

## Protocols for the Reopening of Early Learning Centers in Dubai



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Actions	Short Description
A. Entry and Visit Procedures	<ol style="list-style-type: none"> <li>1. Ensure that everyone entering the facility undergoes temperature screening. Systems must be in place in case an elevated temperature or other Covid-19 like symptoms are detected.</li> <li>2. A nurse needs to screen all staff and children for wellness and fever upon arrival and in case symptoms arise.</li> <li>3. Staff will be discouraged from exiting the Early Learning Center during the day, but if they do for emergency purposes, they are requested not to return to the premises unless they have fully sanitized and changed masks and clothes upon return.</li> <li>4. Only one of the first degree authorized family members is allowed to enter the facility to drop off and/or pick up his/her child.</li> <li>5. Elderly (people over 60) or people with medical conditions are advised not to drop off and pick up children.</li> <li>6. Ensure staggered entry and exit times for family members during drop off and pick-up. Family members must drop off and pick up at one allocated area, maintaining a 2 meter distancing between them, with no interaction inside the facility and wearing masks at all times. There is to be no access to the rest of the facility by family members and their stay at the facility should be limited to a maximum of 10 minutes.</li> <li>7. Meetings are encouraged to take place online. If there is a critical need for a face-to-face meeting, an appointment should be made by email. The meeting must be approved before it takes place.</li> <li>8. Any visits to the premises such as for the purpose of registration, maintenance workers, and <b>deliveries, should happen after the facility's opening hours. Proper precautionary measures should be applied.</b></li> </ol>

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B. Screening & Contingency/ Emergency Plan	<ol style="list-style-type: none"> <li>9. Parents are required to check their children's temperature and any symptoms before leaving the house. <b>A policy of "staying at home if unwell" for children, teachers and staff with symptoms should be enforced.</b> Medical advice should be sought and the center should be notified that the child is unwell.</li> <li>10. Mandatory contactless screening for staff, guests, visitors &amp; contractors based on DMHS <b>guidelines [If a visitor's temperature equals or exceeds 37.5 Celsius, he-or she will be prohibited to enter the facility].</b></li> <li>11. The official authorities should be immediately notified in case any person in the premises presents with Covid-19 symptoms, such as fever, cough, muscle pain or fatigue, shortness of breath, sore throat, runny nose, diarrhea and nausea, headache, or loss of sense of smell or taste.</li> <li>12. If a member of staff or child has confirmation of a positive COVID-19 PCR test by a DHA approved clinical laboratory, they are not to return unless they are granted a de-isolation clearance certificate endorsed by DHA that states that the person has been isolated for 14 days with no symptoms and have a negative PCR test.</li> <li>13. The facility administration must dedicate an isolation room, and set procedures to handle COVID-19 suspect and/or confirmed cases as per DHA and Dubai Municipality guidelines. These procedures need to include disinfection after each use. The isolation room needs to be child friendly and age appropriate.</li> <li>14. The facility should follow disinfection procedures as per DHA and DM guidelines. Suggested list of cleaning and disinfection companies can be found at DM website: <a href="https://www.dm.gov.ae/health-safety-approved-list/">https://www.dm.gov.ae/health-safety-approved-list/</a>, or by contacting Dubai Municipality's command room on 058 5758871.</li> </ol>

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B. Screening & Contingency/ Emergency Plan	<p>15. Prior to reopening, the center should collect health and travel declaration forms from all children and staff.</p> <p>16. The facility must maintain adequate records of its staff , guests and members, including names, telephone numbers and visit dates, to assist if contact tracing becomes necessary.</p> <p>17. The facility must maintain accurate work records of all its staff for contact tracing purposes</p> <p>18. All staff members must take a Covid-19 PCR test prior to opening. Staff members are not allowed to enter the premises without a negative test result.</p>

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C. Set-up, PPE and Hygiene	<p>19. All areas and surfaces of the premises must be cleaned and effectively sanitised throughout the day and at the end of each day, in-line with Dubai Municipality guidelines for childhood development centers and day care facilities. Suggested list of cleaning and disinfection companies can be found at DM website: <a href="https://www.dm.gov.ae/health-safety-approved-list">https://www.dm.gov.ae/health-safety-approved-list</a> /, or by contacting Dubai Municipality's command room by dialing 058 5758871</p> <p>20. ELCs must follow DM cleaning and disinfecting guidelines (DM-PH&amp;SD-GU94-CDCN2) (for both daily routine disinfection and for terminal disinfection). Centers are not allowed to use cleaning or disinfecting products that carry a DANGER or a CORROSIVE label warning that may compromise the health of the children and individuals with respiratory illnesses or medical conditions. Different cleaning products and/or disinfectants must not be mixed under any circumstances.</p> <p>21. All staff and visitors must wear masks at all times inside the premises. Anyone not wearing a mask will not be allowed to enter the premises.</p> <p>22. Staff who are in direct contact with children are encouraged to wear transparent masks, if available, to enable lip reading and facial expression. Face shields can only be used in the place of face masks where physical distancing of 2 meters is ensured.</p> <p>23. Staff are encouraged to sanitize and wash their hands regularly.</p> <p>24. Enrolled children are exempted from wearing masks or any face coverings.</p> <p>25. Teachers must have easy access to sanitizer which is placed safely away from children's reach.</p> <p>26. Anyone entering the premises will immediately wash and / or sanitize hands.</p> <p>27. Encourage strict hand washing regime and breaks for children, and avoid using sanitizers for children who have the tendency to lick their hands or suck on their fingers. Assist children with handwashing, including children who cannot wash hands alone.</p>

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C. Set-up, PPE and Hygiene	<p>29. Staff and children's bags and shoes should be immediately cleaned and sprayed with sanitizer once arriving at the premises.</p> <p>30. If an ELC requires shoes to be taken off at entry, a designated shoe rack should be placed at the entrance, rather than inside classrooms.</p> <p>31. Nappy changing areas, and the bathroom usage routine for the little children should follow specific guidelines for disinfection and sanitization as per DM guidelines for child development centers and day care centers.</p> <p>32. Clear guidelines should be set for security staff and those who are cleaning the facility to ensure they follow the right measures such as wearing gloves while cleaning.</p> <p>33. Child care providers should wash their hands for at least 20 seconds before and after handling infant bottles prepared at home or prepared in the facility.</p> <p>34. Frequently touched areas and surfaces must be cleaned before being sanitised or disinfected to ensure the process is effective .</p> <p>35. Phones, computers and other electronic items that are touched often should be wiped with Dubai Municipality-approved disinfectant wipes.</p> <p>36. Place age appropriate awareness and educational posters describing handwashing steps near sinks.</p> <p>37. Supervise children of determination to receive the support they need.</p>

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D. Physical Distancing	<p>38. Ensure the 2-meter distancing rule is maintained in common areas, service desks, etc. where different groups of staff and visitors mix.</p> <p>39. Classroom area and furniture should support sufficient room for children to maintain 1.5 meters physical distancing, (estimated at 2.25 square meters per child in each classroom).</p> <p>40. Encourage outdoor activities whenever possible, with no more than one group of children in one outside area at a time. A distance of 1.5 meters should be maintained during playground play time.</p> <p>41. Staff entry and exit times and break times will be staggered to limit amount of staff in the staff room. During break times, staff will be required to maintain a 2 meter distance between them.</p> <p>42. Pantries can be used by staff strictly for food and drink consumption maintaining a 2 meter physical distancing.</p> <p>43. All coffee stations should follow the 2-meter physical distancing rule. Queueing should be avoided. No water dispensers are allowed.</p> <p>44. Cancel or postpone special events such as festivals, holiday events, and special performances.</p> <p>45. Consider whether to alter or halt daily group activities that may promote transmission.</p>

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E. Toys, Equipment and Gadgets	<p>46. Use of soft toys and toys with intricate parts or that are otherwise hard to clean must be avoided.</p> <p>47. All equipment in classrooms such as toys, books, scissors, pens, pencils, crayons, arts and crafts materials and messy play resources as well as roleplay and other materials should be sanitized after each and every single use.</p> <p>48. Toys must be sanitized after use, and immediately removed from play if sneezed on, coughed on or put in mouth.</p> <p>49. <b>Keep a designated bin for separating toys that have been in children’s mouths. When a child is done with a mouthed toy, place it in a bin that is inaccessible to other children and wash hands. Clean and sanitize prior to returning to children’s area.</b></p> <p>50. It is recommended that children get their own exclusive (stationery and other) items whenever possible.</p> <p>51. Certain types of play sections and areas shall be closed and removed (i.e. dress up sections, indoor soft play areas) unless they are completely sanitized after each use.</p> <p>52. <b>Avoid having “mouth” toys (musical instruments, whistles, blow-pipes, etc) or encourage parents to supply their children with their own equipment.</b></p> <p>53. Toys should not be shared with other groups of infants, unless they are washed and sanitized before being moved from one group to the other.</p> <p>54. Limit children grouping around each toy and equipment to maximum 4 at a time.</p>

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F. Staff and Child Ratios	<p>55. At least one staff member holding a current certification in pediatric first aid and CPR needs to be available at all times in each facility.</p> <p>56. <b>Child care must be carried out in maximum “stable” groups of 10 or fewer children. “Stable” means the same 10 or fewer children are in the same group each day. This group of 10 children must be cared for in a room that cannot be accessed by children outside the stable group.</b></p> <p>57. A safe distance of 1.5 meters per child or person needs to be maintained.</p> <p>58. Child care classes should include the same group each day, and the same child care providers should remain with the same group each day. No individual from outside the group can enter the classroom.</p> <p>59. The following ratios apply:</p> <table border="1" data-bbox="904 1179 2147 1517"> <thead> <tr> <th>Age</th> <th>Caregiver: Child</th> <th>Max Children /Group</th> <th>Staff Members</th> </tr> </thead> <tbody> <tr> <td>6 weeks – 23 months</td> <td>1:4</td> <td>Maximum of 8</td> <td>Min 2</td> </tr> <tr> <td>24 months –6 years</td> <td>1:5</td> <td>Maximum of 10</td> <td>Min 2</td> </tr> </tbody> </table>	Age	Caregiver: Child	Max Children /Group	Staff Members	6 weeks – 23 months	1:4	Maximum of 8	Min 2	24 months –6 years	1:5	Maximum of 10	Min 2
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G. Communication and Readiness Plans	<p>60. Ensure that sufficient training and communication channels are utilized to keep all staff, parents and children informed of new settings, practices and hygiene approaches.</p> <p>61. Develop a Readiness Plan that ensures that there are appropriate procedures in place that safeguard the continuity of operations and the safety of everyone in the facility.</p> <p>62. Develop internal policies that cover different aspects such as infection control, emergency preparedness, stay at home when sick, etc.</p> <p>63. Health and safety designated staff should be identified and assigned to handle any emergency situation, follow up and monitor the implementation of health and safety procedures, and conduct all necessary trainings for children and staff. They are also responsible for the designated isolation room within the ELC premises.</p>
H. Admission Priorities	<p>64. Should limitation and capacity in these facilities be an issue, priority for admission will be granted <b>to mothers and/or both parents who are working from “office” and have no alternatives or any other member of the family to look after their children.</b></p>
I. Food & Beverages	<p>65. Food catering at this stage is not allowed, and families must supply food &amp; beverage for their children along with their own plastic safe utensils.</p> <p>66. If needed, the center can supply sanitized water bottles.</p> <p>67. Ensure that children have their own food containers and do not share food with each other.</p> <p>68. Meal breaks should be staggered.</p>

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J. Transportation	<p>69. ELCs must use buses at half capacity and place marks on chairs for seating guidance.</p> <p>70. Anyone entering the bus should undergo temperature screening. Anyone with a temperature of 37.5°C or above should not be allowed on the bus.</p> <p>71. Bus assistants who are older than 60 years, suffering from serious chronic diseases or who are immunocompromised should not be on duty.</p> <p>72. All bus riders, with the exception of children younger than 6 years need to wear masks.</p> <p>73. Bus hygiene should be maintained by following the appropriate sanitization and physical distancing standards. For example, seat belts, arm rests, handles, rails, etc. should be sanitized after each use, <b>in accordance with RTA's relevant guidelines for public transportation.</b></p> <p>74. Record-keeping should be maintained daily. This should include a register of all passengers boarding the bus, as well as all absences.</p> <p>75. For buses using swipe cards for registration, the cards and the swipe machine should be constantly disinfected. The process should be supervised by the bus attendant.</p> <p>76. Adequate signage should be added inside the bus to guide children towards hygiene practices (i.e. respiratory hygiene, waste management, etc.).</p> <p>77. Adequate waste management and disinfection practices should be followed especially that children might use back-seat pockets and bins.</p> <p>78. Ensure proper ventilation in the vehicle at all times. Avoid recirculating air and encourage opening windows whenever possible.</p>

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J. Transportation	<p>79. If a child begins to show symptoms of COVID-19 while on the bus, the child is considered a probable COVID-19 case. The immediate measure is to ensure the child is seated at 2 metres away from the rest of the children. The bus attendant should immediately inform the health and safety staff in-charge in the center who should immediately communicate with center administration and parents/ guardians.</p> <ul style="list-style-type: none"> <li>○ If the bus is dropping children off at home, the child with symptoms should be dropped off first.</li> <li>○ If the bus is picking children up from home, the child should be placed in the isolation room upon arrival and sent home as soon as possible.</li> <li>○ The child should not return to the center until a PCR test result is obtained. If the result is positive, Dubai Health Authority should be informed immediately. DHA will inform all close contacts of the affected child and direct them to quarantine as required. The child will not be able to return to the premises until a negative PCR test and a de-isolation certificate are provided.</li> </ul>

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K. ELC Premises (other than classrooms)	<p>80. Prayer rooms should remain closed, unless the government is allowing prayer rooms to open across the different facilities in Dubai.</p> <p>81. The following guidelines should be adopted for playgrounds and common play areas, art studios, music rooms, libraries and others:</p> <ul style="list-style-type: none"> <li>▪ Where possible, all spaces should be well ventilated using natural ventilation (opening windows) or ventilation units.</li> <li>▪ The rooms should not be used in full capacity to ensure that children maintain at least a 1.5 metres distance during the class session.</li> <li>▪ Frequently touched areas/surfaces and equipment should be disinfected after every use. Also, children should be encouraged to bring in their own equipment when possible.</li> <li>▪ Clear guidelines should be set for cleaning staff to ensure that they follow the right measures such as wearing gloves and masks while cleaning.</li> </ul>