



## First Aid & Supporting Pupils with Medical Conditions and Managing Medication Policy

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

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## Section One: Introduction and Aims

### 1.1 The aims of this policy is 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 will 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;
- 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;
- Will identify transport healthcare plans for pupils with life-threatening conditions for use when on school trips and visits and for home to school transport when it is LA provided; 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 \(HSWA\)](#);
- 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 documentation linked with this policy includes:

- CLP Safeguarding and Child Protection Policy and Procedures;
- Public Sector Equality Duty (PSED);
- 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 teacher will review the implementation of this policy and local arrangements annually or as 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 suitably qualified advisory body (currently Handsam Ltd);
- 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 **Headteacher** (or **Executive Headteacher** where appropriate) 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;
- 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;
- The Designated First Aid Lead receives adequate initial and refresher training in order to deliver this role effectively and safely;
- A member of staff is appointed to maintain oversight of the support for pupils with medical conditions. (This may be the Designated First Aid Lead person.);
- The school provides sufficient funding for first aid provision;
- The first aid needs of their school are determined, taking into account, among other things, the number of employees, size, location and work activity;
- The monitoring the training and expertise of first aid staff;
- 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.

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

- Facilitating communication with all parties and ensuring that the school meets the needs of all those identified;
- Collating information provided by parents and maintaining a list of all pupils with medical conditions;
- Developing appropriate individual healthcare plans;
- Ensuring all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- 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;
- With the head teacher, ensuring there are sufficient trained numbers of staff available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations (*a first aid certificate does **not** constitute appropriate training in supporting children with medical needs*);
- Providing ongoing monitoring of the pupil's individual situation and needs whilst in school;
- 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 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 restocked and best before dates checked (See Appendix D);
- Ensure that any reportable incidents (RIDDOR) are reported to the HSE as well as logged in Handsam 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.

3.5 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.

3.6 **All Staff** are responsible for:

- Knowing the arrangements and following the school's 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.

3.7 **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.

3.8 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](http://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 EHCP and *may* be involved in delivering some of the provision, as specified in an EHCP, 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 Policy

### 5. Risk Assessment

- 5.1 *Guidance in [First Aid for schools](#) states, “There are no rules on exact numbers. Employers have to make a judgement based on their own circumstances and a suitable and sufficient risk assessment. Governing bodies/head teachers should consider the likely risks to pupils and visitors, as well as employees, when drawing up policies and deciding on the numbers of first-aid personnel”.*
- 5.2 All schools should have a risk assessment which will indicate the number of trained staff on site, the ratio of trained staff to pupils and the controls detailed in this section of the policy.
- 5.3 All schools will use the HSE checklist for assessment on pages 10 to 12 [The Health and Safety \(First-Aid\) Regulations 1981: Guidance on Regulations](#) and appendix 3 of the same.
- 5.4 It is essential that adequate provision is made to cover all times people are at work. 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 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 first aid training providers are required to train workplace first aiders in the use of an automated external defibrillator (AED) on all first aid at work courses.
- 6.3 A first aider must:
- Complete a first aid course and hold a valid first aid certificate;
  - Give immediate help to casualties; and
  - Ensure that when necessary an ambulance or other professional medical help is called.
- 6.4 First aiders and appointed persons will be expected to follow any appropriate trust or government guidance.
- 6.5 All Schools recognise that a first aid certificate does not constitute appropriate training in supporting children with medical needs and [will have regard to the statutory requirements and guidance, as well as the pupil’s Individual Healthcare Plan and the relevant school policies in relation to the care of pupils with medical conditions.](#)

### 7. Number, Location and Contents of First Aid Containers & AED’s

- 7.1 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.
- 7.2 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.
- 7.3 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.
- 7.4 CLP schools will notify [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.

## **8. Supporting a pupil who is unwell or had an accident**

- 8.1 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.
- 8.2 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.
- 8.3 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.
- 8.4 The First Aider will issue an advisory note to the parents/carers detailing the illness or incident that has occurred.
- 8.5 If there is any concern that the injury or illness may be more serious, the parents/carers will be contacted immediately.
- 8.6 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.
- 8.7 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.

## **9. Records**

- 9.1 The Handsam 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.
- 9.2 RIDDOR incidents must be recorded with the HSE and on the Handsam Incident Log and the central team notified.

## **10. Care Plans for Pupils with Medical Conditions**

- 10.1 A list of pupils who suffer from medical conditions together with details of any Individual Health Care Plans which are prepared for pupils with more serious medical conditions such as diabetes, anaphylactic shock, asthma or epilepsy must be kept and updated annually or when required by the Designated First Aid Lead. The location of this list must be recorded on the risk assessment.
- 10.2 Appropriate medication should be named and labelled and stored securely. Locations must be recorded on the risk assessment.
- 10.3 Named and labelled spare inhalers and auto-injectors (commonly known as Epipens) will also be kept for each pupil with a known medical condition locations named on the risk assessment.
- 10.4 Members of staff will be made aware of the pupils who suffer from medical conditions and have Individual Healthcare Plans, having due regard to confidentiality, staff authority and medical necessity in the distribution of information.
- 10.5 All asthma inhalers should be taken to all PE/Games lessons.
- 10.6 Portable first aid kits, auto-injectors and inhalers should be taken to all off-site excursions.

## Section Three: Supporting Pupils with Medical Conditions and Managing Medication Policy

### **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. All records must be kept manually and/or electronically on Handsam. An incident is recorded on Handsam (create Incident, Incident type Illness, record medicines given) and the consent forms are to be scanned, uploaded and attached to the relevant incident.

## 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 Handsam.
- 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

The process for formulating an IHCP is provided in Appendix B.

- 13.1 All children with a formal diagnosed medical condition should have an individual healthcare plan (IHP). Parents/carers at each school are asked if their child has any medical conditions on the enrolment form. Schools use an IHCP to record the support an individual pupil needs around their medical condition. The IHCP is developed with the pupil (where appropriate), parent, school staff, NHS appointed nurse and any other relevant healthcare services.
- 13.2 An IHCP 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. If the child is on daily medication the First Aid Lead will be made aware of this
- 13.3 Coastal Learning Partnership schools recognise that common triggers can make common medical conditions worse or can bring on an emergency and schools are committed to identifying and reducing triggers both at school and on out-of-school visits.
- 13.4 School staff receive necessary written information on medical conditions, which includes avoiding/reducing exposure to common triggers. Each school has a list of the triggers for pupils with medical conditions and actively work towards reducing/ eliminating these health and safety risks. Training is regularly updated as the need arises.
- 13.5 The IHCP 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.
- 13.6 A child's IHCP should explain what help they need in an emergency. The IHCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for

sharing the IHCP 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.

- 13.7 Coastal Learning Partnership schools have a centralised register of IHCPs, and the Designated First Aid Lead have the responsibility for this register.
- 13.8 IHCPs are regularly reviewed, at least every year or whenever the pupil's needs change. The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHCP. Other school staff are made aware of and have access to the IHCP for the pupils in their care.
- 13.9 Coastal Learning Partnership makes sure that the pupil's confidentiality is protected. The school seeks permission from parents before sharing any medical information with any other party.

#### **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. It should not be locked away if immediate, urgent access is required in which case it will need to be safely stored.
- 15.2 Medication must be locked away, and pupils with medical conditions must know where their medication is at all times and have access to it.
- 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 the school 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:

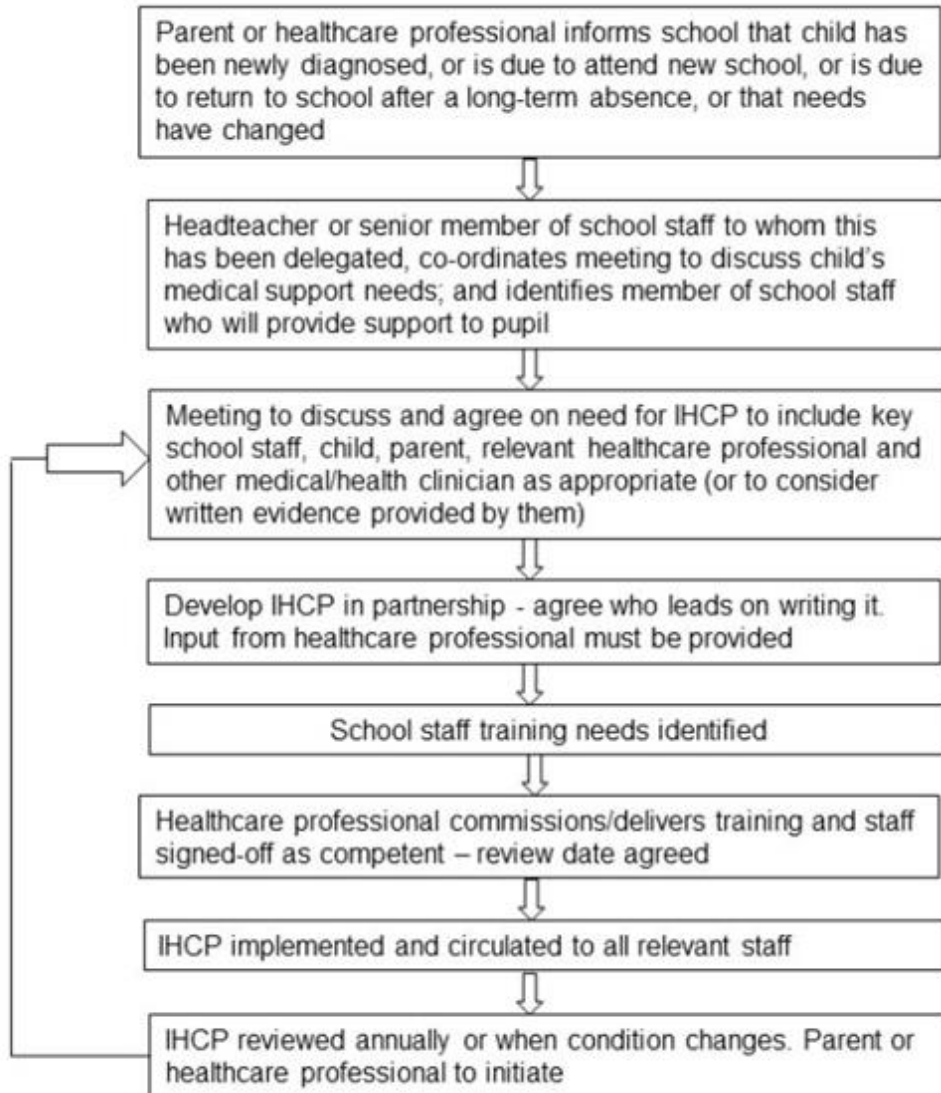
Staff Member to initiate review: \_\_\_\_\_ By date: \_\_\_\_\_

### Record of Medication Administered in School

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

## Appendix C: Model Process for Developing Individual Healthcare Plans

Coastal Learning Partnership utilise the DfE's model process for developing IHCPs as outlined below.



## Appendix D: 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.*