

- Electronic copy is controlled under document control procedure. Hard copy is uncontrolled & under responsibility of beholder.
- It is allowed ONLY to access and keep this document with who issued, who is responsible and to whom it is applicable.
- Information security code: Open Shared - Confidential
 Shared-Sensitive Shared-Secret

- النسخة الإلكترونية هي النسخة المضبوطة وفق إجراء ضبط الوثائق. النسخ الورقية غير مضبوطة وتقع على مسؤولية حاملها.
- يسمح بالوصول وبالاحتفاظ بهذه الوثيقة مع مصدرها أو مع المسؤول عن تطبيقها أو مع المطبق عليهم.
- تصنيف امن المعلومات: بيانات مفتوحة شارك - سري
 مشارك - حساس مشارك - سري

GUIDELINES FOR THE MANAGEMENT OF COVID-19 IN EDUCATIONAL INSTITUTIONS

Version 5.1

Issue Date: 16/09/2021

Effective Date: 16/09/2021

Health Policies and Standards Department
Health Regulation Sector (2021)

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

TABLE OF CONTENTS

ACKNOWLEDGMENT	3
EXECUTIVE SUMMARY	6
DEFINITIONS	9
ABBREVIATIONS	14
1. BACKGROUND	15
2. SCOPE	15
3. PURPOSE	15
4. APPLICABILITY	16
5. RECOMMENDATION ONE: RISK LEVELS OF INFECTION	16
6. RECOMMENDATION TWO: COVID-19 PRECAUTIONARY MEASURES	16
7. RECOMMENDATION THREE: ISOLATION ROOM REQUIREMENTS	20
8. RECOMMENDATION FOUR: ENVIRONMENTAL CONSIDERATION	22
9. RECOMMENDATION FIVE: ROUTINE OPERATIONS	26
10. RECOMMENDATION SIX: SUSPECTED/CONFIRMED COVID-19 CASES REPORTING	28
11. RECOMMENDATION SEVEN: CONTACT TRACING, DECISION TAKING AND REPORTING	30
12. RECOMMENDATION EIGHT: RETURN TO FACILITY CRITERIA	32
13. RECOMMENDATION NINE: MANAGEMENT RESPONSIBILITIES	33
14. RECOMMENDATION TEN: HEALTH AND SAFETY TEAM (HST) RESPONSIBILITIES	34
15. RECOMMENDATION ELEVEN: CRITERIA FOR TRANSITION TO DISTANT LEARNING	38
16. RECOMMENDATION TWELVE: STUDENT/STAFF RETURNING FROM OVERSEAS TRAVEL .	39
17. RECOMMENDATION THIRTEEN: IMMUNIZATION AND SCREENING	39
18. RECOMMENDATION FOURTEEN: EXEMPTION FROM IN-PERSON LEARNING	39
REFERENCES	42
APPENDICES	45
APPENDIX 1: CONSIDERATIONS FOR COMPLETE TRANSITION TO DISTANT LEARNING	45

APPENDIX 2: PROCESS MAP FOR SUSPECTED COVID-19 AMONG STUDENTS.....	50
APPENDIX 3: PROCESS MAP FOR SUSPECTED COVID-19 AMONG STAFF	51
APPENDIX 4: PROCESS MAP FOR CLOSE CONTACT OF CONFIRMED COVID-19 CASE.....	52
APPENDIX 5: MANAGEMENT OF COVID-19 BY HEALTH AND SAFETY TEAM (HST).....	53
APPENDIX 6: NOTIFYING PARENTS OF CLOSE CONTACTS	57
APPENDIX 7: EXAMPLES OF CHRONIC ILLNESSES	60
APPENDIX 8: IMMUNOSUPPRESSIVE MEDICATIONS	62

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 Institutions in addition to safety measures mandated by Knowledge and Human Development Authority (KHDA).

There are 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 Institutions. A critical requirement within the guideline is the requirement to establish a Health and Safety Team (HST) at the Educational Institutions. 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 HASANA or **800-342**, if the HST could not resolve them.

The major changes in Version 5 are as follows:

1. The title of the document has been changed to “Guidelines for Management of Covid-19 in Educational Institutions” and Educational Institutions has been defined in the Definitions.
2. The definitions of Contact Tracing and Health and Safety Team are added.
3. The social distance requirements between students in different settings is reduced to one (1) meter.
4. The quarantine duration for close contact has been reduced to seven (7) days.
5. A DHA licensed and trained healthcare professional identified by the educational institution could conduct a PCR swab at the clinic in the educational institution only if they have a contract with a DHA approved and HASANA integrated health facility.
6. No Travel and Health Declaration Form needed.
7. Staff or students, who arrived from abroad, are tested at the airport, and have a negative PCR result, can resume school without the need for quarantine.
8. Students below 12 years, who arrived from abroad, can resume school without the need for quarantine.
9. Updates made in Appendices 1, 2, 3, 4, 5 and 6.
10. Update the Health and Safety Team (HST) role and responsibilities in COVID-19 management.
11. The Clearance Certificate will be issued automatically.
12. The recommendation fourteen elaborates the exemption from in person learning.
13. Appendices 7 and 8 are added to align with recommendation fourteen.

14. This document is aligned with the following:

- [KHDA Back to School Protocol.](#)
- [National Guidelines for Contact Tracing of COVID-19 Positive Cases](#)
- [National Guidelines for Management of a suspected case of COVID-19](#)
- [National Guidelines for Case Definition for suspected COVID-19 Case](#)
- [Standards for SARS-CoV-2 Testing](#)
- [Standards for Clinics in Nurseries and Early Learning Centers](#)
- [Standards for Clinics in Educational and Academic Settings](#)
- [Dubai Sports Council Guidelines.](#)
- National Extended Program of Immunization (EPI) and the DHA Immunization Guidelines.
- [Dubai Municipality Protocol for Cleaning and Disinfection.](#)
- Roads and Transport Authority (RTA), COVID-19 school bus safety guidelines.
- Public Health Protection Department Training Requirements.

DEFINITIONS

- **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 close contact individuals with a known positive COVID-19 patient. Tracing can be done remotely (on the phone) or in the field. Tracing focuses on capturing close contacts who have interacted with the confirmed case starting:
 - From two (2) days before the onset of symptoms in the confirmed case.
 - From two (2) days of positive PCR test specimen collection date, for asymptomatic confirmed cases.
 - During the ten (10) days duration of the illness.
- **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 Close Contact:** is a person who is exposed to a confirmed COVID-19 case, within a proximity of one (1) meter or less, for a period of more than 15 minutes, with or without wearing masks, or who is in direct physical contact with the case (like hand shaking). This could be at work, in educational settings, at home, while using public transportation, etc. The exposure is considered if the interaction with the confirmed case meets one of the following:
 - From two (2) days before the onset of symptoms in the confirmed case.

- From two (2) days of positive PCR test specimen collection date, for asymptomatic confirmed cases.
- During the ten (10) days duration of the illness.
- **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.
- **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.
- **Educational Institutions:** are all the Universities, Schools, Nurseries and Early Childhood Centers (ECCs) and Centers for Special Needs in the Emirate of Dubai.
- **Exposure:** is defined as one or more of the following:
 - Being within one (1) meters of a COVID-19 case without a mask, 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.
- **Health and Safety Team:** is a group of staff (medical and/or non-medical) identified by the educational institution and trained as per DHA requirement, to implement Health and Safety protocols.
- **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.
- **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 for close contact, even if they are vaccinated or wearing mask, unless they have been previously diagnosed with COVID-19 within the last six (6) month and have recovered and remain without COVID-19 symptoms (for example, cough,

shortness of breath). Quarantine count starts from the day of last exposure to the confirmed case and for a period of seven (7) days post exposure. PCR testing is not required at the end of quarantine period, unless symptoms develop during this period. People who fulfilled the quarantine duration without symptoms of the disease do not pose any health threat to others.

- **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.
 - Been a close contact with a confirmed COVID-19 case.
 - Residing in a community setting where COVID-19 cases have been detected.

- Cases of influenza-like illness without history of travel or known possible exposure.
- **Vaccinated person:** is a person who has received all the recommended doses of any vaccine according to the UAE national guidelines.

ABBREVIATIONS

ARDS	:	Acute Respiratory Distress Syndrome
CoV	:	Corona Viruses
COVID-19	:	Corona Virus Disease for the year 2019
DHA	:	Dubai Health Authority
DL	:	Distant Learning
DM	:	Dubai Municipality
ECCs	:	Early Childhood Centres
EPI	:	Extended Program of Immunization
HRS	:	Health Regulation Sector
HSO	:	Health and Safety Officer
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

Coronavirus Disease 2019 (COVID-19) is a contagious disease that was first identified in December 2019 in a cluster with pneumonia symptoms in Wuhan city, Hubei province of China. Most of the cases were epidemiologically linked to the seafood and animal market. Novel Coronavirus strains are spread from person to person through contaminated droplets from a person who is sick with the illness (through coughing or sneezing) or contaminated hands. The virus can spread through touching an infected surface. The incubation period extends from 1 to 14 days (that means the amount of time from being exposed to the virus to showing symptoms).

To avoid the spread of COVID-19 in the community it is advised to stay safe by taking some simple precautions, such as physical distancing, wearing a mask, keeping rooms well ventilated, avoiding crowds, cleaning hands and coughing into a bent elbow or tissue. Being vaccinated is an effective measure to prevent people from getting seriously ill due to COVID-19. To ensure the population in the Emirate of Dubai is protected, it is recommended to abide with the vaccination protocol issued by the authorities.

2. SCOPE

2.1. The scope of this document is to assist Educational Institutions to manage students or staff suspected 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 Institutions.

- 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 Educational Institutions.

4. APPLICABILITY

- 4.1. Educational institutions 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 Educational Institutions 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. Educational Institutions 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.
- ii. Students and staff, who test positive for COVID-19 should isolate for ten (10) days.
- iii. Students and staff, who have recently had close contact with a person with COVID-19 should quarantine for seven (7) days.
- iv. Offer Distant Learning (DL) options.
- v. Assign a Health and Safety Team (HST) to follow up on students who had symptoms until they return.
- vi. Monitor absenteeism by checking daily absence records and the reasons for the unjustified absence of students and staff.
- vii. 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 mandatory for anyone entering the premises of the Educational Institutions.
- 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 young children (below 6 years

of age) 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. Staff who are in direct contact with young children (below 6 years of age) are encouraged to wear transparent masks/face shields to enable lip reading and facial expression.

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 a 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. A DHA licensed and trained healthcare professional identified by the educational institution could conduct a PCR swab, if the clinic at the educational institution is equipped, approved by DHA and aligns with the [Standards for SARS COV-2 Testing](#).
- a. Swab collecting clinics in the Educational institution should have in place a valid contract with a DHA approved and HASANA integrated health facility.
- 7.2.5. Anyone entering the isolation room must wear appropriate PPE.
- 7.2.6. Physician or nurse shall continuously monitor the staff/student when in the isolation room.
- 7.2.7. Once students or staff have vacated the isolation room, it should be thoroughly disinfected by Dubai Municipality (DM) approved disinfectants.
- 7.2.8. The HST shall be responsible for training, monitoring and reporting any COVID-19 related matters.

8. RECOMMENDATION FOUR: ENVIRONMENTAL CONSIDERATION

- 8.1. Educational Institution 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. For further information refer to [DM Guidelines](#).

8.1.4. Modified Layouts

- a. It is recommended to have the seating/desks in classes, a minimum of one (1) meter 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. The same student should use same working station/desk each day.
- d. Abide with the RTA requirements to seat students in school transportation.

8.1.5. Physical Guides

- a. Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and students remain at least one (1) meter

apart in lines and at other times guides for creating “one-way routes” in hallways.

8.1.6. Communal Spaces

- a. Use of outside space should be encouraged for exercise and breaks as this can limit transmission and allow for distance between children and staff.
- b. Outdoor equipment should not be used unless it is appropriately cleaned and sanitised after each group of students.
- c. One-metre distance is recommended between students using the playground equipment at the same time, unless those students are part of a ‘bubble’.

8.1.7. Food Services

- a. Educational Institutions 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. 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. It is recommended to implement staggered meal breaks that will ensure the safe minimum one (1) metre distancing between students.
- g. Students and Staff should not share food or drinks.

9. RECOMMENDATION FIVE: ROUTINE OPERATIONS

9.1. Educational Institutions may consider implementing several strategies to maintain routine operations.

9.1.1. Students or staff with high-risk conditions (specific illnesses or who are immune compromised) should be offered alternative means for education (i.e. Distant Learning) until further notice.

9.1.2. Each child with any medical condition, who cannot attend the school physically, will be requested to provide a medical report to school clinic.

9.1.3. Activities and Events

- a. For all sports, related activities follow the Dubai Sports Council Guidelines.
- b. Special events such as festivals, holiday events, special performance celebration and school trips refer to the [KHDA Back to School Protocol](#).

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 pre-primary/FS1, KG1/FS2 and KG2/Y1 requires “stable” groups or “bubbles” of 15 or fewer children. “Stable” or “bubble”

means the same 15 or fewer children are in the same group each day and cannot be accessed by children outside of that group. Student-to-teacher ratios must meet the KHDA requirements for these age groups.

9.2.3. For rotation of staff and students between classes, refer to the KHDA Protocol.

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 students of transition to DL 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 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: SUSPECTED/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 transport provided by the educational institution or private transport.
 - 10.1.2. At the entrance of the educational institution (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. Symptomatic students and staff shall remain at home and seek medical advice and where necessary treatment from a licensed physician. This staff or student can return to class only if he/she is asymptomatic and produce a negative PCR test, valid for 48 hours.
 - 10.1.6. Refer to **Appendices 2 and 3** for the Process Map for Suspected Covid-19 among students and staff.
 - 10.1.7. Any student or staff who has a chronic allergic rhinitis or other health condition presented with similar signs and symptoms of COVID-19 is

required to present a medical certificate from his/her treating healthcare facility to be exempted from PCR Testing.

10.1.8. The Health and Safety Team (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.

10.1.9. The physician or nurse-in charge should immediately refer all symptomatic cases to the isolation room for assessment.

10.1.10. Student's parents/guardians shall be immediately informed.

10.1.11. 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.

10.1.12. 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 HST.

10.2.2. People residing in the same house and identified as close contact should be quarantined for seven (7) days.

10.2.3. Students should shift into DL (if applicable).

- 10.2.4. Staff who are positive cases should not attend work in person and may work remotely (if applicable).
- 10.2.5. The educational institution HST shall notify the DHA through HASANA and schoolcovnotify@dha.gov.ae.
- 10.2.6. HST shall be responsible for case investigation, contact tracing, identify and implement action as per **Appendix 5**. If the action needs school closure then the HST shall take the approval from DHA and KHDA.
- 10.2.7. Students and staff may return to the educational institution upon submission of Clearance Certificate, which is issued automatically, 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. 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. HST shall take decisions based on the **Appendix 5**.
- 11.1.3. HST 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 HST shall provide DHA with the following through HASANA:

- 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).
- 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 seven (7) 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 seven (7) 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 seven (7) days quarantine is mandatory for all close contacts.

11.1.10. The vaccinated or non-vaccinated close contact does not require a negative PCR report to return to the educational institution 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 through HASANA and 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 automatically issued clearance certificate or by calling **800-342**, requesting for a clearance certificate.

12.2. Asymptomatic close contacts, who completed seven (7) 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 at the educational institution during the distant check-up, he/she may return on the date specified.
- 12.3.3. On arrival, they must attend the clinic of the educational institution before going to class where the physician/nurse will conduct a final assessment before allowing the child to resume learning activities.

13. RECOMMENDATION NINE: MANAGEMENT RESPONSIBILITIES

- 13.1. Conduct a general risk assessment specific to the educational 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).

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

- 14.1. Every Educational Institution shall have a group identified and trained as the HST.
- 14.2. Educational and academic settings shall establish a COVID-19 HST to be responsible for responding to COVID-19 concerns.
- 14.3. All staff, students and guardians should be aware whom to contact for COVID-19 concerns.
- 14.4. Roles and responsibilities of HST are as follows:
 - 14.4.1. Regular school assessment to ensure implementation of mitigation strategies.
 - 14.4.2. Ensure consistent and correct use of masks.
 - 14.4.3. Ensure social distancing (maintain one (1) meter inside the class and outside the class; ensure no physical touches between students/staffs).
 - 14.4.4. Follow all guidelines/protocols and instructions issued by concerned authorities.
 - 14.4.5. Emphasise on hand hygiene and respiratory etiquette.
 - 14.4.6. Ensure cleaning and disinfection.
 - 14.4.7. Implement immediate action concerning isolating suspected, or positive cases, or quarantine contacts.
 - 14.4.8. Refer symptomatic patients (Flu like symptoms) with or without fever to the isolation room for assessment.
 - 14.4.9. Receive notifications of confirmed COVID-19 cases from parents or DHA.

- a. Notification received from DHA
 - I. The HST is responsible to update and verify the information of the confirmed case through HASANA system immediately.
- b. Notification received from parents/other sources
 - I. The HST is responsible immediately to notify the confirmed cases through HASANA system and send email to schoolcovnotify@dha.gov.ae using DHA notification template immediately.

14.4.10. 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.

14.4.11. Conduct case investigation and trace the close contacts as per criteria mentioned, and send it to DHA investigation team through HASANA.

14.4.12. Following mitigation strategies in educational institutions to reduce the number of close contact, but does not exclude contact tracing.

14.4.13. Make sure no positive cases attend school for at least ten (10) days from collection date of first positive results.

14.4.14. Take and implement initial decisions for isolation of cases, and quarantine of close contacts and set of actions to be taken as per **Appendix 5**.

14.4.15. Inform and provide the staff or parents of students who were identified as close contact with close contacts notification form **Appendix 6**.

14.4.16.HST shall ensure training of all staff and students on all safety and precautionary measures related to COVID-19.

14.4.17.The team may comprise of the following suggested team members with their role and responsibilities elaborated below:

HEALTH AND SAFETY TEAM (HST)	
ROLE	RESPONSIBILITIES
Team Leader	<ul style="list-style-type: none"> Principal or Vice-Principal to lead the team
Team coordinator (Focal point)	<ul style="list-style-type: none"> Health and Safety Officer (HSO) ¹ 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.

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

¹ There has to be a minimum of 1 HSO per 2500 population (student and staff)

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

14.6. 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.

14.6.1. 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.

14.6.2. Preparedness

- a. Nominate members of the HST
- b. Train HST as per the Public Health Protection Department Training Requirements.
- c. Prepare school/university preparedness plan.
- d. Communicate effectively and continuously with concerned authorities.
- e. Ensure availability of all required equipment needed to deal with the cases.
- f. Raise awareness regarding these plans and the related procedures.

14.6.3. Response

- a. Assess the scenario and implement risk assessment plan.

- b. Activate the response plan.
- c. Immediate action for notification to concerned authorities.
- d. Collect the required information and enter data into HASANA promptly.
- e. Implement response measures according to the roles and responsibilities of the HST.
- f. Cooperate and coordinate with all stakeholders.
- g. Put in place alternative operation plan of, such as DL for students and remote working for staff and raise any major concerns, if required to KHDA.

15. RECOMMENDATION ELEVEN: CRITERIA FOR 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 and 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: STUDENT/STAFF RETURNING FROM OVERSEAS

TRAVEL

- 16.1. No Travel and Health Declaration Form needed.
- 16.2. Staff or students, who arrived from abroad, are tested at the airport, and have a negative PCR result, can resume school without the need for quarantine.
- 16.3. Students below 12 years, who arrived from abroad, can resume school without the need for quarantine.

17. RECOMMENDATION THIRTEEN: IMMUNIZATION AND SCREENING

- 17.1. Educational institutions shall continue providing all students, including the students practising DL, 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 institutions 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.

18. RECOMMENDATION FOURTEEN: EXEMPTION FROM IN-PERSON LEARNING

- 18.1. In line with the American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC) and numerous other health organizations, it is important to prioritize a return to in person education for all children and adolescents. There are exceptions dictated by underlying medical conditions and they are highlighted below:

- 18.1.1. All students over the age of 12 years are recommended to be vaccinated with the Pfizer mRNA vaccine. Children younger than 12 years should be vaccinated when vaccination is approved for this age group.
- 18.1.2. All fully vaccinated students with stable chronic disease can attend the educational institution, if all KHDA mandated precautions are strictly followed.
- 18.1.3. As per updated KHDA protocol, all students must be back to school for face-to-face learning by October 3, 2021.
- 18.1.4. Students with high risk/chronic medical conditions as elaborated in **Appendix 7** can be exempted from in person/face-to-face learning, if they cannot attend the school as per treating physician recommendation. The treating physician (consultant/specialist) shall provide a medical report to school clinic to enable online/distant learning.
- a. The medical report should contain the following, but not limited to:
 - i. Facility Name.
 - ii. Date.
 - iii. Patient Demographic Data.
 - iv. Clear diagnosis.
 - v. Description of medical condition and patient's medical history.
 - vi. Description of the risks of contracting COVID-19 infection.

- vii. Final Decision about the need for exemption from physical learning and justification for the exemption, if any.
 - viii. Duration of the exemption.
 - ix. Physician's details (Name, designation, specialty, signature, Stamp for both the physician and the facility).
- 18.1.5. Healthy students living in a household with high-risk patients or patients with chronic medical conditions are not exempted from face-to-face learning, unless the family member has a medical exemption from receiving the COVID-19 vaccine.
- 18.1.6. Unvaccinated or partially vaccinated students who are immunocompromised because of an active chronic illness or students on long-term immunosuppressive medication (**Appendix 8**) are to be offered online/distant learning, unless otherwise advised by the treating physician (specialist/consultant) in a detailed medical report.

REFERENCES

1. American Academy of Pediatrics (2021). COVID-19 Guidance for Safe Schools. Available on: <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/> (accessed 07/09/2021).
2. California Department of Public Health (2020). COVID-19 Industry Guidance: Schools and School- Based Programs. Available on: <https://files.covid19.ca.gov/pdf/guidance-schools.pdf> (accessed 07/09/2021).
3. Centers for Disease Control and Prevention (2020). Preparing for a Safe Return to School. Available on: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html> (accessed 08/09/2021).
4. Department of Education (2020). Northern Ireland Re-opening School Guidance - New School Day – Revised. Available on: <https://www.education-ni.gov.uk/publications/northern-ireland-re-opening-school-guidance-new-school-day-revised> (accessed 09/09/2021).
5. Department of Education and Knowledge (2020). Private School Reopening Policies and Guidelines. Available on: <https://www.adek.gov.ae/en/Education-System/Coronavirus-COVID19> (accessed 08/09/2021).
6. Dubai Health Authority (2020). Back to School during COVID-19, complete awareness guide for Parents. Available on: <https://www.dha.gov.ae/Asset%20Library/COVIID19/EN.pdf> (accessed 07/09/2021).

7. Dubai Health Authority (2020). Standards of Clinics in Education and academic settings .
Available on:
<https://www.dha.gov.ae/en/HealthRegulation/Documents/Standards%20for%20Clinics%20in%20Educational%20and%20Academic%20Settings.pdf> (accessed 08/09/2021).
8. Knowledge and Human Development Authority (2020). Protocols for the Reopening of Private Schools in Dubai. Available on:
<https://www.khda.gov.ae/CMS/WebParts/TextEditor/Documents/Schools-Reopening-Protocol-En.pdf> (accessed 06/09/2021).
9. Ministry of Education (2020). Operation of Educational Establishments during the Pandemic: Protocols & Procedures. Available on:
<https://www.aud.edu/media/xnijew5i/operation-of-educational-establishments-during-the-pandemic-protocols-procedures-fourth-release.pdf> (accessed 09/09/2021).
10. Minnesota Department of Health (2020). 2020-2021 Planning Guide for Schools. Available on: <https://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf> (accessed 06/09/2021).
11. Missouri Department of Elementary and Secondary Education (2020). Missouri School Reopening Guidance Frequently Asked Health-Related COVID-19 Questions. Available on: <https://dese.mo.gov/sites/default/files/COVID-MO-K12-Reopening-Guidance.pdf> (accessed 05/09/2021).
12. National Guidelines for Clinical Management and Treatment of COVID-19 (2020).Version 4 (01 June 1) Available on:

https://www.dha.gov.ae/en/HealthRegulation/Documents/National_Guidelines_of_COVID_19_1st_June_2020.pdf (accessed 04/09/2021).

13. World Health Organization (2020). Considerations for school-related public health measures in the context of COVID-19. Available on:

<https://www.who.int/publications/i/item/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19> (accessed 14/09/2021).

APPENDICES

APPENDIX 1: CONSIDERATIONS FOR COMPLETE TRANSITION TO DISTANT LEARNING

There is a significant role for complete transition to Distant Learning (DL) 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

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

Core Indicators	Low risk of transmission	Moderate risk of transmission	High risk of transmission
Number of new cases per 100,000 persons within the last 14 days	<200	200-800	>800
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 Educational Institutions to implement 5 key mitigation strategies:	Implemented all 5 mitigation strategies correctly and consistently	Implemented 3-4 mitigation strategies correctly and consistently	Implemented 2 or no mitigation strategies correctly and consistently

<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 			
Stakeholder Authority Inspection outcomes in Educational Institutions	Infection control measures Good	Infection control measures Average	Infection control measures Poor

Number of positive cases of COVID-19 within 7 days period	Current Level of community transmission in Dubai (YELLOW)		
	Low risk of transmission	Moderate risk of transmission	High risk of transmission
Student/school staff/supportive staff One/two cases within educational institute premises (class/office/others)	All 5 mitigation strategies implemented, no close contact identified if less than 5 mitigation strategy to quarantine close contact and switch to DL	Regardless if the 5 mitigation strategies are implemented or not, quarantine close contact and switch to DL	Close the class/office and switch to DL, 7 days
3 or more students/staff in same class	All 5 mitigation strategies implemented correctly quarantine close contact and switch to DL	Regardless if the 5 mitigation strategies are implemented or not, close the class only and switch to DL for 7 days	Close the class only and switch to DL for 7 days
Cases in multiple classes in same corridor or floor with no physical separation between them	All 5 mitigation strategies implemented correctly, >50% of the classes or 4 classes involved with two or more	>50% of the classes or 4 classes involved with two or more positive cases per class (student/staff)	40% of the classes or 3 classes involved with two or more positive cases per class (student/staff)

	positive cases per class, close the class with the infected cases only and switch to DL for 7 days	close the entire corridor or floor for 7 days	close the entire corridor or floor for 7 days
In the same building/block cases in different building floor(students/staff)	If 50% or more of the classes per floor in the building have two or more cases per class, close the floor of the building and switch to DL for 7 days	If 50% or more of the classes per floor in the building have two or more cases per class, close the building/block and switch to DL for 7 days	If 40% or more of the classes per floor, in the building have two or more cases per class, close the building/block and switch to DL for 7 days
In all Educational institution 5% of total number of population (students/staff)	If less than 5 mitigation strategies are implemented, Close the educational institution for 7 days and switch to DL	Close educational institution for 7 days and switch to DL	Close educational institution for 2 weeks and switch to DL

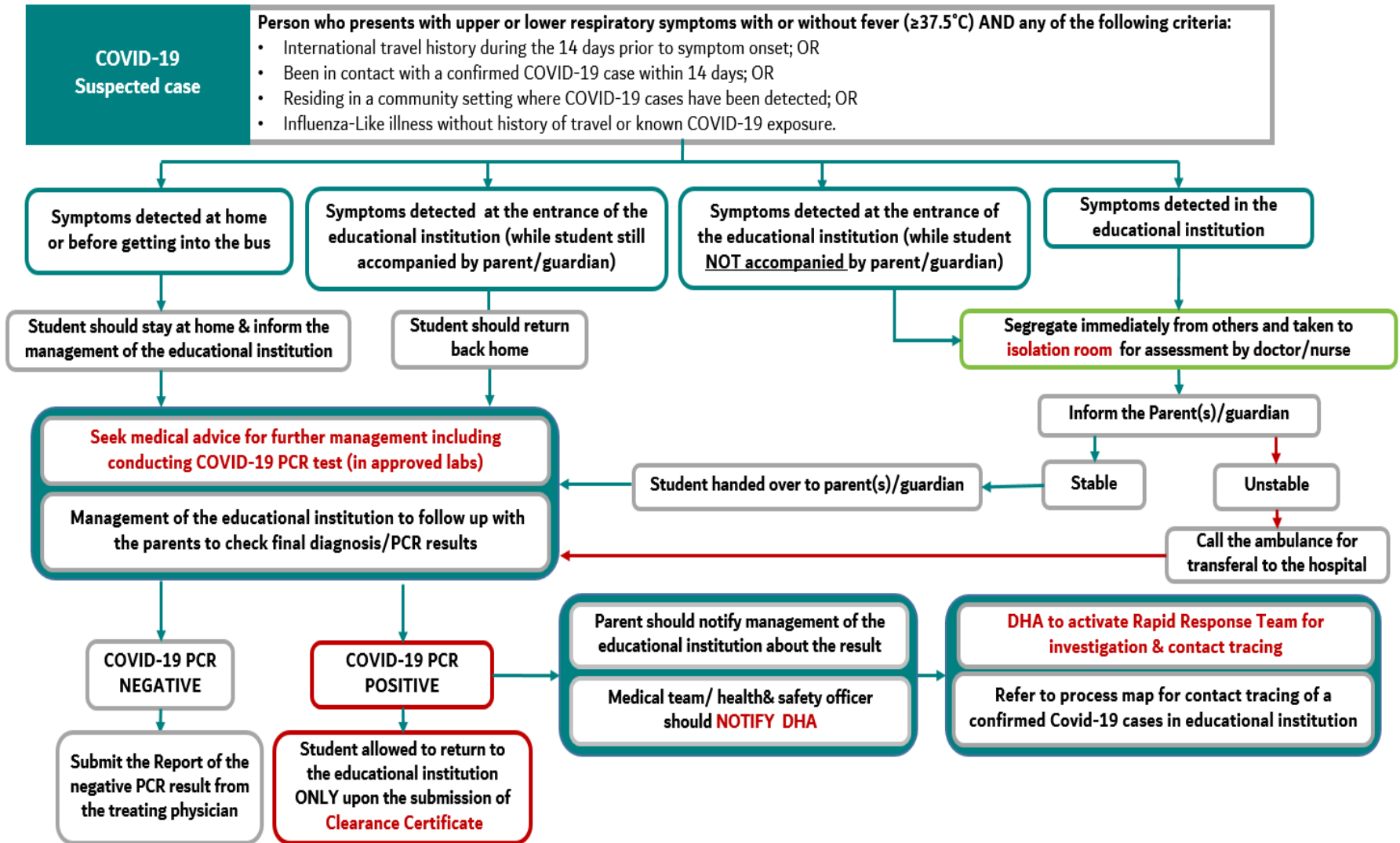
Shared Action with every case infected with COVID-19 in the school:

- Apply isolation measures for COVID-19 patient for 10 days
- Disinfect area (s) where COVID-19 patient spent time
- HST/public health staff will direct close contacts to quarantine

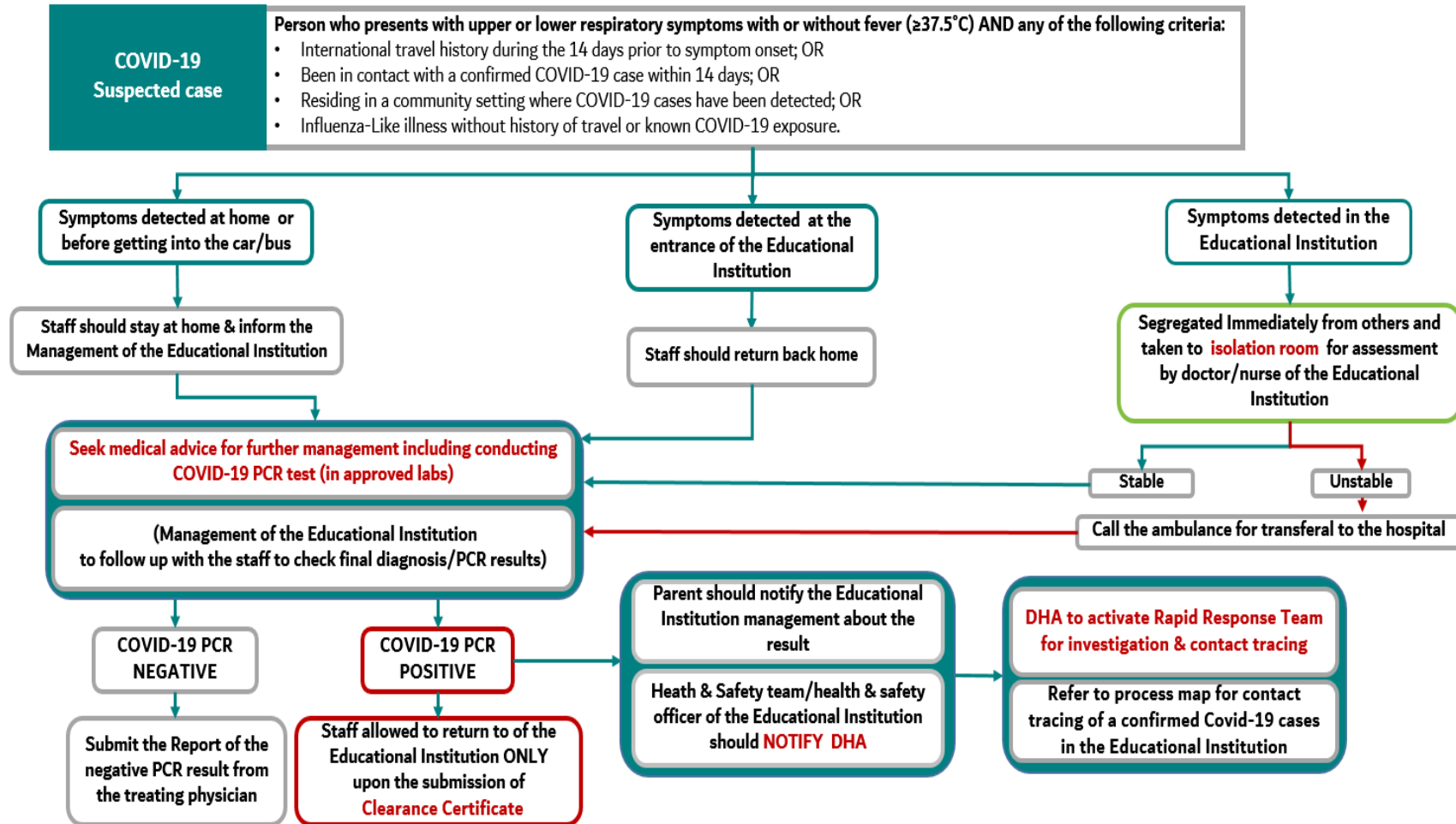
Level for risk of COVID -19 transmission based on action taken

Level for risk of COVID -19 transmission			
	Low	Moderate	High
Action Taken	Close limited number of classes	Close one or two corridor/floor	Close the educational institution OR blocks/building

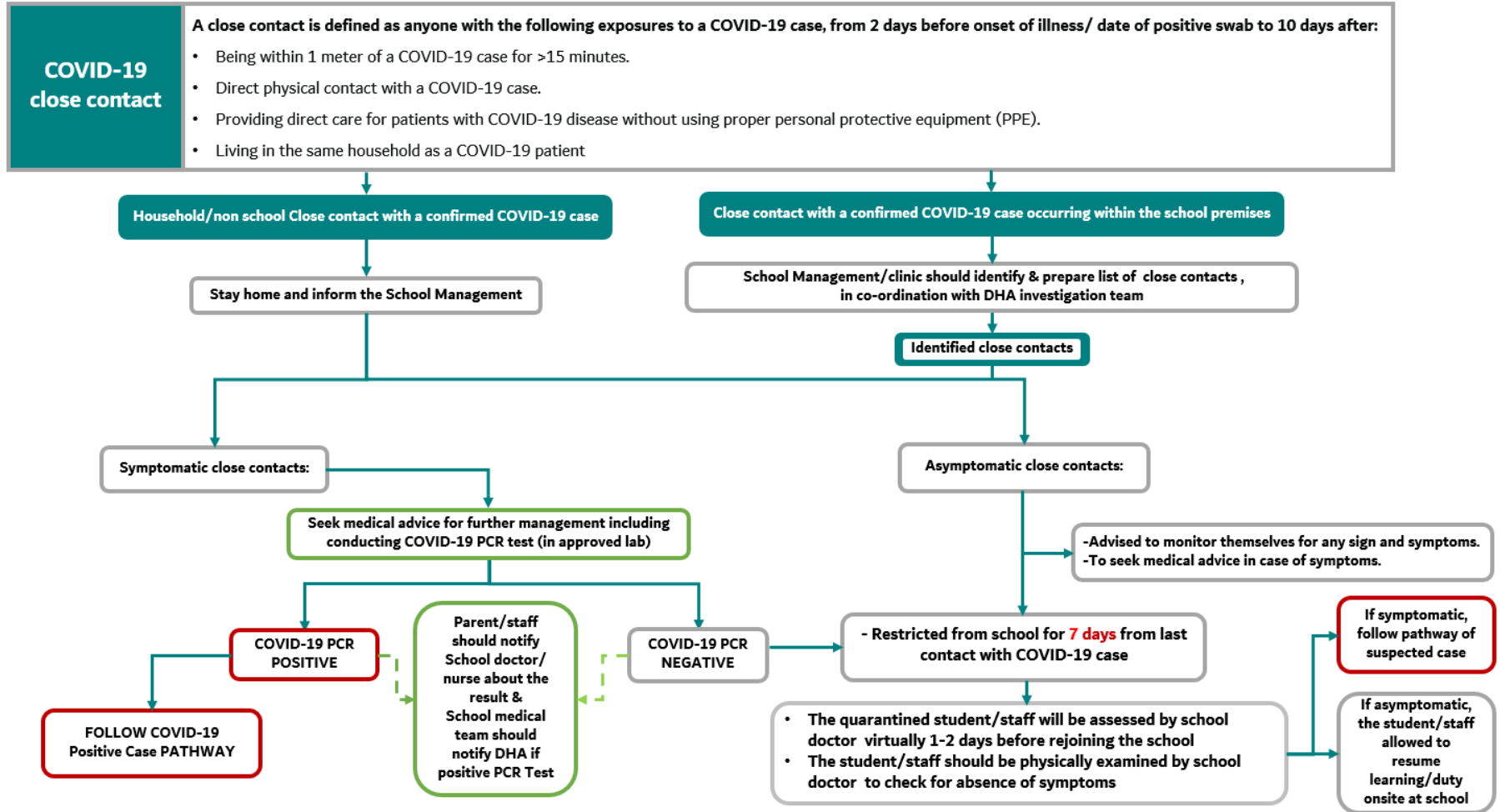
APPENDIX 2: PROCESS MAP FOR SUSPECTED COVID-19 AMONG STUDENTS



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 7-day quarantine despite a negative PCR test

APPENDIX 5: MANAGEMENT OF COVID-19 BY HEALTH AND SAFETY TEAM (HST)

Decision taken by HST for any COVID-19 case identified, followed by sending report to DHA/KHDA						
Educational provision	Number of cases	Who to isolate	Who to quarantine	Distance learning	Other	Decision validity period
School staff/Supportive staff	If one staff or more are positive in any close setting within educational institute premises (room/class/office/others) in the last 14 days	Isolate positive case 10 days	Quarantine close contacts and monitor them for symptoms	Switch all close contact to Distant learning/remote working for 7 days	If there are multiple teachers/staff in the same close setting (room/class/office/others) with a positive case in the same room, quarantine only teachers/staff who are identified as close contacts only (as per definition) and shift to RW.	7 days, Final by HST
Age 6 years and below not wearing mask (classes pre-primary/FS1, KG1/FS2 and	If one student or more are positive in any subgroup, but total number of subgroups	Isolate positive case 10 days	Quarantine close contact means all student in the same subgroup of same class, and	Switch all close contact student (in the same subgroup) to	If there are multiple teachers per class, quarantine teachers who are identified as close contacts	7 days, Final by HST

KG2/Y1), Require stable*1 sub-groups of 5 or fewer children in each group/Class, each sub group separated from other sub groups by one (1) metre in each group.	involved with positive cases not to exceed 2 subgroups per class over the last 14 days		monitor them for symptoms	Distant learning for 7 days	only (as per definition)	
	If three subgroups involved with positive cases regardless of the number of cases in each subgroup in the same class.	Isolate positive case 10 days	Quarantine all student in the same class/group, and monitor them for symptoms	Close the class and Switch all the class/group to Distant learning for 7 days from the last reported positive case	If there are multiple teachers per class, quarantine teachers who are identified as close contacts only (as per definition)	7 days, Final by HST
Age above 6 years who are wearing mask (Grade-1/year-2 and above)	If one or two students are positive in one class over the last 14 days	Isolate positive case 10 days	Quarantine all close contacts student in the same class/office, and monitor them for symptoms	Switch all close contact student to distant learning for 7 days	If there are multiple teachers per class, quarantine teachers who are identified as close contacts only (as per definition)	7 days, Final by HST
	If three or more students are positive in one	Isolate positive case 10 days	Quarantine all student in the same class and	Close the class and Switch all the class to Distant	If there are multiple teachers per class, quarantine teachers who are identified	7 days, Final by HST

	class over the last 14 days		monitor them for symptoms	learning for 7 days	as close contacts only (as per definition)	
Cases in different Classes/Groups in same Section/grade with mixed Rotation of students between classes/groups	If More than, 50% of total number of classes/group have two or more positive cases per class/group (student/staff) over the last 14 days.	Isolate positive case 10 days	Quarantine all close contacts student/staff for 7 days , and monitor them for symptoms	Close the Section/Grade and Switch all the Section/Grade to Distant learning for 7 days	If there are multiple teachers per class, quarantine teachers who are identified as close contacts only (as per definition)	7 days, Final by HST
Cases In different classes in same Corridor/Floor with no physical separation or partition in the same Corridor/Floor	If More than, 50% of total number of classes per corridor have two or more positive cases per class (student/staff) over the last 14 days.	Isolate positive case 10 days	Quarantine all close contacts student/staff for 7 days , and monitor them for symptoms	Close the corridor OR floor and Switch all the classes to Distant learning for 7 days* 2	If there are multiple teachers per class, quarantine teachers who are identified as close contacts only (as per definition)	7 days, Final by HST
Cases in the same building/block	If more than, 50% of the classes per level in the	Isolate positive case 10 days	Quarantine all close contacts student/staff for	Close the Building/Block and Switch all the		7 days, Final by HST

cases in different building levels	building had two or more positive cases per class (student/staff) in each level over the last 14 days.		7 days , and monitor them for symptoms	classes to Distant learning/Remote work for 7 days		
In all school buildings	If 5% of total number of school population (students/staff) were positive over the last 14 days.	Isolate positive case 10 days	Quarantine all close contacts student/staff for 7 days , and monitor them for symptoms	Close the school and Switch all the classes to Distant learning/remote work for 7 days		Raise recommended action to DHA and KHDA to close school and switch all students/staff to DL/RW for 7 days for approval. After DHA/KHDA approval

Stable *¹: means the same 5 or fewer children are in the same group and sub group each day. This group/class must be cared for in a space that cannot be accessed by children outside the stable group.

*² But if less than 50% of the classes involved with positive cases, keep the corridor open and implement scenario matrix per class.

APPENDIX 6: NOTIFYING PARENTS OF CLOSE CONTACTS

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 positive COVID-19 case has been identified 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 7 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 7 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 7 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 **800342**

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

Kind regards.

APPENDIX 7: EXAMPLES OF CHRONIC ILLNESSES

1. Respiratory

- 1.1. Moderate to severe asthma - uncontrolled
- 1.2. Cystic fibrosis
- 1.3. Bronchiectasis
- 1.4. Restrictive Lung Disease

2. Cardiovascular Diseases

- 2.1. Uncontrolled hypertension
- 2.2. Congenital Heart Disease
- 2.3. Cardiomyopathy

3. Gastrointestinal Diseases

- 3.1. Inflammatory Bowel Diseases
- 3.2. Chronic Liver Disease

4. Rheumatologic and Musculoskeletal Diseases

- 4.1. Juvenile idiopathic arthritis on systemic medication
- 4.2. Systemic Lupus Erythematosus Systemic Lupus Erythematosus
- 4.3. Juvenile Dermatomyositis JDM
- 4.4. Mixed connective tissue diseases
- 4.5. Scleroderma

5. Nephrology Diseases

- 5.1. Chronic renal failure
- 5.2. Lupus nephritis

6. Hematology and Oncology Diseases

- 6.1. Acute Leukaemia and Lymphoma
- 6.2. Blood and Marrow Transplantation & Cellular Therapy Allogeneic
- 6.3. Hemoglobinopathies such as; sickle cell disease and some patients with thalassemia and inherited rare anaemia who have severe iron overload.

7. Infectious Diseases

- 7.1. HIV – advanced or untreated

8. Solid Organ Transplant on Immunosuppressive Therapy

- 8.1. Kindly refer to [Appendix 8](#) for details on the immunosuppressive therapy

9. Immune Disorders

- 9.1. Moderate or severe primary immunodeficiency (e.g. DiGeorge, Wiskott-Aldrich syndrome)

10. Metabolic Conditions

- 10.1. Children with inborn errors of metabolism may be considered for exemption from physical attendance at school if they have any of the following:

- 10.1.1. Significant neurodisability
- 10.1.2. Profound learning difficulties
- 10.1.3. Significant myopathy e.g. Pompe Disease
- 10.1.4. Disorder of intermediary metabolism with brittle metabolic control and the child experiences frequent metabolic compensation e.g. Urea Cycle Disorders.

APPENDIX 8: IMMUNOSUPPRESSIVE MEDICATIONS

High dose corticosteroids (i.e. ≥ 20 mg prednisone, or equivalent, per day) <ul style="list-style-type: none">• Prednisone ≥ 20 mg• Methylprednisolone ≥ 15 mg; 500mg inj, 40mg/ml inj, 2ml• Dexamethasone ≥ 40 mg
Alkylating agents, antimetabolites <ul style="list-style-type: none">• Bendamustine hydrochloride 90mg/ml injection• Cyclophosphamide 50mg tablet• Cyclophosphamide 500mg injection• Melphalan 2mg, 5mg tablet• Dacarbazine 200mg injection• Cisplatin 50mg injection• Carboplatin 150mg injection• Oxaliplatin injection
Antimetabolites <ul style="list-style-type: none">• Capecitabine 150mg, 500mg tab• Cytarabine 500mg IV/SC, 1g IV, 100mg Inj• Fludarabine 50mj inj IV• 5-Fluorouracil 50mg/ml inj, 5ml• Gemcitabine 200mg, 1G inj• Hydroxyurea 500mg cap• 6-Mercaptopurine 50mg tab• Thioguanine 40mg tab• Ifosfamide 1 G inj IV• Cladribine 1mg/ml inj, 10ml vial
Transplant-related immunosuppressive drugs <ul style="list-style-type: none">• Azathioprine 25, 50mg tab• Lenalidomide 10mg, 15mg, 25mg cap• Methotrexate 2.5mg tab, 5mg/2ml inj, 50mg/2ml inj, 500 mg inj, 25/ml PF inj.• Tacrolimus 0.5mg cap, 1mg cap• Sirolimus 1mg tab• Cyclosporine 25, 50, 100mg cap, 100mg/ml soln. 50ml
Cancer chemotherapeutic agents classified as severely immunosuppressive (included in other categories; alkylating agents, metabolites)

TNF blockers

- Adalimumab 40mg inj
- Certolizumab 200mg inj.
- Etanercept 25mg inj, 50mg/ml inj.
- Golimumab 100mg inj.
- Infliximab 5mg/ml, 20ml inj.

Other Biologic agents

- Rituximab 10mg/ml inj, 10ml, 50ml
- Abatacept 250mg/15ml inj.
- Ixekizumab 80mg inj.
- Omalizumab 150mg inj.
- Vedolizumab 300mg inj.
- Natalizumab 300mg inj.
- Belimumab
- Ofatumumab 20mg inj.
- Secukinumab 150mg inj.
- Pertuzumab 30mg/ml inj.
- Eculizumab 10mg/ml inj
- Ustekinumab 90mg inj.
- Ado Trastuzumab 100mg, 160mg inj.
- Nivolumab 40mg, 100mg inj.
- Tocilizumab 200mg/10ml inj.
- Panitumumab 20mg/ml inj.

Other Immunosuppressant agents

- Tofacitinib 5mg tab
- Mycophenolate mofetil 250mg 500mg tab, 200mg/ml inj.
- Everolimus 0.5, 0.75, 10mg tab
- Baricitinib 4mg tab
- Fingolimod 0.5mg cap
- Dimethyl fumarate 120mg, 240mg cap
- Leflunomide 20mg, 100mg tab

Other Cancer chemotherapeutic agents

- Bevacizumab 100mg Inj
- Bevacizumab 400mg Inj
- Daunorubicin HCl 20mg Inj
- Docetaxel 40mg/ml Inj. IV-0.5ml
- Docetaxel 40mg/ml Inj. IV-2ml infusion
- Doxorubicin HCl 50mg Inj.
- Epirubicin HCl 50mg Inj.
- Etoposide 100mg IV Inj.
- Filgrastim 300mcg/ml Inj.1ml vial (30 million units Inj.
- Folinic acid (Calcium leucovorine) 15 mg Tab
- Folinic acid (Calcium leucovorine) 50 mg Inj. 5ml
- Idarubicin HCl 10mg Inj. IV
- Irinotecan HCl 20mg/ml concentrate for IV infusion 5ml
- Letrozole 2.5mg Tab
- Levamisole HCl 50mg Tab
- Megestrol acetate 40mg Tab
- Mitomycin C 10mg Inj.
- Mustine HCl 10mg inj
- Oncotice 120mg Inj.
- Paclitaxel 300mg Inj.(vial)
- Sodium clodronate 400mg Cap.
- Tamoxifen citrate 10mg Tab
- Thioguanine 40mg Tab
- Triptorelin 3.75mg Inj.
- Vinblastine sulphate 10mg Inj.
- Vincristine sulphate 1mg Inj.
- Vinorelbine 10mg/ml Inj.-5ml