First Aid Policy

22/23

The policy for first aid will be based on local law. This policy should be read in conjunction with the "Health and Safety Policy".

Responsibility

- The employer is responsible for the health and safety of their employees and "anyone else on the premises".
- The Headteacher of the School, or in his/her absence the Deputy, has ultimate responsibility for Health and Safety at school. It follows therefore that he/she must, with the support of other professionals, ensure that:
    1) The School environment is safe; that a Health and Safety Policy is in place
    2) Guidelines and rules promoting safety are adhered to, and
    3) All staff in the School have an adequate awareness and knowledge of health and safety issues.

Action taken when dealing with head bumps

All head bumps are communicated via telephone to families.

Ice is applied and the child is monitored. Any symptoms occurring as outlined in Appendix 3, staff will inform parents or call an ambulance if necessary.

Serious head bumps i.e. ones that have caused concussion or any symptoms as outlined in Appendix 3, are taken to the hospital by families

Immediate Action when dealing with an Accident

Whatever the level of severity of the accident, it must be made known to the parents or legal guardians immediately. They must be informed clearly and precisely. The staff must indicate exactly the place of the accident and details of the injury and its effects on the student.

The School's staff will follow the protocol of Comunidad de Madrid regarding "Atención Urgencias y Emergencias Sanitarias" which provides the requirements to call 112 and which is provided at

the site: https://www.comunidad.madrid/servicios/salud/atencion-urgencias-emergencias-sanitarias

This Protocol states as follows: **When to call 112 and Emergencies**

> **Please call 112 when you or someone is seriously hurt, sick, or his/her life is at risk. Medical emergencies may include: loss of consciousness, chest pains, acute signs of confusion, breathing difficulty, severe nonstop bleeding, burns, epileptic attacks, severe allergic reactions, traffic accidents, gunshot or knife wounds, head injury.**

First Aiders are taught the following steps in dealing with any emergency:

1) Assess the situation

Quickly and calmly find out what has happened, and look for further dangers, such as fire, chemicals, etc. which may still be present.

2) Make the area safe

Protect the casualty, yourself and others from danger.

3) Assess all casualties and give emergency aid (see appendices)

4) Complete an Accident/Incident Form

The School H&S Officer is responsible for recording the incidents. The records should detail what happened and include in writing the instructions given by 112 if this emergency service has been contacted (following the criteria above),the records should also state the injury details and the measures that were immediately adopted.

6) Inform the Head of School, especially in life-threatening emergencies

7) Practical Steps in the School Situation

The Teacher is usually the first person to be involved in managing an accident or sudden illness. He/she must therefore carry out at least steps 1 and 2 above him/herself until the School First aider arrives on scene. The School First Aider will follow steps 3-6. A basic knowledge of safety and First Aid is also required by all staff.

Here is a list of staff with training in Emergency Paediatric First Aid or First Aid essentials for International schools, who can be contacted to deal with the incident:

Appointed School First Aider

Caroline McDonell

Staff First Aiders Primary

2022/2023

Miguel Angel Domínguez

Ebony Blagdon

Claire Armitt

Carol Turner

Ester Almarza

Annelouise Jordan

Heather Panter

Sara Lodeiro López

Lauren Sullivan

Susana Moro

Purificación González

Jessica Lodeiro

LIST OF STAFF AUTHORISED TO USE THE DEFIBRILLATOR IN CASE OF EMERGENCY

Caroline McDonell

Miguel Angel Domínguez

Our Defibrillator is located in reception.

The teacher also has responsibility for the rest of the class, so will, if necessary, send or take the casualty to the nearest available First Aider. In the case of minor aches and pains or minor injuries a pupil feeling unwell may be accompanied by another pupil to visit the School First Aider. The accompanying pupil should return to class as soon as the casualty has been handed over to a responsible adult. Alternatively, the School First Aider can be summoned to the scene of an incident. In this case the teacher should stay with the casualty and send a responsible pupil or adult for help.

In the event of a serious incident, The Headteacher or Deputy must be informed as soon as possible. When a pupil is involved, the parents are also informed by telephone (trying first the home and then the work telephone numbers). If the parents cannot be contacted immediately the Headteacher must act “in loco parentis”.

First Aid treatment is given either where the casualty has been injured or in the First Aider's room. Continuing care is given if necessary either at school or by sending the casualty home or to hospital with school insurance. In the case of a serious injury, the decision as to whether or not a hospital trip is necessary is to be taken under advice during the 112 phone call. In the event of a less serious injury that requires follow-up or examination by a doctor, it is the parent's responsibility to transport an injured pupil to hospital if a visit to the Casualty department or doctor for evaluation is deemed necessary.

In a serious emergency, a casualty would be taken, accompanied by an appointed person to the nearest Casualty department (usually **Hospital San Rafael/ Hospital La Paz**, being the nearest) appropriate to their requirements. This decision will be made under advice from the 112 call.

Administration of Medicines including inhalers.

Some children may require medicine to be administered onsite. Parents must complete an authorisation form indicating the medicine, dosage and time. This form is found in a file inside the first aid cabinet.

Any First Aider can administer medicine with a witness present.

Both the witness and the person administering the medicine must sign the authorization form at time of giving the child the dose.

The medicine is stored in line with the storage requirements of each medicine.

Accident/Incident Records

All serious medical incidents or accidents should be recorded on the Accident record form (iauditor). Less serious incidents are recorded in the daily log.

This information should include the following:

- Name, year, date, time and location of incident
- Nature of injury
- Treatment given
- Follow-up taken (i.e. sent back to class, sent home, doctor/parents called etc.)

Entries should be made by the School First Aider or the Headteacher and telephone contact made with parents, where appropriate (for more serious injuries or potentially contagious illnesses, and all head injuries). In addition, for serious accidents an Accident / Incident Form should also be completed immediately by the School with information from the First Aider. This form is available for review by the Headteacher and the Health and Safety Officer. The parents should be informed by telephone as soon as possible.

The Headteacher should review the incident forms in order to ensure that incidents are indeed handled properly and to determine and eliminate any avoidable causes of accidents.

Location of First Aid Kits

There are First Aid kits located around the school main site.

First aid cupboard in School First Aider's room with at least the minimum provision of supplies

including Epipen and asthma inhaler with pump

First Aid Bags for Residential and Day Trips (located in the First Aider's office)

An emergency healthcare list is kept on display in the medical room and staff room.

Whenever possible, the school First Aider or a member of staff with emergency paediatric First Aid training will deal with body spillages. However, all staff should be made aware of the need for infection control with correct disposal of infectious materials and the wearing of gloves when handling such material or body fluids (see guidelines for dealing with spillage of bodily fluids under Infection Control Policy).

IN CASE OF AN EMERGENCY, CALL 112 or POLICE if necessary and take the patient to the hospital if advised to do so.

List of qualified First Aiders shared with all staff hard copy, paper copy in the administration office and is kept on display in the First Aider's office.

References available to the School's staff:

1. **GUÍA ATENCIÓN EMERGENCIAS SANITARIAS**: https://www.comunidad.madrid/servicios/salud/atencion-urgencias-emergencias-sanitarias
2. **GUIA PARA LA PREVENCIÓN DE ACCIDENTES EN CENTROS ESCOLARES**: https://redined.mecd.gob.es/xmlui/bitstream/handle/11162/43137/01420102011102.pdf?sequence=1&isAllowed=y
3. **ICTUS PEDIÁTRICO**: http://www.madrid.org/bvirtual/BVCM020313.pdf
4. **GUÍA DE PRIMEROS AUXILIOS DE SAMUR. PROTECCIÓN CIVIL**: https://www.madrid.es/UnidadesDescentralizadas/Emergencias/Samur-PCivil/Samur/ApartadosSecciones/09_QueHacerEnEmergencias/Ficheros/Guia_PrimerosAuxilios_SAMUR.pdf
5. **MANUAL Y PROCEDIMIENTOS DE ENFERMERÍA SUMMA 112**: http://www.madrid.org/bvirtual/BVCM017720.pdf

Created and Reviewed by :	**Policy Category:**
Reviewed by DA September 2017 Reviewed by DA August 2019 March 2021 Elena Arroyo September 2022	Health and Safety
Approved by KGB:	**Next Review:**
Elena Benito	September 2023

APPENDICES:

List of policies linked to First Aid Policy

Diabetes Policy

Anaphylaxis Policy

Sun Protection Policy

Health & Safety Policy

School Trips Policy

Asthma Policy

Medication in School Policy

APPENDIX 1: IN THE EVENT OF CARDIORESPIRATORY ARREST

The Chain of Survival is the set of continuous and coordinated actions that allows the person who is the victim of a cardiorespiratory emergency to receive fast assistance and increases the chances of successful resuscitation:

1. Call 112 and indicate where you are. At the same time, ask for a defibrillator to be brought to you if there is one in a nearby location.

Assess:

- Consciousness: we will look to see if his/her eyes are open and if he responds to our questions, if he/she does NOT respond, we are dealing with a victim in an unconscious state.
- Breathing: to assess breathing, we will open the airway using the forehead-chin manoeuvre (place one hand on the forehead and with two fingers of the other hand pull the jaw upwards).

If the person DOES NOT RESPOND and DOES NOT BREATHE, begin resuscitation manoeuvre.

2. Start chest compressions at a rate of approximately 100 per minute.

3. Place the defibrillator and follow the instructions.

4. Continue resuscitation until the emergency services arrive.

CHOKING

What to do in case of choking?

Follow these guidelines:

If the patient is conscious and can cough, encourage him to cough.

If the patient is conscious but cannot cough on his own, hold him firmly and give 5 blows on the back, between the shoulder blades (scapulae). If the strange object is not expelled, continue with the following manoeuvre:

Hug the patient from behind, wrap your arms around him, place your fist in the area of the upper part of the stomach and, above it the other hand and perform 5 compressions.

Caution: in pregnant and breastfeeding women (less than 1 year old), replace it with 5 chest compressions.

- If unconscious: start Cardiopulmonary Resuscitation maneuvers.

APPENDIX 2: PEDIATRIC STROKE CODE

Symptoms and criteria for activation of the Pediatric Stroke Emergency Code

Patient under 16 years of age.

Clinical manifestations compatible with stroke: sudden appearance of at least one of the following symptoms or signs:

- Severe headache.
- Unilateral motor or sensory deficit.
- Alteration of gait or instability.
- Altered level of consciousness.
- Alteration of comprehension or expressive language.
- Visual alteration of one or both eyes.
- First focal febrile seizure in a previously healthy child (with subsequent deficit persisting at the time of evaluation).
- Starting of symptoms at consultation less than 24 hours. These time parameters may be modified in the future according to the available scientific evidence.
- Initial situation of the patient prior to stroke: absence of previous neurological deficit which could condition dependence for the activities expected at his age.

APPENDIX 3: Traumatic Brain Injury (TBI)

Craniocerebral Trauma (TBI) is an injury caused by violent impact on the face and skull.

Depending on the type of TBI, different actions will be taken:

Mild TBI: those patients who have a 14 or 15 Glasgow. We differentiate two types:

- ✔ High-risk mild TBI: patients on treatment with anticoagulants, history of neurosurgical intervention, 14 points in GCS, age over 60 years, skull fracture or trauma caused by seizure. CT scan should be performed and they will be referred to the hospital by their own means or by BLS.
- ✔ Low-risk mild TBI: will not require transfer to hospital, but will require health care education. The patient will be referred home under family observation for 24 hours, and will go to the hospital if(6) (4):
- He/she feels drowsy or has difficulty waking up. You will be awakened every 2 hours.
- Nausea or vomiting.
- Convulsions.
- Severe headache.
- Neurological focality: weakness or loss of sensation, strange behaviour, etc.
- Changes of one pupil with respect to the other, changes in vision.
- Outflow of watery or bloody fluid from nose or ears.
- Changes in pulse and/or respiration.

At home, you may:

- Put some ice on the swollen area (wrapped in a cloth to protect the skin).

- Take paracetamol for headache, not aspirin. Do not use sedatives.

- You can drink and eat as usual. Do not drink alcohol for 3 days.

• - **Moderate TBI**: will require a radiological diagnosis (CT) and therefore should be referred to the hospital, depending on their condition, in a BLS or ALS ambulance with constant monitoring to observe possible deterioration. It is common for the patient to have gap amnesia, temporo-spatial disorientation and to ask repetitive questions.

1- Respiratory care

Oxygenation: maintain Sat. O2> 95 %. Put mask with airway or high flow mask with Venturi effect.

Pulse oximetry monitoring.

2- Cardiovascular care

Cardiovascular monitoring.

3- Skin care

After completely undressing the patient for secondary assessment, wrap the patient with a sheet and blanket.

4 - Patient comfort and safety (mobilization, posture...)

The patient should be placed in the supine position with the headrest elevated 15-30º. If the patient becomes agitated in this position, it is not contraindicated to transfer him/her to the Fowler position.

4.5 Cranioencephalic and facial trauma.

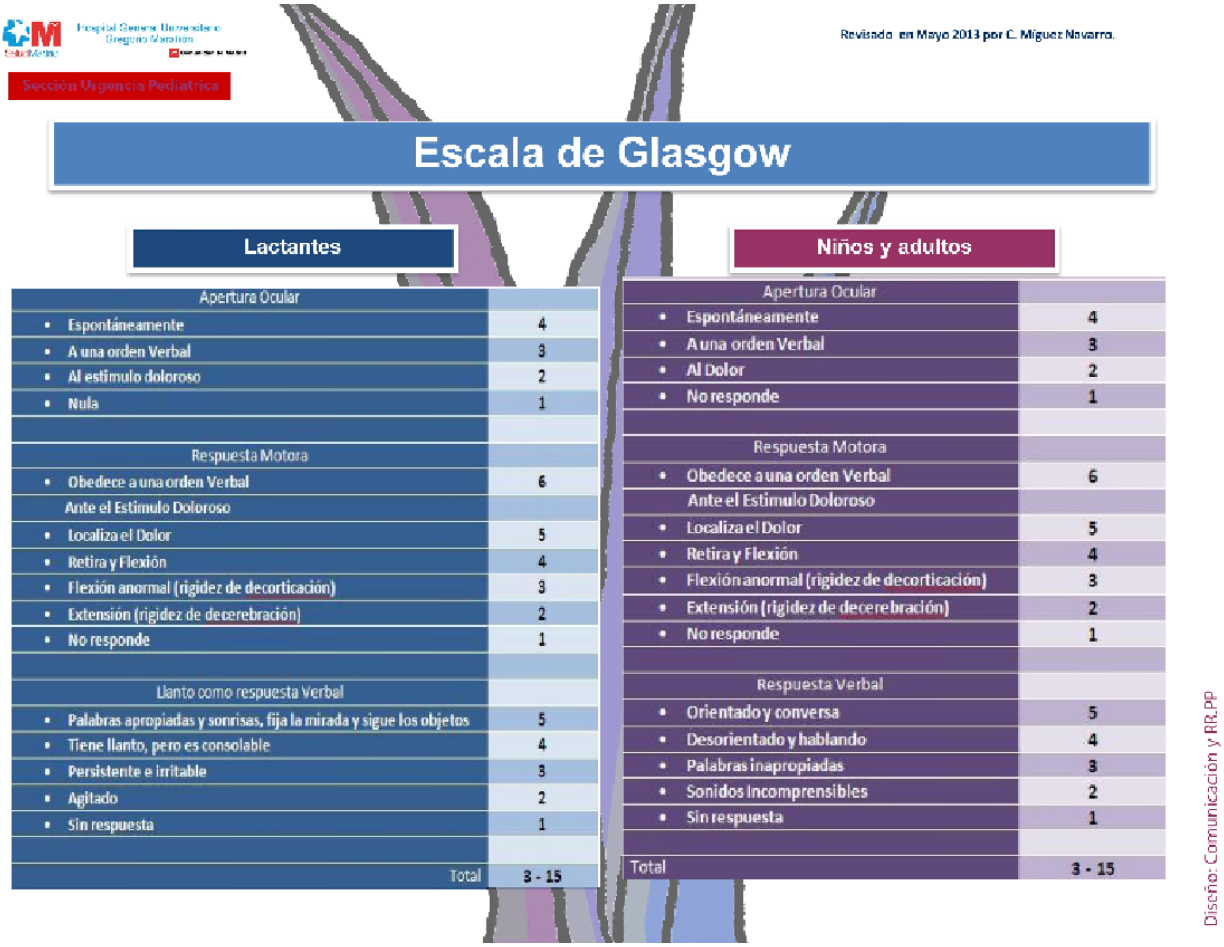
Mechanical restraint of the patient, by means of straps, to the ambulance stretcher.

5- Health education: if the family is present, or if the family is going to the hospital, explain to them that the evolution of the patient's condition must be monitored. Sometimes, temporarily, repetitive questions are normal due to the temporo-spatial disorientation caused by the concussion.

6- Psychological care: the patient has amnesia of recent events. Therefore, it will be necessary to support, explain and focus on who he/she is, where he/she is and what has happened, usually repeatedly.

7- Attention to psychosocial aspects: given the temporal and spatial disorientation of these patients and their possible deterioration, it is recommended to request a relative's contact telephone number and note

it in the nursing report.



Hospital General Universitario Gregorio Marañón

Sección Urgencia Pediátrica

Revisado en Mayo 2013 por C. Míguez Navarro.

Escala de Glasgow

Lactantes	
Apertura Ocular	
• Espontáneamente	4
• A una orden Verbal	3
• Al estímulo doloroso	2
• Nula	1
Respuesta Motora	
• Obedece a una orden Verbal	6
Ante el Estímulo Doloroso	
• Localiza el Dolor	5
• Retira y Flexión	4
• Flexión anormal (rigidez de decorticación)	3
• Extensión (rigidez de decerebración)	2
• No responde	1
Llanto como respuesta Verbal	
• Palabras apropiadas y sonrisas, fija la mirada y sigue los objetos	5
• Tiene llanto, pero es consolable	4
• Persistente e irritable	3
• Agitado	2
• Sin respuesta	1
Total	3 - 15

Niños y adultos	
Apertura Ocular	
• Espontáneamente	4
• A una orden Verbal	3
• Al Dolor	2
• No responde	1
Respuesta Motora	
• Obedece a una orden Verbal	6
Ante el Estímulo Doloroso	
• Localiza el Dolor	5
• Retira y Flexión	4
• Flexión anormal (rigidez de decorticación)	3
• Extensión (rigidez de decerebración)	2
• No responde	1
Respuesta Verbal	
• Orientado y conversa	5
• Desorientado y hablando	4
• Palabras inapropiadas	3
• Sonidos incomprensibles	2
• Sin respuesta	1
Total	3 - 15

Diseño: Comunicación y RR.PP

APPENDIX 4: ALLERGIC REACTIONS

Allergic reactions are abnormal and exaggerated responses of the immune system to substances that are not well tolerated by the body. These substances are called allergens, which come into contact with the skin, nose, eyes, respiratory tract and gastrointestinal tract. Such substances can be inhaled into the lungs, ingested or injected.

What to do:

Remove the patient from the source of the allergic reaction.

Assess the victim's level of consciousness (see chapter Recognition of the victim).

If the victim remains conscious, place him/her in a semi-sitting position (see chapter

Standing positions).

Maintain this position until the arrival of the emergency medical services as long as the victim's condition does not worsen.

Check for symptoms such as paleness, sweating or coldness of the skin, difficulty in breathing and speaking, swelling of tender parts.

Ask the victim about possible known allergies and whether he/she has been treated for similar emergencies.

Reassess the whole body continuously, looking for other areas with symptoms of allergic reaction, progression of the reaction, as well as the overall condition of the victim.

Pay special attention to the victim's airway.

If the victim becomes unconscious, call 112 and indicate the victim's condition. Observe if he is breathing.

If he is not breathing or his breathing is ineffective (gasping, poor chest movement), start cardiopulmonary resuscitation manoeuvre.

If breathing, place in the lateral safety position.

Inform the out-of-hospital medical service personnel of the information gathered and actions taken on the victim, as well as any information of interest (history, treatment, trauma).

What NOT to do:

Give the victim anything to drink or eat.

Let him/her scratch if he/she has itchiness.

APPENDIX 5: SOFT TISSUE INJURIES: WOUNDS

The appearance of wounds and contusions is associated with physical trauma due to abrupt impact with objects (blunt, sharp, cutting, sharp, amorphous, etc.). Their degree of severity will depend on several factors:

The force and way with which the impact.

Succession of chained impacts.

Affected body surface and depth.

Exposure time with inadequate treatment.

The greater the degree of severity, the more severe each one is or the more they are added together.

Wounds

Energy contact with objects in the environment can break the skin and deepen the soft tissues, soiling and contaminating, causing pain and haemorrhages. As the wound is left open the risk of infection can arise if the following action is not taken:

What to do:

Find out the object and shape of the injury.

Clean and disinfect your hands and instruments.

Rinse with water and soap the wound.

Clean with gauze or damp cloth handkerchiefs, as sterile as possible, dragging from the centre to the edges and discarding the wound from the core to the edges and discarding the surface already used.

Use an antiseptic substance that does not stain, making sure that the victim is not allergic to its components.

Cover the entire surface with sterile bandages and secure it with adhesive tape or bandage.

In the event of severity and possible difficulties, ensure the patient is transferred to a health centre for assessment and medical treatment (antibiotic and suture) and vaccination if necessary, by calling 112.

What NOT to do:

Use cotton or alcohol.

Dye the wound to be sutured promptly with antiseptic products containing iodine or mercurochrome.

Apply ointments without a doctor's prescription.

The wounds may be associated with contusions.

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APPENDIX 6: EXTREMITY TRAUMA

Be suspicious of an injury to bones, muscles or joints in the arms and legs when you see inflammation, deformity and the victim reports localized pain and pain with movement and difficulty in moving the area. Presume seriousness when the difficulty in moving the extremity intensifies and the deformity is very clear, becoming associated with wounds and contusions and, even, exit of the bone in open fractures.

What to do:

- ✔ Call 112 reporting the circumstances and condition of the victim.
- ✔ Apply ice or local cold, if there is no wound in the area.
- ✔ If the victim is cooperative, ask him/her not to move the extremity and even to hold it in the least painful position. Do not allow any support in case of lower extremity injury.
- ✔ Immobilize the affected extremity in such a way as to prevent movement of the joint before and after the fracture site.
- ✔ In lower limbs, maintain immobilization by joining both legs and feet with straps, wide strips of cloth, triangular scarves, etc.
- ✔ In upper limbs, adapt the arm to the body with a triangular scarf as a sling or with the clothing itself held in place by a button, safety pin, shoelace, etc.

What NOT to do:

- ✔ Align a possible fracture or dislocation.
- ✔ Apply heat or anti-inflammatory creams.
- ✔ Actively manipulate an apparent fractured limb