



# Victory Heights Primary School City of Arabia **Infection Control Policy**

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**Responsible SLT:** School Doctor

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## **Introduction**

This policy outlines Victory Heights Primary School City of Arabia's commitment to minimising the transmission of infections through robust hygiene protocols, effective response systems, and adherence to Dubai Health Authority (DHA) and national guidance.

## **Equal Opportunities Statement**

The aims of the School and the principles of excellent pastoral care will be applied to all, irrespective of their race, sex, disability, religion or belief; equally these characteristics will be recognised and respected, and the School will aim to provide a positive culture of tolerance, equality and mutual respect.

## **Scope**

This policy applies to all members of the school community, including staff, students, parents, and visitors. It is essential that all are familiar with its content to ensure a coordinated and effective approach to infection control.

## **Additional Reading**

<https://www.dha.gov.ae/uploads/112021/804e26be-e894-4a5f-9174-f1913eec6467.pdf>

## Aims of the Policy

- To prevent and control the spread of infections within the school environment.
- To promote robust hygiene practices among all school community members.
- To ensure immediate and appropriate responses to any infection-related incidents.
- To provide clear guidelines for the identification and management of infectious diseases.
- To educate and inform the school community about effective infection prevention measures.
- To maintain a clean and hygienic school environment conducive to the well-being of students and staff.
- To ensure compliance with national health and safety standards and regulations.

## Goal

The paramount objective of Victory Heights Primary School City of Arabia's Infection Control Policy is to safeguard against preventable infections. We consider education to be a pivotal element in curbing the transmission of infections. The school is committed to upholding high standards of hygiene, which are reinforced through consistent communication with staff, students, and parents. The school's curriculum thoughtfully integrates health education, emphasising personal and hand hygiene, to promote health-conscious behaviours.

As the designated infection control coordinator, the school doctor plays a vital role in monitoring and managing infectious or contagious diseases within the school environment.

Parents receive timely notifications regarding any outbreaks of contagious illnesses, along with guidance and updates on childhood vaccinations. Victory Heights Primary School City of Arabia adheres to the Dubai Health Authority National Guidelines, ensuring that by the age of 6, all students are vaccinated against polio, diphtheria, tetanus, whooping cough (pertussis), Hib (*Haemophilus influenza* type B), meningococcal C, measles, mumps, rubella (German measles), and tuberculosis.

## Guiding Principles

The guiding principles that drive the schools approach to Infection Control are:

- Effective hand hygiene is crucial for preventing infection transmission. Liquid soap, warm water, and paper towels are the preferred materials for handwashing. Non-medicated liquid soap from a dispenser is recommended to minimise skin irritation. Antiseptic soaps should only be used when specifically required as they can cause skin dryness and cracking, potentially increasing infection risks. Handwashing is essential after restroom use, before eating or handling food, and after contact with animals.
- Respiratory etiquette plays a significant role in reducing the spread of infections. Everyone, children and adults alike, should be encouraged to use tissues to cover their mouths and noses when sneezing or coughing and to dispose of these tissues promptly and properly in a bin.
- Immediate response to bodily fluid spillages is necessary. Disposable gloves and aprons should be worn during the cleanup process. Clean up should be performed using a combined detergent-disinfectant product to ensure thorough disinfection.
- A consistently clean school environment is vital for infection control. This includes providing adequate waste disposal bins and conducting regular cleaning of all surfaces, particularly high-contact areas like tabletops and toilet facilities, with a standard cleaning solution.
- Measures should be in place to limit the spread of infection through direct and indirect contact within the school setting. This involves both personal hygiene and environmental cleanliness to create a safe learning and working space for everyone.

## Stay At Home If Unwell

To mitigate the spread of infections within our school community, we emphasise the importance of the principle 'remain at home when sick,' as detailed in our 'Stay At Home If Unwell' policy.

## Related Policy

Stay At Home If Unwell Policy

## **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 disposal bin after use.
- Hands should be washed immediately after glove removal.

## Exclusion From School As Per Dubai Health Authority (DHA) Guidelines

The following table presents the Dubai Health Authority (DHA) guidelines for managing infectious diseases within educational institutions:

Disease/Condition	Incubation Period	Exclusion of Cases	Exclusion of Contacts
Chickenpox	2-3 weeks (usually 13-17 days)	Exclude until vesicles are dry or after 10 days from rash onset.	Not excluded
Conjunctivitis	Until eye discharge ceases	Not excluded	Not excluded
Diphtheria	2-5 days	Exclude until cultures are negative, and upon receipt of medical recovery certificate.	Exclude domiciliary contacts until cleared by a medical officer.
Giardiasis (Diarrhoea)	1-3 weeks (average 7-10 days)	Exclude until diarrhoea stops.	Not excluded
Hepatitis A	15-50 days (average 28-30 days)	Exclude for one week after onset of illness or jaundice.	Not excluded

Hepatitis B	60-180 days	Exclude until recovered from acute attack.	Not excluded
Impetigo (School Sores)	Variable	Exclude until sores heal. May return earlier if treated and sores covered.	Not excluded
Measles (Rubella)	Approx. 10 days (up to 14 days)	Exclude for at least 5 days from rash appearance or upon medical recovery.	Exclude non-immunized contacts for 13 days from rash onset in the last case, unless immunised within 72 hours of contact.
Meningococcal Infection	3-4 days (2-10 days range)	Exclude until receipt of medical recovery certificate.	Exclude household contacts until they receive 48 hours of appropriate antibiotic therapy.
Mumps	12-25 days (commonly 18 days)	Exclude for 9 days after swelling onset.	Not excluded

Pediculosis (Head Lice)	-	Exclude until treatment commences.	Not excluded
Pertussis (Whooping Cough)	7-10 days	Exclude for 2 weeks after illness onset and upon medical recovery.	Exclude household contacts from child services for 21 days after last exposure if not immunised.
Poliomyelitis / AFP	7-14 days (3-35 days range)	Exclude for 14 days after illness onset and upon medical recovery.	-

Please note that in the above table:

"Exclusion of Cases" refers to the infected individual.

"Exclusion of Contacts" refers to those who have been in contact with the infected individual but are not showing symptoms.

## Monitoring and Compliance

The implementation and effectiveness of this policy will be monitored regularly in line with the Policy Review Policy. Updates and changes will be documented in the Version Control Table to ensure transparency and continuous improvement.

### Version Control Table

Policy Policy	Title:	Infection Owner:	Control	Policy Doctor
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**Last Approved By:** Primary Leadership Team

Version Number	Date Approved	Approved By	Changes Made	Next Review Date
1.0	November 2023	PLT	Initial Policy Release	August 2024
1.1	September 2024	PLT	Added Monitoring and Compliance	August 2026