

MAYLANDS YACHT CLUB TRAINING CENTRE HEALTH & SAFETY POLICY



FIRST AID KITS are kept in



- Canteen
- Each Support Boat
- Committee Room

The following rules apply to any trainee undertaking Sail Training at this Club:

1. Do not play in the water entering the river from the Bayswater Drain due to the possibility of contamination of waste from street drainage.
2. Do not play or swim in the river during the training session. You should be assisting to rig or unrig the boats.
3. Always wear protective footwear. There may be sharp shells in the sand or perhaps broken glass.
4. Protect all parts of your skin exposed to damage by the sun's rays by wearing a hat, shirt (preferably long sleeved) and sunscreen. Do not forget to apply sunscreen to the ears, lips and hands.


Remember: Slip, Slop, Slap
5. In the event of a capsize stay close to your boat. If you need assistance raise your hand to attract the attention of the Support Boat crews.
6. When a Support Boat comes alongside your boat, make sure your fingers and hands are not in the way.
7. Always obey the rules of sailing.
8. Should the Support Boat sound its hooter three times in a row, return to shore immediately.



What to do in the event of a serious accident:


1. Report to any trainer or adult.
2. If required the trainer or adult will:
 - Render appropriate First Aid
 - If necessary
 - a. arrange transport to the nearest emergency medical centre (Mercy Hospital)
 - b. call an ambulance (Dial 000 or 211)
 - Report the incident to the Commodore (Steve Rose) or the Rear Commodore of Training (Ken Patterson)
 - Make a written record of the incident, including the names of those involved and any witness or witnesses to the event. This record needs to be passed to the Commodore. (See First Aid Record Sheet next page)

CALL




CALL 000

BLOW




TILT HEAD, LIFT CHIN, CHECK BREATHING 10 SECONDS




GIVE TWO QUICK BREATHS

PUMP



POSITION HANDS IN CENTRE OF CHEST



FIRMLY PUSH DOWN 1/3 CHEST DEPTH 30 TIMES

CONTINUE WITH TWO BREATHS AND 30 PUMPS UNTIL HELP ARRIVES

FIRST AID RECORD



Date: _____ Time: _____

Casualty's Name: _____ Age: _____

Address: _____

Date of Birth: _____

ILLNESS / INJURY SUSTAINED:

Incident Details: _____

Nature of Illness/ Injury: _____

First Aid Given: _____

PERSON COMPLETING REPORT:

Name: _____ Phone Number: _____

Address: _____

Signature: _____

Date: _____

Casualty/Witness Name: _____

Casualty/Witness Signature: _____