

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

Health Policies and Standards Department

Health Regulation Sector (2020)

INTRODUCTION

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

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

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

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

ACKNOWLEDGMENT

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

Health Regulation Sector

Dubai Health Authority

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EXECUTIVE SUMMARY

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

There are thirteen recommendations within the guideline, each addressing an important component to build an effective and efficient system to prevent, prepare and respond to COVID-19. The guideline includes key actions, processes and checklists for educational and academic settings. A critical requirement within the guideline is the requirement to establish a Health and Safety Committee (HSC) at schools and universities to oversee its execution. While the guideline seeks to adopt best practices in the Emirate of Dubai and minimise stigmatizing of infected students and staff, it does not cover bespoke scenarios across different settings. In such cases, general health, safety, and infection control principles should be adopted for COVID-19. Finally, further guidance on bespoke issues may be sought through DHA School Health Section (SHS) schoolcovnotify@dha.gov.ae or **800-558**, if they cannot be resolved by the mentioned HSC.

DEFINITIONS

- **COVID-19:** is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The COVID-19 virus is a new virus linked to the same family of viruses named Severe Acute Respiratory Syndrome (SARS) and some types of common cold.
- **COVID-19 Test -Polymerase Chain Reaction (PCR):** is the standard test for the detection of the virus that causes COVID19. It tests for the virus' genetic material, and a positive test detects at least two genes. The test is generally done from a swab taken from the nasopharynx.
- **Confirmed COVID-19:** is a person with a positive polymerase chain reaction (PCR) test result for COVID-19 infection that is reported by an approved laboratory, irrespective of clinical signs and symptoms.
- **Contact Tracing:** is the process of identifying individuals who have been in close contact with a known positive COVID-19 patient, in a proximity of 2 meters for a period of not less than 15 minutes. Tracing can be done remotely (on the phone) or in the field.
- **COVID-19 Recovered:** is a patient who completed the specified isolation period, with no symptoms or fever (afebrile without antipyretics) ($\geq 37.50^{\circ}\text{C}$) for a minimum of three consecutive days immediately before intended discharge.
- **COVID-19 Close Contact:** is a person who is coming to close proximity of less than 2 meters unprotected, for a period that is more than 15 minutes (working, studying, or a family

member) with a confirmed COVID-19 case, starting from 2 days before the onset of symptoms in the confirmed case and/or throughout the duration of illness.

- **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 Response Centre:** is the team responsible for handling COVID-19 positive cases. The functions included within this team are investigation, patient transfer, contact tracing, the smart application team, and the isolation and quarantine facilities (non-hospital).
- **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 of those who may have been exposed to an infectious disease but do not have a confirmed medical diagnosis to ensure they are not

infected. Healthcare providers along with the employer are responsible for choosing the best place for people who are subject to quarantine as per the relevant guidelines. People who are quarantined for a period do not pose any health threat to others especially after confirming that they are infection free.

- **SARS-CoV-2/COVID-19:** is a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a strain of coronavirus that causes a respiratory illness called coronavirus disease 2019 (COVID-19). The virus (SARS-CoV-2) and the disease it causes (COVID-19) is thought to have spread across the world starting from Wuhan City of Hubei, a province in China, in December 2019.
- **School Nurse:** is a DHA licensed Registered Nurse (RN) practicing in a school or college who is responsible for the health of enrolled children, adolescents or adults.
- **School Physician:** is a DHA licensed physician practicing in a school or college who is responsible for the health of enrolled children, adolescents or adults and providing medical care to students in accordance with medical science and experience.
- **Student:** is any individual who is or has been enrolled at an educational agency or institution and regarding whom the agency or institution maintains educational records.
- **Suspected COVID-19:** is a patient who presents with upper or lower respiratory symptoms, with or without fever ($\geq 37.5^{\circ}\text{C}$) AND satisfying any one of the following criteria:
 - International travel history during the 14 days prior to symptom onset; OR
 - Been in contact with a confirmed COVID-19 case within 14 days; OR
 - Residing in a community setting where COVID-19 cases have been detected; OR

- Cases of Influenza-Like illness without history of travel or known possible exposure.

ABBREVIATIONS

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

1. BACKGROUND

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

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

2. SCOPE

- 2.1. The scope of this document is to assist clinics in education and academic settings under DHA jurisdiction to manage students or staff suspected and/or with confirmed COVID-19.

3. PURPOSE

- 3.1. To assure the adoption of best practices to prevent and control the spread of COVID-19 infection in academic and educational settings.
- 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 academic and educational settings.

4. APPLICABILITY

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

6. RECOMMENDATION TWO: COVID-19 PRECAUTIONARY MEASURES

- 6.1. Schools 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 policies that encourage sick students and staff to stay home and ensure they are aware of these policies.
 - i. Students and staff; who are sick, tested positive for COVID-19 or who have recently had close contact with a person with COVID-19 should stay home until a negative COVID-19 result is confirmed.
 - ii. Offer distant learning options.
 - iii. Assign a health and safety officer/team to follow up on students who had symptoms until they return.
 - iv. Monitor absenteeism by checking daily absence records and the reasons for the unjustified absence of students and staff.
 - v. 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 60% alcohol may be used.
- c. Encourage students and staff to cover coughs and sneezes with a tissue, promptly dispose used tissues in a covered bin and wash their hands immediately with soap and water for at least twenty (20) seconds.

- i. If a tissue was not available, students and staff should sneeze or cough into their elbows and sanitize or wash their hands immediately.

6.1.3. Facemasks

- a. Facemasks are obligatory for anyone entering the education or academic settings school/university premises.
- 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 removal, disposal of medical facemasks or washing of cloth facemasks) and the training should be periodically reinforced.
- e. Students and staff should be frequently reminded not to touch their facemasks and not to share their masks with others.
- f. It is not recommend using facemasks with exhalation valves, as it does not prevent the person wearing the facemask from transmitting COVID-19 to others.
- g. Encourage teachers in direct contact with students of determination with hearing impairment or teachers of primary students to wear a clear/transparent facemask, if available, to facilitate lip reading and facial expression.
- h. Facemasks can be removed when eating or during high intensity physical activities, while maintaining social distancing.

- i. Students and staff may be exempted from wearing facemasks in the following conditions:
 - i. Medical conditions on producing a medical certificate.
 - ii. In emergencies such as trouble breathing, falling unconscious or panic attacks.
 - iii. In 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.
- j. Further information on facemasks is available **Appendix 2**.

6.1.4. Face shields

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

OR

 - II. Hooded face shields.

6.1.5. Adequate Supplies for Infection Control Measures

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

- i. Soap.
- ii. Hand sanitizer with a minimum of 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. Broadcast regular announcements on reducing the spread of COVID-19 on Public Address (PA) systems.
- d. 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 clinic in education and academic settings should have access to an Isolation room with following requirements:

7.1.1. Minimum area of 7.5 sq. meters.

7.1.2. A hand washing sink inside the isolation room.

7.1.3. A viewing window to monitor the student from the clinic or camera with live feed (recording is not permitted).

7.1.4. 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).

7.1.5. Preferably two doors, one with access to the clinic and one external to minimise spread of any infection.

7.1.6. Access to Personal Protective Equipment (PPE) trolley or shelves outside the isolation room.

7.1.7. An attached/designated toilet as required for People of Determination.

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

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

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

- 7.2.3. Parents/guardians of a symptomatic student should be notified immediately and should be asked to take the student from the education and academic settings.
- 7.2.4. Anyone entering the isolation room must wear appropriate PPE.
- 7.2.5. Physician or nurse shall continuously monitor the staff/student when in the isolation room.
- 7.2.6. Once students or staff have vacated the isolation room, it should be thoroughly disinfected by Dubai Municipality (DM) approved disinfectants.
- 7.2.7. A health and safety officer/committee shall be responsible for training, monitoring and reporting any COVID-19 related matters.

8. RECOMMENDATION FOUR: ENVIRONMENTAL CONSIDERATION

- 8.1. Schools 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 education or academic setting.
 - 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 education and academic setting uses transport vehicles (e.g., buses), drivers should practice all safety precautions and protocols by any relevant authority as indicated (e.g. hand hygiene, cloth face coverings).
- d. Clean and disinfect school buses or other transport vehicles according to Roads and Transport Authority (RTA), COVID-19 school bus safety guidelines.
- e. Ensure safe, correct use and storage of cleaning and disinfection products approved by DM, including storing products securely away from children.

8.1.2. Shared Objects

- a. Discourage sharing of items that are difficult to clean or disinfect.
- b. Keep each child's belongings separated from others' and in individually labelled containers, cubbies, or areas.
- c. Ensure adequate supplies to minimize sharing of high touch materials (e.g. assign each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time, cleaned, and disinfect between uses.
- d. Avoid sharing electronic devices, toys, books, music instruments and/or learning aids.

8.1.3. Ventilation

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

8.1.4. Modified Layouts

- a. Seating/desks should be a minimum of two (2) meters apart.
- b. 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. Create distance between students on school transport (i.e. seat one person per row or skip rows).

8.1.5. Physical Barriers and Guides

- a. Install physical barriers and/or partitions, particularly in areas where it is difficult for individuals to remain at least two (2) meters apart.
- b. Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and students remain at least two (2) meters apart in lines and at other times guides for creating "one-way routes" in hallways.

8.1.6. Communal Spaces

- a. It is recommended to close all communal shared spaces, such as dining halls and playgrounds with shared playground equipment if possible;

otherwise, stagger use through a rota system and clean and disinfection between uses.

- b. Add physical barriers, such as plastic flexible screens, preferably, between bathroom sinks especially when they cannot be at least two (2) meters apart.

8.1.7. Food Service

- a. Have children bring their own meals, or serve individually plated meals in classrooms instead of serving food in a communal dining hall or cafeteria, while ensuring the safety of students with food allergies.
- b. Use disposable food service items (e.g. utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher.
 - i. Staff should wash their hands after removing their gloves or after directly handling used food service items.
- c. If food is offered, at any event, have pre-packaged boxes or bags for each attendee.
- d. Avoid sharing food and utensils.

9. RECOMMENDATION FIVE: ROUTINE OPERATIONS

- 9.1. Schools may consider implementing several strategies to maintain routine operations.

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

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

9.1.2. Activities and Events

- a. Events, celebrations, group activities and field trips are suspended until further notice.
- b. All interschool sporting events should be suspended until further notice.
- c. Pursue distant activities and events in lieu of student assemblies, special performances and parent meetings.

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

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

9.2.2. Limit mixing between groups if possible.

9.2.3. Class rotation is not permitted.

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.

9.3.2. When possible, use flexible worksites (e.g. telework) and flexible work hours (e.g. staggered shifts) to help establish policies and practices for social distancing (maintaining distance of minimum 1.5 meters) between staff and others, especially if social distancing is recommended by state and local health authorities.

9.4. Designated COVID-19 Point of Contact

9.4.1. Designate a Health and Safety Officer or a team, to be responsible for responding to COVID-19 concerns. All academic faculty, students and guardians should know who this person is and how to contact them.

9.4.2. Ensure training of all staff on all safety and precautionary measures.

9.5. Communication Systems

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

9.5.2. Have policies, for staff and families to self-report to the school 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.

9.5.3. Notify staff, families, and the public of school closures and if any restrictions are in place to limit COVID-19 exposure (e.g.; limited hours of operation).

9.6. Recognize Signs and Symptoms

9.6.1. Ensure that daily health checks (e.g.; temperature screening and/or or symptom checking) of staff, students and guardians at the school entrance.

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

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

REPORTING

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

10.1.1. At home or before getting onto the education or academic transport or private transport.

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

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

10.1.4. During school hours or after school activities.

10.1.5. Students and staff with symptoms shall remain at home and seek medical advice and where necessary treatment from a licensed physician until a negative COVID-19 test is confirmed from a laboratory that is approved for Polymerase Chain Reaction (PCR).

- 10.1.6. Refer to **Appendices 3 and 4** for the Process Map for Suspected Covid-19 among students and staff.
- 10.1.7. Any student or member of staff who has a chronic allergic rhinitis is required to present a medical certificate from his/her treating physician and qualify to be exempted from PCR Testing.
- 10.1.8. The education or academic setting Health and Safety Committee 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 confirmatory report.
- 10.1.9. All symptomatic cases reported on school grounds should be immediately referred to the onsite clinic for assessment.
- 10.1.10. The onsite clinic shall isolate the suspected case as per the case definitions available on DHA website.
- 10.1.11. Student parent(s)/guardians or emergency contacts for staff shall be immediately informed.
- 10.1.12. If the suspected case is stable, then the student or staff may be handed over to the parent(s)/guardian/competent member of the family or emergency contact.
- 10.1.13. Unstable cases 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 or staff with a positive PCR result are required to report the result to the responsible person at the education or academic setting.
- 10.2.2. The household of positive cases should be quarantined. Children should not attend school, move to distant learning.
- 10.2.3. The educational or academic setting medical team/health and safety committee (HSC) shall notify the DHA School Health Section through email schoolcovnotify@dha.gov.ae or by calling **800-588**.
- 10.2.4. DHA Rapid Response Team will manage the case and follow up contact tracing.
- 10.2.5. Students and staff may return to the educational or academic setting upon submission of clearance certificate from treating health facility or by notifying DHA, SHS, through email schoolcovnotify@dha.gov.ae or by calling **800-588** for a clearance certificate.

11. RECOMMENDATION SEVEN: CONTACT TRACING AND REPORTING

- 11.1. The following protocol for contact tracing and reporting COVID-19 should be followed:
 - 11.1.1. 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

Appendix 5.

- 11.1.2. DHA will screen all potential contacts to identify the exposed contacts according to the case definition of case contact.
- 11.1.3. Inform all contacts or the parent(s)/guardian of the contacts about their exposure to COVID-19 without disclosing the identity of the person who tested positive. Refer to **Appendix 6** for close contact process map.
- 11.1.4. Send contacts home and advise them to home quarantine for fourteen (14) days from last exposure with the COVID-19 case.
- 11.1.5. Share guidance with the contacts and/or their parents/guardians on observing symptoms and ensuring personal safety over fourteen (14) days.
- 11.1.6. The members of the household do not need to self-isolate unless the exposed person subsequently develops symptoms.
- 11.1.7. Parent or caregiver is required to self-isolate with the exposed student under the age of 12 years.
- 11.1.8. Completion of the fourteen (14) days quarantine is mandatory for all close contacts.
- 11.1.9. The close contact does not require a negative PCR report to return to the educational and academic settings unless symptoms develop.
 - a. If the close contact develops symptoms, he/she shall be PCR tested.

- b. In case contacts are COVID-19 positive, report it to DHA School Health Section through designated communication channels.

11.1.10. The education and academic settings shall offer distant learning to all close contacts.

12. RECOMMENDATION EIGHT: RETURN TO SCHOOL CRITERIA

- 12.1. COVID-19 positive cases should return to school after completing fourteen (14) days home quarantine, free of symptoms and provide clearance certificate from an approved health facility.
- 12.2. Asymptomatic close contacts, who completed fourteen (14) days of home quarantine, do not require PCR testing to return to school.
- 12.3. The school physician/nurse is required to undertake and document a virtual check-up to ensure that the child does not have any symptoms and is in good health before the student is allowed to return to school.
- 12.3.1. The distant check-up takes place one to two days, prior to returning to the school.
- 12.3.2. If the child is given a clearance certificate during the distant check-up, he/she may return to school on the return date specified.
- 12.3.3. On arrival to school, they must attend the school or university clinic before going to class where the physician/nurse will conduct a final assessment before allowing the child to resume learning activities.

13. RECOMMENDATION NINE: SCHOOL MANAGEMENT RESPONSIBILITIES

- 13.1. Conduct a general risk assessment specific to the educational or academic setting.
- 13.2. Conduct individual risk assessments for all students of determination.
- 13.3. Ensure that all educational or academic setting staff license and insurance are valid and up to date.
- 13.4. Ensure that all students and staff are trained regularly on health and safety precautions related to COVID-19.
 - 13.4.1. Training shall be documented for audit and inspection.
- 13.5. Ensure cleaning and disinfection of the premises.
- 13.6. Adopt mechanisms to avoid crowding in transitional areas.
- 13.7. Place signs, demarcations, off limit areas.
- 13.8. Install safety equipment and ensure adequate stock of disinfection and sanitization materials.
- 13.9. Implement environmental health and safety measures (physical distancing, thermometry and use of facemasks).
- 13.10. Monitor and maintain healthy behaviours, environments and operations that reduce the spread of COVID-19 by using the tool in **Appendix 7**.

14. RECOMMENDATION TEN: HEALTH AND SAFETY COMMITTEE (HSC)

RESPONSIBILITIES

- 14.1. Education and academic settings shall establish a COVID-19 Health and Safety Committee

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

SCHOOL HEALTH AND SAFETY COMMITTEE	
ROLE	RESPONSIBILITIES
Team Leader	<ul style="list-style-type: none"> Principal/Health and Safety Officer to lead the team and be the primary responsible person
First Responder	<ul style="list-style-type: none"> Must be a trained healthcare professional, ideally the 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.
COVID-19 Focal Person	<ul style="list-style-type: none"> Responsible for communicating with staff, parents, Knowledge and Human Development Authority (KHDA) and the DHA in the case of any COVID-19 related incidents.

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

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

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

14.4.1. Prevention

- a. COVID-19 risk assessment.
- b. Develop, review and update threats registry (biological).
- c. Identify and assess expected threats (emergencies).
- d. Effectively apply all policies and procedures to manage health, environment and occupational safety including emergency response plans.
- e. Raise awareness of staff, students and visitors regarding procedures, continuous and periodic.

14.4.2. Preparedness

- a. Nominating members of the HSC in each school.
- b. Train HSC on the national guidelines prepared by national authorities.
- c. Prepare school preparedness plan.
- d. Communicate effectively and continuously with concerned authorities, supportive partners and private sectors, and defining roles, responsibilities and cooperation and coordination according to the expected emergency cases through Memorandum of Understanding (MOU) and coordination meetings.

- e. Avail all required equipment needed to deal with the emergency cases
e.g. PPE, first aid kit, Automated External Defibrillator (AED).
- f. Raise awareness regarding these plans and the related procedures.
- g. Prepare for and implement mock drill exercises.

14.4.3. Response

- a. Risk assessment.
- b. Immediate action for notification of concerned authorities according to the accident (Central Operations, Civil Defence, Ambulance) and response and investigation team according to the approved notification mechanisms and the nature of the accident.
- c. Activate the response plan.
- d. Quick evacuation.
- e. Timely avail the required information to the Operations Center.
- f. Activate media plans.
- g. Implement response measures according to the roles and responsibilities, and according to the progress achieved until the end of operations.
- h. Cooperate and coordination among all stakeholders, until the end of operations.
- i. Identify losses as deaths and in materials.
- j. Submit full reports.

- k. Recommend reopening or not and suggest alternatives.
- l. Conduct field investigations and submit findings, correctional measures, and prevention reports.
- m. Assess threats registry and manage procedures based on the evaluation of the operations effectiveness in training, raising awareness, mock drills, and finished emergency cases, in order to periodically and continuously update and develop them. To also ensure that all parties are familiar with and trained on them.

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

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

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

15.1.2. Level of community transmission in United Arab Emirates (UAE) as low, moderate or high.

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

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

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

16.1. Travel and Health Declaration Form.

16.1.1. Schools and universities shall ensure staff presence in the UAE for at least fourteen (14) days prior to their first day of work to comply with any UAE health requirements (quarantine, COVID-19 tests).

16.1.2. Schools and universities shall inform parents of students who are traveling to ensure they return to the UAE fourteen (14) days prior to reopening to comply with any UAE health requirements.

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

16.1.4. Keep Travel and Health Declaration Form record in student or staff file.

16.1.5. Staff/student with a history of travel within fourteen (14) days before joining the educational or academic setting should follow the guidelines for travellers.

- a. Returning traveling staff/student with COVID-19 negative test from DHA approved laboratory on arrival is acceptable provided the validity duration of the result is ninety-six (96) hours, prior to joining the classroom.
- b. Refer to **Appendix 8** for a process map for students arriving from abroad.

17. RECOMMENDATION THIRTEEN: IMMUNIZATION AND SCREENING

- 17.1. Educational and academic settings shall continue providing all students with routine immunization, aligned with the National Extended Program of Immunization (EPI) and the DHA Immunization Guidelines.
- 17.2. Educational and academic settings shall continue providing all students with routine comprehensive medical examination and other screening services.
- 17.3. Educational and academic settings are required to ensure flexible immunization and screening services are carried out, according to health and safety preventive measures including social distancing.

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APPENDICES

APPENDIX 1: CONSIDERATIONS FOR COMPLETE TRANSITION TO DISTANT LEARNING

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

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

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

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

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

<ol style="list-style-type: none"> 1. Consistent and correct use of masks 2. Social distancing to the largest extent possible 3. Hand hygiene and respiratory etiquette 4. Cleaning and disinfection 5. Contact tracing in collaboration with local health department 	correctly and consistently or inconsistently	correctly and consistently	strategies correctly and consistently
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	----------------------------	---------------------------------------

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

<p>OR > 4 multiple cases but <5% of total number of students/staff in a school are cases</p> <p>OR multiple school buildings in each building one case who are not household contacts</p>	<p>Close school (s) for 2-5 days and Switch to Distant learning</p>	<p>Close school (s) for 5-7 days</p>	<p>Close school and Switch to Distant learning 4 weeks</p>
<p>OR 5+ students/staff in same school section/block</p> <p>OR ≥5% of total number of students/staff in a school are cases</p> <p>OR multiple school buildings in each building 2-4 cases who are not household contacts</p>	<p>Close school (s) for 14 days and Switch to Distant learning</p>	<p>Close school (s) for 14 days and Switch to Distant learning</p>	<p>Close school (s) for 4 weeks and Switch to Distant learning</p>

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

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



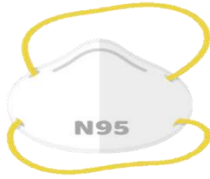
Block: A separate building with an independent entrance

Section: A mutually exclusive group of classes/ grades accommodated in separate building of the school

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

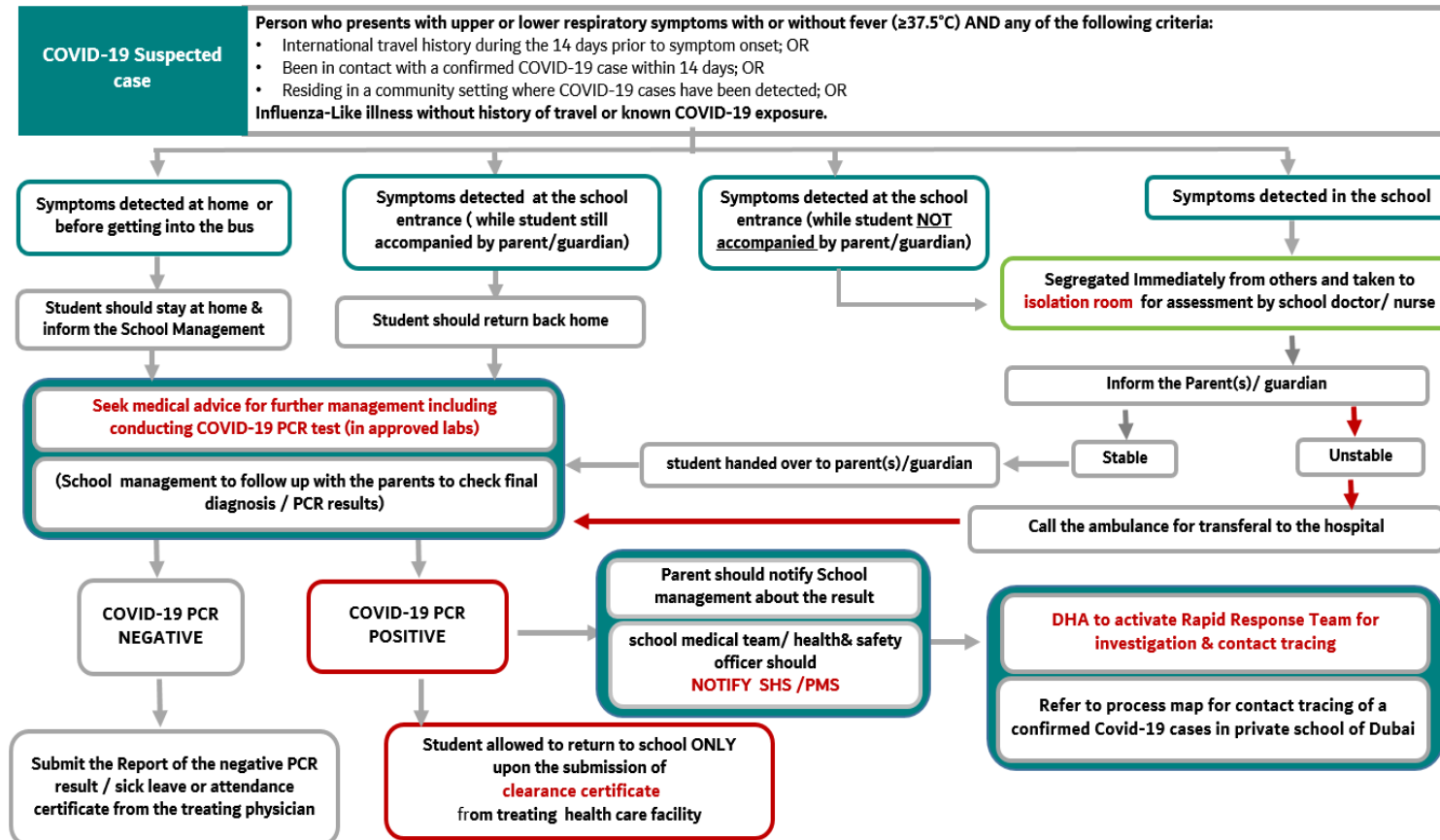
Schools Level for risk of COVID -19 transmission			
	Low	Moderate	High
Action Taken	Close limited number of classes AND < 5% of school population infected	Close of one block/section OR multiple classes AND < 5% of school population infected	The entire school transits to distant learning OR multiple blocks/sections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

APPENDIX 2: TYPES OF FACE MASKS

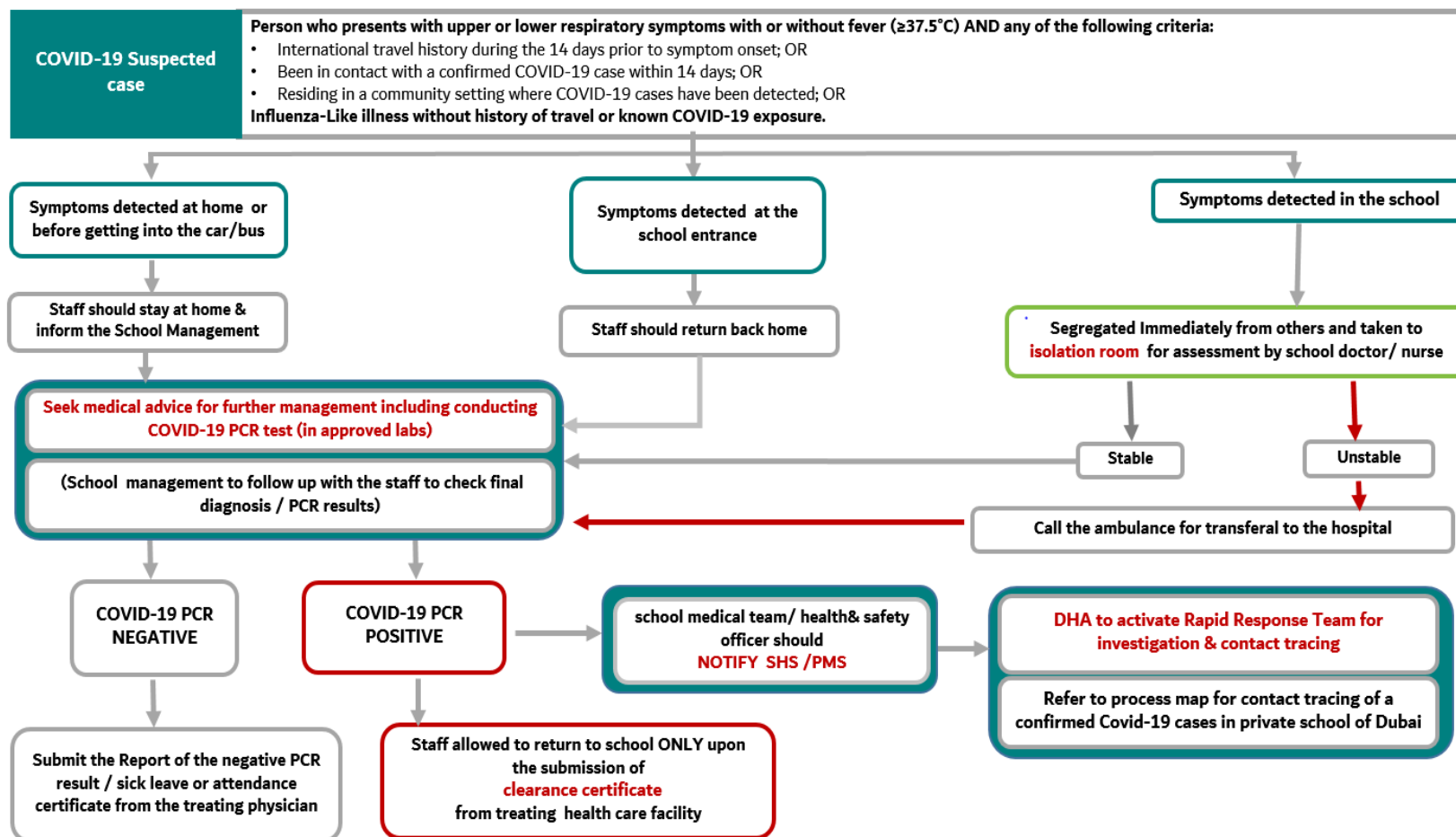
Cloth	Surgical	N95
		
Reusable	Disposable	Disposable
Needs to be washed after each use ¹	Should be loose fitting and worn coloured side outside	For Medical Staff only
Less protection than surgical masks	Protect the wearer from sprays, splashes, and large-particle droplets	Filters 95% of small & large respiratory particles
	Helps prevent a person who is sick from spreading the virus to others. It helps keep respiratory droplets contained and from reaching other people.	Causes Breathing Difficulty

¹ Always carry an extra mask to replace the one being used, in case it gets damp and ensure that the cloth mask is washed at the end of each school/university day.

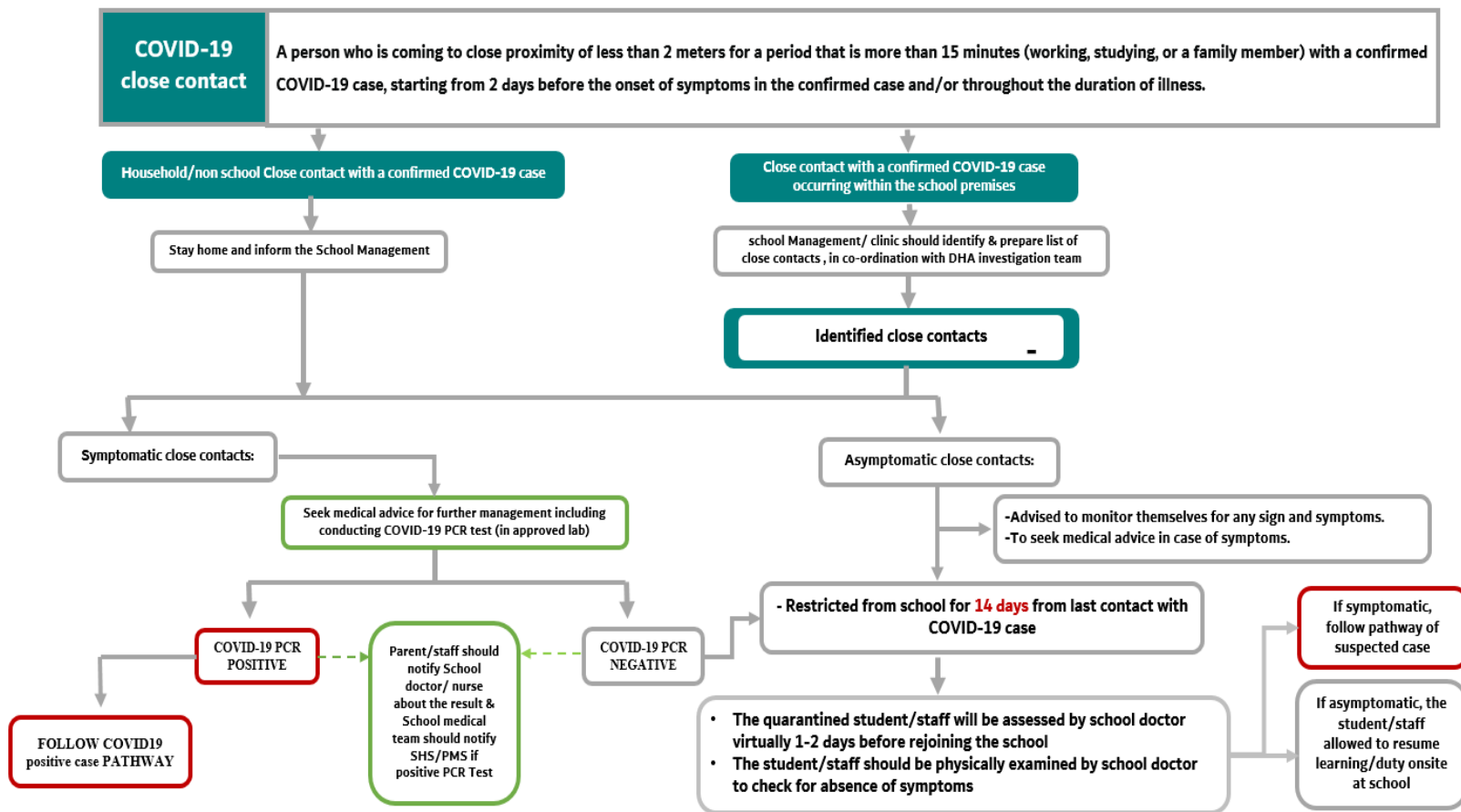
APPENDIX 3: PROCESS MAP FOR SUSPECTED COVID-19 AMONG STUDENTS



APPENDIX 4: PROCESS MAP FOR SUSPECTED COVID-19 AMONG STAFF



APPENDIX 5: PROCESS MAP FOR CLOSE CONTACT OF CONFIRMED COVID-19 CASE



Note: All close contacts need to complete 14-day quarantine despite a negative PCR test

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

NOTIFICATION TO PARENTS

Name of school: _____

Dated: dd/mm/year

Dear Parents/Guardians of: _____

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

Greetings from the school administration

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

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

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

1. Your child must remain in home quarantine for 14 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 14 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 14 days' quarantine is mandatory.
7. Throughout this period, please diligently monitor your child for any respiratory symptoms (sore throat, cough, shortness of breath, fever, etc.)
8. If any symptoms developed during this period, please seek immediate medical advice from a healthcare facility and present this letter as proof that your child was in contact with a positive COVID-19 case.
9. Before returning to school, the school physician/nurse, will do a distant check up to ensure that your child does not have any symptoms and is in good health. This will be done one to two days before re-joining the school.
10. If your child is given clearance during the distant check-up, he/she may return to school on the return date specified above. On arrival to school, they must attend the school clinic before going into class where the physician/nurse will conduct a final assessment before allowing the child to resume learning activities at the school.

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

For any inquiries, please contact the School Clinic on _____

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

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

Kind regards

APPENDIX 7: DAILY/WEEKLY READINESS ASSESSMENT

A. Framework for School Reopening		Yes	No	N/A	Comments
1	<p>Establishing a COVID-19 Health and Safety Committee with the following roles:</p> <ul style="list-style-type: none"> • Conducting a general Risk Assessment for the Reopening • Conducting individual Risk Assessment for all student of determination • Ensuring that all staff are licensed and insurance is valid and up to date • Cleaning and disinfecting of the premises • Placement of signs • Installation of safety equipment and ensuring stock expiry date of materials • Preparation of all spaces according to the relevant protocols • Verifying that all staff have undergone COVID19 testing • Applying COVID-19 prevention and control measures • Cooperation with governmental investigation team and responding to their requirements 				
2	<p>Social Distancing</p> <p>Individual: Leave Sufficient Space between oneself and others all the time</p> <p>School: Organize school time and space to minimize interaction between the people</p>				
3	<p>Protective Equipment</p> <p>Individual: Wearing mask, face shield according to age and function</p> <p>School: Appropriate PPE, partition, screen and others</p>				
4	<p>Hygiene</p> <p>Individual: wash hands frequently, sneeze into tissue or elbow, opening door with forearm</p> <p>School: Regularly disinfect and clean all frequently used areas</p>				
5	<p>Entrance, Exit Protocol</p> <p>Access point: access into or out of the school premises such as main entrance, parking entrance, etc.</p>				

	All access point designated as either as an entry or an exit to privilege one way direction only				
B. Policies and Procedures		Yes	No	N/A	Comments
1	Reviewing relevant local/national protocols, regulatory policies and circulars, such as those related to reopening, events, gatherings, and travel.				
2	Consulting School Health Section, Health Regulation Sector, DHA about the school's approach to planning for COVID-19: pathways, standards				
3	Make sure other staff, parents, and students know how to contact health and safety officer/team				
4	Developing policies that encourage sick staff members to stay at home without fear of job loss or other consequences and protect their privacy, particularly for those with underlying medical conditions and at higher risk for severe illness.				
	<ul style="list-style-type: none"> Offering options (e.g., telework or distant learning opportunities) for staff and students at higher risk for severe illness. 				
	<ul style="list-style-type: none"> Offering flexible sick leave policies and practices. 				
	<ul style="list-style-type: none"> Offering options for flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts). 				
5	Developing a plan to monitor absenteeism of campers and staff, cross-train staff, and create a roster of trained back-up staff.				
6	Monitoring absenteeism of students and staff				
7	Developing a plan to conduct daily health checks (e.g., temperature screening and/or symptom checking) of staff and students, as possible, and in accordance with any applicable privacy laws and regulations				
8	Developing a plan for organizing students and staff into small groups (cohorting) that remain together while social distancing with limited mixing between groups (all school day for young students, and as much as possible for older students)				

9	Developing appropriate COVID-19 accommodations, modifications, and assistance for students with special healthcare needs or disabilities.				
	<ul style="list-style-type: none"> Incorporating considerations for students in special education who have individualized education plan to ensure education remains accessible. 				
	<ul style="list-style-type: none"> Incorporating considerations for children and youth who need assistance with activities of daily living, as well as their service providers. 				
10	Planning to reduce the number of students or small groups within a cafeteria or the dining place				
11	Developing protocols to limit contact among small groups and with other students' guardians (e.g., staggered arrival and drop-off times or locations).				
12	Developing a plan for if someone gets sick or shows symptoms of COVID-19.				
C. Facilities and Supplies		Yes	No	N/A	Comments
1	Obtaining supplies including				
	Tissue box				
	cleaning and disinfection supplies				
	mask/ face coverings (as feasible)				
	no-touch/foot pedal trash cans				
	no-touch soap/hand sanitizer dispensers				
	disposable food service items				
2	Developing a schedule for increased routine cleaning and disinfection in collaboration with maintenance staff, including areas such as the following:				
	<ul style="list-style-type: none"> buses or other transport vehicles 				
	<ul style="list-style-type: none"> frequently touched surfaces (e.g., desks, door handles, railings) 				
	<ul style="list-style-type: none"> communal spaces (e.g., restrooms) 				
	shared objects (e.g., gym equipment, art supplies, games)				

3	Assessing the compliance of staff, students, and families with wearing mask everyday use				
4	Installing physical barriers, such as sneeze guards and partitions, in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).				
5	Providing physical guides, such as tape on floors and signs on walls, to promote social distancing.				
6	Spacing seating apart according to the appropriate space and turn desks to face in the same direction.				
7	Developing protocol to increase circulation of outdoor air as much as possible throughout the school day (e.g., opening windows and doors when it is safe to do so).				
8	Developing a protocol to monitor and ensure adequate supplies to minimize sharing of objects, or limit use to one group of students at a time, and clean and disinfect between uses.				
D. Education and Training		Yes	No	N/A	Comments
1	ABOUT COVID19 INFORMATION <ul style="list-style-type: none"> • What is COVID19 • What are the symptoms of COVID 19 • How does COVID19 spread • Who is most at risk • What is the treatment for COVID19 • How can the spread of COVID19 be slowed down or prevented 				
2	Educating staff, students, and their families about when they should stay home if they have COVID-19 symptoms, have been diagnosed with COVID-19, are waiting for test results, or have been exposed to someone with symptoms or a confirmed or suspected case, and when they can return to school.				
3	Educating staff on flexible work and leave policies that encourage sick staff members to stay at home without fear of job loss or other consequences.				
4	Teaching the importance of handwashing with soap and water for at least 20 seconds.				

5	Teaching the importance of social distancing and staying with small groups, if applicable.				
6	Identifying who should wear mask, and communicate the importance of wearing it. Excluding the following categories:				
	• Children younger than 6 years old				
	• Anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the cover without help				
7	Providing information on proper use, removal, and washing of mask.				
8	Training staff on all safety protocols.				
	• Conducting training virtually or maintain social distancing during in person training.				
E. Communication and Messaging		Yes	No	N/A	Comments
1	Posting signs in highly visible locations to promote everyday protective measures and describe how to stop the spread of germs. Signage locations include:				
	• entrances				
	• administrative offices				
	• staff areas				
	• classrooms				
	• auditorium				
	• cafeteria				
	• dining areas				
	• restrooms				
	• other _____				
2	Developing plans to include messages (e.g., videos) about behaviours that prevent spread of COVID-19 when communicating with staff and families on:				
	• websites				
	• email				
	• social media				
	accounts				

	• other _____				
3	Notifying all staff and families of who to contact for questions and concerns related to COVID-19.				
F. Gatherings, visitors and events		Yes	No	N/A	Comments
1	Reviewing local/state regulatory agency policies related to group gatherings to determine if events (e.g., sport games, extracurricular activities) can be held.				
2	Developing a protocol to limit nonessential visitors, volunteers, and activities involving external groups or organizations as much as possible— especially those who are not from the local geographic area (e.g., community, town, city, country.)				
3	When sporting activities are allowed by authorities, developing a plan to follow considerations that minimize transmission of COVID-19 to players, families, coaches, and communities.				
4	Identifying and prioritize outdoor activities where social distancing can be maintained as much as possible.				
G. Before Someone Gets Sick		Yes	No	N/A	Comments
1	Making sure staff and families know they should not come to school, and that they should notify school officials if they have COVID-19 symptoms, are diagnosed with COVID-19, are waiting for test results, or have been exposed to someone with symptoms or a confirmed or suspected case.				
2	Developing systems to:				
	• Having individuals self-report to administrators if they have symptoms of COVID-19, have been diagnosed with COVID-19, are waiting for test results, or were exposed to someone with COVID-19 within the last 14 days.				
	• Informing staff about the closures and restrictions put in place to slow the spread of COVID-19 (to be documented).				
	• Developing policies for returning to school after COVID-19 illness.				

3	Identifying an isolation room or area to separate anyone who has COVID-19 symptoms or who has tested positive but does not have symptoms.				
	Isolation room criteria:				
	A minimum area of 7.5 sq. mts				
	A hand washing sink inside the room.				
	An attached toilet as required for people of determination.				
	A viewing window to monitor the student from the clinic.				
	A single bed with railing				
	Two doors, one with access to the clinic and one external to minimize spread of any infection.				
	PPE trolley or shelves outside the isolation room				
4	Establishing procedures for safely transporting anyone who is sick to their home or to a healthcare facility, if necessary.				
5	Developing a plan to support staff, students, and families experiencing trauma or challenges related to COVID-19.				
6	Training safety team on wearing PPE properly				
H. When Someone Gets Sick		Yes	No	N/A	Comments
1	Immediately separating individuals with COVID-19 symptoms or those who test positive for COVID-19.				
2	Moving sick individual(s) to isolation room				
3	Checking health status of the individual(s) in isolation room by school doctor\nurse while wearing full PPE				
4	Transporting individual(s) home or to a healthcare facility, depending on how severe their symptoms are.				
5	If calling an ambulance or bringing someone to a healthcare facility, alerting them ahead that the person may have COVID-19.				
6	Closing off areas used by a sick person and do not use these areas until after cleaning and disinfecting them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable).				
7	Advising sick individuals that they should not return to school until they have met DHA's criteria to discontinue home isolation.				
I. After Someone Gets Sick		Yes	No	N/A	Comments

1	In accordance with Dubai and UAE laws and regulations, notifying local health officials, staff, and families of cases of COVID-19 while maintaining confidentiality				
2	Informing related people about the closures and restrictions put in place to slow the spread of COVID-19 (to be documented).				
3	Advising those who have had close contact with a person diagnosed with COVID-19 to stay home, self-monitor for symptoms, and follow DHA guidance if symptoms develop.				
4	Waiting at least 24 hours before cleaning and disinfecting of all places that were used by the positive case. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products, including storing them securely away from children.				

APPENDIX 8: PROCESS MAP FOR STUDENTS ARRIVING FROM ABROAD

