

Consider whether Federal LOGOS are included or does each entity put their own BRANDING onto the document includes considering where to include federal/ local contact numbers e.g. MOH vs DHA

# **Nursery Reopening Operational Plan:**

# **Operating Guidelines**

Published July 2020

This document was published in July 2020 and may be updated as new information and protocols are received. Any subsequent protocols or new regulations set by federal and local government authorities must be followed.

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# **Introduction**

# The recent events surrounding the COVID-19 pandemic resulted in the suspension of nurseries in the United Arab Emirates. In order to safely reopen to meet the needs of nursery communities, all nurseries will be required to follow specific guidelines that ensure the health and safety of the staff and families they serve.

It is essential that nurseries follow with the clear and actionable guidance for safe operations to support the prevention, early detection and control of COVID-19 in nurseries. Nurseries must adhere to the following guidelines in order to help stop the spread of COVID-19 and to ensure safe and healthy environments for children, nursery staff and families.

## **Purpose**

The purpose of this document is to ensure safe day to day operations after the suspension period and to ensure all Nurseries are well informed to develop and implement policies that address the operational guidelines that pertain to children, parents, and staff in the post COVID-19 context.

## **Scope**

These guidelines apply to all private and government nurseries in the United Arab Emirates and the information is intended to be shared with and disseminated to all key stakeholders prior to nursery reopening.

## **Objectives**

The main objectives of this document are to provide nurseries with guidance on:

* the reopening process;
* preparing for accepting children after the suspension period;
* maintaining safe day to day operations;
* ensuring children are protected from contracting the virus through the promotion of and adherence to public health and safety protocols;
* ensuring nurseries have information that will inform the review and amendment of nursery policies, procedures and protocols;
* the health and safety of all nursery staff, children and parents to the nursery;
* awareness and education of COVID-19 and how to prevent its spread in the nursery and wider community in adherence to public health and safety protocols;
* highlighting specific responsibilities of the principal, nursery staff and parents; and
* parents receiving relevant information about the prevention and spread of COVID-19 and the efforts being carried out to implement safety protocols.

## **Guideline 1: Know the Latest Facts**

During the COVID-19 pandemic and post pandemic it is critical that nurseries remain informed of current information to ensure the safety and wellbeing of nursery staff, children and parents. As facts and knowledge about the virus continue to change and improve, procedures and practices in the nursery will need to be updated. Nurseries are an integral part of all communities and have a duty to ensure all stakeholders understand the latest information about COVID-19, including its symptoms, complications, transmission and prevention and most importantly the impact this has on the nursery provision.

For COVID-19 help, information and services call the Ministry of Health and Prevention hotline number at 800-11111. In cases of emergencies or life threatening incidences please call 999.

Nursery staff must stay informed, share current information and implement new knowledge of COVID-19 into existing policies and procedures.

Nurseries must:

* Use new information about COVID-19 to update existing policies or create new policies and procedures that include all aspects of the COVID-19 reopening guidelines and ensure that the nursery continues to be operational.
* Share new policies with staff, parents and other stakeholders.
* Establish clear lines of communication and use of a range of communication strategies to communicate with staff, parents and other stakeholders.
* Share accurate information about COVID-19 with all stakeholders.

Nurseries should consider:

* Carrying out online training sessions for staff, parents and stakeholders.
* Instructing staff to action new or updated information received from the principal or nurse.
* Providing parents with links to reliable information from recognized organizations such as HAAD, Ministry of Health, UNICEF and WHO.
* Instructing teaching staff to provide children with current age appropriate information regarding COVID-19.

## **Guideline 2: Hygiene Awareness**

The COVID-19 pandemic requires very specific responses for a nursery to be operational. It is critical that a nursery’s hygiene policies, practices and procedures be updated and followed to stop the spread of COVID-19. Nurseries must establish appropriately adjusted cleaning procedures including monitoring, training staff on the hygienic handling of food, and hygienic use of equipment and resources.

**Cleaning procedures**

Nurseries must:

* Conduct a full sanitization of the nursery no more than 5 days prior to the official opening.
* Refer to protocols established by the MOH to ensure accurate hygiene guidelines are implemented and checklists created to support the daily monitoring of hygiene procedures within the nursery.
* Nominate a health and safety designated staff member to use these checklists to monitor the implementation of all hygiene related procedures. Use monitoring and recording of information ensures that hygiene within the nursery is not compromised and relevant named individuals are held accountable.
* Common areas in the nursery (i.e. toilets, pantry, reception areas, waiting areas, etc.) should be cleaned and disinfected every hour or after every use. This also applies to frequently used areas/ surfaces such as door handles, dining tables, seat rests, elevator keys, etc.
* Ensure that if someone has displayed symptoms of COVID-19, cleaners clean the area with disinfectant in order to minimize the risk of spreading the virus. Disposable gloves, aprons and any other disposable items used while cleaning contaminated areas must be double-bagged and securely stored for 72 hours before being disposed of as recommended by the DOH.

**Train staff on Hygiene practices and implement best practice**

Nurseries must:

* Ensure that all nursery staff receive adequate training about hygiene practices, including proper usage of PPE, to be implemented within the nursery as per the protocols established by the DOH.
* Ensure that nursery staff wash uniforms/ clothing daily and that all staff always have a clean uniform/clothing available at the nursery to be used in the event of contamination during the working day.
* Ensure that nursery staff and children’s bags and shoes will be immediately cleaned and sprayed with sanitizer once arriving at nursery. In facilities where taking off shoes is required, designate a shoe rack outside at the entrances rather than taking them inside the classrooms.
* Ensure that there is adequate and accurate signage posted in relevant places of the nursery to encourage good hand and respiratory hygiene practices for both staff and children.
* Ensure that staff wash their hands with soap and water for 20 seconds at regular intervals throughout the day.
* Provide adequate supplies to ensure hygiene protocols are effectively implemented including disposable paper-towels for diaper changing areas; high quality soap in all handwashing areas for children and staff; adequate supplies of tissues in all indoor and outdoor learning areas; disposable paper-towels for all children and staff to use in bathrooms; wall mounted hand-sanitizers units with an alcohol based sanitizer of at least 65-90% in the reception area and all other areas used by staff, children aged 2-4, and parents; adequate disinfectants and cleaning materials to effectively meet MOH cleaning standards.
* Ensure that cloth hand-towels are not used.
* Where possible, all spaces should be well ventilated using natural ventilation (opening windows) or ventilation units.
* Ensure that staff who are in direct contact with children are encouraged to wear transparent masks/ face shields to enable lip reading, and facial expression.
* Ensure that staff wear gloves and a face mask when using communal staff areas e.g., staff room and at mealtimes.
* Ensure that staff wear disposable gloves, face masks, and aprons during diaper changing and when assisting children with toileting.

**Hygienic use of nursery spaces, equipment and resources**

Nurseries must:

* Ensure that communal rooms such as staff rooms are regularly sanitized and cleaned at least once a day and after every use. Staff from different clusters must maintain 1.5 meters distance between them when using communal areas. If this is not possible, staff should pray, eat and take breaks within the classroom.
* Ensure that child cubbies are not shared between different children. They must be cleaned and disinfected daily.
* Assign some large equipment per child when possible, such as highchairs and ensure it is thoroughly disinfected between use if shared between children within the same cluster.
* Remove and pack away toys and learning resources that cannot be easily wiped down or cleaned. Rotation of learning resources is not permitted and instead an adequate amount of learning resources should be provided for each classroom.
* Clean all learning resources 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 cleaned after each and every single use where possible.
* Remove learning resources/ items/ toys if sneezed on, coughed on or put in mouth. Keep a designated, clearly labeled, basket/ container for separating items that have been in children’s mouths, sneezed or coughed on, etc.. Clean and sanitize prior to returning to the children’s area.
* Discontinue the use of sand and water tables until further notice.
* Monitor the use of books in the nursery. Books with plastic or laminated covers should be wiped with disinfectant and left for 24 hours before being used again. If books are shared across classes, they must be removed from one class and left without access for 24 hours before being moved to a different cluster. Book covers should be thouroughly cleaned between usage.
* Ensure that children do not share cots/ beds or any bedding such as sheets, blankets, pillows etc. All bedding should be washed daily.
* Remove trash daily and dispose of safely. All PPE equipment should be disposed of in separate bins.

**Hygienic handling of food**

Nurseries must:

* Follow a strict protocol of all sanitary procedures regarding the handling of food containers and items in order to avoid cross-contamination and the potential spread of COVID-19. Sanitary procedures include, but are not limited to: staff washing their hands before and after handling each child’s belongings; effective storage of child’s food items to minimize cross contamination; encouraging increased independence of children aged 2-4 to ensure they handle their own food containers and items; cleaning all surfaces that are in contact with food containers; and sanitary procedures for bottle preparation.
* Instruct nursery staff to encourage children to be independent at mealtime as per their developmental stage and follow sanitary processes at the start of mealtimes such as washing hands, not sharing foods and using own utensils. Children aged 2-4years are encouraged to remove their own food items from their bag and feed themselves. If children need support, nursery staff wash their own hands thoroughly and wear gloves before touching any child’s food items and/ or containers or cutlery and in between each child.
* Ensure that nursery staff store children’s lunch boxes in a place in the classroom that is specific to their cluster. The lunch box is wiped down on arrival and kept in the cluster specific location.
* Ensure that nursery staff follow sterilization protocols for infants and children who are bottle-fed.
* Clean and disinfect tables, chairs and highchairs before and after children eat. Hard surfaces must first be cleaned with warm soapy water and then disinfected with cleaning products.

Nurseries should consider:

* Including hygienic education in lesson plans for children aged 2-4 years old.
* Instructing teaching staff to plan and initiate nursery wide hygiene education initiatives and/ or programs.
* Instructing teaching staff to refrain from sending home children’s work. Other methods of sharing children’s achievements are implemented (e.g. apps, emails).
* The nursery should encourage a paperless strategy and elevated use of technology in the educational provision to minimize contacts.
* Encouraging parents to give their child/ children opportunities to become increasingly independent with hygiene procedures such as handwashing, using the bathroom and feeding themselves as developmentally appropriate.
* Encouraging parents to remain connected with the nursery through a range of communication channels to ensure that they are aware of information pertaining to hygiene and how it can be further reinforced and supported at home.
* Encouraging parents to send food items for snack and meals that children can manage independently as appropriate to their developmental stage.

## **Guideline 3: Handwashing**

During the presence of COVID-19, handwashing is crucial to stopping the spread of the virus. It is critical that the nursery implement handwashing protocols for all nursery staff, parents and children.

According to the MOH, effective handwashing can be described as washing hands for a minimum of 20 seconds with soap and warm water and then thoroughly drying hands afterwards with paper towel. Cloth hand towels should not be used to dry hands as they can spread germs. Handwashing is preferable to hand sanitizer. However, in instances where soap and water are not immediately available, hand sanitizer should be used but only for children between the ages of 2 to 4 years old. Hand sanitizer units should be wall mounted, closely supervised and kept out of the reach of children.

It is critical that a nursery revises handwashing policies, practices and procedures in order to protect and safeguard children, staff and parents should recognize appropriateness of strategies for the relevant age-groups within the nursery.

Nurseries must:

* Develop a new Handwashing Policy and share it with nursery staff, parents and key stakeholders in order to meet the requirements of COVID-19 reopening.
* Provide nursery staff and parents with information on the importance of handwashing, how to effectively wash and dry hands and when hands must be washed.
* Monitor nursery staff to ensure that they are implementing handwashing protocols into the daily routine, this includes: after blowing noses; after toileting and changing nappies; prior to and after eating; before and after preparing a bottle; between activities; prior to and after outdoor play; upon entering or prior to leaving the nursery; and at regular intervals throughout the day.
* Ensure that adequate amounts of soap, paper towels and hand sanitizer are available for the nursery. Ensure that soap and paper towels are available in all bathrooms and wall mounted hand sanitizer is available in classrooms, common areas and in the entrance to the nursery.
* Ensure that soap and paper towel dispensers are available at child height to encourage children to carry out handwashing as independently as developmentally appropriate under the supervision of an adult.
* Ensure that teaching staff model and teach children how to effectively wash and dry their hands. Staff should encourage children to independently carry out effective handwashing when developmentally appropriate under the supervision of an adult.
* Ensure that teaching staff wash the hands of children who are too young to wash their own hands and monitor use hand sanitizer by children aged 2 to 4 at all times.
* Ensure that cleaners always make available soap and paper towels in each bathroom in the nursery and replenish supplies in a timely manner.
* Ensure that cleaners wear gloves, and that they are changed between the cleaning of each area and after coming into contact with any potential contaminates.

Nurseries should consider:

* Asking parents to wash their hands or use hand sanitizer before dropping off or collecting their child/ children from the nursery.
* Encouraging parents to model and teach their child/ children how to effectively wash their hands at home.

It is imperative that staff teach and model hygiene practices with children in a fun manner and any reference made to the virus is neutral rather than negative to reduce children’s anxiety surrounding the situation.

## **Guideline 4: Social/ Physical Distancing**

## Introduction

Social/ Physical distancing is defined as keeping space between yourself and other people when outside of your home. Keeping space between others is one of the best strategies to avoid exposure to COVID-19 and slow the spread of the virus.

Social/ Physical distancing in a nursery setting must be appropriate for the age of the children and the specific context. Nurseries must develop protocols to implement physical distancing with children and staff during daily operations. Nurseries must create clusters of children, allocate staff to a single cluster of children, allocate space forsole use by a cluster, make arrangements for all other spaces within the nursery and establish arrangements for parents to support all clustering protocols.

|  |  |  |  |
| --- | --- | --- | --- |
| Age Group |  Total Maximum No. of Children Enrolled to Allow for Part Time Children | Maximum Children per Day per Cluster | No. of Nursery Staff |
| 45 days – 2 years | 16 | 8 | 1 Nursery supervisor OR1 Nursery supervisor assistantAND1 NannyAND 1 Extra Staff |
| 2 years – 4 years | 20 | 10 | 1 Nursery supervisor AND1 Nursery supervisor assistantAND 1 Extra Staff |

### **Create Clusters of Children**

Nurseries must:

* Create ‘clusters’ of children who will remain together within the same cluster at all times.
* Ensure that a maximum of 16 -45 day old to 2 year old children and 20 -2 year old to 4 year old children are allocated to a cluster. This is to accommodate children who attend part time.
* Ensure that a maximum of 8 children aged 45 days to 2 years and a maximum of 10 children aged 2-4 years of age from each cluster attend on any one day.
* Ensure that age requirements are being met in clusters or establish mixed age bands across 45 days to 2-year-olds and/ or 2-year-olds to 4-year-olds. These can only be changed at a later date when the threat of infection has dimished to safe levels and authorities lift restrictions. If mixed age clusters are formed the adult to child ratio requirments must be adhered to.
* Siblings may be allocated to the same clusters if mixed age bands are implemented in the nursery and if the sibling’s ages fall within one age band.
* Ensure that children remain in small clusters and do not inter-mingle.
* Establish practical arrangements to minimize transitory crossings, for example, in corridors.

### **Clustering arrangements for staff**

Nurseries must:

* Maintain the mandated qualified staff requirements.
* Allocate nursery teaching staff as per the mandated adult: child ratios to a single cluster of children.
* Allocate all staff, including cleaners, to specific clusters and ensure staff do not rotate or change clusters.
* Allocate at least 1 extra designated staff member per cluster in the case of emergencies or absence.
* Ensure physical distancing of staff so that staff only congregate with those that are assigned to the same cluster.
* Implement physical distancing of adults from other clusters to 1.5m apart, at all times.
* Ensure that staff do not leave the nursery property during the working day and until their duty is completed, or in the event of having to leave the nursery for an emrgency that they do not return until the following day.

### **Allocate space for clusters**

Nurseries must:

* Meet the minimum of 3.5 square meters per child for indoor spaces and 5 square meters per child for outdoor spaces.
* Allocate one internal room as a base classroom per cluster.
* Ensure that the base classroom can accommodate all aspects of children’s care and education including feeding/eating and sleeping arrangements.

### **Use of space by clusters**

Nurseries must:

* Ensure that clusters do not rotate to different spaces within the nursery during any one day.
* Ensure that children from different clusters do not share the same sleeping space or equipment.
* Ensure that all toileting and nappy changing facilities are thoroughly cleaned between use by children from different clusters.

### **Use of common areas and spaces**

Nurseries must:

* Stagger schedules such as entry and exit times, staff break times and use of common areas including outdoor areas.
* Ensure that common areas are only used on a 24hour schedule and are thoroughly cleaned between use by different clusters.
* Follow social/ physical distancing protocols in high traffic areas and ensure appropriate signage is visible.

### **Clustering with parents**

Nurseries must:

* Develop and implement a process for ‘Pick Up’ and ‘Drop Off’ of children in which parents do not enter the building.
* Ensure that only 1 family member come to the nursery at a time.
* Amend daily timetable to accommodate staggered arrivals and departures.
* Ensure that registration can happen online. If necessary, parents/ guardians visits for registration and/or tours should be based on an appointment system when there are no children in the nursery.

### **Transporting children from clusters**

Nurseries must:

* Ensure that parents assume responsibility for the transportation of their own children to and from nursery.
* Ensure that only children from the same family or same cluster are transported together to nursery.
* Ensure that buses are not used to transport children.

### **Deliveries, outsourced workers and visitors**

Nurseries must:

* Maintenance work or deliveries, should happen after the nursery’s opening hours. Proper precautionary measures should be applied especially for pick up or drop of items by designating a specific location and following a contactless process.
* Ensure that visitors do not come to the nursery when staff and children are in attendance. This includes parents of non-enrolled children.

**Guideline 5: Staff and Child Sick Leave and Attendance**

## Introduction

It is essential that nurseries adopt flexible attendance and clear sick leave policies. All nurseries should place great emphasis on monitoring attendance and sick leave. Identifying patterns of attendance and sick leave and well being should be monitored. It is critical that the nurseries adopt an approach to sick leave and attendance that encourages both nursery staff and children to remain at home when sick.

Nurseries should develop policies for providing COVID-19 testing for staff and ensure that staff have adequate insurance policies that cover illness.

The nurse should play a lead role in ensuring that daily health screenings are conducted, and that staff and parents have the latest information regarding the symptoms and spread of COVID-19.

As identified by the authorities in the UAE the symptoms of COVID-19 include a fever, cough or shortness of breath, repeated shaking with chills, muscle pain, headache, sore throat and loss of taste or smell. Abdominal and neck pain, vomiting and diarrhea, a rash or feeling tired are additional symptoms seen in children. A child’s fever is considered high if it is 37.5 C or above.

\*Please note that not all adults or children will have the same symptoms so staff and parents should be vigilant at all time and take the necessary precautionary measures.

Nurseries should create a context that encourages nursery staff, parents and children to monitor their own health and remain at home until they are well.

Nurseries must:

* Call the DOH hotline number 800-11111 if a case of illness is detected amongst children or staff presenting COVID-19 symptoms such as fever (≥37.5˚C), cough, body ache or fatigue, shortness of breath, sore throat, runny nose, diarrhea and nausea, headache, or loss of sense of smell or taste.
* Follow a policy of ‘staying at home if unwell’ for children and nursery staff with any illness or COVID-19 symptoms.
* Follow flexible Staff and Children Sick Leave and Attendance Policies and share them with key stakeholders.
* Ensure that signed letters of declaration from staff regarding age, health, living arrangements and that the ALHOSN application has been downloaded and is active. Ensure that staff submit weekly letters of declaration. These letters should be sent electronically.
* Ensure that signed letters of declaration are received from parents regarding health of family members and that the ALHOSN application has been downloaded and is active. Ensure declarations are updated weekly. These letters should be sent electronically.
* Follow a process for health monitoring that includes daily checks of temperatures and health checks of staff and children and report to the MOH as needed.
* Follow a safe protocol for isolating children and staff showing symptoms of COVID-19. If a child/ staff member begins to show symptoms of COVID-19 while at nursery, they must be isolated instantly, and the parent/ guardian/ emergency contact of be notified immediately. The patient should be referred to the hospital to take the necessary action. The patient should not return to the nursery until the PCR result is obtained.
	+ If the result is negative and there is a clinical assessment of a probable COVID-19 case, the patient should complete a 14-day quarantine. If the result is negative and there is no clinical assessment for a probable case, the child/ staff member can resume nursery so long as they are symptom-free.
	+ If the result is positive, the nursery is to be closed immiadetely. The traced contacts of the patient, including other staff members along with children from the same cluster, or colleagues are all considered close contacts should be contacted. A close contact is anyone who has spent more than 15 minutes in a proximity of 1.5 meters with the positive case, from the day of symptoms onset, or the day of the positive PCR test). They should all commence the 14-day quarantine counted PCR from the day of the positive test, or from the day of the onset of symptoms if ascertained by the clinician. They are not to return unless they are granted a clearance certificate by DOH stating that they are discharged from isolation.
	+ In cases of COVID-19 emergency, the nursery should follow their endorsed guidelines for emergencies by the nursery’s qualified nurse/ doctor while wearing adequate personal protection equipment. Also, the health and safety officer in-charge should ensure that the child is accompanied by their parent when transported to home or to the hospital.
* Any staff or children who test positive for or who has been exposed to COVID-19 should report results to the nursery Principal who will be able to carry out the proper procedures.
* The principal should abide by the contact tracing procedures and provide MOH with all records needed to trace potential contacts of the confirmed COVID-19 cases.
* Any staff or children who travel abroad must adhere to all UAE authority requirements, including any self-isolation and testing requirements.
* In case of traveling abroad over the summer, all teachers and nursery administrative staff members should be back in the UAE 14 days before the start of the academic year and/or the reopening of the nursery.
* Travel declaration forms are required for all those who travel; these must be submitted to the nursery prior to travel occurring and re-confirmed before returning to the nursery.
* Anyone displaying any COVID-19 symptoms when returning from travel must not come to the nursery, ensure they notify the nursery immediately and self-isolate.

Nurseries should consider:

* Monitoring absence trends closely and report this data to the MOH if required.

## **Guideline 6: Crisis Management**

## Introduction

COVID-19 has highlighted the need for nurseries to update and develop a Crisis Management Plan that outlines steps to help protect all stakeholders and explores possible ways that a nursery can continue to operate some aspects of their operations, specifically in the context of significant threats, such as a pandemic.

The nursery owner needs to play a leading role in developin and managing the Crisis Management plan. Principals need to involve nursery staff in the development of the plan to help assess risks,identify solutions, and assist with communicating controls put in place. . Consultation, reviweing and improving the processes as lessons are learned should be on-going. Both principals and individual staff have a collective responsibility to actively implement and manageetsbalished processes. All staff should be familiar with the plan before the nursery re-opens, and they should be clear what processes to follow should they continue to have safety concerns or feel unsafe to return to work at the nursery.

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Nurseries must follow MOH requirements to prevent the spread of COVID-19 and must assess and continuously review whether the operational processes andr risk controls are effective. Every nursery must strive to eliminate all health and safety risksas the safety and wellbeing of children, staff and wider early learning community is of highest priority.

Nurseries must:

* Suspend operations of services immediately if a positive case of COVID-19 is confirmed in a staff member or child attending the nursery.
* If a first degree family member of a staff or child test positive for COVID-19, the staff or child should be sent home to self isolate for a minimum of 14 days and submit a negative Covid-19 test before return.
* Form a team to develop a Crisis Management Plan and share it with all stakeholders. The Crisis Management plan must include an Emergency Financial Policy which clearly states the nursery’s position about payment plans and refunds in the case of forced emergency closures.
* Implement an effective process to communicate and share all circulars and information from regulatory bodies with stakeholders.
* Develop,share and test the communication system that will be used to work with families in the event of future suspensions or crisis.
* Update and monitor emergency contact lists and ensure that they are accessible from a remote location. Nurseries must ensure confidentially of all perosnal information and meet data protection guidance.

Nurseries should consider:

* Developing processes and procedures for alternative solutions for providing services to families during suspension times.
* Creating and sharingsample fee structures that can be implemented in the event that the operations of the nursery are changed due to suspension or partial suspension.
* Creating and sharing a process to support parents and families having difficulties paying nursery fees.

## **Guideline 7: Positive Relationships with Parents**

Parents are an essential part of the nursery community. Nurseries should already have policies in place that explain the role of parents and how parent outreach can be achieved in the nursery context. Given the current situation of COVID-19, partnerships between nurseries and parents is more critical than ever. It is imperative that the nursery principal and staff are empathetic towards parents and work collaboratively to reach mutually beneficial agreements.

Nurerseries must:

* Ensure that there are clear strategies for communicating with parents such as a parent hotline, video calls, phone calls and social media posts.
* Provide parents with links to organizations such as WHO, DOH, MOH, ADEK and MOE.

Nurseries should consider:

* Appointing a Parent Liaison Leader to consult with parents.
* Providing parents with strategies and proactive information to help reduce stress.

## **Guideline 8: Supporting Vulnerable Populations**

The WHO defines vulnerability as the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters. COVID-19 is an example of a very specific situation that requires appropriately responses by nurseries to meet the needs of vulnerable populations.

In the nursery context, vulnerable populations may include:

* Nursery staff, children and family members that are people of determination who have physical or medical disabilities and/ or needs;
* Nursery staff, children and family members with weakened immune systems due to chronic illness such as heart disease, hypertension, diabetes, chronic respiratory diseases, cancer;
* Nursery staff, children and family members with compromised immune systems from a medical condition or treatment such as chemotherapy;

To establish protocols and help to minimize the risk of vulnerable populations contracting COVID-19, nurseries must:

* Identify staff and children who may be from a vulnerable population in the ‘At Risk’ categories as per the regulatory guidelines.
* Ensure that any child identified as being within any of the ‘At Risk’ categories is not enrolled in the nursery.
* Ensure that any adult categorized as being ‘At Risk’ does not work within the nursery environment.

Nurseries should consider:

* Identifying economically disadvantaged families and if possible, support with meeting their needs.
* Collaborating with organizations and specialist providers that provide similar services to share resources and strategies.

## **Guideline 9: Wellbeing**

## Introduction

Nurseries must be aware of the mental stress that COVID-19 has had on the children and families that they serve and must ensure staff regularly address emotional and mental wellbeing in the classroom setting. Nurseries must also reach out to families to provide support to them by highlighting strategies to reduce stress in the household and provide links to helpful literature and websites.

Care must be taken to avoid stigmatizing children, families and nursery staff who may have been exposed to COVID-19. Nurseries should continue to be supportive environments for all staff, children and families, ensure that disruption is kept to a minimum and ensure that all children and staff are protected from discrimination.

Nurseries must:

* Implement a strategy to wellbeing that addresses nursery staff, parents and children’s needs..
* Provide teachers with training and advice on how to support children who have been emotionally affected by recent events.

Nurseries should consider:

* Including wellbeing topics in lesson plans.
* Developing age-appropriate resources and experiences that encourage children’s wellbeing.
* Creating a process to ensure that all children who have been affected by the virus are protected from stigma.

## **Reopening Process**

The diagram below outlines the key operational aspects of the guidelines that address staff and facilities requirements that will guide nurseries to ensure safe operations. ADEK will monitor nursery operations through compliance visits.



Nurseries must meet the following eligibility requirements in order to reopen:

* **Licenses and Certificates**: Nurseries must have all licenses and certificates as regulated. Nurseries must have:
	+ a valid DOE commercial license
	+ a valid ADEK educational license
	+ a valid Civil Defense Certificate
	+ an approved nurse on staff or under contract.
* **Reopening Requirements**: The following additional reopening requirements will need to be in place:
	+ completed Reopening Self-Assessment;
	+ completed Reopening Plan;
	+ all children are enrolled into the eSIS system
	+ invoice of nursery sanitization no less than 5 days before reopening;
	+ staff have been tested for Covid19 according to MOH guidelines;
	+ signed letters of declaration from staff regarding age, health, living arrangements and that the ALHOSN application has been downloaded and is active;
	+ signed letters of declaration from parents regarding living arrangements and that the ALHOSN application has been downloaded and is active. Letters are updated weekly;
	+ all staff and parents have downloaded ALHOSN application;
	+ all staff have attended the required training as stipulated by the Licensing Authority and passed the online assessment.
* **Risk Management and Montiroing Compliance**: Nurseries must implement and monitor all Reopening Operational Guidelines and work cooperatively with all regulatory bodies during Compliance Monitoring visits. Nurseries must:
	+ Implement a Zero tolerance policy and ensure close monitoring of risks.
	+ Ensure compliance through strict compliance monitoring.
* **Nursery Staff Eligibility Requirements**: Nursery staff must meet the following eligibility requirements:
	+ Staff must meet the appropriate qualifications and experience required by the Ministry of Human Resources and Emiratization.
	+ Age: Nursery staff must be between the age of 18-60. Anyone above the age of 60 is to continue social/ physical distancing and work from home as much as possible, until further notice;
	+ Health: Nursery staff must not be affected by obesity; immunocompromising conditions, including but not limited to: diabetes, HIV, recent transplants; respiratory issues (including asthma); kidney or heart issues; any other chronic disease, including but not limited to: high blood pressure, cancer, inflammation, etc; and pregnant women;
	+ Living Arrangements: Nursery staff should live alone or with other low risk individuals. Anyone living with people affected by conditions listed in the “Health” section, or with people age 60 and over, is to maintain social/ physical distancing and work from home as much as possible.

The following diagram illustrates the process that nurseries will follow. Please ensure that nurseries are to complete all required documentation as per the specific licensing authority expectations. when reopening:

## **Timeline of communicating re-opening to nurseries and the public**

**Definitions**

|  |  |
| --- | --- |
| ADEK | Abu Dhabi Departement of Education |
| At Risk | Person who due to their job, the people they live with or underlying health conditions have an increased chance of contracting COVID-19. |
| cleaning  | Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. |
| cluster | A group of children and staff assigned to the same classroom each day.  |
| contracting | To catch or contract the COVID-19 virus.  |
| COVID-19 | COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting all countries globally. |
| DOH | *Department of Health*  |
| disease | An illness or sickness affecting people which is characterized by specific signs or symptoms. |
| disinfecting | Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. |
| effective handwashing  | Handwashing steps that individuals must follow to ensure hands are properly disinfected. These steps are outlined below: Step1: Wet hands with running water. Step 2: Apply enough soap to cover wet hands.Step 3: Scrub all surfaces of the hands – including backs of hands, between fingers and under nails – for at least 20 seconds.Step 4: Rinse hands thoroughly with running water. Step 5: Dry hands with a clean, dry cloth, single-use towel or hand drier as available.  |
| HAAD | *Health Authority of Abu Dhabi*  |
| isolation | Physically or socially separating oneself from others due to either being exposed or infected currenty by the COVID-19 virus.  |
| KHDA | Knowledge and Human Development Authority |
| MOH | *Ministry of Health*  |
| MOHRE | *Ministry of Human Resources and Emiratization* |
| MOE | *Ministry of Education* |
| nursery staff | All staff who work in the nursery setting, including cleaning and administrative staff. |
| Policy | A set of ideas or plans that is used as a basis for making decisions.  |
| PPE | *Personal Protective Equipment*, such as face masks, aprons and gloves. |
| nursery principal | *The nursery principal may also me referred to as the nursery manager. She is responsible for running the day to day operations of the nursery.* |
| procedure | A set or series of actions completed in a certain order or manner. |
| quarantine | Being kept separate from other people for a set period usually because they have or may have COVID-19; the current recommendation for quarantine is 14 days.  |
| Reopening Plan  | The plans and documents necessary for a nursery to complete before reopening and the processes nurseries are required to implement prior to reopening following COVID-19 suspension. |
| respiratory hygiene/hygiene etiquette  | These are infection prevention measures designed to limit the transmission of respiratory pathogens spread by a droplet or airborne routes. |
| sanitizing | Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection. |
| SEC | Sharjah Education Council |
| Self-Assessment  | A checklist of steps that will be required to be completed by nurseries prior to re-opening to ensure the risk of transmission of COVID-19 is minimized. This Self-Assessment is an appendix, saved as a separate file that is referenced in the Reopening Plan. It is one of the documents that must be submitted when applying for approval to reopen due to the COVID-19 suspension. |
| social/ physical distancingMAKE RELEVANT adjustments across all documentation  | Social distancing, also called ‘physical distancing’, means keeping space between yourself and other people outside of your home.In a nursery context physical distancing with and among children can be observed by maintaining small clusters of children; schedule limitations that prevent access to many areas of the nursery; ensure appropriate floor space in classrooms and limit interactions with multiple staff and other classes.  |
| SPEA | Sharjah Private Education Authority |
| suspension period | A period of time when nurseries are closed due to the COVID-19 pandemic. |
| teaching staff | Staff that have regular contact with children in the classroom setting including a nursery supervisor and nursery supervisor assistant. |
| WHO | *World Health Organization* |

# **Useful Links and Contacts**

Department of Health

<https://doh.gov.ae/>

8001717

United Arab Emirates Ministry of Health

<https://www.mohap.gov.ae/en/Pages/default.aspx>

80011111

World Health Organization

<https://www.who.int/>

The Health Authority-Abu Dhabi/e-Sick Leave Attestation System

<https://www.haad.ae/haad_old/tabid/58/ctl/Details/Mid/417/ItemID/264/Default.aspx>

UNICEF – key messages and actions for COVID-19 prevention and control in schools

<https://www.unicef.org/reports/key-messages-and-actions-coronavirus-disease-covid-19-prevention-and-control-schools>

Abu Dhabi Public Health Center/ Dubai Health Authority/ Department of Health/ UAE Ministry of Health and Prevention: Instructions for using hand and surface disinfectants

<https://liwaschool.ae/wp-content/uploads/2020/03/Instruction-for-using-hand-and-surface-disinfectants.pdf>

Centers for Disease Control: Guidance for Child Care Programs that Remain Open

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#HandHygiene