



COLEGIO  
INTERNACIONAL  
MERES



A **COGNITA** SCHOOL

# **First Aid Policy September 2025**

## **SPAIN**

### 1. General Statement

#### 1.1. What is meant by first aid:

- When a person is going to need the help of a medical professional, it is the treatment with the aim of keeping a person alive and minimizing the consequences of an injury or illness until such help is obtained; and
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- The treatment of minor injuries that would otherwise go untreated or do not require medical treatment or the assistance of a nurse.

#### 1.2. All guidelines of the comprehensive child protection policy must be adhered to both inside and outside the school premises when administering first aid.

#### 1.3. This policy applies to all students, including groups in Infants.

#### 1.4. The responsibility for drafting and implementing the First Aid Policy lies with the management of the centre, which must inform the staff and families. However, the implementation of this will also be the responsibility of all school staff so that minors are safe and protected while they are in our care.

### 2. Current procedure

#### 2.1. A designated person (First Aid Coordinator) will be responsible for conducting an annual review of our procedure and forecast. A First Aid Needs Assessment will also be carried out to ensure that appropriate services are provided according to the size of the school, the number of staff, the specific location and the needs of different individuals.

#### 2.2. Our First Aid Needs Assessment will take into account students and staff with special conditions or significant illnesses, such as asthma or epilepsy, include an analysis of the school's accident history and identify specific risks. It includes a section on mental health. In addition, it will incorporate detailed planning of excursions and visits, including residential, abroad and adventure excursions, which must always be accompanied by a person with first aid training according to our Educational Visits Policy.

#### 2.3. Our procedure describes when to call for help, such as when to request an ambulance or emergency medical assistance from healthcare professionals, and explains what the requirements are for documenting the necessary treatment once it has been applied. The main functions of people trained in first aid are to offer immediate help to those affected by common injuries or illnesses or by the specific risks of the school.

#### 2.4. We will ensure that we can always provide first aid, including on educational visits, during physical education hours and as long as the school facilities are in use.

#### 2.5. A confidential record, electronic or written, of all accidents and/or injuries and of the administration of first aid will be maintained on Medical Tracker or other similar school record. Families should be informed of any accidents or injuries or first aid treatment applied, on the same day or as soon as possible.

#### 2.6. PROTOCOL OF ACTION IN THE EVENT OF A SCHOOL ACCIDENT: GENERAL GUIDELINE:

1. Accompany the student to the nursing office.

### 2. Assess the extent of the injury

MILD: Treatment in the nursing and informing parents or legal guardians

MODERATED: Call the parents or legal guardians, so that they come to pick up the student. If parents are unable to come, school staff will accompany the student to the health centre or hospital.

SERIOUS/VERY SERIOUS: Call 112 and notify parents or legal guardians

## 3. First aid training

3.1. Each year, the training needs of the staff will be reviewed with the aim of ensuring that the staff have the necessary training to fulfil their obligations to provide first aid. Specifically, the following skills and experience will be taken into account:

- Reliability, communication and disposition;
- Aptitude and ability to assimilate new knowledge and acquire new skills;
- Ability to deal with stressful and physically demanding emergency procedures;
- Their usual functions must be such that they can be abandoned immediately to quickly attend to an emergency; and
- The need to perform the usual tasks interrupting the teaching and learning tasks as little as possible.

3.2. Persons designated to provide first aid have received appropriate training in First Aid (First Aid at Work preferably including paediatric training). The school coordinates with its training provider the possibility of designing specific training, taking into account the regional regulations on the use of defibrillators and the school's *First Aid Needs Assessment*. Regarding the ratio of people trained in first aid; the school will follow the recommendations of NTP 458: First aid in the company: organization, with 1 trained in first aid for every 50 people (including students and staff) being the ratio set as objective.

In addition, some staff members, as needed, receive training in Medication Administration and Allergy Management.

3.3. The trainings will be updated every 3 years. Training in the Use of Defibrillators is determined by regional regulations. In the Autonomous Community of the Principality of Asturias, training in the Use of Defibrillators will include an initial training of 6 hours and retraining every three years

3.4. Each year we will review the need to update training to ensure that basic skills are kept up to date, although we are aware that this is not mandatory.

## 4. Key personnel

|                                                                                                                                                     |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| First Aid Coordinator (designated person): responsible for first aid equipment and facilities, as well as calling emergency services when necessary | Laura Rodríguez Menéndez |
| Person responsible for keeping the First Aid Training Log up to date                                                                                | Laura Rodríguez Menéndez |

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|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The following employees have completed an official training course in "First Aid for School Workers" (Occupational First Aid + Pediatric) | Personnel list you can look where the defibrillator (secretary) and teachers' rooms are. Roger Gutierrez Sarmiento, Alejandro Cimadevilla Braña, Delia Alonso Rodríguez, José Manuel Quintana Hevia, Jaime Escotet, Beatriz Alvarez Cabello, Claudia García-Lacazzete, Carmen López-Fanjul Tartiere, Rocío García Fernández, Lorenzo Rodríguez Solís, Yolanda Piñera, Ana Álvarez Fernández, Cristina García Blanco, Alba Fanjul Gabarri, Ana García Pérez, Mónica Rodríguez Díaz-Calleja, Cristina Tellechea Blanco, Paola Alonso González, Soledad Boris Álvarez, Andrés Alonso Fernández, Manuel Fernández Menéndez, Carmen Lauret Braña, Lalo Sanchez Muñoz, Abraham Soto, Sonia Barral, Alba Magdaleno, Borja Villoslada, Paula Valdés, Paloma Baragaño, Olaya Mediavilla, Teresa Leto |
| The following employees have completed a course in the use of defibrillators taking into account the corresponding regional regulations   | Staff list can be seen where the defibrillator (secretary) and teachers' rooms are. Pilar Miralles Gómez, José Manuel Quintana Hevia, Delia Alonso Rodríguez, Elena Canella, Alejandro Cimadevilla Braña, Ángela Estébanez, Laura Rodríguez Menéndez, Roger Gutierrez Sarmiento                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

## 5. Contents of our first aid kit

- 5.1. As a minimum requirement, there must be a properly equipped first aid kit, with a person in charge of it (see section 3.1 above) and with the necessary information for the staff to be able to provide first aid.
- 5.2. The properly equipped first aid kit must contain the following (or failing that, suitable alternatives):
  - A general first aid information booklet
  - Several pairs of disposable nitrile gloves
  - 2 individually wrapped masks
  - Hydroalcoholic gel
  - A disposable mask for mouth-to-mouth practice
  - Various individually wrapped sterile gauze pads
  - 5 individually wrapped triangular bandages
  - 5 safety pins
  - Gauze roll
  - Elastic Sale
  - Band-aids (various sizes)
  - 2 Finger Bandage
  - Various sterile non-impregnated dressings
  - Several ampoules of 5ml of saline solution
  - Chlorhexidine
  - Esparadrapo
  - Scissors
  - Pincers
  - Ice pack
  - Vomiting bag

- 5.3. The First Aid Coordinator is the person responsible for checking the contents of the kits and replacing what is needed. Pills, creams and medicines should not be stored in the first aid kit unless absolutely necessary, such as in cases of severe food allergies where it may be advisable to keep an auto-injector device in the dining room medicine cabinet.
- 5.4. The first aid kits will be stored in the following places: Infirmary (infant building), kitchen, secretary's office, high school and secondary school teachers' room, high school coordinator's office, offices for each primary cycle, maintenance team office.
- 5.5. We strive to prevent the spread of infections at school, especially in the event of spillage of bodily fluids, which we effectively remove by washing the skin with soap and plenty of running water; if they fall on the eyes, remove it with tap water and/or eye drops, and wash nasal secretions with tap water. Any data on contamination is recorded and professional assistance is requested if necessary. For more information, please consult our Infection and Disease Prevention and Control policy.
- 5.6. First responders should take appropriate steps to avoid the risk of infection by covering any cuts and scrapes with waterproof bandages, wearing appropriate latex gloves, appropriate eye protection and aprons when splashes could occur, and other equipment such as face masks when mouth-to-mouth, and hands should be washed after each procedure. We make sure to dispose of waste correctly. .
- 5.7. We will ensure that third parties and external suppliers, including transport services, visiting clubs or schools etc., have adequate first aid provided.
- 5.8. We ensure that any third parties or suppliers, including catering and cleaning companies, are aware of our policies and procedures.

## 6. Early Childhood Education Department

- 6.1. At least one person trained in First Aid, preferably with Paediatric Training, must be present at the facilities during the school hours of the infant students. The new infant staff will receive this training. A list of personnel trained in First Aid will be displayed.
- 6.2. No educational visits or activities outside the school grounds will be carried out without the presence of at least one person trained in first aid.
- 6.3. We maintain an electronic or written record of all accidents and incidents and of first aid administered; We inform families or guardians of the accident or incident that occurred throughout the same day or as soon as possible, as well as the first aid administered. The record is kept confidential in Medical Tracker/College Registry.
- 6.4. Prescription medicines will only be administered if the school has a record of the prescription and has a clear management procedure. Medication (prescription or over-the-counter) will only be administered when the school has written permission from the child's family.

## 7. Accident Log and First Aid Treatments

- 7.1. Students will inform their faculty, peers or nearest staff member if they are unwell or if they have hurt themselves. They will also inform the staff if another student is unwell or has taken a bath.
- 7.2. All accidents will be recorded immediately after the accident, and will include the presence of witnesses and details of any injuries or damages. The entries will be kept confidential in the accident register. The person in charge of first aid will be the one who carries out the registration of accidents under strict confidentiality. An investigation of the incident may be needed so that we can learn from what happened and take action to prevent a recurrence. A Serious Incident Report (SIRF) may also need to be completed in the event of an accident or serious incident. .
- 7.3. First aid treatments will be recorded by the person who provides them. The date, time, and place will be noted along with the name of the class and the injured or ill person. The details of the injury, the type of first aid treatment and what happens afterwards should also always be noted.
- 7.4. The First Aid Coordinator will be responsible for maintaining an accident log that includes the assessment of accidents, and must also report regularly to the health and safety committee so that it can follow up.
- 7.5. We are guided by the definition of Ofsted (the British Office for Education Standards and Standards) in relation to serious injuries:
- An injury that requires resuscitation
  - Hospital admission of more than 24 hours
  - Broken or broken bone;
  - Dislocation of a joint such as shoulder, knee, hip or elbow, finger
  - Loss of consciousness;
  - Breathing difficulties
  - An injury that leads to hypothermia or heat illness
  - Temporary or permanent vision loss
  - Chemical or hot metal burn to the eyes, or penetrating eye injuries;
  - Injury due to absorption of substances by inhalation, ingestion, or through the skin
  - Injury caused by an electric shock or electric burn that causes unconsciousness or requires resuscitation or hospital admission;
  - Medical treatment when there is reason to believe that it is due to exposure to a biological agent or its toxins or infected material.
- 7.6. We are guided by the Ofsted's definition in relation to minor injuries:
- Animal bites or insect stings, such as bee stings that do not cause an allergic reaction
  - Sprains, sprains, and contusions;
  - Cuts and scrapes;
  - Wound infections;
  - Minor burns;
  - Wound infections
- 7.7 Personnel accidents must be reported to the person responsible for HR at the school.

## **8. Record of Near Misses**

- 8.1. A near miss is a circumstance in which there have been no injuries and no first aid has been required, but in which someone could have been injured or sick. We keep a record of near misses.

## **9. Hospital treatment**

- 9.1. If a minor has an accident or becomes ill in need of hospital treatment, the school must take care of:
- call an ambulance so that the child can receive treatment and transfer
  - Notify the family (emergency contacts) or legal guardian.
- 9.2. When an ambulance is called, the first aid person should stay with the child until an authorized family member arrives or accompany the child to the hospital in the ambulance if necessary.
- 9.3. When it is decided that a minor should be taken to an emergency department, the first aid officer should either accompany the child or stay with him/her until an authorized family member or guardian arrives.
- 9.4. In the unlikely event that, from the school, a minor has to be transferred to the hospital, it will always be done with two adults, with the authorization of the Management and in a taxi or in a school vehicle (not a private vehicle).

## **10 Prescription and nonprescription drugs**

- 10.1 Staff will only administer prescription medications (from a qualified medical professional) brought by the family of the minor whose name is on the medication along with the prescribed dose.
- 10.2 Staff may administer medications (both prescription and over-the-counter) only if they have written consent for the administration of that particular medication from the parent or legal guardian. When medication is administered, the family will be informed and the fact will be recorded in Medical Tracker (or the school system).
- 10.3 Medicines containing aspirin will not be administered unless they have been prescribed for the child in question.
- Medications containing ibuprofen are usually used to treat mild/medium pain and for short periods of time. It is usually given every 8 hours so for most students, they can take it at home. In case of having to administer them at school, there must be a doctor's prescription or written note from the family indicating dosage.
- 10.4 Wounds should preferably be washed with soap and water, or cleaned with serum, using additional chlorhexidine if an antiseptic is required. The use of iodine is not recommended to avoid allergic reactions and unnecessary exposure to this substance.
- 10.5 We encourage children to use their own asthma inhalers from a very young age. Asthma medications are always stored in or near the same classroom until children can use them independently and should always be taken to school field trips/events.

- 10.6 If a minor regularly self-medicates at school, a risk assessment of self-medication must be carried out for the pupil concerned.
- 10.7 For students with an Individual Care Plan, permission is asked from the family on what medication they need and how it is administered. See Student Health and Wellbeing Policy
- 10.8 Most antibiotics do not have to be given during school hours, and families should ask their doctor to prescribe an antibiotic that can be given outside of school hours, if possible. However, if not, see paragraph 11 on storage of medicinal products.
- 10.9 The school keeps an accurate record of each time each student receives medication or takes it under supervision, in a written record. It records the data about the supervising employee, the name of the child, the dose, the date and the time. If a minor refuses to take the medication that is being administered, the family is also noted and notified as soon as possible. The family will be notified when a minor is given medication.
- 10.10 All members of the school's staff who provide medication are trained. The school has an updated list of people who have agreed to provide medication and have received the corresponding training.
- 10.11 **For staff members** only, aspirin will be available at the school. In case a staff member has a possible heart attack, emergency services recommend taking a 300mg aspirin dose. This will be kept under lock and key in the school medicine cabinet in the Infirmary.

## 11 Medication Storage

- 11.1 Families must inform the school if they are going to send or deliver a medication to the school, for proper storage. It is not allowed for students to carry medication with them or in their backpacks, unless it has been agreed through an Individual Care Plan or risk assessment of self-medication.
- 11.2 Medicines are always stored safely, in their original packaging, according to the specific instructions of each product, paying special attention to temperature. Some of the medicines kept by the school may need to be refrigerated. All refrigerated medicines are stored in a labelled airtight container. Refrigerators used to store medications are located in a secure area that cannot be accessed by students unsupervised or that have the proper lock. Refrigerators for the storage of medicines are used for this purpose only. They can also contain ice packs and juice/yogurt to stabilize sugar drops.
- 11.3 All medicines will be stored in the original container in which they are dispensed, along with the dosage instructions given by the doctor.
- 11.4 If a student is prescribed a controlled medication, it will be kept in custody in a closed, non-portable container, inside a locked locker (or room), to which only designated personnel will have access. Controlled medicinal products must be accounted for and administered in the presence of a witness if they are not provided by a qualified medical professional. The medication form must be signed by two people, and one of them must be the First Aid Coordinator. The amount of medication remaining should be recorded, and included in a controlled medication registry.
- 11.5 The school is responsible for checking the expiry dates of the medicines and notifying the family for their refill. All medications will be sent home at the end of the school year. Medications are not stored during the summer holidays. If the family does not collect the medications that

have expired or those that remain at the end of the course, they will be taken to a local pharmacy for safe disposal.

- 11.6 Medications should be stored in a secure, enclosed location that only designated personnel would have access to, with the exception of auto-injectors, asthma inhalers, and hypodermic diabetes kits, which should be stored near minors who need them. The first aid coordinator or school nurse will check, three times a year, the expiry date of all medicines stored in the school.
- 11.7 The needles will be disposed of in sharps boxes. All school sharps boxes are kept inside a locked cabinet, unless other security measures are in place. If a sharps box is needed during a field trip or visit, a designated staff member will arrange for it to be stored in a safe place and then taken to a local pharmacy, school, or given to the child's family. The school will collect sharps boxes and dispose of them every two years.

## 12 Defibrillators (AED)

- 12.1 The school has a defibrillator in the Secretary's Office.  
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- 12.2 The defibrillator is always accessible, and staff should know its location, as well as the people trained to use it. They have been designed to be used by people without specific training, you just have to follow the attached instructions that appear in the same step by step
- 12.3 The AED supplier is responsible for the replacement of items such as batteries and our contract includes maintenance of the appliance. The first aid officer must ensure compliance with this contract. .

## 13 Monitoring and evaluation

- 13.1 The school's leadership team monitors the quality of first aid services, including staff training and accident reporting on a quarterly basis. Our policy is reviewed once a year. Compliance with this will be formally communicated to the meetings of the school's *Health and Safety Committee*. This Committee duly reports to the Head of Educational Compliance who reports to the European *Health and Safety Assurance Board*.
- 13.2 Upon request, we can inform the child protection team of a summary of the first aid treatments that children have received and the identification of recurring patterns or risks, lessons learned and management measures to be taken in this regard, including appropriate training for staff.

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