



Micklefield C of E Primary Academy
COLLABORATIVE LEARNING TRUST



Learning and Growing Together, With Faith, Hope and Love

Micklefield CE Primary Academy

First Aid Policy

2023-2026

Guidelines

Child unwell

If a child is feeling unwell, staff will use their discretion to decide whether the child should be sent home. The final decision will be made by a member of SLT.

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 by the Office Manager.

First Aid Kits

A basic first aid kit is stored in each classroom 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. First aid supplies are stored in the cupboard in the school office. Ice packs are stored in the all freezers across school.

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 for all incidents, but **always** for a head bump, and the note passed to class staff to send home. A phone call home for all head bumps must be made to the parent/carer.

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.

Record Keeping

A First Aid book is kept in the school office.

This book should be completed for any injury.

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 Local Authority. 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.

Related policies:

- Managing Medications & Medical Conditions Policy
- Intimate Care Policy

Form CF / 50

Report Of An Accident, Injury Or Dangerous Occurrence

Notes

1. This form is for reporting ALL incidents (not including violence), dangerous occurrences and accidents involving ANY person on premises controlled by Leeds City Council and/or to any employee of Leeds City Council on ANY premises.
2. ALL relevant parts should be completed and sent to Schools HS&W Team, **Schools HS&W Team, 2nd Floor West, Civic Hall, Leeds, LS1 1UR** 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 <input type="checkbox"/>	Pupil <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Passer By <input type="checkbox"/>
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.)

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:

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	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: _____	

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? YES / NO 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 Schools HS&W Team, 2nd Floor West, Civic Hall, Leeds, LS1 1UR 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 Leeds City Council on **ANY educational premises**.
2. ALL relevant parts should be completed and sent to Schools HS&W Team, **Schools HS&W Team, 2nd Floor West, Civic Hall, Leeds, LS1 1UR** 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

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.

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

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

"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? 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 Schools HS&W Team, 2nd Floor West, Civic Hall, Leeds, LS1 1UR as soon as possible.

Medical Form - Parental Agreement for Micklefield CE Primary Academy Staff to Administer Prescribed Medication

The Trust has a comprehensive policy that covers the requirement for staff to administer medicine to a student (as and when required). However, staff will not administer any medicine/medications to any student unless this form is completed and signed in full by the parent/carer.

Name of Student _____

Date of birth _____

Class _____

Medical condition/illness _____

Note: Medicines must be in the original container as labelled and as dispensed by the pharmacy.

Name/Type of Medicine (as described on the container): _____

Quantity (of tablets/tubes/bottles): _____

Date dispensed: _____

Expiry date: _____

Dosage and method: _____

Timing: (when to be given) _____

Special Instructions/Precautions: _____

Are there any side effects that the Trust establishment needs to know about? _____

Procedures to take in an Emergency: _____

Parent / Carer Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Student: _____

GP Surgery and Telephone number: _____

The information provided on this form is, to the best of my knowledge, accurate at the time of writing and I give consent to the Academy staff to administer medicine in accordance with the Trust policy (Managing and Administering Prescribed Medication).

I will inform the Academy immediately, in writing, if there is any change in the dosage or frequency of the medication or if the medicine is to be stopped.

If more than one medicine is to be given, a separate form should be completed for each one.

I understand that I must deliver the medicine personally to the Academy and accept that this is a service that the Academy Staff are not obliged to undertake.

I understand that I must notify the Academy of any changes in writing.

Date: _____

Signature(s): _____

Name: _____

Relationship to student: _____