

# **KIXX Procedures**

**Procedure Number: KIXX-P014**

## **FIRST AID - What to do if someone is hurt.**

**Author:..... Date:.....**

**Checked:..... Date:.....**

## **Introduction:**

The purpose of the procedure is to make easier the task of assisting in the case of an accident / incident at KIXX Martial Arts. It is the **responsibility of every person** maintaining and contributing to the **KIXX** website to ensure that they are **fully conversant** with this **procedure**.

## **WHAT TO DO IF SOMONE IS HURT OR INJURED**

**Stay calm but act swiftly and observe the situation. Is there any danger of further injury?**

**Listen to what the injured person is saying.**

**Alert the First Aider who should take appropriate action for minor injuries. Ensure you know who the trained First Aiders are in the Gym. The KIXX Gym address is:**

**KIXX Martial Arts  
Granville Rd  
Maidstone  
Kent. ME14 2BJ.**

**The KIXX contact phone number is 07941 340 284.**

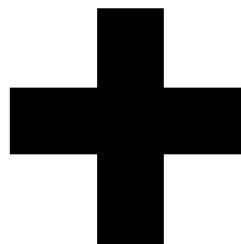
**In the event of an injury requiring specialist treatment, call the emergency services.**

**Deal with the rest of the group and ensure that they are adequately supervised.**

**Do not move someone with major injuries. Wait for the emergency medics to arrive.**

**Contact the injured persons parent / guardian / carer.**

**Complete an Incident / Accident Report form.**



# **INCIDENT / ACCIDENT REPORT FORM**

Name of injured person:	
Date and time of incident / accident:	
Site where incident / accident took place:	
Name of person in charge of session / class:	
Give details of how and precisely where the incident / accident took place. Describe what activity was taking place e.g. training game, getting changed, etc.	
Give full details of the action taken including any First Aid treatment given and the name of the First Aider (s):	
Were any of the following contacted?	Police: Yes / No Ambulance: Yes / No Parent / Guardian / Carer: Yes / No
What happened to the injured person following the incident / accident? (e.g. went home, went to hospital, carried on with session / class).	
<b>ALL of the above facts are a true and accurate record of the incident / accident.</b>	
<b>SIGNED:</b>	<b>DATE:</b>
<b>PRINT NAME:</b>	<b>Countersigned by KIXX Gym Manager:</b>

***When completed please give this form to the KIXX Gym Manager. Forms will be collated and filed by the KIXX Gym Manager. These forms will be kept for 10 years.***