

GUIDELINES FOR MANAGEMENT OF COVID-19 IN EDUCATIONAL, ACADEMIC SETTINGS, NURSERIES AND ELCs

Version 4

Health Policies and Standards Department

Health Regulation Sector (2020)

INTRODUCTION

Dubai Health Authority (DHA) Law No. (6) Of 2018, mandates Health Regulation Sector (HRS) of DHA, to undertake several functions including but not limited to the following:

- Developing regulation, policy, standards and guidelines to improve quality and patient safety and promote the growth and development of the health sector.
- Licensure and inspection of health facilities as well as healthcare professionals and ensuring compliance to best practice.
- Managing patient complaints and assuring patient and physician rights are upheld.
- Managing health advertisement and marketing of healthcare products.
- Governing the use of narcotics, controlled and semi-controlled medications.
- Strengthening health tourism and assuring ongoing growth.
- Assuring management of health informatics, e-health and promoting innovation.

The Guidelines for management of COVID-19 in educational and academic settings aims to fulfil DHA vision- Towards a Healthier and Happier Community, and the following overarching DHA Strategic Objectives and Program within the Dubai Health Strategy (2016–2021):

- **Objective 1:** Position Dubai as a global medical destination by introducing a value-based, comprehensive, integrated and high-quality service delivery system.
- **Objective 2:** Direct resources to ensure happy, healthy and safe environment for Dubai population.
- **Strategic Program 10:** Excellence & Quality, which promotes excellence in healthcare service delivery in Dubai while enhancing patient happiness, experience, satisfaction and trust.

ACKNOWLEDGMENT

The Health Policy and Standards Department (HPSD) developed this Guideline in collaboration with Subject Matter Experts and School Health Section (SHS) of Public Health Protection Department (PHPD). HRS would like to acknowledge the effort of healthcare professionals who contributed to the development of this document and for their dedication toward improving quality and safety of healthcare services in the Emirate of Dubai.

Health Regulation Sector

Dubai Health Authority

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EXECUTIVE SUMMARY

In March 2020, the World Health Organization (WHO) declared COVID-19 as a global pandemic. Clinical evidence and research indicate that COVID-19 is known to be transmitted through direct contact with respiratory droplets of an infected person through coughing and sneezing and from touching surfaces contaminated with the virus. It is important for educational and health institutions to be vigilant and adopt precautionary measures to protect the community in accordance with DHA vision "Towards a Healthier and Happier Community". To ensure protective and preventative measures are adopted within the community, DHA developed this guideline to reduce the risk of COVID-19 transmission across Education, Academic settings as well as Nurseries and Early Learning Centres (ELCs) in addition to safety measures mandated by Knowledge and Human Development Authority (KHDA).

There are thirteen recommendations within the guideline, each addressing an important component to build an effective and efficient system to prevent, prepare and respond to COVID-19. The guideline includes key actions, processes and checklists for Education and Academic settings as well as Nurseries and ELCs. A critical requirement within the guideline is the requirement to establish a Health and Safety Team (HST) at schools and universities to oversee its execution. The guideline seeks to adopt best practices in the Emirate of Dubai, it also aims to minimise stigmatizing of infected students and staff. In such cases, general health, safety, and infection control principles should be adopted for COVID-19. Finally, further guidance on bespoke issues may be sought through DHA School Health Section (SHS) schoolcovnotify@dha.gov.ae or **800-342**, if the HST could not resolve them.

DEFINITIONS

- **Close Contact:** is someone having exposure to a person with COVID-19 (excluding people who have had COVID-19 Disease diagnosed by PCR within the past 3 months prior to the exposure), without using proper personal protective equipment (PPE), from 2 days before onset of illness/date of positive swab to 10 days after.
- **COVID-19:** is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The COVID-19 virus is a new virus linked to the same family of viruses named Severe Acute Respiratory Syndrome (SARS) and some types of common cold.
- **COVID-19 Test -Polymerase Chain Reaction (PCR):** is the standard test for the detection of the virus that causes COVID19. It tests for the virus' genetic material, and a positive test detects at least two genes. The test is generally done from a swab taken from the nasopharynx.
- **Confirmed COVID-19:** is a person with a positive polymerase chain reaction (PCR) test result for COVID-19 infection that is reported by an approved laboratory, irrespective of clinical signs and symptoms.
- **Contact Tracing:** is the process of identifying individuals who have been in close contact with a known positive COVID-19 patient, in a proximity of 2 meters for a period of not less than 15 minutes. Tracing can be done remotely (on the phone) or in the field.

- **COVID-19 Recovered:** is a patient who completed the specified isolation period, with no symptoms or fever (afebrile without antipyretics) ($\geq 37.50C$) for a minimum of three consecutive days immediately before intended discharge.
- **Exposure:** is defined as one or more of the following:
 - Being within 2 meters of a COVID-19 case for 15 minutes or more.
 - Direct physical contact with a COVID-19 case.
 - Providing direct care for patients with COVID-19 disease either at home or in the healthcare setting (without proper PPE).
 - Living in the same household as a COVID-19 case.
- **Guardian:** is a person who has the legal right and responsibility of taking care of someone who cannot take care of himself or herself, such as a child whose parents have died.
- **Isolation:** is the separation of infected patients (suspected or confirmed) from healthy individuals so they can start the treatment journey without infecting others. Healthcare providers along with the employer are responsible for choosing the best place for people who are subject to isolation as per the relevant guidelines. People who have been isolated for a period do not pose any health threat to others, especially after confirming that they are infection-free.
- **Isolation room:** is an area in the educational or academic setting, where a student suspected of any infectious or communicable disease can be separated from contact with others to reduce risk of transmission of infection, until the student is picked up by parents or guardian.

- **Nursery:** is a centre-based service primarily for infants and toddlers. These centres, staffed by professional nurse and educators, are generally open 8-10 hours per day throughout the year.
- **Personal Protection Equipment (PPE):** includes gloves, medical masks, goggles or a face shield, and gowns, as well as for specific procedures, respirators (i.e. N95 or FFP2 standard or equivalent) and aprons.
- **Quarantine:** is the restriction of movement of those who may have been exposed to an infectious disease but do not have a confirmed medical diagnosis to ensure they are not infected. Healthcare providers along with the employer are responsible for choosing the best place for people who are subject to quarantine as per the relevant guidelines. People who are quarantined for a period do not pose any health threat to others especially after confirming that they are infection free.
- **SARS-CoV-2/COVID-19:** is a severe acute respiratory syndrome coronavirus 2 (SARS-CoV 2) is a strain of coronavirus that causes a respiratory illness called coronavirus disease 2019 (COVID-19). The virus (SARS-CoV-2) and the disease it causes (COVID-19) is thought to have spread across the world starting from Wuhan City of Hubei, a province in China, in December 2019.
- **School:** means all private schools in the Emirate of Dubai under the jurisdiction of KHDA or DHA.

- **School Physician:** is a DHA licensed physician practicing in a school or college who is responsible for the health of enrolled children, adolescents or adults and providing medical care to students in accordance with medical science and experience.
- **Student:** is any individual who is or has been enrolled at an educational agency or institution and regarding whom the agency or institution maintains educational records.
- **Suspected COVID-19:** is a patient who presents with upper or lower respiratory symptoms, with or without fever ($\geq 37.5^{\circ}\text{C}$) AND satisfying any one of the following criteria:
 - International travel history during the 14 days prior to symptom onset; OR
 - Been in contact with a confirmed COVID-19 case within 14 days; OR
 - Residing in a community setting where COVID-19 cases have been detected; OR
 - Cases of Influenza-like illness without history of travel or known possible exposure.

ABBREVIATIONS

ARDS	:	Acute Respiratory Distress Syndrome
CoV	:	Corona Viruses
COVID-19	:	Corona Virus Disease for the year 2019
DHA	:	Dubai Health Authority
DM	:	Dubai Municipality
ELC	:	Early Learning Centre
EPI	:	Extended Program of Immunization
HRS	:	Health Regulation Sector
HST	:	Health and Safety Team
KHDA	:	Knowledge and Human Development Authority
MOU	:	Memorandum of Understanding
PCR	:	Polymerase Chain Reaction
PPE	:	Personal Protective Equipment
RTA	:	Roads and Traffic Authority
SARS	:	Severe Acute Respiratory Syndrome
SHS	:	School Health Section
UAE	:	United Arab Emirates
WHO	:	World Health Organization

1. BACKGROUND

Corona Virus Disease (COVID-19) is a novel disease that has manifested globally and is thought to have spread from animal species to humans. COVID-19 is understood to be spreading from human to human through droplets (coughing and sneezing) and through direct contact with contaminated surfaces or hands. Symptoms usually appear two (2) to fourteen (14) days after exposure. Safeguards and masks to prevent the spread of COVID-19 include avoiding sneezing in the open, touching the face by hand, avoiding direct contact (handshaking) with other people, physical distancing, washing hands regularly and not travelling to locations where the virus is prevalent.

Although the majority of people with COVID-19 cases are uncomplicated or suffer from mild illness (81%), some cases are expected to develop severe illness requiring oxygen therapy (14%) and approximately 5% will need treatment in an intensive care unit. Critically ill patients will require mechanical ventilation. The most common diagnosis for severe COVID-19 cases is severe pneumonia sometimes resulting in Adult Respiratory Distress Syndrome (ARDS).

2. SCOPE

2.1. The scope of this document is to assist Education and Academic settings as well as nurseries and ELCs to manage students or staff suspected and/or with confirmed COVID-19.

3. PURPOSE

- 3.1. To assure the adoption of best practices to prevent and control the spread of COVID-19 infection in education and academic settings and in nurseries and ELCs.
- 3.2. To ensure reporting of COVID-19 cases to DHA as per the requirements set out in the Guideline.
- 3.3. To maximize the effective management of suspected and/or confirmed COVID-19 cases through education and academic settings and in nurseries and ELCs.

4. APPLICABILITY

- 4.1. Academic, educational institutions, nurseries and ELCs under DHA jurisdiction.

5. RECOMMENDATION ONE: RISK LEVELS OF INFECTION

- 5.1. The main aim of relevant authorities in the Emirate of Dubai and the management of schools and universities is to ensure that learning process is not disrupted and to ensure that all students and staff are safe while attending classes in school or university premises.
- 5.2. The classification of risks of COVID-19 spread is low, medium and high based on specified threshold for each indicator, which is elaborated in **Appendix 1**.

6. RECOMMENDATION TWO: COVID-19 PRECAUTIONARY MEASURES

- 6.1. Education and academic settings as well as nurseries and ELCs may consider implementing several strategies to encourage behaviours that reduce the spread of COVID-19.
 - 6.1.1. Staying at home if unwell.

- a. Educate and develop internal policy that encourage sick students and staff to stay home and ensure they are aware of this policy.
 - i. Students and staff who exhibit COVID-19 symptoms should stay home until they produce a negative PCR result and should be free of symptoms to resume the school, nursery/ELC or university.
 - ii. Students and staff, who tested positive for COVID-19 or who have recently had close contact with a person with COVID-19 should quarantine for ten (10) days.
 - iii. Offer distant learning options.
 - iv. Assign a health and safety team to follow up on students who had symptoms until they return.
 - v. Monitor absenteeism by checking daily absence records and the reasons for the unjustified absence of students and staff.
 - vi. Avoid implementing perfect attendance awards.

6.1.2. Hygiene Management

- a. Train and reinforce handwashing with soap and warm water for at least twenty (20) seconds and increase monitoring to ensure adherence among students and staff.
- b. If soap and warm water are not readily available, hand sanitizers that contain at least sixty percent (60%) alcohol may be used.

- c. Encourage students and staff to cover coughs and sneezes with a tissue, promptly dispose used tissues in a covered bin and wash their hands immediately with soap and water for at least twenty (20) seconds.
- i. If a tissue was not available, students and staff should sneeze or cough into their elbows and sanitize or wash their hands immediately.

6.1.3. Facemasks

- a. Facemasks are obligatory for anyone entering the education or academic settings school/university premises or nurseries/ELC.
- b. Medical masks or cloth masks may be used.
- c. Compliance with the use of facemasks should be monitored regularly.
- d. All students and staff should be trained for the proper use of facemasks (appropriate wearing and removal, disposal of medical facemasks or washing of cloth facemasks) and the training should be periodically reinforced.
- e. Students and staff should be frequently reminded not to touch their facemasks and not to share their masks with others.
- f. It is not recommend using facemasks with exhalation valves, as it does not prevent the person wearing the facemask from transmitting COVID-19 to others.
- g. Encourage teachers in direct contact with students of determination with hearing impairment or teachers of primary students to wear a

clear/transparent facemask, if available, to facilitate lip reading and facial expression.

- h. Facemasks can be removed when eating or during high intensity physical activities, while maintaining social distancing.
- i. Students and staff may be exempted from wearing facemasks in the following conditions:
 - i. Medical conditions on producing a medical certificate.
 - ii. In emergencies such as trouble breathing, falling unconscious or panic attacks.
 - iii. In case of People of determination, who are unable to remove the facemasks without assistance.
 - iv. Students under six (6) years of age are not obliged to wear facemasks.

6.1.4. Face shields

- a. Face shield is not recommended for use as a substitute for facemasks.
- b. Face shields may be offered in circumstances where lip reading and facial expressions is required, while maintaining a physical distance of at least two (2) meters.
- c. The following face shields provide better source control than others:
 - I. Face shield that covers the entire front (extending to the chin or below the chin) and sides of the face;

OR

II. Hooded face shields.

6.1.5. Adequate Supplies for Infection Control Measures

a. Support healthy hygiene behaviour by providing adequate supplies, including but not limited to the following:

- i. Soap.
- ii. Hand sanitizer with a minimum of sixty percent (60%) alcohol.
- iii. Disposable paper towels.
- iv. Tissues.
- v. Disposable disinfectant wipes.
- vi. Facemasks.
- vii. No touch/foot pedal trash cans.

6.1.6. Promote awareness on infection control measures related to COVID-19

- a. Post signs in highly visible locations e.g. school entrances, restrooms to promote protective measures and describe how to stop the spread of germs (proper hand hygiene and wearing a facemask).
- b. Use signage to guide students and staff on social distancing guidelines and to indicate directions.
- c. Include messages (for example, videos) about behaviours that prevent the spread of COVID-19 when communicating with staff and families

(such as on websites, via emails and on school and university social media accounts).

7. RECOMMENDATION THREE: ISOLATION ROOM REQUIREMENTS

7.1. The isolation room, is to be preferably located close to the clinic and with following requirements:

- 7.1.1. A minimum area of 7.5 sq. meters.
- 7.1.2. Preferably, a hand washing sink inside the room with a non-refillable hand detergent.
- 7.1.3. Access to non-refillable hand sanitizers.
- 7.1.4. An attached toilet or a nearby-designated toilet as required for people with determination.
- 7.1.5. A viewing window to monitor the student from the clinic or camera with live feed (recording is not permitted).
- 7.1.6. A single bed with railing (multiple beds can be accommodated if the area is ample to ensure distancing and beds can be separated with gypsum or screens of materials that can be readily disinfected).
- 7.1.7. Preferably two doors, one with access to the clinic and one external to minimise spread of any infection.
- 7.1.8. Access to Personal Protective Equipment (PPE) trolley or shelves outside the isolation room.

Note: Nurseries and ELCs should follow the isolation room requirements available in the Standards for clinics in Nurseries and ELCs.

7.2. The requirements for isolating an student or staff is as follows:

7.2.1. School physician and/or nurse shall evaluate the student/staff as per the case definition of COVID-19.

7.2.2. If symptomatic, students or staff should be placed in the designated isolation room.

7.2.3. Parents/guardians of a symptomatic student should be notified immediately and should be asked to take the student from the educational and academic settings.

7.2.4. Anyone entering the isolation room must wear appropriate PPE.

7.2.5. Physician or nurse shall continuously monitor the staff/student when in the isolation room.

7.2.6. Once students or staff have vacated the isolation room, it should be thoroughly disinfected by Dubai Municipality (DM) approved disinfectants.

7.2.7. A health and safety team shall be responsible for training, monitoring and reporting any COVID-19 related matters.

8. RECOMMENDATION FOUR: ENVIRONMENTAL CONSIDERATION

8.1. Educational and Academic settings as well as nurseries and ELCs may consider implementing several strategies to maintain healthy environments.

8.1.1. Cleaning and Disinfection

- a. Develop a schedule for frequent cleaning and disinfection for touched surfaces (e.g. playground equipment, door handles, sink handles, drinking fountains) within the facility.
- b. Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible and cleaned between uses.
- c. If the facility setting uses transport vehicles (e.g., buses), drivers should practice all safety precautions and protocols by any relevant authority as indicated (e.g. hand hygiene, cloth face coverings).
- d. Clean and disinfect school buses or other transport vehicles according to Roads and Transport Authority (RTA), COVID-19 school bus safety guidelines.
- e. Ensure safe, correct use and storage of cleaning and disinfection products approved by DM, including storing products securely away from children.

8.1.2. Shared Objects

- a. Discourage sharing of items that are difficult to clean or disinfect.
- b. Keep each child's belongings separated from others' and in individually labelled containers, cubbies, or areas.
- c. Ensure adequate supplies to minimize sharing of high touch materials (e.g. assign each student their own art supplies, equipment) or limit use

of supplies and equipment by one group of children at a time, cleaned, and disinfect between uses.

- d. Avoid sharing electronic devices, toys, books, music instruments and/or learning aids.

8.1.3. Ventilation

- a. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible.

8.1.4. Modified Layouts

- a. Seating/desks in classes should be a minimum of 1.5 meters apart.
- b. It is recommended that all classrooms' desks should face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
- c. Ensure the use of partitions between tables if the classroom desks are facing each other.
- d. The same student should use same working station/desk each day.
- e. Abide with the RTA requirements to seat students in school transportation.

8.1.5. Physical Barriers and Guides

- a. Install physical barriers and/or partitions, particularly in areas where it is difficult for individuals to remain at least 1.5 meters apart.

- b. Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and students remain at least two (2) meters apart in lines and at other times guides for creating “one-way routes” in hallways.

8.1.6. Communal Spaces

- a. It is recommended to limit the use of communal shared spaces, such as dining halls and playgrounds with shared playground equipment if possible; if used, stagger through a rota system and clean and disinfection between uses.
- b. Add physical barriers, such as plastic flexible screens, preferably, between bathroom sinks especially when they cannot be at least two (2) meters apart.

8.1.7. Food Services

- a. Educational and academic settings and the nurseries and ELCs can provide pre-packaged food services while following DM guidelines.
- b. Families are encouraged to supply food & beverages for their children along with their own plastic safe utensils.
- c. Staff must also bring in their own food and drink. Teachers should supervise to ensure that children do not share food.
- d. Face shields are encouraged during meal breaks when masks need to be temporarily removed.

- e. Buffets or other forms of meal gatherings are not allowed.
- f. The facility should implement staggered meal breaks that will ensure the safe minimum two (2) metres distancing between students.
- g. Students and Staff should not share food or drinks.

9. RECOMMENDATION FIVE: ROUTINE OPERATIONS

9.1. Education and academic settings and the nurseries and ELCs may consider implementing several strategies to maintain routine operations.

9.1.1. Protections for students and staff at high risk for severe illness from COVID-19

- a. Offer options for high-risk staff (elderly, underlying medical conditions or immunosuppressed staff) to limit their risk of exposure through distant platforms, flexible working or alternative job duties.
- b. Offer options for high-risk students (underlying medical conditions or immune-suppressed) to limit their risk of exposure through distant platforms, flexible working or alternative study schedule.
- c. Provide policies to protect the privacy and confidentiality of high-risk students and staff.

9.1.2. Activities and Events

- a. Events, celebrations, group activities and field trips are suspended until further notice.
- b. All interschool sporting events should be suspended until further notice.

- c. Pursue distant activities and events in lieu of student assemblies, special performances and parent meetings.

9.2. Identifying small groups and keeping them together (cohorting)

9.2.1. Ensure that students and staff groupings are as static as possible by having the same group of students stay with the same teacher.

9.2.2. Provision for students in nurseries, ELCs and pre-primary years will require stable group (bubble) of ten (10) or fewer children.

9.2.3. Limit mixing between groups if possible.

9.2.4. Class rotation should be limited. For curriculum featuring class rotations, it is preferable that students remain in their designated classrooms while teachers rotate instead.

9.3. Staggered scheduling

9.3.1. Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.

9.4. Communication Systems

9.4.1. Ensure compliance and consistency with applicable federal laws, local regulations of relevant authorities.

9.4.2. Have policies, for staff and families to self-report to the facility if students and/or staff have symptoms of COVID-19, a positive test for COVID-19 or

in the case of exposure to someone with COVID-19 within the last fourteen (14) days.

9.4.3. Notify staff and families of class/section or facility transition to distant learning with KHDA approval and if any restrictions are in place to limit COVID-19 exposure.

9.4.4. If any circulars are needed to be issued to parents regarding COVID-19, the circulars must be approved by KHDA first on covid19notify@khda.gov.ae.

9.5. Recognize Signs and Symptoms

9.5.1. Ensure that daily health checks (e.g.; temperature screening) of staff, students and guardians at the facility entrance.

9.5.2. Health checks should be conducted safely and respectfully and in accordance with any applicable federal laws and local regulations.

10. RECOMMENDATION SIX: MANAGEMENT OF SUSPECT/CONFIRMED COVID-19 CASES REPORTING

10.1. A COVID-19 suspected case could have symptoms detected in the following scenarios:

10.1.1. At home or before getting into the educational, academic settings, nurseries and ELCs transport or private transport.

10.1.2. At the entrance of school or nursery/ELC (while still accompanied by parent/guardian).

10.1.3. At the entrance of facility (while not accompanied by parent/guardian).

- 10.1.4. During facility hours or after school activities.
- 10.1.5. Students and staff with symptoms shall remain at home and seek medical advice and where necessary treatment from a licensed physician, should return with a negative COVID-19 test, confirmed from a laboratory that is approved for Polymerase Chain Reaction (PCR) and is free of symptoms.
- 10.1.6. Students below twelve (12) years may consider remaining at home for ten (10) days if the parents do not consider conducting PCR test.
- 10.1.7. Refer to **Appendices 2 and 3** for the Process Map for Suspected Covid-19 among students and staff.
- 10.1.8. Any student or member of staff who has a chronic allergic rhinitis is required to present a medical certificate from his/her treating healthcare facility to be exempted from PCR Testing.
- 10.1.9. The education or academic setting Health and Safety Officer/Team (HSO/HST) is responsible to follow up with the student's parent or affected member of staff to check final diagnosis/PCR results and request submission of the report.
- 10.1.10. The physician or nurse-in charge should immediately refer all symptomatic cases reported on the facility grounds to the isolation room for assessment.
- 10.1.11. The onsite clinic shall isolate the suspected case as per the case definitions available on DHA website.
- 10.1.12. Student's parents/guardians shall be immediately informed.

10.1.13. If the suspected case is stable, then the student may be handed over to the parents/guardian/competent member of the family or emergency contact.

10.1.14. In the event of unstable cases of students the parents/guardians and in case of staff, the emergency contact have to be informed immediately. The case must be managed by the ambulance service and where necessary transferred to a hospital setting for medical treatment and follow up.

10.2. Positive PCR test

10.2.1. Parents or guardians of students or staff with a positive PCR result are required to report the result to the responsible person of the HSO/HST.

10.2.2. The household of positive cases should be quarantined for ten (10) days.

10.2.3. Students should shift into distant learning (if applicable).

10.2.4. Staff who are positive cases should not attend the educational and academic settings or the nurseries and ELCs and may work remotely (if applicable).

10.2.5. The educational and academic setting and the nurseries and ELCs medical team/HST shall notify the DHA School Health Section through schoolcovnotify@dha.gov.ae.

10.2.6. A DHA investigation team will contact your facility, to coordinate for case investigation and close contacts tracing.

10.2.7. Students and staff may return to the educational and academic setting or nurseries and ELCs upon submission of clearance certificate from treating health facility or by calling **800-342**, requesting for a clearance certificate.

11. RECOMMENDATION SEVEN: CONTACT TRACING, DECISION TAKING AND REPORTING

11.1. Pathway for contact tracing and reporting COVID-19 should be followed as per

Appendix 4.

11.1.1. HSO/HST shall immediately use student/staff attendance data to identify the group of people who had been in contact with the affected person during the period of two (2) days before the onset of symptoms (for symptomatic COVID-19 cases) and from the date of swab collection for asymptomatic cases.

11.1.2. HSO/HST shall take decisions based on the **Appendix 5.**

11.1.3. HSO/HST in collaboration with DHA team will identify the exposed contacts according to the case definition of case contact.

11.1.4. Comprehensive information from a patient diagnosed with COVID-19 is the foundation of case investigation. The HSO/HST shall provide DHA with the following:

- a. Name of the case diagnosed with COVID-19 (demographics, age sex, Emirates ID etc.).
- b. Location of case (class, section, floor, block/wing, office, corridors and building).
- c. Location of close contacts (class, section, floor, block/wing, office, corridors and building) and fill mapping sheet.
- d. Proximity of reported dates.

- e. Source of infection (home, school, other).
 - f. Transportation (bus, private).
 - g. Mitigation strategies (mask, social distancing, etc.).
 - h. Sharing toilets, entrances, etc.
- 11.1.5. Inform all contacts or the parents/guardian of the contacts about their exposure to COVID-19 without disclosing the identity of the person who tested positive. Refer to **Appendix 6**.
- 11.1.6. Inform identified close contacts and advise them to home quarantine for ten (10) days from last exposure with the COVID-19 case.
- 11.1.7. Share guidance with the contacts and/or their parents/guardians on observing symptoms and ensuring personal safety over ten (10) days.
- 11.1.8. The members of the close contact household do not need to self-isolate unless the exposed person subsequently develops symptoms.
- 11.1.9. Completion of the ten (10) days quarantine is mandatory for all close contacts.
- 11.1.10. The close contact does not require a negative PCR report to return to the educational and academic settings unless symptoms develop.
- a. If the close contact develops symptoms, he/she shall be PCR tested.
 - b. In case contacts are COVID-19 positive, report it to DHA School Health Section through schoolcovnotify@dha.gov.ae.

11.1.11. The educational and academic settings shall offer distant learning to all close contacts.

12. RECOMMENDATION EIGHT: RETURN TO FACILITY CRITERIA

- 12.1. COVID-19 positive cases should return to school after completing ten (10) days home isolation and provide clearance certificate from treating health facility or by calling **800-342**, requesting for a clearance certificate.
- 12.2. Asymptomatic close contacts, who completed ten (10) days of home quarantine, do not require PCR testing to return to facility.
- 12.3. The school physician/nurse is required to undertake and document a virtual check-up to ensure that the student/staff does not have any symptoms and is in good health before they are allowed to return to facility.
 - 12.3.1. The distant check-up takes place one to two days, prior to returning to the facility.
 - 12.3.2. If the student/staff is given a clearance to resume school, university, or nursery/ELC during the distant check-up, he/she may return to school, university, or nursery/ELC on the return date specified.
 - 12.3.3. On arrival, they must attend the school/university/nursery/ELC clinic before going to class where the physician/nurse will conduct a final assessment before allowing the child to resume learning activities.

13. RECOMMENDATION NINE: SCHOOL MANAGEMENT RESPONSIBILITIES

- 13.1. Conduct a general risk assessment specific to the educational or academic setting.

- 13.2. Conduct individual risk assessments for all students of determination.
- 13.3. Orient all students and staff regularly on health and safety precautions related to COVID-19. Orientation sessions shall be documented for auditing purpose.
- 13.4. Ensure regular cleaning and disinfection of the premises.
- 13.5. Adopt mechanisms to avoid crowding in transitional areas.
- 13.6. Place signs, demarcations and off limit areas.
- 13.7. Install safety equipment and ensure adequate stock of disinfection and sanitization materials.
- 13.8. Implement environmental health and safety measures (physical distancing, temperature screening and use of facemasks).
- 13.9. Monitor and maintain healthy behaviours, environments and operations that reduce the spread of COVID-19 by using the tool in **Appendix 7**.

14. RECOMMENDATION TEN: HEALTH AND SAFETY TEAM (HST) RESPONSIBILITIES

- 14.1. Educational and academic settings shall establish a COVID-19 HST to be responsible for responding to COVID-19 concerns.
- 14.2. All staff, students and guardians should be aware whom to contact for COVID-19 concerns.
- 14.3. Roles and responsibilities of HST are as follows:
 - 14.3.1. Regular school assessment to ensure implementation of mitigation strategies.
 - 14.3.2. Ensure consistent and correct use of masks.

- 14.3.3. Ensure social distancing (maintain 1.5m inside the class, and 2 m outside the class; ensure no physical touches between students/staffs).
- 14.3.4. Emphasise on hand hygiene and respiratory etiquette.
- 14.3.5. Ensure cleaning and disinfection.
- 14.3.6. Implement immediate action concerning isolating suspected, or positive cases, or quarantine contacts.
- 14.4. Follow all guidelines/protocols and instructions issued by concerned authorities.
- 14.5. Refer symptomatic patients (Flu like symptoms) with or without fever to the school clinic for assessment.
- 14.6. Receive notifications of confirmed COVID-19 cases from parents or DHA.
- 14.7. Ensure the cleaning and disinfection of isolation room and areas attended by the case; as per Dubai Municipality protocol. For more details, please refer to the Dubai Municipality approved list of cleaning & disinfection companies.
- 14.8. Notify the confirmed COVID-19 cases to DHA by filling notification templates through schoolcovnotify@dha.gov.ae email.
- 14.9. Update the DHA whenever new cases are received (adding new cases with old accumulative cases).
- 14.10. Conduct case investigation and trace the close contacts as per criteria mentioned, fill out the checklist and send it to DHA investigation team.
- 14.11. Following mitigation strategy in schools reduce the number of close contact but does not exclude contact tracing.

- 14.12. Make sure no positive cases attend school for at least ten (10) days from collection date of first positive results.
- 14.13. Take and implement initial decisions for isolation of cases, and quarantine of close contacts as per the explained following two scenarios:
- 14.13.1. In case of a straightforward, positive or close contact case, decisions to be taken by the HST for ten (10) days of quarantine.
- 14.13.2. In other cases, staff or students will be temporarily quarantined for 48 hours until the final decision from DHA is received.
- 14.14. Raise initial decision to KHDA/DHA for approval.
- 14.15. Receive a written DHA report with final decisions in 48 hours and/or sometimes from KHDA.
- 14.16. Implement actions as per DHA/KHDA recommendations.
- 14.17. Inform and provide the staff or parents of students who were identified as close contact with close contacts notification form.
- 14.18. HST shall ensure training of all staff and students on all safety and precautionary measures related to COVID-19.
- 14.19. The team may comprise of the following suggested team members with their role and responsibilities elaborated below:

SCHOOL HEALTH AND SAFETY TEAM	
ROLE	RESPONSIBILITIES
Team Leader	• Principal or Vice-Principal to lead the team

Team coordinator (Focal point)	<ul style="list-style-type: none"> • Health and Safety Officer • Responsible for communicating with staff, parents, Knowledge and Human Development Authority (KHDA) and the DHA in the case of any COVID-19 related incidents.
Health Supervisor	<ul style="list-style-type: none"> • Must be a licensed healthcare professional (physician or nurse in-charge). • Must be present within the school or university premises during the entire working day to offer emergency care to students and/or manage COVID-19 related incidents and refer them appropriately, if needed.
Facilities Supervisor	<ul style="list-style-type: none"> • Responsible for the hygiene and sanitization of the premises and responsible for staff and student movements and utilization of facilities within the premises.
Contact Tracing Supervisor	<ul style="list-style-type: none"> • Responsible for reviewing staff and student attendance records in case a student or staff reports testing positive for COVID-19. • This person will identify and record the group of people who may have been exposed to the affected person. • Other trained members for contact tracing must support the Contact Tracing Supervisor.

14.20. The team shall meet at least once a week to review and record its action plans.

14.20.1. All team members are required to document their attendance and take part in the team meeting decisions and action plans.

14.21. The responsibilities of the HST will be related to the application of health and safety program, which is composed of three main components: prevention, preparedness and response.

14.21.1. Prevention

a. COVID-19 risk assessment (Identify and assess expected risks).

- b. Effectively apply all policies and procedures to manage health, environment and risk mitigation plan.
- c. Regularly raise awareness of staff, students and visitors.

14.21.2. Preparedness

- a. Nominate members of the HST
- b. Train HST on the guidelines prepared by relevant authorities.
- c. Prepare school/university preparedness plan.
- d. Communicate effectively and continuously with concerned authorities.
- e. Avail all required equipment needed to deal with the cases.
- f. Raise awareness regarding these plans and the related procedures.

14.21.3. Response

- a. Assess the scenario and implement risk assessment plan.
- b. Activate the response plan.
- c. Immediate action for notification to concerned authorities.
- d. Timely avail the required information.
- e. Implement response measures according to the roles and responsibilities of the HST.
- f. Cooperate and coordinate with all stakeholders.
- g. In case alternative plan of operations is required, raise recommendation to KHDA such as distant learning for students and remote working for staff.

15. RECOMMENDATION ELEVEN: CRITERIA FOR COMPLETE TRANSITION TO DISTANT LEARNING

15.1. The decision for complete transition to distant learning in response to COVID-19 is subject to the following criteria:

15.1.1. Number and percentage of COVID-19 positive cases detected within the classes, section/block, premises or across multiple school or university buildings.

15.1.2. Level of community transmission in the Emirate of Dubai as low, moderate or high.

15.1.3. COVID-19 mitigation strategies in educational and academic setting.

15.1.4. Actions taken based on the classification set out in **Appendix 1**.

16. RECOMMENDATION TWELVE: CONSIDERATIONS FOR STUDENTS/STAFF RETURNING FROM OVERSEAS TRAVEL

16.1. Travel and Health Declaration Form.

16.1.1. All staff and students must declare recent travel history.

16.1.2. Staff or students who are tested at the airport and have a negative PCR result valid for the last forty- eight (48) hours, can resume school.

16.1.3. Staff or students who are not tested at the airport, have to either quarantine for ten (10) days and work remotely/undergo distant learning during this interim period.

16.1.4. If the student would like to resume onsite learning before completing ten (10) days of quarantine, then they should present a negative PCR test valid for the last forty- eight (48) hours.

16.1.5. Keep Travel and Health Declaration Form record in student/staff file.

Note: For a Process Map for Students Arriving from Abroad Refer to **Appendix 8.**

17. RECOMMENDATION THIRTEEN: IMMUNIZATION AND SCREENING

17.1. Educational and academic settings shall continue providing all students, including the students practising distant learning, with routine immunization, aligned with the National Extended Program of Immunization (EPI) and the DHA Immunization Guidelines ensuring health and safety measures (social distancing) are in place.

17.2. Educational and academic settings shall continue providing all students including the students practising distant learning, with routine comprehensive medical examination and screening services ensuring health and safety measures are in place.

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APPENDICES

APPENDIX 1: CONSIDERATIONS FOR COMPLETE TRANSITION TO DISTANT LEARNING

There is a significant role for complete transition to distant learning in response to school-based cases of COVID-19 for decontamination and contact tracing, in response to significant absenteeism of staff and students; short to medium length or as part of a larger community mitigation strategy for jurisdictions with substantial community spread.

DHA and relevant authorities will evaluate the situation and take decisions based on the matrix below.

Criteria for complete transition to Distant Learning and Application of Public Health Measures to Schools/ Universities in Dubai

1. Determine level of community transmission in the Emirate of Dubai
2. Decide action to be taken based on the below classifications

Core Indicators	Lowest risk of transmission in schools/universities	Moderate risk of transmission in schools/universities	Highest risk of transmission in schools/universities
Number of new cases per 100,000 persons within the last 14 days	0-19	20-200	>200
Percentage of RT-PCR tests that are positive during the last 14 days	0-4.9	5-9.9	10 or more
Ability of the school/university to implement 5 key mitigation strategies:	Implemented all 5	Implemented 3-4	Implemented 2 or no

<ol style="list-style-type: none"> 1. Consistent and correct use of masks 2. Social distancing to the largest extent possible 3. Hand hygiene and respiratory etiquette 4. Cleaning and disinfection 5. Contact tracing in collaboration with local health department 	<p>strategies correctly and consistently or inconsistently</p>	<p>strategies correctly and consistently</p>	<p>strategies correctly and consistently</p>
<p>Stakeholder Authority Inspection outcomes in Schools</p>	<p>Infection control measures good</p>	<p>Infection control measures average</p>	<p>Infection control measures poor</p>

Number of cases of COVID-19 within a 14-day period	Lowest risk of transmission in schools	Moderate risk of transmission in schools	Highest risk of transmission in schools
1 student/staff	School or class does not need to close if all 5 mitigation strategies are implemented correctly, if less than 5 mitigation strategy to close class and switch to DL	If all 5 mitigation strategy implemented, school does not need to close If less than 5 mitigation strategy to close class and switch to DL	Close the class and switch to distant learning for 2 weeks
OR 2 students/staff in same school section/block*	All 5 mitigation strategy implemented correctly, close class of the infected case only and switch to DL	All 5 mitigation strategy implemented correctly close class of the infected case only and switch to DL	Close the section/block and switch to distant learning for 2 weeks
OR 3-4 students/staff in same school section/block	All 5 mitigation strategy implemented correctly, close class of the infected case only and switch to DL	Close same block/section for 10 days and switch to distant learning	Close school (s) for 4 weeks and switch to distant learning

<p>OR > 4 multiple cases but <5% of total number of students/staff in a school are cases OR multiple school buildings in each building one case who are not household contacts</p>	<p>Close school (s) for 2-5 days and switch to distant learning</p>	<p>Close school (s) for 5-7 days and switch to distant learning</p>	<p>Close school (s) for 4 weeks and switch to distant learning</p>
<p>OR 5+ students/staff in same school section/block OR ≥5% of total number of students/staff in a school are cases OR multiple school buildings in each building 2-4 cases who are not household contacts</p>	<p>Close school (s) for 10 days and switch to distant learning</p>	<p>Close school (s) for 10 days and switch to distant learning</p>	<p>Close school (s) for 4 weeks and switch to distant learning</p>

Shared Action with every case infected with COVID-19 in the school:

- Apply isolation measures for COVID-19 patient
- Disinfect area (s) where COVID-19 patient spent time
- public health staff will direct close contacts to quarantine

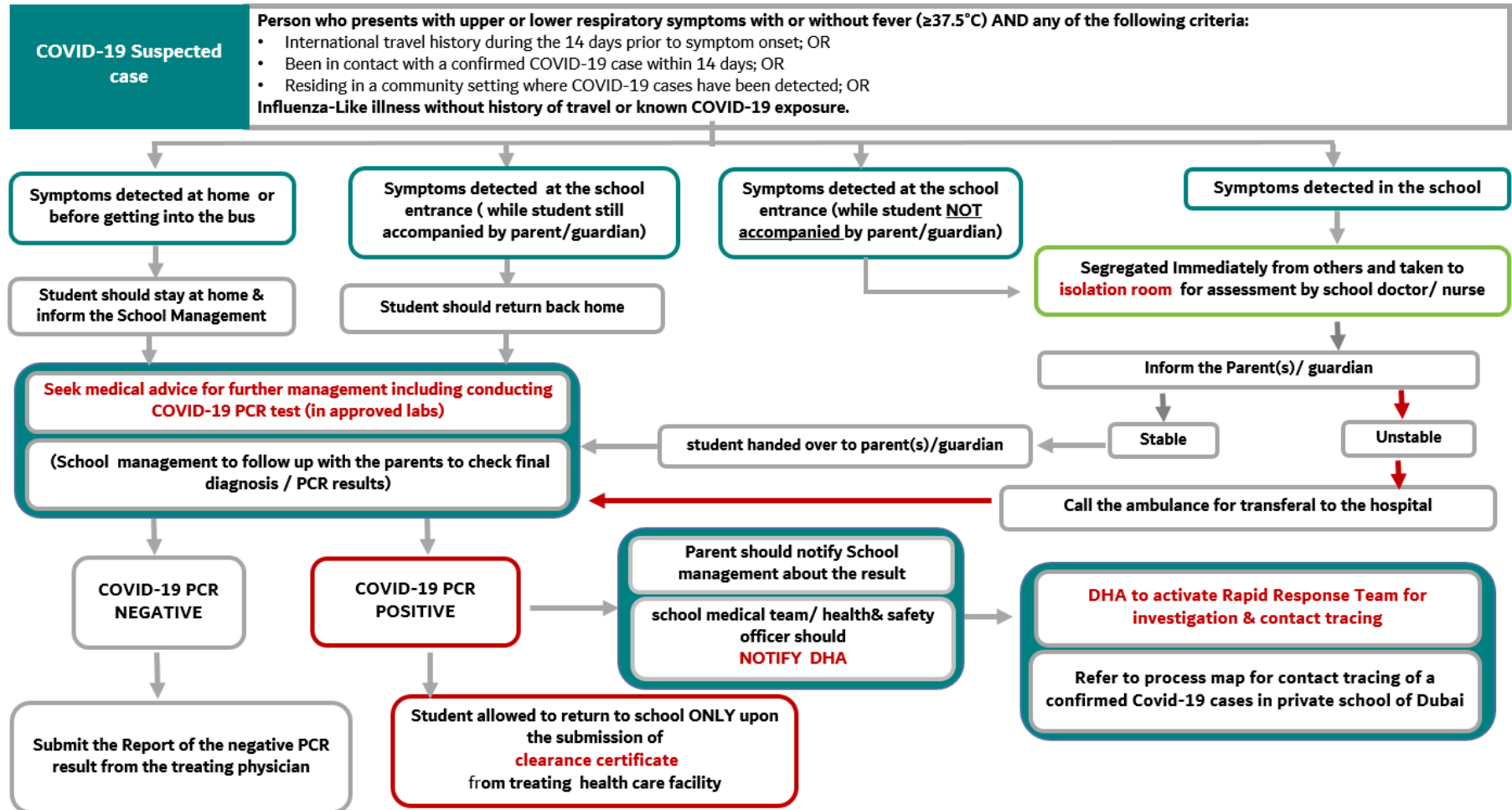
Block: A separate building with an independent entrance

Section: A mutually exclusive group of classes/grades accommodated in separate building of school or university.

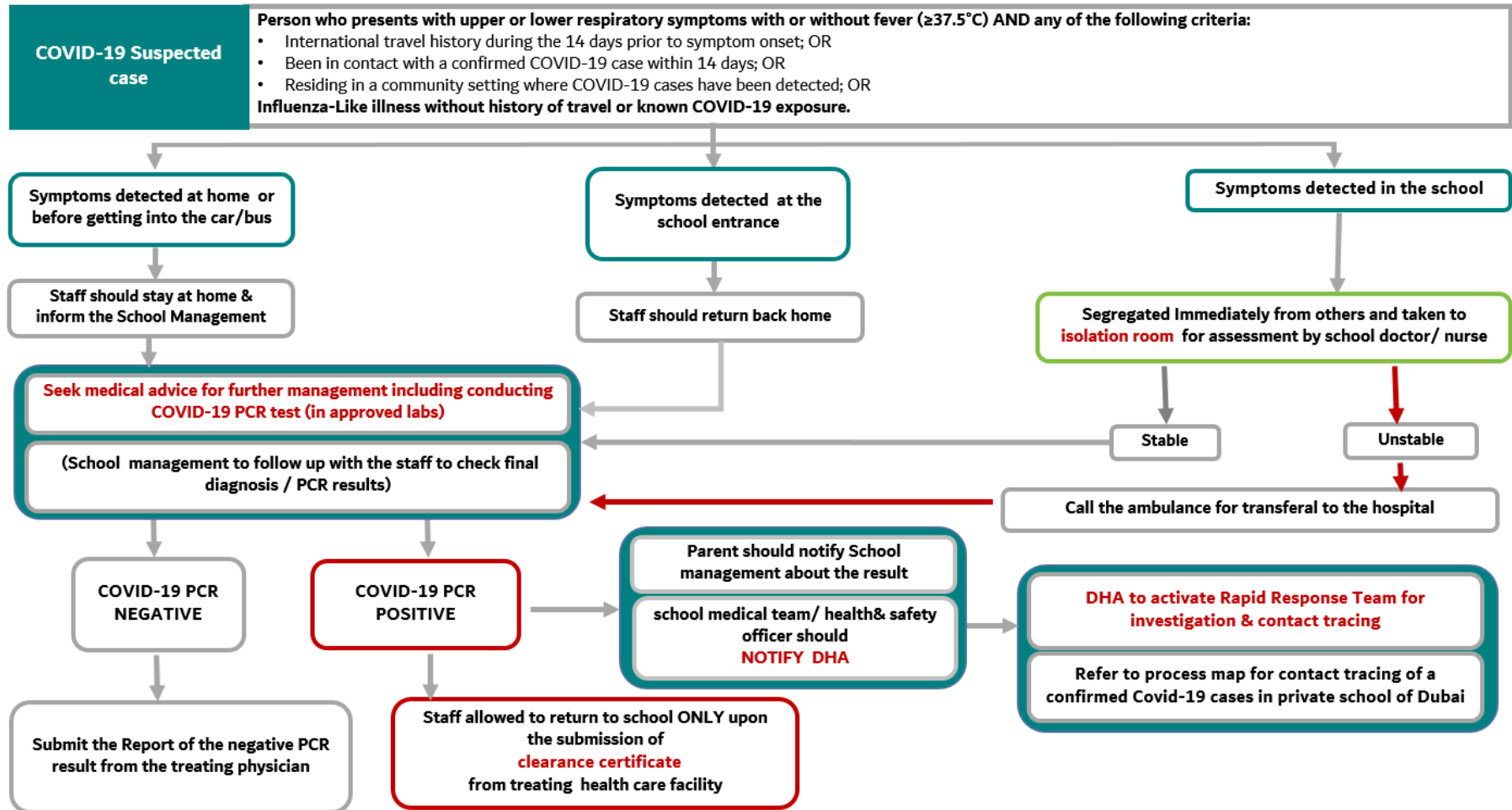
Level for risk of COVID -19 transmission based on action taken

Level for risk of COVID -19 transmission			
	Low	Moderate	High
Action Taken	Close limited number of classes AND < 5% of school/ university population is infected	Close of one block/section OR Multiple classes AND < 5% of school/university population is infected	Close the entire school/university transits to distant learning OR Multiple blocks/sections OR >5% of school/university population is infected

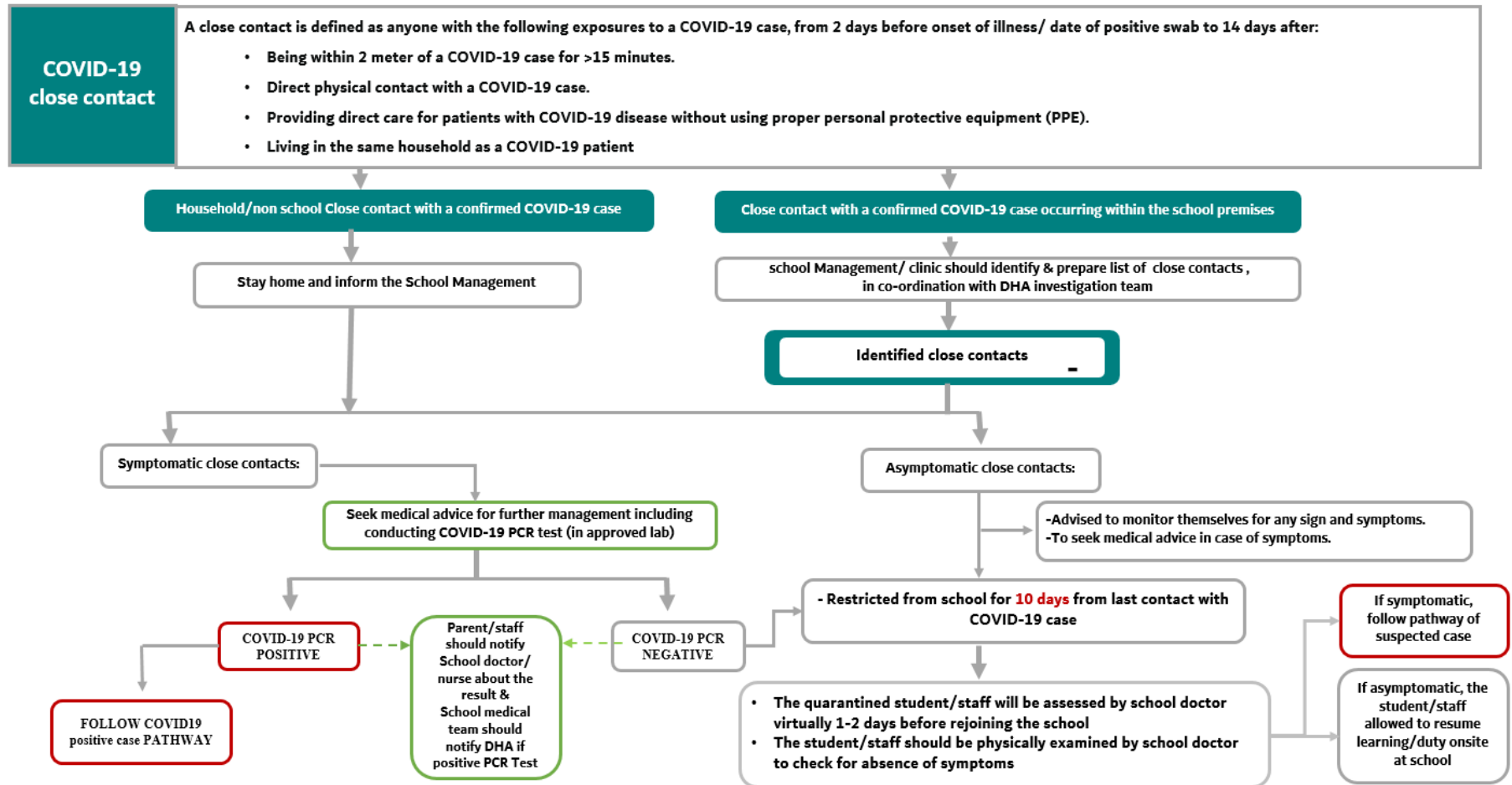
APPENDIX 2: PROCESS MAP FOR SUSPECTED COVID-19 AMONG STUDENTS



APPENDIX 3: PROCESS MAP FOR SUSPECTED COVID-19 AMONG STAFF



APPENDIX 4: PROCESS MAP FOR CLOSE CONTACT OF CONFIRMED COVID-19 CASE



Note: All close contacts need to complete 10-day quarantine despite a negative PCR test

APPENDIX 5: DECISIONS TAKEN BY HST FOR THE MANAGEMENT OF COVID-19

No.	Decision taken by HST for any COVID-19 case identified, followed by sending report to DHA/KHDA					
	Number of cases	Who to isolate	Who to quarantine	Distance learning	Other	Decision validity period
1	One case or more (student OR staff) in any of the classes with children under 6 years of age such as : from nursery, or KG, or FS, or any of pre-school grades, to grade 1, or year 1	isolate positive case 10 days	quarantine all student staff in the same class, and monitor them for symptoms	Close the class and Switch all the class to Distant learning for 10 days,	if there are multiple teachers per class, quarantine only teachers who are close contact of the positive case	10 days, Final by HST
2	Two positive cases (student OR staff) in same class regardless of the grade	isolate positive case 10 days	quarantine all student staff in the same class, and monitor them for symptoms	Close the class and Switch all the class to Distant learning for 10 days,	if there are multiple teachers per class, quarantine only teachers who are close contact of the positive case	10 days, Final by HST
3	One or more positive case (student OR staff) in one class (if class is Grade2 and above)	isolate positive case 10 days	quarantine all student for 48 hrs, and monitor them for symptoms	Close the class and Switch all the class to Distant learning for 48 hours,	If one teacher assigned per class with infected case quarantine the teacher for 48 hours. If multiple teachers per class quarantine teachers who are	48 hours, Initial by HST pending DHA approval after 48 hours

					only close contact of the positive case	
4	Two classes with positive cases (regardless of number of cases per class) in same corridor OR floor with no separation or partition	Isolate positive case 10 days	quarantine all student for 48 hrs, and monitor them for symptoms	Close the class and Switch all the class to Distant learning for 48 hours,	If one teacher assigned per class with infected case quarantine the teacher for 48 hours. If multiple teachers per class quarantine teachers who are only close contact of the positive case	48 hours, Initial by HST pending DHA approval after 48 hours
5	If you have positive cases students/staffs (regardless of number of cases per class) in 3 OR more classes in the same corridor or floor with no separation or partition.	positive case 10 days	quarantine all close contact and affected classes	Close the same corridor or floor with no separation or partition and switch all the classes in the same corridor to Distant learning for 48 hours,	Quarantine all teachers working in the same corridor for 48 hours. If teachers are working in different corridors to quarantine close contact of a positive case only	48 hours, Initial by HST pending DHA approval after 48 hours

6	If you have total positive cases in the last 14 days $\geq 5\%$ of total number of students/staff physically attending the school	positive case 10 days	Quarantine close contact and affected classes	Close school onsite school/ face to face learning and Switch school to Distant learning for 48 hours, quarantine close contact and affected classes		48 hours, Initial by HST pending DHA approval after 48 hours
7	multiple positive cases in multiple school buildings in each building 2-4 cases who do not have positive cases at home (not a household contacts)	positive case 10 days	Quarantine close contact and affected classes	Close onsite school/ face to face learning and Switch school to Distant learning for 48 hours, quarantine close contact and affected classes		48 hours, Initial by HST pending DHA approval after 48 hours
<p>Shared Action with every case infected with COVID-19 in the educational and academic setting:</p> <ul style="list-style-type: none"> • Apply isolation measures for COVID-19 patient • Disinfect area (s) where COVID-19 patient spent time • public health staff will direct close contacts to quarantine 						

APPENDIX 6: NOTIFYING PARENTS OF CLOSE CONTACTS BY EDUCATION AND ACADEMIC SETTINGS

NOTIFICATION TO PARENTS

Name of school: _____

Dated: dd/mm/year

Dear Parents/Guardians of: _____

Student full name	
Gender	
D.O.B	
Grade	
Nationality	
Emirates ID	
Date of start of quarantine period:	
Date to resume school if free of symptoms:	

Greetings from the school administration

We would like to notify you that a **(insert student/staff)** has tested positive for COVID-19 at **(insert school name)**. The DHA investigation team conducted an immediate investigation. In addition, your child was identified to have been in close contact with a positive COVID-19 case in school

We would like to reassure you that we are implementing comprehensive preventive measures to prevent the spread of coronavirus, and your child's health and well-being as well as those around them is our main concern. As part of the **standard pro-active precautionary**

measures to ensure the health and well-being of all students and staff, **we ask those who were in contact with the positive case to follow the below strict measures:**

1. Your child must remain in home quarantine for 10 days from the start date of quarantine period (as highlighted in the table above).
2. Please keep your child at home, limiting physical contact with people inside and outside the household, for a period of 10 days.
3. Please maintain strong personal, hand hygiene and cough etiquette in your household – this includes cleaning and disinfecting frequently touched objects & surfaces.
4. Your child will be provided by their school with virtual/distance learning during the period of the quarantine.
5. Your child will be allowed to return to school only after the completion of the quarantine period and being free from symptoms, as per the table above.
6. Students in quarantine nasal swab PCR test is not indicated or required unless the students develop signs and symptoms but completion of 10 days quarantine is mandatory.
7. Throughout this period, please diligently monitor your child for any respiratory symptoms (sore throat, cough, shortness of breath, fever, etc.)
8. If any symptoms developed during this period, please seek immediate medical advice from a healthcare facility and present this letter as proof that your child was in contact with a positive COVID-19 case.
9. Before returning to school, the school physician/nurse, will do a distant check up to ensure that your child does not have any symptoms and is in good health. This will be done one to two days before re-joining the school.

10. If your child is given clearance during the distant check-up, he/she may return to school on the return date specified above. On arrival to school, they must attend the school clinic before going into class where the physician/nurse will conduct a final assessment before allowing the child to resume learning activities at the school.

Please bear in mind that each of us is responsible in preventing the spread of panic, rumors or misinformation. It is important that you do not circulate this letter to anyone outside your family to prevent unnecessary panic.

For any inquiries, please contact the School Clinic on _____

If you require further support, contact the DHA help-line on **800588**

Your cooperation and support in maintaining stringent prevention & control measures during this period is highly appreciated.

Kind regards

APPENDIX 7: GENERAL READINESS ASSESSMENT CHECKLIST

Precautionary Measures		Yes	No	NA	Remarks
1	<p>Establishing a COVID-19 Health and Safety Committee with the following roles:</p> <ol style="list-style-type: none"> 1. Conducting a general Risk Assessment for the Reopening 2. Conducting individual Risk Assessment for all student of determination 3. Cleaning and disinfecting of the premises 4. Placement of signs 5. Installation of safety equipment and ensuring stock expiry date of materials 6. Preparation of all spaces according to the relevant protocols 7. Verifying that all staff have undergone COVID19 testing 8. Applying COVID-19 prevention and control measures 9. Cooperation with governmental investigation team and responding to their requirements 10. Checking temperature in before getting into the bus and at school entrance. 				
2	<p>Social Distancing</p> <p>Individual: Leave Sufficient Space between one self and others all the time</p> <p>School: Organize school time and space to minimize interaction between the people</p>				
3	<p>Protective Equipment</p> <p>Individual: Wearing mask, face shield according to age and functioning</p> <p>School: Appropriate PPE, partition, screen and others</p>				
4	<p>Hygiene</p> <p>Individual: wash hand frequently, sneeze into tissue or elbow, opening door with forearm</p>				

	School : Regularly disinfect and clean all frequently used areas				
5	Entrance, Exit Protocol Access point : access into or out of the school premises such as main entrance, parking entrance, etc. All Access point designated as either as an entry or an exit to privilege one way direction				
Policies and Procedures		Yes	No	NA	Remarks
1	Reviewing relevant local/national protocols, regulatory policies and circulars, such as those related to reopening, events, gatherings, and travel. Ensure that the medical staff/ health & safety team are well informed regarding COVID-19 pathway.				
2	Consulting School Health Section, Health Regulation Sector, DHA about the school's approach to planning for COVID-19: pathways, standards				
3	Make sure other staff, parents, and students know how to contact health and safety officer/team				
4	Developing policies that encourage sick staff members to stay at home without fear of job loss or other consequences and protect their privacy, particularly for those with underlying medical conditions and at higher risk for severe illness.				
	<ul style="list-style-type: none"> Offering options (e.g., telework or virtual learning opportunities) for staff and students at higher risk for severe illness. 				
	<ul style="list-style-type: none"> Offering flexible sick leave policies and practices. 				
	<ul style="list-style-type: none"> Offering options for flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts). 				
5	Developing a plan to monitor absenteeism of campers and staff, cross-train staff, and create a roster of trained back-up staff.				

6	Monitoring absenteeism of students and staff.				
7	Developing a plan to conduct daily health checks (e.g., temperature screening and/or symptom checking) of staff and students, as possible, and in accordance with any applicable privacy laws and regulations				
8	Developing a plan for organizing students and staff into small groups (cohorting) that remain together while social distancing, with limited mixing between groups (all school day for young students, and as much as possible for older students)				
9	Developing appropriate COVID-19 accommodations, modifications, and assistance for students with special healthcare needs or disabilities.				
	<ul style="list-style-type: none"> Incorporating considerations for students in special education who have individualized education plan to ensure education remains accessible. 				
	<ul style="list-style-type: none"> Incorporating considerations for children and youth who need assistance with activities of daily living, as well as their service providers. 				
10	Planning to reduce the number of students or small groups within a cafeteria or the dining place, as per Dubai Municipality instructions				
11	Developing protocols to limit contact among small groups and with other students' guardians (e.g., staggered arrival and drop-off times or locations).				
12	Developing a plan for if someone gets sick or shows symptoms of COVID-19.				
Facilities and Supplies		Yes	No	NA	Remarks
1	Obtaining supplies including				
	<ul style="list-style-type: none"> Tissue box 				
	<ul style="list-style-type: none"> cleaning and disinfection supplies 				
	<ul style="list-style-type: none"> mask/ face coverings (as feasible) 				

	<ul style="list-style-type: none"> no-touch/foot pedal trash cans 				
	<ul style="list-style-type: none"> no-touch soap/hand sanitizer dispensers 				
	<ul style="list-style-type: none"> disposable food service items 				
2	Developing a schedule for increased routine cleaning and disinfection in collaboration with maintenance staff, including areas such as the following:				
	<ul style="list-style-type: none"> buses or other transport vehicles 				
	<ul style="list-style-type: none"> frequently touched surfaces (e.g., desks, door handles, railings) 				
	<ul style="list-style-type: none"> communal spaces (e.g., restrooms) 				
	<ul style="list-style-type: none"> shared objects (e.g., gym equipment, art supplies, games) 				
3	Assessing the compliance of staff, students, and families with wearing mask everyday use				
4	Installing physical barriers, such as partitions, in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).				
5	Providing physical guides, such as tape on floors and signs on walls, to promote social distancing.				
6	Spacing seating apart according to the appropriate space and turn desks to face in the same direction.				
7	Developing protocol to increase circulation of outdoor air as much as possible throughout the school day (e.g., opening windows and doors when it is safe to do so).				
8	Developing a protocol to monitor and ensure adequate supplies to minimize sharing of objects, or limit use to one group of students at a time, and clean and disinfect between uses.				
Education and Training		Yes	No	NA	Remarks

1	<p>ABOUT COVID19 INFORMATION</p> <ul style="list-style-type: none"> ▪ What's COVID19 ▪ What are the symptoms of COVID 19 ▪ How does COVID19 Spread ▪ Who is Most At Risk ▪ What is the Treatment For COVID19 ▪ How can the spread of COVID19 be slowed down or prevented 				
2	Educating staff, students, and their families about when they should stay home if they have COVID-19 symptoms, have been diagnosed with COVID-19, are waiting for test results, or have been exposed to someone with symptoms or a confirmed or suspected case, and when they can return to school.				
3	Educating staff on flexible work and leave policies that encourage sick staff members to stay at home without fear of job loss or other consequences.				
4	Teaching the importance of handwashing with soap and water for at least 20 seconds.				
5	Teaching the importance of social distancing and staying with small groups, if applicable.				
6	Identifying who should wear mask, and communicate the importance of wearing it. Excluding the following categories:				
	<ul style="list-style-type: none"> • Children younger than 6 years old 				
	<ul style="list-style-type: none"> • Anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the cover without help 				
8	Providing information on proper use, removal, and washing of mask.				
9	Training staff on all safety protocols.				
	<ul style="list-style-type: none"> • Conducting training virtually or maintain social distancing during training. 				
Effective Communication		Yes	No	NA	Remarks

1	Posting signs in highly visible locations to promote everyday protective measures and describe how to stop the spread of germs. Signage locations include:				
	• entrances				
	• administrative offices				
	• staff areas				
	• classrooms				
	• auditorium				
	• cafeteria				
	• dining areas				
	• restrooms				
	• other -----				
2	Developing plans to include messages (e.g., videos) about behaviours that prevent spread of COVID-19 when communicating with staff and families on:				
	• websites				
	• email				
	• social media				
	• accounts				
	• other -----				
3	Notifying all staff and families of who to contact for questions and concerns related to COVID-19.				
Gatherings, visitors and events Protocols		Yes	No	NA	Remarks
1	Reviewing local /national authorities' policies related to group gatherings to determine if events (e.g., sport games, extracurricular activities) can be held.				
2	Developing a protocol to limit nonessential visitors, volunteers, and activities involving external groups or organizations as much as possible— especially those who are not from the local geographic area (e.g., community, town, city, country.)				

3	When authorities, developing a plan to follow considerations that minimize transmission of COVID-19 to players, families, coaches, and communities, allow sporting activities.				
4	Identifying and prioritize outdoor activities where social distancing can be maintained as much as possible.				

Management of Suspected and Confirmed COVID-19 Cases

Preparedness to deal with COVID-19		Yes	No	NA	Remarks
1	Making sure staff and families know they should not come to school, and that they should notify school officials if they have COVID-19 symptoms, are diagnosed with COVID-19, are waiting for test results, or have been exposed to someone with symptoms or a confirmed or suspected case.				
2	Developing well defined procedures to:				
	<ul style="list-style-type: none"> Having individuals self-report to administrators if they have symptoms of COVID-19, have been diagnosed with COVID-19, are waiting for test results, or were exposed to someone with COVID-19 within the last 14 days. 				
	<ul style="list-style-type: none"> Informing concerned staff/people about the closures and restrictions according to the recommendations of the investigation team that were put in place to slow the spread of COVID-19. (documented evidence). 				
	<ul style="list-style-type: none"> Developing policies for returning to school after COVID-19 illness. 				
3	Identifying an isolation room or area to separate anyone who has COVID-19 symptoms or who has tested positive but does not have symptoms.				
	Isolation room criteria:				
	<ul style="list-style-type: none"> A minimum area of 7.5 sq. mts 				

	<ul style="list-style-type: none"> A hand washing sink inside the room. 				
	<ul style="list-style-type: none"> An attached toilet as required for people of determination. 				
	<ul style="list-style-type: none"> A viewing window to monitor the student from the clinic. 				
	<ul style="list-style-type: none"> A single bed with railing 				
	<ul style="list-style-type: none"> Two doors, one with access to the clinic and one external to minimize spread of any infection. 				
	<ul style="list-style-type: none"> PPE trolley or shelves outside the isolation room 				
4	Establishing procedures for safely transporting anyone who is sick to their home or to a healthcare facility, if necessary.				
5	Developing a plan to support staff, students, and families experiencing trauma or challenges related to COVID-19.				
6	Training safety team on wearing PPE properly				
Management of suspected and confirmed COVID-19 cases		Yes	No	NA	Remarks
1	Immediately separating individuals with COVID-19 symptoms or who test positive for COVID-19.				
2	Moving sick individual(s) to isolation room				
3	Checking health status of the individual(s) in isolation room by school doctor/nurse while wearing full PPE				
4	Transporting individual(s) home or to a healthcare facility, depending on how severe their symptoms are.				
5	If calling an ambulance or bringing someone to a healthcare facility, alerting them ahead that the person may have COVID-19.				
6	Closing off areas used by a sick person and do not use these areas until after cleaning and disinfecting them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable).				

7	Advising sick individuals that they should not return to school until they have met DHA's criteria to discontinue home isolation.				
8	Notifying local authorities , staff, and families of cases of COVID-19 while maintaining confidentiality, in accordance with local & national laws & regulations				
9	Informing concerned staff/people about the closures and restrictions put in place to slow the spread of COVID-19 (to be documented).				
10	Advising those who have had close contact with a person diagnosed with COVID-19 to stay home, self-monitor for symptoms, and follow DHA guidance if symptoms develop.				

APPENDIX 8: PROCESS MAP FOR STUDENTS ARRIVING FROM ABROAD

