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# STANDARDS FOR CLINICS IN NURSERIES AND EARLY LEARNING CENTERS (ELCs) Version 3

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Health Policies and Standards Department  
Health Regulation Sector (2022)

## INTRODUCTION

Health Regulation Sector (HRS) forms an integral part of Dubai Health Authority (DHA) and is mandated by DHA Law No. (6) of 2018, to undertake several functions including, but not limited to:

- Develop regulations, policies, standards and guidelines to improve quality and patient safety and promote the growth and development of the health sector in the Emirate of Dubai.
- License and inspect health facilities as well as healthcare professionals and ensure compliance to current international best practice.
- Manage patient complaints and assure patient's and physician's rights are upheld.
- Manage health advertisement and marketing of healthcare products.
- Govern the use of narcotics, controlled and semi-controlled medications.
- Strengthen health tourism and assure ongoing growth.
- Assure management of health informatics, e-health and promote innovation.

The Standards for Clinics in Nurseries and Early Learning Centers aims to fulfil the following overarching DHA Strategic Priorities (2022-2026):

- Pioneering Human-centered health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Foster healthcare education, research and innovation.

## **ACKNOWLEDGMENT**

The Health Policy and Standards Department (HPSD) developed this Standard in collaboration with subject matter experts. HRS would like to acknowledge and thank these professionals for their dedication toward improving quality and safety of healthcare services.

### **Health Regulation Sector**

#### **Dubai Health Authority**

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## EXECUTIVE SUMMARY

The Standards for Clinics in Nurseries and Early Learning Centers (ELCs), has been revised to align with the DHA, Dubai Health Strategy 2016–2021, Strategic Program #2 and other relevant documents and updates in terminologies, acronyms and reporting systems at DHA. This document focuses on the requirements of a Clinics in Nurseries and ELCs, with an emphasis on the quality of care and safety of children. It elaborates the licensing process of the Clinics in Nurseries and ELCs in detail, the physical design requirements that are aligned with the DHA, Health Facility Guidelines (HFG) 2019, the requirements of Healthcare Professionals and the associated child/patient care. This document emphasised on accessibility for People of Determination, which should comply with the Dubai Universal Design Code and the Inclusion Policy of Knowledge and Human Development Department (KHDA).

The key updates on Version 3 are set out below:

1.1. The management of the Nurseries and ELCs shall have one of the following options:

- a. A registered clinic with a full time DHA licensed nurse OR,
- b. A registered clinic with a part-time DHA licensed nurse OR,
- c. Clinics that are not registered must ensure that at least 10% of the nursery/ELC staff maintain current valid certificates in either BLS, or a heart saver/CPR program, certified by an internationally accredited body.

1.2. In the case of a not registered clinic in a nursery or ELC, the management of the Nurseries and ELCs shall:

- a. Not accept the registration of:
  - i. Children with chronic illnesses OR,
  - ii. Children requiring the administration of medications OR,
  - iii. People of determination.
- b. Notify parents that the nursery and ELCs does not have a registered clinic.

## DEFINITIONS

**Basic Life Support:** or BLS, generally refers to the type of care that first-responders, healthcare providers and public safety professionals provide to anyone who is experiencing cardiac arrest, respiratory distress or an obstructed airway. It requires knowledge and skills in cardiopulmonary resuscitation, using automated external defibrillators (AED) and relieving airway obstructions in patients of every age.

**Emergency:** Is a medical or psychological condition where the absence of immediate intervention could reasonably be expected to result in placing the child's health (or another child's health) in serious jeopardy; serious impairment to bodily or psychological functions; or serious dysfunction of any bodily organ or part.

**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 Record:** Is a single record of all data on an individual health status.

**Health:** Is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

**Heart Saver Program/Course:** are courses designed for anyone with little or no medical training who needs a course completion card for job, regulatory or other requirements. These courses can



also be taken by anyone who wants to be prepared for an emergency in any setting. The course completion card that is valid for 2 years.

**Isolation room:** is an area in the nursery or ELC, where a person 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.

**Medication:** Is a prescription substance regarded as effective for the use for which it is designed in bringing about the recovery, maintenance or restoration of health, or the normal functioning of the body.

**Nursery:** is a centre-based service primarily for infants and toddlers. These centres, staffed by professional nurse and educators, are generally open 8-10 hours per day throughout the year.

**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.

**Record:** Is any information recorded in any way, including, but not limited to, handwriting, print, tape, electronic storage, computer diskette, film, microfilm, and microfiche.

**Temporary Nurse:** is a nurse hired at a Nursery/ELC for a specific period set by Dubai Health Authority, for any absence reason of the full-time nurse at that School/Nursery. The temporary

nurse is provided by another healthcare facility (provider facility) making sure it has enough number of nurse professionals as per the facility regulations.

## ABBREVIATIONS

<b>BLS</b>	:	Basic Life Support
<b>CRP</b>	:	Cardiopulmonary Resuscitation
<b>DHA</b>	:	Dubai Health Authority
<b>DM</b>	:	Dubai Municipality
<b>ELC</b>	:	Early Learning Centre
<b>HRS</b>	:	Health Regulation Sector
<b>HSO</b>	:	Health and Safety Officer
<b>MOU</b>	:	Memorandum of Understanding
<b>PCR</b>	:	Polymerase Chain Reaction
<b>PHPD</b>	:	Public Health Protection Department
<b>PMS</b>	:	Preventive Medicine Section
<b>PPE</b>	:	Personal Protective Equipment
<b>RN</b>	:	Registered Nurse
<b>SHS</b>	:	School Health Section
<b>UAE</b>	:	United Arab Emirates

## 2. BACKGROUND

The Clinics in Nurseries and ELCs is a health facility located within the premises intended to provide basic medical care as mandated by the applicable United Arab Emirates (UAE) federal laws and local regulations. Clinics in Nurseries and ELCs are a unique as they cater to a proportion of very young children that are up to six (6) years of age. These clinics play a critical role in promoting health and safety of children within this population. They are intended to provide the relevant young population the basic medical care as mentioned below, but not limited to:

- Promote general health by encouraging healthy nutrition practices and physical activity.
- Promote oral hygiene and screen for caries and other conditions related to the oral cavity.
- Promote ophthalmic screening and early detection of ocular problems.
- Promote Obesity screening Body Mass Index (BMI).
- Promote prevention of communicable and non-communicable diseases.
- Early detection and correction of communicable and non-communicable diseases.
- Early detection and management of disabilities.
- Immunization records maintained as mandated by the Dubai Health Authority (DHA).

## 3. SCOPE

3.1. To establish and enforce minimum requirements in DHA licensed Clinics in Nurseries and ELCs, so as to ensure the provision of the highest level of safety and quality of children's healthcare at all times.

#### 4. PURPOSE

- 4.1. To ensure a safe and effective care provision to children in DHA licensed Clinics in Nurseries and ELCs.

#### 5. APPLICABILITY

- 5.1. These standards are applicable to DHA licensed Clinics in Nurseries and ELCs and DHA licensed healthcare professionals rendering healthcare services in these clinics.

#### 6. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES

- 6.1. Clinics in Nurseries and ELCs shall:
- 6.1.1. Adhere to all relevant federal and local laws and regulations.
  - 6.1.2. Comply with the DHA licensure and administrative procedures to get [New Facility License](#), available on the DHA website.
  - 6.1.3. Apply to the Health Regulation Sector (HRS) to obtain permission to provide the required service(s).
  - 6.1.4. Have in place internal policies and procedures for the following, but not limited to:
    - a. Incident reporting
    - b. Infection control measures
    - c. Managing children's health records and informed consent
    - d. Medication management
    - e. Readiness plan/emergency response

- f. Staffing plan and clinical privileging
  - g. Parent/Guardian Notification
  - h. Stay at home if unwell.
- 6.2. Ensure adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, electrical outlets and communications.

## 7. STANDARD TWO: HEALTH FACILITY REQUIREMENTS

- 7.1. Most aspects of the facility design shall be as per [DHA Health Facility Guideline 2019](#), Part B-Health Facility Briefing & Design, 360-Outpatients Unit other than the ones mentioned below.
- 7.2. The Clinics in Nurseries and ELCs is preferred to be on the ground floor.
- 7.3. The Clinics in Nurseries and ELCs shall be minimum nine (9) square meters (applicable to new nurseries and for facility expansion more than 50%).
- 7.4. A hand-washing station shall be provided in the nursery clinic room<sup>1</sup>.
- 7.5. A nearby toilet shall be accessible for children's use.
- 7.6. Means to provide visual privacy for the children shall be available, such as curtains, or portable screens.

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<sup>1</sup> In existing licensed facilities, where hand-wash station is not available and technically infeasible due to space confinement, the hand wash station shall be provided in the toilet room and hand sanitation dispenser shall be provided in the clinic room.

- 7.7. Flooring should be easy to maintain, readily cleanable, anti-microbial, slip-resistant, anti-glare and appropriately wear resistant for the location.
- 7.8. Security camera can be installed in the clinic to monitor activity through live feed only, without invading the privacy of the children (no recording permitted).
- 7.9. The Clinics in Nurseries and ELCs shall be made to accommodate children of determination.
- 7.10. Any physical changes in the Nurseries and ELCs clinic design must be in compliance with the local and federal laws.

## **8. STANDARD THREE: ISOLATION ROOM REQUIREMENTS**

- 8.1. The Clinics in Nurseries and ELCs should have a holding/isolation room with following:
  - 8.1.1. Preferably a minimum area of 7.5 sq. mts
  - 8.1.2. An attached/nearby designated toilet.
  - 8.1.3. A viewing window to monitor the child/ren or a camera only with live feed (recording is not permitted).
  - 8.1.4. A single bed with railing or a reclining comfortable chair and/or an infant cot (as applicable).
  - 8.1.5. Access to Personal Protective Equipment (PPE) trolley or shelves outside the isolation room.

Note 1: The clinics in Nurseries and ELCs could be utilised as an Isolation area or a designated classroom/administration office in the nurseries and ELCs may be utilized.

Note 2: For further details of an Isolation area refer to **Appendix 1**.

## 9. STANDARD FOUR: HEALTHCARE PROFESSIONAL REQUIREMENTS

9.1. The management of the Nurseries and ELCs shall have one of the following options:

9.1.1. A registered clinic with a full time DHA licensed nurse OR,

9.1.2. A registered clinic with a part-time DHA licensed nurse OR

9.1.3. Clinics that are not registered must ensure that at least 10% of the nursery/ELC staff maintain current valid certificates in either BLS, or a heart saver/CPR program, certified by an internationally accredited body.

9.2. The management of the nurseries and ELCs shall appoint a Health and safety officer (HSO) to handle any emergency, follow up, monitor the implementation of health and safety procedures and conduct all necessary trainings for teachers and staff.

9.3. In the case of a registered clinic in a nursery or ELC, The management of the Nurseries and ELCS shall ensure the following:

9.3.1. If the employed full time or part time RN is on leave, a Temporary Nurse shall be arranged by the management of the Nurseries and ELCs from an agency approved by HRS, DHA, or from a licensed DHA facility through a memorandum of understanding (MOU) between the two entities.



- a. Approval is based on the following criteria:
  - i. No-objection letter from the provider facility.
  - ii. Valid Malpractice insurance for the temporary nurse.
  - iii. Verified Dataflow report for the temporary Nurse.
  - iv. Signing and submitting the Temporary Nurse Request Form

### **Appendix 2.**

#### **9.3.2. Full time/ Part time RN responsibilities shall:**

- a. Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in working condition in Clinics in the Nurseries and ELCs **Appendix 3.**
- b. Assess children who require first aid care and provide appropriate care when needed.
- c. Maintain immunization records of all children.
- d. Monitor children who are frequently absent from nursery due to health related problems.
- e. Refer children with measurement deviation of growth and development to the Physician.
- f. One DHA licensed full time/part time RN shall be designated as the clinic in-charge.

9.3.3. The clinic in-charge shall:

- a. Ensure that the clinic is managed in a manner that guarantees high-quality health services.
- b. Take necessary measures to distribute new DHA circulars and announcements among the professionals working at the nursery clinic.
- c. Cooperate with HRS inspectors and/or any duly authorized representative, and provide requested documentation or files.
- d. Settle any violations related to non-compliance with the DHA's regulations.
- e. Ensure that children with certain diseases/conditions are isolated from the Nurseries and ELCs as stated in Appendix 4.
- f. Ensure referral of children assessed and found to have psychological and/or emotional disorders.
- g. Make necessary arrangements for replacement of DHA licensed RN to cover leave of absence.
- h. Develop/adopt procedures or protocols for documenting and implementing a follow-up and referral plan for children.
- i. Establish policy or procedure and communicate it to the parents or guardians regarding the transfer of children to the nearest care provider in cases of any emergency.

- j. Obtain prior approval from DHA for any health awareness or medical campaigns conducted by external provider.
- k. Report all suspected or confirmed cases of communicable diseases to Preventive Medicine Section (PMS), PHPD, DHA; as per the list of Notifiable communicable diseases noted in Appendix 5.

9.4. In the case of a not registered clinic in a nursery or ELC, The management of the Nurseries and ELCS shall:

9.4.1. Not accept the registration of:

- a. Children with chronic illnesses OR,
- b. Children requiring the administration of medications OR,
- c. People of determination.

9.4.2. Notify parents that the nursery and ELCs does not have a registered clinic and nurse.

9.4.3. Ensure at least 10% of the nursery/ELC staff maintain current valid certificates in either BLS, or a heart saver/CPR program, certified by an internationally accredited body.

9.5. Health and Safety Officer role and responsibilities as follows:

9.5.1. Carries a Bachelor/Diploma degree in either public health, administration, nursing, environmental health, quality and safety management, risk management or occupational health.

- 9.5.2. Does not require DHA license.
- 9.5.3. Requires competencies and training in safety, quality, problem solving skills, infection control measures and communication skills.
- 9.5.4. The Health and safety officer shall:
  - a. Monitors and inspects the implementation of health and safety procedures.
  - b. Oversees the placement and set up of safety measures.
  - c. Ensures the implementation of policies and procedures.
  - d. Conducts risk assessments and trainings on health and safety for students and staff.
  - e. Keeps periodic records of activities and trainings conducted.

Note 1: the clinic's licensed and registered nurse can be the HSO.

## **10. STANDARD FIVE: RESPONSIBILITY OF THE MANAGEMENT**

### **10.1. Nurseries and ELCs management shall ensure that:**

- 10.1.1. Parents/Guardians are notified of any suspected deviation from normal or usual health found as a result of clinical assessment/physical examination and/or nursery staff observation.
- 10.1.2. Medication may be administered after obtaining approval from Parents/Guardians.
- 10.1.3. Parents are notified if the clinic does not have a registered clinic.

## 10.2. Children Health Records:

10.2.1. In the registered clinic, the full time or part time RN shall be responsible for ensuring confidentiality of health records.

10.2.2. In a no clinic registry nursery/ELCs, the management shall ensure authorization of health records.

- f. A complete, comprehensive and accurate health record shall be maintained for each child.
- g. The health records shall include a recent history, physical examination, any relevant progress notes and immunization records.
- h. Health records shall highlight allergies and drug reactions.
- i. The records shall be stored in a secure location with convenient access. In case of having electronic records, the management shall ensure authorization and access based on granted privileges.
- j. Whenever a child transfers to another nursery or ELC, a copy of the complete, cumulative health record shall be transferred at the same time to the health personnel of the nursery or ELC to which the child is transferring to, or handed to the Parents/Guardians, as appropriate.

## 11. STANDARD SIX: EMERGENCY AND TRANSFER PROTOCOL

11.1. The registered clinic in nurseries or ELCs shall be equipped with the appropriate medical equipment, supplies and basic medication.

11.2. The nurseries or ELCs shall maintain the parents/guardians contact numbers in case of emergency.

11.3. In case of suspected infection, the child shall be isolated from other children until picked up by the parent(s)/caregiver.

11.4. In case of giving the child any medications or treatment, only the nurse shall notify the parents/guardians of the child and document it.

## **12. STANDARD SEVEN: EQUIPMENT AND SAFETY**

12.1. Registered clinics in nurseries or ELCs shall have the necessary personnel, equipment and procedures to handle medical and other emergencies.

12.2. List of medical equipment and instruments required in registered clinics in nurseries or ELCs is available in **Appendix 3**.

12.3. All equipment used in patient care shall be maintained according to manufacturers' specifications.

## **13. STANDARD EIGHT: NOTIFICATION TO PARENTS**

13.1. Parents/Guardians shall be notified, of any suspected deviation from normal health, found as a result of health examination and/or observations.

13.2. Each nursery or ELC shall develop/adopt procedures .

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## APPENDICES

### APPENDIX 1: ISOLATION STANDARDS

Staff or children that present with symptoms of communicable disease while at Nurseries/ ELCs should be evaluated by nurse in-charge, who should be familiar with:

- 1) Case Definition of Infectious Diseases
- 2) Mode of transmission of a Disease.
- 3) Precautions to be taken for prevention of Disease Spread
- 4) Infection Control Measures
- 5) Criteria for Notification of Communicable diseases
- 6) Criteria of Exclusion

#### Student Isolation

- As a measure to limit exposure, the management of the nursery should designate holding/isolation room within the facility to hold known and suspected staff/student cases.
- If symptomatic, staff/student should be placed in a controlled, single-person room for retrieval of staff/children without contaminating additional nursery areas.
- The isolation room should have access to a dedicated toilet.
- Anyone entering the isolation room must use appropriate Personal Protective Equipment (PPE).
- Parents/Guardians of a symptomatic student should be notified immediately of their child's status and should be asked to take the child from the premises of the nursery.
- Strict infection control practices must be followed between staff/children (e.g., hand hygiene, cleaning and disinfecting shared equipment).
- Affected staff should wear a facemask to contain secretions while in isolation.
- Once staff/student has vacated the room, the room should be thoroughly disinfected with Dubai Municipality (DM) approved disinfectant solutions.

## APPENDIX 2: REQUEST FORM FOR TEMPORARY NURSE

Healthcare professionals Details	
<b>Absent Nurse:</b>	Name: Click or tap here to enter text. Nurse Unique ID: Click or tap here to enter text. DHA License title: Click or tap here to enter text.
<b>Temporarily Nurse (Replacement):</b>	Name: Click or tap here to enter text. Nurse Unique ID: Click or tap here to enter text. DHA License title: Click or tap here to enter text. Facility Name: Click or tap here to enter text.

<b>Replacement Details:</b> (The requested duration shall not exceed 3 months; otherwise, the Health Facility shall appoint a full-time DHA licensed Nurse)	
<b>From:</b> Click or tap here to enter text.	<b>To:</b> Click or tap here to enter text.
<b>Reason:</b> Click or tap here to enter text.	

Please indicate the following:

- Medical Malpractice Insurance for the Temporarily Nurse:
 

☐ Yes
 ☐ No
- Primary Source Verification (PSV) report status for the Temporarily Nurse:
 

☐ Positive
 ☐ Negative
 ☐ others, please specify Click or tap here to enter text.

I, the undersigned, undertake to abide to DHA rules, regulations and the time frame set approved by Dubai Health Authority regarding the employment of a temporary Nurse. I, hereby acknowledge and accept that if I am not complying with the mentioned above will result in disciplinary actions decided by the Dubai Health Authority.

Temporary Nurse	Medical Director of outsourced	In charge of Hiring School/Nursery
Name:	Name:	Name:
Signature:	Signature:	Signature:

### **APPENDIX 3: NURSERY CLINIC PHYSICAL REQUIREMENT AND SUPPLIES**

#### **A. Standard Fixtures and Furniture**

1. Office desk and chairs
2. Filing cabinet/ rack for files
3. Cupboard with lock for supplies and instruments
4. Bed with railing, washable mattress/impermeable plastic sheet and provision for towel paper to cover it
5. Portable screen (if there are no separate treatment rooms)
6. Non refillable liquid soap dispenser with undiluted liquid soap
7. Disposable paper hand towel dispenser or electric hand dryer
8. Foot operated covered waste disposable bin
9. Refrigerator with ice pack
10. Medium size notice board.

#### **B. Standard Equipment**

1. Pediatric height and weight scale
2. Sphygmomanometer with pediatric cuff
3. Stethoscope
4. Eye Chart
5. Percussion Hammer
6. Tuning fork.
7. Torch with batteries
8. Thermometers
9. Measuring tape
10. Kidney tray
11. Galipot/basin

12. Stainless steel dressing trolley (2 layer with castor wheels)
13. Bandage Scissors
14. Pickup forceps
15. Oxygen cylinder with regulator and flow meter
16. Nebulizer
17. Glucometer
18. First Aid Kit
19. Autoclave (if applicable).

C. Standard Supplies

1. Disposable wooden spatulas
2. Disposable hand towels
3. Disposable medicine cups
4. Sterile cotton buds
5. Sterile ear buds
6. Sterile gauze pieces
7. Disposable gloves
8. Gauze bandages of different sizes
9. Splints of different sizes
10. Elastic bandages of different sizes
11. Adhesive plasters of different sizes
12. Band aids
13. Disposable oxygen facial masks
14. Disposable thermometer sleeves/covers.

D. Standard Solutions and Medicines

1. Alcohol 70%

2. Antiseptic solutions
3. Normal Saline Solution.

#### APPENDIX 4: LIST OF DISEASES OR CONDITIONS IN WHICH THE CHILD SHOULD BE EXCLUDED FROM THE NURSERY

Condition	Incubation period	Exclusion of Cases	Exclusion of Contacts
<b>Acute Amoebic dysentery (Amoebiasis)</b>	Range from 2 – 4 weeks	Exclude until diarrhea has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
<b>Chickenpox</b>	Range from 10 to 21 days; (usually 14-16 days )	Exclude from school until all vesicles become crusted & dry, or until no new lesions appear within a 24-hour, (an average range of 4-7 days from appearance of rash).	Not excluded. Any child with an immune deficiency (e.g. with leukemia, or as a result of receiving chemotherapy) should be excluded for their own protection and seek urgent medical advice and varicella-zoster immunoglobulin (ZIG), if necessary.
<b>Conjunctivitis</b>		Exclude until discharge from eyes has ceased, unless doctor has diagnosed a non-infectious conjunctivitis.	Not excluded
<b>Coronaviruses (SARS, MERS, COVID-19)</b>	Range from 2-14 days	Exclude until medical certificate of recovery is produced (Subject to the current guidelines)	Subject to the current National authority guidelines
<b>Cytomegalovirus (CMV) infection</b>	Range from 3 – 12 weeks.	Exclusion is not necessary	Not excluded
<b>Diarrheal illness - unspecified</b>		Exclude until symptoms (diarrhoea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
<b>Diarrheal illness - viral (Adenovirus,</b>	Varies with pathogen	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least	Not excluded

<b>Norovirus, Rotavirus)</b>	(usually from 12 hours to 4 days)	24 hours (without anti-diarrheal medications)	
<b>Diarrheal illness- Bacterial (shigella, Non-typhoidal salmonella, campylobacter)</b>	Varies with pathogen (usually from 10 hours to 7 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
<b>Diarrheal illness- E.coli infection, Shiga toxin or Vero toxin producing (STEC or VTEC)</b>	Range from 1-10 days; usually 3-4 days	Exclude cases until they have two negative stool specimens collected at least 24 hours apart and at least 48 hours after discontinuation of antibiotics	Not excluded
<b>Diarrheal disease- Giardiasis</b>	Range from 1 to 4 weeks (usually 7 to 10 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
<b>Diphtheria</b>	Range from one to ten days; (usually 2-5 days)	Exclude until medical certificate of recovery from illness is received; which is following two consecutive negative nose and throat cultures (and skin lesions in cutaneous diphtheria) taken 24 hours apart and not less than 24 hours after completion of antibiotic therapy.	Exclude Family / household contacts until investigated by medical professional and shown to be clear of infection.
<b>Glandular fever (Epstein-Barr Virus infection)</b>	Approximately 4 – 8 weeks	Exclusion from school is not necessary <b>Note:</b> ONLY exclude from (contact/collision) sports for 4 weeks after onset of illness	Not excluded
<b>Hand, Foot and Mouth disease</b>	Usually 3 – 6 days	Exclude until all blisters have dried.	Not excluded.




<b>Haemophilus influenza type b (Hib)</b>	Range from 2 – 4 days	Exclude until the person has received appropriate antibiotic treatment for at least four days.	Not excluded.
<b>Hepatitis A</b>	Range from 15 – 50 days; usually 28-30 days	Exclude until a medical certificate of recovery is received, and until 7 days after the onset of jaundice or illness.	Not excluded.
<b>Hepatitis B</b>	Range from 60 to 150 days; Usually ninety days	Acute illness: Exclusion until recovered from acute attack. Chronic illness: Not Exclusion	Not excluded.
<b>Hepatitis C</b>	Range from 14–182 days (usually range: 14–84 days)	Exclusion is not necessary.	Not excluded.
<b>Human immuno-deficiency virus infection (HIV/AIDS)</b>	Usually one to four weeks	Exclusion is not necessary.	Not excluded.
<b>Impetigo</b>	The incubation period Varies according to the causative organism It is usually one to three days for streptococcal infections and four to 10 days for staphylococcal infections	Exclude until lesions are crusted and healed. The child may be allowed to return earlier provided that appropriate treatment has commenced and that sores on exposed surfaces must be properly covered with water-proof dressings	Not excluded.
<b>Influenza / influenza like illnesses</b>	Usually 1 to 4 days	Exclude until at least 24 hours after fever has resolved without the use of fever-reducing medicines.	Not excluded


<b>Leprosy</b>		Exclude until receipt of a medical certificate of recovery from infection.	Not excluded
<b>Measles</b>	Range from 7 – 23 days from exposure to symptom onset; Usually 10-14 days.	Exclude for at least 4 days after the onset of rash. Or until medical certificate of recovery from illness is received	Immunized contacts not excluded. Unimmunized contacts should be excluded until 14 days after the first day of appearance of rash in the last case. (If unimmunized contacts are vaccinated within 72 hours of their first contact with the first case, or received immunoglobulins within 6 days of exposure, they may return to school).
<b>Meningitis (viral, bacteria - other than meningococcal meningitis)</b>	Varies according to the causative organism	Exclude until well.	Not excluded.
<b>Meningococcal Meningitis infection</b>	Range from two to ten days; usually 3 -4 days.	Exclude until receipt of a medical certificate of recovery from infection.	Household contacts must be excluded from school until they have received appropriate chemoprophylaxis for at least 48 hours.
<b>Mumps</b>	Range from 12 - 25 to days; commonly parotitis develop 16 - 18 days	Exclude for 9 days after the onset of swelling OR until this swelling resolved.	Not excluded.

<b>Pediculosis (Head lice)</b>		Exclude until appropriate treatment has commenced. <b>Note:</b> Rescreening is needed 7-10 days after initial treatments, to inspect hair for live crawling lice.	Not excluded
<b>Pertussis (whooping cough)</b>	Usually 7 to 10 days after infection, but may also appear up to 21 days later	Excluded 21 days after the onset of cough & illness if no antibiotic treatment is given OR until they have completed 5 days of a course of recommended antibiotic treatment. AND receipt of a medical certificate of recovery from infection;	If the household contacts have not previously had whooping cough or vaccination against whooping cough; they must be excluded from attending a school for twenty one days after last exposure to infection OR until they have completed 5 days of a course of an appropriate antibiotic
<b>Poliomyelitis</b>	Range from 4 – 35 days; Usually 7 – 10 days	Exclude from schools until 14 days after the onset of illness and until receipt of a medical certificate of recovery from infection	Not excluded.
<b>Rubella (German measles)</b>	Range from 12 – 23 days; usually 17 days.	Exclude until fully recovered or for at least seven days after the onset of rash.	Not excluded Note: Female staff of child-bearing age should ensure that their immune status against rubella is adequate.
<b>Scabies</b>	It may take 2–8 weeks before onset of itching in a person not	Exclude until appropriate treatment has commenced.	Not excluded

	previously exposed to scabies. Symptoms develop much more quickly if a person is re-exposed, often within 1–4 days.		
<b>Streptococcal infection (including scarlet fever)</b>	Range from two to five days	Exclude the child has received appropriate antibiotic therapy for at least 24 hours <b>and</b> after the fever has resolved for 24 hours (without the use of fever-reducing medicines); <b>OR</b> until receipt of a medical certificate of recovery from infection; which issued when	Not excluded
<b>Tuberculosis (excluding latent tuberculosis)</b>	It takes about 4-12 weeks from infection to a demonstrable primary lesion or positive skin test reaction	Exclude until receipt of a medical certificate from the health officer of the Department, that the child is not considered to be infectious.	Not excluded.
<b>Typhoid fever/paratyphoid fever</b>	For typhoid fever ranges from 6–30 days; usually 8–14 days (but this depends on the infective dose) For paratyphoid fever is usually 1–10 days.	Exclude until receipt of a medical certificate of recovery from infection.	Not excluded unless the health authorities consider exclusion to be necessary.

## APPENDIX 5: LIST OF NOTIFIABLE COMMUNICABLE DISEASES

**Group A1:** Report immediately by telephone and electronic notification within 4- 8 hrs of identification 

**Group A2:** Report immediately by electronic notification within 24 hrs of identification 








































**Group B:** Report by electronic notification within 5 working days or 7 days of identification 

Table 1: Group A1	Table 2: Group A2	Table 3: Group B
Immediately Reportable Diseases (4- 8 hrs)	Immediately Reportable diseases (24 hrs)	Weekly reportable diseases (5 working days)
AFP/ Poliomyelitis  	Dengue Fever  1	Ascariasis  7
Anthrax  	Food borne Illness Specify:  1 - Hepatitis A - Salmonellosis - Shigellosis	Brucellosis  7
Botulism  	Haemophilus influenza invasive disease  1	Chickenpox  7
Cholera  	Hepatitis E  1	Congenital syphilis  7
Diphtheria  	HIV (+ ve)  1	Cytomegalovirus  7
Food borne Illness Specify:   - Food poisoning - Escherichia coli	Human Immunodeficiency Virus (HIV)/AIDS  1	Encephalitis  7 - Bacterial - Viral
Influenza, Avian (human)  	Influenza A H1N1  1	Food borne Illness Specify:  7 - Amoebic dysentery - Bacillary dysentery - Giardiasis - Typhoid/Paratyphoid
Measles  	Legionellosis  1	Gonococcal infection  7
Meningococcal Meningitis  	Leprosy (Hansen's Disease)  1	Hepatitis B  7
Neonatal Tetanus  	Malaria  1	Hepatitis C  7
Nipah Virus  	Meningitis Specify Etiology:  1 - Bacterial or Viral	Hepatitis D (Delta)  7
Plague  	Pertussis (Whooping Cough)  1	Herpes zoster  7
Rabies  	Pulmonary tuberculosis bacteriology and histologically not confirmed  1	Infectious mononucleosis  7
Rubella (German measles)  	Tetanus  1	Influenza  7

Severe Acute Respiratory Syndrome (SARS) 📄 📄	Tuberculosis (Extra-pulmonary) 📄 1	Influenza 📄 7
Smallpox (Variola) 📄 📄	Tuberculosis (Extra-pulmonary) 📄 1	Intestinal worms 📄 7
Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) 📄 📄	Tuberculous Meningitis 📄 1	Invasive Pneumococcal Disease (IPD) 📄 7
Yellow Fever 📄 📄	Tuberculosis (Pulmonary) 📄 1	Listeriosis 📄 7
COVID-19 📄 📄		Mumps 📄 7
		Neonatal conjunctivitis 📄 7
		Pneumonia 📄 7
		Relapsing Fever 📄 7
		Scabies 📄 7
		Scarlet fever 📄 7
		Schistosomiasis 📄 7
		Sexually Transmitted Infection (STIs) 📄 7: - Chlamydia - Gonorrhea - Syphilis (early & late) - Chancroid - Genital warts - Herpes simplex - Trichomoniasis
		Trachoma 📄 7
		Typhus Fever 📄 7
		Other communicable diseases not specified in this list 📄 7
		Other protozoal intestinal diseases 📄 7
		Other zoonotic bacterial diseases not elsewhere classified 📄 7
		Others and unspecified Infectious diseases 📄 7