

ACCESS TO FIRST AID STATEMENT

NAME OF CLUB: *Lightwater Junior Badminton Club*



FIRST AID PROVISION BY VENUE PROVIDER

The Lightwater Leisure Centre provides emergency first aid equipment and a member of staff qualified in first aid is on duty and available at all opening times. Depending on shift rotation, there are eight named 'First Aiders' listed.

Relevant Document: Ref: EP018RA Guidelines for dealing with an Incident/Accident/Emergency - Incident/Accident section.

FIRST AID PROVISION BY CLUB

The club maintains a first aid kit, available at the club venue and accessible by all Lightwater Junior BC coaches. The nominated club officer is responsible for ensuring that the first aid kit is easily accessible and that it is fully stocked with items that are within their usable life.

Nominated Club Officer: Lesley Williams

Under guidance from the Health & Safety Executive, the first aid kit contains the following items:

- The HSE Basic Advice on First Aid at Work leaflet giving general guidance on first aid. (Revised 2017).
- 20 individually wrapped sterile adhesive dressings (assorted sizes).
- Two sterile eye pads.
- Eyewash – Ultra saline
- Individually wrapped triangular bandages.
- Twelve safety pins.
- Six medium-sized (approximately 12cm x 12cm) individually wrapped sterile un-medicated wound dressings.
- Two large (approximately 18cm x 18cm) un-medicated wound dressings.
- One large sterile dressing.
- One burn wound lint pad.
- Three alcohol-free wipes.
- One wrapped crepe bandage.
- Latex free, low allergy plasters for sensitive skin.
- Microporous adhesive tape.
- Scissors.
- Hand Sanitizer.
- Anti-bacterial hand wipes – pack.
- Two instant cold packs.
- One pair of disposable gloves.
- Face masks – pack.

SIGNED:

A handwritten signature in black ink, appearing to read 'John Williams'.

NAME: JOHN WILLIAMS

POSITION: Club Chairperson

DATE: 25/08/2024

Doc Ref: FA017CS Aug 2024



Basic advice on first aid at work

This leaflet contains basic advice on first aid for use in an emergency. It is not a substitute for effective training.



This is a free-to-download, web-friendly version of INDG37. This version has been adapted for online use from HSE's current printed version.

You can buy the book at <https://books.hse.gov.uk/> and most good bookshops.

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Price £10.00 (Pack of 20)

INDG347
Published 2017

What to do in an emergency

Priorities

Your priorities are to:

- assess the situation – do not put yourself in danger;
- make the area safe;
- assess all casualties and attend first to any **unconscious** casualties;
- send for help – do not delay.

Check for a response

Gently shake the casualty's shoulders and ask loudly, 'Are you all right?' If there is no response, your priorities are to:

- shout for help;
- open the airway;
- check for normal breathing;
- take appropriate action.

A Airway

To open the airway:

- place your hand on the casualty's forehead and gently tilt the head back;
- lift the chin with two fingertips.



B Breathing

Look, listen and feel for normal breathing for no more than 10 seconds:

- look for chest movement;
- listen at the casualty's mouth for breath sounds;
- feel for air on your cheek.



If the casualty is breathing normally:

- place in the recovery position;
- get help;
- check for continued breathing.



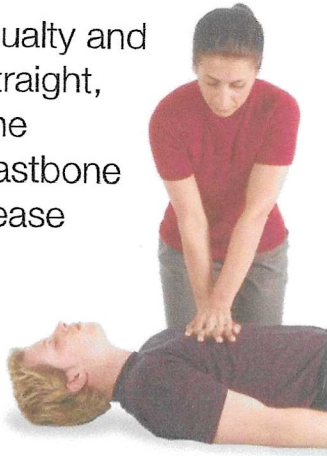
If the casualty is not breathing normally:

- get help and call for an AED* if available
- start chest compressions (see CPR).

C CPR

To start chest compressions:

- lean over the casualty and with your arms straight, press down on the centre of the breastbone 5–6 cm, then release the pressure;
- repeat at a rate of about 100–120 times a minute;
- after 30 compressions open the airway again;
- If an AED* is available use in accordance with your training/manufacturer's instructions
- pinch the casualty's nose closed and allow the mouth to open;
- take a normal breath and place your mouth around the casualty's mouth, making a good seal;
- blow steadily into the mouth while watching for the chest rising;



- remove your mouth from the casualty and watch for the chest falling;
- give a second breath and then start 30 compressions again without delay;
- continue with chest compressions and rescue breaths in a ratio of 30:2 until qualified help takes over or the casualty starts breathing normally.

Severe bleeding

If there is severe bleeding:

- apply direct pressure to the wound;
- raise and support the injured part (unless broken);
- apply a dressing and bandage firmly in place.

Broken bones and spinal injuries

If a broken bone or spinal injury is suspected, **obtain expert help.**

Do not move casualties unless they are in immediate danger.

Burns

Burns can be serious so if in doubt, seek medical help. Cool the affected part of the body with cold water until pain is relieved. Thorough cooling may take 20 minutes or more, but this must not delay taking the casualty to hospital.

Certain chemicals may seriously irritate or damage the skin. Avoid

* Where an employer has identified through their needs assessment that they wish to provide an Automated External Defibrillator (AED) in the workplace, then the Provision and Use of Workplace Equipment Regulations 1998 (PUWER) apply. For the purpose of complying with PUWER in these situations the employer should provide information and written instructions – for example, from the manufacturer of the AED – on how to use the AED. The Approved Code of Practice (ACOP) and guidance on PUWER (L22 - <http://www.hse.gov.uk/pubns/ priced/l22.pdf>) provides information on instructions, maintenance, inspection and the suitability of work equipment.

contaminating yourself with the chemical. Treat in the same way as for other burns but flood the affected area with water for 20 minutes. Continue treatment even on the way to hospital, if necessary. Remove any contaminated clothing which is not stuck to the skin.

Eye injuries

All eye injuries are potentially serious. If there is something in the eye, wash out the eye with clean water or sterile fluid from a sealed container, to remove loose material. **Do not attempt to remove anything that is embedded in the eye.**

If chemicals are involved, flush the eye with water or sterile fluid for at least 10 minutes, while gently holding the eyelids open. Ask the casualty to hold a pad over the injured eye and send them to hospital.

Record keeping

It is good practice to use a book for recording any incidents involving injuries or illness which you have attended. Include the following information in your entry:

- the date, time and place of the incident;
- the name and job of the injured or ill person;
- details of the injury/illness and any first aid given;
- what happened to the casualty

immediately afterwards (eg went back to work, went home, went to hospital);

- the name and signature of the person dealing with the incident.

This information can help identify accident trends and possible areas for improvement in the control of health and safety risks.

Further information

For information about health and safety visit <https://books.hse.gov.uk> or <http://www.hse.gov.uk>. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

To report inconsistencies or inaccuracies in this guidance email: commissioning@williamslea.com

This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.

This leaflet is available in priced packs from HSE Books, ISBN 978 0 7176 6668 3.

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