



HANFORD PREP

First Aid Policy



Executive Summary

This policy outlines the policy, procedures and practical arrangements for First Aid at Hanford Prep. It includes guidance on the reporting of accidents, staff training and record keeping. Appended are the policy and guidelines relating to the use of an Automated External Defibrillator (AED) and head injuries.

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Introduction

In accordance with the requirements of The Health and Safety (First Aid) Regulations 1981, Hanford Prep (Hanford) aims to ensure that adequate first aid provision is available at all times during term time while staff, pupils, contractors and visitors to the school are on the school's premises and also during off-site visits and activities.

A risk assessment helps to identify the first aid needs of the school in line with the Management of Health and Safety at Work Regulations 1992 and 1999, and the [First Aid in Work - HSE](#) (1981). This First Aid Policy is reviewed annually by the Headmistress and medical staff.

Aims of the School

The aims of the school, as set out in the website are:

- **Fulfilling Potential** - To recognize the breadth of academic capabilities and requirements and enable each pupil to do the very best that she can.
- **Nurturing Talent** - To provide the opportunity, encouragement and support for each pupil to pursue and expand her interests both within and beyond the classroom.
- **Valuing Individuality** - To recognize that each pupil develops at her own speed, with her own interests, abilities and needs; and to maintain the flexibility to respond accordingly.
- **Encouraging Respect** - To help the pupils to look beyond themselves, to learn about living with others, being part of a wider group and taking care of each other's needs.
- **Cherishing Childhood** - To provide the time, the opportunity and the environment for free play.

It is essential that the school has suitable first aid policy and procedures if it is to meet these aims without compromising the health and safety of the pupils.

Roles and Responsibilities

Governors

The Governors are accountable for the First Aid Policy, but responsibility is delegated through the Head.

The Head

The Head is responsible for ensuring that:

- the health and safety of Hanford's employees and anyone else on the premises is maintained, including the teachers, non-teaching staff, pupils, visitors, and contractors
- a risk assessment of the school is undertaken and that the appointments, training, and resources for first aid arrangements are appropriate and in place
- the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ
- Hanford's First Aid Policy is put into practice
- the school's Health and Safety Policy, including arrangements for first aid, is made available to parents
- members of staff undertake necessary risk assessments indicating an awareness of hazards in the areas for which they are responsible
- members of staff are informed about the school's first-aid arrangements through staff meetings and notices, emails, and information in the Staff Handbook

- Hanford provides sufficient and appropriate resources and facilities for first aid provision.

The School Doctor

The School Doctor oversees all medical policies:

Dr. Lucy Purcell, The Blandford Group Practice. Telephone: 01258 452501

Appointed Person - The School Nurse on Duty

The School Nurse on Duty:

- is Hanford's Appointed Person
- takes charge when someone is injured or becomes ill
- looks after the first aid equipment e.g. restocking the First Aid Boxes
- ensures that an ambulance or other professional medical help is summoned when appropriate
- gives immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- makes necessary arrangements for emergency visits to dentists, optometrists etc. when appropriate.

First Aiders

Hanford exceeds the recommended number of certified First-Aiders (which is one per 100 pupils/staff). Hanford appoints the appropriate number of suitably trained people as Nurses and First Aiders to meet the needs of the school. See separate list of First Aiders ([Appendix 4](#)).

The main duties of the first aider are to:

- gives immediate help to casualties with common injuries or illnesses and those arising from special hazards at school, when the Nurse is not immediately to hand; and
- ensures that an ambulance or other professional medical help is called when necessary.

Practical arrangements for First Aid at the point of need

The Surgery

The Surgery is based on the first floor of the Main House, adjacent to Matron's Sit (NSMS B3.2 B311). There is also a three bedded Sick Room, with its own washbasin and bathroom reserved for pupils in the Sick Room.

During the day there is a School Nurse on duty and a trained First Aider based in the boarding houses.

The Nurse on Duty is responsible for the care and welfare of pupils when they are in the Sick room. At other times, the matron, whose accommodation is above the Sick Room, assumes that responsibility.

The school Nurse is usually on duty in the Surgery through the day from 07.30 until 17.30, Monday to Friday and at certain times on most Saturdays. Senior members of the boarding staff, who have attended training in first aid cover in the absence of the Nurses.

Risk Assessments

These are carried out regularly for on-site locations and activities and before any outing or off-site activity.

The nursing team considers the needs of specific times, places, and activities in deciding on first aid provision.

- PE and games (on-site and off-site)
- School trips
- Science labs
- Handwork/Pottery/Art rooms
- Stables

First Aid Boxes

- All first-aid containers are marked with a white cross on a green background
- The school mini bus carries a First Aid Box
- For off-site trips, members of staff take a First Aid Box with them.
- First Aid containers are available in the Surgery, kitchen, pantry, the Gym, Science Laboratories, Handwork, and the Music School.
- The school Nurses are responsible for checking and restocking the first-aid containers termly and if they have been used.

Arrangements for pupils with special medical needs

Equal Opportunities: The school will take particular care with the first aid provision for disabled staff and pupils. When required risk assessments are requested by the Head.

Special Medical Needs: The Nurses provide information about the pupils' medical conditions and keep the Allergies List and the list of pupils who self-medicate up to date. This list is circulated termly or more often if necessary.

First Aid Procedures for People with Particular Medical Conditions: See Appendix C attached to this document.

Procedures following an Incident

Minor

Pupils are escorted to the Surgery or Matrons' Sit where they will find the Nurse or senior member of the boarding staff on duty.

Major

Pupils requiring further medical attention are taken to the A&E at Dorchester/Salisbury or Poole Hospitals.

Emergency

- Hanford's Safety Code of Practice is displayed in all departments.
- Nurses and Boarding Staff would follow the procedures "Guidance on calling an Ambulance."

Accident Reporting

The member of staff present at the time of the accident / near miss will complete the online form. This is visible to the Operations Manager and School Nurse at Hanford and the SSG Head of Health & Safety.

RIDDOR

Hanford keep accident records and reports to the HSE (Health and Safety Executive) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (deaths; major injuries; over-three-day injuries; an accident-causing injury to pupils, members of the public or other people not at work; a specified dangerous occurrence, where something happened which did not result in an injury, but could have done).

Statutory requirements under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) require that serious and fatal accidents must be reported to the HSE without delay. A RIDDOR form must be completed, and the insurers advised. The Head must keep a record of any reportable injury, disease, or dangerous occurrence. This must include: the date and method of reporting; the date, time, and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

Keeping parents informed

The Head, the Nurse on Duty or the Senior Matron contacts parents following a significant incident.

Statutory requirements state that accident records, written or electronic, must be kept for a **minimum of seven years**. The school's central record is combined with the RIDDOR record and individual reports from the Accident Book.

First Aid Provision: Record Keeping

The Nurses keep a record on Isams Medical of any medical treatment given by First Aiders or Nurses. This includes:

- the date, time, and place of incident
- the name (and class) of the injured or ill person
- details of their injury/illness and what first aid was given
- what happened to the person immediately afterwards
- name and signature of the First Aider or person dealing with the incident.

The Headmistress, Matron or Nurse contacts parents following a significant incident.

Staff Training

School Nurses

Relevant training is provided as required by their annual registration. Nurses who are not working for the NHS (National Health Service) are required to undergo relevant three-day first aid training.

Senior Boarding Staff –first aid training every three years.

Specialist training in first aid for Nurse and senior boarding staff is arranged in a three-year cycle. The DSL (Designated Safeguarding Lead), who is first aid trained organizes and carries out the in-house training, assisted by the school nurses.

First Aid - Emergency First Aid

First Aiders hold a valid Certificate of Competence, issued by an organization approved by the HSE. Specialist training in first aid for children is arranged in a three-year cycle.

Evaluation and Monitoring of Provision of First Aid

Risk assessments

Reviews are required to be carried out at least annually by the Nursing Staff to:

- ensure the appointment of an appropriate number of suitably trained people as Nurses and First Aiders to meet the needs of the school
- provide sufficient and appropriate resources and facilities

Re-assessment of first-aid provision

As part of Hanford's annual monitoring and evaluation cycle the school Nurses:

- review the school's first-aid needs following any changes to staff, building/ site activities, off-site facilities.
- monitor the number of trained First Aiders, alerts them to the need for refresher courses and liaises with the Hanford first aid trainer who organizes their training sessions
- monitor the emergency first-aid training received by other staff and organises appropriate training
- check the contents of the First Aid Boxes termly or when they have been used.

Monitoring and reporting

Accident Records are checked by the Operations Manager, Head and the Health and Safety Committee and School Nurses to identify trends and areas for improvement. The records also help to identify training or other needs and may be useful for insurance or investigative purposes.

The Head reports details of major accidents to the Governors on a termly basis.

Literature Reviewed:

- NICE; National Institute for Health and Care Excellence Head Injury (NG232) – Published 18 May 2023
- return2play-Return to Activity & Sport Pathway-Sept 2023
- Diabetes UK
- Resuscitation Council UK
- [First aid in schools, early years and further education - GOV.UK](#)
- [First aid - HSE](#)
- [First aid at work: Guidance on regulations - HSE](#)
- [The Human Medicines Regulations 2012](#)
- <https://www.return2play.org.uk/resources/>

- https://www.diabetes.org.uk/support-for-you/membership?gad_campaignid=13074352736&gad_source=1&gbraid=0AAAAACrE7LKIe09FShxHzUoEVqGzeakh5
- <https://www.resus.org.uk/>

This policy has been written with consideration of:

- HP Supporting Pupils at School with Medical conditions
- HP Diabetes Policy
- HP Medical Guidelines and Administration of Medicines
- SSG Safeguarding and Child Protection Policy

Appendix 1: Summary of changes in Issue 2

- Updates to personnel and 'Literature Reviewed'.
- Former standalone AED Policy has been appended.
- Head Injuries Protocol has been appended (previously in 'First Aid – Medical Guidelines & Administration of Medicines Policy').

Appendix 2: Automated External Defibrillator (AED) Policy

Sudden cardiac arrest (SCA) is a leading cause of premature death in the western world. In the UK there are likely to be approximately 60,000 cases annually with a survival rate to hospital discharge between 2-10%.

Most of the cases of SCA are due to an abnormality of the heart's electrical rhythm called ventricular fibrillation (VF). Death occurs unless the condition is recognised quickly, CPR is commenced and defibrillation is carried out in the shortest possible time. The 'chain of survival' is a series of events which, if put into place will afford the victim's best chance of survival. The first stage is to recognise the collapse and call for help and a defibrillator. The second stage is to start chest compressions whilst waiting for the defibrillator. The third stage is to deploy the defibrillator and give a shock if directed to do so. The fourth and fifth stages are carried out by the emergency services and in hospital.

The acquisition of an AED by Hanford will allow for prompt action within the first 3 links of the chain if such an event occurs in school.

Defibrillator Information

The AED in school is a Powerheart G5 defibrillator. It is contained in an orange case and is ready to use as battery and pads are pre-installed. Advice is available from the device if required during use but it is simple and easy to use.

Maintenance

An AED carries out checks on itself every day so does not require daily maintenance. Weekly checks are carried out by the school Nurse (or others delegated to do so) to ensure that the AEDs and consumables are in order. These checks include checking the green flashing light on the AED to ensure it is working, checking the dates on the spare pads and the date on the spare battery thus ensuring all items are in place and in date.

New pads and battery will be ordered 1 month before the expiry date of the items in the case to allow for delivery time.

AED placement

The AED is situated to the right of the front door near the main school office. It is accessible during the school day 24 hours, seven days a week.

The AED will not be moved to a different location within the school when events are being held. This is so that confusion does not arise as to its whereabouts. All staff and pupils will know where the machine is. The AED will be left in situ throughout the year regardless of term times. This will allow school staff to access the machine during school holidays. Checks during holiday periods will be carried out by designated staff.

Procedure to follow if someone collapses within school

1. Rescuer checks for danger and ensures it is safe to approach
2. Rescuer tries to get a response from the victim and shouts for help
3. Rescuer looks in the victim's mouth, opens the victim's airway and checks for normal breathing for no more than 10 seconds.
4. If the victim is not breathing normally the ambulance must be called. This can be done by a helper responding to the shout for help. If no helper the rescuer must call for the ambulance now.

5. The rescuer commences chest compressions and tells the helper to get help and collect the nearest AED.
6. The helper should go to the school office during school hours and quickly explain the situation – there is someone not breathing normally in xxx. CPR is in progress. An ambulance must then be called and someone designated to go to the gates to direct the crew to the exact spot.
7. The helper must collect the AED and return to the victim and rescuer.
8. The AED is turned on and the instructions are then followed. Scissors are available to cut clothing as the pads must be stuck onto bare skin. Once in place, positioned according to instructions and pictures on the pads, chest compressions stop for analysis of the rhythm by the AED. If VF is detected the machine will charge and tell the user to deliver a shock.
9. Once delivered and it is safe to do so (as ordered by the machine) chest compressions must start again if the victim remains unchanged.
10. Chest compressions will continue for 2 minutes until the AED orders the rescuer to stop for reanalysis and possible further shock. If no shock is required chest compressions must continue unless the victim shows signs of life (coughing, movement etc.).
11. Once the ambulance crew arrives a short history of the event must be given but chest compressions must not stop whilst this is done.
12. Chest compressions are tiring; the rescuer must recognise that they will need to swap with someone else every 2 minutes.

Additional information

The AED is most likely to be used on an adult. It is very unusual for children to suffer SCA unless they have an underlying medical condition predisposing this. The victim may not require a shock if the underlying condition is not medical, but in any case, the use of the AED will improve the chances of survival. It is better to deploy and give a shock than to restrict use of the machine. The machine will not be used on infants aged less than 1 year.

Training

The school nursing staff and those trained in first aid will be trained in the use of the AED. Lack of training (or recent refresher training) is not a barrier to someone using an AED and provided staff/pupils/visitors are prepared to use the AED they should not be inhibited from doing so. Training in the use of the AED is not necessary as the machine prompts the rescuer to act.

Further information

Information regarding current resuscitation guidelines can be obtained from www.resus.org.uk

Information regarding the deployment of AEDs in the community may be obtained from http://www.resus.org.uk/pages/AED_Guide.pdf

Appendix 3: Head Injuries Protocol

To minimize the real and serious risks associated with head injury, which could include brain damage or even death, the following policy will be followed at Hanford:

Any patient who have sustained a head injury should be referred to the emergency services if there have been any of the below risk factors

1. Any child who is thought to have had a head injury even though not knocked out, shall be seen by a nurse / senior matron as soon as possible. A period of not less than two hours' close observation in the Sick Bay will follow unless needing hospital assessment straight away.
2. "If in doubt, sit them out"
3. Any child who has been clinically concussed, (this may or may not have included a period of unconsciousness), shall be forbidden to play any games at all, even informally – for a period of not less than three weeks. In severe concussion this will be extended to at least four weeks and possibly much longer. This will be as directed by the doctor. A concussed child will not be allowed to return to play any games until she has been seen by a doctor and given written permission.
4. 'Games' will also include swimming, P.E. rollerblading, pillow-fighting, horse riding and similar out-of-hours activities in which the risk of further knocks is high.
5. If a child is injured in any match and subsequently taken home by parents without nurse having seen the child, this should be reported to nurse.
6. The nurse / senior matron who responds to the injury must ensure the management plan is communicated to the next shift.
7. The management plan must be documented in the pupil's notes.

Head Injury Guidelines

Rationale

1. To ensure that any pupil sustaining a head injury at Hanford receives the best possible treatment and care, both immediately after injury and in the recovery period.
2. To ensure that all staff are informed:
 - of the needs of any pupil following head injury
 - of signs and symptoms of possible deterioration of the pupil's condition
 - of the mandatory 'off games' period following head injury

Core guidelines

1. Immediate action
2. Observations
3. Decisions on ambulance/hospital admission
4. Information for parents or staff
5. Recovery period

Signs of head injury

The following symptoms may occur any time after a blow to the head

- any loss of consciousness ('knocked out') because of the injury
- a Glasgow Coma Scale (GCS) score of less than 15 on initial assessment
- any focal neurological deficit since the injury
- any suspicion of a complex skull fracture or penetrating head injury
- amnesia for events before or after the injury
- a persistent headache since the injury

- persistent vomiting since the injury (use clinical judgement about the cause of vomiting in children 12 years or under and the need for referral)
- any seizure since the injury
- a high-energy head injury- an injury arising from, being struck by a motor vehicle, a fall from a height of more than 1m or more than 5 stairs, a diving accident
- weakness or tingling/burning in more than 1 arm or in the legs

First aid

Check:

1. Danger to self or patient
2. Response of patient (Can you hear me?)
3. Airway
4. Breathing
5. Circulation

If the patient is unconscious but breathing:

1. Call for help, send for ambulance
2. Check for other injuries particularly to head, face, and neck
3. If possible, with help roll into recovery position. If not possible to move, observe breathing and all vital signs
4. Take a history of the incident from bystanders
5. Look for any of the signs listed above. Watch for change in condition

Additional Observations by Nurses at School

1. Quarter hourly observations for first hour using the neurological chart, The Glasgow Coma Scale.
2. If satisfactory, half hourly observations for the next two hours
3. Any of the 11 signs of head injury should prompt removal to hospital as soon as possible

Notification of Parents and Staff

1. Nurse/matron will **notify the child's parents as soon as possible**. Parents will be given an information sheet to help them care for their child. They will also be notified of the school Policy regarding the off-games period.
2. The Head, Teachers and Games staff will also be notified in order that the child may be protected from further injury upon her return to school.
3. An incident sheet will be completed for the Health and Safety Officer.

Recovery Period

Any child, boarder, or day pupil, who has had a head injury must be monitored for a period following her return to school. Depending on the severity and duration of her head injury this may range from a daily check-up to admission to the sickroom for observation. The aim will be to check that no further damage has taken place in the post-concussion period.

No child will be allowed to return to any form of games until she has been seen by her own doctor and cleared to play. This will be for a period of **not less than three weeks after injury** under School Policy.

Appendix 4: List of First Aiders

As at 1/11/2025 JMY	Location	Tel ext.	Course Date	Renewal Due
QUALIFIED NURSES				
Jane Youngson	Surgery	145	N/A	N/A
Debbie Amphlett	Surgery	145	N/A	N/A
THREE DAY FIRST AID TRAINING				
Amelia Allen	Stables	172	Oct 2025	Oct 2028
Jane Youngson	Surgery	145	Feb 2025	Feb 2028
Debbie Amphlett	Surgery	145	Feb 2025	Feb 2028
Ruth Caldwell	Matron	127/129	Oct 2025	Oct 2028
Lyndsay McKinley-Nichols	Matron	127/129	Feb 2025	Feb 2028
Charlotte Baillie	Riding	194	Feb 2025	Feb 2028
Beverly Mortley	Matron	127/129	Feb 2025	Feb 2028
Susie Askew	Head of Boarding/DSL	127/126	Aug 2024	Aug 2027
ONE DAY TRAINING/HALF DAY REFRESHER COURSE				
Susie Hughes	Staff Room	136	Aug 2025	Aug 2026
Rebecca Melville	Matron	127	July 2024	July 2027
Emergency Response Swimming Pool - Royal Life Saving Society UK				
Stephanie McMillan	Gym/Staff Room	143/130	April 2024	April 2026
Lindsay Curry	Gym/ Staff Room	143/130	April 2024	April 2026
Jane Youngson	Surgery	145	April'24	April'26
Hilary Philips	Office	140	April'24	April'26
Bev Mortley	Boarding	127/129	April'24	April'26