



## Emergency First Aid Procedure

- ✓ Managers, Captains and Coaches should carry a recognised First Aid kit to all training sessions and matches. The minimum recommended contents are detailed below. It is the responsibility of these persons to ensure that the contents are replaced as required. Supplies can be requested from the YCC First Aid Co-ordinator, Jane Wildey on 01256 766497 (home). If the Manager, Captain or Coach is not able to be present at the activity then he/she must ensure that the First Aid kit is passed to their appointed deputy. Please be aware that contents have a shelf life and should be replaced as and when necessary.
- ✓ An additional First Aid kit will also be held in the clubhouse kitchen and it will be the responsibility of the First Aid Co-ordinator to ensure that this is complete and checked on a regular basis.
- ✓ Managers, Captains and Coaches should have a record of junior players' next of kin's contact details in the event of any emergency and also hold details of any junior players health issues with guidance for emergency treatment. If the Manager, Captain or Coach is not able to be present at the activity then he/she must ensure that these details are passed to their appointed deputy.

## First Aid Kit - minimum requirements

A leaflet giving general guidance on First Aid

- ✓ 20 individually wrapped sterile adhesive dressings of assorted sizes (plasters). Blue detectable plasters should be provided for food handlers
- ✓ 2 sterile eye pads
- ✓ 4 triangular bandages individually wrapped and preferably sterile
- ✓ 6 safety pins
- ✓ 6 medium wound dressings (approx. 12cm x 12cm) individually wrapped and sterile
- ✓ 2 large wound dressings (approx. 18cm x 18cm) individually wrapped and sterile
- ✓ 5 pairs of disposable gloves
- ✓ Eye wash. If mains water is not available for eye irrigation then 1 litre of saline shall be provided in sealed sterile containers
- ✓ 1 'Kool Pak' or equivalent ice pack



Updated: January 2013



## Injury and Incident Report Form

Name of Injured Person		Date	
Location		Time of Incident	
Witnesses		Age Group	
Guardian/ Parent Informed		Time	

Details of Incident

Immediate Action Taken

Professional Medical Treatment (if applicable)	
Hospital/Centre Attended (if applicable)	
Name of Doctor (if applicable)	

Post Injury Outcome Notes

Signature of Manager/Coach	
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