



CHECKLIST FOR SCHOOL ENTRANCES

WASH in SCHOOLS CHECKLIST TO MANAGE COVID-19 RESPONSE

PERSON-IN-CHARGE / SUPERVISOR: _____

WEEK: _____

DAILY / Check the items listed below if available at the school entrance. Check items ideally when children entering school premises. Add remarks if necessary.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Handwashing facility or sink usable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water and soap available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If no handwashing facility, handsanitizer available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature scanner usable (optional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time of checking										
Name & remarks										

ONCE A WEEK / Check the additional aspects:

	_____ DAY	YES	NO
Posters on proper hand hygiene visible in the handwashing area		<input type="radio"/>	<input type="radio"/>
Posters on physical distancing visible in the school entrance		<input type="radio"/>	<input type="radio"/>
Proper cough and sneeze etiquette poster visible in the school entrance		<input type="radio"/>	<input type="radio"/>
Posters on wearing mask visible in the school entrance (if applicable)		<input type="radio"/>	<input type="radio"/>
Reminders to stay home when sick visible in the school entrance		<input type="radio"/>	<input type="radio"/>

CHECKED BY PERSON-IN-CHARGE / SUPERVISOR

CHECKED BY SCHOOL HEAD

DATE SUBMITTED



CHECKLIST FOR CLASSROOMS

CLASS ADVISER / TEACHER: _____ CLASSROOM NO. / SECTION: _____ WEEK: _____

DAILY / Check if the items listed below have already been done inside the classroom. Indicate the time and the name of the person who checked. Add remarks if necessary.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Handwashing facility (with water and soap) is ready in front of the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Room is arranged for physical distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waste bins are available and have been emptied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Separate cleaning and disinfecting solutions prepared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floor is cleaned (swept or mopped)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High touch surfaces have been cleaned and disinfected:										
Tables/armchairs/chairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doorknob and window handles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Switch and remote control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Board eraser/handrail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time of checking										
Name & remarks										

ONCE A WEEK / Check the additional aspects:	_____ DAY	YES	NO
Posters on proper hand hygiene visible inside the classroom		<input type="radio"/>	<input type="radio"/>
Posters on physical distancing visible inside the classroom		<input type="radio"/>	<input type="radio"/>
Proper cough and sneeze etiquette poster visible inside the classroom		<input type="radio"/>	<input type="radio"/>
Reminders on wearing mask visible in the classroom (if applicable)		<input type="radio"/>	<input type="radio"/>
Reminders to stay home when sick visible in the classroom		<input type="radio"/>	<input type="radio"/>
Monitor and report to the school head irregular absenteeism patterns among students		<input type="radio"/>	<input type="radio"/>

CHECKED BY CLASS ADVISER / TEACHER

CHECKED BY SCHOOL HEAD

DATE SUBMITTED



CHECKLIST FOR TOILETS AND TOILET FACILITY

WASH in SCHOOLS CHECKLIST
TO MANAGE COVID-19 RESPONSE

SUPERVISING TEACHER: _____

WEEK: _____

TO BE FILLED IN BY CLEANER/JANITOR: DAILY CHECKLIST FOR CLEANING AND DISINFECTING

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Cleaned and disinfected based on the protocol below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time cleaned										
Name & remarks										

CLEANING & DISINFECTING PROTOCOL

- Put on rubber boots, face mask, eye protection, and gloves.
- Collect waste for disposal or safe treating.
- Apply 30 ml of bleach directly under the rim of toilet bowl/s and leave for 5 minutes.
- Prepare cleaning and disinfecting solutions;
 - > Cleaning solution: Detergent soap added to a bucket of water
 - > Disinfecting solution: 20 ml to 1 liter of water
- Use the cleaning solution and a cloth/sponge to clean the handwashing area, mirrors, doorknobs, handrails, switches, and water faucets.
- Proceed to cleaning the outside part of the toilet bowl including flush handle, bidet (if applicable), and toilet seat.
- Brush the inner part of the toilet bowl with toilet brush then flush.
- With the remaining cleaning solution, mop the floor then rinse with water afterwards.
- Soak a fresh cloth with the disinfecting solution and apply it to high touch surfaces inside the toilet facility. High touch surfaces are doorknobs, light switch, handrails, faucets, cistern flush handle, bidet, toilet seat and soap holders. Allow the solution to air-dry.
- Return the emptied trash bin inside the toilet.
- Wash and clean the materials used and store in a safe place.
- Remove rubber boots, gloves, eye protection, and face mask then wash your hands with soap and water.

TO BE FILLED IN BY STUDENTS/HYGIENE PATROL: DAILY CHECKLIST FOR MATERIALS AVAILABLE IN THE TOILET FOR USERS

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Water available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soap available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trash bin available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toilet brush available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dipper/bucket available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time of checking										
Name & remarks										

CHECKED BY SUPERVISING TEACHER _____

CHECKED BY SCHOOL HEAD _____

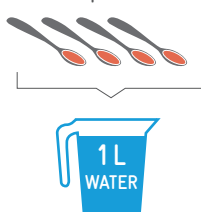
DATE SUBMITTED _____

DISINFECTING SOLUTIONS 0.1% CLORINE

> Dilute household bleach (5-6% chlorine) with water. Ratio 1:50



20 ml household bleach ≈ 4 teaspoons à 5 ml



100 ml household bleach ≈ 1 coffee cup à 100 ml (1/2 US cup)



200 ml household bleach ≈ 2 coffee cups à 100 ml (1 US cup)

