DISD Infection Control Policy

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1. OBJECTIVE

The German International School provides a set of measures to reduce the spread of illness, through cross infection, in the school. To prevent the spread of infections and communicable diseases within the school.

This policy covers ways of avoiding infection and communicable diseases, including hand washing, general hygiene and maintaining a clean environment.

The policy should be followed by all members of staff, parents and pupils.

It is the policy of our School to provide a happy and healthy environment, for every child in our care. We take measures to prevent and minimize the spread of infection in our school.

2. RESPONSIBILITY

Responsible for the abidance of this policy are the school nurse, teachers, administration staff, classroom assistants, pupils and parents.
School management ensures implementation of the policy to include students/patients, their family members/guardians; close contacts and visitors comply with the policy and infection control guidelines.

School Health Facility

The school health facility is staffed by 1 licensed nurse and a part time doctor. They offer advice and support to children, parents and staff. Aside from routine medical examinations the school medical team assess children when necessary and parents are contacted when required.
If a child shows signs of illness, staff are fully aware to send them to the clinics. Staff can also access this if they are deemed infectious and the pupils will be sent home.

3. PROCEDURE

3.1 Hand washing

Hand washing is one of the most important ways of controlling the spread off infection. The recommended method is the use of liquid soap, warm water and paper towels. Hands should always be washed after using the bathroom, before eating or handling food and after handling animals. All cuts and abrasions should be covered with a water proof dressing.

3.2 Coughing and sneezing

Coughing and sneezing ae easily spreads infections. Children and adults should be encouraged to cover their mouth and nose with a tissue and dispose of the tissue appropriately in a bin.

3.3 Cleaning

All spillage of vomit, saliva, nasal and eye discharge, blood and faces should be cleaned up immediately. Disposable gloves must be worn. When spillage occurs, clean using a product that combines both a detergent and a disinfectant.

4. GENERAL PROCEDURES

- Upon identification of any notifiable disease an E-notification will be sent to the DHA (Dubai Health Authority).

- Parents are contacted on the school nurse about the decisions made with regard to keeping children home, when there are signs of an infectious disease.

• The DHA exclusion from school guidelines are followed.

• Records are kept of all children's immunizations, and letters sent home reminding parents when vaccinations are due.

• Information is given on the communicator if there is a report of an infectious disease within the school, educating parents on the signs and symptoms of the disease.

• Personal Protective Equipment (PPE)

-Any staff member coming into contact with body fluid uses protective equipment. Gloves are used for the protection of hands and from any bodily fluid. These are single use gloves and should be discarded in the appropriate container.

• Masks to protect staff when performing CPR.

• Education on hand washing procedures will be displayed at strategic places around the school.

• The disposal of any contaminated waste will be placed in a sealed yellow plastic bag and disposed of through the medical waste company.

• All needles, syringes and other sharp objects will be placed in yellow Bio Hazardous puncture proof sharps container, available from Oasis Pharmacy. This will be collected by the waste management company when full.

• Spills of blood and body fluids will be cleaned up immediately with approved disinfectant cleaner.

5. Conduct in the case of illnesses

If your child becomes ill, we would **request you to keep your child at home** in order to prevent the illnesses spreading and to enable your child to recover quickly.
If a child feels ill and is sick, he or she should have the possibility to rest and recuperate.
A high temperature and illnesses weaken the immune system and recovery is far speedier if the child is given the opportunity to rest.

5.1 Allergies

We need to be informed of allergies.
If your child has ever had an allergy or a serious allergic reaction, we and the school nurse must be informed of this.

5.2 Skin rashes

Infectious diseases/children's diseases with skin rashes are frequently infectious.
This needs to be clarified by your GP/pediatrician before your child is allowed to attend Kindergarten/school again.
Skin rashes that are not infectious should be clarified by the school nurse before your child is allowed to attend Kindergarten/school again. An existing case of neurodermatitis is naturally an exception to this rule.

5.3 Colds

In the case of cold symptoms, such as coughing, sniffles or feeling unwell, you should keep your child at home, especially if the cold is bacterial.
This can be recognized by a yellowish/greenish secretion.

If your child has the following illnesses/symptoms, she or he must stay at home:

5.4 Head lice:

Please check your child's head regularly. Especially if he or she starts scratching behind the ears or on the back of the head. You must treat your child if he or she has head lice! Treatment and nit comb. **After application, your child can attend Kindergarten/school again after 24 hours. (**The application must be repeated with this treatment after 9 days)
Important: if your child has lice, this means somebody has infected your child and we of course know that it is not a case of your child being unkempt.

https://www.cdc.gov/parasites/lice/head/treatment.html

5.5 Vomiting and/or diarrhea:

A child with these symptoms should stay at home and **be free of the symptoms for at least 24 hours** before attending the Kindergarten/school again.

5.6 Fever

Body temperature of 37.8 C and higher. Even if the temperature is reduced with medicaments, please keep your child at home.
A child should be without fever for 24 hours before being allowed to attend the Kindergarten/school again!

Important:
In the case of infectious diseases and contagious childhood diseases a doctor's note is required to ensure that the child's disease is no longer infectious **before it is allowed to attend the kindergarten/school again**!!

5.7 Infectious diseases

5.7.1 Conjunctivitis

If you think your child has conjunctivitis, it is necessary to obtain a diagnosis from your GP/pediatrician. Conjunctivitis is frequently caused by bacteria and is consequently highly contagious.
After medicine/eye drops have been prescribed and administered the child may return to the Kindergarten after 48 hours if the inflammation is no longer visible.
https://www.cdc.gov/conjunctivitis/index.html

5.7.2 Streptococci infection (sore throat)

A sore throat with an increased temperature, mostly without coughing, swollen cervical lymph nodes with swollen and/or furred tonsils could be a streptococci infection. This needs to be clarified by the doctor. A streptococci infection is bacterial, infectious and transmitted by droplets.
Your child may return to the Kindergarten/school after having taken antibiotics for 3 days (but please do not stop treating your child with antibiotics for this reason) and if your child is free of symptoms and a high temperature or after submitting a doctor's note.

https://www.cdc.gov/features/strepthroat/index.html

5.8 Contagious childhood diseases

5.8.1 Measles (Morbilli)

Measles is a highly contagious disease. We should not underestimate it. The disease is spread through the measles virus. The incubation period for measles is approx. 10 to 12 days.
Typical symptoms of measles are a high temperature and the classic red measles rash. The oral mucosa may have little white dots, however this is not always the case.
Your child is probably sensitive to light. Coughing, sniffling and being hoarse could initially seem to be a simple cold.
The doctor will prescribe your child antibiotics if complications and side effects occur. Since measles is a viral disease, these will themselves have no effect on the measles viruses. Having had type of disease means that a lifelong immunity against measles exists.

https://www.cdc.gov/measles/about/signs-symptoms.html

5.8.2 Mumps (Parotitis epidemica)

You probably know the mumps disease by the popularly known name of "Ziegenpeter". Mumps is caused by a virus and similarly to measles is highly infectious.
The incubation period for mumps is approx. two weeks to 24 days. Even before the disease breaks out your child will already have been infectious for a week after contracting the infection.
The first symptom is a one-sided swelling in the jaw area since the salivary glands there start to swell.
This results in your child probably having difficulty swallowing and finding it hard to move his or her head. It will not take long before the other side starts to swell as well. This is often accompanied by a slightly increased temperature.
The most effective protection against mumps is a vaccination.
Rare complications of the disease could be meningitis or a testicular inflammation in boy's resp. an ovarian infection in girls. There is no therapy for mumps. Merely the symptoms can be alleviated.

https://www.cdc.gov/mumps/about/signs-symptoms.html

5.8.3 German measles (Rubella)

German measles is a highly contagious infectious disease.
German measles should not be mistaken for fifth disease.
A vaccination for toddlers is available.
German measles is transmitted by viruses.
After an incubation period of 14 to 21 days, the disease breaks out with a reddish skin rash, particularly in the face but also on all the other parts of the body.
The disease is accompanied by a cold, head and limb pains, noticeably swollen lymph nodes as well as a temperature up to 39°C.
The disease is mostly harmless in toddlers, however the symptoms could become much worse in an older child.
The child is no longer infectious after the characteristic rash appears. Antibiotics do not help against a viral infection so that all the parents can do is alleviate the symptoms. As soon as the disease has been overcome, the organism forms a lifelong immunity against the pathogen.

https://www.cdc.gov/rubella/about/symptoms.html

5.8.4 Chickenpox (Varicella)

Chicken pox like most typical children's diseases is highly contagious.
Your child is already infectious two days after the infection even before the disease breaks out and up to one week after the typical rash becomes apparent.
The viral pathogens can be transmitted through contact as well as through air.
In the case of chickenpox there is an incubation period of approx. 12 to 22 days.
The chickenpox rash comprises red marks the size of peas; later these could turn into watery blisters.
Your child will constantly try to scratch since the rash is extremely itchy.
Even mucous membranes like the mouth or vagina are affected. Another symptom is a high temperature up to 40 degrees Celsius.
However, this does not necessarily occur. After the blisters have burst they form a crust. Many children retain scars from scratching the itchy blisters.
You can only treat the attendant symptoms such as lotions for the rash or antibiotics in the case of possible skin inflammations. The child will have life-long immunity after the disease has been overcome.

https://www.cdc.gov/chickenpox/about/transmission.html

5.8.5 Scarlet fever (Scarlatina)

Scarlet fever is widely spread and occurs very frequently. It is caused by streptococci bacteria.
The incubation period for scarlet fever is 2 to 4 days.
After this your child becomes ill with a temperature and gets a sore throat.
A typical sign is the white-coated tongue that turns a raspberry red color after a few days.
In the case of scarlet fever as well, your child will have a velvety reddish rash.
It starts in the armpit and groin region, not in the mouth.
The skin often peels on the surfaces of the hand and soles of the feet.
As soon as a child is treated with antibiotics, he or she will no longer have a life-long immunity. How- ever, this is the safest and most frequent treatment method that helps your child recover relatively quickly.

https://www.cdc.gov/Features/ScarletFever/

5.8.6 Hand, foot and mouth disease

The hand, foot and mouth disease frequently occurs in the form of small "epidemics" in toddlers' groups and Kindergartens due to the high risk of infection.
The pathogens are transmitted from human to human through contact (blister content, saliva and stool are infectious) or droplet infection.
The duration of the contagiousness is not known exactly.
The risk of infection is at its highest two to three days before the illness breaks out as well as during the illness (until the blisters heal up).
The incubation period is mostly two to six days but can take longer (14 to a maximum of 35 days).
Your child may attend the Kindergarten/school again as soon as he or she no longer has a high temperature and the rash has gone.
After your child has recovered from the hand, foot and mouth disease he or she will have life-long immunity against the triggering pathogen.
However, since the disease is triggered by different types of virus, your child could get the disease several times. There is no vaccination against it.

https://www.cdc.gov/hand-foot-mouth/about/signs-symptoms.html

5.8.7 Erythema Infectiosum / Fifth Disease

Is a mild skin rash. The disease is caused by the parvovirus B19.This disease also called erythema infectiosum and got its name because it was fifth in a list of historical classifications of common skin rash illnesses in children. In addition to scarlet fever, measles, chickenpox and rubella. Fifth disease has nothing in common with rubella. The two diseases are triggered by different pathogens. It is more common in children than adults. A person is usually ill, with fiththh disease within 4 to 14 days after infection with the Parvovirus B19.
Symptoms and signs are mild skin rash, possibly fever, runny nose, and headache. Skin rash, facial rash and redness on both cheeks. A few days later it can get on the chest, back, buttocks, arms and legs. The skin rash may itchy, especially on the soles of the feet. Often it goes unnoticed or like a lightly influential infection.
However, if a pregnant woman is ill, the unborn child can be harmed.
There is a risk of infection only for people who have not yet been affected by the fifth disease. The child will have life-long immunity after the disease has been overcome.
https://www.cdc.gov/parvovirusb19/fifth-disease.html

5.8.8 Molluscum contagiosum

The virus that causes molluscum spreads from direct person-to-person physical contact and through contaminated fomites. Fomites are inanimate objects that can become contaminated with virus; in the instance of molluscum contagiosum this can include linens such as clothing and towels, bathing sponges, pool equipment, and toys
Someone with molluscum can spread it to other parts of their body by touching or scratching a lesion and then touching their body somewhere else.

Keep molluscum lesions covered.
It is important to keep the area with molluscum lesions clean and covered with clothing or a bandage so that others do not touch the lesions and become infected. Do remember to keep the affected skin clean and dry.

https://www.cdc.gov/poxvirus/molluscum-contagiosum/

Resources: RKI/Robert Koch Institut
BZgA/Bundeszentrale für gesundheitliche Aufklärung/Infektionsschutz

The German text shall prevail in case of ambiguities or in other cases where there is doubt or where there are problems of interpretation.