



First Aid Policy

	Name	Date
Reviewed		March 2023
Reviewed	Danielle Mead	November 2023
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Reviewed and rewritten	Danielle Mead	March 2026
Reviewed	Danielle Mead	September 2026 to be reviewed September 2027

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Version Control

Date	Change
November 2023	No changes
March 2023	Amendment to Administration of drugs and medicines Addition of School Parental Agreement to Administer Non-Prescribed Medication Form
November 2024	Changed Medical form to IHCP (Individual Health Care Plan)
November 2025 - Rewritten the policy.	<p>Summary of Changes</p> <p>SECTION 1: INTRODUCTION AND LEGAL FRAMEWORK</p> <p>Added:</p> <ul style="list-style-type: none"> • Specific legal framework section listing all relevant legislation • Explicit statement that school "must" provide proper first aid materials (changed from "responsibility to provide") • Reference to DfE guidance on first aid in schools (2022) • Reference to RIDDOR 2013 (updated from 1995) • Reference to EYFS statutory framework <hr/> <p>SECTION 2: AIMS</p> <p>Changed:</p> <ul style="list-style-type: none"> • "To identify the first aid needs of the school in line with the Management of Health and Safety at work Regulations 1999" → "To identify the first aid needs of the school through a comprehensive needs assessment" • Added: "To provide a safe environment in which pupils can learn and staff can work" • Added: "To ensure clear procedures are in place for recording and reporting accidents and incidents" <hr/> <p>SECTION 3: OBJECTIVES</p> <p>Added:</p> <ul style="list-style-type: none"> • "To maintain accurate records using our Medical Tracker system" <p>Changed:</p> <ul style="list-style-type: none"> • "RIDDOR 1995" → "RIDDOR 2013" <hr/> <p>SECTION 4: ROLES AND RESPONSIBILITIES</p> <p>4.1 Governing Body - Added:</p> <ul style="list-style-type: none"> • Explicit statement that they are responsible for health and safety • Requirement to ensure first aid needs assessment is carried out and reviewed at least annually • Requirement to ensure school has a health and safety policy and first aid policy (can be standalone or combined) <p>4.2 The Headteacher - Added:</p> <ul style="list-style-type: none"> • Responsibility for implementing policy • Ensuring accidents are reported to Trustees and governors • Monitoring first aid provision and reviewing needs assessment annually <p>4.3 The Health and Safety Lead - Completely Restructured:</p> <p>Changed from:</p> <p>"The Health and Safety Lead must ensure that a risk assessment of the school is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place."</p> <p>Changed to:</p> <p>Detailed list including:</p> <ul style="list-style-type: none"> • Must carry out a first aid needs assessment considering: size of school, location, layout, specific hazards, specific needs of pupils/staff, age range, number of first aid personnel required • Review needs assessment at least annually • Ensure first aid boxes appropriately stocked and maintained • Monitor accident trends using Medical Tracker reports <p>4.4 First Aiders - Added:</p> <ul style="list-style-type: none"> • Explicit statement: "The majority of schools will have at least 1 first aider to meet the needs of employees, pupils and visitors. There is no rule on the

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	<p>number of first aiders required, as it depends on the specific needs of your school."</p> <ul style="list-style-type: none"> Placeholder for listing names and locations of first aiders Requirement to receive training in paediatric first aid with explanation of why Specific detail about qualification validity (3 years) and refresher training requirements Requirement to record all treatment using Medical Tracker <p>4.5 Office Staff - Added:</p> <ul style="list-style-type: none"> "Maintain the Medical Tracker system and ensure records are up to date" <p>4.6 All Staff - Added:</p> <ul style="list-style-type: none"> New section with explicit expectations for all staff Detailed consent guidance: "Try to gain consent before giving first aid to employees and pupils (consent can be given verbally, and in the moment that first aid is required)" Requirement to report using Medical Tracker Requirement to attend first aid training as appropriate <p>4.7 Specific Responsibilities - Clarified:</p> <ul style="list-style-type: none"> Breakfast and After School Club requirements now state "must have at least one trained first aider present" <p>4.8 – club and lettings wording has been clarified to outline that they have their own responsibility for First Aid.</p>
	<p>SECTION 5: FIRST AID PROCEDURES</p> <p>5.1 General Procedures - Added:</p> <ul style="list-style-type: none"> Requirement to record in Medical Tracker Full consent guidance including implied consent scenarios <p>5.2 Contacting Parents/Carers - Added:</p> <ul style="list-style-type: none"> Statutory requirement: "Parents/carers must be informed of any accidents/injuries and any treatment on the same day they happened (where possible), or as soon as reasonably practical after" <p>5.3 Emergency Procedures - Changed:</p> <ul style="list-style-type: none"> "Accidents must be reported to the Headteacher within 24 hours" (made more explicit)
	<p>SECTION 6: RECORD KEEPING AND MEDICAL TRACKER</p> <p>Completely New Section - Added:</p> <p>6.1 Recording First Aid Treatment:</p> <ul style="list-style-type: none"> Statutory list of what must be recorded How Medical Tracker captures this information <p>6.2 Accident Books:</p> <ul style="list-style-type: none"> Legal requirement from Social Security Regulations 1979 Explanation that Medical Tracker serves as electronic accident book Minimum 3-year retention requirement <p>6.3 Retention of Records:</p> <ul style="list-style-type: none"> Detailed legal explanation about retaining records until age 21 Reference to Limitation Act 1980 Explanation of 3-year claim period starting at age 18 Statement that Medical Tracker is configured for this retention period <p>6.4 Monitoring and Review:</p> <ul style="list-style-type: none"> How records will be used to identify trends Termly review requirement for Health and Safety Lead Governor reporting requirements
	<p>SECTION 7: REPORTING TO HSE (RIDDOR)</p> <p>Changed:</p> <ul style="list-style-type: none"> Updated from "RIDDOR 1995" to "RIDDOR 2013" throughout Restructured into clearer categories for employee vs pupil/visitor incidents Added: "Medical Tracker will flag potentially reportable incidents to ensure RIDDOR compliance" <p>Removed:</p> <ul style="list-style-type: none"> Old text: "Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995 (RIDDOR) some accidents must be reported to the HSE. 1. Involving employees or self-employed people working on the premises. 2. Involving pupils and visitors"

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	<p>Added:</p> <ul style="list-style-type: none"> Detailed breakdown of what must be reported for employees (deaths, specified injuries, over 7 days absence, occupational diseases, dangerous occurrences) Detailed breakdown for pupils/visitors (deaths, injuries requiring hospital treatment, injuries from premises/equipment condition)
	<p>SECTION 8: FIRST AID EQUIPMENT AND FACILITIES</p> <p>8.1 First Aid Boxes - Added:</p> <ul style="list-style-type: none"> "First aid boxes should be marked with a white cross on a green background" <p>8.2 Contents of First Aid Boxes - Completely Restructured:</p> <p>Changed from: Simple list of items</p> <p>Changed to:</p> <ul style="list-style-type: none"> Clear distinction between main first aid boxes and classroom basic boxes Bold text added: "No medicines or tablets are to be kept in first aid boxes." <p>8.4 Medical Room - Added:</p> <ul style="list-style-type: none"> Statutory requirement: "Schools must have accommodation for medically examining and treating pupils, which could also be used for first aid"
	<p>SECTION 9: ADMINISTRATION OF MEDICINES</p> <p>9.1 General Principles - Clarified:</p> <ul style="list-style-type: none"> Made clearer that medicines only administered "when it would be detrimental to the pupil's health or school attendance not to do so" <p>9.3 Individual Healthcare Plans - Added:</p> <ul style="list-style-type: none"> Reference to statutory guidance about agreeing emergency procedures in advance Statement that plans are stored in Medical Tracker Detailed list of what plans must include <p>9.4 Recording Medicine Administration - New Subsection:</p> <ul style="list-style-type: none"> Statutory retention period: "Records for medicines administered to children should be retained for as long as those children are pupils at the school" Requirement to record in Medical Tracker Detailed list of what must be recorded
	<p>SECTION 10: STAFF TRAINING AND INFORMATION</p> <p>New Section - Added:</p> <p>10.1 Induction:</p> <ul style="list-style-type: none"> What new staff must be informed of Specific reference to Medical Tracker training <p>10.2 Ongoing Training:</p> <ul style="list-style-type: none"> Annual review of training needs Refresher training requirements
	<p>KEY TERMINOLOGY CHANGES</p> <p>Changed throughout:</p> <ul style="list-style-type: none"> "Appointed Persons" → "First Aiders" (more accurate terminology) "RIDDOR 1995" → "RIDDOR 2013" Added "must" where statutory requirements exist Added "should" where guidance/best practice applies Consistently used "Medical Tracker" as the recording system
September 2026	Added onto IHP permission for use of school medication in an emergency.

Introduction and Legal Framework

Raglan Primary School must provide the proper first aid materials, equipment and facilities, make sure first aid provision is available at all times while people are on school premises and off the premises while on school visits, and appoint a person to take charge of first aid arrangements.

This policy outlines how Raglan Primary School meets its responsibilities to provide adequate and appropriate first aid to pupils, staff, parents and visitors. This policy will be reviewed annually.

This policy complies with:

- The Health and Safety (First Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1999
- DfE guidance on first aid in schools (2022)
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Early Years Foundation Stage (EYFS) statutory framework (where applicable)

2. Aims

- To identify the first aid needs of the school through a comprehensive needs assessment.
- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises while on school visits.
- To provide a safe environment in which pupils can learn and staff can work.
- To ensure clear procedures are in place for recording and reporting accidents and incidents.

3. Objectives

- To appoint the appropriate number of suitably trained people as first aiders to meet the needs of the school.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
- To maintain accurate records using our Medical Tracker system.

4. Roles and Responsibilities

4.1 The Governing Body

The Governing body is responsible for the health and safety of their employees and anyone else on the premises, including the Headteacher, teachers, non-teaching staff, pupils and visitors (including contractors).

The Governors must ensure that:

- A first aid needs assessment is carried out and reviewed at least annually.
- Appropriate appointments, training and resources for first aid arrangements are in place.
- Insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.
- The school has a health and safety policy, and a first aid policy.

4.2 The Headteacher

The Headteacher is responsible for:

- Implementing this policy and developing detailed procedures.
- Ensuring that information on the school's first aid arrangements is communicated to all staff, parents and pupils.
- Ensuring new staff are informed of procedures as part of their induction programme.
- Ensuring appropriate training is provided and refreshed.
- Ensuring that accidents are reported to the HSE under RIDDOR where required.
- Ensuring accidents are reported to the Trust and governors with responsibility for Health and Safety.
- Monitoring first aid provision and reviewing the needs assessment annually.

4.3 The Health and Safety Lead

The Health and Safety Lead must:

- Carry out a first aid needs assessment to help decide how much provision is needed, considering: the size of the school and whether it is on split sites and/or levels, the school's location, the school's layout, any specific hazards or risks on site, the specific needs or disabilities of pupils and staff, the age range of pupils, and the number of first aid personnel required.
- Review the needs assessment at least annually, and particularly after any changes in circumstances, such as new premises or staff changes.
- Ensure first aid boxes are appropriately stocked and maintained.
- Monitor accident trends using Medical Tracker reports.

Appendix A – Raglan Needs Assessment Template

4.4 First Aiders

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The majority of schools will have at least 1 first aider to meet the needs of employees, pupils and visitors. There is no rule on the number of first aiders required, as it depends on the specific needs of the school. At Raglan, we ensure that we are compliant

First aiders are responsible for assessing injuries or ill health and using their training to decide upon the most appropriate response. This can involve treating the casualty if the injury is within the scope of their training, referring them to hospital for assessment or further treatment, or calling for help.

If the first aider is in any doubt whether a casualty requires professional medical assistance, he or she should call 999 or phone NHS 111. Urgent treatment should not be delayed in order to consult with parents or carers.

Our appointed first aiders are included as **Appendix B** of the policy.

First aiders will:

- Respond promptly to requests for first aid assistance throughout the school day.
- Receive appropriate training from a competent first aid training provider, including training in paediatric first aid.
- Undertake refresher training before the certificate expires (first aid qualifications are usually valid for 3 years)
- Administer first aid following necessary precautions for their own protection and the protection of the patient.
- Record all first aid treatment given using Medical Tracker.
- Ensure parents/carers are informed of injuries as appropriate.

4.5 Office Staff

A member of the Office Team will:

- Take charge when someone is seriously injured or becomes ill.
- Coordinate first aid response and contact first aiders as needed.
- Look after the first aid equipment, including restocking first aid boxes and bags.
- Ensure that an ambulance or other professional medical help is summoned when appropriate.
- Maintain the Medical Tracker system and ensure records are up to date.
- Contact parents/carers when required.

4.6 All Staff

All staff are expected to:

- Do all they can to secure the welfare of pupils
- Know the location of first aid equipment and first aiders
- Try to gain consent before giving first aid to employees and pupils (consent can be given verbally, and in the moment that first aid is required)

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- Report all accidents and incidents using Medical Tracker.
- Follow the school's first aid procedures.
- Attend first aid training as appropriate to their role.

4.7 Specific Responsibilities

- **Midday Supervisors** are responsible for initial first aid treatment during lunchtimes
- **Teaching Assistants** are responsible for initial first aid at break times
- **Breakfast and After School Club staff** are responsible for first aid during their sessions and must have at least one trained first aider present.

4.8 Lettings and outside clubs/agencies

Organisations and individuals hiring school premises are responsible for providing their own first aid arrangements during their activities. This includes:

- Ensuring appropriately trained first aiders are present throughout the activity
- Providing suitably stocked first aid boxes appropriate for their activity
- Having their own first aid policies and procedures in place

There should be a first aid box available, and the contents should be checked frequently and replaced as necessary by the person identified as responsible within the school's Health and Safety Policy. Please note that first aid does not cover the administration of medicine.

Determining the level of first aid that should be provided by someone hiring the premises depends partly on the nature of the activities being undertaken and the age of the children. An assessment of the risks and first aid needs should be undertaken by the Hirer to decide on an adequate level.

For example, in sporting activities there should be a qualified first aider available, and clubs should ensure an adequate number of staff available during the length of the session, so that, in the event of an emergency, the group are not left unsupervised if the first aider has to go to the hospital with a casualty. Parents should be informed as soon as possible.

Where children aged 5 and under are attending a provision, a qualified paediatric first aider must be present.

For large public events, arrangements can be made for the British Red Cross or St John Ambulance to attend and provide first aid cover.

The school's own employees should not be relied upon as the first aid provision by someone hiring the premises, as they may not be present at all times.

With regard to parental consent, written permission should be obtained by the hirer to seek any necessary emergency medical first aid advice or treatment in the future.

5. First Aid Procedures

5.1 General Procedures

- Minor ailments/injuries should be treated where they occur and recorded in Medical Tracker.
- For more serious injuries, the child should be accompanied to the school office or a first aider should be called.
- Where possible, constant supervision will be provided for poorly or injured children.
- Consent can be given verbally, and in the moment that first aid is required. However, this is not always possible – for example, if there's no time, or if the person is unconscious or choking. In these scenarios, consent can be implied.

5.2 Contacting Parents/Carers

- Where the injury or illness requires it, or if there is any doubt over the health and welfare of a pupil, parents or carers (as stated on the pupil's medical record in Medical Tracker) should be contacted as soon as possible so that the pupil can be collected and taken home.
- Parents must be informed of head injuries. For minor head bumps, an email and letter will be sent home. For children who bump their head on a hard surface, parents will be contacted by telephone.
- Parents/carers must be informed of any accidents/injuries and any treatment on the same day they happened (where possible), or as soon as reasonably practical after.

5.3 Emergency Procedures

- If the situation is life-threatening or of cause for concern, any member of staff can ring 999 and request ambulance help.
- Should a child be taken to hospital before a parent or carer arrives at school, a member of staff will accompany the child to hospital and parents will be directed to go straight there.
- The Headteacher or most senior teacher on site must be informed of any serious injury occurring during the day.
- Accidents must be reported to the Headteacher within 24 hours.

5.4 Educational Establishments with Children Under 5yrs (including Reception Class Children)

Educational establishments with children under 5 must also meet the first aid requirements of the Early Years Foundation Stage Statutory Framework. At all times when children under 5 are at the establishment, or on an off-site visit organised by the establishment, there must be at least one person present when on trips who has a current Early Years First Aid Certificate.

5.5 Contacting First Aiders

The Head Teacher must ensure that everybody on the premises knows how to summon a first aider in an emergency. Notices should be displayed in public places and the procedure should be included in staff and volunteer induction training and pupil safety briefings. There is also a qualified first aider present at all FoR events.

5.6 Indemnity

Mosaic Learning Trust employees who hold a valid first aid qualification are indemnified by the school's insurance against any claims for negligence or injury, provided they relate to the first aid provided in the course of their employment and they acted in good faith and in accordance with their training. The indemnity is regardless of where and to whom the first aid was provided.

6. Record Keeping and Medical Tracker

6.1 Recording First Aid Treatment

The school will record first aid treatment given, including: date, time and place of the incident; name of the person affected; details of the injury or illness, and what first aid was given; what happened after the incident – for example, whether the pupil went home or returned to class; and the name and signature of the first aider or person who dealt with the incident.

All first aid treatment, accidents and incidents must be recorded in Medical Tracker, which will capture:

- Date, time and place of the incident
- Name and class of the injured or ill person
- Details of their injury/illness and what first aid was given
- What happened to the person immediately afterwards (e.g., returned to class, went home, taken to hospital)
- Name and signature of the first aider or person dealing with the incident
- Whether parents/carers were informed and how.

6.2 Accident Books

The Social Security (Claims and Payments) Regulations 1979 require schools with 10 or more employees to keep an accident book, and to retain records in this book for at least 3 years.

Medical Tracker serves as our electronic accident book for children

- Statutory accident book entries (for employees)
- First aid treatment records (for all persons)

6.3 Retention of Records

Legal advisers recommend keeping records of injuries until the pupil turns 21. This is to help protect the school against personal injury claims made by pupils. Under the Limitation Act 1980, the time limit for making a personal injury claim is 3 years from

the date of the accident. However, when a child is injured, the 3 years only begin when they turn 18.

Medical Tracker is configured to retain records until pupils reach age 21, in compliance with this guidance.

6.4 Monitoring and Review

- Accident and first aid treatment records will be used to identify trends and areas for improvement.
- The Health and Safety Lead will review Medical Tracker reports termly to identify training or other needs.
- Records may be useful for insurance or investigative purposes.
- Governors with responsibility for Health and Safety are informed of all accidents reported to HSE.

7. Reporting to HSE (RIDDOR)

Employers are required to report and keep records of certain accidents, injuries and dangerous occurrences involving staff and pupils under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

The Headteacher is responsible for ensuring that reportable incidents are reported to the HSE. This includes:

1. Incidents involving employees or self-employed people working on the premises:

- Deaths
- Specified injuries
- Injuries resulting in over 7 days' absence from work
- Occupational diseases
- Dangerous occurrences

2. Incidents involving pupils and visitors:

- Deaths
- Injuries where the person is taken directly from the scene to hospital for treatment
- Injuries arising from the condition of the premises or equipment

Medical Tracker will flag potentially reportable incidents to ensure RIDDOR compliance. These will be recorded on Medical Tracker and reported in the Health and Safety Governors Report.

8. First Aid Equipment and Facilities

8.1 First Aid Boxes

First aid boxes should be marked with a white cross on a green background.

First aid boxes are located in:

- The Office
- The Kitchen
- The Gym
- The Studio
- The House
- Nursery (Chipmunks)
- The Hive
- All classrooms (basic supplies)

8.2 Contents of First Aid Boxes

The Health and Safety Executive (HSE) recommends first aid boxes contain at least: a leaflet giving general advice on first aid; individually wrapped sterile adhesive dressings in different sizes (20 pieces); sterile eye pads (2 pieces); individually wrapped triangular bandages (2 pieces); safety pins (6 pieces); individually wrapped sterile wound dressings (6 medium and 2 large); and disposable gloves (3 pairs).

Our main first aid boxes contain:

- A leaflet giving general advice on first aid
- Individually wrapped sterile adhesive dressings (assorted sizes) - minimum 20 pieces
- Sterile eye pads - minimum 2 pieces
- Individually wrapped triangular bandages - minimum 2 pieces
- Safety pins - minimum 6 pieces
- Individually wrapped sterile wound dressings - 6 medium and 2 large
- Disposable gloves - minimum 3 pairs
- Microporous tape
- Disposable masks
- Moist wipes
- Sick bags
- Tooth envelopes
- Sterile eye wash

Basic first aid boxes in classrooms and Midday bags contain:

- Moist wipes
- Plasters
- Sterile eye wash
- Tooth envelopes
- Disposable gloves

No medicines or tablets are to be kept in first aid boxes or within the classrooms – these must be kept in the office.

8.3 Off-Site Visits

Waist Packs and a large first aid box with first aid equipment are located in the office for off-site visits. All emergency details for school visits will be provided and placed in this box for outings.

Any children with individual medication such as EpiPens/asthma inhalers in named bags will also be taken on school visits.

8.4 Medical Room

Schools must have accommodation for medically examining and treating pupils, which could also be used for first aid.

There is a dedicated room for medical treatment and care of pupils during school hours, which is close to a wash basin and lavatory.

8.5 - Hygiene and infection control

First aid must follow their training and maintain good standards of infection control. Whenever small amounts of bodily fluids have to be cleaned up, PPE should be used for the first aid (gloves, aprons) and disposable towels and detergent solutions should be used to absorb and clean surfaces. These items should be disposed of in bin bags and placed in the clinical waste bin. Human hygiene waste that is produced in places like schools and offices is generally assumed not to be clinical waste because of the risk of affection is not greater than for domestic waste. However, they should be verified in the risk assessment on a case a case basis.

9. Administration of Medicines

9.1 General Principles

Prescription and non-prescription medicines will only be administered at school when it would be detrimental to the pupil's health or school attendance not to do so, and where we have parents' written consent.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

Appendix C – Consent form for administering medication.

9.2 Acceptable Medicines

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The school will only accept medicines that are:

- In-date
- Labelled (in English)
- Provided in the original container, as dispensed by the pharmacist, and include clear instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in-date.

9.3 Individual Healthcare Plans

If a pupil has medical needs, the school should have agreed what to do in an emergency with their parents or carers in advance, and this should be recorded in the pupil's individual healthcare plan.

The school cannot take responsibility for giving medicines which are dangerous and where timing is of vital importance. If a child has a serious condition requiring regular medication, the pupil will have an Individual Healthcare Plan stored in Medical Tracker, which clearly details:

- Medication required
- Dosage
- Storage requirements
- Emergency procedures
- Staff trained to administer

Appendix D – Individual Healthcare Plan Format.

9.4 Recording Medicine Administration

Records for medicines administered to children should be retained for as long as those children are pupils at the school.

All medicine administration must be recorded in Medical Tracker, including:

- Date and time
- Name of pupil
- Medicine administered
- Dose given
- Any reactions
- Signature of person administering
- Signature of witness (where appropriate)

9.5 People with medical conditions

First aiders will be informed if a person with a medical condition is likely to need special emergency treatment, i.e. if they have epilepsy. Pupil healthcare plans must be available to first aiders, and a copy should be provided to any medical practitioner providing emergency medical care. All care plans are held on medical

tracker and in the medical room with medication. All of these are to be reviewed yearly.

10. Staff Training and Information

10.1 Induction

All new staff will be informed of first aid procedures as part of their induction programme, including:

- Location of first aid equipment and medical room
- Names and locations of first aiders
- How to use Medical Tracker to record incidents
- Emergency procedures
- Location of Individual Healthcare Plans for pupils with medical needs

10.2 Ongoing Training

- First aid training needs will be reviewed annually as part of the needs assessment.
- First aiders will undertake refresher training before the certificate expires
- All staff will receive updates and any specific training for children with medical needs.

10.3 Staff first aid training

To ensure adequate first aid coverage across the school, we maintain a trained workforce appropriate to our needs and setting.

Most staff, including midday supervisors, teaching assistants, school club leads, after-school club (ASC) and before-school club (BSC) employees, and members of the senior leadership team, hold either:

- Emergency Paediatric First Aid certification, or
- 1-day Emergency First Aid at Work (EFAW) certification

Early Years Foundation Stage (EYFS) staff, including our nursery and office staff, hold:

- Early Years Paediatric First Aid (blended course) certification

This ensures we meet our statutory requirements under the Early Years Foundation Stage Framework, which requires at least one person with a full paediatric first aid certificate to be on the premises and available at all times when children are present, and to accompany children on outings.

All first aid certificates are renewed before expiry (typically every 3 years) to ensure our staff maintain current knowledge and skills. We maintain a record of all staff first aid qualifications, including expiry dates, to ensure we can plan for refresher training in advance.

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Our first aid needs assessment identifies the number and type of first aiders required across the school, taking into account:

- The size of our school
 - The layout of our premises
 - The specific needs of our pupils
 - The age range of our pupils (5-11 years)
 - Any specific hazards or risks on site
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Appendix A: First Aid Needs Assessment for Raglan Primary School

Assessment Details	
Assessment Date:	January 2026
Completed by:	Danielle Mead
Next Review Date:	January 2027
Version:	Number 1

Purpose of this Assessment

This assessment will help us to decide how much first aid provision we need. Part of this assessment should be identifying the number of first aid containers and contents required for our setting. We will review this annually, or after changes in circumstances, such as new premises or staff changes.

1. School Information

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Factor	Details	Impact on First Aid Provision
School Name	Raglan Primary School	
Location	Bromley, BR2 9NL	
School Type	Primary School	Standard primary provision required
Number of Pupils	456	Large Primary – requires multiple first aiders at least one trained in EFAW per 100 people.
Age Range	5-11 years plus Nursery and EYFS 3-4 Years	Advanced paediatric first aid training required to be compliant in EYFS provisions.
Number of Staff	73	Schools with 10 or more employees must keep an accident book.
School Hours	8:30am – 3:20pm/ 3:25pm	
Extended Services	Breakfast Club, After School Club, FoR events 7:45 – school time BSC End of day – 6pm ASC	Extended provision requires first aid coverage beyond basic standard hours. School club leaders need to ensure staff are first aid trained and they have appropriately qualified staff.

2. Premises and Layout

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Factor	Assessment	Impact on First Aid Provision
Single or split site?	Single Site	Single site allows centralised first aid provision.
Number of buildings	Main building, Studio, House and Gym	First Aid boxes should be available in each area. Ways to call for help quickly in each area.
Number of floors/levels	2 floors	First Aiders available on both floors.
Outdoor areas	Playgrounds, outdoor learning areas	First aid equipment to be available for outdoor activities
Specialist facilities	Kitchen, Gym, Studio	First aid equipment to be available in these areas
Medical room location	Medical room located inside the main school office.	
Accessibility considerations	We have a moveable ramp for some exits within the school	All cases need to be reviewed individually for accessibility plan.
Distance from Medical Services	2.6 miles to Princess Royal A and E	Proximity response to services affects response planning.

3. Identified Hazards and Risks

Area/Activity	Identified Hazards	Risk Level	First Aid Implications
Playground	Cuts, grazes, bruises, sprains, breaks, impact injuries	Medium	Multiple minor injuries daily – need first aid boxes, First Aiders on the playground.
PE/Gym Sport Activities	Cuts, grazes, bruises, sprains, breaks, impact injuries	High/Medium	<p>PE staff need first aid training; equipment in the gym monitored for safety.</p> <p>Leads for clubs and PE sporting events need first aid trained staff.</p> <p>Risk assessments in place.</p>
Kitchen	Burns, cuts, trips and slips	Medium	<p>Kitchen staff to be first aid trained, burn treatment supplies.</p> <p>Risk assessments in place.</p>
Science/DT	Cuts from tools	Medium/Low	<p>First aid boxes available for staff for first aid.</p> <p>Risk assessments in place.</p>

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Area/Activity	Identified Hazards	Risk Level	First Aid Implications
Stairs and corridors	Fall, trips and bumps	Low/ medium	Head injuries protocol necessary and followed.
Outdoor Learning	Insect stings, allergies, cuts, trips, falls, sprain, breaks	Medium	Mobile first aid kits for outdoor activities Access to medication for specific allergies.
Breakfast/After School Club	Cuts, grazes, bruises, sprains, breaks, impact injuries	High/Medium	First aiders must be on site with the wrap around clubs. First aid equipment should be in place where the children are being supervised.

3.2 Specific Risks from School Risk Assessments

Based on our school risk assessments, the following additional hazards have been identified:

Hazard	Impact on First Aid Provision
Playground adventure equipment	First Aiders to be present at all times children are playing on equipment. First aid kits to be taken out with individual year groups who are taking children on equipment.

Assessment: Our primary risks are typical for a primary school setting. We experience an average of 28 per week, predominantly during break times and PE lessons.

3.3 Swimming Lessons

Factor	Details	Impact on First Aid Provision
Swimming lessons provided	Yes ☒ No ☐	First aider needs to need to take children. First aid supplies need to be taken Consider specific risks for swimming.
Year group/s	Year 4	Age – appropriate first aid for swimming
Location	Off-site pool	Off-site requires first aider and travel first aids kits to accompany children
Frequency	Over two terms	Regular provision requires consistent first aid coverage
Pool operator	External provider	Clarify first aid responsibilities with external providers
Number of pupils per session	30 children Plus Frogs class	Determines supervision and first aid needs

Swimming- specific First Aid Requirements

- First aider present – At least one qualified first aiders must accompany pupils to swimming lessons.

For off-site swimming

- Confirm first aid provision with the pool operator
- Ensure emergency contact details travel with the group
- Mobile phone available to call 999
- Clear communication protocol with school office
- Travel first aid kit accompanies group.

Assessment for Raglan Primary School:

We do not currently provide swimming lessons at the school – we will follow the requirements above for off-site swimming.

4. Pupils and Staff with Specific Needs

Category	Number	Specific Requirements
Diabetes	1 staff member	Staff trained in hypo/ hyperglycaemia management; emergency supplies.
Pupils requiring EpiPens	7	Staff trained in EpiPen administration
Pupils with asthma	36	Inhalers accessible, staff aware
Epilepsy	6	Ensure care plans are in place. Training in place.
Other medical conditions	12	Ensure appropriate training in place. Care plans provided.
Staff with medical conditions	3	Ensure staff gave care plans and that colleagues know what care plan is in place.
Wheelchair users	0	
Mobility impairments	0	
Visual impairments	1	Colour blindness – awareness of staff within the classroom to support.

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Category	Number	Specific Requirements
Hearing impairments	2	Advice given from the hearing team and sound field used in all assemblies and in the classroom
Pupils who may not be able to communicate effectively	26 and 1 mainstream	SalT team aware, team member on the playgrounds every day.

Assessment for Raglan Primary School: We have 19 children with Individual Healthcare Plans requiring specific first aid considerations. All staff must be aware of these pupils and their needs.

Total number of qualified first aiders: 42 Qualified First Aiders

6.2 First Aid Equipment

Location	Type of Box	Contents	Adequate?
Office	Main first aid box	As per policy section 8.2	Yes
Kitchen	Main first aid box	As per policy section 8.2	Yes
Gym	Main first aid box	As per policy section 8.2	Yes
Studio	Main first aid box	As per policy section 8.2	Yes
Classrooms	Basic supplies	Moist wipes, plasters, sterile eye wash, tooth envelopes, disposable gloves	Yes

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Location	Type of Box	Contents	Adequate?
Midday bags	Basic supplies	Moist wipes, plasters, sterile eye wash, tooth envelopes, disposable gloves	Yes
Off-site visits	Waist packs + large box	As per policy section 8.3	Yes

7. Assessment of First Aid Needs

7.1 Minimum First Aider Requirements

Based on the factors above, we have determined the following minimum requirements:

Time Period	Minimum First Aiders Required	Rationale
During school day (9am-3pm)	15 (we have up to 42)	Sufficient to cover all areas of school, including EYFS requirement
Break times	1 first aider on each playground (Often have 2/3)	Teaching Assistants responsible or teacher in charge if qualified
Lunch times	1 first aider on each playground (All midday supervisors are trained)	Midday Supervisors responsible
Breakfast Club	Minimum 1 (All BSC are trained)	As per policy section 4.7

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Time Period	Minimum First Aiders Required	Rationale
After School Club	Minimum 1 (All ASC are trained)	As per policy section 4.7
Off-site visits	Minimum 1 (EYFS qualified if children under 5)	As per policy section 5.3
FoR events	Minimum 1	As per policy section 5.3

7.2 EYFS Specific Requirements

- **At least 1 person with current Early Years Paediatric First Aid certificate must be:**
 - On the premises and available at all times when children are present
 - Accompanying children on outings
- **Current EYFS provision:** There are 13 EYFS qualified staff
- **Adequate?** Yes

8. Gaps Identified and Action Plan

Gap Identified	Action Required	Responsible Person	Target Date	Completed
Ensure all First Aid Kits are in place and checked.	<ul style="list-style-type: none"> - Emma Prescott to audit kits - Order items 	Emma Prescott	Easter Term	✓
Ensure First Aiders are listed for Swimming and Trips	<ul style="list-style-type: none"> - Danielle Mead to ensure all staff now to put on Risk Assessments. 	Danielle Mead	Easter Term	✓

9. Training Requirements

Staff Member number	Current Qualification	Expiry Date	Renewal Required By	Action
8 blended – paediatric	1 day blended	Sept 2026	Sept 2026	
10 EFAW	EFAW	Sept 2026	Sept 2026	

10. Conclusions and Recommendations

Confirmation that all requirements are met.

11. Sign-Off

Name	Role	Signature	Date
Danielle Mead	Health and Safety Lead		
Matt De Freitas	Head teacher		

Next review due: March 2027

Appendix B – Appointed First Aiders at Raglan

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Staff First Aid – Updated September 2025



Alhaji Alghali	1 day blended pfa	February	2027	Joseph Olarewaju	Emergency Paediatric	September	2028
Alison Griffiths	1 day EFAW	May	2027	Josh Boorman	Emergency Paediatric	September	2028
Annabel Batchelor	1 day EFAW	March	2028	Kate Schaper	Emergency Paediatric	March	2028
Caroline Brelsford	1 day blended pfa	September	2026	Kelly Morgan	1 day blended pfa	February	2027
Christine Powell	Emergency Paediatric	September	2028	Liam Farmer	1 day EFAW	March	2028
Cindy Carberry	Emergency Paediatric	March	2028	Lisa Spittal	1 day EFAW	September	2026
Claudia Fenner	Emergency Paediatric	September	2028	Margarita Rescio Escabedo	1 day blended pfa	February	2027
Danielle Mead	Emergency Paediatric	September	2028	Martin Hunter	1 day EFAW	September	2026
Dawn Bailey	Emergency Paediatric	March	2028	Matt De Freitas	Emergency Paediatric	September	2028
Emily Ingrey	1 day blended pfa	November	2025	Melissa O'Brien	1 day blended pfa	February	2027
Emily Freitas	Emergency Paediatric	September	2028	Molly Stasinopoulos	Emergency Paediatric	September	2028
Emma Prescott	1 day EFAW	July	2026	My Simpson-Ngo	1 day blended pfa	September	2026
Finn Singer	1 day EFAW	May	2027	Natasha Leiper	1 day EFAW	March	2028
Frankie Gadd	1 day EFAW	September	2026	Patrick Sykes	Emergency Paediatric	March	2028
Georgina Jacobs	1 day EFAW	May	2027	Rachael Ezinwa	1 day blended pfa	September	2026
Geraldine Sagalla	1 day blended pfa	February	2027	Raluca Hututui	1 day EFAW	December	2027
Gina Fontanarosa	1 day EFAW	September	2026	Sally Palmer-Ralph	Emergency Paediatric	November	2025
Hannah Donnelly	1 day blended pfa	September	2026	Sandra Pickering	1 day EFAW	September	2026
Helen Henderson	1 day EFAW	September	2026	Sarah Gordon	1 day blended pfa	September	2026
Helen Norman	1 day EFAW	May	2027	Tamara Cray	Emergency Paediatric	September	2028
Hilary Marney	1 day blended pfa	March	2028	Theresa Nye	1 day blended pfa	September	2026
Jasmine Norman	1 day blended pfa	February	2027	Tina Foster	Certificate of Attendance	February	2027
Jean Cossentine	1 day EFAW	May	2027	Valerie Montane	1 day EFAW	May	2027
Jo Nash	1 day blended pfa	Feb	2027	Victoria Turner	1 day EFAW	September	2026

Appendix C – form for administering Medication to pupils

RAGLAN PRIMARY SCHOOL **Request for School to Administer Medication**

This form must be completed by parents/carers for any medicines to be administered to pupils during school hours.

PUPIL DETAILS

Pupil's Full Name:	
Class:	
Date of Birth:	

PARENT/CARER DETAILS (Filling out the form)

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Name:	
Relationship to child:	

MEDICATION DETAILS

Name of medication:	
Type of medication (tablet, liquid, inhaler, injection)	
Reason for medication:	
Is this medication prescribed by a doctor?	☐ Yes ☐ No

DOSAGE AND ADMINISTRATION:

Dose to be given: (number of tablets, ml or mg dosage, number of inhales)	
Time(s) to be administered:	
How should the medication be administered? (e.g., swallowed with water, inhaled):	

DURATION OF TREATMENT:

Start date:	
End date:	
Ongoing	☐
review date:	

STORAGE REQUIREMENTS:

- ☐ Room temperature
- ☐ Refrigerated
- ☐ controlled drug and must be locked securely
- ☐ Other (please specify): _____

SPECIAL INSTRUCTIONS

Are there any side effects that the school should be aware of?	
What action should be taken if a dose is missed?	

EMERGENCY PROCEDURES

What should staff do in an emergency related to this medication or condition?	
---	--

MEDICATION PROVIDED (please tick to confirm)

I confirm that:

- ☐ The medication is in-date, labelled in English, and provided in the original container as dispensed by the pharmacist with clear instructions for administration, dosage and storage
- ☐ The Key Leaders
- ☐ I will collect any unused medication at the end of the treatment period
- ☐ I will notify the school immediately of any changes to the medication or dosage
- ☐ I will provide the school with a new supply before the current one expires

CONSENT (please tick to confirm)

I request that my child be given the medication detailed above during school hours.

I understand that:

- ☐ Records of medicines administered will be kept for as long as my child is a pupil at the school
- ☐ I will be contacted if there are any concerns about administering the medication
- ☐ In an emergency, school staff may need to call 999
- ☐ The school cannot take responsibility for giving medicines which are dangerous and where timing is of vital importance

Parent/Carer Signature: _____

Date: _____

For Office Use Only:

Date received: _____

Medication checked by: _____ Date: _____

Entered into Medical Tracker: ☐ Yes Date: _____



Storage location: _____
Staff informed: _____

Appendix D – IHP form

RAGLAN INDIVIDUAL HEALTH PLAN AND ASTHMA PLAN

This form must be completed by a Parent/ Carer for a child who has a serious medical condition requiring medication or specific care. Accompanying this should be a hospital care plan and these should be reviewed on an annual basis.

☐ IHP

☐ Asthma

SECTION 1: PUPIL INFORMATION

Pupil's Full Name:

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Date of Birth:	Age:
Class/Year Group:	
Home Address:	

SECTION 2: MEDICAL CONDITION/DIAGNOSIS

Medical Condition(s):	
Date of Diagnosis:	
Brief Description of Condition:	

SECTION 3: FAMILY CONTACT INFORMATION

Primary Contact (Parent/Carer 1)

Name:	
Relationship to Child:	
Home Telephone:	
Mobile Telephone:	
Work Telephone:	

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Email Address:	
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Secondary Contact (Parent/Carer 2)

Name:	
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Relationship to Child:	
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Home Telephone:	
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Mobile Telephone:	
--------------------------	--

Work Telephone:	
------------------------	--

Email Address:	
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Emergency Contact (if parents/carers unavailable)

Name:	
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Relationship to Child:	
-------------------------------	--

Contact Number:	
------------------------	--

SECTION 4: MEDICAL/HEALTHCARE PROFESSIONAL CONTACTS

GP Details

GP Name:	
-----------------	--

GP Surgery:	
--------------------	--

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Surgery Address:	
Surgery Telephone:	

SECTION 4: MEDICAL/HEALTHCARE PROFESSIONAL CONTACTS
CONTINUED...

Specialist/Consultant Details

Name:	
Specialism:	
Hospital/Clinic:	
Telephone:	

Other Healthcare Professionals (e.g., diabetes nurse, epilepsy specialist nurse)

Name:	
Role:	
Contact Details:	

SECTION 5: CONDITION DETAILS

Triggers (What can make the condition worse or cause symptoms?)

Known Triggers:

Signs and Symptoms (How can staff recognise when the pupil is experiencing problems?)

Main Symptoms:

Early Warning Signs:
(What to look out for before condition worsens)

SECTION 6: MEDICATION

Daily Medication 1 (NOT EMERGENCY MEDICATION – SEE FURTHER DOWN)

Medicine Name:	
Dose:	
Method of Administration:	☐ Oral ☐ Inhaled ☐ Injection ☐ Topical ☐ Other: _____
When to be given:	☐ Regular times: _____
	☐ As needed (PRN) - specify when: _____
Duration of treatment:	From: _____ To: _____ or ☐ Ongoing

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Possible Side Effects:	
Storage Requirements:	☐ Room temperature ☐ Refrigerated ☐ Other: _____
Storage Location at School (school to complete):	
Expiry Date:	

Daily Medication 2 (if applicable - duplicate this section as needed)

Medicine Name:	
Dose:	
Method of Administration:	☐ Oral ☐ Inhaled ☐ Injection ☐ Topical ☐ Other: _____
When to be given:	☐ Regular times: _____
	☐ As needed (PRN) - specify when: _____
Duration of treatment:	From: _____ To: _____ or ☐ Ongoing
Possible Side Effects:	
Storage Requirements:	☐ Room temperature ☐ Refrigerated ☐ Other: _____

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Storage Location at School (school to complete):	
Expiry Date:	

EMERGENCY MEDICATION (E.G., EPIPEN, EMERGENCY ASTHMA INHALER, BUCCAL MIDAZOLAM)

Medicine Name:	
Dose:	
When to administer: (Be specific about symptoms/circumstances)	
How to administer: (Step-by-step instructions)	
Storage Location (school to complete):	
Expiry Date:	
Backup supply available? (school to complete location)	☐ Yes - Location: _____ ☐ No

SECTION 7: DAILY CARE REQUIREMENTS

What support does the pupil need during a normal school day?

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Area	Support Required	Who Will Provide (completed by school)
Classroom		
PE/Physical Activity		
Break Times		
Lunch Times		
Toileting		
Other		

Monitoring Requirements
(How, Who and Where to be completed by school)

What needs to be monitored? (e.g., blood sugar levels, peak flow)	How often?	Who will do this?	Where will it be recorded?
			Medical Tracker

Can the pupil self-manage their condition?

Can administer own medication?	☐ Yes, independently ☐ Yes, with supervision ☐ No
Can recognise own symptoms?	☐ Yes ☐ Sometimes ☐ No
Can communicate when unwell?	☐ Yes ☐ Sometimes ☐ No

Level of independence:

SECTION 8: EMERGENCY PROCEDURES

What constitutes an emergency for this pupil?

Emergency Indicators:

Emergency Action Plan (Step-by-step instructions) (Who to be completed by school)

Step	Action	Who
1		
2		
3		
4		
5		

When to call 999

Call 999 if:

Information to give to paramedics

- Pupil's name, age, and medical condition
- Medication administered (what, when, how much)
- Any known allergies

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- Recent symptoms and timeline
- Contact details for parents/carers and medical professionals
- **Location of this IHP:** Medical Tracker and Medical Room

SECTION 9: SCHOOL ACTIVITIES AND TRIPS

PE and Physical Activity

Can the pupil participate in PE?	☐ Yes, fully ☐ Yes, with modifications ☐ No
Modifications/precautions needed:	
Medication needed before/during PE?	☐ Yes – Details: ☐ No

School Trips and Off-Site Activities

Can the pupil participate in school trips?	☐ Yes ☐ Yes, with additional support ☐ Discuss individually
Additional considerations for trips:	
Medication to be taken on trips:	
Individual Risk assessment required? (School to complete)	☐ Yes ☐ No

Swimming

Can the pupil participate in swimming?	☐ Yes ☐ Yes, with modifications ☐ No
Special considerations:	

--	--

SECTION 10: STAFF TRAINING AND SUPPORT

Who needs to be aware of this plan? (School to complete)

- ☐ All staff
- ☐ Class teacher
- ☐ Teaching assistants
- ☐ Midday supervisors
- ☐ Office staff
- ☐ PE staff
- ☐ Breakfast/After School Club staff
- ☐ Other: _____

Staff Trained to Administer Medication/Provide Support **School to complete**

Staff Member Name	Training Received	Date Trained	Review Date

Training Provider/Healthcare Professional **(School to complete)**

Name:	
Organisation:	
Contact Details:	

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Date training provided:

SECTION 11: OTHER INFORMATION

Dietary Requirements

Special dietary needs related to condition?	☐ Yes ☐ No
Details:	

Allergies (including medication allergies)

Allergen	Reaction	Treatment

Other Medical Conditions

Other conditions to be aware of:

Emotional and Social Support (Completed by school)

Does the pupil need emotional support related to their condition?	
Arrangements for missed learning:	
Peer awareness (with parental consent):	☐ Peers aware ☐ Peers not aware ☐ Limited awareness

SECTION 12: PLAN REVIEW AND AGREEMENT

Plan Details (Completed by school)

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Date Plan Created:	
Review Date:	
Date of Last Review:	
Next Review Due:	

Review Triggers (Plan should be reviewed if any of the following occur):

- ☐ Change in medication
- ☐ Change in symptoms or condition
- ☐ After a medical emergency
- ☐ Change of school year/class
- ☐ At parent/carer request
- ☐ At pupil request
- ☐ At staff request
- ☐ At healthcare professional request

SECTION 13: SIGNATURES AND AGREEMENT

This Individual Healthcare Plan has been developed and agreed by:

Parent/Carer

Name:	
Signature:	Date:
I confirm that:	☐ The information in this plan is accurate
	☐ I give consent for school staff to administer medication as detailed
	☐ I give consent for this plan to be shared with relevant staff
	☐ I will inform the school of any changes to my child's condition

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Use of Emergency School Inhaler

In the event of an asthma emergency, if your child's own inhaler is not available or cannot be used (for example, if it's empty, out of date, or cannot be located), we may need to use the school's emergency salbutamol inhaler.

I give permission for my child to use the school's emergency salbutamol inhaler in an emergency situation where their own inhaler is not available.

☐ Yes

☐ No

Use of Emergency School Adrenaline Auto-Injector (AAI)

In the event of a severe allergic reaction (anaphylaxis), if your child's own adrenaline auto-injector (such as Jext, EpiPen or Emerade) is not available or cannot be used (for example, if it's out of date, faulty, has already been used, or cannot be located), we may need to use the school's emergency adrenaline auto-injector.

I give permission for my child to be given an emergency adrenaline auto-injector from the school's emergency supply in a life-threatening allergic emergency where their own auto-injector is not available.

☐ Yes

☐ No

Senior Leader

Name:	
Signature:	Date:

Class Teacher

Name:	
Signature:	Date:

DISTRIBUTION OF THIS PLAN (Completed by school)

Copies of this Individual Healthcare Plan are held in:

- ☐ Medical Tracker (electronic system)
- ☐ Medical Room (with medication)
- ☐ Pupil's class file
- ☐ School office
- ☐ Staff room (anonymised list of pupils with IHPs)

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- ☐ With parent/carer
☐ Other: _____

In accordance with our policy section 9.5, this plan must be:

- Available to all first aiders
- Provided to any medical practitioner providing emergency medical care
- Stored in Medical Tracker and in the medical room with medication
- Reviewed yearly

DRAFT