



HARBINGER PRIMARY SCHOOL

First Aid Policy

Review date: May 2026

Next Review date: June 2027

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1. Aims

The aims of our First Aid Policy are to:

- Ensure the health and safety of all staff, pupils, and visitors.
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety of each other.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

2. Legislation and Guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Statement of Intent

This school is acutely aware of its obligations under the Health and Safety (First Aid) Regulations, 1981 and guidance from the Department for Education and Skills, the Education Service Advisory Committee and the Local Education Authority to provide adequate and appropriate first aid facilities and personnel for members of staff, pupils and visitors. As a result, this statement has been drawn up to give details of the first aid arrangements which have been made in the school.

4. Principles and practice of First Aid

First Aid is the skilled application of accepted principles of treatment on the occurrence of any injury or sudden illness, using facilities or materials available at the time. It is the approved method of treating a casualty until placed, if necessary, in the care of a doctor or removed to hospital. First Aid treatment is given to a casualty to preserve life, to prevent the condition worsening and to promote recovery.

5. Roles and Responsibilities

5.1 Appointed person(s) and First Aiders

The school's Senior Leadership Team and SENCO are responsible for:

- Taking charge when someone is injured or becomes ill.
- Ensuring there is an adequate supply of medical materials in first aid kits and replenishing the contents of these kits.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Ensuring only prescribed medication is administered to pupils that are required to take antibiotics or other forms of medication throughout the day. Making a note of date and time the medication was administered.

All other First Aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Sending pupils home to recover, where necessary (must seek agreement of a member of SLT before doing so)
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in Appendix 2) ensuring that what is recorded is accurate, clear, and written in plain English.
- Keeping their contact details up to date.

Our school's First Aiders are listed in Appendix 1. Their names will also be displayed prominently around the school.

5.2 The Governing Board

The Governing Board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Headteacher, Deputy Headteacher, SENCO and staff members.

5.3 The Headteacher

The Headteacher, Deputy Headteacher and SENCO are responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are always present in the school.
- Ensuring that First Aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE when necessary (see section 6).

5.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the First Aiders in school are.
- Completing accident reports (see Appendix 2) for all incidents they attend to where a First Aider is called.
- Communicating any head bumps, facial injuries or concerns are directly reported to parents in a timely manner.
- Informing the Headteacher/Deputy Headteacher/SENCO /a member of the SLT of any specific health conditions or first aid needs that they are aware of.

6. First Aid Procedures

6.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified First Aider, if appropriate, who will provide the required first aid treatment.
- The First Aider, if called, will assess the injury and decide if further assistance is needed from a colleague or another First Aider. The First Aider, or SENCO/a member of the SLT in their absence, will decide if assistance needs to be sought from the emergency services. All involved will remain on scene until help arrives.
- The First Aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the First Aider, or SENCO/a member of the SLT in their absence, judges that a pupil is too unwell to remain in school, parents will be contacted by a First Aider and asked to collect their child. Upon their arrival, a First Aider will recommend next steps to the parents.
- If emergency services are called, the First Aider, or SENCO/a member of the SLT in their absence, will ensure a member of staff contact the parents immediately. A member of staff should accompany the child in the ambulance if the parents have not been able to get to school in time.

- The First Aider who has dealt with the injury will complete an accident report form on the same day ensuring that what is recorded is accurate, clear, and written in plain English. The child takes the white copy home, and the other copies stay in school. First aid incidents can also be reported using the Medical Tracker email system. This can be used as an alternative way to report to parents.
- The First Aider/member of staff should judge when to make a courtesy phone call to the child's parents. A call home should be made if the child has incurred an injury to the head/face or a more serious bump/cut/graze or even a fall, where an injury may not be visibly obvious. Parents should be informed of the accident to determine whether the parent is happy for their child to continue in school or not. If there is any doubt as to how serious an accident is then a senior member of staff must be consulted immediately. *See also later section on notifying parents.*
- For midday supervision, there is at least one First Aider on duty who is responsible for overseeing lunchtime first aid.

6.2 Calling emergency services If an ambulance is required:

- Dial 999 or the emergency number shown on the number label
- Tell the operator that you want the Ambulance Service
- Give the telephone number shown on the phone
- Wait for the Ambulance Service to answer
- Give the address where help is needed
- Give any other necessary information

6.3 Off-site procedures

When taking pupils off the school premises, there must always be at least one First Aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

Staff will ensure they always have the following:

- At least one mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Access to contact details via calling the school office: 0207 987 1924

Risk assessments will be completed by the trip organiser prior to any educational visit that necessitates taking pupils off school premises. These risk assessments are authorised by the Headteacher.

7. First Aid Equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Antiseptic/non-alcohol cleaning wipes
- Plasters (hypoallergenic) of assorted sizes
- Regular and large bandages
- Triangular bandages
- Eye wash
- Adhesive tape

- Disposable gloves
- Cold compresses (ice packs are in the fridge in the isolation room and in SLT office)
- Burns dressings
- Face shield (for CPR)
- Yellow hazard bags (to dispose of anything containing blood or bodily fluids)
- Scissors

A 'no contact/scanning' thermometer is available in the playground first aid bag and the first aid room on the ground floor.

No medication is kept in first aid kits. Medication is kept in the child's classroom, in the medical needs area.

First aid kits are stored in:

- All classrooms
- In the Top, Middle and Bottom Halls
- The First Aid Room
- Under the shelter in the main school playground
- The School Office
- The School Kitchen

Defibrillator - The school has 2 defibrillators. One stored in the middle hall; the other in SENCO/Deputy Headteacher's office.

8. Record-Keeping and Reporting

8.1 First aid - accident record book and Medical Tracker

- An accident form will be completed by the First Aider on the same day or as soon as possible after an incident resulting in an injury, either online using the Medical Tracker or handwritten using a first aid slip (see Appendix 2)
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident/incident/illness form (Appendix 2). What is recorded needs to be accurate, clear, and written in plain English. Third party names should NOT be included.
- The First Aider will arrange for a copy of this form to be given to the parents; if recorded on Medical Tracker, an email notification will be sent too.
- Our insurers require that records held in the first aid and accident book are kept for 3 years and 3 months after the accident, before being securely disposed of, because that is the time allowed for an injured person to instruct a solicitor to serve legal proceedings. In the case of a child, such records will need to be kept until they are age 21 and 3 months because this time-period commences from the date that the child reaches maturity.

8.2 Reporting to the HSE (Health and Safety Executive)

The Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Headteacher/Deputy Headteacher/SENCO will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include: •

Death

- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs, and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment.
 - The accidental release of a biological agent likely to cause severe human illness.
 - The accidental release or escape of any substance that may cause a serious injury or damage to health.
 - An electrical short circuit or overload causing a fire or explosion.

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

Information on how to make a RIDDOR report is available here:

<http://www.hse.gov.uk/riddor/report.htm>

In Tower Hamlets we use the borough's Accident/Incident Report form (AIR) for this purpose.

8.3 Notifying Parents

Notifying parents of general/minor injuries:

Class teachers have a duty to inform the parent/carer when a child is collected of any injury they may have suffered during the school day. If this cannot be done when the child is collected, the class teacher should ask the office to make a brief courtesy call.

Notifying parents/carers of other more serious injuries, including head injuries:

The First Aider on duty is responsible for speaking to a member of SLT before telephoning the parent/carer and informing them of the accident, illness or injury, and what action was taken by the school as soon as possible after the event.

If the injury is such that the emergency services are called, the First Aider, or SENCO/a member of the SLT in their absence, will ensure a member of staff contacts the parents immediately.

SLT must be kept informed at all times.

8.4 Reporting to Ofsted and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify the Multi Agency Safeguarding Hub via the Child Protection Advice Line on 020 7364 5006 (option 3) of any serious accident or injury to, or the death of, a pupil while in the school's care.

9. Training

All school staff are encouraged to undertake first aid training if they would like to, subject to course availability and budget.

All First Aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained First Aiders, what training they have received and when this is valid until.

Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

Harbinger is a recognised **Asthma and allergy friendly** school. We are an asthma friendly school and have gained asthma friendly status for our care of students with asthma. This means we advocate inclusion, are clear on our procedures and have designated asthma leads to ensure these are adhered to. 34 members of our staff are asthma trained. We commit to audit our procedures yearly. Our designated Asthma and Allergy lead is Jade Ellis.

10. Monitoring arrangements

This policy will be reviewed by the Headteacher, Deputy Headteacher/SENCO and School Business Manager every year. At every review, the policy will be approved by the Headteacher and Governing Board.

11. Links with other policies

This policy links to the following policies:

- Accessibility Plan
- Asthma and Allergy Policy
- Complaints Policy and Procedure
- Equality information and objectives
- Health and Safety Policy
- Intimate Care Policy
- Risk Assessment Policy
- Safeguarding and Child Protection Policy
- SEND Policy
- Supporting Pupils with Medical Needs at School Policy

12. Guidance on Infection Control

Posters produced by the Health Protection Agency on Guidance on Infection Control in Schools & Childcare Settings are sited throughout the school (Appendix 3).

Appendix 1: List of trained First Aiders



FIRST AID LIST 2026











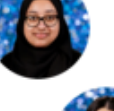
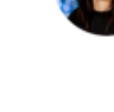




Name	Paediatric First Aiders Valid until:
Jackie Garner	26/01/2029
Taslima Chowdhury	26/01/2029
Rumana Hoque	26/01/2029
Nabeela Begum	26/01/2029
Rahema Chowdhury	26/01/2029
Rabeka Sultana	26/01/2029
Charlotte Hurley	26/01/2029
Zaiton Haron	26/01/2029
Shari Fifton	26/01/2029
Shepa Begum	26/01/2029
Sheena Vunnava	03/12/2028
Azmina Vaid	20/06/2028
Asma Begum	20/06/2028
Chima Begum	20/06/2028
Gemma Boardman	20/06/2028
Husnara Khatun	20/06/2028
Imma Begum	20/06/2028
Lydia Tubi	20/06/2028
Makda Mascio	20/06/2028
Rahena Banu	20/06/2028
Ruma Ali	20/06/2028
Sultana Begum	20/06/2028
Sajna Begum	24/01/2028
Russi Khanom	24/01/2028






Name	Paediatric First Aiders Valid until:
Denise Gray	24/01/2028
Laura Smith	24/01/2028
Susan Lysfjord	24/01/2028
Nazmeen Akhtar	24/01/2028
Milara Begum	24/01/2028
Claire Norton-Steele	24/01/2028
Negeena Raufi	24/01/2028
Lloyd Anthony Walker	24/01/2028
Jeanette Myers	24/01/2028
Dipali Khanom	17/04/2027
Shajia Begum	17/04/2027
Fiona Keogh	17/04/2027
Shafia Khatun	17/04/2027
Thomas Bem-Hodgkinson	17/04/2027
Nasima Suma	17/04/2027
Hasina Rahman	17/04/2027
Shumee Begum	17/04/2027
Rehana Begum	12/11/2027
Farhana Ferdousi	09/10/2026
Farhana Begum	09/10/2026
Jade Ellis	09/10/2026
Hanifa Ahmed	09/10/2026
Alima Khanom	09/10/2026

FIRST AID BOXES CAN BE LOCATED IN THE HALL ON EVERY FLOOR AND PLAYGROUND

DEFIB MACHINE IS LOCATED IN THE BOTTOM HALL AND SENDCO/DEPUTY OFFICE

Appendix 2: Accident/Incident/Illness report form

ACCIDENT/INCIDENT/ ILLNESS REPORT SLIP		Pupil's Name		Date
				Time
				Class
Location and details of accident/incident/illness				
Head Injury		Sprains/Twists		Parent/Carer Contacted
Asthma		Nosebleed		Unable to contact Parent
Bump/Bruise		Stomach Pains/Upset Tummy		Well enough to remain in school after First Aid
Cut/Graze		Mouth Injury/Tooth Ache/ Loose or Missing Tooth		IMPORTANT Please consult your doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home.
Headache/High Temperature		TLC Applied		
Vomiting/Nausea		Collected from school		Authorised Signature
Details of Treatment and Additional Comments				

To re-order Tel. 01487 823823 Fax: 01487 823898 E:sales@limetreemarketing.com www.limetreemarketing.com © Limetree



Harbinger Primary School

Cahir Street
Isle of Dogs
London
E14 3QP
Tel: 020 7987 1924
Email: office@harbinger.org.uk
Web: www.harbinger.org.uk

14/02/2025

Dear Parent/ Carer of

We wanted to let you know that
has had a minor accident in school
today.

Please find details of the injury below:

Injured area: Head Injury

Injury type: Bump/Bruise

Treatment administered: Cold compress applied

We have assessed and we
feel that he/she is fine to stay in school.

Yours sincerely,

Record of administering medication

Date	Child's Name	Time	Name of medicine	Dose given	Staff Signature	Staff Name (Print in Full)

Appendix 4: Guidance on infection control in schools and other childcare settings

Guidance on infection control in schools and other childcare settings



Prevent the spread of infection by ensuring routine immunizations, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. **Wash your hands!** For more information, contact the Public Health nurse, **Health Protection Duty Room (Duty Nurse)** on 0200 555 0119 or

Visit www.publichealth.nhs.uk or www.gov.uk/government/organisations/public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be monitored for infection and assessed by their doctor.

[illegible][illegible]

Respiratory infections	Exacerbation of pre-existing lung disease, such as chronic obstructive pulmonary disease (COPD) or asthma Acute exacerbation Chronic obstructive pulmonary disease	Common See related articles Acute exacerbation of chronic obstructive pulmonary disease
Cardiovascular	Acute myocardial infarction Chronic heart failure Coronary artery disease Deep vein thrombosis Stroke	Acute myocardial infarction Chronic heart failure Coronary artery disease Deep vein thrombosis Stroke
Neurological	Alzheimer's disease Depression Diabetes mellitus Hypertension Ischemic stroke Major depressive disorder Multisystem atrophy Parkinson's disease Pseudotumor cerebri Stroke Tension headaches Transient ischaemic attack	Alzheimer's disease Depression Diabetes mellitus Hypertension Ischemic stroke Major depressive disorder Multisystem atrophy Parkinson's disease Pseudotumor cerebri Stroke Tension headaches Transient ischaemic attack

Other criticisms	Countermeasures put in place since last review (table 4 in annex 1)	Comments
Complexity	None	Clear sub-headings are given, through the 'Study focus' section
Methodology *	Extensive searching through almost all the study focus	Clearly, research that has included both quantitative and qualitative study has been included
		Research also by experiment. The study focus rule regarding any control being necessary
Language issues	None	
Study size	None	Experiments/quantitative studies in large numbers have been favoured
Access to resources	Positive and negative data after control of possible bias have been added (negative literature provided)	The discussion will point out any over-reliance on either positive evidence that has been used to draw accounts of a group case of litigation or on the negative and qualitative
Appraisal of evidence	None	Appraisal based on what the study identifies that it set out to achieve. Strong control evidence for validity of single field study. Will include litigation practice
Relevance of evidence to application?	Both literature	Some strong quantitative evidence and potentially of moderate quality quantitative data. There is no evidence already of other data sources or ways to take it forward. It may be necessary to find new evidence, with a further theoretical evaluation of this evidence. The focus has been on the legal context
Relevance – theoretical interest	Both literature	Will and extensive quantitative data are potentially available. There is no need to include studies on other data sources. It is noted. The study focus rule gives advice on any further studies
Relevance – social	None	Under where there is no reason to include taking social data, there is no need to include taking social data
Other	None	Good evidence, in particular from training and assessment studies and other quantitative studies, may be added if further information is received. Evidence from focus
Weighting	Include, but for the algorithm, control weighting	Research by experiment (HPR) is added
Consistency	None	Quantitative studies included the different quantitative study
Study size	None	Plans and theory studies have been included but no reasons are given to support an inclusion

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Abstract: The study was conducted to determine the effect of a 12-week training program on the physical fitness and health-related quality of life (HRQL) of sedentary middle-aged men. The study was conducted in a community-based setting. The study was conducted in a community-based setting. The study was conducted in a community-based setting.

Could I be a candidate?

Instructions: Use the four-step framework consisting the use of a heuristic, a specific tool that is well-thought-out, and a specific plan. The model should include the use of a specific tool that can be used to help build things that can be used to help the other side of the business and the other side of the business.

Smoking and causality—only associations between smoking and lung cancer have been found, but not causation. The causal link between smoking and lung cancer has been established by other means (e.g. animal studies, cohort studies).

Financial promises equipment 2001 Equipment for production capital stock has 14 ranked glass and equipment glass stock is not new, which that is a liquid equipment investment in the stock market. The company is not offering suggestions with evidence, as it has a lot of quality in the low investment in the stock market. The company is not offering suggestions with evidence, as it has a lot of quality in the low investment in the stock market.

Disclaimer: The information contained here and elsewhere should be taken as a guide only and does not constitute an offer of insurance. Please contact your insurance broker for more information. Insurance coverage is subject to underwriting and may not be available in all states. Insurance coverage is not available in all states. Insurance coverage is not available in all states. Insurance coverage is not available in all states.

Warning of fire and body heat—In villages of more than 100,000, the fire caused by burning of biomass was 90% fatal; villages with less than 100,000 people had a 50% fatality rate. The fire was caused by the burning of biomass in a large open area without any fireproof barriers. The fire was caused by the burning of biomass in a large open area without any fireproof barriers. The fire was caused by the burning of biomass in a large open area without any fireproof barriers.

WARNING: Do not use artificial sweeteners (saccharin, sucralose) as sweeteners, as they have been linked to cancer and diabetes. Also, avoid drinking sweetened carbonated beverages as they are linked to obesity, heart disease, and diabetes.

Effect of the study design. Results of this study in relation to existing epidemiological data about the role of the study design in the estimation of the effect of the exposure on the outcome are discussed in the following section.

Images of females should be obtained straight from a subject by contacting us at 1930 and 193000. Images of males should be obtained from a subject by contacting us at 1930 and 193000. Images of males should be obtained from a subject by contacting us at 1930 and 193000.

Oliver Tjahjono and Willem

Abstract

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Journal of Internal Medicine 247: 111–117

Nota bene: la traduzione in *italiano* di *Lezioni di grammatica* è stata pubblicata in un volume a parte.

Discussion summary
 A systematic literature search identified 10 studies that potentially fit our research objectives. However, 8 studies were excluded for technical or other reasons such that 2 studies were available for analysis. Unfortunately, these studies contained insufficient data to allow for a meta-analysis. However, the findings of these studies are generally consistent with the findings of other research in the field. The findings of these studies are generally consistent with the findings of other research in the field. The findings of these studies are generally consistent with the findings of other research in the field.

Example: <http://www.pearsoncmg.com>

¹⁴ The proposed system, however, is not a priori designed to automatically eliminate the possibility of a wage-setting system that is not a Nash equilibrium. The model is a Nash equilibrium model, and the proposed system is a Nash equilibrium system. The model is a Nash equilibrium model, and the proposed system is a Nash equilibrium system.

¹ <http://www.who.int/mediacentre/factsheets/fs104/en/>.

These conditions are all being retained to build a binary image of reality, the law, and a constant, a truth that is not changing, a generally accepted or acknowledged way of seeing certain aspects of things.

Small-scale studies suggest that the use of a questionnaire to collect data on the use of a particular technology is not a reliable method of data collection. The use of a questionnaire to collect data on the use of a particular technology is not a reliable method of data collection.

Source: United Nations. 1996. *State of the World 1996: United Nations Development Programme*. New York: United Nations Development Programme.

Thanks to my regularly scheduled visits to my library as a student of Florida, it's important to me to support the state's research and education.

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What does this mean for you?

100

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[illegible]

There are no known contraindications to its use, although it is known to interact with some drugs, such as blood-thinning drugs, and the most common source of its misuse is alcohol. In the days before modern medicine, it was given to women to induce abortion, and it is still sometimes used for this purpose.

These programs offer students and parents a special opportunity to be an integral part of a community with the opportunity to learn, grow, and give back.

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Journal of Health Economics, Vol. 16, No. 1, pp. 1-14, 1997
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Information used was primarily the multi-measure reliability and the scores assigned by the multi-measure reliability for the combined scores of the two items.

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