## Kinvara Hockey Club Procedure for Managing and Recording Accidents

## **Process for Managing Accidents**

The recording of accidents is the responsibility of all club personnel but particularly those in charge of club members. This typically includes coaches, managers, Junior Coordinator, team captains and/or Head Coaches.

- 1. Appoint a person to be in charge of recording accidents. This person's details should be shared with all club members who may potentially record accidents.
- 2. At the end of each season or year end the Accident Report Forms should be reviewed to see:
  - a. Is there a pattern or a high number of similar accidents occurring?
  - b. Is it possible to make changes to reduce the number of accidents?
- 3. A brief report should then be sent to the Club Committee with a view to any changes in policy to be implemented.

## **Procedure for Recording Accidents**

1.	The person responsible for monitoring accidents for Kinvara Hockey Club is as follows	
	NAME:	
	EMAIL:	
	MOBILE:	

- 2. All accidents must be recorded regardless of the severity of an accident
- 3. When an accident occurs, the person in charge who was present at the time of the accident is required to complete an Accident Report Form.
- 4. The completed Accident Report Form must then be returned to the club (see person responsible above).
- 5. Any follow up actions must also be communicated to the club (see person responsible above).
- 6. All Accident Report Forms must be kept in a secure location.
- 7. If the accident involves a child, the parent of the child must be contacted or spoken to preferably as soon as possible after the accident has occurred.
- 8. The Club Children's Officer or Designated Person must be contacted if there is a concern related to a child or vulnerable adult.
- 9. Implement any actions that will prevent a re-occurrence and report that action to the Club Committee if deemed necessary.
- 10. Maintain records in a secure location for 5 years.

## **Accident Report Form**

Coach/Leaders in Attendance		
Injured Parties		
Name		
Address		
DOB		
Accident Details		
Date:		
Time:		
Exact Location:		
Exact Education.		
Description of incident:		
Injury Details		
Severity Mild Moderate Severe		
Detail the First Aid Care Required		
Medical Care Required Yes No		
Devents Informed Vos. No.		
Parents Informed Yes No  Detail communication between Coach / Loader and Barent		
Detail communication between Coach/Leader and Parent		
Parent /Guardian Name		
Name of who Spoke to Parent/Guardian		
Form Completed by		
Print Name Signature		
All forms must be sent to Chairperson or CCO for Club Records		
Chair/ CCO Signature Date Form Received		
Date Form Received		
Report Required to Outside Agency Yes No		
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