

COGNITA

First Aid Policy



Septiembre 2023

SPAIN

FIRST AID POLICY

1. General Statement

1.1. The definition of First aid is as follows:

- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

1.2. This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

1.3. The policy applies to all pupils including those pupils in Early Years.

1.4. The responsibility for drawing up and implementing the First Aid policy is delegated to the Head, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep children healthy, safeguarded and protected whenever they are in our care.

2. Current Procedure

2.1 Our appointed person (First Aid Coordinator) undertakes and records an annual review. A First Aid Needs Assessment is carried out to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of individuals.

2.2 Our First Aid Needs Assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk trips which always include a suitably trained first aider, in keeping with our Educational Visits policy.

2.3 Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals. It outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

2.4 We ensure that first aid provision is available at all times, including out of school trips, during PE, and at other times when the school facilities are used.

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2.5 We keep an electronic record of all accidents or injuries and first aid treatment on Medical Tracker or a written record where Medical Tracker is not available (Accident reporting software tool). We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment. Records are stored confidentially in Medical Tracker. The recording of an accident is carried out in confidence at all times by the person administering first aid.

2.6. During medical office hours (9 a.m. to 3 a.m.), the doctor will be the one who manages medical issues. Outside of those hours, the teacher in charge will be the one who will notify the parents. There is also a group of teachers with a first aid course. There are two people who can administer medications and make a first assessment when the office is not operational

3. First Aid Training

3.1 We carefully consider, and review annually, the training needs of our staff to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular, we consider the following skills and experiences: -

- Reliability, communication and disposition,
- Aptitude and ability to absorb new knowledge and learn new skills,
- Ability to cope with stressful and physically demanding emergency procedures,
- Normal duties are such that they may be left to go immediately and rapidly to an emergency, and
- Need to maintain normal operations with minimum disruption to teaching and learning.

3.2 First Aiders in our school have all undertaken appropriate training. They have a qualification in First Aid for School Staff (First Aid at Work preferably to include Paediatric training). The school liaises with our training provider to make sure that the training can be tailored to the specific needs of the school, taking the local regulations on the use of defibrillators and the First Aid Needs Assessment into account. The school follows the recommendations of the *NTP 458: Primeros auxilios en la empresa: organización*, the target ratio is 1 first aider for every 50 people (including pupils and staff).

Additionally, key staff members will receive training in Administering Medication and Children with Allergies.

3.3 General First Aid training will be updated every three years and will not be allowed to expire before retraining has been achieved. Training in the use of Defibrillators is governed by regional regulations. In Comunidad de Madrid Defibrillator training is every two years

3.4 The need for ongoing refresher training for any staff will be carefully reviewed each year to ensure staff basic skills are up to date, although we are aware that this is not mandatory.

4. Key personnel

First Aid co-ordinator (appointed person) - responsible for looking after first aid equipment and facilities, as well as calling the emergency services as required	Marta Fernández García
Person responsible for maintaining school First Aid Training Register	Marta Fernández García / Cristina Crespo

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The following staff have completed a recognised training course in First Aid for School Staff (First Aid at Work including Paediatric training).	Listado en corcho de Seguridad y Salud en sala de profesores
The following staff have completed a recognised training course in the use of Defibrillators, in line with local requirements.	Listado en corcho de Seguridad y Salud en sala de profesores

5. Contents of our First Aid Box

5.1 Our minimum provision, (**not mandatory**) as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person (see 3.1 above), as well as the provision for staff of relevant information on first aid arrangements.

5.2 In our suitably stocked First Aid box we provide the following, or suitable alternatives:

- a leaflet giving general guidance on First Aid
- Several pairs of powderless disposable gloves (preferably not latex)
- 2 FFP2 masks (individually wrapped)
- Hand sanitiser
- A disposable face-shield for mouth-to-mouth practice
- Several sterile wipes individually wrapped
- 5 individually wrapped triangular bandages (preferably sterile);
- 5 safety pins;
- Roll of cotton bandage
- Elastic bandage
- Plasters (assorted sizes)
- Sterile eye pads x2
- Finger bandage x2
- two - four individually wrapped triangular bandages (preferably sterile);
- safety pins x6
- Small (approx 4cm x 4cm) individually wrapped sterile unmedicated wound dressings x2
- Medium (approx 12cm x 12cm) individually wrapped sterile unmedicated wound dressings x2
- Large (approx 18cm x 18cm) sterile individually wrapped unmedicated wound dressings x2
- Several 5ml saline solution bottles
- Chlorhexidine
- Roll of microporous tape
- 1 pair of scissors
- 1 pair of tweezers
- Ice Pack
- Sick bag

5.3 The First Aid coordinator is responsible for examining the contents of the first aid boxes. These are checked frequently and restocked as soon as possible after use. Extra stock is held within the school and items discarded safely after the expiry date has passed. We do not keep tablets, creams or medicines in the first aid box unless this is absolutely necessary such in cases of severe allergies where the school is required to keep auto injector devices in the First Aid Box of the Lunch Hall.

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- 5.4** Our first aid boxes are kept in the following places: doctor's office, staffroom, school lobby and Swimming pool
- 5.5** We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate. For further information please see our Prevention and Control of Infection and Communicable Diseases Procedures.
- 5.6** First Aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl gloves, using suitable eye and face protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation, wash hands after every procedure. Ensuring any waste products are disposed of in a yellow clinical waste bag or box in line with procedures in 5.5.
- 5.7** We ensure that any third-party lettings or providers, including transport, have adequate first aid provision which complies with our standards. For example, visiting sports clubs or schools.
- 5.8** We ensure that any third-party contractors, including catering and cleaning, working with us are aware of our policy and procedures.

6. Early Years

- 6.1** We ensure that at least one person with a current First Aid at Work, preferably including paediatric training, certificate is on our premises at all times, when pupils are present. All new nursery and pre-school staff within our Early Years will undertake this first aid training. All first aid certificates will be displayed.
- 6.2** No outing from school is undertaken without the presence of at least one person with a first aid qualification, present on and off site.
- 6.3** We keep a written record of all accidents or injuries and first aid treatment, and we inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, as well as any first aid treatment. Records are stored confidentially in EVOLUA on the school register. The recording of an accident is carried out in confidence at all times by the person administering first aid.
- 6.4** Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist or a nurse and we have a clear procedure for managing this.

7. Recording Accidents and First aid treatment

- 7.1** Pupils will tell their teacher or nearest staff member, or fellow pupils when they are not feeling well or have been injured. They will let a member of staff know if another pupil has been hurt or feeling unwell.
- 7.2** All accidents are recorded immediately after the accident, including the presence of any witnesses and details of any injury or damage. Records are stored confidentially in Medical Tracker (Accident reporting software tool) or in the school accident book. The recording of an accident is carried out in confidence at all times by the person administering first aid. An

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accident investigation may be required so that lessons are learnt and actions taken to prevent reoccurrence. A Serious Incident Reporting Form may require completion for any serious accident, incident or occurrence.

7.3 Any treatment of first aid is recorded by the person who administered first aid. We will record the date, time and place with the name of the class, of the injured or ill person. Details of the injury or what first aid was administered, along with what happened afterwards is always recorded.

7.4 The First Aid Co-ordinator is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents, and regular reporting to the school H&S Committee for monitoring purposes.

7.5 As guidance, we adopt the definition of Ofsted with regard to serious injuries as follows:

- broken bones or a fracture
- loss of consciousness
- pain that is not relieved by simple pain killers;
- acute confused state;
- persistent, severe chest pain or breathing difficulties;
- amputation;
- dislocation of any major joint including the shoulder, hip, knee, elbow or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital;
- any other injury leading to hypothermia, heat-induced illness or unconsciousness, requiring resuscitation, requiring admittance to hospital;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

7.6 As guidance, we adopt the definition from Ofsted for minor injuries, of which we always keep a record, as follows:

- sprains, strains and bruising;
- cuts and grazes;
- wound infections;
- minor burns and scalds;
- minor head injuries;
- insect and animal bites;
- minor eye injuries; and
- minor injuries to the back, shoulder and chest.

8. Recording Incidents and Near misses

8.1 We record any near misses which are an event such as occurrences where no one has actually been harmed and no first aid was administered but have the potential to cause injury or ill health. We record any incidents that occur on the premises, and these may

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include a break in, burglary, theft of personal or school's property; intruder having unauthorised access to the premises, fire, flood, gas leak, electrical issues.

9. Hospital treatment

9.1 If a pupil has an accident or becomes ill, and requires immediate hospital treatment, the school is responsible for:

- calling an ambulance in order for the pupil to receive treatment
- immediately notifying the pupils parent/carer

9.2 When an ambulance has been called, a first aider will stay with the pupil until the parent arrives or accompany pupil to hospital by ambulance if required.

9.3 Where it is decided that pupil should be taken to A&E Department a first aider must either accompany them in the ambulance or remain with them until the parent/carer arrives.

9.4 Where a pupil has to be taken to hospital for a non-urgent treatment, parents will be asked to collect the child and take them.

10. Prescription and Non-prescription medication

10.1 Staff will only administer prescribed medication (from a doctor, dentist or qualified nurse) brought in by the parent/carer, for the pupil named on the medication in line with the stated dose.

10.2 Staff may administer non-prescription medication such as ibuprofen, paracetamol and allergy medication where parents have provided written consent for this to happen. The school will supply this non-prescription medication. Where medication is administered, parents should be informed.

10.3 Medicine containing aspirin or ibuprofen will not be administered to any pupil unless prescribed by a doctor for that particular pupil. Ibuprofen is usually used for the treatment of mild to moderate acute pain and usually only for short term use. It is usually given every 8 hours and so for the majority of children this can be administered at home before and after school.

10.4 Wounds will preferably be cleaned with soap and water, using chlorhexidine additionally when an antiseptic is needed. The use of iodine is strongly discouraged to avoid allergic reactions and an unnecessary exposure to this substance.

10.5 We encourage pupils to manage their own asthma inhalers from a very young age. Asthma medication is always kept in or near children's classrooms until children can use it independently and it must always be taken on school trips/events.

10.6 If pupils are to self-medicate in school on a regular basis, then a self-medicator's risk assessment form will be carried out.

10.7 For pupils with Individual Healthcare Plans, parental consent will be sought regarding details of what medication they need in school, who is going to give it to them on a regular/daily basis. Refer to Supporting Pupils with Medical Conditions Policy.

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- 10.8 Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask their doctor to prescribe an antibiotic which can be given outside of school hours, where possible. If, however, this is not possible then please refer to Storage of Medicine paragraph.
- 10.9 This school keeps an accurate record on the school medical tracker EVOLUA of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded, and parents are informed as soon as possible. Parents/carers are notified when the pupil has been administered medicine on the same day or as soon as reasonably practicable.
- 10.10 All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.
- 10.11 For members of staff only, not the pupils, Aspirin tablets will be held at the school, whereby should a member of staff have a suspected heart attack, the emergency services may recommend the casualty take 1 full dose of aspirin tablet (300mg). This will be kept in a locked cupboard in the Medical room.

11. Storage of Medication

- 11.1 Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- 11.2 We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.
- 11.3 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.
- 11.4 If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container and only named staff will have access. Controlled drugs must be counted in and witnessed if they are not administered by a qualified nurse or practitioner. The medication form must be signed by two people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication and logged in a controlled drug recording book.
- 11.5 Parents should collect all medicines belonging to their child at the end of the day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- 11.6 We will keep medicines securely locked and only named staff will have access, apart from AAI's (Adrenaline Auto-Injectors), Asthma pumps and diabetes hypo kits which need to be

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with or near pupils who need them. Three times a year the First Aid Coordinator/School Nurse will check the expiry dates for all medication stored at school and the details will be stored on Medical Tracker.

- 11.7 Sharps boxes are used for the disposal of needles. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. Collection and disposal of sharps boxes is arranged by the school biannually.

1.2 . Defibrillators (AED)

- 11.8 The school has two defibrillators.
- 11.9 The defibrillator is always accessible, and staff are aware of the location, and those who staff have been trained to use it. They are designed to be used by someone without specific training and by following the accompanying step by step instructions on it at the time of use. The manufacturer's instructions are circulated to all staff and use promoted should the need arise.
- 11.10 The AED provider is responsible for replacing items such as batteries and our contract includes regular maintenance. The First Aid Coordinator is responsible for ensuring the provider complies with the contract.

12. Monitoring and Evaluation

- 12.1 Our school's senior leadership team monitors the quality of our first aid provision, including training for staff, and accident reporting, on a termly basis. Our policy will be reviewed annually, accordingly. Compliance will be reported formally to the school's termly H&S Committee. Minutes of these are submitted to the Head of Educational Compliance at Cognita SCP Regional Office. The Head of Educational Compliance will report to the Cognita Europe Regional H&S Assurance Board.
- 12.2 Reports are provided to our Safeguarding committee which include an overview of first aid treatment to children including the identification of any recurring patterns or risks, lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff.
- 12.3 As Proprietor, Cognita Schools has published a compliance training matrix for schools which details preferred providers of first aid training, including approximate costs and procurement arrangements.

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