



Teachers' Health Management Practices in the Implementation of Blended Learning Modality

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Abstract

COVID-19 hit the world with devastating effects that stopped the usual system of our everyday lives and affected different sectors, including education. This has led the Philippine Education System to implement the blended learning modality as the alternative to the traditional face-to-face. The study seeks to describe the health management practices of the teacher participants in terms of health protocols in coming in and out of school, communication with parents, module releasing and retrieval, and hygiene and daily practices. Stratified random sampling was used to determine the participants. The participants' profiles were grouped by age, grade level taught, position, and years of service. One-way ANOVA and Tukey's posthoc test were used to treat the data and tested at 0.05 level of significance. It was found that there is no significant difference in the teachers' age, grade-level taught, and position. However, there is a significant difference in the teachers' years of experience in module releasing and retrieval. This implies that teachers with 9-15 years of teaching experience apply the suggested health restriction protocols in module releasing and retrieval more punctually than groups with other experience.

Key words: Blended learning modality, COVID-19, health management protocols

1. Introduction

The school has a fundamental purpose in shaping students' character (Bassi et al., 2019). It is considered as the secondary home wherein individuals start to undergo gradual development, to grow holistically. The health of developing students must be given enough attention since these are the most crucial years of their lives.

Herlitz et al. (2020) claim that health promotion relies on the well-versed, and competent school founding leaders and school staff. Skilled principals as school leaders shape the management of a healthy school. Principals have a vital role in making a secure learning environment for students, as studied by Sabzianpour and Islampanah (2020). In addition, the expansion of school-based health promotion practices may be productive in assuring students' health (Larson et al., 2016).

The students may not attain the proper health experience if the school leaders responsible for giving this are also at risk of acquiring a deadly virus. The turmoil of COVID-19 caused the educators in the Philippines to continue their profession without the guarantee of security while exposing themselves to the public. SARS-CoV-2 that initiates the deadly virus can live on plastic surfaces for 3-7 days (Seladi-Schulman, 2020). Teachers fear the possibility of acquiring the virus when distributing and retrieving the learning materials (placed inside plastic envelopes) to and from the parents and students (Magsambol, 2020). Moreover, the

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Centers for Disease Control and Prevention (CDC) released a list of several factors that may contribute to the risk of occupational spread of COVID-19 to the K-12 Staff that follows: distance between staff and others, duration of contact, and type of contact (CDC, 2021). This implies that the school environment and school staff, especially teachers, are not excluded from the dangers of spreading the virus. Though the pandemic brings about dangers, it never stops educational institutions from delivering the education which students deserve. The delivery of learning continued on a different platform. After the transition of the traditional face-to-face classes was found, as the Department of Education (DepEd) implemented a blended learning modality. It is a combination of online learning and the actual delivery of modules (learning material) to the respective household of students and scheduled the start of the class on August 24 (Custodio, 2020).

The researchers hope that the current study will benefit teachers, staff, faculty, school administrators, health practitioners, and the general public, because it presents educators' practices, challenges, and opportunities to implement the blended learning modality. Moreover, they want to know more about the state of teachers' health management techniques at Bayugan National Comprehensive High School and the challenges and opportunities that teachers face in their new environment.

2. Literature review

This chapter contains various literature and studies about the health management practices, blended learning modalities, challenges, and opportunities encountered in the blended learning modality analyzed thematically.

2.1 Health Practices in Schools

Social distancing may be a newfangled term for many. Still, the idea of school closure as an instrument to lessen the transmission of a particular infectious sickness started long ago, even before the COVID-19 pandemic. For instance, seven hundred twenty schools, housing about 368 and 300 students, closed down in the U.S in the school year 2009-2010 due to the H1N1 pandemic. The duration of school closure may vary, but the hindrances to student health and wellness maintenance are always present (Rothstein & Olympia, 2020).

2.2. Blended learning modality

Moskal et al. (2013) argue that blended learning is a risky idea, because it questions the current state of learning by promoting the acceptance of online learning, mobile technologies, and other technology-related resources while maintaining the wholeness of traditional institutions.

2.3. Traditional learning to blended learning

Teachers and teacher educators are changing through an incredibly uncertain time regarding their expert lives and work. The quick move to online teaching methods keeps students occupied with taking in from early childhood to the tertiary area. In other, especially numerous schools, the transition to the online space is introducing extensive difficulty as instructors' battle to adjust to what in particular likely could be the "new ordinary" for a severe timeframe (Allen et al., 2020).

2.4. Challenges and Opportunities

Many schools see the online or blended modality of learning as an option as this pandemic continues (Black et al., 2020). The abrupt transition from face-to-face to distance online pedagogy brought teachers to utilize technology on a massive scale to cope with the need to deliver learning despite the global school closures due to COVID-19.

Extraordinary challenges are brought by the present COVID-19 pandemic and made such a massive impact on the educational sectors, leaving no assurance when it will cease. Countries are presently enforcing plans and procedures to mitigate spreading the virus while the number of infections continues to elevate. In the persistence of providing quality education despite the pandemic, "new normal" or "new ordinary" must be considered in planning and generating procedures in the effectuation of the "new normal education policy." The expression of collaboration as an opportunity must be emphasized while giving quality education is the main challenge in these disruptive times (Tria, 2020).

The teachers depicted the ongoing pandemic as an occurrence that interrupted their teaching practices and their personal lives. Teachers remained concentrated on giving significant learning experiences to their students despite the instructional challenges and the educational integrity issues that became apparent very early on. However, the majority of teachers still expressed resilience and confidence. Major concerns such as mental health/well-being, student participation, student support, lost learning, learning equity, assessment, technology, social interaction, and special needs have arisen (Bradbury et al., 2020).

3. Methodology

3.1. Research Questions

The researchers came up with the following research questions after knowing the gaps in the existing literatures related to the current study.

3.1.1. What is the profile of the teachers in terms of:

3.1.1.1. age;

3.1.1.2. position;

3.1.1.3. years of service; and

3.1.1.4. grade level handled?

3.1.2. What is the extent of health management practices of teachers in Bayugan National Comprehensive High School

in terms of:

3.1.2.1. health protocols in coming in and out of the campus;

3.1.2.2. communication with parents;

3.1.2.3. module releasing and retrieval; and

3.1.2.4. hygiene and daily practices?

3.1.3. What are the challenges and opportunities encountered in the implementation of blended learning modality?

3.2. Research Design

The researchers used a mixed-method research design. It acquires and utilizes quantitative and qualitative data in the study. The first part of the research questionnaire gathered quantitative data, while the second part gathered qualitative data. The researchers believe that combining the two research designs will supply a better understanding of the study. This research utilized a stratified

random sampling design in picking the participants. The researchers obtained a sample population that best represents the entire population being studied, ensuring that each subgroup of interest is represented.

The researchers used a researcher-made survey questionnaire as the main instrument to gather data from the chosen participants. It consisted of three parts. The first part required the teachers' profile, while the second part evaluated the health management practices that the teachers apply. The third part inquired about the teachers' challenges and opportunities in implementing the blended learning modality during COVID-19. The researchers utilized the researcher-made survey questionnaire that three registered nurses had validated. The instrument was validated by the consultant of MSCRC as well before undergoing pilot testing. The research instrument was pilot tested on 30 teachers from Noli National High School. With the Cronbach alpha value of 0.504 in the area of Health protocols coming in and out of the campus, 0.747 in communication with parents' area, 0.647 in module releasing and retrieval, and 0.637 in hygiene and daily practices.

3.3. Participants of the Study

The study was conducted at Bayugan National Comprehensive High School. The study participants were secondary teachers regardless of their gender, position, specialization, and years of experience. Specifically, this study involved 85 full or part-time employment.

Table 1. Distribution of the Participants of the Study

Grade Level	Population	Sample
Grade 7	48	22
Grade 8	55	24
Grade 9	46	20
Grade 10	44	19
Total:	193	85

3.4. Data Gathering Procedure

The researchers prepared a letter of permission. It was signed by the Dean of the College of Education and asked the school principal of Bayugan National Comprehensive High School to conduct the study. After it was approved, the researchers conducted the survey. The researchers tabulated the data acquired. Specific statistical treatments were used to come up with a proper interpretation to conclude from the results.

3.5. Scoring and Quantification of Data

Indicators for the extent of health management practices of teachers in Bayugan National Comprehensive High School were assessed by giving rates from 1 (lowest score: Never) to 5 (highest score: Always). The average mean for each indicator was obtained and described using the following description.

Table 1. Distribution of the Participants of the Study

Response	Verbal Description	Scale	Interpretation
5	Always	4.5 – 5.0	Very high
4	Very often	3.5 – 4.4	Very high
3	Sometimes	2.5 – 3.4	High
2	Rarely	1.5 – 2.4	Low
1	Never	1.0 – 1.49	Very Low

3.6. Statistical Treatment

The following were the statistical tools used in analyzing and interpreting the data.

- **Frequency and Percentage.** These were used in describing the population of the participants.
- **Weighted Mean.** It was utilized to measure the central location of the participants' responses and determined the general remarks of their reactions.
- **Tukey's test (post hoc test).** This was utilized to determine which among the groups was significantly different from another.
- **One-way Analysis of Variance (ANOVA).** This was utilized to determine whether there is a significant difference in the teacher's extent of health management practices among variables with more than two groups (grade level taught, years of experience, position).

4. Discussion of Results, Findings, and Analysis

Problem 1. The profile of the teacher participants in terms of age, grade level taught years of experience, and position

Table 2. Profile of Teacher Participants

Profile	Frequency	Percentage
Age		
31-40	38	44.71%
20-30	24	28.23%
above 40	23	27.06%
Grade Level Taught		
Grade 8	24	28.20%
Grade 7	22	25.90%
Grade 9	20	23.50%
Grade 10	19	22.40%
Years of Experience		

4-8 years	34	40%
More than 15 years	23	27.10%
9-15 years	15	17.60%
1-3 years	13	15.30%
Position		
Teacher II	34	40%
Teacher I	31	36.50%
Teacher III	14	16.50%
MT I	6	7.00%

Table 2 presents the profile of the participants in terms of age, grade level taught, years of experience, and position. It was found out the majority of the participant's age ranges from 31 – 40 with a percentage of 44.71. In terms of grade-level taught, most of the participants are grade 8 teachers (28.20%). Moreover, most of the participants belong in the range of 4 – 8 years (40%) in terms of years of experience. Lastly, the majority of the participant's positions are Teacher II (40%).

Problem 2. The extent of health management practices in terms of health protocols in coming in and out of the campus, and communication with parents, module releasing and retrieval, and hygiene and daily practices

Table 3. The Extent of Health Management Practices in terms of Health Protocols in Coming In and Out of the Campus

Indicator	Mean	Remark
a. Normalizing proper handwashing.	4.7	Very high
b. Wearing face masks and face shields.	4.7	Very high
f. Following one way for entrance and exit.	4.7	Very high
c. Checking body temperature.	4.5	Very high
d. Maintaining physical distancing, at least 1 meter away.	4.5	Very high
e. Filling in the form provided at the entrance gate.	3.9	Very high
Overall	4.5	Very high

Ranges of mean: 1.0 – 1.4 Never; 1.5 – 2.4 Rarely; 2.5 – 3.4 Sometimes; 3.5 – Very Often; 4.5 – 5.0 Always

As presented, the highest indicator in the extent of health management practices of teachers in terms of health protocols in coming in and out of the campus were the (a) normalizing proper handwashing, (b) wearing face masks and face shields and (f) Following on the way for entrance and exit, having the mean of 4.7 respectively, which states that teachers more likely follow normalizing proper handwashing, wearing face masks and face shields and following on the way for entrance and exit in terms of health protocols in coming in and out of the campus, which signifies that the participants higher assessments along this line than they gave other health management practices. Indicators (e) filling in the form provided at the entrance gate, on the other hand, indicates the lowest mean, which is 3.9.

Table 4. The Extent of Health Management Practices of Teachers in terms of Communication with Parents

Indicator	Mean	Remark
a. Wearing facemask in initiating feedback from parents about the teacher's school-based performance.	4.9	Very high
b. Following physical distancing in acquiring active contact numbers for communication.	4.8	Very high
c. Wearing a facemask in acquiring contact number for communication	4.8	Very high
d. Following physical distancing in initiating feedback from parents about the teacher's school-based performance.	4.8	Very high
e. Announcing important messages through mobile phones or online.	4.8	Very high
f. Ensuring the use of facemasks during the visitation of unresponsive students.	4.8	Very high
g. Ensuring physical distancing during the visitation of unresponsive students.	4.8	Very high
Overall	4.8	Very high

Ranges of mean: 1.0 – 1.4 Never; 1.5 – 2.4 Rarely; 2.5 – 3.4 Sometimes; 3.5 – Very Often; 4.5 – 5.0 Always

As the result of the table granted that the indicators (a) wearing a facemask in initiating feedback from parents about the teacher's school-based performance had the highest mean of 4.9, which signifies the very high remarks that employ the teachers always practiced wearing a facemask in initiating feedback from parents about the teacher's school-based performance in communications with parents. The rest of the indicators were on the same mean of 4.8, which signifies the very high remarks. The teachers always practiced wearing a facemask in initiating feedback from parents about the teachers' school-based performance in terms of communication with parents other than other practices.

Table 5. The Extent of Health Management Practices of Teachers in terms of Module Releasing and Retrieval

Indicator	Mean	Remark
a. Maintaining physical distancing when retrieving/distributing modules.	4.9	Very high
b. Letting only 50% of the scheduled number of parents return modules to go inside the room.	4.8	Very high
c. Providing alcohol outside the room.	4.7	Very high
d. Providing a foot map outside the room.	4.7	Very high
e. Spraying the disinfectant to the envelopes before checking the modules.	4.4	High
Overall	4.7	Very high

Ranges of mean: 1.0 – 1.4 Never; 1.5 – 2.4 Rarely; 2.5 – 3.4 Sometimes; 3.5 – Very Often; 4.5 – 5.0 Always

Based on the results in the table, indicator (a) maintaining physical distancing when retrieving/distributing modules contains the highest mean among with 4.9 value, which implies the very high assessments that stated to be always practiced to the extent of health management practices of teachers in terms of module releasing and retrieval. Indicator (b) letting only 50% of the scheduled number of parents to return modules to go inside the room has the second high value of the mean, which is 4.8, which denotes the very high remarks. It stated that this health protocol is always practiced. Indicators (c) providing alcohol outside the room and (d) providing a foot map outside the room were on the same mean of 4.7 that denoted very high remarks.

They signified that the teacher always practices it in terms of module releasing and retrieval. Additionally, the indicator (e) spraying the disinfectant to the envelopes before checking the modules shows the lowest mean of 4.4 among the indicators.

Table 6. The Extent of Health Management Practices of Teachers in terms of Hygiene and Daily Practices

Indicator	Mean	Remark
a. Assuring the self to follow one lane in crossing pathways.	4.7	Very high
b. Self-initiating the scheduling for disinfection inside the classroom.	4.6	Very high
c. Assuring the self to pass through sanitation mist when going in and out of the campus.	4.6	Very high
d. Assuring the self to wear a face shield at all times.	4.5	Very high
e. Discouraging the self in crowded places at all times.	4.5	Very high
Overall	4.6	Very high

Ranges of mean: 1.0 – 1.4 Never; 1.5 – 2.4 Rarely; 2.5 – 3.4 Sometimes; 3.5 – Very Often; 4.5 – 5.0 Always

As shown in the table, indicator (a) assuring oneself to follow one lane crossing pathways is a well-practiced health protocol. It is observed with the highest mean of 4.7, which states that teachers always practiced this health protocol signifies the very high remarks. On the other hand, the indicators (b) self-initiating the scheduling for disinfection inside the classroom and (c) assuring the self to pass through sanitation mist when going in and out of the campus in line with the same mean value of 4.6 that signifies very high remarks and it is always practiced. Moreover, indicator (d) assuring the self to wear face shield at all times and (e) discouraging the self in crowded places at all times got the lowest mean value of 4.5, which also states the very high remarks and the extent of health management practices of teachers in terms of hygiene and daily routines is always practiced.

Problem 3. The Challenges and Opportunities Encountered in the Implementation of Blended Learning Modality

Table 7. Challenges Encountered by Teachers in the Implementation of Blended Learning Modality

1. Communication and participation of parents	16	19%
2. Preparing materials and resources.	13	15%
3. Slow or intermittent connection.	12	14%

The three main challenges teachers face today in the transition from traditional learning to blended learning are the communication and participation of parents, preparing materials and resources, and slow or intermittent internet connection. This implies that educators are struggling in the blended learning modality because the internet connectivity is not promising. They are being bombarded with a massive load of tasks like producing or generating modules, activity sheets, and other resources in the new modality. Teachers face a great challenging time because the transition doubles the time of their work. Still, teachers comply with these tasks to make pedagogy possible in this setting, especially communicating with the parents due to the remoteness of the home location and the poor network signal.

Table 8 shows the percentage and frequency of opportunities encountered by the teachers in implementing the blended learning modality.

Table 8. Opportunities Encountered by the Teachers in the Implementation of Blended Learning Modality

Opportunities	Frequency	Percentage
1. Building rapport with parents.	16	19%
2. Learning new strategies.	13	15%
3. Engaging in ICT.	10	12%

Teachers can see and have experienced this modality to expose them and explore ICT integration into their profession regardless of their age. Another opportunity that teachers see in this setting is the chance to communicate and work with parents. It may be hard to communicate with them, but this has become an opportunity to establish a good rapport between teachers and parents. The transition of pedagogy caused a significant adjustment in the system of pedagogy, therefore opening another opportunity for teachers to learn new strategies to deliver instruction.

Problem 4. Significant difference in the teacher's extent of health management practices when grouped according to profile

a. Among grade levels taught

Table 9. Significant Difference in the Teacher's Extent of Health Management Practices among Grade Levels Taught

The null hypothesis, Ho	F statistic	p-value	Decision
There is NO significant difference in the extent of health management practices in terms of health protocols in coming in and out of the campus among grade levels taught	1.157	0.332	Failed to reject Ho at $\alpha=0.05$
There is NO significant difference in the extent of health management practices in terms of communication with parents among grade levels taught	0.119	0.949	Failed to reject Ho at $\alpha=0.05$
There is NO significant difference in the extent of health management practices in terms of module releasing and retrieval among grade levels taught	0.716	0.545	Failed to reject Ho at $\alpha=0.05$
There is NO significant difference in the extent of health management practices in terms of hygiene and daily practices among grade level taught	1.738	0.166	Failed to reject Ho at $\alpha=0.05$

* Tested at 0.05 Level of Significance

The table shows the significant difference in the extent of health management practices among grade level taught. As observed, there was no significant difference in the extent of health management practices in terms of health protocols in coming in and out of the campus, communication with parents, module releasing and retrieval, and hygiene and daily practices among

grade level taught at $\alpha=0.05$. Results show that all grade levels (7, 8, 9 & 10) show no significant difference in the extent of health management practices in all parameters.

b. Among years of experience

Table 10 below shows the significant difference in the extent of health management practices among years of experience. As observed, there was no significant difference in the extent of health management practices in terms of health protocols in coming in and out of the campus, communication with parents, and hygiene and daily practices among years of experience at $\alpha=0.05$. This is because teachers follow unvarying health protocols in coming in and out of the campus, communication with parents, and hygiene and daily practices as directed by the D.O. No. 041, s. 2020. However, the table below shows the significant difference in the extent of health management practices among years of experience in module releasing and retrieval at $\alpha=0.05$.

Table 10. Significant Difference in the Teacher's Extent of Health Management Practices among Years of Experience

The null hypothesis, Ho	F statistic	p-value	Decision
There is NO significant difference in the extent of health management practices in terms of health protocols in coming in and out of the campus among years of experience	1.130	0.342	Failed to reject Ho at $\alpha=0.05$
There is NO significant difference in the extent of health management practices in terms of communication with parents among years of experience	1.328	0.271	Failed to reject Ho at $\alpha=0.05$
There is NO significant difference in the extent of health management practices in terms of module releasing and retrieval among years of experience	2.928	0.039	Rejected Ho at $\alpha=0.05$
There is NO significant difference in the extent of health management practices in terms of hygiene and daily practices among years of experience	1.159	0.331	Failed to reject Ho at $\alpha=0.05$

* Tested at 0.05 Level of Significance.

Table 11. Tukey's test in the Teacher's Extent of Health Management Practices in terms of Module Releasing and Retrieval among Years of Experience

Years of experience (I)	Years of experience (J)	Mean Difference (I-J)	Test statistics	p-value	Remark
1 - 3 years	4 - 8 years	0.268	1.987	0.202	Not significant
	9 - 15 years	-0.038	-0.242	0.995	Not significant
	More than 15 years	0.024	0.168	0.998	Not significant
4 - 8 years	9 - 15 years	-0.306	-2.385	0.088	Significant
	More than 15 years	-0.244	-2.184	0.136	Not significant
9 - 15 years	More than 15 years	0.062	0.451	0.969	Not significant

* Tested at 0.05 Level of Significance.

Since One-way Analysis of variance (ANOVA) shows the significant difference in teachers' extent of health management practices in terms of module releasing and retrieval among years of experience, a Post-hoc test, specifically Tukey's test, was conducted. As shown, there is a significant difference in the extent of health management practices in terms of module releasing and retrieval between teachers having 4-8 years and 9-15 years of experience. It was found that the mean value of extent of health management practices in terms of module releasing and retrieval of teachers having 4-8 years of experience was less than to teachers having 9-15 years of experience. This indicates that teachers with 9-15 years of experience have significantly greater health management practices in terms of module releasing and retrieval than teachers with 4-8 years of experience.

Results show that in-service teachers within 1-3 years do not express a significantly higher extent of health management practices in module releasing and retrieval.

c. Among Teachers' Position

Table 12. Significant Difference in the Teacher's Extent of Health Management Practices among Position.

The null hypothesis, Ho	F statistic	p-value	Decision
There is NO significant difference in the extent of health management practices in terms of health protocols in coming in and out of the campus among position	1.873	0.141	Failed to reject Ho at $\alpha=0.05$
There is NO significant difference in the extent of health management practices in terms of communication with parents among position	0.722	0.542	Failed to reject Ho at $\alpha=0.05$
There is NO significant difference in the extent of health management practices in terms of module releasing and retrieval among position	2.387	0.075	Failed to reject Ho at $\alpha=0.05$
There is NO significant difference in the extent of health management practices in terms of hygiene and daily practices among position	1.879	0.140	Failed to reject Ho at $\alpha=0.05$

* Tested at 0.05 Level of Significance.

The table shows the significant difference in the extent of health management practices among positions. As observed, there was no significant difference in the extent of health management practices in terms of health protocols in coming in and out of the campus, communication with parents, module releasing and retrieval, and hygiene and daily practices among positions at $\alpha=0.05$. This signifies that teachers follow the same health protocols regardless of their position in their professional field. Teacher positions ranging from Teacher I to MT I practice the same health protocols.

4. Discussion

The proponents examine the health management practices of teachers as they provide quality education to their pupils amidst the pandemic. The study focused on the health protocols applied in coming in and out on the school campus, especially in releasing and retrieving the students' self-learning modules as the school implements modular distance learning. The study results are significant, since it was found that the teachers with 9-15 years of teaching experience applied the suggested health restriction

protocols in module releasing and retrieval more punctually than the teachers in other groups with different lengths of teaching experience.

This study shares the same findings as that of Brivio et al. (2021) in terms of the challenges faced in school health promotion, according to the school leaders. Slow internet connection is seen to be one arising challenge. On the other hand, the present study found that wearing face masks and face shields is very common, especially in and out of the classroom. This finding supports the study of Codilla and Cubillas (2022) that in coming in and out of the school to maintain the school garden, 93.80 % of the participants wear facemasks, and 73.97% of them wears face shields. Moreover, the findings suggest that the teachers fulfil the minimum health protocols. Thus, to maintain this practice, it is essential to encourage health literacy, as Bae and Yoon (2021) found out that health literacy is a predictor of teachers' health-promoting behaviors.

5. Conclusions

Health restriction protocols such as handwashing, wearing facemasks, following one way for entrance and exit, wearing a facemask, maintaining physical distancing, and assuring the self to follow one lane in crossing pathway were consistently practiced by the participants. It was found that communication and participation of parents, preparing materials or resources, and slow or intermittent internet connection are the most common challenges experienced by the participants. Hence, there is a big possibility that if these challenges are not appropriately addressed, the quality of education may deteriorate.

On the other hand, the researchers found that building rapport with parents, learning new strategies, and engaging in ICT are the opportunities teachers experience in implementing the blended learning modality. Finally, there is a significant difference in the extent of health management practices in terms of the years of service.

6. Recommendations

1. The school is implementing the minimum health restriction protocols set by the authorities based on the findings. However, to continually safeguard teachers' and students' health, health practitioners may engage with the school regularly to develop the foundation of health management practices and make it a habit.
2. Though schools are doing their best to provide quality education amid the pandemic, some issues arise that it will not be appropriately addressed, and the delivery of instruction may be affected. Thus, it is encouraged for the school heads to consider addressing the identified challenges and opportunities in implementing a blended learning modality to ensure the quality of education.
3. Schools may apply the proposed intervention program to assess and resolve the identified challenges in implementing a blended learning modality.
4. Finally, future researchers may undertake studies with additional factors to assess health management practices in the blended learning modality.

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