FIRST AID & INFIRMARY POLICY

HIGHLANDS SCHOOL
AD ALTIORA
SEMPER ALTIUS

EL ENCINAR

SIXTH FORM

October2025
Review Nov2027
Colegios RC

First Aid & Infirmary Policy

REVIEW: OCTOBER 2025

This policy applies to the wider HIGHLANDS EL ENCINAR SCHOOL community as well as the Highlands Sixth Form

Set of guidelines and functions designed to guarantee appropriate and safe healthcare for the educational community within the school environment, addressing emergencies, chronic illnesses and health promotion.

CONTENTS

FUNCTIONS OF THE SCHOOL NURSING SERVICE

CLINICAL CARE ROLE

To provide healthcare assistance to the educational community by managing current cases, potential health problems and responding to emergencies.

To prevent and detect health issues at an early stage; to advise, assess and act in emergency situations; to diagnose, plan, assist, implement and evaluate healthcare.

To administer treatments and medication prescribed by medical specialists with prior written authorisation from parents or legal guardians.

To ensure continuity and follow-up of care for pupils who require healthcare support during the school day.

To supervise the balance and suitability of pupils' nutrition in collaboration with the contracted catering provider, participating in dining committees; to create, maintain and safeguard medical records.

To implement specific healthcare protocols and action guidelines.

To prevent and detect psychological and emotional health problems in collaboration with Stage Coordination, the Counselling and Educational Psychology Department.

To guarantee confidentiality and informed consent throughout the healthcare process.

EDUCATIONAL ROLE

To carry out educational and training activities in coordination with the educational community through Health Education programmes, aimed at pupils according to their age, as well as parents and teaching staff, in order to promote healthy habits and life skills.

To train and inform teachers, school staff and parent associations about frequent health-related issues, enabling early detection, prevention and appropriate response.

RESEARCH ROLE

To participate in scientific or social research studies in order to improve knowledge, evaluate professional practices and measure their impact.

To collaborate with research groups by carrying out fieldwork within the school setting.

To act as a bridge between the scientific community and society in order to improve present and future public health.

MANAGEMENT ROLE

To supervise the adequate resourcing of the school nursing service.

To process, collect and securely store confidential information relating to pupils in compliance with current data protection legislation (UK GDPR), including medical records, interventions and consultations.

PASTORAL SUPPORT ROLE

To collaborate with other school staff in the integration of children and adolescents who are entering school for the first time or who have been absent for extended periods due to illness or health-related reasons.

To support pupils during bereavement processes or parental separation, in coordination with the school counselling and pastoral teams.

COMMUNITY ROLE

To strengthen the relationship between school, family and healthcare services through early risk identification and collaboration with professionals to improve community health.

EPIDEMIOLOGICAL SURVEILLANCE

To monitor and track potential outbreaks of infectious and communicable diseases within the school.

REFERRAL TO THE SCHOOL NURSING SERVICE

Pupils may only attend the medical room with the authorisation of the School Nurse.

When a pupil needs to attend the medical room, the relevant teacher will contact the School Nurse, explaining the situation. This allows the nurse to decide whether attendance is appropriate and to ensure the pupil's safe arrival. Sixth Form students may contact the nurse through their dean of students.

The School Nurse must ensure that the pupil arrives at the medical room; if the pupil does not arrive within the expected time, the nurse will inform the teacher in order to locate the student.

If deemed appropriate, the School Nurse may authorise another pupil to accompany the unwell pupil (for example, in the case of a new pupil unfamiliar with the school layout or if the pupil is experiencing symptoms such as nausea, dizziness or pain).

Once the pupil has been attended to, they will return to class and the teacher will notify the School Nurse of their arrival via internal messaging. If confirmation is not received within the expected time, the nurse will contact the Head of Pastoral Care to locate the pupil.

RECORDING OF SCHOOL NURSING ACTIONS

PHYSICAL RECORD / LOGBOOK

In situations where there is a high volume of pupils attending the medical room, an emergency requiring immediate attention, or in the absence of the School Nurse, a physical logbook will be used.

The names of pupils attended, the reason for the visit and the care provided will be recorded in order to later inform families and upload the information to the SNAPP platform, ensuring appropriate follow-up.

MEDICATION AND TREATMENT MANAGEMENT AT SCHOOL

If a pupil requires the administration of medication or treatment during the school day, parents or guardians will always be contacted. Authorisation through the SNAPP platform is required for the administration of non-prescription medications that do not require a specific medical prescription and are commonly used, such as paracetamol or other antipyretics, chlorhexidine (Cristalmina) or topical ointments, when deemed necessary by the School Nurse.

This authorisation does not replace the obligation to provide explicit written consent and medical prescription for other medications or treatments that do require specific authorisation, such as antibiotics. Families must upload these documents to SNAPP and/oremail the School Nurse, indicating dosage, timing and route of administration.

During periods of high attendance in the medical room, emergencies or in the absence of the School Nurse, incidents will be recorded in a physical logbook so that families can be informed and the information uploaded to SNAPP at a later stage for proper monitoring.

SNAPP PLATFORM

The SNAPP platform will be used as the primary system for recording daily nursing incidents and actions. It also provides a direct communication channel with families.

EMAIL

In addition to SNAPP records, and when contact with families has not been possible, emails will be sent to parents or guardians and/or class tutors and/or Heads of Pastoral Care (RFH) and/or coordination assistants, informing them of the care provided to the pupil.

TELEPHONE CALLS

Parents or guardians will be contacted by telephone in the following situations:

To inform them of the reason their child has attended the school medical room when the incident is considered relevant.

To request information about the hours prior to school attendance in order to assess the progress of a clinical condition.

To request that they collect their child due to illness or injury requiring specialised medical attention.

To request parental authorisation when special care is required or medication needs to be administered.

ALEXIA PLATFORM

Until the SNAPP platform is fully activated for school nursing management, pupil visits to the medical room will be recorded in the 'Medical Diary' section of the ALEXIA platform.

MONTHLY ACTIVITY REPORT

Monthly statistical reports showing the activity carried out in the school medical room will be sent to the School Leadership Team.

EMERGENCY PROCEDURE

If it is determined that an emergency call is required, the School Nurse will remain with the pupil until emergency medical services arrive.

Parents or guardians will be contacted immediately to inform them of the actions taken.

Details of the incident will be recorded on the SNAPP platform and follow-up will be carried out to monitor the pupil's condition after medical attention.

NURSE SUBSTITUTION PROTOCOL

If the School Nurse needs to be absent from the school for any reason, a substitution manual is available to all staff within the School Nursing Protocol.

Where the absence can be anticipated, this information will be communicated in advance to those responsible for pupil care during the nurse's absence, so they are aware of how

to proceed in such cases.

COMMUNICATION OF ABSENCE

A clearly visible notice will be placed on the medical room door indicating the nurse's absence and the estimated duration.

An email will be sent informing reception staff, Heads of Pastoral Care (RFH) at all stages, Sports Coordination, Pastoral Coordination and School Leadership of the absence.

EMAIL NOTIFICATION TEMPLATE

Dear colleagues,

Please be informed that I will be absent from school from [start date] to [end date]. During this period, the Heads of Pastoral Care (RFH) will be responsible for attending to any medical situations that may arise.

Please follow the instructions included in the School Nursing Protocol:

– To access the medical room, request the keys from reception. Once assistance has finished, the medical room must be locked again and the keys returned to reception.

– Contact families if a pupil needs to be sent home or referred to a medical centre due to illness or injury, to request authorisation for medication, or to inform them of any special care provided during the school day.

– If the incident becomes more serious, contact emergency services (112) to explain the situation and receive professional guidance and on-site medical assistance if required.

– Record in the logbook kept at reception the date, pupil's name, reason for attendance, actions taken and sign with your full name.

Thank you very much for your cooperation.

Signature:

MANAGEMENT OF MEDICAL INCIDENTS DURING NURSE ABSENCE

Heads of Pastoral Care (RFH) are responsible for attending to any medical incidents that may occur during the nurse's absence.

In the event of illness or accident involving a pupil:

– The family will be contacted to explain the situation.

– The pupil's collection will be requested in order to refer them home or to a medical centre if necessary.

ACTION IN CASE OF MEDICAL EMERGENCY

If the incident requires urgent medical assistance (ambulance):

Heads of Pastoral Care (RFH), or in their absence the coordination assistant or the teacher responsible for the pupil, with the support of reception staff, will contact emergency services (112).

The family will be informed immediately.

The pupil will be accompanied at all times until specialised assistance arrives, the pupil is transferred to a medical facility, or the family takes responsibility.

RECORDING OF INCIDENTS (RECEPTION LOGBOOK)

Once assistance has been completed, all actions carried out by school staff and by external healthcare professionals will be recorded in the reception logbook for follow-up and appropriate pupil care.

ANNEX I
MEDICAL EMERGENCY ACTION PROTOCOLS

Brief description

Basic immediate action guidelines for medical emergencies in the school environment, aimed at preserving life and minimising risks until specialised medical assistance arrives.

FOOD ALLERGY
Identification and prevention

Maintain an up-to-date record of pupils with food allergies, including specific allergens, prescribed medication and family authorisation.

Inform and train school staff in recognising symptoms and using adrenaline auto-injectors (intramuscular adrenaline).

Avoid exposure to allergens in dining halls, classrooms and school activities.

Symptoms of allergic reaction

Itching, hives, skin redness.
Swelling of lips, face or tongue.
Difficulty breathing, persistent cough, hoarse voice.
Abdominal pain, vomiting, diarrhoea.
Dizziness or loss of consciousness (anaphylaxis).

Immediate action

In mild symptoms:
Remove the allergen if possible.
Administer antihistamine if prescribed.
Monitor progress and contact the family.

Severe symptoms or anaphylaxis

Call emergency services (112) immediately.
Administer intramuscular adrenaline using an auto-injector (EpiPen) if prescribed.

Lay the pupil flat with legs elevated, unless there is breathing difficulty.
Do not leave the pupil alone. Inform the family.
Follow emergency service instructions.

Follow-up

Record the incident in the pupil's medical record.
Review the individual healthcare plan.
Inform the family and coordinate medical follow-up.

CHOKING

This protocol describes actions to be taken in the event of airway obstruction due to choking, differentiating procedures according to age.

Signs of choking

Sudden and persistent coughing.
Difficulty speaking or breathing.
Hands to the throat (universal sign).
Bluish colouration of lips or face (cyanosis).
Loss of consciousness if unresolved.

Action according to age (Heimlich manoeuvre)

The Heimlich manoeuvre should be initiated when the victim cannot cough, speak or breathe.

Infants (under 1 year)

Place the infant face down along the forearm, supporting the head.
Deliver 5 back blows between the shoulder blades using the heel of the hand.
If unresolved, turn the infant face up and give 5 chest thrusts using two fingers in the centre of the chest.
Alternate back blows and chest thrusts until the object is expelled or medical help arrives.

Children and adults

Encourage coughing if possible.
If unable to cough, speak or breathe, perform the Heimlich manoeuvre:
Stand behind the person and wrap arms around the abdomen.
Place a fist between the navel and sternum, grasp with the other hand.
Perform quick inward and upward thrusts.
Repeat until the object is expelled or the person becomes unconscious.

If the person becomes unconscious

Call emergency services (112) immediately.
Begin cardiopulmonary resuscitation (CPR).
Follow emergency service instructions.

What NOT to do

Do not insert fingers into the mouth unless the object is clearly visible.
Do not give water or food.
Do not shake the person.

Follow-up

Inform the family.
Record the incident in the pupil's medical record.

HEAD INJURY WITH LOSS OF CONSCIOUSNESS

Head injuries are common in the school environment, particularly during physical or recreational activities. This protocol establishes clear action guidelines to ensure a rapid, safe and effective response.

Identification of symptoms

Loss of consciousness, even if brief.
Repeated vomiting.
Severe headache.
Confusion, drowsiness or difficulty speaking.
Unequal or non-reactive pupils.
Seizures.

Severity classification (Glasgow Coma Scale)

Mild head injury: Glasgow score 14–15.
Moderate head injury: Glasgow score 9–13.
Severe head injury: Glasgow score 3–8.

Immediate action

Remain calm and secure the area.
Do not move the pupil unless there is imminent danger.
Check breathing and pulse; if absent, begin CPR.
Call emergency services (112) immediately.
Inform parents or guardians.
If consciousness is regained, place the pupil in the recovery position.

What NOT to do

Do not move the pupil unless strictly necessary.
Do not give food, drink or oral medication.
Do not leave the pupil unattended.

Follow-up

Record the incident in the school accident report.
Maintain follow-up with the family and medical team.
Assess the need for temporary academic or physical activity adjustments.

CARDIOPULMONARY RESUSCITATION (CPR)

CPR is an emergency technique used when a person has stopped breathing or their heart
has stopped beating. Prompt intervention can save lives.

CPR in infants (under 1 year)

Check responsiveness and breathing.
Call emergency services (112).
Place the infant on a firm surface.
Give 5 rescue breaths covering mouth and nose.
Begin chest compressions: two fingers in the centre of the chest.
Perform 30 compressions followed by 2 breaths.
Continue until help arrives or recovery occurs.

CPR in children (1 year to puberty)

Check responsiveness and breathing.
Call emergency services (112).
Place the child on a firm surface.
Give 5 rescue breaths.
Begin chest compressions with one or two hands.
Perform 30 compressions followed by 2 breaths.
Continue until help arrives.

CPR in adults

Check responsiveness and breathing.
Call emergency services (112).
Place the person on a firm surface.
Perform chest compressions using both hands.
Compress to a depth of 5–6 cm.
Perform 30 compressions followed by 2 breaths.
Continue until help arrives or recovery occurs.

USE OF AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

An AED is a portable electronic device used to diagnose and treat cardiac arrest caused by ventricular fibrillation or pulseless ventricular tachycardia.

The school has AEDs located in the medical room, the sports hall entrance and the Secondary School reception entrance.

When to use an AED

Use when a person is unconscious, not breathing or not breathing normally and has no apparent pulse.

Steps for AED use

Turn on the AED as soon as available.

Follow the voice instructions.
Expose and dry the chest.
Place adhesive pads as indicated.
Ensure no one touches the person during analysis.
Deliver shock if advised.
Resume CPR as instructed.

Precautions

Do not use in wet environments.
Do not place pads over pacemakers or implanted devices.
Do not touch the person during analysis or shock.

MEDICAL EMERGENCY ACTION PROTOCOLS
ACUTE MYOCARDIAL INFARCTION (AMI)

Acute myocardial infarction, commonly known as a heart attack, is a serious medical emergency that requires immediate action to preserve life.

Warning symptoms

Chest pain or pressure (tightness or burning sensation).
Pain radiating to the left arm, neck, jaw or back.
Shortness of breath.
Cold sweat.
Nausea or vomiting.
Dizziness or fainting.
Anxiety or feeling of impending doom.

How to act

Call emergency services (112) immediately.
Remain calm and reassure the person.
Seat or lay the person in a safe, ventilated area.
Loosen tight clothing.
Administer prescribed medication if available (nitroglycerin).
Administer aspirin (300 mg) if there is no allergy or contraindication.
If the person loses consciousness and stops breathing, begin CPR and use an AED if available, following its instructions.

What NOT to do

Do not leave the person alone.
Do not allow physical exertion or walking.
Do not give food or drink.
Do not delay waiting for symptoms to subside.

SEIZURES
Initial identification

Epileptic seizure: involuntary movements, loss of consciousness, fixed gaze, muscle rigidity, variable duration.

Non-epileptic seizure: may be caused by fever, hypoglycaemia, trauma or emotional stress.

Immediate action (common to both)

Remain calm.
Place the pupil on their side (recovery position).
Remove nearby objects that could cause injury.
Loosen tight clothing, especially around the neck.
Do not place anything in the mouth.
Do not restrain movements.
Monitor the duration of the seizure.
Do not leave the pupil unattended.

Non-epileptic seizures (e.g. febrile)

Measure temperature if fever is present.
Attempt to reduce fever (light clothing, cool environment).
Call emergency services (112) if:
– It is the first seizure.
– It lasts more than 5 minutes.
– There is prolonged loss of consciousness.

Known epileptic seizures

Consult the individual healthcare plan if available.
Administer rescue medication if prescribed:
– Buccal midazolam (Buccolam®).
– Rectal diazepam (Stesolid®), according to age and weight.

Call emergency services (112) if:
– The seizure lasts more than 5 minutes.
– There are repeated seizures without recovery.
– There are injuries or breathing difficulties.

After the seizure

Reassure the pupil and classmates.
Observe the post-ictal state (confusion, drowsiness, fatigue).
Do not offer food or drink until fully recovered.
Record the duration and characteristics of the seizure.
Inform parents or guardians as soon as possible.

Prevention and training

Keep visible classroom records with emergency contact details and individual protocols.
Carry out annual drills.
Train staff in first aid and epilepsy management.
Promote awareness among pupils.

STROKE

Stroke is a medical emergency that may occur suddenly and requires immediate action.

Although rare in school-age children, rapid response is essential.

Warning symptoms

Sudden weakness or paralysis of the face, arm or leg, especially on one side of the body.
Difficulty speaking or understanding speech.
Loss of balance or coordination.
Severe, sudden headache with no apparent cause.
Confusion, blurred vision or loss of consciousness.

Rapid recognition: FAST scale

F (Face): Is one side of the face drooping?
A (Arms): Can both arms be raised or does one fall?
S (Speech): Is speech slurred or difficult?
T (Time): If any sign is observed, call emergency services immediately.

Immediate action

Call emergency services (112) immediately.
Remain calm and place the pupil in a comfortable position, preferably lying on their side if unconscious.
Do not administer food, drink or medication.
Monitor breathing and pulse.
If breathing stops, begin CPR and use an AED if available.

What NOT to do

Do not leave the person alone.
Do not attempt to sit or walk them.
Do not give food, drink or medication.
Do not waste time waiting for symptoms to disappear.

Follow-up

Inform the family.
Record the incident in the school medical record.
Coordinate with healthcare services for clinical follow-up.

ANNEX II
MANUAL FOR THE MANAGEMENT OF COMMON ILLNESSES IN THE SCHOOL ENVIRONMENT

Brief description

This manual aims to provide school nursing professionals with a practical guide for the management of common illnesses within the educational environment, in accordance with
current regulations.

INTRODUCTION

The School Nurse plays a fundamental role in health promotion, disease prevention and

immediate care in emergency situations. This document is framed within current Spanish
regulations and facilitates coordinated action with the educational community.

COMMON ILLNESSES IN THE SCHOOL ENVIRONMENT

INFECTIOUS DISEASES

The most frequent infectious diseases in the school environment include influenza, common cold, gastroenteritis, conjunctivitis, hand-foot-mouth disease, erythema infectiosum (fifth disease), molluscum contagiosum, impetigo, chickenpox and scarlet fever, among others.

Procedure for action

Identification of symptoms: fever, cough, vomiting, diarrhoea, skin rashes, red eyes, etc.
Basic clinical assessment: temperature measurement, observation of general condition, assessment of warning signs.
Preventive isolation: if contagion is suspected, the pupil is moved to a separate, well-ventilated space.
Communication with the family: families are informed and pupil collection is requested if necessary.
Healthcare record: actions taken are documented in the pupil's health record.
Hygiene recommendations: handwashing, surface disinfection, classroom ventilation.
Follow-up: in the event of an outbreak, the school leadership team is informed and collaboration with health authorities is established.

PARASITIC DISEASES

The most common parasitic diseases in the school environment are pediculosis (head lice)
and intestinal worms.

Procedure for action

Visual detection: scalp inspection or symptoms such as anal itching.
Family notification: confidential communication and provision of treatment guidelines.
School exclusion: once an active infestation is detected, families are informed so that treatment can be initiated as soon as possible. Except in severe cases, pupils may remain in school once treatment has started.
Preventive measures: avoid sharing combs, hats and clothing; textile hygiene.
Periodic review: follow-up of cases and monitoring of reinfestation.

CHRONIC DISEASES

Some chronic conditions present in the school environment include asthma, diabetes, epilepsy and food allergies.

General procedure for action

Prior information: families must provide medical reports and care guidelines to the School
Nurse.
Individual healthcare plan: developed by the nurse in coordination with the family and

teaching staff.
Staff training: school staff are trained in first aid and specific management (use of inhalers, glucagon, auto-injectors, recovery position, etc.).
Medication administration:
– Only with medical prescription and family authorisation.
– Preferably oral route and no complex preparation.
– Secure storage of medication in an accessible and known location.
Action in crisis:
– Apply the specific protocol according to the condition.
– Call emergency services (112) if necessary.
– Inform the family immediately.
Inclusion in school activities: ensure pupil participation in trips and events, adapting measures as required.

ASTHMA

Identification and prevention

Maintain an up-to-date register of pupils diagnosed with asthma, including regular and rescue medication, known allergies and signed parental authorisation.
Inform and train teaching and non-teaching staff on the use of inhalers and spacer devices.
Promote a healthy school environment by avoiding allergens, ventilating classrooms and monitoring pollen levels.

Detection of symptoms

Mild/moderate symptoms:
Persistent cough.
Wheezing or laboured breathing.
Chest tightness.
Shortness of breath.

Severe symptoms (asthma emergency):
Difficulty speaking or walking.
Intercostal retractions.
Bluish coloration of lips or nails.
Confusion or loss of consciousness.

Immediate action

Mild/moderate crisis:
Seat the pupil comfortably.
Remain calm and reassure.
Administer rescue medication: Salbutamol, 4 puffs using a spacer, one minute apart.
Observe for 10 minutes.
If improvement occurs, the pupil may return to non-physical activities.

Severe crisis:
Do not leave the pupil alone.
Call emergency services (112) immediately.
Administer rescue medication as prescribed.
Inform parents or guardians.
Follow emergency service instructions.

Prepare transfer to a medical facility if required.

After the crisis

Record the episode in the pupil's medical record.
Inform the family and medical team if applicable.
Review the individual action plan.
Assess whether additional staff training is required.

TYPE 1 DIABETES MELLITUS

Hypoglycaemia (blood glucose < 70 mg/dl)

Symptoms:
Cold sweat, pallor.
Tremor, nervousness.
Mood or behavioural changes.
Poor concentration.
Hunger, dizziness, nausea.
Headache, blurred vision.
Confusion, drowsiness.

If the pupil is conscious:
Administer sugary liquids (juice, sugar water, non-diet soft drink).
Wait 15 minutes and recheck blood glucose.
If improvement occurs, offer solid food and inform the family.
Record the episode.

If the pupil is unconscious:
Do not administer anything orally.
Administer glucagon as prescribed.
Call emergency services (112).
Inform the family.

Hyperglycaemia (blood glucose > 250 mg/dl)

Symptoms:
Intense thirst, dry mouth.
Frequent urination.
Nausea, vomiting.
Abdominal pain.
Fatigue, weakness.
Fruity-smelling breath.
Rapid breathing.

Action:
Allow frequent urination.
Administer non-sugary fluids.
Avoid physical exercise.
Inform the family.
Record the episode.
Consult the medical team if it persists.


HIGHLANDS SCHOOL
AD ALTIORA
SEMPER ALTIUS
EL ENCINAR
SIXTH FORM