



Effective From	AY 2024/25 (Fall term)
Compliance From	AY 2025/26 (Fall term)

EARLY EDUCATION INSTITUTION POLICY

on

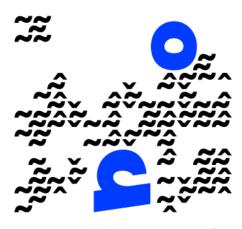
INFECTION PREVENTION AND CONTROL

Purpose

This policy establishes effective measures for managing illness and preventing the spread of infections within Early Education Institutions (EEIs). Providing clear guidelines and procedures, ensures a standardized approach to addressing the attendance of sick children, thus minimizing the risk of infection transmission.

Its purpose is to create a safe and healthy environment that prioritizes the wellbeing and safety of children, while also promoting open communication and collaboration among all parties.





Definitions

Circle Time	A period during the day when children gather to participate in a guided discussion or group activity.
Child	A person under the age of 4 years, as per Federal Decree Law No. (51) of 2022 Regulating Nurseries.
Children's Personal Care	Attending to children's toileting needs. Examples include support with dressing and undressing (underwear), changing nappies, helping a child use the toilet, or cleaning intimate areas of the body.
Communicable Disease	An infectious disease resulting from the transmission of a pathogenic agent or one of its toxic products or secretions either directly or indirectly to another person and infecting them with the disease.
Early Education Institutions (EEIs)	All ADEK-licensed institutions that offer early years service (e.g., nurseries).
Emergency Action Plan	An EEI-specific written and approved plan, procedure, and strategy, which lists actions required by designated personnel and procedures to be followed in cases of emergency.
Endemic	A disease which is constantly present in a certain geographic area or population group.
Epidemic	A health emergency represented in the emergence of cases of a disease that communicated among a population group in a certain geographical area within a certain period at a marked increase from the normal expectations compared to a period similar to the previous period in the same region and time in the same area and causes concerns at the national level.
First Aid Room	A space to provide basic first aid and treatment.
III (Sick)	Feeling unwell or suffering from physical symptoms.
Key Group	Known as a "class" in more formal educational settings, comprises a group of children, an EE Educator, and any other members of the key team.
Key Team	The team of staff in a child's key group, whom they interact with daily and who take care of their physical, emotional, and educational needs, typically including the EE Educator, EE Assistant, and EE Aide.

Infectious Disease	An illness in which the symptoms and signs of illness are caused by germs. These germs can be any of several different types - bacteria, viruses, fungi, protozoa, and parasites. For example, strep throat is caused by bacteria, whereas measles, mumps, and chickenpox are caused by viruses.
Management	The staff responsible for overseeing the EEI-based staff and daily operations, such as the EE Director, their deputy, as well as any other member of staff to whom they have delegated specific authorities.
Outbreak	A sudden rise in the number of confirmed cases of a disease.
Parent	The person legally liable for a child or entrusted with their care, defined as the custodian of the child as per Federal Decree Law No. (3) of 2016 Concerning Child Rights (Wadeema).
Pathogenic Agent	The agent causing the communicable disease.
Personal Protective Equipment (PPE)	Any device, appliance, or equipment designed to be worn or used by an individual for protection against hazards. Examples include single-use masks, gloves, and aprons as well as sanitizers/hand gels.
Physical Environment	All visible and tangible aspects of the early education environment, regardless of location on the premises. For the purpose of this policy, this definition also includes vehicles used by the EEI for transportation and any associated processes.
Play and Learning Material	All objects used by children for learning and play throughout the EEI premises (e.g., building blocks, clothing for dramatic play, swing sets, slides, and crayons).
Standard Precautions	Basic good hygiene measures (e.g., handwashing, appropriate use of protective clothing, environmental cleaning, etc.) that should be practiced by all caregivers at all times and with all children. It is not always possible to tell who has an infectious disease, infection can be spread by a person who has no signs and symptoms of illness or is incubating an infection e.g., flu or Chickenpox. For this reason, it is essential that good hygiene practices are applied routinely in all early years settings.
Vaccine-Preventable Diseases	Any infectious disease that can be prevented by vaccination/immunization.

Policy

All EEIs shall develop and implement an Infection Prevention and Control Policy in line with relevant legislation and decisions, which at a minimum covers the following:

- 1. Child immunization requirements
- 2. Standard precautionary measures and hygiene procedures
- 3. Procedures for managing infectious diseases
- 4. Conditions that mandate temporary absence of children and staff
- 5. Communication plan for parents and staff

1. Child Immunization Requirements

EEIs shall abide by any legislation and/or policy of the Department of Health (DoH) that regulates children's admission to the EEI based on their immunization records. In addition, EEIs shall:

- a) Collect children's immunization records, along with any relevant medical information and/or medical history forms upon registration. This shall be explicitly stated in the policy.
- b) Advise parents of a child who is not immunized due to medical contra-indications, vaccine unavailability, or age of the child (too young for the vaccine), that their child will be excluded from the EEI during outbreaks or a pandemic of some vaccine-preventable diseases even if their child is well.

2. Standard Precautionary Measures

2.1 General Guidance

EEIs shall always follow standard precautions to reduce the risk of illness and the spread of infection among staff and children. These measures shall be clearly outlined in the Infection Prevention and Control Policy, communicated to all staff, and shall include the following:

- Handwashing
- Respiratory hygiene
- Children's personal care
- Use of Personal Protective Equipment (PPE)
- Staff personal hygiene
- Cleaning liquid spills and bodily fluids
- Environmental hygiene
- Laundry
- Waste disposal
- Handling perishable food
- First aid room
- Additional or other precautions

2.2 Handwashing

To promote hand hygiene and effective handwashing practices, EEIs shall:

- a) Detail the following handwashing procedures in their Infection Prevention and Control Policy:
 - The correct handwashing technique using a cleaning agent.
 - The supervision of children's handwashing and drying.
 - The requirements for staff handwashing and drying.
- b) Ensure the following handwashing provisions:
 - 1. The availability of pictures showing correct handwashing procedures at handwashing basins for adults and children.
 - 2. The temperature of warm running water at children's wash hand basins is not greater than 43°C (see ADEK EEI Physical Environment Policy).
 - 3. The use of a cleaning agent such as soap.
 - 4. The availability of hand drying facilities (e.g., disposable paper towels, single-use cloth towels).
 - 5. The continuous supervision of children's handwashing and hand drying.
 - 6. The washing and drying of hands at critical moments such as:
 - On arrival at the EEI in the morning
 - After using the toilet
 - After handling animals
 - After sneezing, blowing nose, and coughing
 - After touching a cut or sore
 - After touching bare feet
 - After outside play
 - Before and after eating or handling food
 - Before and after nappy changing
 - Before and after administration of first aid
 - Any other occasion where hands may require washing

2.3 Respiratory Hygiene

To prevent the spread of infections, EEIs shall ensure that the following respiratory hygiene measures are in place:

- a) There is easy access to tissues and hand sanitizers for use after coughing and sneezing.
- b) There are foot-operated pedal bins with plastic bags for tissue disposal.
- c) Handkerchiefs are not used by children or staff.
- d) Each child uses a separate tissue.
- e) Staff and children cover their mouths when coughing/sneezing, immediately dispose of any used tissues, and wash their hands afterward.
- f) Coughing and sneezing etiquette pictures are displayed in the environment, so children can follow them easily.

g) A minimum distance of 1 meter is maintained between crib/sleeping mats, whereby each is used by only one child at a given time.

2.4 Children's Personal Care

EEIs shall adhere to the *ADEK EEI Personal Care Policy*, which details infection prevention and control requirements for changing nappies and toileting, such as:

- a) Children's hands are washed and dried after toileting or nappy changing.
- b) Staff wash their hands before and after toileting or nappy changing (after removing gloves).
- c) Staff use PPE whilst changing nappies.
- d) Changing mats in the nappy changing unit are waterproof, have a disposable cover, and are in a good state (e.g., no breaks or tears).
- e) Nappy changing mats and units are cleaned after each nappy change.

2.5 Use of Personal Protective Equipment (PPE)

PPE shall be worn by all staff when working on hygiene- and food-related tasks. The type of PPE worn will depend on the nature of the task at hand. These tasks include, but are not restricted to, children's personal care, administration of first aid, and food handling/service.

2.6 Staff Personal Hygiene

EEIs shall communicate their policies concerning staff hygiene practices to staff as part of their induction and in a documented format, such as within the Staff Guidelines Handbook.

2.7 Cleaning Liquid Spills and Bodily Fluids

EEIs shall ensure standard precautions when any member of staff has contact with the following, at a minimum:

- Blood
- Vomit
- Urine or feces
- Open wounds, abrasions, or sores
- Discharge from the mouth or nose

Staff shall never use mops for cleaning blood, vomit, urine, or feces. Instead, only disposable towels shall be used to clean the area. Disposal towels shall be used immediately and disposed of in a closed bin. The area surrounding any accident shall be cleaned using a disinfectant.

2.8 Environmental Hygiene

EEIs shall clearly specify procedures for regularly and thoroughly cleaning and disinfecting the EEI's physical environment, by having the following in place:

a) A routine cleaning and disinfecting schedule which, as a minimum, includes the following items:

Walls
Toilets & washbasins
Furniture (indoor & outdoor)

Ceilings
Doors & handles
Tables (tops, legs, underside)

Light fixtures
Cupboards
Play & learning materials

Floors
Sinks
Work & play surfaces

Shelving
Refrigerators
Windows & windowsills

Chairs
Sleeping furniture
Swimming/paddling pools

b) Appropriate cleaning and disinfecting material and equipment.

c) A regular mechanism for professional cleaning and disinfecting, which shall not take place while children are in attendance or during workdays.

d) Regular pest control mechanisms, whereby pesticides shall not be applied or used while children are in attendance or during workdays.

2.9 Laundry

EEIs shall launder items made of fabric (e.g., stuffed toys, teaching resources, rugs, mops, and towels) separately from each other and follow these washing practices:

- a) Items soiled by blood, vomit, urine, or feces shall be washed separately from the unsoiled items, at the hottest temperature the fabric will tolerate.
- b) Gloves and aprons shall be used when handling soiled items and linen.
- c) Children's soiled clothing shall be placed in a plastic bag sealed and sent home with parents (see ADEK EEI Personal Care Policy).
- d) Children's bedding is not to be washed at the EEI and instead shall be sent to the child's home for washing over the weekend (see ADEK EEI Safe Sleep Policy).

2.10 Waste Disposal

EEIs shall empty all bins and use fresh bin liners before the EEI closes for the day and ensure daily disposal of waste from the pantry, clinic/first aid room, and play/learning spaces. To ensure safe waste disposal, EEIs shall follow these practices:

a) Recycling and disposal of waste according to local authority guidelines.

- b) Storing used diapers in a nappy bin that is leak-proof, airtight, easy to clean, and emptied regularly.
- c) Using foot-operated pedal bins for the disposal of gloves, aprons, and soiled dressings.
- d) Keeping external bins away from children and closed at all times.
- e) Separating and properly disposing of soiled PPE and clinic waste, ensuring it is not mixed with waste from play areas and learning spaces.

See ADEK EEI Physical Environment for further guidance on waste disposal.

2.11 Handling Perishable Food

EEIs shall adhere to the ADEK EEI Food and Nutrition Policy, which details requirements for preventing the spread of foodborne illnesses, such as:

- a) Keeping perishable food in a refrigerator at temperatures of 0°-5°C. Perishable food should not be left at room temperature for more than 2 hours and shall be discarded thereafter.
- b) Cleaning and sanitizing surfaces used in the preparation, handling, and consumption of food regularly.

2.12 First Aid Room

EEIs shall maintain an adequately equipped first aid room in the absence of a DoHregistered clinic. The first aid room shall be a separately allocated space, furnished with the necessary equipment, and at a minimum, shall contain the following:

- Wheelchair
- Child-sized bed, along with bedding/linens
- Counter with a set of drawers
- Sink (fixed or portable) with hot and cold running water
- Disposable paper towels, soap, and nail brushes
- Personal protective equipment (PPE) for use by first-aiders
- First aid kit, band-aids, gauze, and splints
- Wash bottle and eye washing equipment
- Clinical thermometer and a liquid medication dispenser (marked in ml)
- Drinking water

2.13 Other Precautions

Other precautions EEIs shall follow to prevent and/or control the spread of infection include:

- Prohibiting toys and other play materials into the toilet area.
- Prohibiting the sharing of personal items such as individual combs, hairbrushes, toothbrushes, personal clothing, bedding, towels, and eating utensils and ensuring that they are labeled.

- Prohibiting outdoor shoes in the EEI environment, for both adults and children.
- Prohibiting the use of wall-to-wall carpeting.
- Prohibiting sharing of PPE.
- Prohibiting sharing of food between children.
- Airing out children's playrooms and staff rooms at least once a day.
- Ensuring that protective covers are placed over sand pits, water trays swimming pools, etc.

3. Illness and Outbreaks

3.1 Mandating Temporary Absence of Children and Staff

EEIs shall define the symptoms and/or conditions that mandate the absence of children and staff from the EEI and clearly state that in case of illness, parents of children and staff shall inform EEI management immediately. During the time from the onset of symptoms, until they completely subside, the sick individual (child or staff) shall not attend the EEI.

Depending on their severity, the presence of the below symptoms can mandate the temporary absence of children and staff from the EEI:

- a) A high fever: A high temperature of 38.0 degrees Celsius (104 degrees Fahrenheit) or above indicates a fever which could be an underlying symptom of a certain condition, most often a viral or bacterial infection.
- b) Any symptom or combination of symptoms typically associated with influenzas ("the flu"): These include a cold, runny nose, coughing, sore throat, headache, or body aches. These symptoms are common across a range of contagious diseases, so it is best that parents and the EEI take the necessary precautions.
- c) White or yellow discharge from the eye, eye pain, redness in the eye, eyelid, or skin surrounding the eye: The child should stay at home and be checked by a physician.
- d) Throat pain, discomfort, swelling, redness, and/or coughing: Evidence or complaints of these symptoms may be due to a viral infection (cold, influence, glandular fever) or a bacterial infection (strep throat, some types of ear infections).
- e) **An unidentified rash:** The child should remain at home and should be cleared by a physician prior to returning to the EEI. A rash can often precede infectious diseases like measles, chicken pox, and hand, foot, and mouth disease.
- f) Recurring upset stomach and/or vomiting (2 or more episodes) accompanied by a fever.
- g) **Diarrhea or very frequent and loose stools** (2 or more episodes within a short time frame).
- h) Head lice (regardless if suspected or evidenced).

i) Fever, mouth sores, and skin rashes (commonly on the hands and feet): The combination of these symptoms is typically associated with hand, foot, and mouth disease, which is a common illness seen at EEIs and is unfortunately contagious before any symptoms are present.

In addition, EEIs shall clearly state the terms and conditions of sick leave for staff in their Staff Guidelines Handbook. These shall include the method of communication the staff shall use to inform the EEI of their absence, submission of sick leave documents, and the requirements of the medical note attesting employee fitness for work in the case of an epidemic or an infectious illness, as per directives of the health authorities.

3.2 Procedures for Managing Infectious Diseases

The EEI Infection Prevention and Control Policy shall explicitly state that parents have an obligation to inform the EEI of any known infectious disease affecting their child and clearly outline the steps the EEI will take to ensure that the child(ren) is/are cared for if they are suspected of having an infectious disease at the EEI. These shall include:

- a) Advising parents and staff to seek a diagnosis and treatment immediately if an infectious disease is suspected.
- b) Communicating appropriate information and alerts for families and staff once the infectious disease is confirmed, including information on the illness/disease, symptoms, and the precautions to take to prevent spreading the disease further (if contagious).
- c) Giving parents clear guidelines on symptoms and signs to look for when deciding to bring their child to the EEI.
- d) Reporting the incidence(s) to DoH in line with the reporting requirements mandated by the legislation if an infectious disease diagnosis is confirmed, and the disease is defined as a "communicable disease" as per the provisions of Federal Decree Law No. (14) of 2014 on the Control of Communicable Diseases and its Amendments. EEIs shall act with responsibility and report the case(s) accurately and in the frequency and/or immediacy mandated by law.
- e) Notifying DoH as soon as possible after being made aware that a child is suffering from one of the following vaccine-preventable diseases:
 - Diphtheria
 - Mumps
 - Poliomyelitis
 - Haemophilus influenzae Type B (Hib)
 - Meningococcal disease
 - Rubella ("German measles")
 - Measles
 - Pertussis ("whooping cough")
 - Tetanus
 - An outbreak of gastrointestinal or respiratory illness

3.3 Outbreaks of Infectious Diseases

EEIs shall have in place an emergency action plan, which defines areas of responsibility and clear channels of communication between all staff members involved, to address suspected infectious diseases.

In the case of a localized or national crisis related to the outbreak of a disease (e.g., an endemic or an epidemic), guidelines provided by the relevant authority and ADEK shall be followed and supersede any provisions listed in this policy.

3.4 Contacting Emergency Services and Local Health Authorities

EEIs shall contact emergency services in line with the provisions of the ADEK EEI Emergency Management Policy in case any of the symptoms displayed by a child signal the need for immediate medical attention. EEIs shall contact the DoH in the following cases:

- a) If there is a concern about an infectious disease (one case or more) seek advice in terms of control.
- b) If there is a concern that the number of individuals who have developed similar symptoms at the EEI is higher than normal.
- c) To check whether to ask children or staff to stay at home.
- d) Before communicating with parents and staff about an infectious disease at the EEI.

4. Communication Plan

EEIs shall have in place a clear communication plan that is used to inform all parents and staff about this policy and its procedures. This plan should include:

- a) Summarizing this policy in the parent handbook.
- b) Reviewing this policy with staff at induction, as well as during ongoing and annual staff training.
- c) Posting key elements of this policy on the EEI website and updating it regularly.
- d) Checking with parents that they have read and understood the policy and providing any assistance needed.
- e) Providing parents guidance about infectious diseases and their spread (e.g., sharing articles on seasonal viruses or common diseases affecting children, and guidance on how to prevent infection and/or manage symptoms).
- f) Making the policy always available to staff members and parents.
- g) Providing parents and all staff-written notifications of any updates on this policy.

5. Compliance

- This policy shall be effective as of the start of the Academic Year 2024/25 (Fall term). EEIs are expected to be fully compliant with this policy by the start of the Academic Year 2025/26 (Fall term).
- Failure to comply with this policy shall be subject to legal accountability and the penalties stipulated in accordance with the ADEK's regulations, policies, and requirements, notwithstanding any other penalties imposed by Federal Decree Law No. (31) of 2021 Promulgating the Crimes and Penalties and its amendments or any other relevant law. ADEK reserves the right to intervene if the EEI is found to be in violation of its obligations.

References

- Federal Decree Law No. (14) of 2014 on the Control of Communicable Diseases
- Federal Decree Law No. (31) of 2021 Promulgating the Crimes and Penalties and its amendments

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Department of Education and Knowledge, Abu Dhabi (ADEK)

This policy applies to Early Educational Institutions (EEI) in Abu Dhabi.

