SCHOOL CLINIC POLICIES & PROCEDURES

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1.1 INTRODUCTION

The health and safety of students at Bright Riders School is of paramount importance. The School Clinic is well staffed with a part time registered nurse licensed with Dubai Health Authority(DHA).

The Clinic team provides first aid to sick and injured students during School hours and during after School activities on the School Campus. The Clinic administers medicines and refers students for follow up with medical practitioners or to emergency services if needed. The clinic is well equipped and with an automated electric defibrillator, a nebulizer and oxygen apparatus, which all help to provide appropriate medical first aid response. The school participates in health campaigns with the school doctor giving regular health talks to students to promote healthy life style. If the children are unwell at school, they will be cared for at the clinic until collected by a parent or a guardian.

1.2 PURPOSE

- To make the parents aware of how to notify the school, if children have been unwell and will not be attending on that day.
- To make the staff aware of the procedure if they suspect a child who is unwell or has an infectious disease.
- To give guidelines to communicable diseases and illness within the school and actions to be taken.

1.3 SCOPE

- Providing direct care to students.
- Providing care for injuries and acute illness for all students and long-term management of students with special health care needs. Responsibilities include assessment and treatment within the scope of professional nursing practice, communication with parents, referral to physicians, and provision or supervision of prescribed nursing care.
- An individualized health care plan is developed for students, and when appropriate, an emergency plan is developed to manage potential emergent events in the school setting
- Responsible for management, planning and communicating provision of school health services for children with special health needs, including children with chronic illnesses and disabilities of various degrees of severity.
- Ensuring that the student's individualized health care plan is part of the individualized education plan (IEP), when appropriate, and that both plans are developed and implemented with full team participation, which includes the student, family, and pediatrician.

2.1 STUDENT HEALTH EXAMINATION AND SCREENING POLICY

2.1.1 In accordance with the guidelines of Dubai School Health Authority, the school is required to perform non-invasive medical examinations to the following:

a.) All new students

b.) Grade1

c.) Grade 5

d.) Leaving students

2.1.2 Annual Growth Screening and BMI is required to be taken annually to all the students.

2.1.3 The school notifies the parents prior to the medical examination.

2.1.4 Parents who prefer to avail the medical examination from their family doctor are requested to provide a medical examination report which will be attached to the student's medical file.

2.1.5 The welfare and safety of the children are the utmost priority and they are supervised by the school nurse at all times during medical examination.

2.1.6 The results of the examinations are documented in the School Health Record

2.1.7 Any findings requiring additional follow up or referrals will be reported to the parents using the referral form or via email.

3.1 HEALTH RECORD & MANAGEMENT POLICY

3.1.1 A Legible, Complete, Comprehensive and accurate student medical record is maintained for each student

3.1.2 Medical record includes recent history, physical examination, any pertinent progress notes, and laboratory reports, imaging reports as well as communication with parents or guardian.

3.1.3 Records should highlight allergies and untoward drug reactions

3.1.4 The clinic maintains an Immunization record of all students and prescribes and administers immunization in case applicable as per the DHA guideline under the supervision of school clinic physician

3.1.5 Specific policies are established to address retention of active records, retirement of inactive records, timely entry of data in records, and release of information contained in records.

3.1.6 Records are organized in a consistent manner that facilitates continuity of care.

3.1.7 Discussions with parents/guardian concerning the necessity, appropriateness of treatment, as well as discussion of treatment alternatives, will be incorporated into a student's medical record as well as documentation of executed informed consent.

3.1.8 The school health doctor or when designated, the nurse is responsible for the complete, cumulative school health record for each student.

3.1.9 The record shall be stored in a filing cabinet with locks and conveniently accessible.

3.1.10 whenever a student transfers to another school at any Grade, a copy of the complete cumulative school health record shall be transferred at the same time to the health personnel of the school to which the student is transferring or handed to the parent, as appropriate.

3.1.11 The health record shall be maintained by the school for a minimum of five (5) years after the student turns eighteen (18) years of age or five (5) years after the student leaves the school.

3.1.12 Health records include information regarding but not limited to:

a.) Health history, including chronic conditions and treatment plan.

b.) Screening results and necessary follow-up.

c.) Immunization status and certification

d.) Health examination reports.

3.1.13 Documentation of traumatic injuries and episodes of sudden illness referred for emergency health care.

3.1.14 For a student with documented anaphylaxis, the parental authorization of a student's treatment for allergies and the physician's order to administer an epinephrine auto-injector shall be entered into the student's health record.

3.1.15 Documentation of any nursing assessments completed.

3.1.16 Documentation of any consultations with school personnel, students, parents, or health care providers related to a student's health problem(s), recommendations made, and any known results.

3.1.17 Documentation of health care provider's orders, if any, and parental permission to administer medication or medical treatment to be given in school by the school nurse

3.1.18 Appropriate steps shall be taken for the protection of all student health records, including the provisions for the following:

a.) Secure records at all times, including confidentiality safeguards for electronic records.

b.) Establish, document and enforce protocols and procedure consistent with the confidentiality requirements described herein as in Section

c.) Train school personnel who handle student school health records in confidentiality requirements

d.) This record shall be sent in a manner consistent with upholding confidentiality.

4.1 FIRST AID & MEDICAL& MINOR EMERGENCY POLICY

4.1.1 The School clinic shall be equipped with the appropriate medical equipment, supplies, and pharmacological agents which are required in order to provide first aid and medical management and other emergency services.

4.1.2 Minor injuries and minor emergencies are treated in the clinic itself with required medical facilities.

4.1.3 Parents shall be informed on their child physical condition if it considered necessary

4.1.4 If contact is not possible, the school doctor will administer appropriate emergency treatment

4.1.5 All health issues and treatment provided shall be documented in the log book maintained in the clinic.

4.1.6 FIRST AID Log shall include:

6.1 Name of the Student

6.2 The class they are assigned to.

6.3 Date & Time

6.4 The circumstances of the incident

6.5 Description of any injury sustained

6.6 The treatment administered

4.1.7 In case of serious emergencies if school is unable to contact parent/guardian, child will be transferred to nearby hospital.

5.1 PARENT NOTIFICATION POLICY

5.1.1 Parents will be informed verbally by phone

5.1.2 Clinic staff may contact parents if they need to obtain some information about the child or inform child's parents about administering medication

5.1.3 Parents will be informed immediately if their child is unwell and needs to be collected from the school at the earliest. We will not put a child who is ill or distressed on a school bus. The parents must collect their child as a matter of priority.

5.1.4 The school clinic is not designed to provide the comfort and quiet that is needed during an illness.

5.1.5 Clinic staff can be contacted by telephone in case of emergency or email can be sent to the school doctor.

5.1.6 Notification to parents shall be documented in student medical record which helps in improving follow up process and referral plan for student can be made if required.

6.1 IMMUNIZATION POLICY

6.1.1 School clinic shall observe and abide by the immunization guidelines developed by DHA

6.1.2 Parents shall submit updated vaccination documents to the clinic for record purposes prior to the start of School

6.1.3 Immunization will be conducted in the presence of school health doctor

6.1.14 Students shall be screened for contra-indications and precautions for each scheduled vaccine.

6.1.5 Immunization program information will be sent to parents in advance.

6.1.6 Parents who wishes to avail the vaccination shall complete the consent form and return it along the with the original vaccination card

6.1.7 Vaccines are only to be given if,

6.1.8 Consent form is fully completed, signed by parent and dated

6.1.9 Student does not have any allergies or contraindications to the vaccine

6.1.10 Adverse reaction forms should be available in the instance of a reaction.

6.1.11 Students are to be monitored in the clinic for up to 15 minutes after administration of the vaccine to monitor for any adverse reactions

6.1.12 School clinic shall provide immunization to students under Dubai Health Authority, where nurses from DHA will administer necessary vaccination as per the regulatory guidelines.

7.1 MEDICATION POLICY

7.1.1 School clinic shall maintain its own supply of medication.

7.1.2 All school medications and those brought to school by students will be kept in the school clinic in a locked cupboard or locked refrigerator

7.1.3 The cupboard will be locked at all times and the keys will be kept out of students' reach.

7.1.4 The refrigerator temperature will be kept between 2 and 8. Degrees Celsius, medication requiring this temperature will be stored there e.g. insulin

7.1.5 The parent / guardian must complete a Medication Authorization Form prior to administration of any medication within the school, and must be accompanied by doctor's prescription

7.1.6 A new request form must be completed for any change in the original request.

7.1.7 Requests forms will be maintained by the school nurse and kept in the student's medical file.

7.1.8 All open medications will contain a label stating the date of opening.

7.19 Any Pro Re Nata (as needed) medication must include written clarification of dose and frequency e.g. Panadol

7.1.10 The 10 R's of drug administration will be used at all times when administering medications i.e, right person, right medication, right time, right dose, right route, right documentation, right reason, right to refuse, right client education and right assessment

7.1.11 Prescribed and non – prescribed medications required by students should be administered at home wherever possible. Parents are encouraged to set medication times to outside of school hours

7.1.12 Medication will not be administered in a dose that exceeds the recommended maximum dosage

7.1.13 Non traditional forms of medications Eg. Herbal or home remedies will not be administered in the school.

7.1.14 All school supplied medication will be signed for by the School Doctor, this includes oxygen and all other medications

7.1.15 Before administering any of the medication to primary school student, parents will be notified and verbal consent will be obtained. However, in case of emergency and if parents are not contactable it will be at the discretion of school clinic doctor to medicate the child (Eg. High grade fever, Allergic reaction, Injuries)

7.1.16 Students are not allowed to carry any medication with them except inhaler for asthmatic child

7.1.17 If a child needs to take any medication during school hours, doctor's prescription must be obtained.

7.1.18 Medication shall be handed over to the school nurse by the parent/Guardian and it can be collected after the school hours or at the end of prescribed course.

7.1.19 Where a child travels to school by the school transport, medications can be handed over to the Transport Assistant with a copy of the prescription and signed note from the parent/guardian

7.1.20 Medication that needs to be refrigerated at all times must be transported with an ice pack rather than the ice-cubes

7.1.21 Medications must be sent in their original packaging and should be clearly labeled with the student's name, required dose, timing and route of administration

7.1.22 If a medication has been administered in the morning, a note should be sent to the clinic

7.1.23 Medications that are dosed twice daily should be administered by parents at home in the morning and then after the school hours

7.1.24 All medications will be returned once the course of the prescribed treatment is completed.

7.1.25 For those students who need to receive regular doses of a prescribed medication (i.e. Insulin, Asthma inhalers, Nebulizers, Eye drops), a consent form needs to be completed which specifies name of the prescribed medication, required doses and timings

7.1.26 The consent form must be updated accordingly in case of any changes.

7.1.27 For children with illnesses such as anaphylaxis, asthma, epilepsy or Type 1 diabetes, the emergency medications (such as Epi-pen, Glucagon, Nebulizer solutions, Asthma Inhalers) must be stored in the school clinic

7.1.28 Children with fever (temperature above 37.7 C) should be rested at home.

7.1.29 Children may return to school if they are afebrile for 24 hours without using fever-reducing medications such as Calpol, Adol, Advil, Ibuprofen, etc.

7.1.30 If a child develops a fever during the school day, parents will be notified to collect their child as soon as possible.

7.1.29 Child with temperature will not be sent home on a school bus.

7.1.30 In case of extremely elevated temperature or if the child has a history of febrile convulsions, the clinic staff will immediately medicate the child and begin sponging or bathing him/her to reduce the intensity of the fever. Parents will be told to come into school immediately.

7.1.31For contagious illness the DHA has clearly documented guidelines for those conditions which require exclusion from the school. Exclusion from school list is attached with policy.

7.1.32 If a student develops vomiting and/or diarrhea, he/she should be seen by a doctor and rest at home for the duration of illness or if necessary admitted to the hospital.

7.1.33 The time period for each condition varies, so we request that a child receives proper care at home as long as it is needed, upon returning to school, a certificate from the attending physician or pediatrician must be provided.

7.1.34 Off-campus injuries and recurrent complaints Injuries incurred after or before school hours and those incurred off the school campus will not be attended to at the school clinic. Parents will be notified and the recommended action advised

7.1.35 Students often present themselves with the same complaints for several days. We aim to provide the optimal care, however it is to be noted that we are not a referral center or a walk-in clinic. Children should be taken to their treating physician.

7.1.36 Children with special medications that require medicines to be kept in the clinic are asked to obtain an Individual Health Care Plan and a prescription from their doctor. This will be attached to their file for continuity of care and safety.

8.1 DIABETIC MANAGEMENT & ADMINISTRATION

8.1.1 Dubai Health Authority requires schools to take specific actions to ensure that students with diabetes are able to manage their disease while at school and to ensure the health and safety of the student and the school community.

8.1.2 Diabetes requires management 24 hours a day. Students with diabetes must balance food, medications, and physical activity while at school.

8.1.3 School nurses coordinate care and educate school staff to provide a safe, therapeutic environment.

8.1.4 All school staff members should have to know whom to contact for help.

8.1.5 The nurse requests for an Individualized Health Care Plan and Emergency Health Care plan from parents duly completed by the child's attending physician.

8.1.6 The Individualized Health Care Plan must include:

8.1.7 Symptoms of hypoglycemia for that student and recommended treatment

8.1.8 Symptoms of hyperglycemia for that student and recommended treatment

8.1.9 Frequency of glucose testing

8.1.10 Insulin and glucagon orders

8.1.11 Annual written authorization for the provision of care.

8.1.12 Authorization for release and sharing of certain medical information serves as conduit for sharing of medical information and communications with parents.

8.1.13 Develop and update the students Individualized Health Care Plan

8.1.14 School nurse has primary responsibility for emergency administration of glucagon. It will be administered only with parent's permission if the student passes out, loses consciousness and does not regain it or has a seizure. The student is to then be transferred to the nearest emergency center for further assessment.

8.1.15 Students with diabetes may need:

8.1.16 Unlimited access to water such as use of water bottle in the classroom.

8.1.17 Unrestricted access to bathrooms

8.1.18 Access to food given by parents on a regular schedule

8.1.19 Notify parents well in advance of field trips and school activities

9.1 HEAD LICE POLICY

9.1.1 Whilst parents have the primary responsibility for the detection and treatment of head lice we work in a cooperative and collaborative manner to assist to manage head lice effectively.

9.1.2 No routine lice checks are needed. There is no requirement for the schools to undertake routine "head lice inspection" programs. However, if a case of suspected head lice is reported to the school nurse a head inspection is carried out, by the school nurse.

9.1.3 If the teacher suspect, the nurse should check and the doctor if available should confirm

9.1.4 Head lice and nits can be visible with the naked eye, It's recommended to use the conditioner/fine toothed combing detection method, although use of a magnifying lens may be necessary to find crawling lice or to identify a developing nymph inside a viable nit. Nits are often confused with other particles found in hair such as dandruff, hair spray droplets, and dirt particles.

9.1.5 Exclude children with live lice from school.

9.1.6 Students who are infested will not be sent home immediately from school

9.1.7 However students shall be sent home at the end of the day with a note if a school nurse discovers lice

9.1.8 Students found to have nits are allowed to come to school

9.1.9 Students are allowed back in school with nits provided they've been treated with a medicated shampoo to remove lice. Repeat treatment one week after the first shampoo to ensure that any bugs that hatch from the eggs — which treatments don't destroy — will be eradicated

9.1.10 Children with adult lice should receive treatment before they return to school

9.1.11 If a parent opts out of allowing the nurse to examine their child, they must however collect the child as requested and have the child examined by another medical practitioner.

9.1.12 The child can return to school once a medical note is provided from a doctor stating that the child is now clear of live head lice.

9.1.13 To support parents/guardian to achieve a consistent, collaborative approach to head lice management, the school will undertake to: Distribute up to date and accurate information on the detection, treatment and control of head lice to parents and staffs as requested. Include information and updates in school newsletter

10.1 INFECTION CONTROL & PREVENTION

10.1.1 PURPOSE

To provide set of infection prevention measures to control the spread of communicable diseases with in the school and in the community.

To educate all members in the school on different way of avoiding infection and communicable diseases including hand hygiene, general hygiene, immunization and maintaining clean environment

10.1.2 SCOPE

To minimize as far as possible risks of harm to Bright Riders School, Dubai Students, Staff, Non Teaching Staff and visitors, this may arise through passing infections between each other. Infections and infection transmission is prevented and managed as far as possible through the application of standard precaution practices.

10.1.3 RESPONSIBILITY

Students, Staff, Non-teaching Staff are most likely sources of infectious agents and are also the most common susceptible hosts. Other people visiting the school premises may be at risk of both infection and transmission.

10.1.4 HAND HYGIENE

It is one of the most recommended ways to reduce spread of infection within the school. Liquid soap solution to be placed near to all washing area to improve hand washing in students. Alcohol based hand rub to be placed in school premises to help students to have easy access to it and reduce the transmission of infection through hands. School clinic should have hand washing facility and hand rub facility. Posters shall be placed in clinical area where ever hand hygiene facilities are placed.

10.1.5 COUGHING AND SNEEZING

It easily spreads infection. Children and adults should be encouraged to cover their mouth and nose with a tissue and dispose off the tissue appropriately in a bin

10.1.6 VOMITING AND DIARRHOEA

In the case of vomiting and diarrhea, the child should not return to school for 24 hours after the last episode of vomiting or diarrhea

10.1.7 FEVER AND OTHER SYMPTOMS

Children should not attend school if they have a fever, a skin rash, vomiting, diarrhea, a heavy nasal discharge, a sore and inflamed throat, a persistent cough that has not been investigated, and red watery or painful eyes. If a student is absent from school due to fever, he/she must be fever free for 24hours after the last dose of antipyretic (fever reducing medication) has been used.

10.1.8 WOUNDS

If a child has an infected or oozing wound, it must be covered by a well-sealed dressing

10.1.9 HEAD LICE

Head lice are a common contagious infestation in children, particularly those of primary school age. However, the presence of a head lice infestation is not a public health threat. The primary responsibility for the detection and the treatment of head lice lies with the parents of the students. If it is suspected that a child has head lice, they will be sent to the school nurse for examination. In the event that live head louse are found, a letter will be sent to parents advising this. Parents will be asked to take their child from school for appropriate treatment. If only nit's (eggs) are found a letter will be sent home. - The child can return to school once the treatment has been completed. The child should be seen by a member of the medical team prior to returning to class. A parent's information guideline will be made available for parents to explain about head lice.

10.1.10 CHICKEN POX

Children within the school premises suspected to have Chickenpox must be brought to the School Clinic to be examined by the Nurse and make necessary recommendations. Children with symptoms should be excluded from school until all lesions have scabbed over for a minimum period of 15 days. The parents will be asked to take the child home or as advised by the School Nurse. Class Teacher will be notified for the same.

10.1.11 MUMPS

In the case of mumps (parotitis), for all exposures consider the entire group that could have been exposed and that could be the whole school, whole work setting, etc. It is an opportunity to

vaccinate susceptible rather than individual persons. All children should have documented evidence of receipt of two doses of MMR vaccine with few students on medical or religious exemptions. When mumps is suspected, the child should be brought to the school clinic to be assessed by the school nurse and make necessary recommendations. Exclusion of infected students must be observed to control mumps outbreaks. Susceptible students should also be considered to be excluded when there is an outbreak.

10.1.12 CONJUNCTIVITIS

Conjunctivitis can occur due to viruses, bacteria, fungi, chemicals, use of contact lens, allergens and other substances. When conjunctivitis or Pink Eye is suspected, Parents should be contacted, informed of symptoms and advised to see the doctor for confirmations of diagnosis if they haven't already done so. Young children are not necessarily able to adhere to strict hygiene measures and therefore could spread the infection to other children within the school. - The child can return to school 24 hours after the infection has cleared up or once they have had 24 hours of treatment for the conjunctivitis from their doctor.

10.1.13 CLEANING AND DISINFECTION

Maintain a clean environment and it is essential for good infection control practice. Daily cleaning of all surfaces in the clinic with approved disinfectant. All equipment used in clinic shall be cleaned with quaternary ammonium compound and functionality and cleaning checklist shall be maintained in the unit.

11.1 FOOD ALLERGY MANAGEMENT

11.1.1 In case a student is diagnosed with any severe allergies- parents are asked to submit an Epipen auto injector to store at the clinic and also other necessary anti allergic medications

11.1.2 Allergic form shall be prepared for students if they have known allergy to any food. This form includes:

a.) Complete list of food which the child is allergic to.

b.) The possible symptoms of your child's allergic reaction

c.) The treatment to be administered to your child and under what circumstances

d.) Contact information of parent/Guardian, child's allergist and emergency contact number

e.) Allergic test results.

11.1.3 Students with allergies must only eat the food they bring from home

11.1.4 Students are reminded not to share cups and straws.

11.1.5 Desk and other eating surfaces are kept clean after food.

11.1.7 Avoid carrying nuts or product which is made of nuts to school.

11.1.8 Restrict the amount of deep fried food and processed food

11.1.9 During planned school trip, the clinic ensures that escorting teacher carries the Epipen auto injector and is trained to use it when necessary

12.1 INFECTION CONTROL POLICY

12.1.1 Maintaining clean and safe environment at School Premises

12.1.2. Air Systems Cleaning & Sanitation

a.) Maintenance of Ducts, Air handlers, coils, filters, fans and ventilators

b.) Performing exhaustive HVAC inspections with state-of-the-art technology and equipment to identify dirt buildup, blockages and presence of mold or other contaminants

c.) Restore, seal and replace insulation of affected ventilation system parts

12.1.3 Eliminating Biohazard threats

12.1.4 Cleaning, Drying and decontaminating after a Sewage leak or spill

12.1.5 Eliminating Mold Infestations and preventing future Growth

a.) Restoration of Moisture problems from façade, plumbing or roof leaks or humidity levels

12.1.6 Soft Material Cleaning and Decontamination

a.) Deep clean, Deodorize and sanitize sports gear and other soft materials

13.1 EXCLUSION FROM SCHOOL LIST

Disease /Condition	Incubation Period (Approximately	Exclusion of Cases	Exclusion of Contacts
Chicken pox	From two to three weeks, usually 13-17days	Exclude from school until vesicles become dry, or 10 days from Appearance of rash.	Not excluded
Conjunctivitis	24 hours to 48hours	Until discharge from eyes has ceased	Not excluded

Diphtheria	Two to five days	Until cultures are negative, until receipt of a medical certificate of recovery from Infection.	Domiciliary contacts excluded until investigated by medial officer and shown to be clear of infection
Giardiasis (diarrhea)	One to three weeks or longer; or average seven to ten days	Until diarrhea ceases	Not excluded
Hepatitis A	Fifteen to fifty days; the average twenty-eight to thirty days	Exclude from school or work for one week after the onset of illness or Jaundice. Until receipt of a medical certificate of recovery from infection or on subsidence of symptoms	Not excluded
Hepatitis B	Sixty to ninety days; the range is forty-five to one hundred eighty days	Until recovered from acute attack	Not excluded
Impetigo (School sores)	Varies	Until sores have fully Healed. The child may be allowed to return earlier provided that appropriate treatment has commenced, and that sores on exposed surfaces (such as scalp, face, hands or legs) are properly covered with occlusive Dressings.	Not excluded

Measles (Rubella)	Approximately ten days, but varies from seven to ten days and may be as long as fourteen days until the rash appears	Until at least five days from the appearance of rash, or until receipt of medical certificate of Recovery from infection.	Non-immunized contacts must be excluded for thirteen days from the first day of appearance of rash in the last case unless immunized within 72 Hours of contact.
Meningococcal Infection	Commonly three to four days, but can vary from two to ten days	Until receipt of a medical certificate of recovery from infection	Household contacts must be excluded from school or child care until they have received appropriate chemotherapy for at least 48 hours
Meningitis (Viral, Aseptic)	Varies with specific agent		
Mumps	Twelve to twenty-five Days, commonly eighteen days	Exclusion from school, child care or workplace until nine days after the onset of swelling. Until fully recovered	Not excluded
Pediculosis (Head lice)		Until appropriate Treatment has Commenced.	Not excluded
Pertussis (Whooping cough)	It is commonly seven to ten days; rarely more than fourteen days	Until two weeks after the onset of illness and until receipt of a medical certificate of recovery from infection	Household contacts must be excluded from attending a children's services center for twenty-one days after last exposure to infection if the contacts have not previously had whooping cough or immunization against Whooping cough.

Poliomyelitis / Acute Flaccid Paralysis (AFP)	Seven to fourteen days; the range is three to thirty five days for paralytic cases	Exclude from schools and children's settings until at least fourteen days after onset of illness and until receipt of a medical certificate of recovery from infection	Not excluded
Rubella (German Measles)	Sixteen to eighteen days	Exclude from school for at least five days after onset of the rash	Not excluded
Scabies	Two to six weeks before itching occurs in a person not previously Infected If a person is re-exposed it is one to four Days.	Until appropriate treatment has commenced	Not excluded
Shigellosis (Diarrhea)	From twelve hours to four days (usually one to three days)	Until diarrhea ceases	Not excluded
Streptococcal infection including Scarlet Fever	One to three days	Exclude from schools and children's settings until a medical certificate of recovery from infection has been obtained	Not excluded
Trachoma	Varies	Until appropriate treatment has Commenced.	Not excluded
Tuberculosis	From infection to the primary lesion or significant tuberculin reaction; about four to twelve Weeks.	Until receipt of a medical certificate from a health officer of the Department that child is not considered to be infectious	Not excluded

Typhoid Fevers	One to three weeks (depending on the infective dose from three days to three months)	Until receipt of a medical certificate of recovery from infection	Not excluded unless the medical officer of a health of the Department considers exclusion to be necessary.