قرار وزاري رقم (175) لسنة 2025 م

في شأن اعتماد المعايير الوطنية لوحدة الإسعافات الأولية

وزير الصحة ووقاية المجتمع:

بعد الاطلاع:

على القانون الاتحادي رقم (1) لسنة 1972م بشأن اختصاصات الوزارات وصلاحيات الوزراء وتعديلاته،

وعلى القانون الاتحادي رقم (4) لسنة 2015 م في شأن المنشآت الصحية الخاصة وتعديلاته ولائحته التنفيذية،

وعلى القانون الاتحادي رقم (5) لسنة 2019 م في شأن تنظيم مزاولة مهنة الطب البشري ولائحته التنفيذية،

وعلى القانون الاتحادي رقم (6) لسنة 2023 م بشأن مزاولة غير الأطباء والصيادلة لبعض المهن الصحية،

وعلى المرسوم بقانون اتحادي رقم (4) لسنة 2016 م بشأن المسؤولية الطبية، وتعديلاته ولائحته التنفيذية،

وعلى المرسوم بقانون اتحادي رقم (38) لسنة 2024 م بشأن المنتجات الطبية ومهنة الصيدلة والمنشآت الصيدلانية،

وعلى قرار مجلس الوزراء رقم (20) لسنة 2017 م باعتماد المعايير الموحدة لترخيص مزاولي المهن الصحية على مستوى الدولة وتعديلاته،

وعلى قرار مجلس الوزراء رقم (11) لسنة 2021 م في شأن الهيكل التنظيمي لوزارة الصحة ووقاية المجتمع.

وبناء على مقتضيات المصلحة العامة،،،

قــرر ما يلي:

المادة (1): تعتمد المعايير الوطنية لوحدة الإسعافات الأولية المرفقة بهذا القرار.

المادة (2): ينشر هذا القرار في الجريدة الرسمية ويعمل به اعتباراً من اليوم التالي لتاريخ نشره.

أحمد بن علي الصايغ

وزير الصحة ووقاية المجتمع

صدر بتاريخ: 01/10/2025

مرفق القرار الوزاري رقم (175) لسنة 2025 م

في شأن اعتماد المعايير الوطنية لوحدة الإسعافات الأولية

National Standards of First Aid Unit

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INTRODUCTION:

The First Aid Unit is a well-equipped facility with all essential items to assist in providing first-line intervention to patients in emergency situations until comprehensive medical help is available, comprising trained healthcare professionals.

PURPOSE:

This standard defines the requirements for first aid units including facilities and professionals at various work sites or public places, aiming to ensure the safety of employees, promote well-being, and provide a safe work environment free of health risks.

SCOPE:

This standard applies to:

- All first aid units licensed by a concerned health authority requested to be added by work sites or public places.
- All healthcare professionals licensed by a concerned health authority to implement first aid services.

DEFINITIONS:

Healthcare Professional: Any individual who holds a current and valid license issued by the Concerned Health Authority within the emirate and is qualified by education, training, certification, and licensure to provide clinical services as per the U.A.E's Unified Healthcare Professional Qualification Requirements (PQR).

Patient: Any individual who receives medical care or treatment from any healthcare professional or any individual who is admitted to the first aid unit.

Assessment and Treatment Room: It is a designated room for medical evaluations, assistance, and treatment of any health condition that may arise during job-related activities or emergency situations."

Occupational Injury: An injury that occurs to the employee while performing his duties or as a result of work-related activities.

Ambu Bag: also known as Bag Valve Mask, is a manual resuscitator or "self-inflating bag", used to provide positive pressure ventilation to patients who are not breathing or not breathing adequately.

Automated External Defibrillator: Portable, life-saving device designed to treat people experiencing sudden cardiac arrest, a medical condition in which the heart stops beating suddenly and unexpectedly.

Emergency Medical Responder: A professional who holds an internationally recognized certificate in emergency medical services or emergency medical response (minimum 4 weeks or 80-hour course duration) with valid BLS.

Emergency Medical Technician: A professional who holds an internationally recognized certificate in Emergency Medical Services (minimum twelve (6) weeks course duration) as well as a valid BLS and a Trauma Certificate (PHTLS or ITLS).

Paramedic: A professional who holds an internationally recognized certificate in Paramedicine / Emergency Medical Services/ Emergency and Medical care/ Emergency and Trauma Care Technology/ Trauma Care/ Advanced Assessment of Trauma (minimum of two academic (2) years or 1500 hours course duration), And valid BLS, ACLS, PALS & Trauma Certificate (PHTLS or ITLS).

ABBREVIATIONS:

UAE: United Arab Emirates

EMS: Emergency Medical Services

EMR: Emergency Medical responder

EMT: Emergency Medical Technician

AED: Automated External Defibrillator

BLS: Basic Life Support

PHTLS: Prehospital Trauma Life Support

ITLS: International Trauma Life Support

1. LICENSURE REQUIREMENTS:

1.1. First aid unit should be attached to or next to the main facility such as workplaces, shopping malls, and parks.

1.2. First aid unit providing first aid services must comply with the licensing requirements and regulations according to national legislation and regulations.

1.3. First aid services can be provided at the site of incidence not only in the unit.

1.4. First aid services must only be provided by the authorized professional.

1.5. First aid unit should be accredited in accordance with the requirements of each health authority.

2. HEALTH PROFESSIONAL REQUIREMENTS

2.1. First aid unit must ensure a sufficient number of qualified health professional to meet the functional purpose of the unit.

2.2. All licensed professionals should provide first aid services within their scope, training and certification.

2.3. Health professionals who can operate and deliver emergency medical services are:

- Emergency Medical Technician (EMT)

- Paramedic

- Emergency Medical Responder (EMR)

- Qualified Physician (not mandatory)

- Qualified nurse (not mandatory)

2.4. The number of EMS professionals depends on the workplace risk level.

2.4.1. Low-risk workplaces: Do not involve exposure to hazards that could result in serious injury. such as offices, banks, retail outlets, and small construction sites.

- If the number of people in the workplace is less than fifty, one EMT or one EMR under EMT supervision must be provided.

- If the number of people in the workplace is fifty or more, two EMTs must be provided.

2.4.2. High-Risk Workplaces: This includes workplaces that involve exposure to hazards that could result in serious injury or illness that requires immediate medical attention. Such as large construction sites, chemical plants, ship building docks, factories, commercial and amusement centers, and exhibition halls.

- One Paramedics per 25 workers, must be provided.

2.4.3. Remote Workplaces: These are high-risk workplaces that do not have timely access to medical and ambulance services. i.e. 1 hour or more from a permanent medical facility.

- One Paramedic per 10 workers must be provided.

2.4.4. All healthcare professionals should have an up-to-date medical malpractice insurance according to article 25 and 26 of the UAE Federal Law number 4/2016 concerning Medical Liability.

3. HEALTH FACILITY REQUIREMENTS

3.1 LOCATION REQUIREMENTS:

The location of the unit must comply with the following:

3.1.1. Located on the ground floor to ensure easy access and evacuation if necessary.

3.1.2. The unit location must be specified on the site plan.

3.1.3. A clear sign displaying the name of the unit must be placed at the entrance.

3.1.4. Accessibility from the unit to the parking area to facilitate patients' transport to the ambulance for further medical care if needed.

3.1.5. Located close to elevators and main corridors to provide easy access for stretchers and wheelchairs.

3.1.6. The number of units may vary depending on the following factors:

- The number of blocks.

- The type of activity conducted at the workplace or the public place.

- The accident frequency rate at the workplace or the public place.

- The existence of specific risks within the workplace or the public place.

3.2 ENGINEERING REQUIREMENTS

3.2.1. The unit should be clean, organized, properly maintained, and have suitable daylight and ventilation.

3.2.2. Adequate ventilation and air exchange shall be maintained with proper contamination control filters (such as Hepa filter) where necessary in an environment exposed to dust, smoke or any other source of pollution.

3.2.3. A high-efficiency filtration system should be provided for the HVAC (heating, ventilation, and air conditioning) system of the facility.

3.2.4. The unit shall have an efficiently operating air conditioning system with a number of air conditioning proportional to the unit area.

3.2.5. Temperature should be monitored below 24oC and recorded on a daily basis.

3.2.6. Humidity should be monitored between 30 to 60 % and recorded on a daily basis.

3.2.7. The minimum ceiling height shall be 2.70 meters.

3.2.8. The whole unit should have a designated space for wheelchair use.

3.2.9. Corridors and doors shall be wide enough to permit easy access of wheelchairs and trolleys (The net width of the doors shall not be less than 0.9 meters and 1.5 meters for corridors width).

3.2.10. Wall finishes shall be washable, anti-bacterial, anti-fungal, smooth, and moisture resistant with periodic maintenance for the clinic.

3.2.11. The floor shall be made of non-slippery and easily washable material e.g. ceramic tiles or special medical flooring.

3.2.12. It is recommended that the ceiling of the room be made of materials that do not collect dust and are easy to clean.

* When designing the facility, it is recommended to use eco-friendly materials, e.g. (Low Volatile Organic Compounds paints) - (Thermal wall insulation), to enhance thermal performance and reduce heating and cooling needs.

3.3 UNIT COMPONENTS

3.3.1 Functional Areas:

3.3.1.1 Front Desk:

3.3.1.1.1 Provide visual control of the entrance to admit patients and document patient records.

3.3.1.1.2 It can be adjacent to the waiting area.

3.3.1.1.3 Staff personal effects lockable drawers or cabinets can be provided within the front desk area.

3.3.1.2 Waiting Area:

3.3.1.2.1 Must be designated with consideration of gender separation.

3.3.1.2.2 A drinking water source and basic amenities may be provided.

3.3.1.2.3 A dedicated toilet that has direct access or located near the unit may be considered.

3.3.1.3 First Aid Room:

3.3.1.3.1 The entrance of the room must be wide enough to allow access for trolleys, recovery stretchers, wheelchairs, and evacuation chairs.

3.3.1.3.2 The room size must be not less than 20 m2. The minimum room width shall be 3 meters.

3.3.1.3.3 The room must be large enough to accommodate the treatment bed with a sufficient area and enough clearance space with a minimum of 0.90 meters on three (3) sides of the bed to allow easy movement of equipment and staff.

3.3.1.3.4 The room should be equipped with the following:

- Sharps containers for safe disposal of sharps

- A desk for staff observation.

- Smooth-topped working surfaces.

- Curtains to provide patient privacy, washable and flame-resistant.

- A telephone or other means of communication with the Emergency numbers.

- Appropriate waste containers lined with disposable plastic bags.

- A handwash basin should be ideally provided with antiseptic soap and sensor taps, prevent splashing, and be of sufficient size and height above floor level to permit the washing of forearms.

3.3.1.3.5 Ensure the availability of all equipment listed in (Appendix 2).

* Preferably, medical equipment should be environmentally friendly. For instance, selecting devices that do not contribute to water pollution by silver and do not involve harmful chemicals in film processing is advisable. If available, mentioning the names and types of eco-friendly devices would be beneficial.

3.3.1.4   <u>Support Service Rooms</u>

3.3.1.4.1 Designates secured rooms in accordance with the applicable laws and

regulations for:

- Medical Waste.

- Housekeeping.

- Sterilization, in case of using reusable equipment.

4. PATIENT-CENTERED CARE

4.1 Patient's Rights:

4.1.1   The facility must put in place a written policy for patient rights and responsibilities.

Information on patients' rights and responsibilities shall be communicated and

displayed in at least two languages (Arabic and English) at the entrance, reception,

waiting area(s) of the premises, and on the website. For more information on

patients' rights and responsibilities, refer to Ministerial Resolution No. (14) of

2021.

4.2 Patient Health Information:

4.2.1   Refer to Article (5) of Federal Law Number (4) of 2016 regarding medical liability,

professionals are required to acquire informed consent before performing

procedures.

4.2.2   Before undergoing the service, the patient must sign the consent form with

information about the service, alternative options, type of equipment that they

use, contraindications, and the associated risks. In case of emergencies, when the patient is unable to provide consent due to their medical condition, a proper protocol must be followed.

4.2.3   Patient medical records must be integrated into the unified patient's health records, to be easily shared with the referred hospital or clinic.

4.2.4   Patient medical records Must be kept confidential and held securely whether in paper or electronic format.

*   It is recommended to implement an electronic health record system to minimize paper usage, streamline documentation processes, and enhance data accessibility, while also reducing resource consumption.

4.3 Emergencies Care:

The first aid unit must:

4.3.1   Ensure reported first aid and medical emergency treatment cases are investigated as per the requirements of the concerned authority.

4.3.2   Have a written transfer agreement with a hospital (s) for patients who need further treatment in accordance with federal law.

4.3.3   Clearly display emergency contact numbers, including civil defense.

4.3.4   Clearly display hazardous signs aimed to restrict access for the safety of patients, visitors, and staff.

4.3.5 Provide instructions on emergency procedures, such as evacuation routes, and maps that indicate current locations marked with "You are here" to provide information regarding escape routes and fire exits should be provided.

4.3.6 Emergency call facilities shall be provided in the treatment room for patients and staff to request urgent assistance.

4.3.7 Fire extinguishers should be provided.

4.3.8 Trained staff for fire events must be available.

4.3.9 Orientation on fire safety measures should be included in the new staff induction program.

4.3.10 A documented emergency plan must be provided, which delineates the duties of specific staff during an emergency and details for contacting emergency personnel.

4.3.11 Adequate power backup for essential services must be ensured for critical areas and medical equipment.

4.4 Infection Control:

The first aid unit must:

4.4.1 Implement an infection control and prevention program to identify and reduce the risk of infection and transmission among patients and medical professionals. It is advisable to use eco-friendly sterilization materials and devices.

4.4.2 Provide staff training on infection control procedures and protocols in case of any.

4.4.3 Establish medical facility policies and procedures to monitor the cleaning and sterilization of medical equipment, devices, and supplies.

4.4.4 Manage the disposal of medical and biological waste using the latest safe and environmentally friendly methods in accordance with approved global standards.

4.4.5 Have a contract with licensed medical waste management agency.

4.4.6 Reduce the risk of healthcare-associated infections by following hand hygiene guidelines and usage of required PPEs.

4.4.7 Antiseptic hand rubs should be located so they are readily available for use at points of care.

4.4.8 Use disposal equipment and injection tools once.

5. KEY PERFORMANCE INDICATORS:

5.1 Response Time: This indicator is pivotal, as the swiftness with which aid arrives can mean the difference between recovery and tragedy.

5.2 Incident Severity Reduction: Post-intervention severity levels offer insights into the effectiveness of first-aid measures

5.3 Equipment Accessibility: The availability of first aid equipment is crucial. A construction site equipped with automated external defibrillators (AEDs) at every 100 meters demonstrates a proactive stance towards cardiac emergencies.

6. ENFORCEMENT AND SANCTIONS:

6.1 All first aid units must comply with all the requirements in this standard.

6.2 Non-compliance with these requirements may result in the imposition of sanctions in accordance with the regulatory procedures outlined by the concerned health authorities.

APPENDIX (1):

Minimum Medications for First Aid Unit

No	Medication	Strength	Authorized Professional to Administer
1.	Adenosine Injection	3mg/1ml, 6mg/2ml	• EMT Advanced/Paramedics
2.	Adrenaline Injection	1:10,000 (0.1mg/ml)-10m Prefilled Syringe	• EMT • EMT Advanced/Paramedics
3.	Amiodarone Injection	50mg/1ml (150mg/3ml)	• EMT • EMT Advanced/Paramedics
4.	Atropine Injection	0.5 - 0.6 mg.1ml vial or 0.5mg/5ml Prefilled Syringe	• EMT Advanced/Paramedics
5.	Naloxone	0.4MG/ML	• EMT • EMT Advanced/Paramedics
6.	Dextrose 10%		• EMT • EMT Advanced/Paramedics
7.	Dextrose 5% (D5W)	500ml	• EMT • EMT Advanced/Paramedics
8.	Furosemide Injection	20mg/2ml	• EMT Advanced/Paramedics
9.	Glucagon Injection	1mg	• EMT Advanced/Paramedics
10.	Salbutamol Aerosol Inhalation Nebules	1ml/1ml	• EMT • EMT Advanced/Paramedics
11.	Salbutamol Inhaler	100mcg/Dose	• EMT – Paramedic
12.	Epinephrine (Autoinjector/prefilled Pen) Pediatric	0.15mg (150mcg)	• EMT • EMT Advanced/Paramedics

13.	Epinephrine (Autoinjector/prefilled Pen) Adult	0.3mg (300mcg)	• EMT • EMT Advanced/Paramedics
14.	Aspirin Tablet	75-100mg	• EMT • EMT Advanced/Paramedics
15.	Metoclopramide Injection	5mg/ml	• EMT Advanced/Paramedics
16.	Hyoscine Butyl bromide Injection	20mg/ml	• EMT Advanced/Paramedics
17.	Ringer Lactate	500ml	• EMT • EMT Advanced/Paramedics

Note: Medication selection depends on the privileges of the available healthcare professional in the unit.

APPENDIX (2):

Medical Supplies and Equipment

Medical supplies:	Defibrillator pads
	Bandages
	Splints
	Arm sling
	Wound care supplies
	Dressings for burns
Personal Protective Equipment:	Masks
	Gloves
	Gowns
	Face shields or goggles
	Headcovers
Assessment Equipment:	Blood pressure monitors
	Thermometers
	Stethoscopes
	Pulse oximeters
	Lancing device

	Glucometers
	Urine analysis dip
	Percussion Hammer
	Tongue Depressors
	Diagnostic set for ENT & Eye Exam
Emergency Equipment:	Automated external defibrillators (AEDs)
	Oxygen cylinder and masks
	Ambu bags and masks for adult and pediatric patients
	Nebulizer and steam inhaler
	Eyewash
Treatment And General Medical Supplies:	Oro-pharyngeal airways sizes 1
	Oro-pharyngeal airways sizes 2
	Oro-pharyngeal airways sizes 3
	Oro-pharyngeal airways sizes 4
	Nasopharyngeal airway 7
	Nasopharyngeal airway 6
	Laryngeal Mask Airway size 3
	Laryngeal Mask Airway size 4
	Laryngeal Mask Airway size 5
	10 cc syringe

	GAUZE 4 X 4
	Add KY sachets
	Adhesive tape ½ inch
	Scissors
	One-inch tape or endotracheal tube securing device
	ETT size 8.5
	ETT SIZE 8 (Adult size)
	ETT SIZE 7.5 (Adult size)
	ETT SIZE 7 (Adult size)
	ETT SIZE 6.5 (Adult size)
	ETT SIZE 6 (Adult size)
	ETT holder (Adult)
	Stylet sizes adult
	Bougie
	Magill forceps
	10 cc syringe
	5 cc syringe
	GAUZE 10X10
	KY jelly Sachets
	Cannula G 16

	Cannula G 18
	Cannula G 20
	Cannula G 22
	Cannula G 24
	Syringe 60 cc
	Syringe 10 cc
	Syringe 5 cc
	Syringe 3 cc
	Syringe 1 cc
	Needle G22
	Needle G23
	Alcohol swab
	Band aid
	Tourniquet
	IV dressing (Tegaderm adult and pediatric)
	3-way adaptor
	Bandage 5cm * 4.5
	Extension tube
	SODIUM CHLORIDE (Prefilled syringe) 0.9 %, 10ML
	Multi adaptor
	IV set (macro-dripper)

	IV set (micro-dripper)
	IV Burette set
	SODIUM CHLORIDE 0.9% 500 ml
	DEXTROSE 5 %WATER 500 ml
	DEXTROSE 50 % in water 500ml
	Sterile Gloves
	Scissors
	Tissue forceps
	Intraosseous gun and needle
Patient Care Equipment and Mobility Aids:	Wheelchairs
	Stretchers or gurneys
	Bedpans and urinals
	Crutches
	Walkers
	Canes

Note: Equipment selection depends on the privileges of the available health care professional in the unit.