

## FIRST AID

|                        |  |
|------------------------|--|
| Policy Title:          | First Aid                              |
| Effective Date:        | 15 May 2018                            |
| Scheduled Review Date: | 15 December 2024                       |
| Version number:        | Version 2.1                            |
| Approved By:           | Head of Health, Safety and Environment |

### 1. Purpose

- 1.1. 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.

### 2. Scope

- 2.1. The scope of this policy covers the first aid provisions and personnel within all GEMS MENASA schools. The scope covers all students, employees and any other persons who may require first aid care, whilst present in a GEMS facility.

### 3. Responsibilities

- 3.1. The school principal is responsible for ensuring adequate first aid personnel and equipment are available, in line with requirements defined by the relevant Health Authority.
- 3.2. The School Doctor is responsible for monitoring all medical provisions, to ensure that the required amounts are readily available.
- 3.3. The Manager of School Operations (MSO) at each school is responsible for monitoring the validity of trained first aiders within the school. The MSO is responsible for liaising with the selected training providers and arranging timely first aid training.
- 3.4. All trained first aiders also have a responsibility to monitor their own training qualification and ensure that it remains current.

Company Confidential: This document is protected by international copyright laws. Any unauthorised use, distribution, transmission, alteration or reproduction of this document, or any part of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law.

- 3.5. The MSO is responsible for keeping an up to date copy of each first aider's qualification.
- 3.6. The school nurse is responsible for ensuring the monthly first aid content check is completed. Any missing/expired items must be reported to the MSO, who can then order additional items.
- 3.7. For new school openings, the MSO is responsible for ensuring all medical provisions are available prior to opening.
- 3.8. The Head of Health, Safety and Environment is responsible for monitoring the policy.
- 3.9. The Head of Health, Safety and Environment, in consultation with the GEMS Group Doctor, is responsible for reviewing the technical competence of any proposed first aid training providers.
- 3.10. All trained first aiders are responsible for providing first aid care as and when required.
- 3.11. All first aiders are responsible for attending any first aid training which has been scheduled. This could be refresher training or new training.
- 3.12. The Office Manager is responsible for ensuring that The School Support Centre first aid kits remain fully stocked.
- 3.13. The Doctor or MSO are responsible for reporting any incidents onto the HSE Guard incident reporting system.

## 4. References

- 4.1. Dubai Health Authority – manual for private schools in Dubai
- 4.2. Abu Dhabi first aid code of practice
- 4.3. UAE Labour Law – Article 93 & 95
- 4.4. Dubai Technical Guideline 17 – First Aid
- 4.5. Health Authority Abu Dhabi (HADD) school requirements  
(<http://schoolsforhealth.haad.ae/school-clinics.aspx?lang=en-US>)
- 4.6. OSHAD SF COP- 4 First aid and Medical Emergency Treatment, COP-5 Occupational Health Screening and Medical Surveillance

Company Confidential: This document is protected by international copyright laws. Any unauthorised use, distribution, transmission, alteration or reproduction of this document, or any part of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law.

## 5. Procedure

### Appointing adequate first aid personnel

- 5.1. Each school is responsible for appointing the correct number of doctors and nurses based upon the requirements defined by the relevant health authority (defined below in Table 1)

Table 1 - DHA:

| NUMBER OF STUDENTS | NUMBER OF NURSES/DOCTORS       |
|--------------------|--------------------------------|
| LESS THAN 750      | AT LEAST 1 FULL TIME NURSE     |
|                    | 1 NURSE FOR EVERY 750 STUDENTS |
| 1 - 500            | 1 PART TIME DOCTOR             |
| 500 - 3000         | 1 FULL TIME DOCTOR             |
| 3000 - 10000       | 1 FULL TIME DOCTORS            |
| 10000 +            | 3 FULL TIME DOCTORS            |

Table 2 – MOHAP

| NUMBER OF STUDENTS | NUMBER OF NURSES/DOCTORS  |
|--------------------|---|
| LESS THAN 1000     | 1 FULL TIME NURSE   |
| LESS THAN 1000     | AT LEAST 1 PART TIME DOCTOR                                       |
| 1000 - 2000        | 2 FULL TIME NURSES AND ONE FULL TIME DOCTOR                       |
| MORE THAN 2000     | 2 FULL TIME NURSE FOR EVERY 1000 STUDENTS AND 2 FULL TIME DOCTORS |

Table 3 – HAAD

| NUMBER OF NURSES                 |
|----------------------------------|
| ONE NURSE FOR EVERY 750 STUDENTS |

- 5.2. Any part time doctors are required to be available at least twice per week, for a minimum period of 2 hours per visit.
- 5.3. 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.
- 5.4. The required first aider ratio is 10% of total full-time staff.

### First aid training

Company Confidential: This document is protected by international copyright laws. Any unauthorised use, distribution, transmission, alteration or reproduction of this document, or any part of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law.

- 5.5. 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.
- 5.6. The MSO will liaise with the appointed GEMS first aid training provider, in order to schedule the training.
- 5.7. 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 MSO.
- 5.8. The validity of the course is generally 3 years. The course will cover emergency first aid and use of the AED.
- 5.9. Only GEMS approved first aid training providers are to be used.
- 5.10. 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.

#### First aid clinics & equipment

- 5.11. All first aid clinics must comply with local requirements. The Dubai Health Authority manual for private schools provides detailed guidance on the equipment, quantities and medications which are required in each school. Similar guidance can be found within the Health Authority Abu Dhabi (HAAD) standards.
- 5.12. First aid contents should be checked on a monthly basis, using HS FORM 8. The field kit first aid should be checked on a monthly basis and findings completed on HSE Guard. The nurse should ensure that the check is completed and that any missing items are replaced.
- 5.14. The completed HS FORM 8 must be held for future compliance checks.

#### Reporting incidents

- 5.15. An incident record must be completed for all persons visiting the clinic.
- 5.16. Certain types of incidents will need to be reported onto the HSE Guard Incident Management System. Examples include:
- a. If a person is sent or advised to go for further medical treatment.

Company Confidential: This document is protected by international copyright laws. Any unauthorised use, distribution, transmission, alteration or reproduction of this document, or any part of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law.

- b. If a parent is requested to collect a child due to sickness or illness.
  - c. An injury that is potentially caused as a result of a failure in a GEMS HSE process, standard, equipment etc.
- 5.17. The doctor within each school is provided with access to the HSE Guard system, in order for them to report such incidents. The MSO, Principal and HSE Department will receive notification of such incidents.
- 5.18. Immediate and further action may be required to prevent a reoccurrence. Control actions can be identified by the school operations or the HSE Department. The HSE Guard system can be used to monitor allocated actions.
- 5.19. Higher level incidents should be discussed during the monthly HSE committee meetings and communicated to all relevant stakeholders.

#### Incidents which occur within the school but outside of school hours

- 5.20. School doctors and nurses will remain on duty throughout the duration of school hours.
- 5.21. 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.
- 5.22. Third party after school sports providers should ensure that their staff are first aid trained.
- 5.23. Alternatively, emergency services may be requested in order to provide further medical care.
- 5.24. All incidents involving contractors or service providers within the school, should be reported using HSE Guard. It is the contractor's responsibility to report any incidents to the school MSO.

#### Injury to a student/staff/parent/contractor

- 5.25. If a child suffers an injury at school the initial responder should provide any immediate medical care to the child.
- 5.26. If possible, the injured child should be taken to the school clinic for further treatment.
- 5.27. An initial assessment of the injured student will be carried out by the school medical team.

Company Confidential: This document is protected by international copyright laws. Any unauthorised use, distribution, transmission, alteration or reproduction of this document, or any part of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law.

5.28. 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.

5.29. An appointed person within the school must be identified whose role it is to call the emergency services.

5.30. If an ambulance is not required, the child will be treated by the school medical team and either returned to class or advised to seek further medical treatment and the parents contacted.

5.31. The same process will be applied if in case injury/illness to a staff member, parent or contractor occurs.

Communication

5.32. All staff members and security will be briefed on the emergency and reporting procedures to follow.

5.33. A list of trained first aiders will be available within various areas of the school.

5.34. The findings of certain incidents will be communicated to all staff members, in order to prevent any reoccurrences.

5.35. Contractors will be briefed on emergency procedures and first aid protocols when entering the school for the first time.

School medical procedures

5.36. As per DHA requirements each school is required to have a number of mandatory health procedures (appendix 1 DHA school clinic regulation):

|    |  |
|----|--|
| 1  | Bullying prevention  |
| 2  | Business continuity  |
| 3  | Hazardous waste management as per Dubai Municipality (DM) requirements     |
| 4  | Medical waste storage and disposal   |
| 5  | Incident reporting   |
| 6  | Infection control measures   |
| 7  | Laundry services   |
| 8  | Managing HASANA system   |
| 9  | Managing student health records  |
| 10 | Medication management  |
| 11 | Monitoring and maintenance of medical, electrical and mechanical equipment |
| 12 | Patient notification   |

Company Confidential: This document is protected by international copyright laws. Any unauthorised use, distribution, transmission, alteration or reproduction of this document, or any part of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law.

|    |   |
|----|---|
| 13 | Readiness plan/Emergency response                             |
| 14 | Referral criteria   |
| 15 | Reprocessing of reusable equipment                            |
| 16 | Safe use of chemicals used for infection control              |
| 17 | Service description and scope of services                     |
| 18 | Staffing plan, staff management and clinical privileging      |
| 19 | Stay at home if unwell  |
| 20 | Student assessment criteria                                   |
| 21 | Student confidentiality and privacy                           |
| 22 | Student health education, communication and informed consent. |
| 23 | Vaccination   |

5.37. 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.

5.38. For schools outside of Dubai, the doctor should check on any additional local requirements pertaining to mandatory policy.

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

5.39. 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.

5.40. Any staff members with pre-existing medical conditions a or allergies must highlight this, so that it can be documented within their staff records which can be kept, confidentially, in the school clinic and within their HR record.

5.41. 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.

5.42. Teachers should be aware of students who require an Epi pen and the correct procedures to follow in the event of anaphylactic shock.

5.43. Each school should have a specific Epi pen procedure and every person who requires an Epi pen should have an Individual Health Plan (IHP)

Company Confidential: This document is protected by international copyright laws. Any unauthorised use, distribution, transmission, alteration or reproduction of this document, or any part of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law.

First aid on school trips

5.44. The school must ensure that a trained first aider is present on all school trips which take place outside of the school.

5.45. The trained first aider must also ensure that a first aid kit is available for the trip. The school's Field Trip First Aid kit should be used.

5.46. All incidents on school trips must be reported via the HSE Guard reporting system.