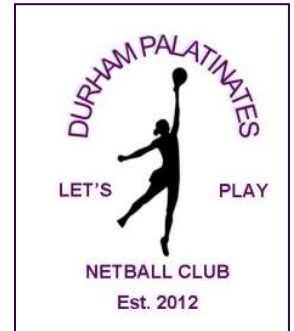


## **DPNC Emergency and Accident Policy and Procedures**

- At least one qualified first aider at every coaching session
- First aid kit and fully charged mobile phone at every coaching session
- Contact details available at every coaching session.
- Visual Risk assessment completed at every coaching session and hazards removed.



### **In the event of an 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. Contact details are available through Pitchero
- Complete an incident/accident report form as soon as possible and return to Club Secretary.

### **In the event of a fire alarm:**

- Evacuate all players to the yard area away from the gym
- Do not stop to collect kit or personal belongings
- Complete a register to ensure all players are out of the building

## DPNC Incident/Accident Report Form

<b>Venue</b>		<b>Location of accident/incident</b>	
<b>Date of accident/incident</b>		<b>Name of individual(s) who dealt with the accident/incident</b>	
<b>Nature of accident/incident</b>			
<b>Details leading up to the accident</b>			
<b>Details of all club members involved</b>			
<b>Details of action/events after the accident/incident</b>			
<b>Give full details of action taken during any first aid treatment and the name(s) of first-aider(s).</b>			
<b>Were any of the following contacted?</b>	<div style="display: flex; justify-content: space-between;"> <div> <b>Parents/carers</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No   <b>Police</b>                <input type="checkbox"/>                Yes <input type="checkbox"/>                No   <b>Ambulance</b>    Yes <input type="checkbox"/>                No <input type="checkbox"/> </div> </div>		
<b>What happened to the injured person following the incident/accident? e.g. carried on with session, went home, went to hospital etc.</b>			
<b>All of the above facts are a true record of the accident/incident</b>			
<b>Print name</b>			
<b>Signed</b>		<b>Date</b>	