COGNITA

First Aid Policy

MIRASUR SCHOOL

SPAIN
September 2025

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 goal of keeping a person alive and minimizing the consequences of an injury or illness until such help is obtained; and,
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- Treatment of minor injuries that would otherwise go untreated or do not require medical treatment or nursing assistance.

1.2. All guidelines in the comprehensive child protection policy must be followed both on and off school premises when administering first aid.

1.3. This policy applies to all students, including Early Childhood groups.

1.4. Responsibility for drafting and implementing the First Aid Policy rests with the school administration, which must inform staff and families. However, its implementation will also be the responsibility of all school staff to ensure that children are safe and protected while in our care.

2. Current procedure

2.1. A designated person (First Aid Coordinator) will be responsible for conducting an annual review of our procedures and planning. A First Aid Needs Assessment will also be conducted to ensure that appropriate services are provided based on the school's size, staff numbers, specific location, and individual needs.

2.2. Our First Aid Needs Assessment will consider students and staff with special conditions or significant illnesses, such as asthma or epilepsy. It will include an analysis of the school's accident history and identify specific risks. It includes a section on mental health. It will also incorporate detailed planning for excursions and visits, including residential, overseas, and adventure trips, which must always be accompanied by a person trained in first aid, in accordance with 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 the requirements for documenting necessary treatment once it has been administered. The primary role of first aid trainees is to provide immediate assistance to those affected by common injuries or illnesses, or those affected by school-specific risks.

2.4. We will ensure that we can always provide first aid, including during 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 the administration of first aid will be maintained inEVOLVE or in another similar school record. Families should be informed of any accident or injury, or any first aid treatment given, on the same day or as soon as possible.

2.6. During office hours (9 to 3) the doctor will be in charge of medical matters, outside of these hours the teacher in charge will notify the families. There is also a group of teachers with first aid courses. There are two people who can administer medications and make an initial assessment when the office is not open.
ACTION FOR STUDENTS WITH MEDICAL NEEDS (H&S cork in staff room).

3. First aid training

3.1. Each year, staff training needs will be reviewed to ensure they have the necessary training to fulfill their first aid duties. Specifically, the following skills and experience will be considered:

- Reliability, communication and disposition;
- Aptitude and capacity to assimilate new knowledge and acquire new skills;
- Ability to deal with stressful and physically demanding emergency procedures;
- Their normal duties must be such that they can be abandoned immediately to deal quickly with an emergency; and
- The need to perform routine tasks with minimal interruptions to teaching and learning.

3.2. Persons designated to provide first aid have received appropriate training in First Aid (First Aid at Work, preferably including pediatric training). The college coordinates with its training provider the possibility of designing specific training, taking into account regional regulations on the use of defibrillators and the*First Aid Needs Assessment of* the school. 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 one person trained in first aid for every 50 people (including students and staff) as the target ratio.

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

3.3. The training will be updated every 3 years. Training in the use of defibrillators is determined by regional regulations.The Community of Madrid training in the use of defibrillators is every two / three years.

3.4. The need for updated training will be reviewed annually to ensure that core skills are maintained, although we understand that it is not mandatory.

4. Key Personal

First Aid Coordinator (designated person): responsible for first aid equipment and facilities, as well as calling emergency services when necessary	Marta Fernández
Person responsible for keeping the First Aid Training Record up to date	Marta Fernández
The following employees have completed an official training course in “First Aid for School Workers” (Occupational + Pediatric First Aid)	Listed in: H&S Corcho Eaters Pool MSC-ISEF
The following employees have completed a course in the use of defibrillators taking into account the corresponding regional regulations	Álvaro Bustamante Ana Crespo Ana Campos Dan Cotout Ivan Gonzalez

	Nuri Garcia Silvia Sotomayor Tamara Capita Ulises Valenciano Virginia Fariña

5. Contents of our First Aid Box

5.1. As a minimum requirement, there must be a properly equipped first aid kit, with a person in charge of it (see previous section 3.1) and with the necessary information so that the staff can provide first aid.

5.2. A properly equipped first aid kit should contain the following (or, failing that, suitable alternatives):

- A general information leaflet on first aid
- Several pairs of disposable nitrile gloves
- 2 individually wrapped masks
- Hydroalcoholic gel
- A disposable mask for mouth-to-mouth practice
- Several individually wrapped sterile gauze pads
- Roll of gauze
- Elastic bandage
- Band-Aids (various sizes)
- 2 Finger bandage
- Various sterile non-impregnated dressings
- Several 5ml ampoules of saline solution
- Clorhexidina
- Adhesive tape
- Scissors
- Ice pack
- Vomit bag

5.3. The First Aid Coordinator is responsible for checking the contents of the first aid kits and restocking any items as needed. No pills, creams, or medications should be stored in the first aid kit unless absolutely necessary, such as in cases of severe food allergies, where a device may be advisable.autoinyectorin the dining room medicine cabinet.

5.4. First aid kits will be kept in the followingPlaces: Medical office (in the Infant area), teachers' room, kitchen, swimming pool and secretary.

5.5. We strive to prevent the spread of infection at school, especially in the case of spilled bodily fluids, which we effectively remove by washing the skin with soap and plenty of running water. If spilled, we remove it with tap water and/or eye drops, and rinse nasal secretions with tap water. Any contamination is recorded, and professional assistance is sought if necessary. For more information, please consult our Infection and Disease Prevention and Control Policy.

5.6. First aid providers will take appropriate measures to prevent the risk of infection by covering all cuts and grazes with waterproof bandages, wearing suitable latex gloves, appropriate eye protection, and aprons when splashing may occur, and other equipment such as face shields when mouth-to-mouth is administered. Hands must be washed after each procedure. We ensure proper waste disposal.

5.7. We will ensure that third parties and external providers, including transport services, clubs or schools visitors, have adequate first aid supplies.

5.8. We ensure that any third party or supplier, including catering and cleaning companies,are aware of our policies and procedures.

6. Early Years

6.1. At least one person trained in First Aid, preferably with Pediatric Training, must be present on the premises during school hours for preschool students. The new children's staff will receive this training. A list of personnel trained in First Aid will be posted.

6.2. No educational visits or activities will be held outside the school grounds without the presence of at least one person trained in first aid.

6.3. We keep an electronic or written record of all accidents and incidents and the first aid administered. We inform families or guardians of the accident or incident that occurred during the same day or as soon as possible, as well as of the first aid administered. The record is kept confidential inEVOLVE/school registration.

6.4. ThePrescription medications will only be administered if the school has proof of the prescription and has a clear management procedure. Medication (prescription or non-prescription) will only be administered if the school has proof of the prescription and has a clear management procedure.administrawhen the school has written permission from the minor's family (parental consent).

7. Recording Accidents and First aid treatment

7.1. Students will inform their teacher, classmates, or the nearest staff member if they feel unwell or have hurt themselves. They will also inform staff if another student feels unwell or has hurt themselves..

7.2. All accidents are registered as soon as possible, and the presence of witnesses and details of any injuries or damages will be included. Notes will be kept for personal confidentiality in the EVOLUA medical needs registration platform. The first aider will be responsible for recording accidents under strict confidentiality. A formal investigation of the incident may be required, and after the investigation, we may also need to complete a Serious Incident Report Form (SIRF).

7.3. First aid treatments will be recorded by the person providing them.The date, time and place, details of the injury, the type of first aid treatment and what happens next will be noted.

7.4. The First Aid Coordinator will be responsible for maintaining an accident log, including an accident assessment, and will also be required to report regularly to the Health and Safety Committee for follow-up.

7.5. We are guided by the Ofsted (the British Office for Education Standards) definition of **serious injuries**:

- An injury requiring resuscitation

- Hospital admission of more than 24 hours
- Broken or fractured 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 the absorption of substances by inhalation, ingestion, or through the skin
- Injury caused by an electric shock or electrical burn that causes unconsciousness or requires resuscitation or hospitalization;
- 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 definition of **minor injuries**:

- Animal bites or insect stings, such as bee stings, which do not cause an allergic reaction
- Sprains, strains and bruises;
- 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. Recording 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 where someone could have been injured or made ill. We keep a record of near misses.

9. Hospital treatment

9.1. If a child has an accident or becomes ill and requires hospital treatment, the school must take care of:

- Call an ambulance so that the minor can receive treatment and transportation
- notify family (emergency contacts) or legal guardians.

9.2. When we call an ambulance, the person in charge of administering first aid must stay with the child until an authorized family member arrives or accompany them to the hospital in the ambulance if necessary.

9.3. When it is decided that a minor should be taken to an emergency room, the first aid provider should either accompany the minor or stay with him/her until an authorized family member or guardian arrives.

9.4. In the unlikely event that a child needs to be transported from school to the hospital, this will always be done with two adults, with the authorization of the principal, and in a taxi or a school vehicle (not a private vehicle).

10 Prescription and non-prescription medications

10.1 The staff will only administer prescription medications (from a qualified medical professional) brought by the family of the minor whose name appears on the medication along with the prescribed dose.

10.2 Staff may administer medications (both prescription and non-prescription) only in the case of having written consent for the administration of that specific medication from the parents or legal guardian. When medication is administered, the family will be informed and the fact will be recorded inEVOLVE (or the school system).

Medications containing ibuprofen are typically used to treat mild to moderate pain and for short periods of time. It's usually administered every 8 hours, so most students can take it at home. If it needs to be administered at school, a doctor's prescription or a written note from the family detailing the dosage is required.

10.3 Wounds should preferably be washed with soap and water, or cleaned with saline, using chlorhexidine additionally if an antiseptic is required. The use ofandEverything is not recommended to avoid allergic reactions and unnecessary exposure to this substance.

10.4 We encourage children to use their own asthma inhalers from a very young age. Asthma medications should always be kept in or near the classroom until children can use them independently and should always be taken on school trips and events.

10.6 If a minor regularly self-medicates at school, a risk assessment of self-medication for the student in question must be carried out.

10.7 For students with an Individual Care Plan, family permission is requested regarding what medication is needed and how it is administered. See Student Health and Wellness Policy.

10.8 Most antibiotics do not need to be given during the dayschool hours, and families should ask their doctor to prescribe an antibiotic that can be administered outside of these hours, if possible. However, if this is not possible, see section 11 on medication storage.

10.9 The school keeps an accurate record of each occasion on which each student receives medication or takes it under supervision,in the EVOLUA medical needs registration platform.It records the supervising employee's information, the minor's name, the dosage, the date, and the time. If a minor refuses to take the medication being administered, this is also noted, and the family is notified as soon as possible. The family will be notified when a minor is administered medication.

10.10 All members of the school staff who administer medication receive training. The college maintains an updated list of people who have agreed to administer medication and have received the corresponding training.

10.11 **For staff members only**, the school will have Aspirin available.In the event of a suspected heart attack, emergency services recommend taking a 300mg dose of aspirin. This will be kept locked in the school's first-aid cabinet in the Infirmary.

11 Storage of Medication

11.1 Families must inform the school if they are sending or delivering medication to school, so that it can be stored properly. Students are not allowed to carry medication with them or in their backpacks, unless specifically agreed through an Individual Care Plan or self-medication risk assessment.

11.2 Medications are always stored safely in their original packaging, according to the specific instructions for each product, paying special attention to temperature. Some of the medications stored at the school may be mistrefrigerated. All refrigerated medications are stored in a labeled, airtight container. Refrigerators used for storing medications are either in a secure area that is inaccessible to unsupervised students or are properly locked. Medication storage refrigerators are used for this sole purpose. They may also contain ice packs and juice/yogurt to stabilize low blood sugar.

11.3 All medications should be stored in the original packaging in which they were dispensed, along with any dosage instructions provided by the physician.

11.4 If a student is prescribed a controlled medication, it must be kept under safekeeping in a locked, non-portable container within a locked cabinet (or room), accessible only to designated staff. Controlled medications must be counted and administered in the presence of a witness if not administered by a qualified medical professional. The medication form must be signed by two people, one of whom must be the First Aid Coordinator. The remaining medication quantity must be recorded and included in a controlled medication log.

11.5 The school is responsible for checking the expiration dates of medications and notifying families for refills. All medications will be sent home at the end of the school year. Medications are not stored during the summer holidays. If families do not collect expired medications or any medications left at the end of the school year, they will be taken to a local pharmacy for safe disposal.

11.6 Medications will be kept in a secure, locked location, accessible only to designated personnel, with the exception of self-employed workers.injectors, theAsthma inhalers and hypodermic kits for diabetes, which should be kept close to children who need them.LThe first aid coordinator or school nursing staff will check, three times a year, the expiration date of all medications stored at the school.

11.7 The needles are discarded sharps boxes. All school sharps boxes are kept in a locked cabinet unless otherwise counted with other security measures. If a sharps box is found during a field trip or visit, a designated staff member will secure it and then take it to a local pharmacy, the school, or give it 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 two defibrillators: One defibrillator in the main hall of the school and another in the MSC.

12.2 The defibrillator is always accessible, and staff should know its location, as well as who is trained in its use. It has been designed to be used by people without specific training; simply follow the enclosed step-by-step instructions.

12.3 The AED supplier is responsible for replacing components such as batteries, and our contract includes maintenance of the device.LThe first aid person 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 reporting of accidents on a quarterly basis. Our policy is reviewed once a year. Compliance with this policy will be formally reported at school board meetings.*Health and Safety Committee of* the school. This Committee duly reports to the Head of Educational Compliance who reports to the European Committee*Health and Safety Assurance Board*.

13.2 Upon request, we can provide the child protection team with a summary of the first aid treatments the children have received, identifying any recurring patterns or risks, lessons learned, and management measures to be taken, including appropriate training for staff.

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