



# VICTORY HEIGHTS PRIMARY SCHOOL

## Infection Control Measures

### **Aims:**

Victory Heights Primary School Infection Control Policy aims to provide a set of measures to reduce the spread of illness, through cross infection, in Victory Heights Primary School. This policy covers the prevention of infection and communicable diseases which include effective hand washing, general hygiene and maintenance of a clean school environment. This policy should be made accessible to and read by all Staff Members.

### **Principles:**

- Hand washing is one of the most important ways of preventing the spread of infection. The recommended method is the use of liquid soap, warm water and paper towels. The use of non- medicated soap, provided in a soap dispenser is encouraged. Harsher soap which contains antiseptic (unless required under specific circumstances) should not be used as it may make hands dry and potentially chapped, therefore increasing the risk of infection. Hands should always be washed after using the bathroom, before eating or handling food and after handling animals.
- Infection can be spread easily by coughing and sneezing. Children and adults should be encouraged to cover their mouth and nose with a tissue and dispose of the tissue in a bin.
- All spillage of vomit, saliva, nasal and eye discharge, blood and faeces should be cleaned up immediately. Disposable gloves and disposable plastic aprons must be worn. When spillage occurs, it should be cleaned using a product that contains both a detergent and a disinfectant.
- Maintaining a clean environment is essential in good infection control. Adequate waste disposal bins should be provided throughout the school. Regular cleaning of non-contaminated surfaces such as table tops and toilet seats should be carried out with standard cleaning solution.
- In order to reduce the spread of illness through cross infection, the following points apply:

#### **1. Please DO NOT send the student if they show symptoms of:**

- Fever – 37.5 degrees Celsius or higher
- Skin Rash – any rash other than skin irritation
- Vomiting
- Diarrhea – 3 or more loose bowel movements in a day
- Cough
- Sorethroat
- Shortness of breath



- Fatigue
- Runny Nose
- Body/Muscle Aches
- Abdominal pain
- Nasal Congestion

If your child is experiencing any of the above mentioned symptoms, please keep your child at home and inform the school. Your child will only be permitted to resume school based on either a medical or clearance certificate from your attending physician or a negative PCR test, if required.

2. Strep throat and scarlet fever (do not return to school until they no longer have a fever, have been taking antibiotics for at least 24 hours, and have a clearance certificate of recovery from infection).
3. Chronic cough and/or runny nose: Continual coughing and greenish nose discharge. Conditions may be contagious and may require treatment from your health care provider.
4. Contagious eye infection: pink eye (conjunctivitis) or thick mucus from eye; until 24 hours after treatment should be kept home.
5. Head lice or nits. Children may not return to school until they have been treated and no live lice are present.
6. If they have infected or sore wound, warts or molluscum contagiosum the affected area must be covered by a well-sealed dressing or plaster - especially during swimming or other specified activities.
7. If your child is assessed by School Medical team and thought to be ill, or a possible source of infection to others, you will be contacted to pick them up from school ASAP (maximum within 1 hour).
8. All children with infectious diseases should be kept away from school for all periods of communicability. Your child will be allowed to re-attend school with a medical certificate, stating that the medical condition is no longer infectious (It is a **clearance certificate**, not the certificate of absence).
9. Please inform the School if your child has been or is being treated for a medical condition.
10. Head lice are common and contagious particularly among primary school age pupils. The primary responsibility for detection and treatment of head lice lies with parents. If it is suspected that a child has head lice, they will be asked to attend the School Nurse for examination. In the event that live head lice are found, a letter will be sent to parents advising this. Parents will be asked to take their child from school for appropriate treatment. The child can return to school once the treatment has been completed. The child should be seen by the School Nurse prior to returning to class. A head lice notification letter will be sent out to parents of pupils in the same year group to advise them to be vigilant to the possibility of infection from head lice. The advisory letter will only be sent out once per term for each year group. Over use of an alert letter can lead to the perception that there is a serious 'outbreak' of head lice leading to alarm and unwarranted concern.

A parent's information guideline on head lice will be made available to parents.



## Management:

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

### *Hand washing*

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

### *Gloves*

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

## EXCLUSION FROM SCHOOL AS PER DUBAI HEALTH AUTHORITY (DHA) GUIDELINES

<b>Disease Or Condition</b>	<b>Incubation Period (Approximately)</b>	<b>Exclusion of Cases</b>	<b>Exclusion of Contacts</b>
<b>Chicken pox</b>	From two to three weeks; usually 13-17 days	Exclude from school until vesicles become dry, or 10 days from appearance of rash.	Not excluded
<b>Conjunctivitis</b>		Until discharge from eyes has ceased	Not excluded
<b>Diphtheria</b>	Two to five days	Until cultures are negative, until receipt of a medical certificate of recovery from infection.	Domiciliary contacts excluded until investigated by medial officer and shown to be clear of infection.
<b>Giardiasis (diarrhea)</b>	One to three weeks or longer; or average seven to ten days	Until diarrhea ceases	Not excluded

<b>Hepatitis A</b>	Fifteen to fifty days; the average twenty eight to thirty days	Exclude from school or work for one week after the onset of illness or jaundice. Until receipt of a medical certificate of recovery from infection or on subsidence of symptoms.	Not excluded
<b>Hepatitis B</b>	Sixty to ninety days; the range is forty five to one hundred eighty days	Until recovered from acute attack	Not excluded
<b>Impetigo (School sores)</b>	Varies	Until sores have fully healed. The child may be allowed to return earlier provided that appropriate treatment has commenced, and that sores on exposed surfaces (such as scalp, face, hands or legs) are properly covered with occlusive dressings.	Not excluded
<b>Measles (Rubella)</b>	Approximately ten days, but varies from seven to ten days and may be as long as fourteen days until the rash appears	Until at least five days from the appearance of rash, or until receipt of medical certificate of recovery from infection.	Non-immunized contacts must be excluded for thirteen days from the first day of appearance of rash in the last case unless immunized within 72 hours of contact.
<b>Meningococcal Infection</b>	Commonly three to four days, but can vary from two to ten days	Until receipt of a medical certificate of recovery from infection.	Household contacts must be excluded from school or child care until they have received appropriate chemotherapy for at least 48 hours.

<b>Meningitis (Viral, Aseptic)</b>	Varies with specific agent		
<b>Mumps</b>	Twelve to twenty five days; commonly eighteen days	Exclusion from school, child care or workplace until nine days after the onset of swelling. Until fully recovered.	Not excluded
<b>Pediculosis (Head lice)</b>		Until appropriate treatment has commenced.	Not excluded
<b>Pertussis (Whooping cough)</b>	It is commonly seven to ten days; rarely more than fourteen days.	Until two weeks after the onset of illness and until receipt of a medical certificate of recovery from infection	Household contacts must be excluded from attending a children's services centre for twenty one days after last exposure to infection if the contacts have not previously had whooping cough or immunization against whooping cough.
<b>Poliomyelitis / Acute Flaccid Paralysis (AFP)</b>	Seven to fourteen days; the range is three to thirty five days for paralytic cases	Exclude from schools and children's settings until at least fourteen days after onset of illness and until receipt of a medical certificate of recovery from infection	Not excluded

### Goal:

The ultimate goal of any infection control policy is to prevent needless infection. Education is invaluable in preventing spread of infection. Implementing good standards of hygiene through effective communication practices among staff, pupils and parents is a daily practice at Victory Heights Primary School. Health education and health promotion on the topics of personal hygiene and hand hygiene are incorporated into the School Curriculum.

School nurse as the infection control coordinator should always be inform for any infectious or contagious illnesses.

Parents are kept informed of the outbreak of any contagious illnesses and information and advice given on childhood immunizations.

By 6 years of age all children should be immunized against polio, diphtheria, tetanus, whooping cough (pertussis), Hib (Haemophilus influenza type B) meningococcal C, measles,



mumps, rubella (German measles) and tuberculosis according to the Dubai Health Authority National Guidelines for the UAE.

