



ST. MARY'S *Catholic High School, Dubai*

INFECTION CONTROL & PREVENTION POLICY

2026-2027

INFECTION CONTROL & PREVENTION POLICY

(A separate policy is available for Covid-19)

1. Objective:

It is the school policy to provide a happy and healthy environment for everyone within its care. This policy provides a set of measures to be practiced to prevent the infectious diseases and reduce the spread of cross infection among students and staff in the School premises.

Because of the danger to student and employee health, school is required by law to safeguard the health of any students or employees who have contacted or been exposed to a communicable disease.

All students and staff of the school, parents, and visitors must comply with the policy and guideline within the school premises.

2. Responsibility:

Responsibilities of the School:

- i Clinical team of the school ensures implementation and revision of the policy according to the latest national protocols and guidelines, educating and monitoring the practices among all included parties.
- ii Educate the parents to keep children home when there are signs of disease and to secure appropriate treatment.
- iii Record keeping and retrieval procedures regarding non immunized children.
- iv Follow up of students who are not immunized against vaccine preventable disease or who have contracted a communicable disease or infestation.
- v Report notifiable disease to DHA within the time intervals as per guidelines.

Responsibilities of Students:

- i Remain home when ill.
- ii Report to the teacher when they feel sick at school.
- iii Avoid close contact with other children when they are sick.
- iv Practice good habits of cleanliness.
- v Dress appropriately for the weather.



3. Routine Procedures:

The following measures will be observed to reduce the risk of infections.

1. Hand Hygiene:

- Regular hand washing with soap and water or use of alcohol-based hand sanitizer is encouraged, especially before eating, after using the restroom, and after coughing or sneezing.
- Hand hygiene education will be reinforced through classroom reminders and visual posters.



2. Respiratory Etiquette:

- Students and staff should cover their mouth and nose with a tissue or elbow when coughing or sneezing.
- Used tissues should be disposed of properly, and hands should be cleaned immediately afterward.



3. Environmental Cleaning:

- Frequently touched surfaces such as doorknobs, desks, and shared equipment will be cleaned and disinfected regularly.
- The school will ensure proper waste disposal and maintain clean, well-ventilated classrooms and facilities.

4. Health Monitoring:

- Students or staff who are unwell or show symptoms of infectious illness should remain at home and seek medical advice.
- The school clinic will monitor reported illnesses and take appropriate action to prevent further spread.

5. Vaccination:

- Students are encouraged to maintain up-to-date immunizations in accordance with health authority recommendations.
- The school clinic will facilitate vaccination campaigns or sessions when necessary.

6. Communication and Education:

- The school will provide regular health education on infection prevention practices.
- Parents and guardians will be informed promptly of any outbreak or exposure to infectious diseases.

Conduct in case of illness

If your child becomes ill, the school would request you to keep your child at home in order to prevent the illness spreading and to enable your child to recover quickly.

Children are sent home, in case if they have;

- Fever
- Unexplained rash
- Vomiting
- Diarrhea
- Red watery and painful eyes with yellow discharge



If a notifiable disease is suspected during the school hours, the student will be isolated, and parents will be contacted to take their child to a doctor. Close contacts will be put under observation.

All confirmed cases must remain at home for the period of communicability in accordance with the DHA guidelines and communicable disease table.

Exclusion from School list:

When a child has communicable disease it may be necessary to exclude him/ her from school.

Following table to be followed in this regard.

It is the parent's responsibility to inform the school if their child has a communicable disease.

#	Disease or Condition	Incubation Period (Approximately)	Exclusion of cases	Exclusion of contacts
1.	Acute Amoebic dysentery (Amoebiasis)	Range from 2 – 4 weeks	Exclude until diarrhea has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded.
2.	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.
3.	Conjunctivitis		Exclude until discharge from eyes has ceased, unless doctor has diagnosed a non-infectious conjunctivitis.	Not excluded.
4.	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
5.	Cytomegalovirus (CMV) infection	Range from 3 – 12 weeks.	Exclusion is not necessary	Not excluded
6.	Diarrheal illness - unspecified		Exclude until symptoms (diarrhoea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded.
7.	Diarrheal illness -viral (Adenovirus, Norovirus, Rotavirus)	Varies with pathogen (usually from 12 hours to 4 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded.
8.	Diarrheal illness-Bacterial (shigella, Non-typhoidal 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

9.	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.
10.	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.
11.	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.
12.	Glandular fever (Epstein-Barr Virus infection)	Approximately 4 – 8 weeks	Exclusion from school is not necessary Note: ONLY exclude from (contact/collision) sports for 4 weeks after onset of illness	Not excluded.
13.	Hand, Foot and Mouth disease	Range from 2 – 4 days	Exclude until the person has received appropriate antibiotic treatment for at least four days.	Not excluded.
14.	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.
15.	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.
16.	Hepatitis C	Range from 14–182 days (usually range: 14–84 days)	Exclusion is not necessary.	Not excluded.
17.	Human immuno-deficiency virus infection (HIV/AIDS)	Usually one to four weeks	Exclusion is not necessary.	Not excluded.

18.	Impetigo	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 staphylococcal infections	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 surfaces must be properly covered with water-proof dressings	Not excluded.
19.	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.
20.	Leprosy		Exclude until receipt of a medical certificate of recovery from infection.	Not excluded.
21.	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).
22	Meningitis (viral, bacteria - other than meningococcal meningitis)	Varies according to the causative organism	Exclude until well.	Not excluded.
23	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.
24	Mumps	Range from 12 - 25 to days; commonly parotitis develop 16 - 18 days	Exclude for 9 days after the onset of swelling OR until this swelling resolved	Not excluded.

25	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
26	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
27	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.
28	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.
29	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 a person is re-exposed, often within 1–4 days.	Exclude until appropriate treatment has commenced.	Not excluded
30	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

31	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
32	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.

School Clinic Vaccination Policy for Infectious Disease Exposure

In the event of exposure to an infectious disease (e.g., chickenpox, measles), the school clinic will coordinate a vaccination session for students identified as close contacts who are either **unimmunized** or **partially immunized**.

These vaccinations will be administered within the recommended timeframe to ensure effective disease prevention and protection of the school community.

The school seeks the **full cooperation and support of parents and guardians** to facilitate timely vaccination and uphold the health and safety of all students. Working together, we can help prevent the spread of infectious diseases and maintain a healthy school environment.

When a child is diagnosed with a communicable disease at home, parents should take the responsibility to inform the school about the disease and exclusion from school applies the same as above.

Reference cases in both occasions, should provide a valid medical certificate from a physician to obtain medical leave and should return with the fit for school note from the treating physician.

Such students should come to the school clinic before attending the class when they are returning to the school. School doctor has the right to allow the student to be back to school after doing a case assessment and referring to the ongoing rules and regulations.

Upon identification of any notifiable disease at the school, an official notification (e-notification) through the DHA website should be sent to DHA by the school doctor or the nurse.

Attachments:

1. DHA Notifiable disease list.

References:

1. School Clinic Regulations - DHA
2. Communicable Disease Notification Policy - DHA
3. WHO - Infectious diseases.
4. Booklet - School Health guidelines, manual for Private Schools in Dubai by DHA.

Review Date:	August 2026
Next Review Date:	June 2027