

مركز أبوظبي للصحة والسلامة المهنية  
ABU DHABI OCCUPATIONAL SAFETY AND HEALTH CENTER

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# Abu Dhabi Occupational Safety and Health System Framework

**(OSHAD-SF)**

**Code of Practice**

**CoP 4.0 – First Aid and Medical Emergency Treatment**

**Version 3.1**

**June 2018**

ABU DHABI PUBLIC  
HEALTH CENTRE

مركز أبوظبي  
للصحة العامة



## Important Note:

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## 1. Introduction

- (a) This Code of Practice (CoP) applies to all employers within the Emirate of Abu Dhabi for provisions of first aid and medical emergency treatment to employees/workers/other persons. This CoP is designed to incorporate requirements set by UAE and Abu Dhabi Regulatory Authorities. If requirements of this document conflict with requirements set by another regulatory authority, employers are required to follow the more stringent requirement.
- (b) First Aid is defined as “An immediate assistance given to a person suffering from a sudden illness or injury in the workplace, with care provided to preserve life, prevent the condition from worsening, and/or promote recovery. Such care may be considered “first aid” even though provided by a health-care professional.
- (c) Medical Emergency is defined as “A situation or condition having a high probability of disabling or immediately life-threatening consequences requiring first aid or other immediate medical intervention”.
- (d) Any medical professional providing services beyond first aid in the occupational setting, or at employers supplied accommodation (worker camps), shall have a valid license to practice medicine as required by Department of Health – Abu Dhabi (DOH). Medical and advanced first aid facilities shall maintain valid licenses as required by DOH.

## 2. Training and Competency

### 2.1 Training Requirements for First Aiders

(a) Employers shall ensure that OSH training complies with the requirements of:

(i) *OSHAD-SF – Element 5 – Training, Awareness and Competency*;

(b) First aiders shall maintain a valid certificate of training from:

(i) one of the following recognized training providers:

1. Red Crescent;
2. Red Cross;
3. St. Andrew's First Aid;
4. St. John Ambulance; or

(ii) a training provider (or approved awarding body) that provides courses (or awards qualifications) that are accredited by one of the following accreditation/ qualification bodies (and their countries):

Accreditation Body	Country
American Heart Association	United States
European Resuscitation Council	Austria, Belgium, Bosnia, Croatia, Cyprus, Czech, Denmark, Netherlands, Egypt, Finland, France, Germany, Hungary, Iceland, Italy, Malta, Norway, Portugal, Russia, Romania, Switzerland, Sweden, United Kingdom
Office of Qualifications and Examinations Regulation (OFQUAL) *	United Kingdom
Ireland Health and Safety Authority	Ireland
Resuscitation Council of Southern Africa	South Africa
Resuscitation Council of Asia	Japan, Korea, Taiwan, Singapore, Thailand
National Training Information System	Australia
New Zealand Qualifications Authority	New Zealand

\*includes awarding bodies offering an accredited qualification in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW), approved by OFQUAL. See <https://register.ofqual.gov.uk/> for list of OFQUAL list of registered qualifications/organizations.

(c) First aiders that have a valid certificate of training from a country, training provider, awarding body or accreditation body not listed in Section 2.1(b) can submit the information related to the awarding body/accreditation body to Abu Dhabi Occupational Safety and Health Center (OSHAD), so that it can be considered as equivalent to those on the list after joint consideration by OSHAD and DOH.

(d) First aider's initial training shall be refreshed as required by the training provider or awarding body, but at a minimum annually for life threatening emergencies, cardiopulmonary

resuscitation (CPR) procedures and automated external defibrillator (AED) use. Unless otherwise stipulated by the training provider, nonlife-threatening response refresher training shall be provided at a minimum every two years.

## 2.2 Requirements for First Aid Training Programs in Abu Dhabi Emirate

(a) First aid training programs shall:

- (i) be in line with the scope of the activities, services, functions and needs of the work environment and associated potential hazards and risks;
- (ii) be based on a risk assessment;
- (iii) ensure that first aiders are familiar with the procedures for medical emergency response and how to contact ambulance services in Abu Dhabi; and
- (iv) comply with all requirements of relevant regulatory bodies and related regulations.

(b) First aid trainers / training providers shall be accredited by any of the internationally recognized accreditation or qualification bodies listed in Section 2.1(b).

## 2.3 Requirements for First Aid Training Providers in Abu Dhabi Emirate

(a) First Aid Training providers in Abu Dhabi Emirate (and awarding bodies) are required to ensure that:

- (i) the training is aligned with the resources and needs of the employers (e.g., staffing resources, hazards and risks identified, the needs for first aid devices and kits);
- (ii) the training content is delivered according to the learning requirements of the recognized accreditation body or approved awarding body;
- (iii) practical training tools and equipment are available and the trainees receive practical training on different first aid topics, including, but not limited to, how to administer the CPR;
- (iv) the assessment of successful completion of the first-aid training program shall include instructor observation of acquired skills and written performance assessments;
- (v) only trainees who have successfully completed the requisite training are provided with documentary evidence to demonstrate that the trainee has met the minimum learning requirements and passed any test necessary to practice first aid at a designated level; the documentation shall include:
  - 1. full name;
  - 2. emirates ID number;
  - 3. employee ID number;
  - 4. full name of the awarding body;
  - 5. full name of the training centre;
  - 6. full name of the training course; and
  - 7. date and expiry of the first aid certificate/award.
- (vi) evidence is provided to demonstrate they are accredited by an internationally recognized accreditation or qualification body (Section 2.1); and.

(vii) records are kept of training conducted and persons trained as per section v above.

#### **2.4 Training Requirements for Emergency Medical Technicians (EMT)**

- (a) Emergency Medical Technicians (EMT) and Paramedics (EMT-P) shall have training identifying common worksite hazards prior to the commencement of work on site.
- (b) EMT's and EMT-P's must maintain a valid license issued by DOH.

#### **2.5 Training Requirements for Nurses**

- (a) Nurses shall receive training on common worksite hazards prior to starting work or provide evidence of a relevant qualification or proof of training with regards to common occupational safety and health hazards and risks.
- (b) All nurses must hold the designation of Registered Nurse and maintain a valid license issued by DOH.
- (c) Nurses can be a first aider and in such cases require the same training as outlined in section 2.1.

#### **2.6 Training Requirements for Physicians and Pharmacists**

- (a) Physicians and pharmacists shall receive training on common worksite hazards prior to starting work or provide evidence of a relevant qualification or proof of training with regards to common occupational safety and health hazards and risks.
- (b) All physicians and pharmacists must maintain a valid license issued by DOH.
- (c) Physicians and pharmacists can be a first aider and in such cases require the same training as outlined in section 2.1.

## 3. Requirements

### 3.1 Roles and Responsibilities

#### 3.1.1 Employers

##### 3.1.1.1 General

- (a) Employers shall undertake their roles and responsibilities in accordance with the general requirements of *OSHAD-SF – Element 1 – Roles, Responsibilities and Self-Regulation, Section 3.2.5*.
- (b) Employers shall ensure that all employees, contractors and subcontractors have appropriate medical health insurance that will provide coverage for medical care provided in the Emirate of Abu Dhabi.

**Note: As per Abu Dhabi Executive Council Decision No. 4c/2010, dated 24/02/2010, and related Resolution by DOH Chairman No. CO/014/10, dated 22/03/2010, and DOH Circular No. 29, healthcare services for work-related injuries and diseases as determined in Law No. (8) of 1980 Regarding Work Relations (UAE Labour Law), are covered by health insurance, and must be included in the schedule of benefits of all health insurance policies (basic and enhanced), which are issued or renewed after 22/03/2010.**

- (c) If health insurance coverage is not present for whatever reason:
  - (i) Employers shall pay all costs associated with medical emergency treatment and transportation to medical facilities for employees as long as the employee follows established policies and procedures for receiving medical treatment.
  - (ii) Employers shall pay all costs in the case of emergencies regardless of other policies and procedures.
- (d) Employers shall ensure those persons who require emergency first aid services receive prompt and appropriate first aid services by an appropriately certified and trained first aider, while arrangements for appropriate emergency support are being pursued.
- (e) Employers shall ensure in the event of a medical emergency or work related injury/illness, that the employers shall transfer the employee to the nearest medical facility that can provide appropriate care for the employee. Employers shall not transfer employees to medical facilities outside the Emirate of Abu Dhabi unless that is where the closest medical facility that can provide appropriate care is located.
- (f) Employers 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 worksite. The risk assessment shall conform with requirements of *OSHAD-SF– Element 2 - Risk Management* and shall consider:
  - (i) the nature of the work and workplace hazards and risks;
  - (ii) the size of the organisation;
  - (iii) the nature of the workforce;
  - (iv) work patterns;



- (v) the number and distribution of the workforce;
  - (vi) the entities history of incidents;
  - (vii) provision for medical emergency treatments up to a 24-hour day and during weekends where required;
  - (viii) the need of travelling, remote or lone employees;
  - (ix) the remoteness of the worksite from emergency medical services;
  - (x) transport arrangements for emergency evacuation when required;
  - (xi) employees working on shared or multi-occupied sites;
  - (xii) annual leave and other absences of first aiders and appointed persons; and
  - (xiii) first aid provisions for non-employees.
- (g) Employers shall ensure reported first aid and medical emergency treatment cases are investigated as per the requirements of *OSHAD-SF – Element 7 – Monitoring, Investigation & Reporting*.

### 3.1.1.2 First Aid and Medical Care Facilities

- (a) Employers 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 worksite, meet the minimum requirements set forth in Section 3.2 of this document, and comply with requirements set in *Chapter V of Federal Labour Law No 8 of 1980*.
- (b) For worksites with medical facilities including first aid treatment and/or licensed medical professionals, Employers shall ensure that medical facilities meet all the requirements set by DOH for registration and licensing.
- (c) Employers shall ensure that first aid trained personnel, at a minimum in accordance with Section 3.2.1, are available at the worksite at all times.
- (d) Employers shall ensure that Nurses, Occupational Health Nurses, Medical Practitioners and any other medical professionals rendering related services are registered in their professional capacity with DOH.
- (e) Employers shall ensure that licensed/professional medical staff shall operate medical emergency treatment centres and provide medical emergency services to employees working onsite in a manner that provides the best patient care reasonably practicable.
- (f) Employers shall ensure that any designated first aid or medical treatment center is of appropriate size to meet the needs of the worksite as per the risk assessment, and meets DOH's requirements as outlined in section 3.8.
- (g) Employers shall ensure that the availability of First Aiders and Medical staff and their level of training, skills, knowledge and experience are based on the assessed risk factors of the industry and entity.
- (h) Employers shall ensure that the knowledge and skill levels of the First Aiders and Medical staff, according to this CoP, are maintained.

### 3.1.1.3 First Aid Material Resources

- (a) Employers shall ensure that the workplace first aid resources are documented in Policies and Operating Procedures and compliant with *Chapter V of Federal Law No. 8 of 1980, Ministerial Decision No. (37/2) of 1982* and requirements of this document.
- (b) Employers 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.
- (c) Employers shall ensure that first aid resources are based on the assessed risks identified from the risk assessment, and at a minimum satisfy the items specified in Appendix 1.
- (d) Employers shall ensure that first aid resources are consistent with the level of First Aider training, and competency of the first aider.
- (e) Employers shall ensure the safe disposal of waste resulting from first aid treatment in accordance with the relevant waste regulations and requirements of *OSHAD-SF – CoP 54.0 – Waste Management*.

### 3.1.1.4 Communications

- (a) Employers shall ensure that all first aid facilities are appropriately identified and marked with the recognized first aid sign, as per *OSHAD-SF – CoP 17.0 – Safety Signage and Signals*, and that the environment where first aid treatment may take place is, as far as reasonably practicable, free from hazards.
- (b) Employers shall ensure that workplaces have a detailed medical emergency plan that includes contact information for medical care facilities, ambulance services, and maps to the closest medical facility that can provide emergency medical care.
- (c) Employers shall ensure that employees understand how and where to receive first aid or medical emergency treatment.
- (d) Notices indicating contact details for first aiders, on-site medical providers, the emergency contact number/radio frequency, and where the first aid box is, shall be posted throughout the worksite.
- (e) Employers shall pay special consideration to the provision of first aid information to employees in a manner taking into account language and literacy levels.
- (f) Contact and address information shall be posted at the entrance to worksites for employers approved physician (along with the hours of operation) and emergency medical facility (e.g., hospital) that shall provide care beyond first aid for employees.

### 3.1.2 Training

- (a) Employers shall provide appropriate OSH training to employees, so that employees can undertake their roles and responsibilities in accordance with the general requirements of *OSHAD-SF – Element 1 – Roles, Responsibilities and Self-Regulation, Section 3.2.7*.

### 3.1.3 Records

- (b) Employers shall ensure that all records are kept with regards to all trained First Aiders and Medical staff, their level of training and their current contact details.
- (c) Employers shall ensure that all records are kept with regards to First Aid statistics and emergency cases treated (Section 4).

### 3.1.4 Employees

- (a) Employees shall undertake their roles and responsibilities in accordance with the general requirements of *OSHAD-SF – Element 1 – Roles, Responsibilities and Self-Regulation Section 3.2.7*.
- (b) Employees shall report to appropriate supervisors / first aider when items from first aid kits are used.
- (c) Employees shall report all injuries and illnesses to a designated first aider or onsite medical personnel.

### 3.1.5 Self-Employed Persons:

- (a) A self-employed person shall provide, or ensure provision of such first-aid equipment, as is appropriate and sufficient in the circumstances to enable him/her to render first-aid to him/herself while at work.

### 3.1.6 Lone Worker(s) and Remote Location Worker(s):

- (b) Employers with lone worker(s) and/or remote location worker(s) shall provide, or ensure provision of training and such first-aid equipment, as is appropriate and sufficient in the circumstances to enable the employee(s) to render first-aid to himself/herself/themselves while at work. Employees shall also have appropriate means of communication and contact information for local emergency services.

### 3.1.7 First Aiders and Medical Staff:

- (a) First Aiders / Medical Staff are required to:
  - (i) limit their first aid treatment to that within the scope of their license and training level;
  - (ii) ensure that their training is certified and current in accordance with the requirements of this CoP;
  - (iii) keep documentation of cases treated in accordance with requirements of this CoP (Section 4) and their employers;
  - (iv) be knowledgeable about the nature and type of hazards that they are reasonably practicable to encounter and the types of injuries and specific health conditions that are reasonably practicable to require first aid treatment; and
  - (v) ensure that emergency support services are pursued to ensure timely intervention by specialist services such as ambulance services or physician support for a chronic condition.

## 3.2 First Aid / Medical Emergency Treatment Requirements

### 3.2.1 Staffing

(a) 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, the needs of the organization and the employees/other persons, and the requirements of other relevant regulatory bodies, but shall conform to the following minimum requirements:

- (i) at least one first aider per worksite per shift with less than 50 employees; and
- (ii) at least one first aider per 50 employees per worksite per shift with more than 50 employees.

**Note: for requirements related to on duty nurses and medical emergency treatment by physicians, refer to Ministry of Human Resources and Emiratization Ministerial Decision No. (37/2) of 1982 concerning the medical care which employers are obliged to provide to his workers.**

(b) 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.

### 3.2.2 First Aid Treatment of Patients

(a) For medical emergencies:

- (i) Initial first aid treatment shall be available anywhere on the worksite within a three minute response time.
- (ii) If a worksite has onsite ambulance services, the response time shall be within 10 minutes to anywhere on the site.
- (iii) If ambulance response time (for internal or external ambulance services) is greater than 15 minutes for a worksite that have high hazard activities, the worksite shall have appropriate medical staff (emergency medical technician (EMT)/paramedic or ambulance nurse) onsite with current Immediate Life Support (ILS) and Basic Trauma Life Support (BTLS) training to ensure a response time of 10 minutes or less.

**Note: DOH Access Requirements for Healthcare Services requires providers of ambulance services to provide access to emergency services within 15 minutes (urban) or 19 minutes (rural).**

- (iv) Providers of emergency services and the appropriate surface transport sector authority shall work together to ensure that access to emergency services is available on the surface transport network within the time limits as specified by DOH access requirements for healthcare services (above).
- (v) Up-to-date telephone numbers of first aiders and nearest emergency organizations (e.g. 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.

**Note: Current contacts of PDIC: Tel No.: 800-424, e-mail: pdic@DOH.gov.ae**

- (b) General requirements for emergency treatment of injured persons:
- (i) For slight injuries, injured persons shall be evaluated and treated according to their injuries.
  - (ii) For non-life threatening injuries that require a higher level of medical treatment, the injured person can be transported by a company vehicle to the nearest medical emergency treatment centre or hospital.
  - (iii) For serious injuries and injuries that are life threatening, ambulance services shall be called upon to transport the patient to the nearest hospital for treatment.
  - (iv) Employees complaining of chest pain shall always be treated as a life threatening condition and ambulance services must be 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 company vehicle, unless the vehicle has been registered with DOH as an ambulance and meets the DOH Standard for Ambulance Services and is staffed with a minimum of one EMT-P and a driver.

### 3.3 First Aid Kits

- (a) Employers shall perform a health risk assessment to determine the number and contents of the first aid kits.
- (b) First aid kits shall be placed in all worksite vehicles.
- (c) First aid kits shall be placed in all office buildings (minimum one on each floor) and throughout the worksite as needed and be secured in a suitably secured container / cupboard / facility that can be accessed easily and quickly in case of emergency.
- (d) 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.
- (e) Employers 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.
- (f) 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.

### 3.4 Automated External Defibrillators (AED)

- (a) Employers should consider establishing an AED program and installing AEDs to manage sudden cardiac arrest in their workplace, based on risk assessment and /or as mandated by relevant authorities.
- (b) An AED program should:
- (i) Include a management system and written summary of the AED program, establishing clearly defined lines of responsibility for those who oversee and monitor the program or participate in it;
  - (ii) Assign a DOH-licensed physician for managing all medical aspects of the AED program and oversee the program's administration and coordination activities;
  - (iii) Be integrated in the more general plan describing emergency responses at the occupational setting;
  - (iv) Include recognized and standardized training of all designated first aid responders and employed healthcare professionals. Topics should include CPR and use of the specific AED expected to be available and used at the occupational site;  
**Note: In case of sudden cardiac arrest AEDs should be used by the first available suitably trained first aider.**
  - (v) Ensure selection and placement of AEDs and ancillary supplies that meet local and federal legislation criteria for medical devices, and ensure they are regularly maintained as per the manufacturer's requirements; and  
**Note: See Appendix 2 for a recommended CPR/AED equipment list.**
  - (vi) be incorporated into, or have its own quality assurance program.
- (c) Placement of AEDs should be considered for all workplaces where people may congregate, such as corporate offices, worksites, and employee camps/villages, in particular in the following areas:
- (i) Areas where many people work closely together, such as assembly lines and office buildings;
  - (ii) Close to a confined space;
  - (iii) Areas where electric-powered devices are used;
  - (iv) Outdoor worksites where lightning may occur;
  - (v) Health units where workers may seek treatment for heart attack symptoms;
  - (vi) Company fitness units and cafeterias; and
  - (vii) Remote sites, such as off-shore drilling rigs, construction projects, marine vessels, power transmission lines, and energy pipe lines.
- (d) AEDs should be conveniently installed and easily accessible to ensure response time within 3-5 minutes.

### 3.5 Infection Control

- (a) First aid personnel and employees that may be at risk of exposure to infectious diseases or biological hazards shall receive training on the various types of blood borne pathogens and methods to protect themselves from exposure.
- (b) Appropriate personal protective equipment (PPE) shall be provided to protect first aid personnel and ill or injured persons from risks of exposure to infections.
- (c) Personal protective equipment (PPE) shall include at a minimum:
  - (i) protective gloves such as disposable PVC, latex gloves or heavy duty gloves where there is a risk of exposure to sharp objects or when cleaning blood or body substance spills;
  - (ii) protective clothing such as disposable non-porous overalls or plastic aprons;
  - (iii) eye protection such as goggles and safety glasses;
  - (iv) safety footwear to protect feet from sharp objects; and
  - (v) resuscitation mask to reduce the risk of exposure to blood and body substances.
- (d) Control measures shall be in place for first aid personnel for the management of skin penetrating injuries (SPI) and other exposures to blood or body substances.
- (e) Management of a skin penetrating injury (SPI) includes the following:
  - (i) encourage the wound to bleed by gently squeezing;
  - (ii) wash the area with cold running water and soap if available; and
  - (iii) apply an antiseptic if available then cover the wound with an appropriate dressing.
- (f) Management of exposure to blood or body substances includes the following:
  - (i) 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;
  - (ii) if the eyes are contaminated, rinse eyes while open with tap water or saline solution; and
  - (iii) if blood gets into the mouth, spit it out and then repeatedly rinse with water.
- (g) 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.
- (h) Records of blood or body substance exposure shall be documented and kept at the workplace. Records of exposure and treatment shall be kept confidential.
- (i) Employees who are suspected or diagnosed by a DOH-licensed physician to suffer from an acute onset of a notifiable communicable disease with a potential to spread the disease to co-workers or the community (e.g. influenza), must be provided with appropriate personal protective equipment (e.g. face mask) and immediately be transferred to a DOH-licensed healthcare facility.

### 3.6 Hazardous Materials

- (a) First aid personnel and employees that may be at risk of exposure to hazardous materials shall receive training on the various types of hazardous materials and methods to protect themselves from exposure.
- (b) Appropriate personal protective equipment (PPE) shall be provided to protect first aid personnel and ill or injured persons from risks of exposure to hazardous materials.
- (c) Further requirements as per *OSHAD-SF - CoP 1.0 – Hazardous Materials* apply.

**Note:** Employers should consider providing basic and/or advanced HazMat life support training (BHLS/AHLS, [www.ahls.org](http://www.ahls.org)) for healthcare professionals likely to attend to patients exposed to toxic substances.

### 3.7 Workers Camps / Villages

- (a) Employers that have workers camps/villages, or contract out to a third party to provide an workers camp/village, shall ensure that:
  - (i) first aid and/or medical emergency treatment facility is available onsite; and
  - (ii) ambulance services are provided, under consideration of response time from nearby hospitals or third party services.
- (b) In addition to the requirements set above for first aid and medical emergency treatment, employers shall ensure a community health program exists that provides the following services:
  - (i) education of employees/workers on communicable diseases including blood borne pathogens, HIV, Hepatitis B & C, sexually transmitted diseases (STD's), chicken pox, and tuberculosis (TB);
  - (ii) annual drug and alcohol awareness campaigns;
  - (iii) annual poison prevention campaign;
  - (iv) annual smoking cessation campaigns;
  - (v) vaccination & immunisation programme aligned with relevant DOH policy and standards;
  - (vi) education on healthy eating and basic nutrition;
  - (vii) education on basic oral health and personal hygiene; and
  - (viii) for workers exposed to heat in summer, a programme of awareness and education regarding precautions to be taken and the requirements of a heat stress management programme.
- (c) Employers shall ensure that workers camps/villages have a crisis management plan that addresses potential outbreak of a contagious disease and meets requirements of relevant authorities, and that facilities are designated to isolate employees that have contagious diseases (e.g., chicken pox, flu, etc.)
- (d) Employers shall ensure workers camps/villages have a medical emergency response plan that is tested, at a minimum, annually.



### 3.8 First Aid and Medical Emergency Treatment Centres

- (a) Worksites with first aid and medical emergency treatment centers shall meet all the requirements set by DOH for registration and licensing as a clinic. The DOH definition of a clinic includes the following:
- (i) A clinic is a health care facility that is staffed by a health care general practitioner (one or more) or specialist (one or more). A clinic is mainly used for health consultations, first aid services and simple treatment. It does not provide emergency services. Emergency cases shall be referred to a hospital; and
  - (ii) Clinic Subtypes:
    1. General Clinic;
    2. General Dental Clinic;
    3. School Clinic;
    4. Specialized Clinic;
    5. Specialized Dental Clinic; and
    6. First Aid Post (A health facility that administers emergency treatment to an injured or sick person before necessary professional medical care is secured).
- (b) The structural and equipment requirements of First Aid and Medical Treatment Centers shall follow DOH Guidelines for Health Facility Design, Approvals, and Construction Prequalification.

## 4. Record Keeping

- (a) At a minimum, records shall be maintained of the following:
  - (i) Training of First Aiders and Medical staff (Section 2.3(v));
  - (ii) Contact details of First Aiders and Medical staff; and
  - (iii) First Aid statistics and emergency cases treated.
- (b) At a minimum, the following information shall be documented for all first aid and medical emergency treatment cases:
  - (i) injured person's name;
  - (ii) Emirates ID number;
  - (iii) employee ID number;
  - (iv) profession of injured person;
  - (v) date, time and place of injury;
  - (vi) description of injury;
  - (vii) description of how the injury occurred;
  - (viii) treatment provided, including treatment provided by outside medical services;
  - (ix) any follow-up treatment required; and
  - (x) name and signature of the first aider or provider of medical emergency treatment.
- (c) Information must be documented in accordance with the *OSHAD-SF – Element 9 – Compliance and Management Review*, DOH policy for Medical Record, Health Information Retention and Disposal, and other relevant requirements.

## 5. References

- OSHAD-SF – Element 1 – Roles, Responsibilities and Self-Regulation
- OSHAD-SF – Element 2 - Risk Management.
- OSHAD-SF – Element 5 – Training, Awareness and Competency
- OSHAD-SF – Element 7 – Monitoring, Investigation and Reporting
- OSHAD-SF – Element 9 – Compliance and Management Review
- OSHAD-SF – CoP 17.0 – Safety Signage and Signals
- OSHAD-SF – CoP 54.0 – Waste Management.
- Ministerial Order No. (32) of 1982, The Determination of Preventive Methods and Measures for the Protection of Workers from the Risks of Work
- Ministerial Decision No. (37/2) of 1982, The Medical Care which the Employer is Obligated to Provide to his Workers
- Cabinet Decision No. (13) of 2009. Approving the General Standards Manual for Group Labor Accommodation and Related Services
- Federal Law No 8 of 1980 (Labour Law)
- DOH Requirements for Facility Development and Registration.
- DOH Healthcare Services Access Requirements.
- [http://www.healthdesign.com.au/haad.hfg/Full\\_Index/HAAD\\_-\\_Part\\_B\\_-\\_Vol2.pdf](http://www.healthdesign.com.au/haad.hfg/Full_Index/HAAD_-_Part_B_-_Vol2.pdf)
- [http://www.healthdesign.com.au/haad.hfg/Full\\_Index/HAAD\\_-\\_Part\\_B\\_-\\_Vol4.pdf](http://www.healthdesign.com.au/haad.hfg/Full_Index/HAAD_-_Part_B_-_Vol4.pdf)
- The Health and Safety (First-Aid) Regulations 1981, Approved Code of Practice and guidance, Health and Safety Executive - UK
- Best Practices Guide: Fundamentals of a Workplace First-aid Program, Occupational Safety and Health Administration – USA

## 6. Document Amendment Record

Version #	Revision Date	Description of Amendment (compared to previous version)	Page/s Affected
2.0	Feb 2012	First Issue	All
2.1	May 2015	1. Added definition of First Aid in the Introduction.	Section 1(b)
		2. Deleted roles of DOH and AD EHS Center in the certification / accreditation of First Aiders, First Aid Training Providers, or First Aid Training Programs (whether developed in-house or outsourced), which shall be accredited / certified by recognized accreditation / certification bodies. Consequently, Section 2 of V2.0 was amended by: <ul style="list-style-type: none"> <li>Deleting reference to Mechanisms 7 &amp; 8 from its Clause 2.1(a).</li> <li>Rewriting its Clauses 2.1(b), 2.1(c) and adding new clauses (2.2.b) and 2.3(a)(iii).</li> <li>Deleting its clause 2.1(d).</li> <li>Deleting its associated Appendices 1 &amp; 2 (Learning Requirements) and references to them (in Sections 2.2.a, 2.3, and 3.1.1).</li> </ul>	Sections 2, 3.1.1, Appendices
		3. Reorganized, amended and edited clauses on responsibilities of employers, for added clarity.	Section 3.1.1.
		4. Clarified and amended requirements for employer provided health insurance.	Section 3.1.1(c) and new Section 3.9
		5. Clarified / amended response time requirements for provision of first aid and ambulance services, and amended types of injuries to be in line with terms under AD EHSMS.	Section 3.2.2
		6. Added section on AED use at the workplace (as a recommendation, not mandatory) after considering requirements of relevant authorities and bodies.	New Section 3.4
		7. Added section on protection of first aid personnel from exposure to hazardous materials	New Section 3.6
		8. Clarified and added requirements for employee camps / villages.	Section 3.5 (now 3.7)
		9. Amended Section 4 (Record Keeping) to capture records requirements of all previous sections, which are now merely referring to it.	Section 4,
		10. Deleted Appendix 3 of V2.0 (First Aid and Medical Staffing Requirements) and replaced it with simplified requirements under current Section 3.2.1.	Appendices & Section 3.2.1

Version #	Revision Date	Description of Amendment (compared to previous version)	Page/s Affected
		11. Appendix 4 of V2.0 (Minimum First Aid Resources Checklist): <ul style="list-style-type: none"> <li>Divided Appendix into two appendices (on First Aid Resources Checklist, and CPR / AED Equipment List);</li> <li>Revised First Aid Resources Checklist based on review of related international and national standards, classified its items into required and optional, specified quantities for different use levels, and listed information sources.</li> </ul>	Appendix 4 (now Appendices 1 & 2)
		12. Removed Appendices 5 & 6 of V2.0 (structural, equipment and layout design requirements of first aid and medical treatment centers), and just referred to related DOH guidelines	Appendices & Section 3.6(b) (current Section 3.8(b))
		13. Amended title of Appendix 7 of V2.0 (Definitions), removed terms and abbreviations not / no longer used, rephrased definition of first aid (to reflect its true objectives), and added new definitions (including for First Aider and Medical Treatment)	Appendix 7 (Now App. 3)
		14. Edits, to re-align document contents and clarify requirements, mainly: <ul style="list-style-type: none"> <li>Amending titles of some sections / sub-sections.</li> <li>Rephrasing / addition of some statements (in current clauses 2.3.a, 2.5.a, 2.6.a, 3.1.4.a</li> <li>Replacing “ambulatory” with “ambulance”.</li> <li>Replacing “medical treatment” with “medical emergency treatment”.</li> <li>Updating names and logos of the SRAs where required.</li> <li>Deletion of redundant statements (e.g., 3.4.f in V2.0).</li> <li>Adding more references (section 5).</li> </ul>	Throughout
		15. Change of Logo from AD EHS Center to OSHAD	All Pages
		16. AD EHS Center to OSHAD	All Pages
		17. Change of EHS to OSH	Throughout
		18. Preface Deleted	Pg. 4&5
		19. Acknowledgments Deleted	Pg. 2
		20. Copyright statement updated from 2014 to 2015	Pg. 23
		21. Employer updated to read “Employers”	Throughout
22. Document properties updated	Throughout		
3.0	1 <sup>st</sup> July 2016	Change of document title: AD EHSMS RF to OSHAD-SF	Throughout

Version #	Revision Date	Description of Amendment (compared to previous version)	Page/s Affected
3.1	3 <sup>rd</sup> June 2018	Minor editorial changes without amending requirements	Throughout
		Title of Health Authority Abu Dhabi (HAAD) changed to Department of Health – Abu Dhabi (DOH)	Throughout
		Title of Ministry of Labour changed to Ministry of Human Resources and Emiratization	Throughout
		Note added to clause 3.1.1.1(b) (previously clause 3.9)	7
		Poison and Drug Information Center (PDIC) contact details updated	11
		Medical Emergency definition added clause 1(c) and Appendix 3	3/25

## Appendix 1: Minimum First Aid Requirements/Content Checklist

Item No.	Product Description	Item Quantity (by size of kit)			
		Small	Medium	Large	Travel
<b>Required</b>					
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
<b>Optional / Based on first aid needs assessment</b>					
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

Ref.: BS-8599 (UK, 2011), ANSI Z308.1 (USA, 2009), DIN 13157-C/DIN 13169 (Germany, 2009), Ministry of Human Resources and Emiratization Guide to Preventative Occupational Health Services, (UAE).



## Appendix 2: 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

## Appendix 3: Definitions and Abbreviations

Abbreviation	Definition
AED	Automated External Defibrillator
AHLS	Advanced HazMat Life Support
BHLS	Basic HazMat Life Support
BTLS	Basic Trauma Life Support
CPR	Cardiopulmonary resuscitation
EMT	Emergency Medical Technicians
EMT-P	Emergency Medical Technicians - Paramedics
First Aid	An immediate assistance given to a person suffering from a sudden illness or injury in the workplace, with care provided to preserve life, prevent the condition from worsening, and/or promote recovery. Such care may be considered “first aid” even though provided by a health-care professional.
First Aider	A person that has been trained in first aid to perform first aid in case of an emergency.
GP	General Practitioner
DOH	Department of Health – Abu Dhabi
HSE	Health and Safety Executive (United Kingdom)
ID	Identification number. This number may include the following: <ul style="list-style-type: none"> <li>• Emirates ID number</li> <li>• Visa number</li> <li>• Work permit number</li> </ul>
ILS	Immediate Life Support
Medical Device	A product used in healthcare for the diagnosis, prevention, monitoring or treatment of illness or handicap excluding drugs. As a rule it does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means
Medical Emergency	A situation or condition having a high probability of disabling or immediately life-threatening consequences requiring first aid or other immediate medical intervention
Medical (emergency) treatment	A medical (emergency) service provided by a suitably qualified and licensed healthcare professional, aimed at treating, curing or healing a medical condition or health problem.
OFQUAL	Office of Qualifications and Examinations Regulation (United Kingdom)
PDIC	Poison and Drug Information Center (at DOH)

SPI	Skin Penetrating Injury
SCA	Sudden Cardiac Arrest



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