**Stewards / Volunteer Plan and Schedule**

Experienced Stewards and designated volunteers will be in place at the event in line with the risk profile and assessment compelted

Stewards/Volunteers will be of a responsible age

Stewards/Volunteers will “sign on” for the event

Stewards/Volunteers will be contactable by mobile phone / radio and all mobile phone details will be collated in advance of the event and maintained at Event HQ and by desiganted persons

Stewards/Volunteers will remain at their post until informed they are “stood down”

Stewards/Volunteers will be provided with High Vis or other means of identificaiton

Stewards/Volunteers will be provided with all equipment necessary to safey perform their duties

**Record Contact details and total numbers - (Roles - Information / Customer Service / Ticket or Other Sales / Event Registration / Crowd management / Refreshment Provision / Cleaning / Car Park Supervison / MC/Compere / Run/Cycle/Walk Route Supervision or Water Station etc.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LOCATION** | **INSTRUCTION** | **ROLE** | **Steward (S)**  **Name (S)** | **MOBILE #** | **START TIME** | **FINISH TIME** |
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**General Guidelines for all Volunteers/Stewards to be covered in Volunteer Pre-Event Briefing**

**Volunteer Pre event brief will take place at (update as applicable to your event)**

**General duties / Guidelines for all Volunteers/Stewards**

* Be Friendly and Courteous to all
* Be Visible
* Be Loud and Clear – keep all instructions clear and audible
* Do not be afraid to take any measure necessary to ensure the safety of an individual
* Assist the Emergency Services in the event of emergency access being required
* All incidents and or near misses to be reported to the Designated Club Contact
* In the event of a problem, Stewards can contact the overall Event Co-ordinator – insert name or update as applicable to your event
* Stewards will collect the following at the briefing: Hi-visibility bib, and Contact numbers Update as per event risk assesment and / or details
* Responsibilities of different types of stewards to be outlined at briefing
* Ensure stewards attend for debriefing
* Additional guidance as per event details

**CLEANING ROTA (CLEANING ROTA TO BE IN PLACE FOR EACH MONITORED AREA E.G. – ALL BATHROOMS, MAIN HALL, ENTRANCE / EXIT ETC.)**

Toilet Check / Cleaning Rota

**Club Name:**

**Date:**

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| --- | --- | --- |
| **TIME Update as applicable** | **ACTION REQUIRED** | **CHECKED BY (Name)** |
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# **Accident report Form**

**Name of Club:**

**Address of Club**:

**Name of Injured Person:**

**Address of Injured Party:**

**Occupation (if known):**

**Is the Injured Party a Club Member:** Yes / No

**Date and time of accident/incident:**

**Description of Accident/Incident and Injuries, if any sustained:**

**Witnesses\* if any;**

\***Witnesses must complete Witness Statement form**

**Was incident reported at time it occurred?** YES 🞏 NO 🞏

**If Yes, to whom?** **Name**: **Position**:

**Is CCTV footage\* available?**  YES 🞏 NO 🞏

**Is CCTV footage\* securely preserved?** YES 🞏 NO 🞏

\***If CCTV Is available make a copy and return with compelted form**

**Was medical attention given by;**

First aider 🞏 Doctor 🞏 Hospital 🞏 None 🞏

**Details (including name of first-aider):**

**Has injured party submitted invoice/receipt for treatment received:**

Yes 🞏 No 🞏 Not applicable 🞏

**Was accident investigated?** YES 🞏 NO 🞏

**If yes, by whom?**

**Immediate and root cause of accident (if known);**

**Does the accident/incident need to be reported to the Health & Safety Authority\*?**

**\*If unsure please contact GAA Insurance Broker or GAA Risk and Insurance Manager for guidance**

YES 🞏 NO 🞏

**If yes, date report sent and by whom**:

**Signed: Date:**

**Position in Club / County**

**Notes: All incidents which may give rise to a claim must be reported immediately ref page 28 GAA Insurance Policy**

# **ARF Witness Statement**

**Name of injured person:**

**Date and time of accident:**

**Name of person making statement:**

**Statement:**

**Signed**

**Date:**

**Name Block capitals**

**Position:**

**First-Aid Treatment Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of patient** | **Type of injury** | **Treatment**  **given** | **Name of person providing treatment** | **Date** |
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