Coastal Learning PARTNERSHIP

First Aid, Supporting Pupils with Medical Conditions and Managing Medication

This policy has undergone an Equalities Impact Assessment in line with the requirements of the Public Sector Equality Duty

Committee:	Resources Committee
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Additional School Procedure - N/A	
Committee:	
Procedure Adopted:	
Review Date:	

Contents

Section One: Introduction, Aims, Roles and Responsibilities

1.1 The aims of this policy are to ensure:

- All schools have adequate and appropriate equipment, facilities and procedures to provide suitable first aid;
- That schools' first aid and medication arrangements are in line with this policy and government guidelines;
- That the first aid and administering medication arrangements are based on a risk assessment of the school's likely requirements, taking into account the size, location of the school and any hazardous activities undertaken;
- Pupils in all schools are supported so that they can play a full and active role in school life, remain healthy, make a positive contribution, achieve their academic potential and achieve economic wellbeing once they have left the school;
- That school communities are inclusive and are able to support and welcome pupils with medical conditions so that no child is denied admission or prevented from taking up a place in a school because arrangements for their medical condition have not been made;
- That all staff understand their duty of care to children and young people especially in the event of an emergency;
- Schools receive training on the impact that medical conditions can have on pupils;
- The importance of medication and care being given and taken as directed by healthcare professionals and parents is being promoted;
- All schools are responsive to the variable demands of an individual's medical condition. Schools should understand that not all children with the same medical condition will have the same needs.

1.2 This policy:

- Sets out the details which will provide a sound basis for ensuring that all pupils with medical conditions receive proper care and support whilst at school;
- Sets out the necessary safety measures to support pupils with medical conditions (including long-term and/or complex needs);
- Defines individual staff responsibilities for pupils' safety in relation to first aid, supporting pupils with medical conditions and managing medication;
- Explains the procedures to ensure the safe management and administration of medicines;
- Will ensure that clear guidance is given with regards to the storage of medication and equipment at school and when on school trips;
- Will ensure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays; and
- Will provide clear communication channels to pupils, parents, carers, staff, governors, healthcare professionals and/or healthcare agencies.

1.3 Legislation and Guidance:

- Section 100 of the Children and Families Act 2014 which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangements for supporting pupils at their school with medical conditions;
- The *Equality Act 2010*;
- *Supporting Pupils at School with Medical Conditions* released in December 2015;
- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel;
- Health and Safety at Work etc Act 1974 (HSWA);
- First aid in schools early years and further education sets out duties relating to first aid;
- The Early Years Foundation Stage (EYFS) Statutory Framework;

- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees;
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training;
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept;
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records.

1.4 Other policies and documentation linked with this policy includes:

- CLP Allergy Policy
- CLP Safeguarding and Child Protection Policy and Procedures;
- CLP Health and Safety Policy;
- School Anti-Bullying and Behaviour Policies;
- School SEND Policy and Information Report;
- School Accessibility Plan.

2. Review

2.1 The Trust Board will review this policy every three years or earlier if necessary.
2.2 The Head of Operations will review the implementation of this policy and local arrangements annually or as required.
2.3 Headteachers will review local implementation and arrangements annually or more frequently if required.

3. Roles & Responsibilities

3.1 The **Trust Board** is responsible for ensuring:

- An appropriate and compliant First Aid & Supporting Pupils with Medical Conditions and Managing Medication Policy exists and is reviewed every three years or when statute/guidance changes and/or following an accident/incident;
- The appointment of a Competent Person (H&S Policy refers);
- That adequate insurance arrangements are in place including liability insurance to cover accidents to pupils and visitors as well as staff;
- Pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

3.2 The **Local Governing Body** is responsible for:

- Ensuring there are adequate provisions for the training needs of all staff in relation to this policy;
- Providing a suitable and sufficient first aid space where the assessment of first aid needs identifies this as necessary. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed;
- Ensuring that staff are appropriately consulted and trained;
- Receiving and considering reports from their Head teacher or someone delegated by them;
- Ensuring that accident records are kept as required in the CLP Health and Safety Policy, and reported to the HSE as required;
- Ensuring that any HSE reportable accidents are also reported to the central team for review and so that policy implications can be considered.

3.3 The **Chief Financial Officer** is responsible for ensuring:

- Sufficient budget is allocated to enable the delivery of required training.
- Sufficient budget is allocated to procure spare salbutamol inhalers and spare adrenaline auto-injectors and to ensure that budget is allocated to keep these in date.
- Schools provide sufficient funding for first aid provision

3.4 The **Head of Operations** together with the **Compliance and Estates Manager** is responsible for:

- Monitoring the implementation of this policy.
- Escalating non-compliance to the Headteacher.
- Escalating persistent non-compliance to the CEO who will act on behalf of the Trust Board.
- The Head of Operations will ensure contract monitoring arrangements are in place to ensure appointed / in-house school caterers adheres to legislation and guidance, including with regard to the control and management of allergens.
- Putting in place incident reporting arrangements – these are defined in the Health and Safety Policy.

3.5 The **Lead Practitioner for Inclusion** is responsible for the Individual Healthcare Plan (IHP) process across the trust.

3.6 The **Headteacher** is responsible for the effective implementation and monitoring of this policy in their school and will ensure:

- A referral to the SENDco is made for pupils with medical conditions who are finding it difficult to keep up educationally;
- A Designated First Aid Lead is appointed;
- A Mental Health First Aider is appointed;
- The name of the Designated First Aid Lead is informed to the Local Governing Body and is displayed in communal staff areas including the front office and staff room and on all displayed lists of first aiders;
- Ensuring a stock of spare salbutamol and adrenaline auto-injectors is maintained; this duty may be delegated to the Lead First Aider.
- The Designated First Aid Lead receives adequate initial and refresher training in order to deliver this role effectively and safely;
- A deputy Designated First Aid Lead is appointed and is able to work with and support the Designated First Aid Lead to ensure continuity in the event of absence.
- A member of staff is appointed to maintain oversight of the support for pupils with medical conditions and that the school ensures an Individual Healthcare Plan (IHP) is in place for all such pupils. (This may be the Designated First Aid Lead person.);
- The first aid needs of their school are determined, taking into account, among other things, the number of employees, size, location and work activity using the risk assessment process described in Section Two;
- There are sufficient trained staff to meet statutory requirements and risk assessed needs, including making an allowance for staff who may be on sick leave or off-site;
- The school community are informed of the arrangements that have been made for the provision of first aid, including the location of equipment, facilities and personnel; and
- Suitable first aid arrangements for off-school activities e.g. school excursions are in place.
- All medical and allergy incidents are investigated, improvements identified and best practice shared with the Head of Operations to enable review of policy and procedures.

3.7 The **Designated First Aid Lead** is responsible for:

- Working with the deputy Designated First Aid Lead to ensure knowledge and continuity in the event of absence.
- Facilitating communication with all parties and ensuring that the school meets the needs of all those identified with responsibilities in this policy;
- Collating information provided by parents and maintaining a list of all pupils with medical conditions;
- Developing individual healthcare plans following CLP processes and notifying all staff who need to know of an individual child's medical condition and are aware of any updates to the individual's situation;
- Ensuring all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- With the head teacher, ensuring there are sufficient number of appropriately trained numbers of staff available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations*;*
- Ensuring contact arrangements for the school nursing service are in place;
- Ensuring that first aid and medical advice is available in the schools, and that training for staff and volunteers on first aid, medical conditions, arrangements and how medical conditions may affect the education of individual pupils;
- Ensuring safe secure storage of medication;
- Ensuring that prescribed and non-prescribed medication is administered appropriately;
- Ensuring that detailed records of medication administered and general record keeping in relation to pupils with medical conditions is strictly kept up-to-date;
- Ensuring that all parents are aware of the school's policy and procedures for dealing with medical needs;
- Reporting regularly to the Head teacher who will then report to the LGB;
- Ensure that the first aid provision is adequate and appropriate;
- Carry out appropriate risk assessments in liaison with the Head teacher or other relevant staff member;
- Ensure that appropriate training is provided and monitor the competence of first aiders;
- Ensure that the equipment and facilities are fit for purpose and first aid kits are regularly re-stocked and best before dates checked (See Appendix D);
- Ensure that any reportable incidents (RIDDOR) are reported to the HSE as well as logged in the H&S Management System and reported to the central team*;*
- Ensure that an ambulance or other professional medical help is summoned when required;
- Ensure that all staff know the procedures for calling for first aid and their duties towards any person requiring first aid; and
- Regularly keep the Head teacher informed of the implementation of the policy.

The Designated First Aid Lead may also hold the **Lead Allergy** role.

3.8 The **Educational Visits Co-Ordinator** is responsible for:

- Reviewing any risk assessments carried out by the lead member of staff before any out-of-school visit. (The needs of pupils with medical conditions must be considered during this process and plans put in place for any additional medication, equipment or support that may be required);
- Ensuring that arrangements are in place for safeguarding pupils during off-site activities.

3.9 **All Staff** are responsible for:

- Knowing the arrangements and following the trust and school procedures;
- Knowing how to call for help in an emergency (this includes temporary and support staff); and
- Reporting any problems to the Designated First Aid Lead or other person appointed to support pupils with medical conditions and oversee the administration of medication.

- All staff in charge of pupils (including volunteers) must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in the same way that parents would be expected to act towards children.
- Trained staff may take action beyond the initial management stage. Other staff must provide assistance only to the level of qualification or competence they possess.

3.10 **Parents/carers/guardians** are responsible for:

- Making sure that their child attends school, if they are well enough to do so;
- Sharing details of special care needed during the school day with the school;
- Informing the school if their child's medical or care needs change.

3.11 Normally any prescribed medication should be administered at home. However, where it is necessary for medication to be administered during school hours, for example, where it would be detrimental to a child's health if medicine were not administered during the school day:

- Schools are responsible for requesting information concerning details of all pupils' medical conditions and care; and
- **Parents/carers/guardians** must provide the school with sufficient information about their child's medical condition and treatment.

4. The NHS School Nursing Team

4.1 "Every school in Dorset has a named school nurse who maintains regular contact with their school to promote healthy lifestyles and offer practical advice, information and support." (From www.dorsethealthcare.nhs.uk).

4.2 The NHS appointed school nurse should be consulted, along with parents/carers in the formulation of individual healthcare plans.

4.3 The School Nurse should be involved in providing health information as part of an assessment for an IHP and *may* be involved in delivering some of the provision, as specified in an IHP, to achieve defined health outcomes.

4.4 The NHS appointed School Nurse will be involved in advising/providing support for staff training on medical issues.

Section Two: First Aid

5. First Aider Ratios

5.1 The DfE First aid in schools, early years and further education guidance states that, "There is no rule on the number of first aiders required as this will be identified as part of the first aid needs assessment and will be based on the circumstances of each individual school or college."

5.2 The EYFS requires that at least one person who has a current paediatric first aid (PFA) certificate should be on the premises and available at all times when children are present and should accompany children on outings. The certificate must be for a full course consistent with the criteria set out in annex A in the EYFS.

5.3 Headteachers and Designated First Aid Leads must prepare a risk assessment to indicate the number of trained staff on site, the ratio of trained staff to pupils and the controls in place as outlined in this section of the policy. They should use the CLP First Aid Ratio Guidance which is on the CLP intranet.

5.4 The Local Governing Body and Head teacher must ensure that there is cover for planned absences in terms of first aiders and appointed persons including staff accompanying school excursions and leaving the school short in terms of supply. Consideration should also be given to:

- Cover needed for unplanned and exceptional absences such as sick leave or special leave due to bereavement;
- Suitable and sufficient provision for known medical conditions of staff and pupils etc;

- The risks to employees and also any non-employees who may visit.

6. First Aiders

6.1 All employees providing first aid in CLP schools must have an appropriate and valid first aid qualification and remain competent to perform their role. Typically, first aiders will hold a valid certificate of competence in either first aid at work (FAW) or emergency first aid at work (EFAW). EFAW training enables a first aider to give emergency first aid to someone who is injured or becomes ill while at work. FAW training includes EFAW and also equips the first aider to apply first aid to a range of specific injuries and illnesses.

6.2 All organised first aid at work training must include the use of an automated external defibrillator (AED).

6.3 First aiders and appointed persons will be expected to follow any appropriate trust or government guidance.

6.4 The DfE First aid in schools, early years and further education guidance states that:

> *In selecting a first aider, the following factors should be considered:*
>
> - *reliability and communication skills*
> - *aptitude and ability to absorb new knowledge and learn new skills*
> - *ability to cope with stressful and physically demanding emergency procedures*
> - *availability to respond to an emergency immediately*

And that:

> *First aiders will be expected to:*
>
> - *give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school or college or on educational visits*
> - *when appropriate, ensure that an ambulance or other professional medical help is called*

And that:

> It is strongly recommended that first aiders undertake annual refresher training to maintain their basic skills and keep up to date with any changes in procedures.

6.5 This guidance also explains that First aid at work does not include giving tablets or medicines and First Aiders must recognise that a first aid certificate does not constitute appropriate training in supporting children with medical needs. The **Lead First Aider** will need to ensure that First Aiders have an awareness of pupils with individual healthcare plans requiring access to life saving prescription drugs in an emergency and the identified staff who know what to do.

7. Early Years

7.1 Annex A of the Early years foundation stage statutory framework sets out criteria for effective Paediatric First Aid training, and schools should particularly note:

- The certificate **must** be renewed every three years.
- The emergency PFA course **should** be undertaken face-to-face and last for a minimum of 6 hours (excluding breaks); Annex A details particular areas that **must** covered by the training.
- The full PFA course **should** last for a minimum of 12 hours (excluding breaks); Annex A details particular areas that **must** covered by the training.
- Schools **should** consider whether paediatric first aiders need to undertake annual refresher training, during any three-year certification period to help maintain basic skills and keep up to date with any changes to PFA procedures.

8. First Aid Containers, AEDs, salbutamol inhalers and adrenaline auto-injectors

8.1 The Designated First Aid Lead will determine the number of First Aid containers required and their appropriate locations and will ensure that this information is communicated to all staff.

8.2 The contents of each container will be at least the minimum suggested by *The Health and Safety (First-Aid) Regulations 1981: Guidance on Regulations* (see appendix 2 of the above for suggestions, provided as Appendix C of this policy). The risk assessments will highlight any additional supplies that may be required in various locations. Drugs, medicines and tablets will not be kept within the first aid container. The container should be immediately recognisable as a first aid container and be green in colour with a white cross. Its location should also be clearly signposted.

8.3 The number of first aid containers required and their locations should be recorded on the school's risk assessment, which should be updated at least annually.

8.4 The Designated First Aid Lead will ensure:

8.4.1 A stock of spare adrenaline auto-injectors is maintained and that these are in-date for use in emergency situations. (Statutory guidance is expected September 2026).

8.4.2 Spare salbutamol inhalers are kept for those children who need them and that Guidance on the use of emergency salbutamol inhalers in schools is followed.

8.4.3 Their school notifies The Circuit (The National Defibrillator Network) of the location of any defibrillators on site should it choose to install such a device as recommended by the DfE.

9. Supporting a pupil who is unwell or had an accident

9.1 All pupils who feel unwell or who have suffered an accident should, if possible, be accompanied to the location as recorded in the school's risk assessment.

9.2 Where it is unsafe to move the pupil, someone should be sent to the First Aid location as recorded in on the school's risk assessment to gain assistance.

9.3 A qualified first aider will assess the individual's need and apply basic first aid; a second opinion should be sought if available. Where necessary the first aider will use a non-invasive/no touch thermometer to determine whether the child has a temperature and to decide if there is a need to send the child home.

9.4 The First Aider will issue an advisory note to the parents/carers detailing the illness or incident that has occurred.

9.5 If there is any concern that the injury or illness may be more serious, the parents/carers will be contacted immediately.

9.6 Any pupil having difficulty breathing, feeling dizzy or faint must remain with the teacher or other member of staff. A message should be sent to the first aider on duty immediately.

9.7 If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

10. Records

10.1 The H&S Management System Incident log must be used to record all accidents, incidents and near misses. An additional manual record may be kept if the school wishes using the template in the CLP H&S Policy.

10.2 RIDDOR incidents must be recorded with the HSE and on the H&S Management System Incident Log and the central team notified.

Section Three: Supporting Pupils with Medical Conditions and Managing Medication

11. Administering Medication at School

11.1 No members of staff are obliged to give, or oversee the giving of, medication to pupils. Only the school staff who are authorised and trained in the giving of medication are authorised to give or oversee the taking of medication.

11.2 School staff will only oversee the administration of medicines prescribed by a qualified medical practitioner or nurse consultant and it is the parents' responsibility to ensure that such medication has been appropriately prescribed. The school will **never** accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. School staff may, exceptionally, agree to administer non-prescribed medication (eg Calpol, Piriton) but only with the appropriate written consent and only when it would be detrimental to a child's health or education if they did not take it during the school day

11.3 The school arrangements for administering medication are in line with the government guidance in *Supporting Pupils at School with Medical Conditions*.

11.4 Only suitably trained, named school staff can administer medication. This is usually the designated First Aid Lead.

11.5 Medication can only be administered with the written consent of the parents/carers, for both prescribed and/or non-prescribed medication, and this should be obtained using the consent form in Appendix A.

11.6 There **must** be a written record of any medication administered in school using the consent form in Appendix A. This form must be retained with the pupil file, whether that be in hard copy or on the H&S Management System – this will vary from school to school.

12. Specific Medical Issues

12.1 Coastal Learning Partnership welcomes all pupils and encourages them to participate fully in all school activities.

12.2 Coastal Learning Partnership schools routinely and regularly advise staff on the practical aspects of the management in school of medical conditions which the pupils on roll might demonstrate which could include:

- Asthma attacks;
- Diabetes;
- Epilepsy; and
- An anaphylactic reaction.

12.3 The Designated First Aid Lead will be responsible for ensuring a record is kept of all pupils who may require such treatment via their own manual record or via H&S Management System.

12.4 Coastal Learning Partnership expects all parents whose children may require such treatment to ensure that appropriate medication has been recorded with the school together with clear guidance from the prescriber on the usage of the medication. The medication **must** be provided in the container as dispensed.

13. Individual Healthcare Plan

13.1 All children with a formal diagnosed medical condition should have an individual healthcare plan (IHP).

13.2 Anticipated new guidance is expected to require an IHP for any pupil whose medical condition requires supportive arrangements; a formal diagnosis is not a prerequisite.

13.3 All schools must follow the Trust's IHP process led by the Lead Inclusion Practitioner.

13.4 An IHP details exactly what care a child needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

13.5 If the child is on daily medication the First Aid Lead will be made aware of this.
13.6 Where a child has known allergies, they **must** have an
13.7 Management plan as part of the IHP.
13.8 The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs, and the Designated First Aid Lead will advise on such risk assessments. A first aider will travel on any school trip and will manage any necessary medication.
13.9 A child's IHP should explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings. Some pupils with medical conditions will require a Personal Emergency Evacuation Plan (PEEP) that will name a responsible member of staff to assist the pupil during emergency.
13.10 IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
13.11 The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services will hold a copy of the IHP.
13.12 The IHP ensures school staff receive necessary written information on medical conditions, which includes avoiding/reducing exposure to common triggers and enables relevant training to be identified and relevant school staff must be made aware of and have access to the IHP for the pupils in their care.

14. Returning to School after a Period of Hospital Education or Home Tutoring etc.

14.1 Coastal Learning Partnership will work with the local authority and external professionals where appropriate to ensure that the child receives the support they need to reintegrate effectively.

15. Storage of Medicine and Equipment

15.1 Schools will ensure that all staff understand what constitutes an emergency for an individual child and will make sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities.
15.2 Medication must be kept securely and accessible to nominated staff. Pupils with medical conditions must know where their medication is at all times and processes must be in place to enable them to access it quickly.
15.3 Schools will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
15.4 Local arrangements for the storage of medication must be detailed on the school risk assessment, including each location.
15.5 Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
15.6 Schools must dispose of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

16. Record Keeping for administering medication

16.1 Records must be up-to date and include:

- Parental consent for administering medication;
- Any medication administered and by whom;
- Training undertaken;
- Individual Healthcare Plans;
- Emergencies etc.

Appendix A: Permission Form

Parental agreement for administration of prescribed and non-prescribed medicine

The school will not give your child medicine unless you complete and sign this form.

Name of child				
Class				
Medical condition or illness				
Contact Details				
Name				
Daytime telephone number				
Relationship to child				
Medicine				
Name/type of medicine *(as described on the container)*				
Expiry date				
Short term medication with effect from	Date:			To:
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school needs to know about?				
Self-administration – yes/no				
Procedures to take in an emergency				

NB: Medicines must be in the original container as dispensed by the pharmacy

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with this policy.

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

Signature_____Date_____

School use only:

Appendix B: Ongoing administration of medication:

Likely to be replaced with digital process during 2026/27

Name of pupil: _____

Staff Member to initiate review: _____By date: _____

Record of Medication Administered in School

DATE	TIME	MEDICINE	DOSE GIVEN	ANY REACTIONS	GIVEN BY (PRINT NAME)

Appendix C: Contents of First Aid Container

There is no mandatory list of items to be included in a first-aid container. The decision on what to provide will be influenced by the findings of the first-aid needs assessment. As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:

- a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work);
- 20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- two sterile eye pads;
- two individually wrapped triangular bandages, preferably sterile;
- six safety pins;
- two large, sterile, individually wrapped un-medicated wound dressings;
- six medium-sized sterile individually wrapped un-medicated wound dressings;
- at least three pairs of disposable gloves (see HSE's leaflet Latex and you).

Employers may wish to refer to British Standard BS 8599, which provides further information on the contents of workplace first-aid kits. Whether using a first aid kit complying with BS 8599 or an alternative kit, the contents should reflect the outcome of the first-aid needs assessment.

Travelling first-aid kit contents

There is no mandatory list of items to be included in first-aid kits for travelling workers. They might typically contain:

- a leaflet giving general guidance on first aid (for example HSE's leaflet Basic advice on first aid at work);
- six individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary);
- two individually wrapped triangular bandages, preferably sterile;
- two safety pins;
- one large, sterile, un-medicated dressing;
- individually wrapped moist cleansing wipes;
- two pairs of disposable gloves (see HSE's leaflet Latex and you).

Either of the above should be considered as suggested contents lists only.