COGNITA

EL LIMONAR INTERNATIONAL SCHOOL
ELIS
MURCIA

First Aid Policy

SEPTEMBER 2025

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. . 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 an annual review of procedure and provision. A First Aid Needs Assessment is carried out to ensure 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 includes a section about mental health. It also includes careful planning for any trips and visits, including residential, overseas and adventurous 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 Physical Education and sports activities, and whenever the school facilities are used.

2.5 We keep a confidential electronic record of all accidents or injuries and first aid treatment on Medical Tracker or the school system used for this purpose. We must inform families of any accident or injury or any first aid treatment on the same day, or as soon as reasonably practicable.

3. First Aid Training

3.1 We review the school's training needs 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 ensure 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, Training in the use of Defibrillators is governed by regional regulations.

3.4 The need for ongoing refresher training for any staff will be 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	Carmen Muelas (Buenavista Campus) Daniel Valencia (Montevida Campus)
Person responsible for maintaining First Aid Training Matrix/Log	Carmen Muelas
The following staff have completed a recognised training course in First Aid for School Staff (First Aid at Work including Paediatric training).	See TEAMS, ELIS Murcia, Whole School - Files
The following staff have completed a recognised training course in the use of Defibrillators	See TEAMS, ELIS Murcia, Whole School - Files

5. Contents of our First Aid Box

5.1 Our minimum provision is to hold a suitably stocked first aid box as well as provide staff with 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 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
- 2 to 4 individually wrapped triangular bandages (preferably sterile);
- Safety pins x6
- Several individually wrapped sterile unmedicated wound dressings
- 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 checking the contents of the first aid boxes and for restocking items. 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, for example, in cases of severe allergies where the school may keep auto injector devices in the First Aid Box located in the Dining Room.

5.4 Our First Aid Boxes are kept in the following places:

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 skin with soap and running water, eyes with tap water and or an eye wash bottle, We 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, using devices such as face shields when giving mouth to mouth resuscitation, and washing hands after every procedure. We ensure any waste products are correctly disposed of.

5.7 We ensure that any third-party lettings or providers, including transport services, visiting sports clubs or other schools, have adequate first aid provision.

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 trained in First Aid at Work, preferably including paediatric training, is on our premises at all times when pupils are present. A list of certified first aiders will be displayed in the Early Years area.

6.2 No educational visit or off-site activity from school is undertaken without the presence of at least one person with a first aid qualification.

6.3 We keep an electronic or written record of all accidents or injuries and first aid treatment, and we inform parents and/or carers 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 Medical Tracker/on the school system.

6.4 Prescription medicines must not be administered unless a doctor, dentist or a nurse have prescribed them and we have a clear procedure for managing this. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent or carer.

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 as soon as is practicable, including the presence of any witnesses and details of any injury or damage. 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. An incident investigation may be required and, following this, a Serious Incident Reporting Form may require completion.

7.3 Any treatment of first aid is recorded by the person who administered first aid. We will record the date, time and place of the incident occurred. as well as details of the injury or what first aid was administered, and what happened after the event.

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:

- any injury which requires resuscitation
- admittance to hospital for than 24 hours
- broken bones or a fracture
- dislocation of a major joint (shoulder, knee, hip or elbow, finger, toe)
- loss of consciousness
- severe breathing difficulties
- injury leading to hypothermia or heat-induced illness
- loss of sight (temporary or permanent).
- chemical or hot metal burn to the eye or any penetrating injury to the eye; a chemical or hot metal burn to the eye
- injury due to absorption of any substance by inhalation, ingestion or through the skin
- injury resulting from an electric shock or electrical burn

- injury probably resulting from exposure to a harmful substance, biological agent, toxin 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:

- Animal and insect bites, such as a bee string which does not cause an allergic reaction
- sprains, strains and bruising.
- cuts and grazes.
- wound infections.
- minor burns and scalds.
- wound infections

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7.7 Staff accidents at work must be reported to the HR Manager at the school.

8. Recording Near misses

8.1 A near miss is an event where no one has actually been harmed and no first aid was administered but have the potential to cause injury or ill health. We have a register of near misses.

9. Hospital treatment

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

- calling an ambulance in order for the pupil to receive treatment and transfer
- immediately notifying the pupil's emergency contacts (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 the Emergency Department a first aider must either accompany them in the ambulance or remain with them until the parent/carer arrives to do so.

9.4 In the unlikely event that a pupil must be taken to hospital by a staff member, they should be accompanied by a second member of staff, with express authorisation from the Head and in a taxi or school vehicle (not a private vehicle).

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.
At the BUENAVISTA (BV) campus, paracetamol and ibuprofen will not be administered to students unless there is a written and signed consent from parents, and they provide the medications (procedure to be followed with students with Individual Health Plans, IHP). Even with written consent, a call will ALWAYS be made to inform parents of the medication administration.

Paracetamol and ibuprofen at the BV campus are for staff use only and will not be available in Medical Room spaces.
The MONTEVIDA (MV) first aid kit will only contain paracetamol of 500 mg and ibuprofen of 400 mg, and NEVER will a higher dose be administered.
For students between Y8 and Y11, these medications will only be administered if there is at least telephone consent from parents and it is reflected on "Medical Tracker", in the "Medication Use" section.
For SF students, those over 16 are considered adults, so parental consent is not strictly necessary, but they do have a responsibility when administering medication. As a school, we have decided that even for Sixth Form students, parental consent should be given.
ALL MEDICATION ADMINISTRATION WILL BE REFLECTED IN MEDICAL TRACKER, IN THE "MEDICATION USE" SECTION.

10.2 Staff may administer prescription or non-prescription medication only where parents have provided written consent for this to happen. Where medication is administered, parents should be informed, and the administration recorded on Medical Tracker or the school system.

10.3 Medicine containing aspirin will not be administered to any pupil unless prescribed by a doctor for that particular pupil.

Medication containing 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. If ibuprofen has to be administered in school, it must be accompanied by a prescription or a written note from the family indicating dose.

10.4 Wounds will preferably be cleaned with soap and water, or washed with a saline solution, 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 Carried on educational visits and be available during school events.

10.6 If pupils self-medicate in school on a regular basis, a self-medication risk assessment 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 and how it is administered. Refer to Pupil Health and Wellbeing Policy for further information.

10.8 Most antibiotics do not need to be administered during the school day and parents should 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 11.

10.9 This school keeps an accurate record on Medical Tracker 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 administer medication are provided with 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 will be held at the school. 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 Families must always inform the school if they send or hand in medication for their child so it can be correctly stored. Pupils are not allowed to carry medication on their person or in their school bags, unless this is agreed via an IHP and/or self-medication risk assessments.

11.2 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. Refrigerators for storage of medication are used for this sole purpose. They may also contain ice packs, and juice/yoghurt for stabilising low blood sugar.

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 within a locked cupboard (or room) and only named staff will have access. Controlled drugs must be counted in and witnessed if a qualified nurse or practitioner does not administer them. 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 The school is responsible for checking expiry dates of medication and informing families of the need for replacement medication. 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. The exception is AAIs (Adrenaline Auto-Injectors), asthma pumps and diabetes hypo kits which need to be 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. The school arranges collection and disposal of sharps boxes as required.

12. Defibrillators (AED)

12.1 The school has 3 defibrillators: 2 in BV (Lucy and Gandhi) and 1 in MV (placed in corridor near the dining room and sports areas).

12.2 The defibrillator is always accessible, staff are aware of its location, and those who staff have been trained to use it. The defibrillator is 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.

12.3 The AED provider is responsible for replacing items such as batteries and our contract includes regular maintenance. The Business manager is responsible for ensuring the provider complies with the contract.

13. Monitoring and Evaluation

13.1 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 is reviewed annually. Compliance will be reported formally to the school's termly H&S Committee. Minutes of these meetings submitted to the Head of Educational Compliance at Cognita SCP Regional Office. The Head of Educational Compliance will report to the Cognita Europe H&S Assurance Board.

13.2 Reports including 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, may be reported to our Safeguarding team

FIRST AID POLICY

Ownership and consultation	
Document sponsor	Head of Health & Safety - Europe
Document author	Consultant Nurse Europe
Consultation & Specialist advice	
Document application and publication	
England	No
Wales	No
Spain	Yes
Switzerland	No
Italy	No
Version control	
Current review date	June 2025
Next review date	September 2026
Related documentation	
Related documentation	Health and Safety Policy Pupil Health and Wellbeing Policy Educational Visits Policy and Guidance Safeguarding Policy: Child Protection Procedures Complaints Procedure Prevention and Control of Communicable and Infectious Diseases Policy Accident Investigation and Serious Incident Reporting Form (SIRF)