



مدرسة الإبداع  
العلمي الدولية  
INTERNATIONAL SCHOOL  
OF CREATIVE SCIENCE  
ناد الشيبا NAD AL SHEBA

# FIRST AID AND EMERGENCY






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 		<b>SCHOOL CLINIC MANUAL/PLAN</b>			Departments Operations/ Clinic	Author/s SOM	
<b>QHSE Department</b> Doc No: EHS/PLAN/001/CCS/NAS		1 <sup>st</sup> Issue 22/06/2017	Reviewed on 4 <sup>th</sup> Jan 2022	Circulated to All Staffs	Approved Gr HSE	Next Review 4 <sup>th</sup> Jan 2023	Version 6

## Minor Injuries, First Aid and Emergency

**SOP Number**

**ISCS/ ASCS-SCH-SOP-003**

**Version Number:**

**V4**

**Applies To: ISCS/ ASCS School Clinic**

### 1. Purpose:

- To provide effective First Aid support for all pupils, staff and visitors.
- To ensure that all pupils, staff and visitors are aware of their roles and responsibilities in relation to First Aid and the First Aid system in place.
- To prioritize the emergencies and provide immediate care.
- To support awareness of Health & Safety issues within school and on off-site activities, in order to reduce the risk of illness or injury.

### 2. Scope:

Applies to all clinics operating under ISCS/ASCS

### 3. User:

Doctor  
Nurse  
Parents

### 4. Procedure:

#### A. Provision of First Aid Equipment:

- The School Nurse ensures that the supplies for first aid are replenished weekly.
- Each teacher in charge of extracurricular activities at school and away sporting events, as well as school trips and tours have the responsibility to take a First Aid Kit assigned to that activity (even where one is provided upon arrival).

#### B. Locations of First Aid Station

- First aid materials & Medicines are kept in a locked cupboard in school clinic.

#### C. Staff Training




- The school management funds the In-Service Training in First Aid for Staff.

##### 1.1 Emergency situations are as described below:

**1.1.1 Life threatening:** Open fracture. Severe bleeding, shock, complicated asthma, Anaphylaxis (severe allergy), repetitive seizures, Severe Head Injury, Severely deformed position of limbs.

**1.1.2 Non-life threatening:** Cuts (suturing), fractures, sprains, high fever, allergies, vomiting, diarrhea.

**1.1.3 Emergency Type 2:** Fever, cough, non-complicated falls, stomach discomfort, scratches, light

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bumps and bruises.

1.2 In situations where parents cannot be contacted, the following policy applies.

**1.2.1 Emergency Type 1**

**Life threatening:** call an ambulance and transfer to RASHID or Dubai HOSPITAL. Nurse OR Admin to escort the student.

In case of minor injuries, parents will be notified after appropriate first aid is given.




1.3 In the event of an emergency:

- 1.3.1 Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- 1.3.2 Send for help to the school office as soon as possible, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.
- 1.3.3 Reassure but never treat a casualty unless staff are in possession of a valid Emergency Aid in schools Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.

**5. Attachment & Reference:**

- i. Appendix: 4
- ii. Appendix: 12
- iii. Appendix: 13
- iv. Appendix: 14



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#### Appendix 04: AGAINST MEDICAL ADVICE(AMA) FORM

#### AGAINST MEDICAL ADVICE (AMA) FORM

I, \_\_\_\_\_ (nurse name) and  
 \_\_\_\_\_ (Name of witness) confirm that  
 \_\_\_\_\_ (Patient name) left/ not attended  
 procedure or treatment against medical advice.

A medical risk assessment of the patient was performed and the following discussion with the patient / legal representative about the consequences of leaving against medical advice, a decision was made to:

\_\_\_\_\_  
 \_\_\_\_\_

With subsequent follow up:

\_\_\_\_\_  
 \_\_\_\_\_

This was discussed with the patient with the patient / legal representative and they agree / disagree (delete as appropriate) with receiving a follow up phone call.

If signed by someone other than patient, please indicate relationship:

\_\_\_\_\_

If patient / patient legal representative declined to sign, please state:

\_\_\_\_\_

\_\_\_\_\_




\_\_\_\_\_

Print name: \_\_\_\_\_ (patient / legal representative)  
 Signature: \_\_\_\_\_ (patient / legal representative)

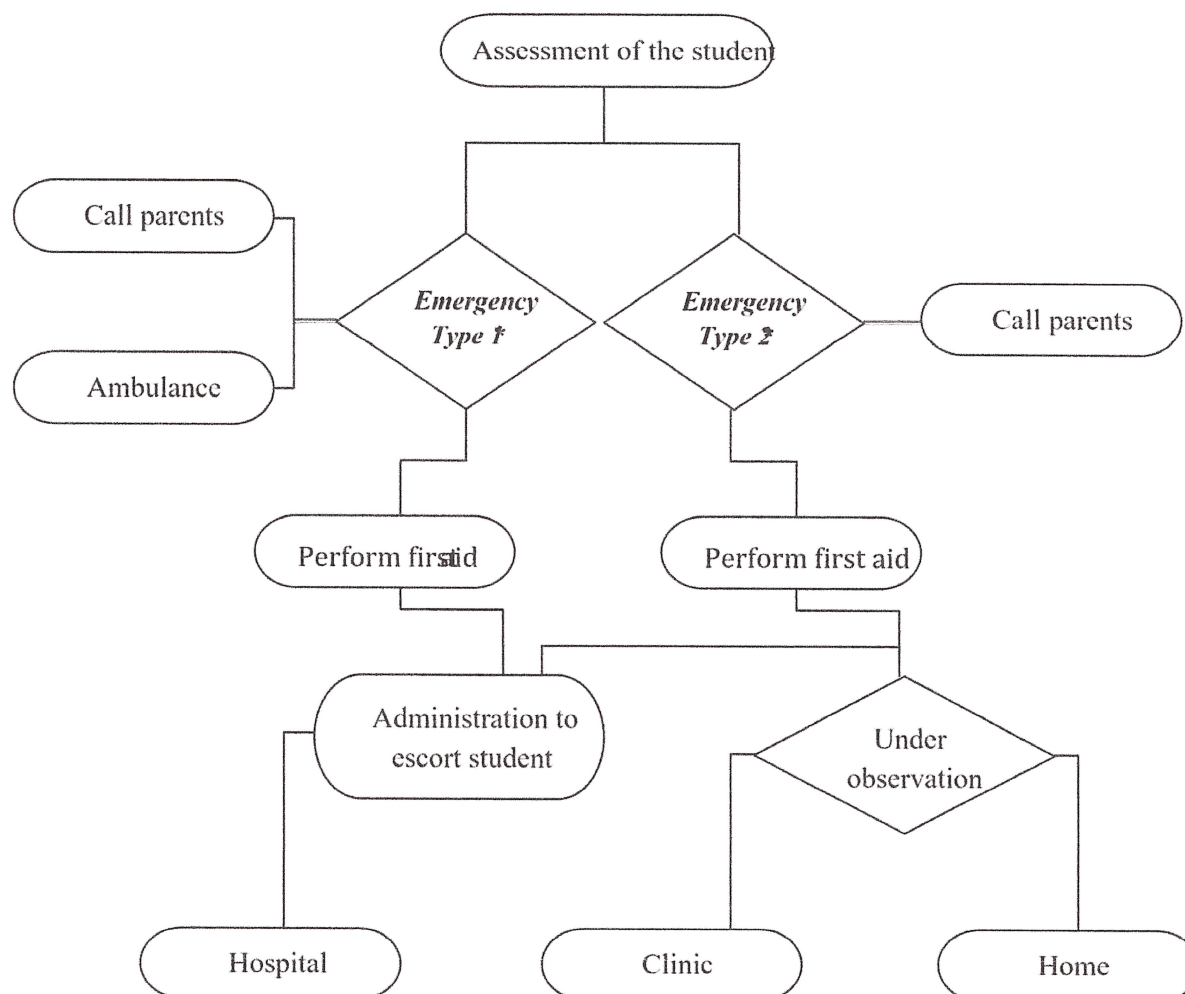
Print name: \_\_\_\_\_ (witness)  
 Signature: \_\_\_\_\_ (witness)

Date: \_\_\_\_\_



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## Appendix 12: EMERGENCY PROTOCOL FLOW CHART



**\*Emergency Type 1: High level of emergency which needs referring to secondary care level (hospital or health center)**




**\*Emergency Type 2: Low level of emergency which can be managed at school with parent/s consent.**

## Appendix 13: GUIDELINES (FLOWCHART) IN PROVIDING CARE IN EMERGENCY CASES

Definition of term:

### Life-threatening emergency cases

- a sudden and unexpected onset of a condition that threatens life, limb or organ system that requires immediate/rapid medical intervention.
- In cases like but not limited to the following; choking, shock, anaphylaxis (severe allergic reaction), drowning, seizure (1<sup>st</sup> time), stroke, heart attack, deep cut/laceration with severe bleeding/blood loss, open fractures

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## Appendix 14: GUIDELINES (FLOWCHART) IN PROVIDING CARE IN NON-EMERGENCY CASES

### GUIDELINES (FLOWCHART) IN PROVIDING CARE IN NON-EMERGENCY CASES

