
Infection Prevention and Control Policies and Guidelines

Aims:

South View School Infection Control Policy aims to provide a set of measures to reduce the spread of illness, through cross infection. This policy covers the prevention of infection and communicable diseases which include effective hand washing, general hygiene and maintenance of a clean school environment.

This policy should be made accessible to and read by all Staff Members and should be followed in conjunction with KHDA Reopening Protocol.

The goal of infection control policy is to prevent spread of infection. Implementing good standards of hygiene through effective communication practices among staff, pupils and parents is a daily practice at South View School. Health education and health promotion on the topics of personal hygiene and hand hygiene are incorporated into the School Curriculum.

The School Medical team should always be informed for any infectious or contagious illnesses. Parents are kept informed of the outbreak of any contagious illnesses and information and advice given on childhood immunizations.

Principles:

- Hand washing is one of the most important ways of preventing the spread of infection. The recommended method is the use of liquid soap, warm water and paper towels. The use of antibacterial soap, provided in a soap dispenser is encouraged. Hands should always be washed after using the toilet, before/after eating or handling food, after playing, after coughing/sneezing, after treating a wound and as necessary.
- Infection can be spread easily by coughing and sneezing. Children and adults should be encouraged to cover their mouth and nose with a tissue and dispose of the tissue in a bin.
- All spillage of vomit, saliva, nasal and eye discharge, blood and faeces should be cleaned up immediately. Disposable gloves and disposable plastic aprons must be worn. When spillage occurs, it should be cleaned using a product that contains chemicals approved by Dubai Municipality.
- Maintaining a clean environment is essential in good infection control. Adequate waste disposal bins should be provided throughout the school. Regular cleaning of non-contaminated surfaces such as table tops and toilet seats should be carried out with standard cleaning solution.

In order to reduce the spread of illness through cross infection, the following points apply:

1. Please DO NOT send your child to school if they show symptoms of:
 - Fever (≥ 37.5 degrees)
 - Unexplained skin rash that has not been assessed by a doctor.
 - Vomiting (return to school after 24 hours of last episode of vomiting)
 - Diarrhea (return to school after 24 hours of last episode of diarrhea)
 - Heavy nasal discharge/ runny nose
 - Strep throat including Scarlet fever (do not return to school until they no longer have a fever, have been taking antibiotics for at least 24 hours, and have a clearance certificate).
 - Persistent cough
 - Red, painful or sticky (yellow discharge) eyes (return to school once discharge ceased)
 - Head lice or nits. Please refer to the Head Lice policy.
2. If the student have infected or sore wound, warts or molluscum contagiosum the affected area must be covered by a well-sealed dressing or plaster - especially during swimming or other specified activities.
3. If the student is assessed by School Medical team and thought to be ill, or a possible source of infection to others, the parents will be contacted to pick them up from school ASAP (maximum within 1 hour).
4. All children with infectious diseases should be kept away from school for all periods of communicability. The student will be allowed to re-attend school with a medical certificate, stating that the medical condition is no longer infectious.

Management:

Diligent and proper hand washing, the use of disposable gloves and proper care of spillages are the most important ways of controlling the spread of infection.

Hand washing

- Wash hands vigorously with soap and water under a stream of warm water for at least 20 seconds.
- Wash all surfaces including backs of hands, wrists, between fingers and under nails.
- Rinse hands well with running water and thoroughly dry with paper towels.
- If soap and water are unavailable, an alcohol based hand rub may be used.

Gloves

- Gloves must be worn when direct care may involve contact with any type of body fluid.
- Disposable, single use, waterproof gloves for example latex or vinyl should be used.
- Discard gloves in the appropriate waste disposable bin after use.
- Hands should be washed immediately after glove removal.

**MINIMUM PERIOD OF EXCLUSION FROM SCHOOL FOR INFECTIOUS DISEASES
CASES AND CONTACTS GUIDANCE AS PER DHA**

Condition	Incubation period	Exclusion of Cases	Exclusion of Contacts
Acute Amoebic dysentery (Amoebiasis)	Range from 2 – 4 weeks	Exclude until diarrhea has resolved for at least 24 hours (without antidiarrheal medications)	Not excluded
Chickenpox	Range from 10 to 21 days; (usually 14-16 days)	Exclude from school until all vesicles become crusted & dry, or until no new lesions appear within a 24-hour, (an average range of 4-7 days from appearance of rash).	Not excluded. Any child with an immune deficiency (e.g. with leukemia, or as a result of receiving chemotherapy) should be excluded for their own protection and seek urgent medical advice and varicella-zoster immunoglobulin (ZIG), if necessary
Conjunctivitis		Exclude until discharge from eyes has ceased, unless doctor has diagnosed a non-infectious conjunctivitis.	Not excluded
Coronaviruses (SARS, MERS, COVID-19)	Range from 2-14 days	Exclude until medical certificate of recovery is produced (Subject to the current guidelines)	Subject to the current National authority guidelines
Cytomegalovirus (CMV) infection	Range from 3 – 12 weeks.	Exclusion is not necessary	Not excluded
Diarrheal illness - unspecified		Exclude until symptoms (diarrhoea/ vomiting) has resolved for at least 24 hours (without antidiarrheal medications)	Not excluded
Diarrheal illness -viral	Varies with pathogen	Exclude until symptoms (diarrhea/	Not excluded

(Adenovirus, Norovirus, Rotavirus)	(usually from 12 hours to 4 days)	vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	
Diarrheal Illness Bacterial (shigella, Nontyphoidal salmonella, campylobacter)	Varies with pathogen (usually from 10 hours to 7 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
Diarrheal illness- E.coli infection, Shiga toxin or Vero toxin producing (STEC or VTEC)	Range from 1-10 days; usually 3-4 days	Exclude cases until they have two negative stool specimens collected at least 24 hours apart and at least 48 hours after discontinuation of antibiotics	Not excluded
Diarrheal Disease (Giardiasis)	Range from 1 to 4 weeks (usually 7 to 10 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
Diphtheria	Range from one to ten days; (usually 2-5 days)	Exclude until medical certificate of recovery from illness is received; which is following two consecutive negative nose and throat cultures (and skin lesions in cutaneous diphtheria) taken 24 hours apart and not less than 24 hours after completion of antibiotic therapy.	Exclude Family / household contacts until investigated by medical professional and shown to be clear of infection.
Glandular fever	Approximately 4 –	Exclusion from school is not	Not excluded

(Epstein-Barr Virus infection)	8 weeks	necessary Note: ONLY exclude from (contact/collision) sports for 4 weeks after onset of illness	
Hand, Foot and Mouth disease	Usually 3 – 6 days	Exclude until all blisters have dried.	Not excluded.
Haemophilus influenzae type b (Hib)	Range from 2 – 4 days	Exclude until the person has received appropriate antibiotic treatment for at least four days.	Not excluded
Hepatitis A	Range from 15 – 50 days; usually 28-30 days	Exclude until a medical certificate of recovery is received, and until 7 days after the onset of jaundice or illness.	Not excluded.
Hepatitis B	Range from 60 to 150 days; Usually ninety days	Acute illness: Exclusion until recovered from acute attack. Chronic illness: Not Exclusion	Not excluded.
Hepatitis C.	Range from 14–182 days (usually range: 14–84 days)	Exclusion is not necessary	Not excluded.
Human immunodeficiency virus infection (HIV/AIDS)	Usually one to four weeks	Exclusion is not necessary.	Not excluded.
Impetigo	The incubation period Varies according to the causative organism It is usually one to three days for streptococcal infections and four to 10 days for	Exclude until lesions are crusted and healed. The child may be allowed to return earlier provided that appropriate treatment has commenced and that sores on exposed	Not excluded.

	staphylococcal infections	surfaces must be properly covered with water-proof dressings.	
Influenza / influenza like illnesses	Usually 1 to 4 days	Exclude until at least 24 hours after fever has resolved without the use of fever-reducing medicines.	Not excluded
Leprosy		Exclude until receipt of a medical certificate of recovery from infection.	Not excluded
Measles	Range from 7 – 23 days from exposure to symptom onset; Usually 10-14 days.	Exclude for at least 4 days after the onset of rash. Or until medical certificate of recovery from illness is received	Immunized contacts not excluded. Unimmunized contacts should be excluded until 14 days after the first day of appearance of rash in the last case. (If unimmunized contacts are vaccinated within 72 hours of their first contact with the first case, or received immunoglobulins within 6 days of exposure, they may return to school).
Meningitis (viral, bacteria - other than meningococcal meningitis)	Varies according to the causative organism	Exclude until well.	Not excluded
Meningococcal Meningitis infection	Range from two to ten days; usually 3 - 4 days.	Exclude until receipt of a medical certificate of recovery from infection.	Household contacts must be excluded from school until they have received appropriate chemoprophylaxis for at least 48 hours.
Mumps	Range from 12 - 25 to days; commonly parottitis develop 16 - 18 days	Exclude for 9 days after the onset of swelling OR until this swelling resolved.	Not excluded.

Pediculosis (Head lice)		Exclude until appropriate treatment has commenced. Note: Rescreening is needed 7-10 days after initial treatments, to inspect hair for live crawling lice.	Not excluded
Pertussis (whooping cough)	Usually 7 to 10 days after infection, but may also appear up to 21 days later	Excluded 21 days after the onset of cough & illness if no antibiotic treatment is given OR until they have completed 5 days of a course of recommended antibiotic treatment. AND receipt of a medical certificate of recovery from infection;	If the household contacts have not previously had whooping cough or vaccination against whooping cough; they must be excluded from attending a school for twenty one days after last exposure to infection OR until they have completed 5 days of a course of an appropriate antibiotic.
Poliomyelitis	Range from 4 – 35 days; Usually 7 – 10 days	Exclude from schools until 14 days after the onset of illness and until receipt of a medical certificate of recovery from infection	Not excluded.
Rubella (German measles)	Range from 12 – 23 days; usually 17 days.	Exclude until fully recovered or for at least seven days after the onset of rash.	Not excluded Note: Female staff of child-bearing age should ensure that their immune status against rubella is adequate.
Scabies	It may take 2–8 weeks before onset of itching in a person not previously exposed to scabies. Symptoms develop much more quickly if	Exclude until appropriate treatment has commenced	Not excluded

	a person is reexposed, often within 1–4 days.		
Streptococcal infection (including scarlet fever)	Range from two to five days	Exclude the child has received appropriate antibiotic therapy for at least 24 hours and after the fever has resolved for 24 hours (without the use of fever-reducing medicines); OR until receipt of a medical certificate of recovery from infection; which issued when	Not excluded
Tuberculosis (excluding latent tuberculosis)	It takes about 4-12 weeks from infection to a demonstrable primary lesion or positive skin test reaction	Exclude until receipt of a medical certificate from the health officer of the Department, that the child is not considered to be infectious.	Not excluded.
Typhoid fever/paratyphoid fever	For typhoid fever ranges from 6–30 days; usually 8–14 days (but this depends on the infective dose) For paratyphoid fever is usually 1–10 days.	Exclude until receipt of a medical certificate of recovery from infection.	Not excluded unless the health authorities consider exclusion to be necessary.