



Owen Roe O'Neill's SAC LECKPATRICK



HEALTH AND WELLNESS POLICY

Policy Statement

- Owen Roe's values of the health of its members and recognises the role it can play in providing opportunities, information and education on a range of health issues.
- The Club seeks to ensure that the environment, culture and ethos within which it runs its affairs is conducive to the continued good Health of all its members.
- It is the aim of the Club to use the skills and expertise of both its members and professional within the community to best promote the Health Agenda.
- The Club will develop Club and Community Health, Wellness and recreational programmes through periodical health evenings, weekly recreational programmes for Club/Community members, posters & advisory.

Objectives

Club Health & Wellness Policy

The Club aims to address the following Health areas across a range of activities:

Smoking

1. All indoor areas within the Club are non-smoking
2. There is appropriate signage around the Club to indicate it is a smoke free environment
3. Coaches of underage teams are not permitted to smoke during training sessions or matches
4. Smoking is not permitted on the Club pitches

Drugs & Alcohol

1. The Club has in place a policy to deal with Alcohol & Drug related incidents
2. U18's shall not be taken to pubs on the way home from matches or outings
3. Jerseys for underage teams will not carry the sponsorship of Alcohol or its proprietors
4. The Club will not sell alcohol to anyone under the age of 18





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5. Anyone working in the Club bar will have received appropriate training or education on club policy on health and wellness

Nutrition

1. The Club encourages all players to have their own water bottle
2. The Club encourages all players to bring healthy snacks to trainings and matches
3. The Club operates a policy of no fizzy drinks, sweets, chocolate etc at training
4. The Club will provide information on Sports nutrition for it's players via coach advice, Club website, newsletter or talks from experts
5. At Club functions healthy food choices will be provided
6. The Club displays healthy eating posters and leaflets around the facilities

First Aid, Cardiac and Injury

1. The Club has _____ trained first-aiders among it's coaches
2. The Club has a defibrillator which is positioned in _____ and the trained users are _____
3. The Club defibrillator is maintained by _____ every _____
4. The Club provides all coaches with a first aid kit
5. The Club doctor is _____ and the physiotherapist is _____

Obesity, Heart Health, Diabetes

1. The Club welcomes others from outside it's structures to use it's facilities to increase physical activity levels
2. The indoor hall is available for use such as aerobics classes, yoga, Pilates, dancing etc.
3. The perimeter of the pitch is lit and provides a safe walking track
4. The Club runs an annual family fun day to encourage all ages to get active



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5. The Club provides information for members in the way of posters and leaflets on Healthy Living
6. The Club uses the services of local GPs or Practice Nurses to provide an annual Club & Community Health Night

Cancer Prevention

1. The Club ensures that members are protected from passive smoking by having it's indoor areas as non-smoking
2. The Club encourages it's members and players to wear sun-screen when playing in warm weather
3. The Club works in association with the Ulster Cancer Foundation to provide Cancer information talks

Emotional & Mental Wellbeing





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Cumann Lúthchleas Gael Cardiac Screening Protocol

Name _____

Club _____

Address _____

Team _____

Date of Birth _____

G.P. _____ G. P. Address _____

Questionnaire

1. Do you have a brother, sister, cousin, parent or grandparent who died suddenly and unexpectedly under 45 years of age due to heart disease or no known cause?

Yes No (Please Circle)

2. Have you had a sudden blackout where you have lost consciousness and fallen to the ground for no good reason particularly in association with exercise?

Yes No (Please Circle)

3. Have you been diagnosed with a heart condition?

Yes No (Please Circle)

4. Do you develop front of chest tightness with exercise that prevents you continuing?

Yes No (Please Circle)

5. Do you get sudden onset very rapid heart beating that occurs for no obvious reason and which makes you feel unwell?

Yes No (Please Circle)





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Physical Exam

1. BP _____
2. Heart Rate _____
3. Cardiac Auscultation _____

ECG

Result _____

Refer to Mater **Yes No** (Please Circle)

Refer criteria for ECG's

- a) QRS complex longer than 120 milliseconds
- b) QT interval longer than 460 milliseconds
- c) T wave inversion other than in leads AVR, V1 and Lead 3
- d) Rhythm other than sinus rhythm
- e) Delta waves

