



medicaltracker

Analysing Health In Schools:

Understanding monitoring processes used by schools and their impact on student health outcomes.

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About Medical Tracker

Thousands of schools across the UK still rely on paper-based methods for logging, reporting, and monitoring student and staff medical needs and first-aid incidents. While paper may be functional, it doesn't protect in a crisis.

Medical Tracker is the leading digital alternative to this outdated paper process, offering schools a more Department for Education (DfE)-compliant, secure, and efficient process.



Logging all first-aid incidents in under 30 seconds.

Allows school staff to **prioritise care without worrying about memorising key event details.**



Faster, informative, and automated notifications.

Interact more efficiently with colleagues and **communicate vital incident information while reassuring worried or cautious parents/carers.**



Medication stock tracking, real-time usage updates, staff qualifications, and health care plan management.

An end-to-end solution all in one platform.



Reporting and dashboards

Unlock the power of healthcare data. Full audit trails and medical logs become the backbone of a proactive strategy to **make schools safer and identify health concerns earlier.**



100,000+

Active users.



1 in 10 schools

In the UK.



3,200+

Schools.



100+

Multi-Academy Trusts.

Why does this all matter?

Fast-tracked by the COVID-19 pandemic, mental health epidemics and socio-economic inequalities have worsened, which have significantly impacted our children's health, well-being, social skills, and academic attainment.

Schools are a front line in this national challenge. As the largest specialised supplier to schools, Medical Tracker aims to spearhead a national shift towards a more proactive, strategic, and safer approach to first-aid and medical needs in schools, thereby improving health outcomes.

Foreword



Daniel Neeld
Managing Director
Medical Tracker



Alex Oselton
Marketing & Communications Manager
Medical Tracker

Daniel Neeld

Schools have an extraordinary responsibility to protect and promote the health and wellbeing of children and young people while managing the daily pressures of teaching, safeguarding, and limited resources. This paper explores those realities and highlights how smarter systems and better use of data can make a genuine difference.

Parental engagement is a vital part of that picture. When parents are informed promptly and clearly, trust is strengthened and children receive better continuity of care between home and school. Achieving this consistently is only possible through digital systems that remove manual barriers and ensure accurate, timely communication.

What stands out most is the potential for change. When health information is captured and shared effectively, schools can move from reacting to incidents to proactively supporting every child. My hope is that this research helps leaders see how technology, used with purpose, can transform not just efficiency, but the safety, wellbeing, and confidence of the entire school community.

Alex Oselton

Medical Tracker is uniquely positioned to offer insight-led content to schools, leaders, stakeholders, and all staff involved in the daily care of our children. The ten years our organisation has supported schools means access to trend data, networks, collaborators, and contributors is sufficient to begin supporting schools with methods other than our platform, such as raising awareness within the industry and documenting interpretations of trends that stakeholders value. Our platform is now home to 150,000,000+ data points across 16,000,000+ incident logs spanning a decade, a unique looking glass into school healthcare.

This paper aims to provide clear, honest insight into the trends shaping healthcare provision in schools. By offering a snapshot of wider research and our perspective on where things are heading, we aim to provide useful context for schools and trusts navigating today's challenges.

While not designed as promotional material, we hope you find it a valuable resource that sparks ideas and guides decision-making.

Executive Summary

Schools across the UK are under immense pressure to balance student wellbeing, safety, health and learning outcomes while operating under some of the tightest funding constraints in over a decade. This paper examines an often overlooked element of school: students' physical healthcare and how first-aid, healthcare, and medical data are monitored, evaluated, and used.

We use research, evidence, experience and customer testimonies to estimate the financial and non-financial burden of traditional, paper-based healthcare processes. We highlight the creation of a *healthcare intelligence framework* as a byproduct of digital adoption and, following this paper's findings, six areas for further research.

Our conclusion is clear: schools that adopt a digital-first approach to health and incident management can significantly reduce costs, improve monitoring and evaluation and unlock powerful insights to use to significantly improve school safety and staff working conditions.

Key Findings

Medical incidents

Every year, early phase settings such as nurseries, infant and primary schools register, on average:

2,287

Every year, for later-phase settings such as secondaries, middle and all-through schools, this number increases.

2,722

Workload pressure

Admin such as form filling, calling, filing and other manual tasks account for...

39%

46%

... of weekly tasks for a school staff member responsible for first-aid.

Financial burden

Early-phase setting could spend up to:

£850

on average, on a paper-based process for first-aid and healthcare.

Later-phase settings could spend up to:

£1,500

on the same paper-based process on average.

Health in our schools, for both students and staff, is significantly impacted by factors beyond their control. We call these 'macro-environmental factors', and the following statistics demonstrate the scale of some health crises facing students that therefore affect school resources.

X2

Children living in the most deprived areas were more than twice as likely to be living with obesity as those living in the least deprived areas.⁴

X12

Gen Z' children born into the poorest fifth of families in the UK are 12 times more likely to experience a raft of poor health and educational outcomes by the age of 17 compared to more affluent peers.⁵

X3

Children living in the most deprived areas of the UK were ~3 times as likely to have experience of dental decay as those living in the least deprived areas.⁶

11%

The number of Education Health Care Plans (EHCPs) has increased by almost 11% between January 2024 and 2025.⁷

336%

In the last 20 years, there has also been a 336% increase in prescription rates for adrenaline auto-injectors, as well as a doubling of admissions to English hospitals for allergies and anaphylaxis.⁸

These macro-environmental factors are just three of a much larger, uncontrollable landscape facing schools and leaders. They influence how effectively schools can apply all eight key principles for promoting physical activity.

For the purposes of this paper, we argue that the eighth principle is one of the most significant, intrinsically linked to the other seven and can be used to mitigate the challenges posed by macro-environmental factors.

Embedding monitoring and evaluation into a whole-school health data approach

An effective solution lies in embedding monitoring and evaluation into a school-wide health intelligence framework.

This framework would integrate first-aid and medical input data routinely collected daily by school staff so that leaders can track health trends that directly influence activity levels.

Leveraging the data

Data on seasonal allergy flare-ups, injuries, and regular medication requirements offer valuable insight into short-term health fluctuations. At the same time, records on slips, trips, and falls reveal environmental or behavioural risks. When visit frequency to the first-aid room or sick bay, medication administrations, and academic attainment, behaviour, and attendance trends are analysed alongside, a holistic picture of a child emerges.

4. NHS Digital. (2022). National Child Measurement Programme, England 2021/22 school year.

5. University College London (2023). Poorest children have worse health and educational outcomes in adolescence.

6. RCPCH, RCPCH responds to alarming health inequalities in oral health of young children.

7. Department for Education (2025) Education, Health and Care Plans 2025.

8. Goodman, A., Joyce, R. & Smith, J.P. (2020) 'The Longer-Term Impacts of COVID-19 on Inequality in Mental Health', PLOS ONE, 15(6).

A system under pressure

Most schools in the UK still use paper accident books, filing cabinets, Excel spreadsheets, and printed paper slips for first-aid and healthcare.

These processes are time-intensive, inconsistent, and lack the flexibility to support relevant staff in providing the extra care we expect for our loved ones at school or work. If anything, they make it more complicated.

While other school departments have undergone digital transformation, first-aid and health processes have been left behind. In the 10 years Medical Tracker has supported schools, tech adoption for medical needs has increased much more slowly compared to teaching and learning or information management.

Medical departments.

Not only are schools operating such a key department with laborious and time-consuming systems, but they are also reaching a crisis point with the provision of healthcare practitioners.

The School and Public Health Nurses Association (SAPHNA) released its 'A Nurse for Every School' petition in September 2024. This petition highlights the trend between deprivation and child health and the dwindling provision of school nurses across the UK.

"SAPHNA is deeply concerned about the worsening of children's health outcomes in the UK, including increases in the prevalence of mental problems, dental decay, obesity and respiratory problems.

*Alarming, children in the most deprived areas are facing the worst of these health crises. This troubling trend coincides with a marked **35% decrease in the number of school nurses since 2009.**"⁹ [Download the petition.](#)*

Key financial findings

Paper-based systems are consistently more resource-intensive than digital alternatives, often costing several times more. Conservative internal estimates suggest the true cost of paper-based healthcare may run into four figures annually. However, this will likely be underestimated given the difficulty of capturing hidden admin time.

In analysing the financial and non-financial burdens of a paper-based system on schools, it has become apparent that there is a significant lack of reliable data to rely on for the schools' medical departments, further demonstrating that this key department has been overlooked.

The estimates we have concluded in this paper's financial findings have been created using wider-market evidence (where available), customer testimonies, and incident data analysis.

The true financial and non-financial costs may differ from school to school; in many, they could be worse, and in others, they could be better than we have estimated. One thing is for certain: an outdated process has hidden its true cost amongst schools that have yet to make the shift towards digital provision.

9. SAPHNA (2024), A School Nurse in Every School, School and Public Health Nurses Association, London.

Early-phase

£350 - £850

£150 - £250

Photocopying

£100 - £200

Paper-accident books (assuming a conservative cost of £4 per accident book)

£100 - £400

Medical record disposal

Later-phase

£700 - £1,500

£400 - £800

Photocopying

£200 - £300

Paper-accident books (assuming a conservative cost of £4 per accident book)

£100 - £400

Medical record disposal

Paper accident books can vary depending on suppliers, meaning costs can rise sharply and often do, given the nature of unpredictable incident counts, human error, and general daily mishaps. At this point, a paper-based first-aid provision begins to become more of a significant drain on annual financial resources.

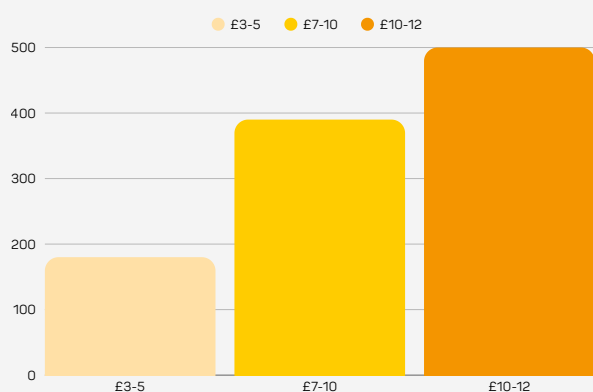


Figure 3

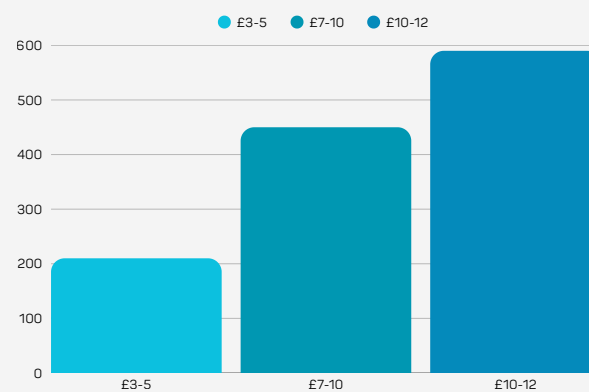


Figure 4

These figures account for:

- Paper accident books and manual records.
- Photocopying, filing, and duplication of safeguarding documentation.
- Lost or inaccessible records that must be replaced.
- Shredding and disposing of medical records and other medical documents.

Why are there differences?

Several differences between early-phase and later-phase settings influence the financial burden of a paper-based healthcare process. Some of these differences include:

1. Pupil numbers and incident frequency. Later-phase settings generally have more pupils than earlier-phase ones. More pupils naturally result in more incidents and medication administrations, meaning more paper forms.
2. Complex medical needs. Teenage pupils can have more complex, long-term health conditions that require ongoing care and attention.
3. Later-phase pupils may require more assistance with mental health care which can require more tangible school resources.^{10.}
4. More recent phenomena, such as the rise in pupils requiring EHCPs and SEND support, tend to become more apparent at later-phase settings than at early-phase settings.^{11.}

10. Department for Education (2025) Physical health and mental wellbeing: Primary and Secondary.

11. Peirson-Hagger, E. (2025) 'How many school pupils have SEND?', Tes Magazine

What costs are school leaders and staff conscious of?

In collating research and testimonials for this paper, we are keen to understand if healthcare and medical concerns are a top priority for school leaders. A recent Teacher Tapp survey asks respondents:

“Do you expect to REDUCE spending on any of the following to deal with budgetary pressures over the next year?” Top responses include:

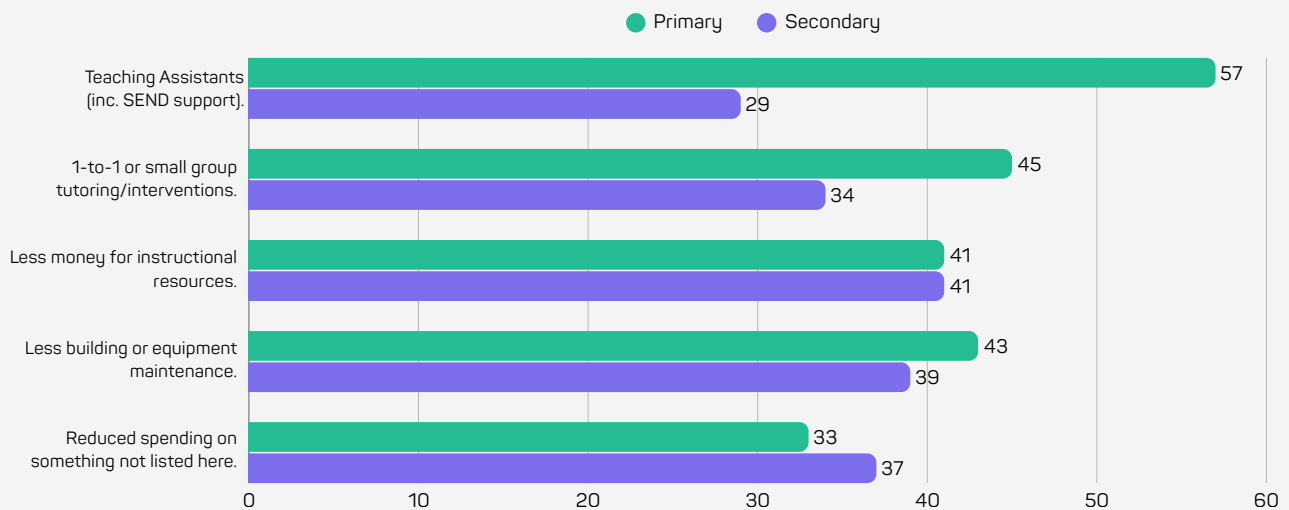
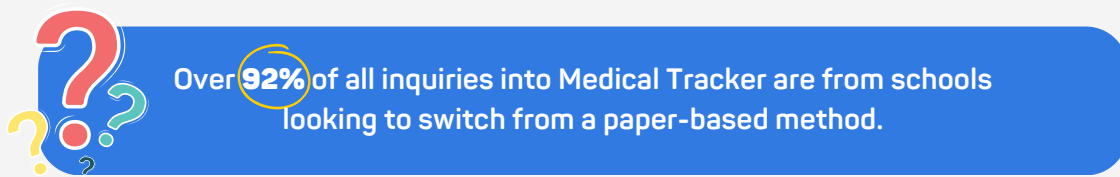


Figure 5
Credit: TeacherTapp

Remarking on the general plight of schools' financial burdens, Teacher Tapp concludes, "Fast-forward to the end of the school year, and the situation had not improved. As reported in last week's newsletter, 36% of Headteachers say it is "impossible" to set a balanced budget, and this week, 40% of leaders say they anticipate running a deficit."¹²

These survey responses would suggest that the medical departments and the costs incurred by their processes are not a key concern for most early and later phase schools. Medical Tracker research offers a different insight.



Community insight

At Medical Tracker, we often survey new schools joining our community to understand their motivations for switching to Medical Tracker, a cost-effective digital alternative.

The sentiment paints a different picture than that highlighted by the Teacher Tapp findings. Daniel Arnold of Oasis Academy Marksbury Road stated, "The school utilised carbon copy pre-printed first aid books costing [£500 + VAT per year\[...\]](#)". With so many schools joining Medical Tracker to move away from paper processes, it is clear that digital adoption in healthcare is becoming a growing concern for leaders and school business managers.

12 Teacher Tapp UK

It's more than just budgets

While financial costs seem to be under the radar, the real costs run far deeper than a school's bottom line and are often felt too late. They expose schools to operational inefficiencies, compliance risks, and, most critically, health risks.

Disjointed systems create serious gaps.

Current processes often sit in silos, with different staff accessing different versions of the same information. In many schools, first-aid, medication, incident reporting, and emergency planning are managed separately. This fragmentation leads to:

✗ Inconsistent care: Pupils with chronic conditions may require various treatments from different staff members depending on the available information around the school. Similarly, different staff members could complete different information, leaving parents with too much or too little information for the same alert.

✗ Duplication of work: Multiple logs for the same incident across paper, spreadsheets, and via email and phone calls home leading to confusion and sometimes panic or worry.

✗ Missed incidents: When paper forms go missing or aren't followed up by the relevant staff member - could vital information be missed?

✗ Inefficient workflows: Time wasted chasing updates, photocopying notes, or checking filing cabinets rather than putting their skills where needed most.

Risk to health and compliance.

A lost incident slip may not seem catastrophic in isolation, but what happens when that lost slip was the third fall in two weeks? Or when there's no reliable record of a parent being notified about a head injury?

Safety is not just about responding to what's visible or even ensuring your first-aid certificates are current; it is also about spotting patterns, monitoring risk, and proactively managing every child's welfare. Ofsted and DfE guidance increasingly require schools to demonstrate robust, auditable processes for managing health, safety, and pupil wellbeing.

Strain on staff and systems.

When first-aid forms must be copied three times, stored in folders, and manually typed into spreadsheets or emails, valuable time is lost.

This workload typically falls on support staff, designated safeguarding leads, pastoral teams, office teams, school business managers or even senior leaders - individuals whose time is already stretched across multiple responsibilities.

Beyond the accident book

Little Common School

Primary School

Saving a child's sight and early health condition identification.

Our Customer Success team had contacted Louise Moor, Headteacher at Little Common, as part of a routine satisfaction check-up. Like many others, the school relied heavily on a paper-based method of recording and storing medical incidents and information.

Louise informed the Medical Tracker support team that a five-year-old student had been diagnosed with a rare brain tumour following several similar falls.

Spotting trends leads to a diagnosis.

With no obvious common causes linking the trips and falls, staff at Little Common raised concerns with the family. A neurological assessment and an optician's appointment revealed a swollen optic nerve, which required further testing at a nearby hospital.

After more tests and a CT scan, the young student was diagnosed with a rare brain tumour called a craniopharyngioma that affected her pituitary gland.

There is no way to determine if the trips and falls would have been spotted had the school still relied on pens and paper to record them. What we know is that digital records on **Medical Tracker helped teachers at Little Common spot the trends at a glance.**

Sifting through pages of paper accident books at the end of every week, month or half-term is not a reliable way to spot trends. For the teachers at Little Common Primary school, their intuition and Medical Tracker **helped spot a life-threatening illness**, allowing the parents of a young student to act as quickly as possible.

March 2025 update

The brain tumour was removed, and the student recovered very well, even regaining 100% hormone function following surgery, which doctors had previously thought would have been permanently damaged as a result of the operation.

However, an MRI in January 2025 revealed the tumour has regrown.

[More updates will follow here.](#)

What would Louise say to other schools that are still using paper-based methods?

"Like all new programmes, it is tricky in the beginning, but we have had continued support all through the stages to date and use the system very well."

"I would definitely recommend [Medical Tracker] to all."

Healthcare in the news

For healthcare staff, the cost isn't just hours of form-filling and chasing parents' phone numbers - it's missed opportunities to support pupils, plan strategically, or lead effectively.

This inefficiency becomes a compounding issue in larger or multi-site schools, MATs, or even Local Authorities, where visibility and consistency are harder to maintain without a centralised digital platform.

"And that burden is increasingly falling on the lowest-paid workers. More than two in five support staff say they have no option but to give injections and administer prescribed medication to pupils alongside their other duties, a Unison union survey of 4,000 workers found."

"Nearly two-thirds cited the fear of making a mistake, with most concerned about being blamed should something go wrong." The medical care support staff say they now provide:

Medical procedure	Proportion of support staff who have undertaken such procedures
Administering injections (including insulin pens)	54%
Physical therapy	24%
Tube feeding	19%
Oral/nasal suctioning	7%
Tracheostomy care	4%

Source: Selected responses from a Unison May 2025 survey of 4,026 school support staff

SCHOOLS
WEEK

Figure 6

Credit: Schools Week

A Multi-Academy Trust speaks out.

"An accident waiting to happen" describes one healthcare crisis in The Eden Academy Trust, as described in mid-2025.

*"The Trust used to have an NHS school nurse for each of its three special schools in Hillingdon. Now it has two nurses covering four schools, with two new schools on the way."*¹³

The Trust's lack of school nurses is forcing it to take legal action to rebalance the provision for the safety of its students and staff. Therefore, the burden of medical provision falls on the shoulders of junior or assistant staff across the Trust.

A false sense of control

Paper might feel tangible and familiar, but it offers an illusion of control. In reality, it introduces countless points of failure: missing pages, inconsistent handwriting, forgotten filing, out-of-date folders, and human error.

There is no version control, no alerts for follow-ups, no easily accessible audit trail, and no real-time insights.

Senior leaders may assume their current systems are 'good enough' until they discover an incident wasn't reported, a medication administration wasn't logged, or a parent was never informed. In a crisis, paper doesn't protect.

13. Jayanetti, C. (2025) "An accident waiting to happen": Schools forced to provide medical care for vulnerable pupils; Schools Week,

Beyond the accident book

Edward Wilson Primary School

Primary School

Not just a change in process...

Edward Wilson Primary School is a 1-1.5 form entry local-authority maintained primary school in Westminster, with two special resource units - one for Visually Impaired children and one for children with Autistic Spectrum Disorder.

Before...

Before implementing Medical Tracker, managing first-aid incidents and medical records at the school was cumbersome. "Some handwriting was better than others," explains Carol, "and the details included in the books were not uniform." A challenge we're sure many school healthcare staff can resonate with.

The process of notifying parents was unreliable, with children often losing accident slips or parents not checking their bags.

Storing and retrieving past records was equally challenging. Carol said, "completed books were kept in a cupboard in date order, with 3-4 books used weekly. Parent enquiries about past incidents were lengthy and problematic, and it was hard to be certain that the record was complete."

After...

"I have worked in 4 schools and have purchased Medical Tracker for all 4. It is probably the best value software, both financially and operationally, that a school could purchase. I cannot praise it highly enough."

But...

"Parents appreciate being informed of minor injuries by email at the end of each day. A parent was concerned about the number of falls his child was having. **Thanks to the reporting on Medical Tracker and our records, he could take evidence to his GP and secure further investigation into what turned out to be another more serious condition.**"

Carol also told us how Medical Tracker has helped the school make more systematic changes. She explained, "**We changed our play time staffing - frequent minor accidents in one area changed our supervision arrangements.** We can report to the governors easily and verifiably.

"The annual fee represents excellent value and saves staff members a considerable amount of time."

Impact metrics

- ★★★★★ Improves parental engagement
- ★★★★★ Improves school processes
- ★★★★★ Reduces teacher workload
- ★★★★★ Improves staff wellbeing
- ★★★★★ Saves school money

A better way forward: A Health Intelligence Framework

The findings of the Schools Week survey, coupled with the research outlined throughout this paper, highlight a clear need for change. If schools are to improve monitoring and evaluation of physical activity to boost physical and mental health, they need support in building a far more robust and efficient *health intelligence framework*. From trained healthcare professionals to logging, tracking, and reporting processes, something needs to change.

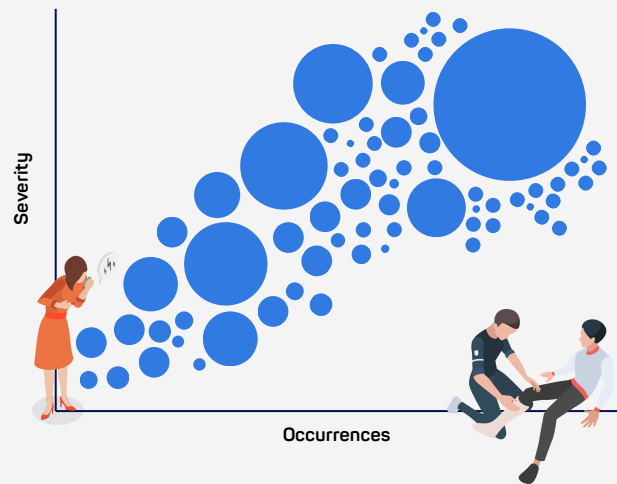
A digital solution to create a health intelligence framework would offer schools more than just a paper replacement. It would represent a fundamental shift in how pupil and staff medical needs are managed, safeguarded, and supported. That transformation is already happening for thousands of schools, but there is still plenty of work to be done.

Proactivity

Digital platforms enable schools to go beyond simply recording incidents. They allow staff to spot trends and patterns across time and locations, giving leaders insight into health risks before they escalate.

- ☞ Are certain pupils sustaining repeated injuries?
- ☞ Are lunchtime accidents increasing?
- ☞ Is there a pattern of staff response that needs addressing?

Schools can identify concerns early, adjust procedures, and demonstrate active health leadership.



Early identification is a key tactic to solving the EHCP crisis facing Local Authorities and schools, and consistent health monitoring could improve the situation.

Identifying school processes that aren't scalable isn't about finger-pointing. Sure, using the naked eye for trend spotting is a functional method for some schools; sifting through accident books every month or half-term with a team of 2 or 3 may seem like the only viable solution, but this perception falls under intense scrutiny at the point at which a significant detail is missed.

Define a health intelligence framework

Firstly, defining the context for this framework involves the systematic collection, analysis and application of health-related data. The framework itself is created by integrating first-aid, medication and incident data into school-wide decision-making.

Establishing the core purpose

- Identifying trends (injury spikes, seasonal illnesses).
- Predicting needs (resource allocation for high-risk periods).
- Reducing inequalities (flagging disparities with health outcomes).
- Informing curriculum (targeted health education sessions).



No duplication: Automatic notifications, audit trails, and built-in escalation is all possible using a digital alternative that comes with built-in compliance.



Faster reporting: Incidents can be logged much quicker, often using drop-down menus and pre-populated forms.



Parent communication: Digital records ensure timely, consistent messaging to home with trail tracking and protection.



Centralised records: No more chasing folders or spreadsheets across locations around the school.

Interconnected pillars

Data collection

Digital logging of incidents, illnesses, and medication administrations and consistency and standardisation of recording processes.

Data integration

Linking health data with other wellbeing indicators and improving collaboration between classroom teachers, leaders and middle managers.

Analysis and insight

A monthly/termly health dashboard would show trends and even benchmark against national or regional datasets. Collaborations with local authorities would improve relations and evidence-backed support requests.

Action and intervention

Using the trends and insights to guide policy, upgrades or targeted inter-school health campaigns.

Review and improve

Annual review of the health intelligence data and adjustment of strategies and tactics for upcoming terms - involving parents and carers for more collaboration on individual students.

Improving perception

The data used in the financial findings section of this report consistently reports that digital systems have significantly reduced their workload, freeing staff to focus on what matters most.

The success of a health intelligence framework needs to be positioned correctly.

Although the macro-environmental factors mentioned in this paper are beyond a school's control, a health intelligence framework is a micro-environment lever that schools can use to mitigate threats, make informed decisions, and protect pupils physical and mental health.

Building staff confidence and consistency

First-aid is commonly shared among multiple staff. Digital systems create a clear, consistent framework that supports all staff, not just those with specialist roles.

Going digital clarifies responsibilities, when to act, and how to record it properly. Staff with less self-doubt will feel more confident, which is crucial for junior or part-time staff.

Beyond the accident book

Willingdon Community School

Secondary School

The big picture is now possible



Catering for over 1,010 students, Willingdon Community School is a popular high school based in Eastbourne, East Sussex. Pupils join in year 7 and are supported until GCSEs in Year 11. We spoke to Rosie Beddows (Lead First Aider) about how Medical Tracker has improved their school's approach to health management.

Before

- ✗ Rosie and her colleagues were finding it **challenging to spot illness or class absence trends due** to medical room visits. They suspected safeguarding or pastoral changes could have helped, but no trend insights to substantiate their suspicions.
- ✗ Medication administrations were equally as difficult to track. School staff weren't always aware increases in medication administrations were occurring. **Reaching parents to discuss concerns surrounding medication regularity** was not an efficient or sustainable process.
- ✗ Rosie and her colleagues found themselves **using several accident books to record incidents** and healthcare info. When it came to sourcing information, consolidating records or filing student data, the duplicated inputs was proving to be a significant speed bump for the team.

After

- 🛡️ Rosie regularly **draws up first aid reports** for the senior leadership team and year teams. Helping them to identify problems and act proactively.
- 🛡️ The online first aid software has **saved the school staff hours** of paperwork.
- 🛡️ **Big picture now possible for monitoring health and safeguarding patterns.** Parents are automatically notified of injuries or health incidents and the data available to Rosie at the click of a finger has made her healthcare department a strategic lever to build better processes and improve school-wide safety.



We would highly recommend Medical Tracker to ANY school. It helps us to stay compliant and has improved our first aid system so much!"

Rosie Beddows, Lead First-Aider and Student Support Manager

Recommendations to make change.

It is unrealistic to assume schools can go from paper accident books to a health intelligence framework overnight. The first stage is understanding the operating conditions.

1. Conduct an internal audit.

Schools can start by reviewing current processes:

- How and where are incidents recorded?
- How often do records get lost, duplicated, or delayed?
- How long does it take to notify parents after an incident?
- Are staff confident in administering and logging medication?
- Can you track healthcare data across year groups or sites?

2. Quantify the hidden costs.

Bring the finance, office teams and first-aiders into the conversation; this won't take long, and their insights will be invaluable. Estimate the time spent on:

- Logging incidents manually
- Chasing follow-up actions
- Photocopying, storing, and filing records
- Re-entering data into the MIS or spreadsheets.

3. Assess compliance and risk.

Schools should ask themselves:

- Can I demonstrate who was notified, when, and how?
- Am I confident that no incidents have gone unrecorded?
- Can I show a pattern of care, follow-up, and support over time?

4. Explore digital alternatives purpose-built for schools.

Look for systems that are:

- Specifically designed for schools
- Secure, GDPR-compliant storage.
- User-friendly, accessible to all staff and supported with training and onboarding.

5. Make healthcare a strategic priority

First-aid and healthcare may not traditionally sit at the heart of strategic planning, but that's changing. A strategic approach would:

- Protect staff time and wellbeing.
- Gain clarity across MAT sites or the school.
- Redirect resources to pupil support.

This isn't about digitising for the sake of it. It's about building safer, smarter systems that support the well-being of every child and every member of staff.

Beyond the accident book

Regents Park Community College

Secondary School

A fresh strategy for medication tracking

Supporting over 800 pupils, Regents Park Community College is a mixed comprehensive secondary school based in Southampton, Hampshire. We spoke to Paula Simmons (Student Welfare Officer) to discover their experiences of using Medical Tracker across the college.



"I can't even choose a favourite feature, I love them all! They save so much time and have improved safety massively."

Paula Simmons, Student Welfare Officer

Paula explained the immediate difference between staff workload and admin hours used to chase parents up for medication approval or notify them of injury.

The whole injury process has been streamlined, as headteachers and other staff members can now be notified of an incident without sending separate emails.

Communication is key

Parents are informed about their child's medication administration, and the college has several Diabetic pupils.

Parents are automatically informed when they take their insulin with the first aiders, logging their levels and dosage.

When it comes to healthcare updates, transparency is crucial, speed is key, and accuracy is vital.

Paula explains that there can be repeat visitors to the first aid rooms throughout the school day, aiming to inform parents every time their child requires medical attention (or even log the frequency of attendance).

Reducing the admin task of manually finding the numbers on SIMS and contacting the parent each time, this is done automatically through email notification.

What have the impacts been?

- 🛡️ Saved school staff significant time costs by automating parent notifications.
- 🛡️ Improved visibility on pupil injury frequency.
- 🛡️ Made creating first aid reports simple and quick.



10/10! I have already recommended Medical Tracker to any school in my network as it is just fantastic. Parents love it!

Paula Simmons, Student Welfare Officer

Areas for further research

Medical Tracker has operated in the school healthcare space since 2015 and remains one of the largest and longest-standing for-profit organisations supporting schools with their healthcare provision.

Despite this study's results on the financial costs of first aid and the analysis of significant research, further sector-wide research is needed to determine the intricacies of healthcare processes and their impact on efforts to improve and increase physical activities among students.

Health tracking impacts on pupil outcomes

The financial analysis is compelling, but this is only half the story. The more important half is the link between health and long-term improvements in attendance, academic attainment and wellbeing.

This research could demonstrate the value of investing in tech and digital adoption, which would not only save money but measurably improve pupil outcomes with more readily available real-time data.

Correlation between incidents and attainment

More research on links between specific incidents and academic attainment could highlight previously hidden links.

Explorations of this data could give leaders an evidence-backed reason to prioritise health interventions over other strategies as a driver of improved academic outcomes.

Socio-economic barriers to physical health awareness.

This paper discussed the link between socio-economic factors and access to health wearables and health tech, influencing children's attitudes towards self-monitoring and evaluation.

If the eighth principle of Public Health England's diagram in Figure 1 is to be taken more seriously, further research is needed into the link between the availability of self-monitoring tools, health literacy and societal economic divides.

Incident types across UK schools.

Nationwide data on trends of playground incidents, classroom accidents, and seasonal incidents can guide prevention at the school, local authority, and national levels.

Research in this area could direct national policy recommendations and reinforce the value of consistent, digital incident logging.

ROI beyond financial costs.

This study's current figures focus on direct, quantifiable cost savings. Beyond this, the cost of indirect impacts is still largely anecdotal.

Research into the tangible benefits of faster, more informative parent communications, reduced workload burdens, and improved medical responses could shift schools towards safer processes at a much faster rate.

Conclusions

Creating a health intelligence framework

Schools in the UK face a complex mix of macro-environmental factors, adding daily pressures as they support our children's health. While these factors are outside their control, this research paper has shown that leaders still have significant power to enhance pupil health outcomes; schools can look to processes, data, and culture within the school gates.

The eight principles of promoting good physical health highlight an underutilised opportunity: creating a health intelligence framework that uses health and first-aid data to respond to incidents and anticipate and prevent them. From tracking seasonal illness patterns to understanding the links between health interventions and other wellbeing signals, schools can turn their existing records into a powerful strategic lever to improve their performance.

The financial analysis shows the scale of savings when moving from the prevalent paper-based processes to digital healthcare platforms. These savings can be reinvested into proactive measures and curriculum-linked healthcare education, all of which can mitigate the macro-environment's ever-present threats.

By combining:

- Robust real-time monitoring
- Regular retrospective evaluations
- Data-informed decision making
- Curriculum-integrated health literacy
- Investment in digital healthcare tools

Schools can create a sustainable, school-wide approach to student health. This is not about a quick fix or choosing tech for tech's sake. This paper highlights the need to embed a culture of health awareness, prevention, and accountability that is resilient against the ever-changing public health landscape and seemingly ever-diminishing provisions of healthcare professionals.

The next step is clear:

Leaders and decision-makers must view physical health and first-aid provision as a strategic priority, not a reactive necessity. By acting now, before the next budget cycle, the next flu season, or the next pandemic, schools can secure the wellbeing of their pupils and staff and the stability of their resources.

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Appendix

Figure 1 - Stationery cost analysis

Nursery/Infant/Junior/Primary Schools [Early Phase]

Sample size = **846**, consisting of a random selection of schools that have used Medical Tracker for three or more years.
Number of medical records for these schools = **9,362,961** (inclusive of all medical incidents as well as medicine administrations)
Average incidents per school = **11,067**
Average incidents per school, per year = **2,287**
Average incidents per school, per week = **60**
The average number of incidents per school, per day (5 days in a school week) = **12**

Medical stationery

According to multiple sources, a typical paper accident book can contain 50 pages, meaning an early-phase school needs, on average, **46** paper accident books per school year - assuming no mistakes and duplications. Conservative estimates for a typical paper accident book start at £3 but can rise to £12 in some cases, which equates to a minimum of **£180 per year** in accident books or a **maximum of more than £500**.¹⁴

Assumptions associated with admin responsibilities.

Through customer testimony, industry insight and first-hand experiences, we assume a conservative estimate of 5–15 minutes of admin time per first-aid incident. These admin tasks include:

- Writing up accident/incident reports.
- Filling out medication forms.
- Filing and photocopying documents.
- Communicating with parents/carers.
- Preparing compliance reports for audits/inspections.
- Logging incidents into a central system manually (if applicable)

Assumptions associated with photocopying

There are no concrete estimates of how much early-phase settings spend on photocopying. However, reputable evidence suggests that secondary schools spend a modest estimate of ~£20,000 per year. This includes all photocopying: curriculum resources, communications, admin, etc.¹⁵

We will assume that our average early-phase setting size for this study will spend ~25% of the later-phase setting expenditure on total photocopying, equalling **~£5,000 per year**. Using assumptions about typical admin responsibilities for first-aid, we estimate a reasonable range of between 3% and 5% (conservative to moderate) of all photocopying will be used for first aid and healthcare purposes (this includes the cost of ink and paper):

3% = £150

5% = £250

Assumptions associated with medical record disposal

Shredding services vary significantly across different waste disposal companies, and bespoke quoting is usually needed for unique requirements. In a school context, medical record disposal requirements are likely infrequent but large-scale.

Therefore, research suggests that an average one-off shredding service costs a **minimum of £125+VAT**. While several factors influence this cost, the more frequently the service is required or the number of records needing to be shredded, the cost increases.¹⁶

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Figure 2 - Admin workload analysis

Nursery/Infant/Junior/Primary Schools

Average incidents per school, per year = **2,287**

Assuming an average time associated with admin tasks outlined in Figure 1.

[Incidents per year: 2,287] [Time per incident: 5 – 15 minutes = 0.08–0.25 hours] =

Lower-bound estimate (5 mins per incident):

$$2,287 \times 0.08 = 182.96 \text{ hours per year}$$

Annual total

Healthcare professionals, first-aiders and other office/administrative staff completing first-aid tasks spend, on average:

182.96 hours completing admin tasks per year

Per school week (39 weeks)

Across an average school year, assuming 39 full weeks of attendance, this equates to:

4.7 hours completing admin tasks per week

Percentage of full-time employment

Across an average school week, assuming 37.5 contracted hours, this equates to:

12.5% of one staff members full time role is spent on admin work.

Upper-bound estimate (15 mins per incident):

$$2,287 \times 0.25 = 571.75 \text{ hours per year}$$

Annual total

Healthcare professionals, first-aiders and other office/administrative staff completing first-aid tasks spend, on average:

571.75 hours completing admin tasks per year

Per school week (39 weeks)

Across an average school year, assuming 39 full weeks of attendance, this equates to:

14.7 hours completing admin tasks per week

Percentage of full-time employment

Across an average school week, assuming 37.5 contracted hours, this equates to:

39.1% of one staff members full time role is spent on admin work.

Figure 3 - Stationery cost analysis

Secondary/All-through [Late Phase]

Sample size = **202**, consisting of a random selection of schools that have used Medical Tracker for three or more years.

Number of medical records for these schools = **2,865,846** (inclusive of all medical incidents as well as medicine administrations)

Average incidents per school = **2,759**

Average incidents per school, per year = **2,722**

Average incidents per school, per week = **72**

Average incidents per school, per day (5 days in a school week) = **14**

Medical stationery

According to multiple sources, a typical paper accident book can contain 50 pages, meaning an early-phase school needs, on average, **54** paper accident books per school year - assuming no mistakes and duplications. Conservative estimates for a typical paper accident book start at £3 but can rise to £12 in some cases, which equates to a minimum of **£210 per year in accident books** or a **maximum of close to £600**.

Assumptions associated with admin responsibilities.

Through customer testimony, industry insight and first-hand experiences, we assume a conservative estimate of 5–15 minutes of admin time per first-aid incident. These admin tasks include:

- Writing up and documenting accidents and behavioural incidents.
- Complex documentation (multi-page forms, parent/carer communications, health plans).
- Admin staff and first-aiders may be more spread across the school, leading to duplicated paperwork.
- Chasing parent/carer details to ring home or chase.
- Chasing students for medication or updates for parent/carer approvals.
- Restrospective form filling after accidents/incidents have taken place.

Assumptions associated with photocopying

There are no concrete estimates of how much secondary schools spend on photocopying. Based on research, the estimated cost would be **~£20,000 per year**. This includes all photocopying, including curriculum resources, communications, admin, etc.

To estimate the portion related to first-aid and healthcare in late-phase settings, we can use assumptions about typical admin responsibilities to presume a reasonable range. Therefore, we estimate that between 2% and 4% (conservative to moderate) of all photocopying will be used for first aid and healthcare purposes (this includes the cost of ink and paper):

2% = £400

4% = £800

Assumptions associated with medical record disposal

Shredding services vary significantly across different waste disposal companies, and bespoke quoting is usually needed for unique requirements. In a school context, medical record disposal requirements are likely infrequent but large-scale.

Therefore, research suggests that an average one-off shredding service costs a **minimum of £125+VAT**. While several factors influence this cost, the more frequently the service is required or the number of records needing to be shredded, the cost increases.

Figure 4 - Admin workload analysis

Secondary/All-through

Average incidents per school, per year = **2,722**

Assuming an average time associated with admin tasks outlined in Figure 1.

[Incidents per year: 2,722] [Time per incident: 5 – 15 minutes = 0.08–0.25 hours] =

Lower-bound estimate (5 mins per incident):

$$2,722 \times 0.08 = 217.76 \text{ hours per year}$$

Annual total

Healthcare professionals, first-aiders and other office/administrative staff completing first-aid tasks spend, on average:

217.76 hours completing admin tasks per year

Per school week (39 weeks)

Across an average school year, assuming 39 full weeks of attendance, this equates to:

5.58 hours completing admin tasks per week

Percentage of full-time employment

Across an average school week, assuming 37.5 contracted hours, this equates to:

14.9% of one staff members full time role is spent on admin work.

Upper-bound estimate (15 mins per incident):

$$2,722 \times 0.25 = 680.5 \text{ hours per year}$$

Annual total

Healthcare professionals, first-aiders and other office/administrative staff completing first-aid tasks spend, on average:

680.5 hours completing admin tasks per year

Per school week (39 weeks)

Across an average school year, assuming 39 full weeks of attendance, this equates to:

17.45 hours completing admin tasks per week

Percentage of full-time employment

Across an average school week, assuming 37.5 contracted hours, this equates to:

46.5% of one staff members full time role is spent on admin work.