**Leyland Excel Netball Club – Accident Form**

**First Aid Kits and Mobile Phones:**

All coaches are first aid trained and must take the first aid kit to all training sessions and matches.

If the coach is unable to attend, it is their responsibility that the person covering is first aid trained, has access to the first aid kit, aware of emergency procedures and responsible for completing any accident forms if required.

It is the coach’s responsibility to ensure that they have a charged mobile phone when attending all training sessions and matches.

If the coach is unable to attend training or matches, it is their responsibility to nominate another adult to ensure a mobile phone is charged in case of emergency.

# Guidelines for dealing with an Incident/Accident:

* Stay calm but act swiftly and observe the situation. Is there danger of further injuries?
* Listen to what the injured person is saying.
* Alert the first aider who should take appropriate action for minor injuries.
* In the event of an injury requiring specialist treatment, call the emergency services.
* Deal with the rest of the group and ensure that they are adequately supervised.
* Do not move someone with major injuries. Wait for the emergency medics.
* Contact the injured person’s parent/guardian.
* Complete the incident/accident report form below and send to the Club e mail address for record keeping.

**COVID 19:**

* Hands to be sanitised before and after
* First aid to be administered with non-surgical face mask, apron and gloves
* Follow guidance as per St Johns Ambulance
* Ensure any waste is disposed of safely

**Leyland Excel Netball Club - Incident/Accident Report Form:**

|  |  |  |
| --- | --- | --- |
| Venue |  |   |
| Date of accident/incident |  |  |
| tion of accident/incident |  |  |
| Name of individual(s) who dealt with the accident/incident |  |  |
| Nature of accident/incident |  |
| Details leading up to the accident/incident |  |
| Details of all club members involved |  |
| Details of action/events after the accident/incident |  |
| Give full details of action taken during any first aid treatment and the name(s) of first- aider(s). |  |

|  |  |
| --- | --- |
| Were any of the following contacted? | Parents/carers Yes No Name Police Yes No Name Ambulance Yes No |
| What happened to the injured person following the incident/accident? e.g. carried on with session, went home, went to hospital etc. |  |
| **All of the above facts are a true record of the accident/incident** |
| **Print name** |  |
| **Signed** |  | **Date** |  |