

# Ashfield Primary School

## First Aid Policy



### **Guidelines**

#### **Child unwell**

If a child is feeling unwell, staff will use their discretion to decide whether the child should be sent home.

In the event of any uncertainty, it may be helpful to discuss with another member of staff or first aider.

For minor cuts and bruises, first aid will be given and the child will be observed if necessary.

In the case of a more serious injury, a first aid trained member of staff will check the child over and administer first aid as required.

#### **Medicines in School**

**Medicines will only be given to a child following completion of a medication request form.**

Please see Managing Medication and Medical Conditions Policy for more information.

#### **Training**

Several school staff are trained in First Aid and this training is renewed every three years. Paediatric and Adult First Aiders receive more in-depth First Aid training.

A record of all staff First Aid training is maintained on SIMS.net Personnel Manager by the school office.

#### **First Aid Kits**

A basic first aid kit is stored in Year 1 cloakroom next to the playground and can be used by playtime staff so that accidents can be quickly attended to in the playground wherever possible; injuries requiring greater attention are dealt with by a first aider near the office or in the work space near the ICT suite at lunchtime. First aid supplies are stored in the cupboard outside the school office. Ice packs are stored in the freezer in the cold room or in the medicines fridge in the staff room.

A first aid kit and first aider must ALWAYS be taken on activities off site. First aiders check first aid kits before visits and restock if needed on arrival back in school. First aid resources will be checked and re-stocked each half term in the central first aid cupboard.

#### **Injuries**

The nearest adult on the playground should deal with minor grazes on the spot. Open or deeper cuts, head injuries and any other more serious injuries should be treated indoors, if it is safe to move the child.

The first aid log should be completed, at the first aider's discretion, but **always** for a head bump, and the note passed to class staff to send home.

1. In the case of any injury deemed to be more than an ordinary bump or scrape, a CF50 form must be completed by the person who first dealt with it and handed to the head teacher, before being sent to the local authority (see also below).

## **Bumped heads**

Any bump to the head, no matter how minor it may appear, should be treated seriously. All bumped heads should be treated with an ice pack in the first instance. Parents and carers must be informed by using the standard head note, which also records it in the first aid book, and sent home in every instance. The child's teacher should be informed and keep a close eye on the progress of the child. On the head bump note is advice to consult doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home.

## **Choking Risk and Response**

Choking is a serious risk and can occur when food, small objects, or other materials obstruct the airway. Staff are encouraged to ensure that children are supervised during mealtimes and that foods are cut into appropriate sizes to reduce the risk of choking. Parents should not send packed lunches with foods which are particular choking hazards.

Staff will call for help immediately if a child is choking. First Aid Staff are trained to recognise the signs of choking and react appropriately.

## **Record Keeping**

A First Aid book is kept in the school office.

This book should be completed at the first aider's discretion, for any injury where parents should be informed.

Completed Accident Book records are archived by a member of office staff. All staff are responsible for ensuring that forms are correctly and fully completed.

For major accidents, including those which have required treatment at a minor injuries unit, a CF50 form must be completed within 24 hours of the accident. This needs to be signed by the head teacher, a copy taken and saved to the child's file on Arbor, a copy to the parent and the original copy forwarded to Collaborative Learning Trust. Where an injury has occurred as the result of an assault, a CF50a must be completed instead and processed in the same way. Copies of both these forms are available in the office.

## **Anaphylaxis**

There may be children in our school who suffer from severe allergies. They will be made known to all staff and a healthcare plan compiled, in conjunction with the family and healthcare professionals. However people without known allergies can have an anaphylactic reaction. This plan will be reviewed annually and any training needed will also be carried out by the school nursing team, arranged by the head teacher or school administrator for all staff. Clear instructions are contained in the boxes which are held in the relevant classrooms.

## **Calling the emergency services**

In the case of major accidents, it is the decision of the most senior member of the Leadership team on site, along with a first aider, if the emergency services are to be called.

**Review Date: Spring 2028**

**Associated Policies:**

- Managing Medications & Medical Conditions Policy
- Intimate Care Policy

**Appendix 1**  
**Appendix 2**

*Form CF / 50*  
**Report Of An Accident, Injury  
Or Dangerous Occurrence**

**CF/50/Rev 2016**  
Tel: (0113) 378 8298

**Notes**

- 1. This form is for reporting ALL incidents (not including violence), dangerous occurrences and accidents involving ANY person**
2. ALL relevant parts should be completed and sent to [Richard.BlackmoreHolmes@collaborativelearningtrust.co.uk](mailto:Richard.BlackmoreHolmes@collaborativelearningtrust.co.uk) immediately after the incident.
3. In cases of accidents resulting in death, broken bones, amputation, dislocation, eye injury, loss of consciousness, acute illness or immediate admission to hospital, or in the event of a Dangerous Occurrence **telephone 0113 247 5763 IMMEDIATELY**
4. In cases involving violence please complete form CF/50a – Report of an assault / violent incident

**PERSON INJURED:** Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Registered Disabled Person YES/NO

Category of person: Employee  Pupil  Visitor  Contractor  Passer By

Employee Details: School/base \_\_\_\_\_ Pay No. \_\_\_\_\_ Occupation \_\_\_\_\_

Pupil Details: School \_\_\_\_\_ Year/ class \_\_\_\_\_

**Details of Incident**

Date of incident: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Time \_\_\_\_\_ am / pm

Was person taken direct to hospital from the scene of the accident? **YES / NO**

**Will injury prevent member of staff from normal working capacity for more than 3 days following the date of the incident?** YES / NO

**Will injury prevent member of staff from normal working capacity for more than 7 days following the date of the incident?** YES / NO

**Exact Location of incident (e.g. classroom no., hall, playing field, corridor no., playground etc.)**

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State what happened as fully as possible:

Did the condition of the premises contribute to or cause the accident (e.g. trip in playground due to damaged surface)?  
**YES / NO**

If **YES** please give details:

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Witnesses – names & addresses

1. \_\_\_\_\_

2. \_\_\_\_\_

### Type of Injury

Amputation	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	Electric shock	<input type="checkbox"/>	Multiple	<input type="checkbox"/>	Sprain / Strain	<input type="checkbox"/>	Near Miss	<input type="checkbox"/>
Break / Fracture	<input type="checkbox"/>	Cut / Abrasion	<input type="checkbox"/>	Irritation	<input type="checkbox"/>	Poisoning	<input type="checkbox"/>	Swelling / bruise	<input type="checkbox"/>		
Burn / Scald	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>	Mark	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	None Stated	<input type="checkbox"/>		

Other – please state \_\_\_\_\_

### Part of Body Affected

Arm	<input type="checkbox"/>	Back	<input type="checkbox"/>	Finger	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Internal	<input type="checkbox"/>	Multiple	<input type="checkbox"/>	Neck	<input type="checkbox"/>	Torso	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	Eye	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Head/ face	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Muscular	<input type="checkbox"/>	Toes	<input type="checkbox"/>	Wrist	<input type="checkbox"/>

Other please state \_\_\_\_\_ None stated  Left  Right

### Cause of injury

Animal	<input type="checkbox"/>	Drowning	<input type="checkbox"/>	Fall above 2 m	<input type="checkbox"/>	Hit by object	<input type="checkbox"/>	Physical Education	<input type="checkbox"/>	Vehicle	<input type="checkbox"/>
Bite	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Fall Below 2 m	<input type="checkbox"/>	Illness	<input type="checkbox"/>	Slip / trip	<input type="checkbox"/>	Trap in door	<input type="checkbox"/>
Collision	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Intervention	<input type="checkbox"/>	Spillage	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Glazing	<input type="checkbox"/>	Fighting	<input type="checkbox"/>	Crush/trap	<input type="checkbox"/>	Substance	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>		

Other –please state: \_\_\_\_\_

### Initial Investigation details

Has the school carried out an investigation to establish the cause of the accident	<b>YES / NO</b>
If YES please state who to contact for details _____	
Has any action been taken or is action proposed to be taken to prevent recurrence?	<b>YES / NO</b>
If YES please give brief details: _____	

### Data protection declaration

“Under the terms of GDPR 2018 we must inform you of the following. By signing this form you are giving your consent to Leeds City Council to process your data. The processing involved will be for the purpose of monitoring health and safety in Leeds City Council in accordance with relevant legislation. This may involve the sharing of the information you provide with local regulatory bodies.

I consent to Leeds City Council processing the information detailed in this form. I understand that this will be used by the company in pursuance of its business purposes and my consent is conditional upon Leeds City Council complying with their obligations under GDPR 2018.”

Print Name of person completing this form _____
Signature of person completing this form _____ Date _____
If the form has not been completed by the person who has had the accident have they been consulted with and provided with a copy of this form? <b>YES / NO</b> They will also need to countersign the declaration above.

Headteacher / Manager/ Head of Department name \_\_\_\_\_

Headteacher / Manager/ Head of Department Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this form to [Richard.BlackmoreHolmes@collaborativelearningtrust.co.uk](mailto:Richard.BlackmoreHolmes@collaborativelearningtrust.co.uk) as soon as possible.**

**REPORT OF AN ASSAULT / VIOLENT INCIDENT**

**NOTES**

1. This form is for reporting **ASSAULTS** and **VIOLENT INCIDENTS** to any employee of **Ashfield Primary School**
2. ALL relevant parts should be completed and sent to [Richard.BlackmoreHolmes@collaborativelearningtrust.co.uk](mailto:Richard.BlackmoreHolmes@collaborativelearningtrust.co.uk) immediately after the incident.
3. In cases where a member of the public – but not a pupil – is violent or aggressive and the school wishes details to be forwarded to Legal Services the Personnel Officer for the school should be contacted immediately.
4. All other accidents and incidents should be reported on report form CF/50 Report of an Accident, Injury or Dangerous Occurrence.

**Person subject to violence**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Registered Disabled Person YES / NO

Employee Details: School/ base \_\_\_\_\_ Pay No. \_\_\_\_\_ Occupation \_\_\_\_\_

**Details of Incident**

**Date of incident:** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Time \_\_\_\_\_ am / pm

Was the subject injured? **YES / NO**

If **YES**, give brief details of injury received

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**Will injury prevent member of staff from normal working capacity for more than 3 days following the date of the incident?**  
**YES / NO**

**Will injury prevent member of staff from normal working capacity for more than 7 days following the date of the accident?** **YES / NO**

**Exact Location of incident (e.g. classroom no., hall, playing field, corridor no., playground etc.**

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Summarise what happened (e.g. "pupil swore at teacher" or "parent threatened members of staff"):

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Details of alleged assailant (if known)  
Name: \_\_\_\_\_

Address \_\_\_\_\_

Male/ Female \_\_\_\_\_ Approx or known age \_\_\_\_\_ Have there been previous incidents concerning this person **YES / NO**

Witnesses – names & addresses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Type of Incident**

Verbal Abuse <input type="checkbox"/>	Threat (s) <input type="checkbox"/>	Physical assault – no injury <input type="checkbox"/>	Physical assault – injury sustained <input type="checkbox"/>
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**Part of Body Affected if physical assault**

Arm <input type="checkbox"/>	Back <input type="checkbox"/>	Finger <input type="checkbox"/>	Hand <input type="checkbox"/>	Internal <input type="checkbox"/>	Multiple <input type="checkbox"/>	Neck <input type="checkbox"/>	Torso <input type="checkbox"/>
Ankle <input type="checkbox"/>	Eye <input type="checkbox"/>	Foot <input type="checkbox"/>	Head / face <input type="checkbox"/>	Leg <input type="checkbox"/>	Muscular <input type="checkbox"/>	Toes <input type="checkbox"/>	Wrist <input type="checkbox"/>
Other please state _____		None stated <input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>			

**Additional information**

**Please give a more detailed account of what happened including any relevant events leading up to the incident and details of any property damage, verbal abuse and anti-social behaviour – use additional sheets if necessary and attach them to this form.**

**Police notification**

Have the police been notified? YES / NO  
 If YES please give details of the Name, Number and Station of Officer(s) concerned

**Initial Investigation details**

Has the school carried out an investigation into the underlying cause of the incident? YES / NO  
 If YES please state who to contact for details \_\_\_\_\_

Has any action been taken or is action proposed to be taken to prevent recurrence? YES / NO  
 If YES please give brief details: (e.g. “school has excluded pupil for 3 days” or “Legal Services have been informed”)

**Data Protection declaration**

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I consent to Leeds City Council processing the information detailed in this form. I understand that this will be used by the company in pursuance of its business purposes and my consent is conditional upon Leeds City Council complying with their obligations under GDPR 2018.”

Print Name of person completing this form \_\_\_\_\_

Signature of person completing this form \_\_\_\_\_ Date \_\_\_\_\_

If the form has not been completed by the person who has had the accident have they been consulted with and provided with a copy of this form? If so has the person counter signed the declaration above? YES / NO

Headteacher / Manager/ Head of Department name \_\_\_\_\_

Headteacher / Manager/ Head of Department Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this form to [Richard.BlackmoreHolmes@collaborativelearningtrust.co.uk](mailto:Richard.BlackmoreHolmes@collaborativelearningtrust.co.uk) as soon as possible.**