



المدرسة الهندية النموذجية الجديدة
NEW INDIAN MODEL SCHOOL
رقم التصريح التعليمي ٢٠١٨٦، هيئة المعرفة والتنمية البشرية، دبي، ا.ع.م.
Educational Permit No. 20186, Knowledge & Human Development Authority, Dubai, UNITED ARAB EMIRATES
Affiliation Nos. CBSE: 6630009, Kerala Board: 43092 (Grade 8 to 10) : 15004 (Grade 11 & 12)



MINOR INJURIES, FIRST AID AND EMERGENCY POLICY

2023-2024



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MINOR INJURIES, FIRST AND EMERGENCY POLICY

Created Date	March, 2019
Last Reviewed Date	April, 2023
Reviewed By	Assessment Committee
Review Approved on	June, 2023
Approved By	Principal
Date of Next Review	December, 2023
Related Policies	Teaching & Learning Policy, Marking Policy

Principal: Ms. Karen Robinson



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<i>Title of the Policy</i>	Minor Injuries, First Aid and Emergency Procedures
<i>Policy statement</i>	<ul style="list-style-type: none">• School clinic is equipped with qualified medical team, equipment's, supplies, and pharmacological agents which are required to provide adequate and appropriate first aid to pupil, staff and visitors.• All the staff in the school clinic is trained in BLS, Basic First Aid and Infectious Control, and all the doctors are PAL qualified.
<i>Purpose</i>	<ul style="list-style-type: none">• To set forth provision and standards to follow when first aid care is needed.• School medical team works according to the "First Aid care guidelines "provided by the DHA, during the delivery of care to the ill or injured pupil and staff.• To ensure that first aid to be provided is available at all times to the pupils, staff and visitors while they are in school premises.
<i>Principal goals</i>	<ul style="list-style-type: none">• Ensure the safety of rescuer and patient.• Identify the cause of injury.• Stabilize the patient and care for life threatening injuries.• Notify the parents.• Arrange for transportation and continue patient assessment.



Procedure

1-MINOR INJURIES:

- The student is sent to the school clinic accompanied by another student along with 'out pass' obtained from the teacher and the same should be noted in his/her school diary.
- First aid is given and the details
 - Time and place of arrival
 - Accompanied by
 - Details of injury
 - Examination findings
 - first aid given
 - Desired response to the first aid
 - Parents notified
 - referred to hospital / back to class / send home
 - Time left the clinic
 - Is all documented in the first aid register

Procedure

2-MAJOR INJURIES:

- School clinic is informed immediately.
- Wheel chair / stretcher along with nurse/doctor and first aid kit is sent to the scene immediately.
- The patient is not left unattended.
- Assessment to the extent of injury or ill health is made and act accordingly.
- Not hesitating to call ambulance where necessary and the patient shifted.
- If the parents do not arrive before the ambulance arrives, nurse/doctor accompanies the child to the hospital.
- Parents are informed and the details of the injury, explained by the witness and the medical personnel.
- Parents are informed about the hospital where the ambulance shifts the patient.
- A bonafide is issued by the school for reference.
- An incident and referral report is documented.
- Follow-up is made and documented.



<p><i>Training sessions</i></p>	<ul style="list-style-type: none">• New staff members are given direction about the policies and procedure, as part of their orientation program. All staff, teaching and non-teaching are given training on basic first aid.
<p>When to call emergency services - 998</p>	<p>CALL EMS IF ANY OF THE FOLLOWING CONDITIONS EXISTS OR IF NOT SURE, IT IS BEST TO CALL EMS-998.</p> <ul style="list-style-type: none">▪ The child is unconscious, semi-conscious or unusually confused.▪ The Childs airway is blocked▪ The child is not breathing.▪ The child is having difficulty breathing, shortness of breath or is choking.▪ The child has no pulse.▪ The child is bleeding that won't stop.▪ The child is coughing or vomiting blood.▪ The child has been poisoned.▪ The child has a seizure for the first time or the seizure that last for more than five minutes.▪ The child has injuries to the neck or back.▪ The child has sudden severe pain anywhere in the body.▪ The Childs condition is life threatening (for e.g., severe eye injury, amputation or other injuries that may leave the child permanently disabled unless immediate care is given).▪ The Childs condition could worsen or become life threatening on the way to the hospital.▪ Moving the child could cause further injury.▪ The child needs the skill or equipment of paramedics or emergency medical technicians.▪ Distance or traffic condition would cause a delay in getting the child to the hospital.
<p>First aid safety</p>	<ul style="list-style-type: none">• Make sure the area is safe - what caused the injury or accident?• Ensure personal safety - protect yourself with gloves,



	masks, etc.
Patient assessment	<ul style="list-style-type: none"> ✓ A (AIRWAY) <ul style="list-style-type: none"> ➤ Assess for unresponsiveness ➤ Open the airway (head tilt – chin lift) ✓ B (BREATHING) <ul style="list-style-type: none"> ➤ Look listen and feel for breathing ➤ If not breathing ✓ C (CIRCULATION) <ul style="list-style-type: none"> ➤ Check pulse at carotid artery ➤ If no pulse start CPR ✓ D (DEFORMITY) <ul style="list-style-type: none"> ➤ Assess for deformity ➤ Hands on: head to toe examination for all other injuries and conditions that require treatment. ✓ E (EXPOSE) <ul style="list-style-type: none"> ➤ If you can't see it you can't treat it
	<p>1-FIRST AID: CONTROL OF BLEEDING:</p> <ul style="list-style-type: none"> ➤ Direct pressure – 95% ➤ Elevation – 97% ➤ Pressure points – 99% ➤ Tourniquet – last resort <p>2 -BURNS: DEGREE</p> <ul style="list-style-type: none"> ➤ First (superficial) ➤ Second (partial thickness) ➤ Third (full thickness) <p>3- MUSCULOSKELETAL SYSTEM</p> <ul style="list-style-type: none"> ➤ Elevate and apply cold compressions. ➤ When in doubt splint. ➤ Splinting; immobilize the joint above and the joint below.
Planning for child with special needs.	<p>Students in the school may have special emergency care needs due to health conditions, physical disabilities or communication challenges.</p> <p>I. HEALTH CONDITIONS:</p>



Students with special conditions that put them at risk for life threatening emergencies like:

- Seizures
- Diabetes
- Asthma or breathing difficulties
- Life threatening or severe allergic reactions
- Technology dependent or medically fragile conditions

School health professional, along with the student's parent and the consulting physician have developed an individual emergency care plan for these students when they enroll in the school and this plan is made available to appropriate staff at all times

II. PHYSICAL ABILITIES:

Some students may have physical disabilities, for example;

- In wheel chair
- Temporarily on crutches / walking casts
- Unable or having difficulty walking up or down the stairs

These students will need special arrangement in the event of a school wide emergency (e.g. fire, evacuation etc). A plan is developed and a responsible person should be designated to assist these students to safety. All staff should be aware of this plan.

III. COMMUNICATION CHALLENGES:

Some students may have sensory impairments or have difficulty understanding special instruction during an emergency. For e.g. students who have...

- Visual impairments
- Hearing impairments
- Processing disorder
- Limited English proficiency
- Behavioral or developmental disorders
- Emotional or mental health issues

These students may need special consideration in the event of a school wide emergency. All staff should be aware of plans to communicate information to these students.

Date: 1.5.2023

Signature of Policy Writer