

Policy

Policy	First Aid
Service Pillar	Operations Operational Risk
Policy Number	SG-OP-OR-016
Effective Date	28 th August 2019
Assessment Cycle	Annual or as required
Modified	01 July 2026 v5.0

الدار للتعليم
ALDAR EDUCATION



Implementation and Exemptions

All schools are required to observe and implement this service guidelines as a minimum expected service level.

Exemptions will only be granted for legal (contravention of local and / or federal legislation), technological, cultural, or physical reasons. Sufficient supporting documentation is required in order to obtain an exemption.

Objective and/or Scope

The purpose of the policy is to ensure that a suitable first aid framework is provided, in order to allow all schools to comply with local first aid legislation.

The scope of this policy covers the first aid provisions and personnel within all Aldar schools. The scope covers all students, employees and any other persons who may require first aid care, whilst present on an Aldar Education facility.

Guidelines

1. General Requirements

- 1.1 Aldar schools shall ensure all employees and other persons have appropriate medical insurance that will provide coverage for medical care provided in the Emirate of Abu Dhabi.
- 1.2 In the event of a medical emergency or work-related injury/illness, OSM shall transfer the employee to the nearest medical facility that can provide appropriate care for the employee.
- 1.3 OSM shall ensure workplaces have a detailed medical emergency plan that includes contact information for medical care facilities and ambulance services that can provide emergency medical care.
- 1.4 OSM shall ensure documented health risk assessments are undertaken, on a regular basis, to determine the level of first aid and medical care required at the company.
- 1.5 OSM shall ensure the provision of the minimum first aid and medical care facilities at each place of work that are appropriate for the risks and hazards associated with the company.
- 1.6 Aldar schools shall ensure that licensed/professional medical staff shall operate medical treatment centers and provide medical services to employees in a manner that provides the best patient care reasonably practicable.
- 1.7 OSM shall ensure that any designated first aid or medical treatment center be of appropriate size to meet the needs of the company as per the risk assessment.
- 1.8 OSM shall ensure the availability of first aid resources appropriate for first aid support to manage injuries and/or illnesses that are reasonably practicable to occur in the particular workplace environment.
- 1.9 OSM shall ensure that first aid resources are based on the assessed risks identified from the risk assessment, that at a minimum satisfy the items specified in Appendix 1.
- 1.10 OSM shall ensure the Names and contact information for first aiders and medical providers shall be posted throughout the school.

2. First Aid/Medical Treatment Requirements

2.1 Staffing

- The number of first aiders and medical staff to the number of employees / workers/other persons shall be in line with the identified risks and hazards of the workplace environment, the needs of the organization and the employees/persons, and the requirements of other relevant regulatory bodies, but shall conform to the following minimum requirements:
 - at least one first aider per company per shift with less than 50 employees
 - at least one first aider per 50 employees per company per shift with more than 50 employees
- First aiders and medical staff working hours should not exceed 12 hours in any 24-hour period and must not exceed the maximum prescribed working hours for adult employees of eight hours per day or forty-eight hours per week, as stipulated by UAE Labour Law.

2.2 Appointing Adequate First Aid Personnel

- Each school is responsible for appointing the correct number of doctors and nurses based upon the requirements defined by the DOH / DHA (defined below in table 1)

Table 1:

NUMBER OF STUDENTS	NUMBER OF NURSES/DOCTORS
LESS THAN 750 AT LEAST 1 FULL TIME NURSE	LESS THAN 750 AT LEAST 1 FULL TIME NURSE
750 - 1500 TWO FULL TIME NURSES	750 - 1500 TWO FULL TIME NURSES
1500+ FOR EVERY 750 STUDENTS ONE ADDITIONAL SCHOOL NURSE IS	1500+ FOR EVERY 750 STUDENTS ONE ADDITIONAL SCHOOL NURSE IS

- Any part time doctors are required to be available at least twice per week, for a minimum period of 2 hours per visit.
- At least one professional with training in advanced resuscitative techniques and paediatric advanced life support should be immediately available until all school students leave the school.
- The required first aider ratio is 10% of total full time staff.

3. Treatment of Patients

3.1 Emergency Services

- initial first aid treatment shall be available anywhere in the school within a three-minute response time;
- up-to-date telephone numbers of first aiders and nearest emergency organizations (eg. medical clinics, hospitals) shall be clearly displayed on notice boards and communication points including the contact information for the DOH Poison and Drug Information Center (PDIC), which is to be called only in case of poison exposures .

3.2 General Treatment of Injured Persons

- minor injuries, injured persons shall be evaluated and treated according to their injuries;
- non-life-threatening injuries that require a higher level of medical treatment, the injured person can be transported to the nearest medical treatment center or hospital;
- major injuries and injuries that are life threatening, ambulatory services shall be called upon to transport the patient to the nearest hospital for treatment;
- Employees complaining of chest pain shall always be treated as a life-threatening condition and ambulatory services called immediately. As far as reasonably practicable, an employee complaining of chest pain shall not be transported to a medical treatment centre or hospital in a personal or school vehicle, unless the vehicle has been registered with DOH as an ambulance and is staffed with a minimum of one EMT-P and a driver.

4. First aid training

- 4.1 In addition to the appointed nurses and doctors within each school, a selected number of additional first aiders will be identified. Each school is responsible for identifying and appointing the first aiders. Only persons who are comfortable in potentially being required to administer first aid should be appointed as a first aider. Employees operating in roles such as physical education, swimming and other higher risk areas, should be trained and competent in emergency first aid care.
- 4.2 The OSM will liaise with the appointed ALDAR first aid training provider, in order to schedule the training. Upon successful completion of the course, a copy of the certificate will be provided. The employee should provide a copy of the certificate also to the OSM. The validity of the course is generally 2 years. The course will cover emergency first aid + AED and oxygen use.
- 4.3 Only ALDAR approved first aid training providers are to be used.
- 4.4 All school doctors and nurses must ensure that they hold the required certificates, in order to allow them to operate within this capacity. All local health requirements must be met.

5. Requirements of First Aid Training Programs

First aid training programs shall:

- be in line with the scope of the activities, services, functions and needs of the school, environment and associated potential hazards and risks.
- be based on the risk assessment.
- be familiar with the procedures for medical emergency response and calling for ambulatory services in Abu Dhabi.
- Comply with all requirements of relevant regulatory bodies and related regulations.
- First aid trainers / training provider shall be accredited by any internationally recognized accreditation or qualification bodies such as American Heart Association, European Resuscitation Council, Health and Safety Executive (HSE) or Office of Qualifications and Examinations Regulation (OFQUAL), Ireland Health and Safety Authority, Resuscitation Council of Southern Africa, Resuscitation Council of Asia, National Training Information System and New Zealand Qualifications Authority.

6. First aid clinics & equipment

- 6.1 All first aid clinics must comply with local requirements. The DOH regulation manual provides detailed guidance on the equipment, quantities and medications which are required in each school. Similar guidance can be found within the DOH standards, DHA standards.
- 6.2 First aid contents should be checked on a weekly basis, using the online reporting system. The nurse should ensure that the check is completed and that any missing items are replaced.
- 6.3 All first aid boxes should also be checked in the same manner.
- 6.4 Contents of the first aid kits shall be based on the health risk assessment, but at a minimum shall have the contents listed in Appendix 1. If more stringent regulations exist, those regulations shall take precedence.
- 6.5 OSM shall ensure that first aid kits / medical supplies are inspected by a competent person at least once per month to ensure the required contents are available, including replenishing necessary items and replacing expired items.
- 6.6 A first aid registry shall be provided with the first aid kit to be completed by the first aider and be provided to the OSH responsible person after administering any form of first aid.

7. Infection Control

- 7.1 First aid personnel and employees may be at risk of exposure to infectious diseases or biological hazards and they shall receive training on the various types of blood borne pathogens and methods to protect themselves from exposure.
- 7.2 Appropriate Personal protective equipment (PPE) shall be provided to protect first aid personnel and ill or injured persons from risks of exposure to infections.

- 7.3 Control measures shall be in place for the management of skin penetrating injuries (SPI) and other blood or body substance exposures.
- 7.4 Management of a SPI includes the following:
- encourage the wound to bleed by gently squeezing;
 - wash the area with cold running water and soap if available;
 - apply an antiseptic if available then cover the wound with an appropriate dressing.
- 7.5 Management of exposure to blood or body substances includes the following:
- Wash away the blood or body substance with soap and water. If water is not available, then use a 60-90% alcohol-based hand rinse or foam;
 - if the eyes are contaminated, rinse eyes while open with tap water or saline solution;
 - If blood gets into the mouth, spit it out and then repeatedly rinse with water.
- 7.6 If exposed to blood or body substances the person shall be referred for medical assessment immediately. The doctor can then assess the degree of exposure and arrange blood tests and immunization where appropriate. Access to professional counseling shall also be provided, if necessary.
- 7.7 Records of blood or body substance exposure shall be documented and kept at the workplace. Records of exposure and treatment shall be kept confidential.

8. Reporting incidents

- 8.1 An incident record must be completed for all persons visiting the clinic.
- 8.2 Certain types of incidents will need to be reported onto the incident management system. Examples include:
- 8.3 If a person is sent or advised to go for further medical treatment. If a parent is requested to collect a child due to sickness or illness.
- 8.4 An injury that is potentially caused as a result of a failure in a ALDAR EHS process, standard, equipment etc. Refer to ALDAR incident reporting policy for further details.
- 8.5 The doctor within each school will be provided with access to the incident management system, in order for them to report such incidents. The EHS department will receive notification of such incidents.
- 8.6 Immediate and further action may be required to prevent a reoccurrence. Control actions can be identified by the school operations or the EHS department. The incident management system can be used to monitor allocated actions.
- 8.7 Higher level incidents should be discussed during the monthly EHS committee meetings and communicated to all relevant stakeholders.

9. Incidents which occur within the school but outside of school hours

- 9.1 School doctors and nurses will remain on duty throughout the duration of school hours.
- 9.2 If an incident occurs when a nurse or doctor is not on duty, a member of the security team will be able to provide immediate first aid care. All security personnel should receive first aid training.
- 9.3 Third party after school sports providers should ensure that their staff are first aid trained.
- 9.4 Alternatively, emergency services may be requested in order to provide further medical care.
- 9.5 All incidents involving contractors or service providers within the school, should be reported using the Incident management system. It is the contractor's responsibility to report any incidents to the school OSM.

10. Injury to a student/staff/parent/contractor

- 10.1 If a child suffers an injury at school the initial responder should provide any immediate medical care to the child. If

possible, the injured child should be taken to the school clinic for further treatment.

- 10.2 An initial assessment of the injured student will be carried out by the school medical team. Based upon the assessment, the medical team will decide if any immediate further medical treatment is required by paramedics. If yes the emergency services and parents will be contacted.
- 10.3 An appointed person within the school must be identified who's roll it is to call the emergency services.
- 10.4 If no, the child will be dealt with by the school medical team and returned to class or advised to seek further medical treatment and the parents contacted.
- 10.5 The same process will be applied if in case injury/illness to a staff member, parent or contractor occurs.

11. Communication

- 11.1 All staff members and security will be briefed on the emergency and reporting procedures to follow.
- 11.2 A list of trained first aiders will be available within the school.
- 11.3 The findings of certain incidents will be communicated to all staff members, in order to prevent any reoccurrences.
- 11.4 Contractors will be briefed on emergency procedures and first aid protocols when entering the school for the first time.

12. School medical procedures

- 12.1 As per DOH requirements each school is required to have a number of mandatory health procedures
 - Health Examination and Screening Policy
 - Policy on Health records
 - Policy on Immunization
 - Policy on Notification of parents
 - Policy on Minor Injuries, First aid and Emergencies
 - Policy on Head Lice
 - Policy on Medications
 - Policy on Diabetes Care Management and Glucagon Administration
 - Policy on Food Allergy Management
- 12.2 The school doctor and his/her team are responsible for developing and maintaining the above mentioned procedures. Additional procedures may be developed, the above the minimal requirements.

13. Students/staff with pre-existing medical conditions & allergies (use of Epi pen)

- 13.1 Any pre-existing medical conditions and allergies must be highlighted by the parents/guardians. A record of such conditions and allergies must be documented within the student's medical record.
- 13.2 Any staff members with pre-existing medical conditions and allergies must highlight this, so that it can be documented within their staff records.
- 13.3 Some students may require an Epi pen for allergic reactions. The Epi pen should be held within the school medical centre, along with details of the allergy and emergency contact numbers. Older students may also keep an Epi pen with them.
- 13.4 Teachers should be aware of students who require an Epi pen and the correct procedures to follow in the event of anaphylactic shock.
- 13.5 Each school should have a specific Epi pen procedure.

14. First aid on school trips

- 14.1 The school must ensure that a trained first aider is present on all school trips which take place outside of the school.
- 14.2 The trained first aider must also ensure that a first aid kit is available for the trip. The school clinic can provide support for the content and availability of such kits.
- 14.3 All incidents on school trips must be reported via the Incident management reporting system.

References

- Abu Dhabi first aid code of practice / DOH / DHA standards
- UAE labour law
- Dubai technical guideline 17 – first aid
- Department of Health school requirements
- ADOSH SF - CoP – 4.0. First Aid and Medical Emergency Treatment – Version 4.0 July 2024

Responsibilities

- The school principal is responsible for ensuring adequate first aid personnel and equipment are available, in line with requirements defined by DOH or the specific Emirates governance requirements.
- The school nurse is responsible for monitoring all medical provisions, to ensure that the required amounts are readily available.
- The Operations Manager (OSM) at each school is responsible for monitoring the validity of trained first aiders within the school. The OSM is responsible for liaising with the selected training providers and arranging timely first aid training.
- All trained first aiders also have a responsibility to monitor their own training qualification and ensure that it remains current.
- The OSM is responsible for keeping an up to date copy of each first aider's qualification.
- The school nurse is responsible for ensuring a weekly first aid content check is completed. Any missing/expired items must be reported to the OSM, who can then order additional items.
- For new school openings, the OSM is responsible for ensuring all medical provisions are available prior to opening.
- The Group Head of Operational Risk and Safety is responsible for monitoring the policy.
- The Group Head of Operational Risk and Safety is responsible for reviewing the technical competence of any proposed first aid training providers
- All trained first aiders are responsible for providing first aid care as and when required.
- All first aiders are responsible for attending any first aid training which has been scheduled. This could be refresher training or new training.
- The Nurse or OSM are responsible for reporting any incidents onto the internal Aldar reporting system

APPENDIX 1

Item No.	Product Description	Item Quantity (by size of kit)			
		Small	Medium	Large	Travel
Required					
1	Pocket First Aid Guide	1	1	1	1
2	Contents list	1	1	1	1
3	Disposable gloves, latex free, powder-free, different sizes (small/medium/large), pairs	2/2/2	3/3/3	4/4/4/	1/1/1
4	Laerdal pocket mask or resuscitation face shield	1	1	2	1
5	Adhesive plasters, water resistant, low allergy, assorted sizes	40	60	100	10
6	Medium sterile dressing (12 x 12 cm)	4	6	8	1
7	Large sterile dressing (18 x 18 cm)	1	2	2	1
8	Eye pad sterile dressing	2	3	4	1
9	Finger sterile dressing	2	3	4	0
10	Burns sterile dressing (preferably water gel)	1	2	2	1
11	Triangular bandage	2	3	4	1
12	Conforming bandage	1	2	2	1
13	Alcohol free moist cleansing wipes	20	30	40	4
14	Safety pins, assorted sizes	6	12	24	2
15	Adhesive tape, preferably hypo-allergenic	1	1	1	1
16	Sterile eye wash	0	0	0	1
17	First Aid scissors – Tough cut type with skin protective leading edge	1	1	1	1
18	Roller bandages, 50 mm/100 mm wide	2/2	4/4	8/8	2/2
19	Skin disinfectant (spray)	1	1	1	1
20	Medical Waste disposal bag	1	2	4	1
Optional / Based on first aid needs assessment					
21	Splints for limbs fracture, small & large	1/1	2/2	3/3	1/1
22	Paper stitches (e.g. Steri-Strip™), packets	1	2	4	1
23	Pair of forceps or splinter tweezers	1	1	1	1
24	Hand sanitizer (min. 61% ethyl alcohol)	1	1	1	1
25	Emergency blanket (foil blanket)	1	2	3	1
26	Torch, preferably kinetic	1	1	1	1
27	Epinephrine auto-injector	1	1	1	1
28	Analgesic tablets	2	4	8	2
29	Rapid Nasal packing	1	2	3	1
30	Cold packs (mind. 10 x 12.5 cm)	1	2	3	1

Size of Kit	Small	Medium	Large	Travel
Lower risk, e.g. offices, shops, libraries	Less than 25 employees	25-100 employees	More than 100 employees	Per vehicle
Higher risk, e.g. food processing, assembly work, engineering, construction, manufacturing etc.	Less than 5 employees	5-25 employees	More than 25 employees	Per vehicle

Recommended CPR / AED Equipment list

CPR / AED Equipment		
Item No.	Product Description	Item Quantity
1	CPR mouth pieces	2
2	Adult AED with adult pads	1
3	Child AED with child pads (optional)	1
4	AED accessories (towel, razor, etc.)	1
5	Spare batteries for AED	1
6	1-way valve Adult mask	1
7	1-way valve Pediatric mask (optional)	1
8	Face shield	1