CENTINELA® PROTOCOL

International guide to prevention and initial response to suspected spiking and drug-facilitated incidents

ENGLISH EDITION · VERSION 1.0 · OCTOBER 2026

Intended readers: Members of the public, venues, event organisers, institutions and non-medical first responders.

General guidance only. This document does not replace applicable medical, police or judicial protocols and does not imply official approval or institutional endorsement.

Origin and purpose

This document draws on three years of experience gained by CENTINELA® through prevention initiatives, together with a comparative review of protocols, recommendations and specialist sources published in several countries. It aims to bring together practical guidance for the earliest stages of a response, independently of any commercial product. The range of sources under review continues to expand.

Initiative: AGLAYA GLOBAL · **Identifying brand:** CENTINELA® · **Date:** 30 October 2026

01 / How to use this guide

This guide is intended for anyone who witnesses or suspects an incident. It covers the period before professional assistance: identifying a warning sign, protecting the person, requesting help and preserving possible evidence without interfering with urgent care.

Who is it for?

- Anyone who believes a drink, food or another substance may have been tampered with, or who observes worrying symptoms or behaviour.
- Friends, relatives and witnesses who can provide immediate support.
- Staff at bars, nightclubs, hotels, festivals, transport services and other places where concerns might arise.
- Local-government, prevention and event-management personnel wishing to establish straightforward procedures.

What constitutes a suspicion?

A concern may arise when someone experiences sudden disorientation, loss of coordination, profound drowsiness, memory loss, unexpected illness or effects disproportionate to what they recall consuming. None of these signs, on its own, proves that spiking or a drug-facilitated incident has occurred: another medical emergency may produce the same symptoms.

The purpose of an initial response is not to identify a drug or decide whether a crime has occurred. It is to care for the person and mobilise appropriate assistance.

Essential rule

IF THERE IS A REASONABLE CONCERN, PUT THE PERSON FIRST. Do not wait for a test, identification of a substance, collection of evidence or a police report before seeking assistance when it is needed.

Before an incident: prevention

- Encourage respect, collective awareness and early intervention by staff when warning signs arise. Responsibility for an assault lies with the person who commits it.
- Provide visible ways to ask for help, trained staff and emergency contact arrangements.
- Cup covers and other physical barriers may be helpful additional precautions. They do not guarantee that a drink is safe.
- Indicative detection devices may provide limited information about particular substances; they cannot replace professional care or rule out other substances.

02 / The seven initial-response actions

A straightforward sequence for non-medical first responders. If there are signs of a serious emergency, contact emergency services before completing any other step.

1. **DETECT.** Listen to the concern or notice an unexpected change. Do not demand proof or attempt to diagnose the cause.
2. **PROTECT.** Move the person away from immediate danger. Provide a safe, private setting without isolating them with strangers.
3. **ALERT.** If there is loss of consciousness, abnormal breathing, seizures, deterioration or severe confusion, call emergency services immediately.
4. **STAY WITH THE PERSON.** Provide continuous support and communicate calmly. Do not leave the person alone or allow them to drive.
5. **PRESERVE.** If this will not delay care, prevent the suspected drink, container or relevant recordings from being discarded; avoid unnecessary handling.
6. **REFER.** Help the person obtain medical assessment and, when appropriate, specialist support. Assistance must not depend on filing a police report.
7. **FOLLOW THROUGH.** Record only what is strictly necessary and pass useful information to the professional or service taking over care.

What not to do

- Do not induce vomiting or give medicines, coffee or other substances to try to “counteract” the effects.
- Do not force the person to drink water or give anything by mouth if they are drowsy or unable to swallow safely.
- Do not challenge the person's account, blame them, take unnecessary photographs or share personal information.

03 / If you think this has happened to you

While you are at a venue or event

- Stop consuming the suspected drink or food. Ask a trusted person, venue staff or security for help.
- Say where you are and how you feel. If you experience unusual effects, do not drive or leave without a safe companion.
- If you can do so without placing yourself at risk, ask that the drink be kept and potentially relevant recordings not deleted. You do not have to manage the evidence yourself.
- Seek medical assessment as soon as possible if you feel unwell, have memory gaps or suspect an assault. It is especially urgent if your condition worsens.

If you are accompanying someone

- Listen, take their concern seriously and offer assistance without pressing them to explain details they cannot remember.
- Stay with them and seek professional help. Do not leave them alone or in the care of someone whose relationship to them or intentions are unknown.
- If they are extremely drowsy or unresponsive, call emergency services. Follow the operator's instructions; if they are not breathing normally, the operator may guide you through resuscitation.
- When the person can make decisions, ask before contacting family or friends. Respect their privacy and preferences, except where there are legal duties or urgent risks.

If there are signs of serious danger

Call emergency services immediately if there is loss of consciousness, difficulty breathing, seizures, rapid deterioration or severe changes in mental state. Because this is a universal guide, use the official emergency number in the country where you are located.

While awaiting assistance, prevent further harm, follow emergency-service instructions and do not attempt to transport an unconscious person in a private vehicle if urgent professional help can be requested.

04 / Drinks, tests and possible evidence

What to do with the drink and container

- Do not consume them again to test a suspicion. If they can be kept safely, ask the venue manager to prevent unnecessary disposal, mixing, emptying or handling.
- Make a simple note of where the item was, who collected it and the approximate time. Collection and analysis with evidential value are the responsibility of the competent authorities.
- Do not delay emergency care to carry a drink or preserve an object. Ask medical staff or police how best to handle it.

Other possible evidence

- Remember or write down the location, approximate time, people present and any details you consider relevant. Do not invent anything you cannot recall.
- Ask the venue to preserve potentially relevant CCTV footage in accordance with applicable rules, without distributing it.
- If you suspect sexual assault, seek specialist medical care promptly. Professionals can explain the available options for examination and sample preservation in accordance with your rights and local law.

The role of rapid tests

Wristbands, cards and other detection devices can only provide indicative results for substances they have been designed and evaluated to detect. **A negative result does not establish safety or rule out an assault; a positive result is not, on its own, forensic proof.**

If a test is used, follow the manufacturer's instructions precisely. Sufficient lighting, including a phone torch where useful, can make it easier to see the result within the prescribed reading time. It does not make the test more reliable or justify interpreting results outside the specified conditions.

This guide is independent of any use of CENTINELA® Wristbands or Cards, cup covers or devices from any other brand.

05 / Venues, festivals and institutions

A venue does not need to diagnose what happened in order to act responsibly. It does need staff who can listen, arrange assistance and cooperate with the relevant services.

Preparation before opening

- Appoint a lead person and a deputy for each shift, with brief, visible instructions for the entire team.
- Check how to contact emergency services, a healthcare facility, police and local specialist services.
- Identify a safe place where someone can receive support and companionship without being isolated.
- Review CCTV systems, retention policies and privacy obligations.
- Train the team through simulations: a disoriented person; a concern without symptoms; a possible assault; a negative test; or an incident reported the following day.

When an incident occurs: do / avoid

DO	AVOID
Seek medical assistance when appropriate and appoint a point of contact.	Trying to decide whether the person is “telling the truth” or has consumed substances voluntarily.
Keep a support person present and protect privacy.	Allowing a vulnerable person to leave alone or with someone who has not been verified.
Request preservation of the drink, container and CCTV where relevant.	Conducting your own investigation, distributing footage or unnecessarily moving evidence.
Pass objective observations and times to professional services.	Collecting intimate medical details or disclosing a person's identity and suspected circumstances.

Minimal incident record

Record only what is necessary: date and time, location, observed symptoms (without diagnosing), actions taken, contacts made, objects provisionally preserved and the service that assumed responsibility. Personal data must be handled under local law, with restricted access.

06 / If concerns emerge hours or days later

The absence of a preserved drink or a positive test does not remove the need for assistance. Some substances may become undetectable quickly, but medical assessment, support and information about reporting options may still be useful.

If you wake up with memory gaps, pain or discomfort

- Find a safe place and, if you wish, contact someone you trust.
- Seek medical care as soon as possible, particularly if you have pain, injuries, persistent drowsiness, disorientation or concerns about sexual assault.
- Explain approximately when you think something may have happened, what you remember and what symptoms you have. You do not need to know the substance involved.
- Ask about psychological support, victim-support services, forensic options and reporting routes. Do not delay care because you have not decided whether to report the incident.

What may responsibly be communicated

A venue or institution may state that it uses an initial-response guide and has trained its team, provided that this is true. It must not claim to be “certified”, “officially approved” or “endorsed” without a verifiable process and authorisation.

International scope

Healthcare responses, police reporting, data handling and venue obligations vary between countries. This document offers a common informational basis, not an approved legal adaptation to each jurisdiction. Future editions should incorporate country-specific annexes where appropriate.

How to improve the document

Its content should be updated and periodically checked with specialists and support organisations, tested for user comprehension and accompanied by a record of corrections. Every edition should retain its version number, date and sources.

07 / Quick-reference sheet and sources

The following quick-reference sheet may be displayed at a venue or shared by QR code. It summarises the seven actions described earlier.

CONCERN → DETECT → PROTECT → ALERT → STAY WITH THE PERSON → PRESERVE → REFER → FOLLOW THROUGH. If anyone is in immediate danger, contact emergency services first.

Quick checklist

- ☐ Is the person safe and accompanied by an appropriate person?
- ☐ Have medical services or emergency responders been contacted where necessary?
- ☐ Has the suspected drink been left untouched rather than tested, handled or discarded?
- ☐ Has the venue been asked to preserve relevant objects and recordings?
- ☐ Has the person been informed about medical and specialist support without being required to file a report?
- ☐ Is information shared factual, minimal and private?

Sources consulted — initial selection

[01] Spanish Ministry of Health. *Common National Health System Protocol for Healthcare Responses to Sexual Violence* (2023). https://observatoriosaludmujeres.sanidad.gob.es/violenciaDeGenero/comisionConsejoInterterritorial/protocolosGuiasInstrumentos/actuacionSanitariaVS2023.htm

[02] SEMES/FETOC. *Consensus document on suspected chemical submission / drug-facilitated incidents* (2025). https://www.fetoc.es/asistencia/Sumision_Quimica_consenso.pdf

[03] UK Home Office. *Spiking: advice and support* (2023). https://www.gov.uk/guidance/spiking-advice-and-support

[04] UK Home Office. *Spiking: information for venues and festival organisers* (2023). https://www.gov.uk/government/publications/spiking-information-for-venues-and-festival-organisers/spiking-information-for-venues-and-festival-organisers

[05] Police.uk. *What to do first if someone has spiked you; What happens first after you report spiking.* https://www.police.uk/spiking

[06] Community of Madrid. *Drug-facilitated incidents: health information and recommendations.* https://www.comunidad.madrid/salud/sumision-quimica

These references support general recommendations; they do not imply review or endorsement by their authors. **Documentary consultation date:** 30 October 2026.

Editorial contact: info@aglayaglobal.com · **Platforms:** sumisionquimica.com / stopspiking.org

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TECHNICAL ANNEX

Prevention and initial response to spiking and substance-facilitated crimes

INTERNATIONAL COMPARATIVE BASIS + OPERATIONAL FRAMEWORK

Technical edition V1.0 · 30 October 2026

Promoter: AGLAYA GLOBAL / CENTINELA®

Nature: General technical guidance, complementary to official rules and procedures.

Scope: Prevention, venue response and non-medical initial assistance. It never replaces current clinical, forensic or security protocols.

IMPORTANT: This is not an official, certified, clinically validated protocol, nor has it been adopted by public authorities. The operational recommendations are proposals subject to review by medical, forensic, legal, victim-protection and security professionals.

Project purpose

To turn scientific recommendations and institutional experience into a verifiable initial-response methodology for venues, festivals, communities, institutions and other settings, with mandatory adjustments for each country.

1. Strategic approach: where the project can add value

Spiking and drug-facilitated incidents are already addressed in well-developed medical, forensic, policing and safety guidance. This project should avoid duplicating that work. The proposed value lies in improving the transition from the first concern, outside a hospital, to competent assistance and follow-up through simple instructions, training, minimal records and assessment of compliance. [S01–S03, S09–S12]

Proposed scope

- Initial response by non-medical personnel in bars, festivals, hotels, universities, associations, local councils and events, together with guidance for members of the public.
- Suspected covert administration of substances, non-consensual administration of alcohol, and offences that exploit a person's intoxication; precise legal definitions vary by country. [S02, S10]
- Cases involving sexual assault, theft or other offences, as well as concerns where no crime has yet been established. [S02, S03]
- Referral to healthcare, specialist services, police and victim-protection services under local law.

Explicit limitations

- This is not a guide to diagnosis, treatment, biological-sample collection or expert forensic examination. Professionals must follow their own local guidance and scope of practice.
- It does not certify that a venue is safe or establish that assaults have been prevented. Any participation scheme must define verifiable requirements.
- No rapid-test result, by itself, confirms or rules out intoxication or assault. Rapid kits also do not replace laboratory testing. [S02, S10, S13]
- Apps and QR codes do not replace calls to emergency services and must not promise location tracking or automatic activation unless those technical capabilities have been demonstrated.

Core operating rule

Where there is a reasonable concern, protect the person and facilitate appropriate assistance without waiting for a positive test, a police report or identification of a substance. Never delay care in order to perform a test.

2. Reviewed references and scope of the review

Initial selection of official primary sources and scientific literature up to 30 October 2026. The documentary review is ongoing: locating and comparing a source does not mean that every local version and application has been audited. The following matrix identifies contributions; it does not imply that other protocols lack these features.

Jurisdiction	Document / focus	Contribution to our design
Spain · National Health System	Healthcare protocol for sexual violence, 2023	Integrated care, coordination and continuity. [S01]
Spain · Emergency medicine	SEMES/FETOC consensus, 2025	Concerns without evident crime; toxicology and follow-up. [S02]
Spain · Andalusia	Integrated approach to drug-facilitated incidents, 2023	Links between primary care, emergency departments and forensics. [S05]
Spain · Madrid	VISEM Code, updated 2025	Coordinated urgent healthcare response. [S06]
Spain · Catalonia	Health protocols 2026; nightlife safety 2024	Connections between healthcare and security; formal participation. [S07–S08]

2. Reviewed references — continued

Jurisdiction	Document / focus	Contribution to our design
United Kingdom	Home Office, venues and festivals, 2023	Venue responsibilities, training, CCTV and drinks. [S09]
United Kingdom	Police.uk, evidence and rapid tests	Evidence preservation, testing limitations and victim support. [S10]
United States	DOJ medical-forensic protocol, 2024	Consent, prompt toxicology and chain of custody. [S11]
Australia · NSW	Night-time venue training, 2025	Practical hospitality scenarios and duty of care. [S12]
France	Pilot testing access without police report, 2026	Access to medical services without a police report within pilot regions. [S13]
Brazil	Federal Law 15.516, September 2026	Statutory coordination between healthcare and police; specific duties. [S14]
Chile	Acute sexual assault protocol, 2023	Comprehensive medical response after recent assault. [S15]
Colombia	Cross-sector care pathways	Local coordination among health, protection and justice services. [S16]
Mexico	Technical health materials, 2025	Sexual-violence flowcharts and operational processes. [S17]
Portugal	Medical-legal reporting channels, 2026	Direct access to forensic medicine and referrals. [S18]
WHO / United Nations	Clinical guidance 2020 and training 2025	Survivor-centred care and training. [S19]

3. Needs that justify a pilot

An article published in *Emergencias* (2026), based on an exploratory 2025 survey of 42 doctors in 13 Spanish autonomous communities, reports gaps in access to analytical confirmation pathways (64.7%), follow-up arrangements (57.5%) and support staff at night or on public holidays (90% of surveyed centres). This is not a representative estimate for Spain as a whole, but it offers specific hypotheses to investigate. [S03]

Six improvement hypotheses — not yet demonstrated

1. An initial-response sheet could reduce important omissions at venues and events.
2. A designated lead person on each shift could improve referral and information continuity.
3. Simulation-based training could improve actual responses to ambiguous cases.
4. A minimal record of times and actions could help preserve evidence without collecting unnecessary data.
5. A verified directory of local resources could reduce referral errors.
6. Independent audit and review could identify failures before wider implementation.

4. Initial operational protocol: seven actions

A proposal for non-medical first responders, adapted to emergency-service instructions and local law. The order may change if there is a threat to life; urgent care always takes absolute priority. [S02, S09–S12, S19]

4. Seven operational actions — continued

01 · DETECT

Listen to any concern, report or unexpected sign: disorientation, abrupt change, amnesia, drowsiness or loss of coordination. Do not diagnose a cause or demand proof.

02 · PROTECT

Remove immediate risks, ensure a quiet space, respect privacy and seek a companion chosen by the person whenever it is safe. Bear in mind that someone close to them may be involved.

03 · ACTIVATE

If the person is unconscious, has breathing difficulties or seizures, is deteriorating, is severely confused or faces another danger, call emergency services immediately. Follow professional instructions.

04 · STAY WITH THE PERSON

Remain with the person where safe and do not leave them with strangers. Communicate briefly, empathetically and without judgement. Do not induce vomiting, offer substances to “offset” the effects or force liquids.

05 · PRESERVE

Once safety is assured, do not discard a potentially relevant drink or container or delete CCTV footage. Minimise handling and note who is responsible. Do not collect biological samples independently.

06 · REFER

Help the person access healthcare or specialist assessment as soon as possible, particularly if sexual assault or intoxication is suspected. Explain reporting options under local law without making assistance conditional on reporting.

07 · FOLLOW THROUGH

Document the operational handover, who assumed responsibility for assistance and whether specialist support was offered. Do not gather unnecessary intimate details or attempt to investigate the incident.

Recommended decision paths for implementation

Situation	Priority	Decision-maker
Life-threatening or severe medical danger	Immediate emergency response; physical protection	Emergency and healthcare services
Concern without serious symptoms	Safety and consultation/assessment as appropriate	Affected person and healthcare service
Possible sexual assault	Urgent specialist care; forensic options	Healthcare/forensic professionals and affected person
Incident reported after a delay	Do not rule out assistance because time has passed	Health and victim-support services
Minors or people requiring special protection	Follow the specific pathway and local statutory duties	Designated leads / competent authority

5. Preparation for each venue or institution

Before announcing participation in the protocol, a centre should have the following elements in place. These are proposed internal controls, not universally applicable duties already approved by a public authority:

- A named lead person and deputy on each shift, with verifiable contact details.
- A regularly checked directory of local emergency contacts, reference healthcare facilities and support resources.
- A safe, accessible place where the person can be accompanied temporarily without restriction of their liberty.
- A one-page visual guide adapted to the language and staff actually working there.
- A basic procedure for preserving containers and footage that complies with applicable law.
- Basic training and simulations, including situations where a test is not positive.

5. Preparation — continued

- Minimal incident recording, limited retention and restricted access.
- A handover process, subsequent assessment of failures and annual review or review following major incidents.

6. Minimal incident record (design template)

Illustrative design. Every institutional application requires a data-protection assessment and local legal review. These records do not replace medical notes, police reports or chain-of-custody documentation. [S04, S21]

Field	What to record / limitation
Internal code and venue	Non-public identifier; venue/event/shift.
Dates and times	Time of alert, emergency activation, arrival of assistance or referral; when known and relevant, the last reported time the person felt well.
Initial observation	Only what is necessary: observed facts, not assumptions about a drug, crime or responsibility.
Actions	Protection provided, help requested, referral destination and support person.
Potential evidence	Type of object or recording, where it is held temporarily and who knows about it; no invasive photographs.
Handover	Receiving professional service and time of transfer, without including medical history.
Privacy	Access control, retention period, legal basis and country-specific safeguards.

7. CENTINELA® technology and GEOEMERGENCIA™ / GEOURGENCY™

Potential benefits, subject to verification

- QR- and browser-based access to a brief protocol in the language selected or detected, without installing an app.
- Prevention instructions, help recognising concerns and access to official local emergency resources once the directory has been validated.
- Enabling a person to share their location voluntarily using available native phone tools.
- Staff training and controlled updates to protocol versions.

Claims that must not be made

- That the browser automatically calls emergency services or shares live location without user action if these functions have not been substantiated.
- That a wristband detects every drug, establishes that a drink is safe or produces results with clinical or legal evidential value.
- That a QR code replaces healthcare, or that a negative response eliminates the need for assistance.

Guidance on initial response must be kept distinct from the marketing of detection devices. Before incorporating rapid tests into an institutional procedure, independent studies are needed on target substances, drink matrices, detection limits, interferences, false positives and negatives, and real-world conditions of use. French authorities explicitly warn about limitations of rapid kits; UK police likewise describe them as indicative. [S10, S13]

8. Validation pathway and possible recognition

Stage	Completion criterion
A. Documentary review	Complete a Spanish regional and international inventory, with a record of each source's title, version, authority, scope, validity, obligations and evidence.
B. Independent committee	Emergency medicine, toxicology, forensic medicine, victim representatives, security, law and data protection; declarations of conflicts of interest.
C. Technical validation	Readability and accessibility tests, tabletop scenarios, and checking each instruction against local rules.
D. Authorised pilot	One or more venues with a formal agreement and designated leads. Avoid terms such as “approved” and “accredited” without justification.
E. Evaluation	Process indicators, review of incidents and adverse events, external audit and documented corrections.
F. Adoption / standardisation	Propose institutional adoption where appropriate; assess the feasibility of a UNE specification or standard only through its consensus procedures. [S20]

Proposed process indicators for the pilot

- Percentage of staff trained and whose knowledge has been checked.
- Percentage of shifts with an identified lead and up-to-date referral resources.
- Minutes between a report and emergency activation when warranted, without arbitrary clinical targets.
- Percentage of incidents with a minimal record and verifiable handover.
- Percentage of simulations in which essential steps were followed correctly.
- Incidents arising from misuse of tests, delays, privacy failures or incorrect referrals.
- Satisfaction and perceived safety of people assisted, where this can be assessed ethically, safely and voluntarily.

9. Matters expressly left open

- The precise statutory definitions and reporting duties in each country; Brazil illustrates important differences from Spain. [S04, S14]
- A full inventory for Spain's 17 autonomous communities, Ceuta and Melilla, and subsequent updates to identified protocols.
- Pathways suitable for men, children and adolescents, people with disabilities and non-sexual contexts.
- Data-protection requirements when forms, QR codes, messaging or CCTV are used.
- The conditions under which the project could be called “reviewed”, “endorsed”, “adopted”, “certified” or “official”; each requires different evidence.
- Verification of the technical performance and independent testing of CENTINELA® Wristbands/Cards before their inclusion in a public procedure.

Proposed name: “CENTINELA® Protocol for Initial Response and Coordination in Suspected Spiking and Drug-Facilitated Incidents”. It could form part of a broader international initiative, but the final name and its legal protection must be checked before publication.

10. Primary and scientific sources identified

These are the initial sources used to develop the recommendations and proposed framework. Their inclusion does not constitute an exhaustive audit or endorsement by their authors. **Date consulted:** 30 October 2026.

[S01] Spanish Ministry of Health. National Health System Common Protocol for Healthcare Responses to Sexual Violence (2023).

[S02] SEMES / FETOC. Consensus document on suspected chemical submission / drug-facilitated incidents (2025).

[S03] Rodríguez Gamella et al. “Sumisión química: una asignatura pendiente en urgencias” [Drug-facilitated incidents: an unfinished task in emergency medicine] (2026).

[S04] Spanish Official State Gazette (BOE). Organic Law 10/2022, Article 48: evidence collection and police reporting.

[S05] Regional Government of Andalusia. Update to the integrated-response protocol (2023).

[S06] Community of Madrid. VISEM Code, updated version 2025.

[S07] Government of Catalonia. Healthcare protocols on sexual violence (2026).

[S08] Government of Catalonia. Safety measures against sexual violence in nightlife, public spaces and transport.

[S09] UK Home Office. Information for venues and festivals (2023).

[S10] Police.uk. Evidence collection in spiking cases and limitations of rapid tests.

[S11] US Department of Justice. *A National Protocol for Sexual Assault Medical Forensic Examinations*, 3rd edition (2024).

[S12] New South Wales Government. Drink spiking and sexual violence training (2025).

[S13] French Ministry of Health. Pilot programme to combat chemical submission / drug-facilitated incidents (2026).

[S14] Brazilian Chamber of Deputies. Law No. 15,516, 22 September 2026.

[S15] Chilean Ministry of Health. Comprehensive care following acute sexual assault, protocol 2023.

[S16] Colombian Ministry of Health. Integrated care pathway for victims of gender-based violence.

[S17] Government of Mexico. Technical materials on gender-based and sexual violence (2025).

[S18] Portuguese Ministry of Justice. Victim Statute and medical-legal reporting (2026).

[S19] World Health Organization. *Clinical management of rape and intimate partner violence* (2020) and updated training (2025).

[S20] UNE. How standards are developed: openness and consensus.

[S21] Spanish Data Protection Agency. Health-data protection, general framework (2025).

CONCLUSION OF PHASE 1

The value of the CENTINELA® Protocol will not lie in claiming superiority over existing protocols, but in demonstrating that it facilitates an early, respectful and coordinated response that can be audited. Scientific and institutional credibility must be earned through independent review, piloting and evidence.

AGLAYA GLOBAL LLC · 2026 EDITION

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Translation note: English working translation of the complete Spanish edition (version 1.0, 30 October 2026). The original Spanish document is the reference version. This translation has not yet undergone independent medical, forensic, legal or professional language review. Local laws, emergency numbers and referral pathways must be checked before institutional adoption.