

TRAINING CAVE



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Approved By	Jack Sunderland Director Training Cave Club Ltd

1. Purpose

Training Cave Club Ltd will provide prompt and appropriate first aid, manage medicines safely and make reasonable arrangements for learners, members, staff and visitors with medical needs. Medical needs will be considered alongside safeguarding, equality, SEND, health and safety, participation in boxing and fitness activity, and the person's dignity and independence.

This policy establishes the minimum arrangements that must be followed. It does not authorise staff to diagnose conditions, prescribe treatment or carry out a clinical procedure for which they have not been trained and assessed as competent.

2. Organisational Status and Scope

Training Cave is an independent alternative provision and boxing provider; it is not a maintained school, academy, independent school or pupil referral unit. School-specific statutory guidance is therefore used as relevant good practice rather than presented as a legal power or duty that automatically applies to Training Cave.

This policy applies to all activity at Training Cave's premises, including alternative provision, qualifications, coaching, gym sessions, competitions hosted at the premises and other organised activity. Training Cave does not currently deliver educational visits or other off-site visits. Before any off-site delivery is introduced, separate risk, first-aid, medication and emergency arrangements must be approved.

3. Legal and Guidance Framework

This policy has regard to the following, as applicable to Training Cave's status and activities:

- Health and Safety at Work etc. Act 1974;
- Health and Safety (First-Aid) Regulations 1981;
- Management of Health and Safety at Work Regulations 1999;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR);
- Equality Act 2010;
- Children Act 1989 and Children Act 2004 safeguarding principles;
- Human Medicines Regulations 2012, as amended;
- UK GDPR and Data Protection Act 2018;
- HSE guidance on first aid at work; and
- Department for Education guidance on first aid, supporting pupils with medical conditions and allergy safety, used proportionately as good practice where relevant.

4. Core Principles

- Urgent treatment will not be delayed while consent or administrative information is sought.
- A person will not be excluded or treated unfavourably merely because of a medical condition or disability; reasonable adjustments will be considered.
- Only the minimum necessary health information will be shared with staff who need it to keep the person safe.
- Medication and healthcare support will follow written instructions, consent, risk assessment and training appropriate to the task.
- Emergency medicines must remain quickly accessible to the person and responsible staff.
- All first aid, medication administration, errors, refusals and significant medical events will be recorded accurately.

5. Roles and Responsibilities

5.1 Director and management

- Approve, implement and review this policy and the first-aid needs assessment;
- Ensure suitable insurance, resources, staffing, training and cover are maintained;
- Nominate the responsible person for day-to-day first-aid and medication arrangements;
- Ensure referral and placement decisions properly consider medical needs and emergency risks; and
- Review incidents, errors, near misses, complaints and changes in guidance.

5.2 First aiders, appointed persons and staff

- Act only within their training and competence, summon further help promptly and follow emergency plans;
- Check records and instructions before supporting or administering medication;
- Protect dignity, confidentiality and infection-control standards;
- Record and report treatment, administration, refusal, error, near miss or concern before the end of the working day; and
- Inform management immediately if they are not able or competent to provide an agreed form of support.

5.3 Parents, carers, adult members and commissioners

- Provide complete, accurate and current medical and emergency information before attendance and whenever it changes;
- Supply required medicines and devices in date, correctly labelled and in the agreed quantity;
- Collect expired, discontinued or surplus medicines promptly; and
- Take part in healthcare planning and provide professional advice or documents reasonably required for safe delivery.

6. Information Required Before Attendance

At referral, enrolment or membership, Training Cave will request information proportionate to the activity and risk. For a child or commissioned learner, information should be confirmed with the parent or carer and referring school, local authority or commissioner as appropriate.

- Medical conditions, allergies, disability and relevant SEND;
- Recognisable symptoms, triggers and emergency actions;
- Prescribed medication, dosage, timing, route, side effects and storage requirements;
- The person's ability to carry and self-administer medication;
- Emergency contacts and relevant healthcare professionals; and
- Existing Individual Healthcare Plans, emergency plans, risk assessments or clinical instructions.

Missing information will be pursued promptly. Where an essential safety arrangement cannot be confirmed, management may delay the start of a placement or a particular activity while working with the parent, carer and commissioner to resolve the risk. This will not be used as an automatic exclusion based on diagnosis.

7. Individual Healthcare Plans and Risk Assessment

An Individual Healthcare Plan (IHP) or equivalent written medical support plan will be used where a condition is long term, complex, fluctuating, life threatening, requires emergency medication or a healthcare procedure, significantly affects participation, or where a parent, commissioner or health professional considers a plan necessary.

The plan should be prepared with the learner or member, parent or carer, commissioner and relevant healthcare professional where appropriate. It will state:

- The condition, triggers, symptoms, normal treatment and foreseeable emergencies;
- Medication and equipment, location, access, expiry checking and replacement responsibility;
- The support required during learning, boxing, fitness, breaks and arrival or handover;
- Reasonable adjustments and any activity restrictions supported by professional advice;
- Who may provide support, required training and cover arrangements;
- Self-management arrangements and the level of supervision;
- Emergency actions, contact arrangements and when to call 999; and
- Review date and the events that require an earlier review.

The plan and associated risk assessment will be reviewed at least annually, following a significant event or change, and before the person begins a materially different activity.

8. First-aid Needs Assessment and Provision

A written first-aid needs assessment will determine the number and competence of first aiders or appointed persons, the contents and location of kits, and any additional arrangements required for boxing and fitness risks, children and vulnerable learners, operating hours, staff absence, lone working, premises layout and access by emergency services. Planned activity must not proceed without the provision identified by the assessment.

- At least one person must always be available to take charge of first-aid arrangements whenever people are at work.
- The assessment will determine when a trained first aider must be present; an appointed person is not a substitute where the assessed risk requires a trained first aider.
- First-aid cover will reflect the number and needs of learners, members and visitors as well as employees.
- Names or locations of first aiders, equipment and arrangements will be made known to staff and participants in an accessible way.
- The assessment will be reviewed after significant incidents and changes to staffing, premises, activities, hours or cohort needs.

9. First-aid Equipment and Infection Control

- First-aid kits will be accessible, clearly identified, suitably stocked for the assessed risks, checked regularly and replenished promptly after use.
- Medication will not be stored in the general first-aid kit unless it forms part of a named person's agreed arrangement.
- Disposable gloves and appropriate hygiene measures will be used when there is a risk of contact with blood or bodily fluids.
- Blood or bodily-fluid spillages and contaminated waste will be managed under the cleaning and infection-control arrangements.
- Sharps will be handled only by competent persons and disposed of in an approved sharps container.
- Any automated external defibrillator kept on site will be checked, maintained, clearly signed and included in emergency arrangements.

10. Responding to Injury, Illness or Medical Emergency

The member of staff responding will make the area safe, assess the immediate situation within their competence, provide first aid, obtain the person's emergency medication if required and summon additional help. Staff will call 999 immediately where there is a serious or potentially life-threatening condition, including suspected anaphylaxis, breathing difficulty, seizure beyond the person's agreed emergency threshold, unconsciousness, severe bleeding, chest pain, suspected spinal injury or other serious deterioration.

- Urgent treatment will not be delayed while seeking consent or contacting a parent or carer.
- The person's IHP or emergency plan will be followed and shared with ambulance staff.

- A child or vulnerable learner will not be left alone or sent away unaccompanied when unwell.
- A parent or carer and the referring school or commissioner will be informed as soon as reasonably practicable.
- If an ambulance transports a child and the parent or carer has not arrived, a suitable staff member will remain with or accompany the child where possible and safe staffing arrangements permit.
- The event, treatment and communications will be recorded and reviewed.

11. Accepting Medication

Training Cave will accept medication only where it is necessary during the person's attendance and safe arrangements have been agreed. Wherever clinically possible, parents and carers may ask the prescriber whether doses can be scheduled outside attendance hours, but Training Cave will not require this where it would compromise treatment or participation.

- Prescription medicine must be in date, in the original pharmacy-dispensed container, labelled for the named person and accompanied by clear instructions for dose, route, timing and storage. Insulin may be supplied in the device or format normally prescribed.
- Written consent and instructions must be received before routine administration to a child. For an adult who lacks capacity for a specific decision, advice will be sought and the applicable legal framework followed.
- Training Cave does not keep communal supplies of painkillers or other non-prescription medicines. A non-prescription medicine will only be considered for a named person under a specific written arrangement authorised by management, with consent, original packaging, dosage information and a safe method for checking previous doses.
- Medicine containing aspirin will not be given to anyone under 16 unless prescribed by a doctor.
- Staff will not alter labels, doses or instructions, transfer medicines into another container, share medicine between people, or administer medication prescribed for someone else.

12. Storage, Access and Disposal

- Medicines will be stored securely, at the required temperature and away from unauthorised access, while remaining available when needed.
- Emergency medicines and devices, including a named person's inhaler, adrenaline auto-injector, glucose treatment or seizure-rescue medicine, must be readily accessible and must not be locked away in a manner that delays access.
- The person and relevant staff will know where medication is kept and who can access it.
- Refrigerated medicine will be placed in a secure, labelled container within a monitored refrigerator, separate from food where practicable.

- Quantities and expiry dates will be checked at agreed intervals. Parents, carers or adult owners remain responsible for replacements unless a contract expressly provides otherwise.
- Expired, discontinued or unused medicine will normally be returned to the parent, carer or adult owner for pharmacy disposal. It will not be placed in general waste.

13. Administration and Self-Administration

Before administering or supervising medication, the authorised staff member will check the person's identity, medication, dose, time, route, instructions, expiry date, consent and record of any earlier dose. Administration will be recorded immediately and, where practicable for higher-risk or controlled medication, witnessed or independently checked by another authorised person.

A learner or member who is competent may carry and self-administer their own medication where this is agreed in writing and assessed as safe. The arrangement will address safe custody, access, supervision and what staff must do if the person's ability to self-manage changes. No person may share or allow another person to use their medication.

14. Controlled Drugs and Clinical Procedures

A controlled drug prescribed for a named person may be held and administered only under a specific written plan. Unless the competent person is authorised to possess it, the drug will be kept in a secure, non-portable container with access restricted to named staff while remaining accessible in an emergency. A running record of receipt, administration and balance will be kept, and discrepancies will be escalated immediately.

A healthcare procedure such as rescue medication, blood-glucose monitoring or another delegated clinical task will be undertaken only when Training Cave has accepted the arrangement, a written plan and clinical instructions are available, suitable equipment and insurance are confirmed, and the staff member has received task-specific training and has been assessed as competent by an appropriate healthcare professional where required.

15. Asthma, Allergy and Emergency Medication

Training Cave will identify asthma, allergy and anaphylaxis risks through referral and enrolment information, IHPs, activity risk assessment and communication with the person, parent or carer, commissioner and health professionals. Staff who may respond will be told the signs, triggers and emergency actions they need to know and will receive training appropriate to the identified risk.

Because Training Cave is not a school, it will not rely on the legal exemptions that allow qualifying schools to obtain communal spare salbutamol inhalers or adrenaline auto-injectors without a prescription. Training Cave will not purchase or hold generic spare prescription inhalers or adrenaline auto-injectors unless the law changes or written professional advice confirms a lawful supply route for this organisation.

- The learner, member or parent or carer must supply the person's own prescribed, in-date inhaler, adrenaline auto-injector or other emergency medicine and any spacer or associated device required.
- Where the prescriber supplies a second device, an agreed backup may be kept on site for that named person.
- A learner who has agreed self-carry arrangements should keep the device accessible; staff will know where any backup is held.
- If essential emergency medication is missing, expired or unusable, staff will assess the immediate risk and contact the parent or carer and commissioner. Participation in the affected activity may be paused until safe provision is restored.
- Suspected anaphylaxis is a medical emergency. Staff will follow the person's plan, use the person's prescribed device without delay where trained and authorised, call 999 and state 'anaphylaxis', then continue to monitor and follow emergency-service instructions.

The 2026 statutory allergy-safety duties apply to specified schools and PRUs, not automatically to Training Cave. Training Cave nevertheless adopts proportionate elements as good practice, including individual planning, awareness training, rapid access to named emergency medication, incident review and clear communication with commissioners.

16. Training, Competence and Cover

- First-aid qualifications will be selected from competent training providers and matched to the first-aid needs assessment.
- Certificates and renewal dates will be monitored, with refresher training provided where appropriate.
- General first-aid training does not by itself establish competence to administer every medicine or perform every healthcare procedure.
- Task-specific training and competency confirmation will be obtained where the person's plan or clinical advice requires it.
- Staff will be informed of relevant medical needs at induction to a placement or activity and following any change.
- Management will ensure reasonable cover for planned absence. A procedure will not continue if the agreed competent support is unavailable and the risk cannot otherwise be controlled.

17. Refusal, Errors and Adverse Reactions

A person will not be forced to take medication or undergo a procedure. Staff will make the situation safe, follow the IHP, consider capacity and safeguarding, and inform the parent, carer, management and commissioner as appropriate. Emergency services will be contacted if refusal creates an immediate serious risk.

A missed dose, wrong dose, administration to the wrong person, spillage, loss, suspected tampering, adverse reaction or other medication error must be reported immediately to management. Staff will seek urgent clinical advice from 999, NHS 111, a pharmacist or the prescriber as appropriate, notify the parent or carer and commissioner, preserve relevant evidence, record the facts and complete an incident review. Errors will not be concealed or retrospectively altered in the record.

18. Equality, Dignity and Participation

Training Cave will consider reasonable adjustments so that people with medical conditions or disabilities can participate safely in education, boxing and fitness. Decisions will be based on individual risk and professional advice rather than assumptions about a diagnosis. Adjustments may include rest, food or drink, toilet access, modified intensity, additional supervision, recovery time, environmental controls or changes to session structure.

No person will be penalised for genuine medical absence, symptoms or necessary treatment. Any intimate or personal care requirement must be covered by a separate agreed plan that protects privacy, dignity, safeguarding and staff competence.

19. Recording, Confidentiality and Information Sharing

Training Cave will keep accurate records of first aid and medical incidents, medicines received and returned, each administration or supervised dose, refusals and errors, training and competency, IHP reviews and relevant communications. Records will identify the person, date and time, action taken, dose where applicable, staff involved, outcome and notifications.

Health information is special-category personal data. It will be stored securely, shared only with those who need it for safety, care, safeguarding, legal or contractual responsibilities, and retained under Training Cave's retention schedule. Necessary information may be shared without consent in a genuine emergency or safeguarding situation where the law permits.

20. Accident Reporting and RIDDOR

All accidents, injuries, significant illnesses and near misses will be recorded under the Accident, Incident and Near-Miss Reporting Procedure. Management will

determine whether an event is reportable under RIDDOR; not every accident or hospital attendance is reportable. Records and trends will be reviewed to improve risk controls, supervision, equipment and training.

21. Arrival, Departure and Handover

Medication and medical information handed to Training Cave will be transferred directly to an authorised member of staff and logged where appropriate. Emergency medication must remain with the person or at the agreed accessible location throughout attendance. At departure, responsibility will be handed back to the parent, carer, responsible adult or agreed transport arrangement. Medication must not be left unattended in bags, vehicles or public areas.

22. Insurance and External Clinical Support

Management will confirm that insurance covers the first-aid, medication and healthcare support Training Cave has agreed to provide and will comply with any training or procedural conditions imposed by the insurer. Training Cave will not accept a delegated healthcare activity unless responsibility, clinical governance, training, competency, equipment, emergency support and accountability are clear.

23. Concerns and Complaints

Immediate safety concerns must be raised with the responsible member of staff or management without delay. Safeguarding concerns must be reported under the Child Protection and Safeguarding Policy. Other concerns or complaints about medical support will be handled under the Compliments, Comments and Complaints Policy and will not disadvantage the person receiving support.

24. Monitoring and Review

Management will review this policy at least annually and sooner following a serious incident, medication error, near miss, complaint, change in services or premises, change in a person's needs that exposes a wider procedural issue, or relevant legal or guidance change. The first-aid needs assessment, training matrix, equipment checks and medical-support arrangements will be reviewed alongside the policy.

25. Related Documents and Operational Records

This policy is supported by the following documents and records, kept as separate procedures or forms where appropriate:

Document or record	Purpose
First-aid needs assessment	Determines required personnel, competence, equipment, facilities and cover.
Individual Healthcare Plan or medical support plan	Sets out person-specific needs, adjustments, responsibilities and emergency action.
Medication consent and administration record	Records authority, instructions, receipt, administration, refusal and return.
Accident, incident and near-miss record	Records treatment, notifications, learning and any RIDDOR decision.
First-aid kit and equipment checks	Confirms location, stock, expiry, maintenance and replenishment.
Training and competency records	Shows current first-aid certification and task-specific competence.
Health and Safety Policy and risk assessments	Sets wider premises, activity, equipment and emergency controls.
Safeguarding, SEND, Equality and Data Protection policies	Sets linked welfare, inclusion, reasonable-adjustment and information-handling duties.

26. Contact Details

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