

# St. Albans City Youth Community F.C.

Patron: Annie Brewster  
President: Malcolm MacMillan  
Affiliated to:  
Hertfordshire County F.A.

## FIRST AID & EMERGENCY ACTION PLAN

1. Each team must have a qualified first aider. All Managers and coaches must ensure they have an up to date certificate or recognised qualification.
2. Each team must have an up to date first aid kit that is kept fully stocked, the kit must be available at training sessions and matches.
3. Each team manager must have a copy of every player's medical form available at training sessions and matches.
4. There must always be two adults present with a mobile phone at training sessions and matches.
5. The pitch must always be inspected before training or a match commences, searching for any sharp objects/broken glass/rabbit holes or anything else that could cause injury.
6. Goal posts must be checked before training sessions and matches. to ensure that they are fixed securely.
7. Be familiar with your surroundings; know the full address where you are playing including the post code. Ensure access to the pitch is available for an ambulance, know where the nearest hospital is located, to the ground you are playing at. Medical Action Plans for our key sites are available on our website at [www.cityyouthfc.co.uk](http://www.cityyouthfc.co.uk).
8. If you have to treat a player for an injury that requires hospital treatment then keep a note of the details, time, and what happened for future reference. Use the Accident Report Form (attached) and keep it in your first aid kit. Return completed form to Club Secretary for retention.
9. Limit your first aid treatment and /or advice to the knowledge and practise in which you are formally trained. Carry and use only medical items that you have been trained to use.
10. Protect yourself, others and the casualty. The golden rule is "first do no harm ", do what is necessary to prevent deterioration of the players' condition whilst awaiting the arrival of emergency services.



F.A. CHARTER STANDARD COMMUNITY CLUB

Web Site [www.cityyouthfc.com](http://www.cityyouthfc.com) e-mail [info@cityyouthfc.com](mailto:info@cityyouthfc.com)  
Registered Charity No. 1089343



# ACCIDENT/INJURY REPORT FORM

1. Site where accident took place.  
.....
2. Name of person in charge.  
.....
3. Name of injured person.  
.....
4. Address of injured person.  
.....
5. Date and time of incident/accident.  
.....
6. Name of incident/accident.  
.....
7. Give details of how accident took place. Describe what activity was taking place e.g. training programme, getting changed etc.....  
.....  
.....
8. Give full details taken including any first aid treatment and the name(s) of the first aider(s).....  
.....  
.....
9. Were any of the following contacted.  
Ambulance. Yes/No  
Parent/Guardian. Yes/No  
Police. Yes/No
10. What happened to the injured person following the accident?  
.....  
.....
11. Names and addresses of witnesses.  
.....  
.....
12. All of the above facts are a true to the best of my knowledge and belief. Name (print)  
.....
13. **Please return to Club Secretary**

Signed ..... Date .....



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