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Opinions Of School Administrators And Teachers On Health Management Practices In Schools During The Covid 19 Pandemic

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Abstract

The interruption of face-to-face education due to the Covid 19 pandemic has brought along some problems in realizing the goals of schools. In such cases, new practices should be developed and some changes should be made in order to carry out education and training activities in schools and to protect children's health. For this purpose, it is necessary to determine the current situation, identify the activities implemented in schools, eliminate uncertainties and carry out preventive studies. This study aims to reveal the opinions of school administrators and teachers on health management practices in schools during the Covid 19 pandemic period. The population of the study consists of school administrators and teachers working in some schools in the central district national education directorates of Ankara in the 2022-2023 academic year. The study group consists of eight school administrators and twelve teachers determined by maximum diversity sampling method. The research was conducted with the case study method, one of the qualitative research methods. Data were collected through semi-structured interviews and analyzed through content analysis. At the end of the research, the opinions of school administrators and teachers on health management practices in schools during the Covid 19 pandemic period were determined. Some suggestions were made based on the results.

Keywords: School Health, Health Management, Pandemic, Covid 19.

1. Introduction

The right to education within the scope of the child's best interests and preparation for life must be ensured regardless of the circumstances and all measures must be taken to address possible unexpected situations. "Schools are buildings and institutions where children, young people and adults receive education and training in order to lead a healthier, longer, more comfortable and more productive life." (School Health Book, 2008). Schools, especially for the education of children and young people, have an important role not only for their education but also for their

social development, and children and young adults should be safely protected in them. The closure of schools for any extraordinary reason may cause problems in children's academic achievement as well as their socio-emotional and behavioral behaviors. It will also create inequality in terms of access to education in low socio-economic environments.

The importance of face-to-face education in schools is recognized by society and all educational authorities, and they seem to agree on its necessity for the cognitive and socio-emotional health of children. After the Covid 19 outbreak in Wuhan, China, which was declared as a pandemic by the World Health Organization (WHO, 2020), it is understood that there were disruptions in the tasks expected from schools due to the interruption of face-to-face education, and it became difficult to protect children in line with the risks they may encounter and cause. Similarly, it should not be forgotten that education may be interrupted in any natural disaster or situation and studies should be carried out to be prepared for these situations.

In extraordinary periods such as the Covid 19 pandemic; students, parents and school employees should know that conventional activities cannot be carried out in schools in terms of public health, so different practices should be carried out. In this new and different period, the daily routine should be changed by implementing new practices against the danger of disease transmission in schools. There are uncertainties about the measures to be taken in these periods and their effective implementation, and uncertainties should be studied and evaluated for healthier educational environments and public health (Sakarya, 2020). According to Kurt et al. (2024:207), protecting the health of students and employees at school and increasing the sustainability of the protection function by improving it will have a very advanced effect by first gaining positive attitudes and vital skills towards being healthy in students. There is an increasing tendency to implement school health programs all over the world in order to reduce and prevent the impact of frequently detected health problems. In addition, Ergin (2023) states that environmental health studies in schools within the scope of school health program are very important especially in terms of combating infectious diseases.

The problem statement of the research is “What are the opinions of school administrators and teachers on health management practices in schools during the Covid 19 pandemic?” In this extraordinary period called pandemic, all stakeholders of education should know that schools cannot carry out their work as usual to protect public health. Therefore, in order to easily adapt to such situations and take precautionary measures, new practices and changes should be made to protect the health of schools' educational activities and children. First of all, it is necessary to determine the measures and activities to be taken to protect the health of students and all employees and to eliminate uncertainties. In addition to the protection of students in case of disease transmission, measures for this situation are also expected to be investigated.

1.1. School Health Services

Through education in schools, it is possible to reinforce the positive behaviors and attitudes that students already have towards healthy living awareness and to change negative knowledge and behaviors (Bahar, 2010). School health services are efforts to evaluate and improve the health of students and school staff together with their families, to provide and maintain a healthy school environment and to provide health education to this community. The aim of these services is to ensure and maintain the physical, mental and social health of all school-age children, to realize the development of school children in a healthy environment, and to raise the general health level of children, their families and society to the highest possible level. Contemporary school health services have four dimensions: student health, school environment, health education and school staff health (School Health Book, 2008). The aims of health education at school should be to provide accurate information needed for the protection of human health, to teach the necessary behaviors for the protection and improvement of health, and to bring about behavioral changes for a healthy life. The adoption of healthy habits by students has a positive effect on their families. In fact, research suggests that students are a leader in health education because it is the easiest way to reach the family (Coşgun, 2014; Şahinöz et al. 2017).

“In their reports on school health, the World Health Organization emphasizes the necessity of school health studies to be carried out by a health team. The people who should take part in this team should be physicians, nurses, teachers, student parents, psychological counselors/guides, psychologists if available, social workers and dieticians. For team members to carry out these activities successfully, they need basic vocational training in school health, supported in-service training, and an established and functioning organization” (School Health Book, 2008). It is not possible to change schools all at once and turn them into “healthy schools”, but it is possible to achieve greater change over a period of time by making small changes. The formation of a healthy school is about all its members; students, teachers, other school staff and everyone who interacts with the school. It is known that learning and teaching environments in schools are more effective when students and teachers are healthy (Pekcan et al., 1997; Şahinöz et al. 2017). Teachers do not only struggle with behaviors that harm students' health at school, but also work to help them develop a healthy life during and after school life. Since they have to satisfy students' curiosity about healthy living, support should be provided in terms of the content and methods of school health education. In this regard, due to the limited educational resources that will facilitate teachers to develop their educational and training competencies, studies indicate that teachers should be improved with in-service trainings during their undergraduate education and afterwards (Tokuç, Berberoğlu, 2007; Coşgun, 2014; Şahinöz et al. 2017).

Health literacy has become an increasingly important issue in the health sector due to its features of ensuring effective and efficient use of existing health services, getting better results from the services provided and reducing health expenditures. While health literacy is expected to increase through health education in schools, various studies show that the expected results and success of health services are closely related to the health literacy of individuals.

In Turkey, the Ministry of National Education and the Ministry of Health have issued the following central directives and guidelines for the work expected to be carried out during the Covid 19 pandemic process for school health. These are

- a) Pandemic Influenza National Preparedness Plan for the Ministry of National Education
- b) Directive on the Working Procedures and Principles of School Health Nurses
- c) Infection Prevention and Control Guide for Improving Hygiene Conditions in Educational Institutions
- d) Precautions to be taken in Schools during the Covid-19 Pandemic
- e) Measures for Public Employees under COVID-19
- f) Guide to Precautions to be Taken in Schools in the Covid-19 Pandemic in the Current Period
- g) Practices to be carried out in case of Covid-19 Positive Cases in Schools
- h) Controlled Normalization under Covid-19 and Measures to be Taken
- i) Absenteeism of Students with Chronic Diseases and Students with Special Education Needs
- j) Covid-19 Vaccine Schedule
- k) "I Eat Healthy at My School" Program

1.2. Objective

Determining the actions to be taken by school administrators is envisaged to be beneficial by revealing life situations that will set an example for health management transformation and development in schools. Because the unexpected situations and uncertainties brought by the pandemic have weakened the control of educators in schools and parents in their ordinary lives, and the unusualness that comes with this uncertainty has caused feelings of anxiety, fear and anger in children, young people and adults. Behavioral changes have been observed in children and their parents as they try to adapt to the new situation brought about by the pandemic. Therefore, it is necessary to be prepared for cases such as COVID-19, to plan practices for these situations, to increase the level of cognition of schools and society against these cases by making preparations in a coordinated manner. With this research, it was aimed to determine the opinions of school administrators and teachers about health management practices in schools during the COVID 19 pandemic period.

2. Method

2.1. Pattern

It was felt necessary to go to qualitative research in order to obtain detailed and deep information in line with the views of the participants on the research topic (Creswell, 2007). The study was designed as a case study in order to understand and describe the practices for school health during the pandemic period. In case studies, the subject being researched is investigated by specifically examining one or more situations in a context with defined boundaries (Creswell, 2007). In this study, situations related to change and transformation were also put into practice with the help of the question that enabled each of the participants to describe the health practices in schools during the pandemic period, and a multiple case design was utilized.

2.2. Study Group

The study group of this research consists of administrators and teachers working in some schools in Ankara in the 2022-2023 academic year. Thus, administrators and teachers from all levels of education were included in the study. While determining the sample, maximum diversity sampling technique was used and participants working at different educational levels were reached. The purpose of this sampling technique is to determine the similar or differentiating aspects between the views of the participants (Büyüköztürk, Kılıç Çakmak, Akgün, Karadeniz, & Demirel, 2016). The study group consisted of 20 participants and participant diversity was ensured by considering different variables as given in Table 1 below.

Table 1. Demographic characteristics of the participants

| Code | Mission | Gender | School Type | Code | Mission | Gender | School Type |
|------|---------------|--------|-------------|------|---------|--------|-------------|
| A1 | Administrator | Female | Primary | T1 | Teacher | Female | Primary |
| A2 | Administrator | Male | Secondary | T2 | Teacher | Male | Primary |
| A3 | Administrator | Male | Primary | T3 | Teacher | Male | Primary |
| A4 | Administrator | Male | High sch. | T4 | Teacher | Female | Primary |
| A5 | Administrator | Female | Primary | T5 | Teacher | Female | Primary |
| A6 | Administrator | Male | Secondary | T6 | Teacher | Female | Primary |
| A7 | Administrator | Male | High Sch. | T7 | Teacher | Female | Primary |
| A8 | Administrator | Male | High Sch. | T8 | Teacher | Female | Primary |
| | | | | T9 | Teacher | Female | High Sch. |
| | | | | T10 | Teacher | Male | High Sch. |
| | | | | T11 | Teacher | Female | Secondary |
| | | | | T12 | Teacher | Female | Secondary |

As shown in Table 1, 9 of the participants were male and 11 were female, 8 were administrators and 12 were teachers. 8 participant teachers work in primary schools, 2 participant teachers work

in secondary schools, and 2 participant teachers work in secondary schools. 9 of the participant teachers were female and 3 were male. 3 participant administrators work in primary schools, 2 in secondary schools, and 3 in secondary schools; 2 of the participant administrators are female and 6 are male.

2.3. Procedure

The data of the study were collected during the 2022-2023 academic year, some of them face-to-face and some of them through semi-structured interview forms prepared in line with the explanations. In the interviews, the opinions of the participants on the subject related to the situations they observed in their natural environments in schools were taken. During the preparation of the research question, support was also received from an expert, and the validity of the question was interpreted with a teacher and a school administrator among the participants. The expected contributions of the research to the field were emphasized to the participants and it was ensured that they gave their opinions in an environment of trust by stating that their information would not be shared with anyone else. The qualitatively obtained data were evaluated by using codes and categorizing them. What practices were carried out by school employees in terms of school health during the Covid 19 pandemic period? The data obtained from the answers to the question; A) Before coming to school, B) In the institution a) By administrators, b) By teachers, c) By the guidance service, as well as; d) For parents (all employees) and d) Other studies” were categorized in sub-themes.

2.3.1. Ethical notification

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2.4. Data Collection Tool

In this study, the interview form was used because it allows the researchers to describe the perspectives of the participants and the meanings they give to the events (Kuş, 2003). While creating the interview form, the question “What practices were carried out by school administrators and teachers in terms of school health during the Covid 19 pandemic period?” was asked to explain the research topic. The research question was finalized as a result of the feedback received from experts and participants.

2.5. Data Analysis

In the study, the data were analyzed by content analysis. Similar concepts among the data obtained through analysis are brought together and interpreted by reorganizing them in a way that the reader can understand (Yıldırım & Şimşek, 2016). In this study, while conducting content analysis,

participant views on the situations experienced in the field of health management in schools during the pandemic period were determined. Afterwards, the opinions of the participants were examined and coded one by one and similar themes were grouped under subheadings. The data obtained were interpreted under sub-themes by evaluating the research question prepared in advance, and the participants' opinions were coded as Y for administrators and Ö for teachers. It can be said that the validity and reliability of qualitative research is ensured through its consistency, repeatability, transferability and credibility. For this reason, in order to ensure credibility in the analysis of the research data, the participant statements were examined in depth, and the participant statements were kept faithful to the participant statements in order to reflect them accurately. In order to ensure transferability, the participants who worked during the pandemic period were reached and the data were described in detail. The findings obtained at the end of the data analysis were tested and verified (Merriam, 1998; Yıldırım & Şimşek, 2016). In order to ensure consistency, the research process was reviewed by an expert, and the categories related to the same opinions were re-evaluated by a different researcher in order to purify the research from personal influence. The similarity rate of the evaluations was calculated using the formula $\Delta = C \div (C + \partial) \times 100$, which is called internal consistency in the Miles and Huberman model (Miles and Huberman, 1994).

$$\text{Reliability} = \frac{\text{Consensus}}{\text{Consensus} + \text{Disagreement}} \times 100 = \frac{100}{100 + 0} \times 100 = 100 \text{ (Miles and Huberman, 1994).}$$

According to Miles and Huberman (1994); the consensus among coders is expected to be at least 80% according to the coding that gives internal consistency. Accordingly the reliability level found in this study was 89%.

3. Findings

In the research, situations that attracted significant attention from the answers given to the question asked to the participants were identified and grouped into sub-themes according to their similarities and differences.

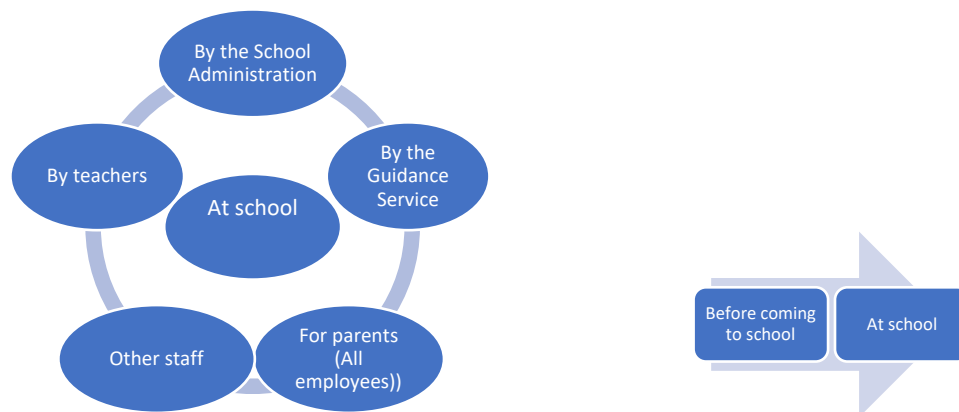


Figure 1. Location of school health practices during the pandemic and categorization by staff

Tables were created in order to present the findings obtained as a result of the question asked to administrators and teachers and the analysis of the answers given to this question in a more concrete way.

3.1. Measures Implemented for School Health during the Pandemic Period

The answers given to the question “Which practices were carried out by school employees in terms of school health during the Covid 19 pandemic period?” are grouped into sub-themes and explained in the following section.

Table 2. Practices for school health during the Covid 19 pandemic before coming to school

| Before I came to school: | Administrator | | Teacher | | | Participant Codes |
|---|---------------|----|---------|----|---|--------------------------------------|
| | F | M | F | M | f | |
| Work has been planned. | 2 | 4 | 4 | 1 | 1 | T1-4-8-10-Y1-4-5-6-7-9 |
| Vaccinations have been administered. | 0 | 2 | 4 | 1 | 7 | T1-4-8-10-10-11-A2-3 |
| Awareness was raised about mask support and coming to school with a mask before coming to school. | 2 | 3 | 9 | 3 | 1 | T1-2-3-4-5-6-7-8-10-11-12-A2-4-5-8-9 |
| Disinfectant and cologne were supplied. | 1 | 2 | 6 | 3 | 1 | T1-3-4-5-6-7-8-10-12-A4-5-6 |
| Classrooms and living spaces were constantly ventilated. | 0 | 2 | 3 | 0 | 5 | S1-7-11-A6-7 |
| Maintained constant cleanliness of the surrounding objects and environment. | 0 | 3 | 3 | 1 | 7 | T1-2-6-8-A3-4-6 |
| Care was taken to avoid close contact with students. | 0 | 0 | 4 | 0 | 4 | T5-8-11-12 |
| School buses were informed and warned about the pandemic. | 0 | 1 | 0 | 0 | 1 | A3-9 |
| Personal hygiene rules were observed and regular health checks were carried out. | 1 | 3 | 0 | 1 | 5 | S10-A1-2-3-6 |
| Care was taken to change clothes and masks. | 2 | 1 | 4 | 1 | 8 | T2-4-6-7-9-A1-2-5 |
| The behavior of parents and students was monitored. | 1 | 0 | 1 | 0 | 2 | S4-A1 |
| Efforts were made to pay attention to hygiene rules during public transportation. | 2 | 1 | 4 | 1 | 8 | T4-6-9-10-12-A1-2-5 |
| Students with suspected illness were followed up. | 1 | 0 | 1 | 0 | 2 | S7-A5 |
| Parents were informed about the pandemic on social media. | 0 | 1 | 2 | 1 | 4 | S6-8-10-A4 |
| Vaccinations have been administered. | 0 | 2 | 1 | 0 | 3 | S9-A3-4 |
| Students were informed about technology addiction and sleep problems that may occur in students. | 1 | 0 | 0 | 0 | 1 | A5 |
| Total: 16 items | 13 | 25 | 4 | 13 | 9 | |
| | | | 6 | | 7 | |

As seen in Table 2, administrators and teachers expressed their views on the theme of practices before coming to school for school health during the Covid 19 pandemic period in 16 items and repeated 97 times. Looking at the items expressed; 17 participants stated that measures were taken to provide mask support and awareness of coming to school with a mask before coming to school, while 11 participants, 6 of whom were administrators, stated that planning was made for the studies. 12 participants stated that disinfectants and cologne were provided, 8 participants stated that efforts were made to pay attention to hygiene rules during public transportation, 7 participants stated that vaccinations were made and the environment was constantly cleaned, 5 participants stated that personal hygiene rules were paid attention to and health checks were carried out, classrooms and living spaces were constantly ventilated, 4 participants stated that parents were informed about the pandemic on social media, 3 participants stated that vaccinations were made, 2 participants stated that the behavior of parents and students was monitored and students with suspected illness were followed. In addition, it was revealed that school buses were informed about the pandemic, measures were taken and information was given about technology addiction and sleep problems that may occur in students.

It is seen that the statements listed above were repeated by more than one participant administrator and teacher, and some participants expressed the practices carried out before coming to school for school health during the Covid 19 pandemic period with the following words

A2: "With the idea that preventive measures would be less tiring than remedial measures; coming to school wearing a mask, completing the vaccination schedule and taking precautions by reviewing the symptoms I carry when necessary, and monitoring the implementation of the same measures by each employee."

A3:" General cleaning of the school was done by the staff, places that students could come into contact with were cleaned with disinfectants, hygienic mats were placed at the entrance of the school; hand sanitizers were placed at the entrance of all classrooms, administrative room and guidance service, school buses were warned about pandemic rules, vaccinations were done."

A7: "I meticulously examined the Guidelines to be followed in Schools during the Covid-19 Pandemic, and planned the work and procedures I need to do down to the finest detail."

A9:" Since the increase in the screen effect during the pandemic period will cause both technology addiction and disruption of sleep patterns with screen use at night, students whose sleep patterns are disrupted were reminded that they should be accustomed to normal sleep patterns, the things to be followed were shared with parents in advance, students were encouraged to stay at home as much as possible, not to enter crowded environments and to go to health institutions if they feel sick."

S1: "I was vaccinated, I keep spare masks and disinfectants and I explained the importance of this, all the school and belongings were cleaned, the classrooms were constantly ventilated and the work was planned.";

S7: "I prevented my students with suspected illness from coming to school and monitored their condition, I paid attention to the constant use of masks and change of clothes and masks, I took masks, disinfectants and cologne with me for students to use in case of need."

S8: "We met with parents before school and talked about the seriousness of the pandemic and the measures we will take within the scope of precautions and made a plan, we ensured that students have the materials necessary for hand and body hygiene such as masks, wet wipes, napkins and cologne in their bags, attention was paid to the cleanliness of the environment and avoiding close contact, we had our vaccinations".

Table 3. Practices carried out at the school management level in the institution for school health during the Covid 19 pandemic period

| | Administrator | | Teacher | | f | Participant Codes |
|--|---------------|---|---------|---|----|-----------------------------|
| | F | M | F | M | | |
| At the institution - School management level | | | | | | |
| Information and awareness raising activities were carried out at all school levels, seminars were organized, videos and brochures were prepared. | 2 | 4 | 4 | 2 | 12 | T2-5-8-9-10-12-A1-2-4-5-6-9 |
| All measures have been taken in line with what should be followed at school during the Covid 19 outbreak. | 2 | 5 | 0 | 0 | 7 | A1-4-5-6-7-8-9 |
| Cleaning activities were carried out in every part of the school. | 1 | 4 | 5 | 0 | 10 | T1-5-7-8-9-Y2-3-4-6-9 |
| Toilets and door handles were regularly disinfected. | 1 | 0 | 2 | 0 | 3 | S1-5-A9 |
| Warning signs, instructions, visuals and posters were hung in all classrooms and corridors of the school. | 1 | 1 | 2 | 1 | 5 | S2-7-12-A4-9 |
| Masks were distributed to every class, extra masks were supplied and no one was allowed into the school without a mask. | 1 | 4 | 7 | 0 | 12 | T1-5-6-7-9-11-12-A1-2-4-6-9 |
| Disinfectant was placed on classroom doors. | 1 | 2 | 4 | 0 | 7 | T5-7-11-12-A1-6-9 |
| Classrooms were regularly ventilated. | 1 | 1 | 0 | 1 | 3 | S3-A1-9 |
| Students were warned about social distancing and masks. | 2 | 1 | 4 | 1 | 8 | T5-6-7-8-9-10-Y1-5-9 |
| Food and beverage services were abolished. | 0 | 0 | 1 | 0 | 1 | T6 |
| In crowded classrooms, students were divided into two groups and taught on specific days. | 1 | 0 | 2 | 0 | 3 | S6-11-A5 |
| Parent access to the school was regulated, access to some areas was blocked, and HES code was queried. | 1 | 0 | 0 | 1 | 2 | S10-A5 |
| Inspection was carried out to ensure that precautions were taken. | 1 | 0 | 0 | 1 | 2 | S10-A5 |

| | | | | | | |
|---|----|----|---|---|----|-----------|
| An isolation room was set up, where the temperature of the sick student was taken and parents were informed. | 1 | 0 | 0 | 0 | 1 | A1 |
| Recess periods were reorganized, efforts were made to limit the number of students in the same places at the same time, and entry and exit times were planned so that they did not overlap. | 1 | 1 | 1 | 1 | 4 | S2-7-A1-4 |
| A protective visor was used. | 0 | 0 | 1 | 1 | 2 | T6-10 |
| Developments were monitored and the recommendations of public health experts were constantly informed. | 1 | 0 | 0 | 0 | 1 | A5 |
| Total: 17 items | 18 | 23 | 3 | 9 | 83 | |
| | | | | 3 | | |

As seen in Table 3, administrators and teachers expressed their views on the theme of practices carried out at the school management level in the institution for school health during the Covid 19 pandemic period in 17 items and repeated them 83 times. When we look at the expressed items; 12 participants stated that information and awareness-raising activities were carried out at the whole school level, seminars were organized, videos and brochures were prepared, masks were distributed to each class, extra masks were supplied and no one was admitted to the school without a mask, 10 participants stated that cleaning activities were carried out in every part of the school, 8 participants stated that students were warned about social distancing and masks, 7 participants stated that all measures were implemented in line with the necessary studies to be followed at school during the Covid 19 pandemic, and disinfectants were placed on the classroom doors. 4 participants stated that recess periods were rearranged, studies were carried out to ensure that students were in the same places at the same time in limited numbers, and entry and exit times were planned so as not to overlap with each other, 3 participants stated that toilets and door handles were regularly disinfected, classrooms were regularly ventilated, students were divided into two groups in crowded classes and lessons were taught on certain days, 2 participants stated that The practices listed by 1 participant include; food and beverage services were abolished, developments were followed and continuous information was provided on the recommendations of public health experts.

It is seen that the statements listed above were repeated by more than one participant administrator and teacher, and some participants expressed the practices carried out at the school management level in the institution for school health during the Covid 19 pandemic period with the following words:

A1: "Awareness-raising speeches were made by the school administration at ceremonies and meetings by both the principal and vice principals to raise awareness on prevention and protection against the pandemic. Disinfectant pumps were hung in various parts of the school, stickers to maintain social distancing were pasted, warnings about not entering without a mask were hung, attention was paid to the hygiene and cleanliness of the classrooms"

A3: "Together with the neighborhood headman, teachers and school administrators, the neighborhood was visited and citizens who had not been vaccinated were encouraged to be vaccinated."

A9: "Since our school is a primary school, posters of Nasreddin Hodja wearing a mask and Kelođlan wearing a mask were pasted in the corridors and building entrances. Except for students/teachers/staff, HES code was asked at the entrance to the school and reminders were made for students/teachers/staff to follow the mask, distance and cleaning rules. Foot signs indicating that two people can only get on the elevator floor and a picture of a face wearing a mask was pasted on the door, and instructions and visuals were hung in the sinks, classrooms and corridors. An isolation room was set up where the fever of students who became ill was taken and their parents were notified. A plan was made to continuously clean and disinfect surfaces such as doors, windows, boards, desks, tables, tables, faucets, handrails, etc. touched by students/teachers/staff, and disinfectant mats were made at the entrance of the building. We try to ensure that there is at least 1 meter distance between people in the school. Since the desks are for two people, colored visuals with the explanation "Leave them empty for your health" have been pasted, and the entrance and exit times of the students are arranged so that they do not overlap with each other. At the time intervals determined by the teachers, students were taken out to the corridors in order to change their masks and their old masks were thrown into the mask waste bin, and classes were not brought together for in-school and after-school activities. As far as possible, all students and teachers are avoided to be brought together at the same time. Students are personally handed over to their parents at the first vehicle entrance gate at the entry-exit points, with the 1st and 2nd graders accompanied by their teachers at certain scheduled intervals, and the 3rd and 4th graders are handed over to their parents at the 2nd vehicle entrance gate in a single line accompanied by their teachers at the scheduled time. In order to avoid crowding at the school gate, parents are informed about the exit times and where to wait. Classrooms are ventilated as often as possible and push-bin trash bins have been placed in the corridors where children can throw their masks, and visuals have been pasted on the lids of the bins. By staying informed of developments and following the recommendations of public health experts, the school administration/teachers and the health of those around us have been protected."

S2: "All necessary information was provided, warning signs, instructions, visuals, posters were hung in all classrooms and corridors of the school; masks were distributed to each class. Recess times were reorganized, and dual teaching was switched to ensure that students were not in the same area at the same time."

S7: "Disinfectant was placed at the entrance of each classroom, masks were distributed, all measures were implemented in line with the work to be followed in the school during the Covid 19 outbreak, cleaning work was carried out in every part of the school, warning signs, instructions, visuals and posters were hung in all classrooms and corridors of the school, students were warned about social distancing and masks."

S11: "Masks were distributed to all classes, disinfectant boxes were placed on the classroom doors, students were divided into two groups in crowded classes and lessons were taught on certain days, parents were prevented from entering the school unless it was very necessary, HES code inquiry was made."

S12: "Necessary explanations were made with brochures, informative seminars were organized, videos were prepared, extra masks were provided to the classes".

Table 4. Practices carried out at the level of teachers in the institution for school health during the Covid 19 pandemic period

| | Administrato | | | | f | Participant Codes |
|--|--------------|----|---------|---|----|--|
| | r | | Teacher | | | |
| At the institution-teacher level | F | M | F | M | | |
| Students were reminded of the rules of cleanliness at every opportunity. | 0 | 4 | 3 | 0 | 7 | T1-9-10-11-A2-4-6-8 |
| Social distancing rules and the use of masks were observed among teachers, students and parents. | 2 | 6 | 6 | 3 | 17 | T2-3-6-7-8-9-10-11-12-A1-2-3-4-5-6-7-8 |
| Hygiene rules were followed at the school. | 0 | 1 | 2 | 1 | 4 | S2-8-9-A4 |
| Spare masks and disinfectants were distributed to students. | 0 | 0 | 3 | 1 | 4 | T3-6-11-12 |
| When there were deficiencies in the cleanliness and hygiene of the classrooms, coordination was ensured by communicating to the school management or school staff. | 1 | 0 | 2 | 0 | 3 | S4-12-A1 |
| Informative videos and movies were shown to students and parents. | 1 | 0 | 2 | 0 | 3 | S9-12-A5 |
| Awareness raising activities appropriate to children's developmental level were prepared. | 0 | 1 | 1 | 0 | 2 | S9-A4 |
| Additional work was done for children with educational loss. | 0 | 2 | 0 | 0 | 2 | A3-6 |
| There was constant cooperation and sharing between the class and branch teachers. | 1 | 0 | 1 | 0 | 2 | S8-A1 |
| Classrooms were regularly ventilated. | 0 | 0 | 2 | 0 | 2 | T4-6 |
| Necessary work has been done for distance education. | 0 | 1 | 0 | 0 | 1 | A2 |
| Students were followed up and their health status was checked. | 0 | 1 | 0 | 0 | 1 | A2 |
| After breaks, hand washing activities were carried out with the students. | 0 | 0 | 1 | 0 | 1 | T1 |
| Total: 13 items | 5 | 16 | 23 | 5 | 49 | |

As seen in Table 4, administrators and teachers repeated 49 times while expressing their views on the theme of practices carried out at the level of teachers in the institution for school health during the Covid 19 pandemic period in 13 items. When we look at the items expressed; the practices that teachers emphasized the most with 17 participants were that social distancing rules and the use of masks were paid attention to between teachers, students and parents, followed by 7 participants; students were reminded of cleaning rules at every opportunity in lessons, 4 participants each; hygiene rules are followed at school, spare masks and disinfectants are distributed to students, 3 participants stated that when there are deficiencies in the cleanliness and hygiene of the classrooms, coordination is ensured by communicating to the school administration or school staff, informative videos and movies are shown to students and parents, 2 participants; Awareness-raising activities were prepared in accordance with the developmental level of children, additional studies were carried out for children with educational loss, there was continuous cooperation and sharing between the teachers of the department and branch, the classrooms were regularly ventilated, 1 participant said that hand washing activities were carried out with students after breaks, necessary studies were carried out for distance education, students were followed up and their health status was checked.

It is seen that the statements listed above were repeated by more than one participant administrator and teacher, and some participants expressed the practices carried out at the level of teachers in the institution for school health during the pandemic period with the following words:

A2: "Teachers monitored staff and students, took necessary precautions for quarantined classrooms, prepared necessary distance education conditions without creating a panic environment and made necessary explanations, monitored in case of a case, informed that they should be outside in different time periods. Students' health status was checked with thermometers and vaccination calendar processes were checked, disinfectants and masks were provided and kept in the cabinets; every updated information was shared, measures were taken to stay distant and infrequent in meeting rooms and teachers' rooms.";

A3:" Students were frequently warned about cleanliness, masks and distance, additional studies were made for students with education loss, parents were informed about pandemic rules.";

A9: "By increasing the level of knowledge of families on health-related issues (such as hygiene, nutrition), students are helped to gain positive attitudes and behaviors. Teachers provide information through various methods (videos, movies, etc.) to help students understand what COVID-19 infectious disease is in order to comply with the rules.";

S6: "We wear our masks and meet with parents at a certain distance (individually), we conduct all our meetings with parents at a distance and with masks, we pay attention to social distancing rules and the use of masks in the same way with students, we wear our aprons over our clothes, we use visors or double masks, we regularly ventilate our classrooms.";

S11: "Spare masks were also distributed to the students, and special attention was paid to the distance rules between teacher/student and student/student".

Table 5. Practices carried out at the guidance service level in the institution for school health during the Covid 19 pandemic period

| | Administrato | | Teacher | | f | Participant Codes |
|---|--------------|----|---------|---|----|-------------------------------|
| | r | | F | M | | |
| At the institution - by the guidance service | F | M | F | M | f | |
| Informative brochures and announcements about the pandemic were posted, and efforts were made to provide real information against misinformation. | 1 | 4 | 8 | 0 | 13 | T1-4-5-6-7-9-11-12-A3-4-5-6-7 |
| Psychosocial protection and prevention activities were carried out by providing psychological support to students and parents. | 2 | 5 | 1 | 0 | 8 | T7-A1-3-4-5-6-7-8 |
| Information activities were supported with visuals and online videos, and brochures were prepared. | 0 | 2 | 3 | 1 | 6 | T6-10-11-12-A3-4 |
| Students with special needs were given a practical presentation. | 0 | 2 | 0 | 1 | 3 | S10-T7-8 |
| Mask and distance rules were observed. | 1 | 0 | 1 | 0 | 2 | S5-A1 |
| Discussions were held to avoid labeling those infected with the disease. | 1 | 0 | 0 | 0 | 1 | A5 |
| Warning boards were organized. | 0 | 0 | 1 | 0 | 1 | T1 |
| Students were observed and parents and school management were notified if they showed signs of illness. | 0 | 0 | 0 | 1 | 1 | T3 |
| Total: 8 items | 5 | 13 | 14 | 3 | 35 | |

In Table 5, administrators and teachers repeated 35 times while expressing their views on the theme of practices carried out at the level of guidance services for school health during the Covid 19 pandemic period in 8 items. When we look at the items expressed; it is stated that the most emphasized application studies of the guidance services with 13 participants; informative brochures and announcements about the pandemic were hung, and efforts were made to provide real information against misinformation, followed by 8 participants; psychosocial protection and prevention studies were carried out by providing psychological support to students and parents, 6 participants; information studies were supported with visuals and online videos, and brochures were prepared. 3 participants said that students with special conditions were given practical explanations, 2 participants said that masks and distance rules were paid attention to, and 1 participant each said that interviews were held to avoid labeling those who were infected with the

disease, warning boards were organized, students were observed and those who showed signs of illness were reported to their parents and school administration.

It is seen that the statements listed above were repeated by more than one participant administrator and teacher, and some participants expressed the practices carried out at the guidance service level in the institution for school health during the Covid 19 pandemic period with the following words:

A1: "Our guidance counselor provides information within the scope of psychosocial protection and prevention activities. Again, together with the guidance service, information about the use of masks in the classrooms and ways to protect against epidemics was provided and brochures were hung in various parts of the school."

A3:" Our guidance counselors organized a session for each class for our students to relax psychologically. Together, our counselors and administrators held meetings with parents on Zoom about the pandemic, provided psychological support, and warned about masks, distance and cleanliness.";

A7: "Students were informed about what to do during the pandemic periods and necessary psychosocial support was provided, and one-to-one meetings were held with students.";

A8: "Student, teacher and parent meetings were held with the guidance service to eliminate the risks brought by the pandemic." ;

A9: "In case some of your students may be coming to school from households where they have access to misinformation about COVID-19, they are informed about the facts. At the same time, through our guidance counselors, information is provided to prevent misinformation and dangerous rumors that reinforce the fear and stigmatization of COVID-19, and interviews are held to relieve the anxiety and concerns of parents.",

S7: "With the support of counselors, informative brochures and announcements about the pandemic were posted, and psychological support was provided to our students and parents.";

S12: "Informative conference activities were also conducted by guidance counselors, these activities were enriched online and by watching videos, and supported with visuals".

Table 6. Practices carried out at the level of parents in the institution for school health during the Covid 19 pandemic period

| At the institution-Parent level | Administrator | | Teacher | | f | Participant Codes |
|--|---------------|----|---------|---|----|-----------------------------|
| | F | M | F | M | | |
| Parent-teacher meetings were held online to discuss issues to be considered at school and at home. | 1 | 2 | 6 | 3 | 12 | T1-2-3-6-7-8-9-10-11-A2-5-7 |
| Warnings were given about mask distance rules. | 1 | 2 | 3 | 0 | 6 | S5-6-7-A1-8-9 |
| Information on vaccination was provided, vaccination was encouraged, and vaccination stands were set up in the school garden. | 1 | 4 | 0 | 0 | 5 | A3-5-6-8-9 |
| Entrances to the school were stopped except in mandatory cases, vehicle entry-exit times were regulated, students were dispersed from the school at different times to prevent parents from waiting in crowds. | 2 | 3 | 0 | 0 | 5 | A1-2-5-8-9 |
| Brochures were prepared for parents. | 1 | 2 | 0 | 1 | 4 | S2-A3-5-7 |
| Attention was paid to students' personal hygiene, hand washing, bathing, cleaning of clothes. | 1 | 0 | 3 | 0 | 4 | S5-6-11-A1 |
| School attendance of students was ensured with their parents according to their health status, and students who showed symptoms were referred to health institutions. | 1 | 0 | 1 | 1 | 3 | S1-3-A5 |
| Students were fed at home. | 0 | 0 | 2 | 0 | 2 | T6-7 |
| Parents who did not want to send their children to school were interviewed. | 0 | 0 | 1 | 0 | 1 | T6 |
| Surveys were conducted. | 0 | 0 | 1 | 0 | 1 | T9 |
| Parents of students with low achievement were interviewed. | 0 | 0 | 1 | 0 | 1 | T7 |
| Total: 11 items | 8 | 13 | 1 | 5 | 44 | |
| | | | 8 | | | |

As seen in Table 6, administrators and teachers expressed their views on the theme of practices carried out at the level of parents in the institution for school health during the Covid 19 pandemic period in 11 items and repeated 44 times. When we look at the items expressed; 12 participants stated that parent meetings were held online to discuss the situations to be considered at school and at home, 6 participants stated that warnings were given about masks and distance rules, 5 participants stated that information about vaccination was given, vaccination was encouraged, vaccination stands were set up in the school garden, entrances to the school were stopped except in mandatory cases, vehicle entry-exit times were organized, students were distributed from school at different times to prevent parents from waiting in crowds, 4 participants stated that 4 participants stated that attention was paid to the personal hygiene of students, hand washing, bathing, cleaning of clothes, brochures were prepared for parents, 3 participants stated that school attendance was ensured with parents according to the health status of students, students who showed symptoms were directed to health institutions, 2 participants stated that students were fed at home, 1 participant stated that interviews were held with parents who did not want to send their children to

school, surveys were conducted, and interviews were held with the parents of students with low achievement.

It is seen that the statements listed above were repeated by more than one participant administrator and teacher, and some participants expressed the practices carried out for the protection of school health at the level of parents in the institution for school health during the Covid 19 pandemic period and the information given to parents with the following words:

A1: "Our classroom teachers provided information to our parents both face-to-face and remotely.";

A2: "It was ensured that students were not allowed to enter the school except in mandatory situations, masks and distancing were ensured, school exits were arranged to prevent crowding, students were allowed to enter and exit through two doors and entrance and exit were made with time difference.";

A7: "Parents were informed about what to do during pandemic periods, online parent meetings were held, parents and students were informed in Whatsapp groups established at class level.";

A8: "Arrival and departure times to school were rearranged, mask use and HES code query were introduced.";

A9: "Parents were reminded that if they were vaccinated, they would both protect their own health and contribute to social immunity, and they were encouraged to be vaccinated for the health of their own children and the children of other families. It was explained that they should avoid visiting relatives and neighbors as much as possible.";

S2: "Parent meetings were held online, information about school health was given, situations to be considered were stated, brochures were prepared.";

S5: "Attention to the personal hygiene of the students; hand washing, bathing, cleaning clothes were explained to the parents, keeping spare masks and distance rules were emphasized.";

S10: "Parent meetings were held online to discuss the situations to be considered at school and at home, remote communication was provided and pandemic protection practices were carried out at home before students came to school, parents were informed about the use of personal belongings and attention was paid to personal hygiene, hand washing, bathing, cleaning clothes, and common practices were tried to be done".

Table 7. Other practices for school health during the Covid 19 pandemic period

| Awareness raising activities | Administrator | | Teacher | | f | Participant Codes |
|--|---------------|---|---------|---|----|-------------------|
| | F | M | F | M | | |
| Informative articles and videos were sent to parents via social media. | 1 | 2 | 3 | 0 | 6 | S4-5-7-A4-5-8 |
| The work done by the guidance service and school management was shared with the parents. | 1 | 0 | 2 | 0 | 3 | S4-5-A5 |
| An epidemic diseases section was created on the website with regular broadcasts and animation shows, and sample applications were made for students, parents and teachers. | 2 | 1 | 0 | 0 | 3 | A1-2-5 |
| Continuous notifications were made via SMS. | 0 | 2 | 0 | 0 | 2 | A3-8 |
| Neighborhood headman, teachers and school management visited the neighborhood and met with citizens. | 0 | 2 | 0 | 0 | 2 | A3-6 |
| The ringtone was composed of reminder/informative music about the pandemic. | 0 | 1 | 0 | 0 | 1 | A2 |
| In all lessons, associations were made with activities to protect against disease. | 0 | 0 | 1 | 0 | 1 | T4 |
| Informative drama activities were carried out. | 0 | 0 | 1 | 0 | 1 | T9 |
| Patterns were created and exhibited by signing. | 0 | 1 | 0 | 0 | 1 | A2 |
| EBA platform was shared by the guidance service. | 1 | 0 | 0 | 0 | 1 | A5 |
| Total: 10 items | 5 | 9 | 7 | 0 | 21 | |

As seen in Table 7, administrators and teachers expressed their views on the theme of other practices for school health during the Covid 19 pandemic period in 10 items and repeated 21 times. When we look at the expressed items; 6 participants stated that informative articles and videos were sent to parents via social media, 3 participants stated that the work done by the guidance service and school administration was shared with parents, regular publications and animation shows and epidemic diseases section were created on the website and sample applications were made for students, parents and teachers, 2 participants; One participant stated that informative drama activities were carried out, the ringtone was composed of reminder/informative music about the pandemic, associations were made with activities in all lessons for protection against the disease, and patterns were created and exhibited with signs.

It is seen that the statements listed above were repeated by more than one participant administrator and teacher, and some participants expressed other practices for school health during the Covid 19 pandemic period with the following words:

A1: "The epidemic diseases module for students, parents and teachers was used on the website. Relevant videos and brochures sent by the Ministry were shared online in teacher, student and parent groups to provide information.";

A2: "A theatrical performance, regular broadcasting and animation shows on the website, reminder pandemic music on the bells, making patterns with signs and images, online trainings for parents were organized.";

A3: "Together with the neighborhood headman, teachers and school administration, neighborhood visits were made and citizens were interviewed, and a vaccination stand was set up in the school garden.";

A9:" With the cooperation of teachers, administration and guidance service, visuals about hygiene rules were prepared and uploaded to our school's web page for parents and students. Information notes about coping with this situation were shared on our EBA platform by our guidance service. In addition, WhatsApp application was used to communicate with the parents of the students for each class. A meeting was held with the class teachers and it was determined whether there were any parents or students who experienced anxiety and fear during the pandemic, and it was ensured that the counselors responsible for that class were contacted together with the counselors responsible for that class and support was provided by meeting with the parents and the child.";

S4: "Activities were carried out in all courses and associations were made between these activities and protection against the disease, informative articles and videos were sent to parents via social media, and the activities carried out by the guidance service and school administration were shared with parents".

4. Conclusions, Discussion and Recommendations

4.1. Results

The following results were reached regarding the practices carried out by administrators and teachers for school health during the Covid 19 pandemic period.

4.1.1. Practices before coming to school

It is revealed that preventive measures come to the forefront in practices carried out before coming to school and that living spaces outside the school are also monitored. It is felt that awareness raising for family education has increased, and although the provision of masks and disinfectants for all stakeholders is a practice developed against the spread of the disease, it is understood that the inclusiveness of public health is accepted on this occasion. It is clear that efforts are being made to implement the Guidelines for Schools to Follow in the Covid-19 Pandemic, which were sent to all educational institutions in line with central guidelines, and that central guidelines play an important role in practices. It is noteworthy that stakeholders are trying to raise awareness about the danger of technology addiction, which is listed among behavioral addictions.

When the practices carried out before coming to school are listed; planning about the studies, paying attention to the change of clothes/masks with mask support and awareness of coming to school with a mask, providing disinfectant and cologne, ensuring the cleanliness of the surrounding items and the environment, paying attention to personal hygiene rules and having health checks, getting vaccinated, paying attention to hygiene rules during transportation and informing school buses about the pandemic, following the behavior of parents and students and students with suspected illness, informing students about technology addiction and sleep problems that may occur in students. The results of Koç and Oğuzhan's study show that this precautionary approach is a very appropriate practice. According to Koç and Oğuzhan (2024); too many interactive phones or excessive use of social media can cause sleep problems, digital addiction and psychological crises, deterioration in social relations and a decrease in school success performance during adolescence.

4.1.2. Practices at the school management level in the organization

It is understood that practices such as distributing masks to each class, supplying extra masks and not allowing anyone to enter the school without a mask, placing disinfectants on classroom doors, and regular ventilation of classrooms are carried out both before coming to school and at school. When the practices carried out at the school management level in the institution are listed; information and awareness-raising activities were carried out at the whole school level, students were warned about social distancing and masks, the measures specified in the directives sent to the school were implemented in line with the necessary work to be followed in the school during the Covid 19 outbreak, cleaning activities were carried out in every part of the school, toilets and door handles were regularly disinfected, warning signs, instructions, visuals and posters were hung in all classrooms and corridors of the school, masks were distributed to each class, protective visors were used, disinfectant was placed on classroom doors, classrooms were regularly ventilated, catering services were removed, in crowded classrooms, students were divided into two groups and classes were held on certain days, entrance and exit times of students were organized so that they did not overlap with each other, parent entrances to the school were organized, entrances to some areas were blocked, HES code queries were made, inspections were carried out to see whether precautions were taken, an isolation room was created and the disturbed student was followed there, recess periods were rearranged and measures were taken to limit the number of students in the same places at the same time, protective visors were used, informative seminars were organized, videos were prepared, developments were followed and information was provided on the recommendations of public health experts.

4.1.3. Practices at the level of teachers in the institution

In the practices carried out at the level of teachers in the institution, it can be said that there are not only health-protective practices but also regulatory practices for education and training, such as preparing awareness-raising activities appropriate to the developmental level of children, conducting hand washing activities with students after breaks, providing the necessary studies for distance education, conducting additional studies for children with educational loss, showing informative videos and films to students and parents, and continuous cooperation and sharing between department and branch teachers.

Apart from these, when the practices carried out at the level of teachers in the institution are listed; the students are constantly reminded of the rules of cleanliness, social distancing rules and the use of masks are observed, protective visors are used, hygiene rules are followed, the classroom is regularly ventilated, all meetings with parents are held at a distance and in masks, close contact of students in the classroom and in the school garden is prevented, distance rules are observed between teachers and students, students' health status is regularly checked by monitoring their health, spare masks and disinfectants are distributed to students, and coordination is ensured by notifying the school administration or school staff when there are deficiencies in the cleaning and hygiene of the classrooms.

4.1.4. Practices at the guidance service level in the institution

It is understood that the practices of the guidance service in the institution are practices that fall within the field of guidance and psychological counseling expertise, such as providing psychological support to students and parents and conducting psychosocial protection and prevention activities, providing practical explanations to students with special conditions, providing real information about misinformation, interviewing the parents of students who have psychological problems due to the pandemic, and not labeling those who have the disease.

When the practices carried out at the level of the guidance service in the institution are listed; boards were organized for informative brochures and announcements about the pandemic, students were observed and those who showed symptoms of the disease were reported to parents and school administration, informative brochures were prepared for parents, masks and distance rules were paid attention, and information activities were supported with visuals and online videos.

4.1.5. Practices for parents at the institution

During the pandemic period, it can be said that the importance of parent education was revealed with the practices carried out at the level of parents in the institution for the protection of school health and with the information provided to parents. When these practices are listed; students were ensured to attend school according to their health status, students who showed signs of illness were directed to health institutions, parent meetings were held online to discuss the situations to be considered at school and at home, informative videos were watched and brochures were prepared on the subject, attention was paid to the personal hygiene of the students, warnings were given about mask distance rules, and interviews were held with parents who did not want to send their children to school, The following activities were carried out: informing students about vaccination; stopping entry and exit to and from school except in mandatory cases; organizing entry and exit times at vehicle gates; conducting surveys; ensuring that students' diets were prepared at home; interviewing the parents of students with low achievement; ensuring that students left school at different times to prevent parents from waiting in crowds; and setting up vaccination stands in the school garden.

4.1.6. Other applications

When other practices related to school health are listed; informative drama activities were carried out for the pandemic, the activities carried out by the guidance service and school management were shared with parents, regular publications and animation shows and epidemic diseases section were created on the website, and activities were carried out for students/parents and teachers, the ringtone was composed of reminder/informative music for the pandemic, associated activities were prepared for preventive measures against the disease in all courses, neighborhood visits were made together with the neighborhood mukhtar/teachers and school administration to encourage unvaccinated citizens to get vaccinated, active learning was done by creating patterns with signs and images, shares were made on the EBA platform, and parents or students experiencing anxiety and fear were supported.

4.2 Discussion

The answers given to the question "What practices were carried out by school administrators and teachers in terms of school health during the pandemic period?" were evaluated in line with the literature studies and central guidelines.

Regarding the practices carried out by school staff before coming to school for school health during the pandemic period, it was stated by the participants that measures were taken to provide mask support and awareness of coming to school with a mask before coming to school, planning was

made for the studies, disinfectants and cologne were provided, vaccinations were made and the environment was constantly cleaned with the surrounding items, personal hygiene rules were paid attention to and health checks were carried out, classrooms and living areas were constantly ventilated, hygiene rules were observed during transportation, and school buses were informed about the pandemic. It can be said that these practices were carried out according to the situations specified in the Guide on Measures to be Taken in Schools in the COVID-19 Pandemic (MoNE, 2021a). It is seen that the emerging situations are in the direction of the preparation and planning of the materials specified in the Standard Infection Control Measures (SICM), Planning of Transmission-Based Measures (CBM) and cleaning-general principles listed in the Infection Prevention and Control Guide for Improving Hygiene Conditions in Educational Institutions (MoNE, TSE, 2020). It is clear that detailed plans are made and announced in line with the central directives regarding the practices. In their study, Budak and Korkmaz (2020) support this situation by stating that Turkey endeavors to plan health policies and manpower training that have gained experience in combating diseases. In addition, the participants stated that attention was paid to changing clothes and masks and hygiene rules during public transportation, disinfectants were provided, parents were informed about the pandemic on social media, vaccinations were given, and the behavior of parents and students was monitored. With official letters sent to schools regarding students with suspected illness, information was provided as follows: "Measures to protect students and education personnel from the effects of the Covid-19 outbreak in face-to-face education and training environments of our Ministry's public and private schools/institutions are regulated in the "Contact Tracing, Outbreak Management, Home Patient Monitoring and Filiation" guide determined by the Scientific Advisory Board of the Ministry of Health" (MoH, 2021a). It was understood that regulations on absenteeism were made with official letters as follows: "taking into account the written request of the parents of students with chronic illnesses who continue primary and secondary education and who document this with a medical board report from health institutions, and students with special education needs who continue their education at all types and levels..." (MoNE, 2022).

In addition to these, the statement made by a female school administrator; "Students were informed about technology addiction and sleep problems that may occur in students" draws attention to the danger of technology addiction that may occur more easily in students who cannot attend school continuously due to the pandemic. Behavioral addictions, which are defined as "behavior-based addictions that cannot be based on a physical substance", include "addictions such as games, computers, television, gambling, etc. and technological addictions in which human-machine interaction is established." (B. M. Y. K., 2024).

Regarding the practices at the school management level in the institution during the pandemic period, the participants stated that cleaning activities were carried out in every part of the school,

information and awareness-raising activities were carried out at the whole school level, masks were distributed to each class, students were warned about social distancing and masks, all measures were taken in line with the necessary works to be followed in the school during the Covid 19 outbreak, disinfectants were placed on classroom doors, toilets and door handles were regularly disinfected, classes are regularly ventilated, students are divided into two groups in crowded classrooms and lessons are taught on certain days, parent entrances and exits to the school are limited and organized, entrances to some areas are blocked, HES code inquiries are made, audits are carried out to see whether the measures are taken, food and beverage services are abolished, and students' entry and exit times are planned so that they do not overlap with each other. Based on the participant opinions, it can be said that among the practical measures described under the titles of "Improving Hygiene Conditions in Educational Institutions Infection Prevention and Control Guide"; workshops/laboratories, teachers' rooms, offices (administrative rooms, guidance service, etc.), meeting/conference halls/multipurpose halls, toilets/sinks, school garden and outdoor playgrounds and other areas of use are emphasized, and information activities are carried out on these issues (MoNE, TSE, 2020). Regarding the situations described in the "Guideline on Practices to be Followed in Case of Covid-19 Positive Cases in Schools" (2021b) prepared in cooperation with the Ministry of National Education and the Ministry of Health, a school administrator states that "an isolation room is created and the fever of the disturbed students is measured there and parents are informed".

Regarding the practices carried out at the level of teachers in the institution during the pandemic period, the participants stated that attention was paid to social distancing rules and the use of masks, students were reminded of the rules of cleanliness at every opportunity, all meetings with parents were made with masks and distance, hygiene rules were followed in the school, close contact of students in the classroom and school garden was prevented, and hand washing activities were carried out with students after breaks. Regarding these studies carried out by teachers; It can be stated that the use of masks is emphasized, the situations to be considered before providing hand hygiene are explained before hand hygiene, hand washing and rubbing technique is explained, attention is drawn to the use of social and common areas, and school administrators and teachers carry out the practices listed under the heading of Occupational Health and Safety Equipment (MoNE, TSE, 2020) in the Infection Prevention and Control Guide for Improving Hygiene Conditions in Educational Institutions. Participants stated that awareness-raising activities were prepared in accordance with the developmental level of children, additional studies were carried out for children with education loss, necessary studies were carried out for distance education, students were followed up and their health status was checked, and the classrooms were regularly ventilated. It is seen that an announcement was made on "In order to minimize the spread of the COVID-19 pandemic in our country, flexible working methods such as remote working and rotational working should be strictly followed by employees working in public institutions and

organizations, regardless of the way they are employed" (MoNE, 2021c), and it can be said that there are studies in this direction. For the prevention practices for school health during the Covid 19 pandemic period, it can be interpreted that one of the administrators stated that "By increasing the level of knowledge of families on health-related issues (such as hygiene, nutrition), students were helped to gain positive attitudes and behavioral characteristics" and that the "goals and activities to improve the awareness of teachers, students, parents and employees about nutrition and physical activities" within the scope of the MoNE I Eat Healthy in My School Program were followed. The trainings for this situation are listed as "nutrition education, food literacy and physical activity education" (MoNE, 2023). It can also be stated that the control and supervision of food products to be sold in school canteens is emphasized in order to protect children's health (MoNE, 2020).

Regarding the practices carried out by the guidance service in the institution for school health during the pandemic period, the participants stated that information activities were supported with visuals and videos, psychosocial studies were carried out to provide students with real information about misinformation, interviews were held with the parents of students who had psychological problems due to the pandemic, and interviews were held to avoid labeling those who were infected with the disease.

Regarding the practices carried out for the protection of school health during the pandemic period at the level of parents and the information provided to parents, the participants stated that parent meetings were held online to discuss situations to be considered at school and at home, warnings were given about masks and distance rules, attention was paid to students' personal hygiene (hand washing, bathing, cleaning clothes), brochures were prepared for parents, entry and exit to and from school were stopped except in mandatory cases, entry and exit times were arranged at vehicle entrance gates, preliminary warnings were given to students that should be applied at home, information was given about vaccination, students were ensured to attend school according to their health status, interviews were held with parents who did not want to send their children to school and surveys were conducted. It can be stated that announcements are made at the national level within the framework of central directives on vaccination, and schools pay attention to these announcements (MoH, 2021b).

Regarding the practices carried out for school health during the pandemic period, the participants stated that informative articles and videos were sent to parents via social media, the activities carried out by the guidance service and school administration were shared with parents, an epidemic section was created with regular publications and animation shows on the website and exemplary practices were carried out for students, parents and teachers, continuous information was provided via SMS; It can be said that they listed practices other than the declarations made in

line with the central directives by stating that the neighborhood headman, teachers and school administration made neighborhood visits together and encouraged citizens who had not been vaccinated to get vaccinated, informative drama activities were carried out, the ringtone was selected from music that raised awareness about the pandemic, activities were organized in all lessons with association studies for protection against the disease, and patterns were created with signs and images.

4.3. Recommendations

4.3.1. For practitioners

- According to the results of the research, although it is felt that the level of awareness of student parents has increased in order to support school health practices, awareness raising activities should be increased through family trainings on this issue,
- Disseminating and increasing the visibility of the content to be enriched with visuals for the regular implementation of preventive activities for school health practices,
- Enriching "School Health Program" practices with activities,
- Regular educational publications and animations should be made on school websites for school health practices.

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4.3.2. For researchers

- Conducting studies on health management practices in schools at different school types and levels.
- Research should be conducted on students' awareness of school health practices.

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