



King's College School
The British School of Madrid

La Moraleja

First Aid Policy

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.

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.



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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 Nurse 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 Nurse/First aider arrives on scene. The School Nurse/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 Nurse

Emma Donnellan RN

Staff First Aiders 2022 / 2023

Admin

- Valentina Morales
- Paz Gonzalez (Aug 2024)



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- Maribel Carron (June 2024)

SLT

- June Donnan (Aug 2024)
- Janice Kelly
- Laura Flint (June 2024)
- Alex Kershaw (Aug 2024)

Infants

- Natalia Crowley (June 2024) (DEFIB)
- Carmen Segado (June 2024) (DEFIB)
- Angie Escamilla (June 2024) (DEFIB)
- Pablo Gillard (June 2024)
- Carolina Gonzalez (June 2024) (DEFIB)
- [Maribel Carrión Salazar](#) (June 2024)
- Gregory Gaughan (June 2024)
- [Gabriela Marquez Vivas](#) (June 2024) (DEFIB)
- Janice Kelly (Jan 2023)
- Laura Flint (June 2024)
- Ana Cabrera (Aug 2022) (DEFIB)
- Harriet Ward (2024)

Primary

- María Del Carmen Algar Prieto (June 2024)
- Elizabeth Alexander (June 2024)
- Valentina Morales (June 2024) (DEFIB)
- Cordeilia Morris (Aug 2022)
- John Jarett (June 2024)
- [Elizabeth Alexander](#) (June 2024)
- Fatima Sadornil (Aug 2022) (DEFIB)
- Fergus Vickery (Aug 2024)(DEFIB)
- Alex Kershaw (Aug 2024)

Secondary

- Penelope Martinez (June 2024) (DEFIB)
- Eduardo González (June 2024)
- Paola Ampudia (June 2024) (DEFIB)
- Alice Snowdon (June 2024)
- Connor Parsons (June 2024)



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- David Rea (AUG 2024)
- Gordon Tweedle (June 2024)
- Kate MacPherson (June 2024)
- Robert O'Sullivan (AUG 2024)
- Jacky Walters (AUG 2024)
- Alfonso Boix (Aug 2022) (DEFIB)
- Pedro Garcia (June 2024)
- Lyndsay Campbell (June 2024)
- Tony Lyons (Aug 2024)

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

- Emma Donnellan
- Paola Ampudia
- Esther García
- Penelope Martinez
- Valentina Morales
- Fatima Sadornil
- Alfonso Boix
- Fergus Vickery
- Gabriela Marquez
- Ana Cabrera
- Sofia Guzman
- Anngie Escamilla
- Carolina Gonzalez
- Carmen Segado
- Natalia Crowley

Our Defibrillator is located in the main entrance (by the receptionist desk by the lift)

The teacher also has responsibility for the rest of the class, so will, if necessary, send or take the casualty to the Nurse or 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 Nurse / 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 Nurse /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.

The Headteacher or Deputy must be informed, via the Secretary or office staff, as soon as possible in the event of a serious incident. When a pupil is involved, the parents are also informed by



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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 Nurse'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. This will usually be the Hospital Universitario de Sanchinarro

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

Accident/Incident Records

All serious medical incidents or accidents should be recorded on the Accident record form. Less serious incidents for Nurse Office visits 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 Nurse 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 Nurse with information from the First Aider. This form is available for review by the Head of School and the Health and Safety Officer. The parents should be informed by telephone as soon as possible.



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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 in the following locations:

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

- RECEPTION – 1 – (Epipen)
- KITCHEN – 1 – (Epipen)
- DINING ROOM – 1
- GARDEN – 1 -
- FIRST FLOOR OFFICE – 1 – (Epipen)
- SECOND FLOOR OFFICE -1 – (Epipen)
- MALE LOCKER ROOM – 1
- FEMALE LOCKER ROOM – 1
- DEPUTY PACO (KITCHEN) – 1
- MAINTENANCE ROOM – 1
- HALL– 1
- HALL (PE store)-1
- LAB PREP ROOM– 1

First aid cupboard in Nurse'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 nurse's office)

An emergency healthcare list is kept on display in the medical room and other strategic places, such as staff room and Hall and by First Aid containers.



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Whenever possible, the school nurse 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 Nurse'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_QuHacerEnEmergencias/Ficheros/Guia_Primeros_Auxilios_SAMUR.pdf
5. **MANUAL Y PROCEDIMIENTOS DE ENFERMERÍA SUMMA 112:**
<http://www.madrid.org/bvirtual/BVCM017720.pdf>

Created and Reviewed by :	Policy Category:
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Reviewed by DA September 2017 Reviewed by DA August 2019 March 2021	Health and Safety
Reviewed by June Donnan October 2021	
Approved by Inspired:	Next Review: October 2023
Elena Benito	



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APPENDICES:

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, wrapping 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.



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

- If unconscious: start Cardiopulmonary Resuscitation manoeuvres.

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.



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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 (gaspings, 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.



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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.



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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