

First Aid and Medication

Definitions and Legal Status

First Aid fall under the following two Acts and has mandatory status for all forces:

- [Health and Safety \(First Aid\) Regulations 1981](#)
- [Health and Safety at Work etc. Act 1974 and associated regulations](#)

A first aid needs assessment should be conducted by each force to ascertain the first aid arrangements required for the programme as a whole or for each activity.

When undertaking a first aid needs assessment the following considerations should be taken into account:

- Specific risk factors to include such as activity, venue, location & access, needs of the group/young people
- Who is trained and to what level
- Ratio of first aid trained workers to young people
- First aid kit contents and equipment
- Any relevant third party first aid arrangements: i.e. external venue or event staff, equipment and/or facilities
- Practical management of first aid kits including access and replenishment First aid trained workers

The first aid needs assessment will help to determine the appropriate level of training required for workers. As a minimum, the law requires organisations to ensure access to a first aid kit and to ensure there is a dedicated member of staff, defined as an 'appointed person', who would take charge in the event of a first aid incident and call an ambulance if necessary.

If the first aid needs assessment identifies that a worker with a first aid qualification is unnecessary and that an appointed person alone is sufficient, this should be documented in the risk assessment and justified. However, the first aid needs assessment specific to any youth programme may identify requirements that are beyond the minimum. If a first aid trained worker (first aider) is required, the training they hold or undertake should be suitable to the risk.

The first aid courses below are recognised by the Health and Safety Executive (HSE) and are appropriate for lower risk settings:

- Emergency first aid at work (EFAW): typically, a one-day course, participants are qualified to give emergency first aid to someone who is injured or becomes ill
- First aid at work (FAW): typically, a three-day course, participants are qualified to EFAW level, plus are able to apply first aid to a range of specific injuries and illnesses.

Higher risk settings, activities or the likelihood of complex participant needs may result in the requirement for an increased level of training, which may be met by internal workers or by external providers. A variety of courses are available, including some more specialist ones for outdoor and adventurous activities which may be applicable. Training courses are typically valid for a period of three years, and it is important to ensure first aiders maintain a valid and current certification via regular refresher training.

Determining the number of first aiders required is influenced by the level of risk associated with the activity, the programme and any additional needs of the group or individual(s) such as requirements outlined in any individual care plans. Forces should ensure a first aid needs assessment is conducted by a competent person and that the associated decisions are documented to specify the ratios of first aiders and levels of training and equipment required for each distinct element of the programme or service.

The needs assessment should be regularly reviewed and greater levels of first aid provision introduced if any additional risk factors are identified. First aiders should always be readily available and accessible to groups and appointed persons.

Any leader may be asked to become a qualified first-aider or to provide support to cadets with medical conditions, including the administering of medicines, but they cannot be required to do so unless this forms part of their role as a leader. Leaders should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support cadets with medical conditions.

Managing Medicine

Advice on managing medicines is included in the [statutory guidance on supporting pupils at school](#) with medical conditions. In circumstances where a cadet needs medication regularly, this would usually be recorded in their [individual healthcare plan](#).

This provides details of the level and type of support a cadet needs to manage effectively their medical condition in cadets and should include information about the medicine to be administered, the correct dosage and any storage requirements. Cadets who are deemed competent by their parent or carer should be encouraged to take responsibility for managing their own medicines and procedures.

This could include for example, the application of any ointment or sun cream, or use of inhalers or Epi-pens.

If a leader is concerned or uncertain about the amount or type of medication being given to a cadet, this should be discussed with the *Named Person* responsible for Safeguarding.

When travelling to camp or to community events any medication needed is the responsibility of the cadet, on the way to, during and on the way back from any event. Any medication needs will be documented on the health and permission form for the event. Further information in relation to this can be found in our overnight stays and events guidance.

Leaders taking medication which may affect their ability to care for cadets should seek medical advice regarding their suitability to do so and Force Coordinators and Unit Leaders should ensure that they only work directly with cadets if that advice confirms that the medication is unlikely to impair their ability to look after cadets. If the leader has concerns about this then it should be discussed in confidence with the unit leader or named person responsible for safeguarding so that adjustments can be put in place and activities risk assessed appropriately.

Any risk assessment is likely to recommend that **ANY** medication on the premises must be securely stored, and out of reach of children at all times.