that ventilation systems can effectively reduce the risk of exposure to SARS-CoV-2 and other respiratory diseases by diluting the concentration of viral particles in the air. The US Department of Education has allocated funds to improve ventilation resources in schools to mitigate COVID-19 transmission and improve indoor air quality. Other strategies to enhance ventilation include positioning fans, using portable HEPA units, and establishing directional airflow.

The current pandemic has altered the situation, prompting school districts to adopt mitigation strategies that pose challenges in implementation. These include increasing surface cleaning frequency, enforcing hand hygiene, implementing daily symptom screening, mandating mask use, optimizing physical space utilization, and ensuring optimal indoor air quality through enhanced ventilation and filtration systems. Local school district leaders are already facing operational issues associated with these strategies.

**Respondent's Perception of the Impact of the Gradual Reopening of Classes**

**Table 10. The assessment on how the respondents perceived the impact of the gradual reopening of classes in terms of: Health (n= 317)**

| Indicator | X | VI | SD | V |
|---|---|---|---|---|
| School‘s response to covid-19 should be sufficient to reopen schools amidst pandemic. | 3.41 | Strongly Agree | 01 | 0.37 |
| School‘s health protocols against the covid-19 are essential for the reopening of classes. | 3.46 | Strongly Agree | 0.61 | 0.38 |
| Face-to-face classes is more beneficial other than the online classes in consideration of physical and mental health of students and faculty. | 3.47 | Strongly Agree | 0.60 | 0.36 |
| The government should consider reopening of classes despite of health threat of covid-19. | 3.34 | Strongly Agree | 0.65 | 0.42 |
| The opinion of the local government should be considered before reopening of classes. | 3.37 | Strongly Agree | 0.64 | 0.40 |
| The health of the people is the supreme law. | 3.45 | Strongly Agree | 0.62 | 0.38 |
| **Average** | **3.42** | **Strongly Agree** | **0.62** | **0.38** |

The study found that face-to-face classes are more beneficial than online classes in terms of physical and mental health for students and faculty, with a mean of 3.47 and a standard deviation of 0.60 and a variance of 0.36. The respondents strongly agreed that in-person classes are more effective in addressing the well-being of both students and teachers.

According to a report by UNICEF and UNESCO in 2020, global data shows that schools do not significantly contribute to the spread of COVID-19, with children showing less severe symptoms compared to adults. Children in elementary school and below are less susceptible to contracting the virus. In the Philippines, the prevalence of reported cases among children and adolescents is low, accounting for only 9% of the total population. The absence of face-to-face interaction with peers negatively impacts children's emotional and cognitive development, leading to a decline in literacy, numeracy, and cognitive capacities. This results in a lower aptitude for acquiring necessary competencies for the 21st-century economy. Children without formal education are at a higher risk of early marriage, adolescent pregnancy, and child labor. Increased screen time and online engagement also increase susceptibility to online violence and abuse. In the absence of protective measures offered by educational institutions, children are more susceptible to maltreatment, including abuse, gender-based violence, sexual exploitation, child marriage, and labor activities. These risks are particularly heightened within households due to the

ongoing epidemic. Children are deprived of mental health, emotional support, and health and nutrition services provided by educational institutions.

The study of Borja's (2022) findings suggest that more educational institutions are preparing to resume in-person instruction. To ensure approval for this, the Department of Education, Department of Health, and local governing bodies must adhere to strict guidelines. One requirement is that the school's barangay has not reported any new Covid-19 cases within two months of submitting the clearance application. As students return after a two-year hiatus, it is crucial for educational institutions to ensure safety and well-being by implementing appropriate measures for in-person classroom instruction. It is recommended that both teaching and non-teaching staff involved in in-person classes receive their Covid-19 vaccinations. Individuals who have not received vaccinations and are required to attend educational institutions must undergo testing for the virus.

Additionally, Sarmiento et al. (2021) emphasize the need for a meticulous strategy for reopening schools for in-person instruction, prioritizing the well-being of students, instructors, and staff, and ensuring appropriate physical distancing measures. They emphasize the importance of accurate data from various entities for effectively implementing school health policies during the ongoing epidemic.

**Table 11. The assessment on how the respondents perceived the impact of the gradual reopening of classes in terms of: Safety and Security (n= 317)**

| Indicator | X | VI | SD | V |
|---|---|---|---|---|
| By following safety protocols can mitigate the spread of covid-19 inside the school premises. | 3.49 | Highly Agree | 0.55 | 0.31 |
| School‘s safety protocols against the covid-19 are essential for the reopening of classes. | 3.48 | Highly Agree | 0.58 | 0.33 |
| The safety of the students and faculty should not be put at risk in the reopening of face-to-face classes. | 3.42 | Highly Agree | 0.60 | 0.36 |
| Compliance in safety protocols should be the primary duty of a teacher/faculty inside the classroom. | 3.43 | Highly Agree | 0.60 | 0.36 |
| The school crisis management committee has a greater role in the implementation of safety protocols inside school premises. | 3.44 | Highly Agree | 0.56 | 0.32 |
| Considering the strict compliance of safety protocols before opening of classes is the primary goal to attain of the local government unit. | 3.46 | Highly Agree | 0.56 | 0.32 |
| **Average** | **3.45** | **Highly Agree** | **0.58** | **0.33** |

The survey results show that adhering to safety protocols and self-discipline can help mitigate the spread of COVID-19 inside school premises. The highest weighted mean of 3.49 indicates high agreement, with a standard deviation of 0.55 and a variance of 0.31. The lowest mean of 3.43 indicates high agreement, with a standard deviation of 0.60 and a variance of 0.36. Respondents, particularly parents of students,

believe that it is the primary duty of teachers and instructors to guide and lead students in maintaining safety and security in the classroom to prevent the spread of the virus.

This implies that students, parents and stakeholders in the community feel safe returning to school after two years of online or home-based learning. The feeling of safety can be attributed to the successful vaccine roll out of the government and the decline of cases around the country.

The Department of Education conducted a pilot deployment of restricted in-person learning from November to December 2021, involving 15,000 students from 287 schools in minimal-risk zones. The process was challenging, but collaborative efforts among school personnel, community, and local governments prioritized student safety. Educational institutions that resumed operations have successfully undergone a School Safety Assessment, received approval from their local government units, and obtained consent from parents or guardians.

A study by Nolasco (2022) found that 52% of parents, instructors, and students lack confidence in schools' preparedness for the upcoming academic year. The study also revealed significant obstacles in implementing social distancing measures, rigorous sanitation protocols, and coordinating activities. Obispo (2023) found that 84.3% of students have received complete vaccinations, with 9.4% having achieved full vaccination status. 50% of students are willing to resume face-to-face classes, while 7.7% are willing to reschedule classes contingent on vaccination. Parents and guardians endorsed the resumption of in-person classes, with 64.4% of parents and guardians expressing their endorsement.

**The Challenges Encountered by the Respondents in the Gradual Reopening of Classes in a State University.**

**Table 12. Assessment of Challenges encountered by the Respondents in the Gradual Reopening of Classes in a State University.**

| Indicators | X | VI | SD | V |
|---|---|---|---|---|
| Markings on the floors indicate the directions and proper distancing to follow from the entrance. The gate to the room and within the room has not properly complied. | 3.07 | Serious | 0.83 | 0.69 |
| Students and teaching and non-teaching personnel didn`t leave the campus immediately after their classes or work. | 3.02 | Serious | 0.79 | 0.63 |
| Dishonesty of students, teachers, and non-teaching personnel to their health declaration form upon entering the university entrance/gate. | 3.11 | Serious | 0.86 | 0.74 |
| Surveillance and referral protocols relied on digital tools to monitor the spread of disease. | 3.15 | Serious | 0.71 | 0.50 |
| Non-compliance of personal hygiene kits of students, teachers, and non-teaching personnel inside university premises. | 3.13 | Serious | 0.74 | 0.54 |

| | | | | |
|---|---|---|---|---|
| Ignorance of health, safety, and security protocols in times of emergency of students, teachers, and non-teaching personnel. | 3.15 | Serious | 0.80 | 0.64 |
| Having difficulties from old to new normal transition due to its social and emotional adjustments. | 3.16 | Serious | 0.76 | 0.57 |
| Human traffic congestion in triage area is not properly managed. | 3.10 | Serious | 0.78 | 0.61 |
| Personal beliefs as hindrance and worries to join face-to-face classes with regards to vaccination. | 3.15 | Serious | 0.74 | 0.54 |
| Lack of implementation in terms of health, safety, and security protocols inside university premises. | 3.12 | Serious | 0.82 | 0.67 |
| **Average** | **3.12** | **Serious** | **0.78** | **0.61** |

Horváth et al. (2022) highlight the effectiveness of online learning platforms for students, but some students chose to discontinue them during the pandemic due to lack of technical support, unclear policies, inability of teachers, connectivity issues, unsuitability of home-learning environments, laboratory restrictions, and eyesight problems. Concerns about students' mental health have also arisen due to stay-at-home orders and virus commotion. To rebuild social skills, students can return to traditional classroom settings, as it can help them rebuild their social skills and cope with the challenges of online education.

The least of concern among the challenges encountered in the gradual reopening of face-to-face classes is the statement: “students and teaching and non-teaching personnel didn`t leave the campus immediately after their classes or work” which received a mean score of 3.02 interpreted as serious. Some teachers and students stay in the campus to perform academic related activities. Teachers may stay more than required to prepare lessons, check papers, and consult students and grade students. Students may also stay longer to do academic requirements or practice for extra- curricular or club activities. The lengthy stay of teachers and students in the campus is expected; while it may not be ideal in a pandemic environment it becomes necessary due to the nature of academic work. This is a least concern so long as both the student and faculty who stay in the campus observe the minimum health protocols. This implies further that the normal conditions or state events before are quickly returning and schools must be prepared for this and other eventualities.

**The Rank Orders on the Perception the Impact of the Gradual Reopening of Classes and the Challenges Encountered.**

**Table 13. Significant difference in the assessment of three (3) groups of respondents as to the challenges encountered in the gradual reopening of face- to-face classes**

| Ranks | | | |
|---|---|---|---|
| Category of respondents | | N | Mean Rank |
| Health | Students | 235 | 164.03 |
| | Educators | 22 | 131.64 |

| | | | |
|---|---|---|---|
| | Community members | 60 | 149.33 |
| | Total | 317 | |
| Safety and Security | Students | 235 | 157.46 |
| | Educators | 22 | 133.07 |
| | Community members | 60 | 174.56 |
| | Total | 317 | |

Table 13 shows the significant difference in the assessment of three (3) groups of respondents as to the challenges encountered in the gradual reopening of face-to-face classes on the aspect of health and safety and security. The table shows differences in the mean ranking of the three groups of respondents. They have slightly different views but the mean scores are far from each other. In so far as the two areas are concerned, they agree on most of the statements or indicators, table 15 would show the specific areas where the three groups of respondents had varying responses.

**Table 14. Kruskall Wallis H- test showing the significant difference in the assessment of three (3) groups of respondents as to the challenges encountered in the gradual reopening of face-to-face classes**

| Indicators | Chi-Square | df | Asymp. Sig. | Verbal Interpretation |
|---|---|---|---|---|
| 1. Markings on the floors indicate the directions and proper distancing to follow from the entrance. The gate to the room and within the room has not properly complied. | 10.070 | 2 | .007 | Significant |
| 2. Dishonesty of students, teachers, and non-teaching personnel to their health declaration form upon entering the university entrance/gate. | 7.091 | 2 | .029 | Significant |
| 3. Personal beliefs as hindrance and worries to join face-to-face classes with regards to vaccination. | 6.299 | 2 | .043 | Significant |

Table 14 shows the result of the Kruskall Wallis H- test showing the significant difference in the assessment of three (3) groups of respondents as to the challenges encountered in the gradual reopening of face-to-face classes. There are three indicators or statements which shows significant differences such as “markings on the floors indicate the directions and proper distancing to follow from the entrance. The gate to the room and within the room has not properly complied” with a p- value of .007 with a verbal interpretation of significant.

The study reveals significant differences among the three groups regarding the importance of directional signage in complying with CHED mandates for re-opening classes. Educators and community members believe that signage is often ignored and cannot be properly implemented, while students and teachers argue that not all visitors, teachers, and parents disclose their health conditions when visiting the school. Community members and educators believe that only a few individuals are dishonest in health declarations, and most people are honest in declaring their health conditions.

The statement "personal beliefs as hindrance and worries to join face-to-face classes regarding vaccination" has a significant p-value of.043, with students and educators having little to no apprehension about vaccination and its benefits. However, community members argue that vaccinations may not be effective or have serious adverse effects on their physical health, suggesting that many community members are still apprehensive with the use of vaccines and are not aware of the necessity for vaccination as a protection against COVID-19.

In conclusion, the study highlights the importance of directional signage in complying with CHED mandates and addressing personal beliefs and concerns about vaccination.

**The Innovative Health, Safety and Security Measures for a More Effective and Efficient Reopening of Classes in a State University**

Buenviaje et al. (2020) emphasize the importance of maintaining educational activities amidst the challenges of the COVID-19 pandemic. The Philippine Society for Microbiology and Infectious Diseases (2023) highlights the need for implementing clerical practice guidelines to optimize healthcare and control the spread of the disease. These guidelines can serve as valuable resources for policymakers and program managers, providing timely direction on prioritizing and implementing successful treatments.

The study's proposed innovative health, safety and security measures was developed from the findings and existing government regulations. The State University established a crisis management committee to determine its readiness for face-to-face or in-person classes. The university used a cyclical system to maintain physical separation, met occupancy capacity criteria, and was prepared for extra health and safety services. The university was highly prepared in terms of compliance with minimum health standards and retrofitting.

The health, safety, and security measures policies aim to serve as guidelines for policy makers, public health officials, university administrators, and stakeholders for an effective and efficient reopening of classes. The goals include increasing physical and mental resilience and decreasing infection transmission, contact, and duration. Innovative health, safety, and security measures were mandated in CHED-DOH Joint Memorandum Circular No. 2021 – 004, CHED-DOH Joint Memorandum Circular No. 09 series of 2022, and Inter-Agency Task Force National Action Plan COVID-19.

**Routine healthy hygiene practices are a foundational measure to protect against COVID-19 and other illnesses.**

- Hand washing guidelines indicate that students should wash hands for at least 20 seconds after blowing their nose, coughing, or sneezing before eating, and other times.
- Breaks will be provided for hand washing, as needed. If soap and water are not readily available, sanitizer that contains at least 60 percent alcohol will be provided.
- PSU will supply hand sanitizer and disinfectant for use by students and staff.

**Mask Policy**

- All students will be required to wear a face mask during the entire school day unless eating and/or drinking, including to and from school for students who take transportation.
- Parents are encouraged to send students with several masks to change throughout the day.
- Students without a mask will be refused entry to campus.
- All students will receive training on how to properly wear a mask.
- All staff is required to wear at least a face mask throughout the work day, including to and from school for staff who take school transportation.

- All visitors are required to wear a face mask while visiting the campus.

**Dismissal**

- Students will be released on a staggered schedule.
- Students are not to linger on campus-pick up from families must be prompt.

**Social Distancing**

- Signs will remind students to stand 2 meters apart throughout the campus.
- Classrooms will be reconfigured to maximize social distancing.
- Students will be placed in groups that do not mix with other groups throughout the day.

**Shared Spaces**

- Physical distancing guidelines and mandatory use of face coverings will be enforced for all individuals while in the building.
- Appropriate signage (e.g., space markings and directional signs) will be used outdoors as needed, and will be visible upon entry and throughout school buildings, including entrances, exits, classrooms, offices, public assembly spaces and corridors.
- Signage, face coverings, and other forms of personal protective equipment such a hand sanitizer, etc., will be posted throughout the campus.
- Hand sanitizing dispensers will be installed throughout high traffic areas.
- Wellness barriers will be placed in the school.
- Cleaning staff will sanitize school buildings throughout the day and on a nightly basis. Cleaning and disinfection will include all high touch surfaces: classrooms, desks & chairs, conference tables, door handles and other areas.

**Student Circulation**

- Elevator use will be strictly limited to individuals with special needs.
- Face coverings must be worn at all times except while eating or drinking.
- Appropriate signage, e.g., directional markers and physical distancing guidelines, will be displayed on walls and floors throughout all travel routes.
- Travel areas will be monitored to support students with physical distancing guidelines.
- Teachers should travel from class to class, with students remaining in the same room throughout the
- day to the extent possible. If students have to travel, proper social distancing protocols will be
- followed.
- Where possible, students should remain with the same group of students, in a cohort, throughout the day.
- Each classroom will have a seating chart as students will need to sit at the same desk throughout the day.

**School Supplies and Communal Classroom Items**

- Sharing of items that are difficult to clean or disinfect is to be discouraged. Students will be required to label and maintain their own personal set of required classroom supplies.
- Electronic devices, toys, books, games or learning aids are not to be shared unless they can be cleaned or disinfected.
- Students should bring their own water bottle for use during the day.
- Whenever possible, and when developmentally appropriate, supplies/school materials should be placed directly into backpacks by students.

**Nurse visits**

- Teachers will limit well-child visits with minor problems (ex. Keep Band-aids on hand for minor cuts and abrasions and clothing for student bathroom accidents).
- Teachers/Staff will call a school nurse before sending a student to them to limit the number of students in the health room and limit exposure.
- The School Nurse will work closely with administrators in developing a plan to isolate sick children until a parent comes and gets them.
- The School Nurse will assess the student and take appropriate actions.
- The School Nurse will sanitize and disinfect as needed.

**Bathroom Usage**

- Bathroom use will be limited throughout the day to support social distancing guidelines.
- Appropriate signage regarding hand washing and physical distancing will be displayed.

**Cafeteria**

- Physical distancing is practiced between and within cohorts and students are supervised.
- Ground markings may be used to encourage physical distancing.
- Maximize the use of outdoor space for multiple uses, including instruction where feasible and appropriate.
- Students will eat in their classroom then go outside on a rotating basis.
- The school will not offer hot lunch. Students are encouraged to bring a healthy lunch from home. A pack lunch will be available to purchase on a weekly basis.

**Exterior Spaces**

- Physical distancing is practiced between and within cohorts and students are supervised.
- Ground markings may be used to encourage physical distancing.
- Maximize the use of outdoor space for multiple uses, including instruction where feasible and appropriate.

**Face Coverings**

- The mandatory use of face coverings while on campus must be enforced for all individuals, including staff, students, and essential visitors.
- Students who do not follow the mask expectation will be shifted to online learning.

**Hygiene, Cleaning, and Disinfection**

- Routine cleaning is an important part of standard infection control practices. The school will now perform enhanced cleaning procedures every day.
- Students will be expected to clean their hands repeatedly throughout the day, including but not limited to, between classes, before and after physical education, and before and after meals/snacks.

**Visitors**

- Minimizing opportunities for spread is a necessary component for maintaining health and safety. In an effort to limit the number of visitors at school at any given time SUC will address visitor and parent concerns by phone or virtually, when possible. When it is essential to hold an in-person meeting, all visitors are required to follow the visitor control protocols, including undergoing a temperature check and completing a health screening.

**After school Programs**

- Extracurricular activities and before or after school programs serve as a critical means to cultivate student voice, empower youth, and provide
- access to experiential opportunities and skill development to children who would not otherwise be afforded such opportunities.
- All extracurricular and after school activities will adhere to the guidelines and recommendations set for school opening, including all health and safety guidelines.

**Screening**

- Daily health screenings for students and school-based staff, including temperature checks, must be completed at home by families and by school-based staff.
- School-based staff and students cannot report to school if they have:
  - Experienced any symptoms of COVID-19 (chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea), including a temperature of greater than 37.8°C, in the previous 7 days
  - Been knowingly in close or proximate contact in the past 7 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion of runny nose, nausea or vomiting, or diarrhea);
  - Tested positive through a diagnostic test for COVID-19 in the past 10 days.

**Testing**

- Face coverings and gloves will be worn continually by the designated staff taking temperatures.
- Any student with a temperature of more than 37.8°C from a temperature check cannot enter the
- campus; however, there may be circumstances where the student, for safety purposes (e.g. the student
- arrived on a school bus and is of a young age), should enter the building.
- The student with an elevated temperature must be escorted to the Isolation Room to be evaluated by the nurse or health professional.

**Containment**

- Symptomatic Student at School
  - The predetermined isolation room is a designated location that is separate from the health room.
- Symptomatic Staff Member at School
  - Should a staff member present with symptoms of COVID-19, the staff member will be directed to leave the building, seek immediate medical attention, and get tested for COVID-19. In either case, the area where the individual was showing symptoms must be cleaned and disinfected.
- Returning to School After Showing Symptoms
  - Any individual showing signs of COVID-19 can only return to school when all the following conditions are met:
  - Received a positive COVID-19 test and isolated for 14 days
  - Presents clearance from a healthcare provider
  - The individual has been symptom free for 24 hours without the use of medication OR received a negative COVID-19 test
  - Presents clearance from a healthcare provider AND the individual has been symptom-free for 24 hours without the use of medication.

- At least 10 days since symptoms started AND presents clearance from a healthcare provider AND the individual has been symptom- free for 24 hours without the use of medication.

**Positive COVID-19 Case**

- All students in class(es) with a confirmed case are assumed to be close contacts and are instructed to quarantine for 7 days since their last exposure to that case.
- Those students will transfer to online learning during the quarantine.
- Teachers and staff who have been in close contact with the students will be monitored for COVID symptoms. Any staff member who has concerns may arrange for a test.

**Returning to School After COVID-19 Exposure**

- Learning continues remotely for students who are in quarantine.
- The school will communicate to all families and students in the class when a case is confirmed.

**Cleaning and Disinfecting Procedures**

- Measures will be implemented to ensure that common areas and equipment, and personal workspaces, are regularly cleaned and sanitized. We have adjusted our cleaning processes to better address current considerations. The cleaning staff is using effective disinfectant and sanitizing products to clean our facilities every day. Along with these measures, we are taking the following steps to maximize our sanitizing efforts:
- Refreshed Cleaning Methods/Processes- SUC cleaning personnel will be sanitizing and disinfecting restrooms more frequently. Their cleaning protocol will include thoroughly disinfecting and sanitizing all surfaces, doors, toilets, handles, etc. and ensuring that all supplies are always fully stocked.
- Increased Cleaning to High-Touch Surfaces/Points- SUC cleaning crews will be sanitizing touch surfaces/points thoroughly (i.e., door handles, glass, elevators buttons, doors, tables, chairs, light switches). Daytime cleaning staff have been instructed to continuously disinfect
- and sanitize all touch points throughout the day. In addition, we will be increasing daytime custodian coverage where appropriate, depending on building occupancy.
- Water fountains will be disabled. Individual water bottles are encouraged.
- School leaders will conduct and document facility walkthroughs with the facility manager to ensure the classrooms, common spaces, and the exterior are prepared and safe for staff and students.
- Classroom teachers will remove and minimize the inclusion of cloth and other soft surfaces within the classroom environment. (rugs, beanbags, reading tents, etc...
- Classroom teachers will educate students on best practices for self- care for themselves as well as others (hand-washing, limit sharing of personal items, sneezing in elbow, etc...).
- When feasible, desks, counters, and table surfaces should be cleaned during transition times.
- All efforts will be given to not send students to the nurses office for well visits and/or minor needs.
- First period or homeroom teachers will welcome students in their classroom upon arrival to school each day.
- There will not be a common area for students to congregate, so special attention will need to be made to coordinate school arrival by bus transportation, car-riders and classroom teachers, who are required to be on campus 15 minutes prior to the start of school.
- Additional classroom procedures will be provided as needed.

**Specific Instructional Program Considerations:**

**Library Program:**

- Hand sanitizer and wipes or disinfectant made available at checkout station and used immediately after checking out books
- Self-checkout only for adults.
- Librarians should print library cards for students with their barcodes to avoid multiple students using the computer keyboard or number pad.
- Adults shall use masks and sanitize or wash hands between classes.
- Books that are returned require 72 hours of isolation out of sight or without access by students and staff. Books do not need to be disinfected.

**Physical Education (PE):**

- Recommended social distancing during physical activity is 3 meters.
- Multiple classes in the gym must maintain social distancing requirements in each individual space
- Additional activity spaces to be used throughout the campus.

**Supplies and Materials used for cleaning:**

- Hand sanitizer – automatic dispensing stands for entrances and high traffic areas. Additionally, one gallon pump bottles will be provided for every classroom.
- Face masks/coverings – cloth face coverings or disposable masks will also be worn by all staff and students.
- Face shields– for use by bus drivers/attendants.
- Temporal thermometers – for use in school health rooms and busses.
- Cleaning supplies – additional supplies will be provided to cleaning staff to use during routine and
- enhanced cleaning.
- Spray bottles and paper towels – to be used with Virex cleaning solution during enhanced cleaning by custodians and, possibly, staff cleaning their individual workspaces.

## CONCLUSION AND RECOMMENDATIONS

In conclusion, The State University is well-prepared for the gradual reopening of classes due to its active crisis management committee, cyclical student shifts, well-planned occupancy capacity, and additional health and safety measures. The university has implemented a one-way foot traffic system, personal hygiene kits, natural ventilation, screening, sanitation facilities, and non-congregation during breaks. It is also well-prepared for compliance with minimum health standards, including regular cleaning and disinfection of classrooms, respiratory etiquette enforcement, case detection, contact tracing, quarantine, and isolation measures, and physical distancing to prevent the transmission of COVID-19. To ensure the health and safety of students, teachers, and staff during the COVID-19 epidemic, the university's facilities have been retrofitted or added new equipment, such as safety barriers, signs, and furniture changes. The campus-wide broadcast of information via online platforms has increased students' awareness of COVID-19 prevention and control, preparing them for the resumption of in-person classes. The three respondents all agree that State University is prepared to reopen an in-person class, demonstrating their trust and confidence in the institution's processes and activities, with no significant differences in their rankings of preparedness for the gradual reopening of classes. The respondents perceive the gradual reopening of classes as positive, non-detrimental, and considerate to faculty, students, and the University community,

and students feel safe and secure in terms of safety and security. Respondents perceive the challenges in reopening State University classes as serious yet manageable, and do not justify depriving students of the need for face-to-face classes. The perception of the gradual reopening of classes and the challenges encountered is generally agreed upon among the three respondents, except for personal beliefs about the vaccine, with some remaining adamant on the vaccination scheme and not believing in minimum health protocols. The reopening of classes at a State University has proven to be effective and efficient in terms of health, safety, and security measures.

The study recommends that the university's preparedness for the re-opening of classes can be enhanced by seeking financial support and donations from alumni, NGOs, and the community to add isolation and triage areas. This could be optional or voluntary for these entities. Community members, especially those living near the university, should be educated on COVID-19 prevention and minimum health protocol observance. This can be done through information dissemination through brochures, symposiums, or other means. Health and safety measures include improving campus signage and markings, implementing additional open spaces for student congregations, and collaborating with other student organizations. Mental health awareness and emotional adjustment counseling should be provided to students transitioning from online to in-person classes. The university should conduct continuous education on contagious diseases as part of community extension activities, focusing on areas not likely to be aware of how viruses are transmitted. A study to gather baseline data is recommended. Additional specific guidelines drafted in this study should be submitted to the crisis management committee for reference when creating policies and rules.

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