



Owen Roe O'Neill's SAC Leckpatrick



HEALTH & SAFETY POLICY

HEALTH & SAFETY STATEMENT:

Owen Roe O'Neill's GAC, Leckpatrick, are strongly committed to encouraging our members to take part, but the health, well-being and safety of each individual is always our paramount concern. We recommend levels of training dependent on age and ability, and expect our players to participate within these boundaries.

HEALTH & SAFETY POLICY:

To support our Health & Safety policy statement we are committed to the following duties:

- Undertake regular inspection of the club premises and all activities undertaken by the club
- Create a safe environment by putting health & safety measures in place
- Ensure that all members are given the appropriate level of training and competition by regularly assessing individual ability dependant on age, maturity and development
- Ensure that all members are aware of, understand and follow the club's health & safety policy
- Appoint a competent club member to assist with health and safety responsibilities
- Ensure that normal operating procedures and emergency operating procedures are in place and known by all members
- Provide access to adequate first aid facilities, telephone and qualified first aider at all times
- Report any injuries or accidents sustained during any club activity or whilst on the club premises
- Ensure that the implementation of the policy is reviewed regularly and monitored for effectiveness.

AS A CLUB MEMBER YOU HAVE A DUTY TO:

- Take reasonable care for your own health & safety and that of others who may be affected by what you do or not do
- Co-operate with the club on health & safety issues
- Correctly use all equipment provided by the Club





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HEALTH & SAFETY POLICY

- Not interfere with or misuse anything provided for your health, safety or welfare.
- The Club shall record any accident reported/witnessed on the form below and will keep on file.

The Accident Report Form must be completed as follows:

- Coach of Team / Individual
- Injured Party's Name
- Injured Party's Date – of – Birth and Address
- FULL details of time, location, nature of injury etc
- Severity of Injury
- First Aid and Medical Attention provided
- Parents / Guardians informed
- Form MUST be signed by Coach AND Individual completing form

ALL forms must be forwarded to the relevant Designated Officer as soon as possible on completion. The purpose of this is that all records can be kept should there be the need to complete Injury Claim Forms for the individual(s) concerned.

The Club's Health & Safety Officer is Ronan Parker (tel 71 397101 Mob 07435763839)

Location of first aid facilities: Social Room

Location of telephones: Front door entrance hall and in small Committee room



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ACCIDENT REPORT FORM

COACH IN ATTENDANCE:	
INJURED PARTY Name:	
Age/DOB	
Address	
ACCIDENT DETAILS ▪ Date: ▪ Time: ▪ Exact location: ▪ Injury: ▪ How happened	
SEVERITY: • Minor <input type="checkbox"/> • Considerable <input type="checkbox"/> • Severe <input type="checkbox"/>	
FIRST AID INVOLVED?	YES / NO
MEDICAL ATTENTION REQUIRED?	YES / NO
PARENTS INFORMED?	YES / NO
BY WHOM :	
FORM COMPLETED BY:	
Date:	