

Daffodil Grammar School for Girls

First Aid Policy

School address: 163 Commercial Road, London, E1 2DA

Proprietor: ASM Anisuzzaman

Headteacher: Mr Stephen Montford

First Aid Lead: Eman Ahamed

Designated Safeguarding Lead: Eman Ahamed

Deputy Designated Safeguarding Lead: Mr Stephen Montford

1. Status, scope and purpose of this policy

This policy sets out the arrangements by which Daffodil Grammar School for Girls will provide first aid to pupils, staff, visitors and others affected by the school's activities. It explains how first-aid provision will be organised, how incidents of injury or sudden illness will be managed, how records will be kept, how parents will be informed, how first-aid needs will be reviewed, and how first aid links to safeguarding, health and safety, attendance and the support of pupils with medical conditions.

The school recognises that first aid is not a minor administrative topic. It is one of the most immediate ways in which a school protects life, prevents deterioration, reduces suffering and demonstrates competent leadership. The quality of first-aid provision in a school depends not only on whether a first-aid box exists, but on whether the school has undertaken a proper needs assessment, trained sufficient staff, maintained suitable equipment, planned for emergencies, understood the needs of individual pupils, and embedded clear procedures into daily practice. HSE's current first-aid framework requires employers to provide adequate and appropriate equipment, facilities and personnel, and to base provision on an assessment of need. ([HSE](#))

This policy applies during the full school day, before and after normal lesson times where pupils remain under the school's supervision, during educational visits, during enrichment activity arranged by the school, and during any off-site event for which the school is responsible. It also applies to staff and visitors who become ill or are injured on the premises or during school-controlled activities.

The school's first-aid arrangements form part of its wider safeguarding and welfare responsibilities. Where injury, illness or repeated visits for first aid indicate a wider safeguarding concern, this policy must operate alongside the school's Safeguarding and Child Protection Policy and not in isolation. KCSIE 2025 continues to require schools to treat pupil welfare holistically and to understand that physical presentation, repeated injury, unexplained symptoms or patterns of attendance and illness may indicate abuse, neglect or other safeguarding concerns. ([Consultation Hub](#))

2. Legal and regulatory framework

This policy is written having regard to the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999, the Health and Safety (First-Aid) Regulations 1981, the Education (Independent School Standards) Regulations 2014, the DfE's current health and safety guidance for schools, HSE's current first-aid guidance, and the statutory guidance *Supporting pupils at school with medical conditions*. HSE's current guidance

explains that first-aid arrangements must be adequate and appropriate, and that employers should carry out a first-aid needs assessment to determine what provision is required. DfE's current statutory guidance collection continues to list *Supporting pupils at school with medical conditions* as operative statutory guidance for schools. ([HSE](#))

The school also has regard to the April 2026 *Independent school standards guidance*, which continues to make clear that proprietors must ensure that standards relating to welfare, health, safety, supervision and leadership are not merely described in policy but implemented effectively in practice. Where first-aid arrangements are weak, that is likely to engage not only health and safety considerations but also the independent school standards on pupil welfare and leadership and management. ([surreyeducationsservices.surreycc.gov.uk](https://www.surreyeducationsservices.surreycc.gov.uk))

The school further recognises that government is currently consulting on proposed updates to the medical conditions guidance and has announced plans to strengthen allergy protection, including plans for schools to stock emergency allergy pens. Those proposals reflect an important direction of travel in school medical safety. Until any revised statutory guidance formally takes effect, this policy remains anchored in the current operative framework while incorporating prudent allergy-safety expectations. ([GOV.UK](#))

3. Statement of intent

Daffodil Grammar School for Girls is committed to ensuring that adequate and appropriate first-aid provision is available at all times when the school is in operation and whenever pupils are under the control of the school. The school will take all reasonably practicable steps to ensure that trained personnel, suitable equipment, effective communication, clear procedures and proper records are in place.

The school will adopt a precautionary approach. Where there is uncertainty about the seriousness of an illness or injury, staff are expected to act cautiously, seek trained first-aid assistance promptly and escalate to emergency medical services where necessary. The school will not expect teaching or support staff to diagnose complex conditions or improvise clinical decisions beyond their competence. HSE's first-aid framework and DfE's medical conditions guidance both assume that provision must be based on competence, training and clear escalation, not guesswork. ([HSE](#))

The school will ensure that first aid is organised in a way that reflects the actual circumstances of the school. This includes the age of pupils, the size and layout of the premises, the number of people on site, the nature of the curriculum, the pattern of movement around the building, break and lunch arrangements, prayer and transition arrangements, the existence of pupils with specific medical or allergy needs, and the demands of off-site activity. Current sector guidance on first-aid arrangements in schools continues to stress that first-aid needs should be formally assessed against actual risks, staffing levels, pupil numbers and site layout. ([Wandsworth Services for Schools](#))

4. General principles governing first-aid provision

The school adopts the following principles.

First, first-aid provision must be needs-led rather than tokenistic. It is not sufficient merely to have one qualified person somewhere on site. The school must ensure that first-aid coverage is realistically available during the school day and at points of heightened activity or risk.

Second, first aid must be prompt. Delay in response can worsen outcomes and create avoidable risk.

Third, first aid must be competent. Only staff who are appropriately trained should provide treatment beyond the simplest and most immediate assistance. Other staff must know how to summon help promptly and how to preserve safety until a trained person arrives.

Fourth, first-aid records must be accurate, timely and secure. They are part of the school's health, safety and welfare system and may also be relevant to safeguarding, insurance, regulatory or evidential needs.

Fifth, first aid must connect to wider systems. Repeated injury, repeated illness absence, unexplained symptoms, poor management of medication, collapse, allergy presentation, head injury, self-inflicted injury or patterns of attendance linked to illness may all require involvement beyond first-aid treatment alone.

Sixth, first-aid arrangements must include both ordinary incidents and major emergencies. The school must be prepared for minor cuts and bumps, but also for serious allergic reaction, asthma emergency, collapse, seizure, severe bleeding, fracture, head injury, cardiac emergency or other acute event.

5. Roles and responsibilities

5.1 The proprietor

ASM Anisuzzaman, as proprietor, has ultimate responsibility for ensuring that the school has suitable first-aid arrangements and that those arrangements are effectively implemented. This includes ensuring that a proper first-aid policy exists, that a first-aid needs assessment has been undertaken, that staffing and training are adequate, that first-aid equipment is available and maintained, and that leadership oversight is active.

The proprietor will expect regular reporting from the headteacher and First Aid Lead on training levels, incident patterns, review of provision, significant medical events, emerging needs and any improvements required. The proprietor must be satisfied not only that a policy exists but that the school is actually capable of responding safely and appropriately when injury or illness occurs. The current independent school standards framework continues to emphasise implementation and active leadership oversight. (surreyeducationservices.surreycc.gov.uk)

5.2 The headteacher

Mr Stephen Montford, as headteacher, has day-to-day responsibility for ensuring that this policy is implemented. He will ensure that staffing arrangements support effective first-aid coverage, that staff know the procedures to follow, that serious incidents are escalated appropriately, that parents are informed when necessary, and that first-aid provision remains proportionate to the needs of the school.

The headteacher will also ensure that first aid is linked appropriately to safeguarding, attendance, behaviour, risk assessment and school trips, and that first-aid concerns are not treated as isolated operational matters when they may indicate broader welfare issues.

5.3 The First Aid Lead

Eman Ahamed, as First Aid Lead, is responsible for the operational coordination of first-aid provision. She will oversee the first-aid needs assessment, maintain awareness of trained first-aiders and their training renewal dates, ensure that first-aid kits and supplies are checked and replenished, oversee first-aid records, review incident patterns, coordinate communication with staff on procedures, and ensure that off-site activities have suitable first-aid arrangements.

The First Aid Lead will also work closely with the DSL where first-aid information gives rise to safeguarding concerns, and with the headteacher where there are strategic issues about provision, staffing or recurring incidents.

5.4 First-aiders

Designated first-aiders are responsible for providing first aid within the scope of their training, assessing the immediate situation, deciding whether emergency services are required, arranging further medical attention where necessary, ensuring that treatment is recorded, and informing the appropriate school leader or administrator so that parents can be contacted if required.

First-aiders are not expected to act outside their competence. Their role is to preserve life, prevent deterioration and provide initial treatment and reassurance until recovery or transfer to further care. HSE's current guidance continues to emphasise competence and training rather than informal assumption of clinical responsibility. ([HSE](#))

5.5 All staff

All staff are responsible for responding sensibly and promptly when a pupil or adult appears injured or unwell. This includes summoning a first-aidер without delay, keeping the area safe, supervising pupils appropriately, not sending an injured or ill pupil unaccompanied to seek help if that would be unsafe, and passing on relevant information accurately.

All staff must understand the school's emergency procedures, know how to summon first-aid assistance, know the location of first-aid supplies relevant to their area, and understand when a matter must be escalated to emergency services or senior staff.

5.6 Pupils

Pupils are expected to report injury, illness or safety concerns promptly to a member of staff. They must not tamper with first-aid supplies or equipment and must follow staff instructions in the event of injury, illness or emergency.

6. First-aid needs assessment

The school will maintain a written first-aid needs assessment and will review it regularly and whenever there is a significant change in circumstances. This assessment will consider the size and layout of the site, the number and age of pupils, the number of staff, the nature of curriculum activity, the pattern of the school day, travel and visit arrangements, the location of higher-risk activities, the number of floors or separate areas, any known medical needs of pupils or staff, and the foreseeable needs of visitors and contractors. HSE's first-aid framework requires employers to assess what first-aid provision they need, and current school-sector guidance continues to stress the importance of a written first-aid needs assessment based on actual risk and site circumstances. ([HSE](#))

The school will not assume that general workplace first-aid ratios alone are sufficient for a school environment. Because pupils are minors, because school days involve movement, supervision and pastoral responsibility, and because children may not always report symptoms accurately, the school will apply the needs assessment specifically to the school context.

The needs assessment will be used to determine the number and location of trained first-aiders, the number and siting of first-aid kits, the need for portable kits, the need for specialised items such as asthma or allergy emergency provision where appropriate, the arrangements for school trips, and the adequacy of cover during lunch, breaks, staff absence and emergencies.

7. First-aid personnel and training

The school will ensure that an appropriate number of staff are trained in first aid and that trained personnel are available whenever pupils are on site or otherwise under the control of the school. HSE's current guidance states that there are no hard and fast rules on the number of trained first-aiders required because this depends on the nature of the work and its location; in a school, that judgement must be informed by the first-aid needs assessment. ([HSE](#))

The school will ensure that training is renewed before expiry and that records of certification are kept. The school will also ensure that staff know who the trained first-aiders are and how to contact them quickly.

At all times, the school will seek to maintain sufficient first-aid coverage across the school day rather than concentrating all trained provision in a single individual or single location. The school recognises that absence, meetings, lunch arrangements or off-site commitments can create gaps if coverage is not planned intelligently.

Where staff have responsibility for pupils with specific medical needs, the school will provide or arrange additional training where appropriate so that emergency responses are safe and consistent with care plans.

8. First-aid equipment and facilities

The school will provide first-aid kits in suitable locations around the site and portable first-aid kits where movement around the school or off-site activity requires them. HSE's current guidance states that the contents of first-aid kits should be based on the first-aid needs assessment and should be checked regularly, noting that many items have expiry dates. ([HSE](#))

The school will ensure that first-aid kits are clearly identified, appropriately stocked, checked at suitable intervals and replenished promptly. Kits must not be treated as static boxes that are rarely inspected. The First Aid Lead will ensure that responsibility for checking and restocking is clearly allocated.

The school will also ensure that there is an appropriate space or spaces in which pupils or staff who are ill or injured can be assessed and cared for temporarily while awaiting collection, recovery or transfer to further treatment, subject always to safeguarding considerations and supervision.

9. Ordinary first-aid response

When a pupil or adult becomes injured or unwell, the first concern must be immediate safety. The nearest responsible adult must assess the situation, ensure that the area is safe, summon a first-aider promptly and remain with the casualty if necessary until assistance arrives. A pupil who is dizzy, faint, bleeding, distressed, in pain, short of breath or otherwise clearly unwell must not be sent away alone to find help.

The first-aider will assess the casualty, provide treatment within the scope of training, decide whether the person may safely return to normal activity, whether monitoring is needed, whether parents should be contacted, whether the person should be sent home, or whether emergency medical assistance is required.

The school will not use first aid as a means of informally managing attendance difficulties, lesson avoidance or pastoral distress without proper assessment. If a pupil repeatedly presents for first aid with vague or recurring symptoms, the matter will be reviewed more broadly.

10. Emergency medical response

In a serious or potentially serious medical emergency, staff must call emergency services without delay. The school will not wait for parental permission before seeking emergency medical assistance where immediate action is required. While awaiting the arrival of emergency services, first-aiders will continue to provide appropriate first aid within the scope of their training.

Parents will be contacted as soon as practicable once emergency services have been called, unless exceptional circumstances make that temporarily impossible. A member of staff will remain with the pupil until parents arrive or until the pupil is transferred to clinical care, as appropriate.

Situations that are likely to require emergency response include, but are not limited to, severe breathing difficulty, suspected anaphylaxis, collapse, seizure of concerning duration or presentation, severe bleeding, suspected serious fracture, suspected spinal injury, head injury with concerning symptoms, chest pain, loss of consciousness, serious burns, and any presentation where the pupil's condition appears life-threatening or rapidly worsening.

11. Head injuries

Head injuries require careful treatment because symptoms may worsen after the initial incident. Any pupil who sustains a head injury will be assessed by a first-aider. The school will inform parents of head injuries where appropriate and will require collection or further medical advice where symptoms or mechanism of injury give rise to concern.

The school will be particularly cautious where there has been loss of consciousness, vomiting, confusion, abnormal drowsiness, seizure, concerning behaviour, unequal pupils, severe headache, visual disturbance, or any other worrying sign. The school will not allow a pupil with a potentially significant head injury to return to ordinary activity without appropriate assessment and decision-making.

12. Asthma, anaphylaxis, allergies and medical emergencies

The school recognises that asthma and allergy emergencies can escalate rapidly and require immediate action. The school will maintain awareness of pupils known to have asthma, allergies

or risk of anaphylaxis and will ensure that relevant staff are informed in accordance with care plans and need-to-know principles.

The government announced in March 2026 that it intended stronger protections for children with allergies in school, including plans that life-saving allergy pens must be stocked by schools under new proposals. That announcement is currently part of a consultation and policy-development process, but it reflects a clear expectation that allergy preparedness in schools must be strengthened. ([GOV.UK](#))

Pending any formal legal update to the statutory framework, the school will take a prudent approach by ensuring that known allergies are properly recorded, that emergency medicines provided for named pupils are readily accessible in accordance with care plans, that staff know the emergency response procedure, and that the First Aid Lead and headteacher keep the school's allergy preparedness under active review in light of government developments.

Where a pupil has a prescribed reliever inhaler, adrenaline auto-injector or other emergency medication, the school will ensure that arrangements for access, storage and use are clearly documented and understood. Emergency medication must never be locked away in a manner that frustrates urgent access.

13. Supporting pupils with medical conditions

The school recognises that first aid must operate alongside wider arrangements to support pupils with medical conditions. The current statutory guidance *Supporting pupils at school with medical conditions* applies to the relevant authorities listed within it and remains the core national framework for school support of medical needs. It explains that arrangements should support pupils with medical conditions so that they can play a full and active role in school life, remain healthy and achieve academically. ([GOV.UK](#))

Although first aid is not the same thing as long-term medical support, there is close overlap. The school will therefore ensure that pupils with significant medical needs have suitable individual healthcare arrangements where appropriate, that relevant staff know what to do in an emergency, that emergency medication is accessible in line with agreed procedures, and that school attendance, participation and safety are not compromised by disorganisation or lack of planning.

The school will also ensure that medical support arrangements are considered for off-site activity and educational visits.

14. Medication and administration of medicines

This policy addresses first-aid response. It does not replace the school's wider medication procedures. However, where medication administration intersects with first aid, the school will ensure that medicines are only administered in accordance with school procedures, parental authority where required, healthcare plans where relevant, and the competence of the staff involved.

The school will maintain records of medication administered in school and will ensure that medicines requiring secure storage, refrigeration or rapid accessibility are handled appropriately.

No member of staff will be required to administer medication beyond their competence or contrary to the school's procedures.

15. Infection control and hygiene

First aid must be given in a hygienic and safe manner. Staff administering first aid will use protective measures appropriate to the situation, including disposable gloves or other protective items where there is a risk of contact with blood or bodily fluids. Hands must be cleaned appropriately after treatment, and waste must be disposed of safely.

The school will ensure that first-aid supplies include appropriate items to support hygiene and infection control and will update those supplies in line with current good practice and expiry requirements.

16. Communication with parents

The school will inform parents whenever a pupil has sustained a significant injury, has required substantial first-aid treatment, has suffered a head injury, has become sufficiently unwell that attendance cannot continue safely, has been involved in an incident requiring emergency services, or where further monitoring or medical attention is advised.

For minor incidents, the school will act in accordance with its normal communication arrangements, but it will not assume that every small bump requires the same level of contact as a head injury, allergic reaction or significant fall. Communication will be proportionate, but where there is doubt, the school will err on the side of informing parents.

Communication with parents must be accurate and calm. Staff should not speculate beyond the facts known, but they should clearly explain what happened, what treatment was given, whether the pupil returned to class or went home, and what further steps are advised.

17. Recording and record keeping

All first-aid incidents must be recorded promptly and accurately. Records must include the name of the injured or unwell person, the date and time, the nature of the injury or illness, the treatment given, the name of the first-aider, and any further action taken such as parent contact, emergency services involvement or referral for further assessment.

Records will be kept securely and reviewed periodically. The purpose of record keeping is not merely retrospective. Good records allow the school to identify patterns, review the adequacy of provision, respond to recurring injuries, support insurance and regulatory obligations, and identify safeguarding or health concerns that may emerge over time.

Where a first-aid incident is also a safeguarding matter, an accident of concern, a reportable incident, or part of a pattern of unexplained injury or recurrent illness, the record will be cross-referred appropriately in line with safeguarding and health and safety procedures.

18. Accident reporting and escalation

The school will ensure that serious accidents and dangerous occurrences are reported and managed in accordance with its Health and Safety Policy and any applicable legal reporting

requirements. First-aid records and accident reporting are related but not identical. The First Aid Lead and headteacher will ensure that incidents are considered through both lenses where appropriate.

Where an incident suggests a defect in premises, equipment, supervision or systems, leaders will ensure that the school learns from the event and takes corrective action.

19. First aid on educational visits and off-site activities

The school will ensure that suitable first-aid arrangements are in place for all educational visits, trips and off-site activities. These arrangements will be determined through the visit risk assessment and will take account of the number and age of pupils, travel duration, environment, remoteness, known medical needs, activity type and access to emergency services.

Portable first-aid kits will be taken where appropriate, and trip leaders will know which pupils have relevant medical needs and how emergency medication will be accessed. A trip will not proceed unless the school is satisfied that first-aid and emergency arrangements are adequate.

20. Safeguarding links

The school recognises that first-aid information may reveal or suggest safeguarding concerns. Repeated injury, unexplained injury, inconsistent explanations, delays in seeking treatment, recurrent self-harm indicators, repeated attendance with vague symptoms, visible signs of neglect, or a pattern of incidents affecting a particular pupil may all require DSL review.

Accordingly, first-aiders and staff must remain professionally curious. A first-aid event is not always just a first-aid event. Where there is concern about possible abuse, neglect, self-harm risk, peer abuse or other welfare concern, the matter must be referred promptly to the DSL in line with the Safeguarding and Child Protection Policy. KCSIE 2025 and Working Together 2026 both support a coordinated, child-centred approach where information from different school systems contributes to keeping children safe. ([Consultation Hub](#))

21. Monitoring and review of provision

The school will monitor first-aid provision regularly. This monitoring will include review of training levels, incident numbers and types, use of kits and supplies, adequacy of cover at different times of day, recurring patterns of illness or injury, and any difficulties arising on school trips or during peak activity periods.

The first-aid needs assessment will be reviewed at least annually and sooner if there is a significant change in pupil numbers, staffing, premises, activities, or the medical profile of the school.

The proprietor will expect assurance that first-aid provision remains adequate and appropriate in practice, not merely on paper.

22. Policy review and adoption

This policy will be reviewed at least annually and sooner where there is a change in legislation, statutory guidance, government policy on school medical provision, school structure or identified need.

This policy is adopted as the formal First Aid Policy of Daffodil Grammar School for Girls and takes effect immediately upon approval by the proprietor.

If you want the next policy in the same detailed style, the strongest companion document now is **Supporting Pupils with Medical Conditions**, because it should sit directly beside this First Aid Policy and your Health and Safety Policy.