

Herbalife Nutrition Club - East London

Safety & Admin Templates (Print Pack)

Designed for fast-paced sessions: clear safety rules, privacy safeguards, and simple incident documentation.

Printing tips: Print on A4. The Stop Rules poster can be printed larger (A3) if available. Laminate the Emergency Cards.

Note: These templates are practical safety tools and plain-language notices. They do not replace legal advice or medical care.

1) Attendance Register - Quick Sign-In

Session Date: ____ / ____ / 20____ Start Time: _____ Location: _____
Coach 1: _____ Coach 2: _____ Minimum staffing: 2 coaches per session

IMPORTANT NOTICE (PLEASE READ)

By writing my name on this register and participating in the session, I confirm that I:

- feel well enough to exercise today;
- have taken my prescribed medication as directed by my clinician (if applicable);
- will stop immediately and alert a coach if I experience **chest pain/pressure, dizziness, faintness, severe shortness of breath, confusion, or unusual symptoms**;
- understand this is a **fitness session, not medical care**. Coaches are not healthcare providers.

If I cannot confirm the points above, I choose ONE today:

- Easy Lane only, OR
- Sit out today / speak to a coach after class

Emergency services: If an ambulance/emergency service is called on my behalf, I understand that **any fees charged by the service provider may be for my account** (member/patient responsible for payment).

Privacy: Sign one at a time. No photographs of this register. The register is kept under coach control during the session.

If I do not agree, I will not participate and will speak to a coach.

POPIA notice: We collect attendance for administration and safety. Where contact/emergency details are provided, they are kept confidential (staff-only) and may be shared with emergency services or your listed emergency contact if needed.

#	Full Name & Surname	Initials
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New members: complete the separate Confidential Emergency Contact Form once (kept by coaches; not displayed publicly).

2) Confidential Emergency Contact Form (Staff-Only)

Use this form for new members or whenever details change. Keep completed forms in a folder/envelope under coach control.

Full Name & Surname: _____

Cell Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Relationship: _____

Optional emergency info (optional - tick if you want coaches to know):

☐ Asthma/COPD - I carry my inhaler

☐ Diabetes - I carry glucose/sweets

☐ Epilepsy - seizure history

☐ Heart condition / angina history

☐ Mobility issues / recent surgery (go Easy Lane)

☐ Other (optional): _____

Consent by completion: By completing this form, I consent to the club using this information for safety and emergency purposes, and to contact the emergency contact listed if needed.

POPIA notice: This information is collected for safety and emergency purposes only, stored securely, and shared only when necessary (e.g., with emergency services or your emergency contact).

Member Initials: _____ Date: ____ / ____ / 20____ Coach Initials: _____

3) Session Introduction (Coach Script - 45 to 60 Seconds)

Hi family, welcome.

This is a **safe session**. Please choose your lane today:

- **Easy Lane** (low impact / chair options)
- **Moderate Lane** (normal pace)
- **Advanced Lane** (higher intensity)

You can change lanes anytime - there is no competition.

Important safety rule: If you feel **chest pain/pressure, dizziness, faint, severe shortness of breath, or confusion** - **STOP immediately** and call a coach.

If you have **BP, diabetes, asthma/COPD, epilepsy, heart problems**, or you are recovering from illness/surgery, you can still join - use **Easy Lane**, go slower, and keep your prescribed medication with you.

Medication reminder: If you did not take your prescribed medication today as directed, please choose Easy Lane or sit out and speak to a coach after class.

We also have an optional **Health Corner** after class for BP checks and quick guidance. Let's go!

4) STOP RULES - YOUR SAFETY FIRST (Poster)

STOP EXERCISING AND CALL A COACH IMMEDIATELY IF YOU FEEL:

- Chest pain / pressure / tightness
- Dizziness / feeling like you'll faint
- Severe shortness of breath that doesn't settle with rest
- Confusion, sudden weakness, or severe headache
- Any sudden worsening of your condition

If you have BP / Diabetes / Asthma / COPD / Epilepsy / Heart conditions:

- Use the **EASY LANE** and go at your pace
- Keep your **prescribed medication** with you (bag/pocket)
- If you did not take your prescribed medication today: **Easy Lane** or **sit out** and speak to a coach

Optional Health Corner (after class): BP checks + quick safety guidance (no judgement, no pressure)

Emergency numbers (South Africa): 112 (cell), 10177 (ambulance), 10111 (police)

Private ambulance: Alderson Ambulance: _____

Disclaimer: This is a fitness session, not medical care. If unsure, consult a doctor/clinic.

5) Health Corner Sign (Optional Table Sign)

HEALTH CORNER (OPTIONAL)

Want to check your BP today?

BP checks available **after class** (quick + friendly)

No judgement. No pressure.

6) Coach Emergency Card - FRONT (Print, Cut, Laminate)

<p>A) Chest pain / collapse</p> <ol style="list-style-type: none"> 1) Stop activity, sit/lie down 2) If severe/new/not settling: call EMS (112 / 10177 / Private) 3) Monitor breathing + responsiveness 4) Not breathing/unresponsive: CPR <p>B) Fainting / near-faint</p> <ol style="list-style-type: none"> 1) Stop and help sit/lie down 2) Lay flat + raise legs (if no injury suspected) 3) Cool person, fresh air, loosen clothing 4) If awake: small sips of water 5) Call EMS if not waking quickly or red flags <p>C) Diabetic low sugar (hypo)</p> <ol style="list-style-type: none"> 1) Stop and sit 2) If awake and can swallow: sweet drink / glucose / sweets 3) Wait ~15 min and reassess 4) If unconscious/seizing/can't swallow: call EMS (no food/drink) <p>D) Seizure</p> <ol style="list-style-type: none"> 1) Time it (phone) 2) Clear hazards, protect head, don't restrain 3) Turn to side when safe 4) Call EMS if >5 min, repeated, injury, breathing trouble <p>E) Asthma/COPD breathing attack</p> <ol style="list-style-type: none"> 1) Stop, sit upright, stay calm 2) Assist with their own inhaler (if they have it) 3) Coach breathing: in through nose, out through mouth 4) Call EMS if severe/not improving/blue lips/confusion <p>F) Strain/sprain</p> <ol style="list-style-type: none"> 1) Stop activity 2) Rest + support area 3) Ice 10-15 min (wrap ice) 4) Refer if severe pain, swelling, deformity, can't weight-bear 	<p>A) Chest pain / collapse</p> <ol style="list-style-type: none"> 1) Stop activity, sit/lie down 2) If severe/new/not settling: call EMS (112 / 10177 / Private) 3) Monitor breathing + responsiveness 4) Not breathing/unresponsive: CPR <p>B) Fainting / near-faint</p> <ol style="list-style-type: none"> 1) Stop and help sit/lie down 2) Lay flat + raise legs (if no injury suspected) 3) Cool person, fresh air, loosen clothing 4) If awake: small sips of water 5) Call EMS if not waking quickly or red flags <p>C) Diabetic low sugar (hypo)</p> <ol style="list-style-type: none"> 1) Stop and sit 2) If awake and can swallow: sweet drink / glucose / sweets 3) Wait ~15 min and reassess 4) If unconscious/seizing/can't swallow: call EMS (no food/drink) <p>D) Seizure</p> <ol style="list-style-type: none"> 1) Time it (phone) 2) Clear hazards, protect head, don't restrain 3) Turn to side when safe 4) Call EMS if >5 min, repeated, injury, breathing trouble <p>E) Asthma/COPD breathing attack</p> <ol style="list-style-type: none"> 1) Stop, sit upright, stay calm 2) Assist with their own inhaler (if they have it) 3) Coach breathing: in through nose, out through mouth 4) Call EMS if severe/not improving/blue lips/confusion <p>F) Strain/sprain</p> <ol style="list-style-type: none"> 1) Stop activity 2) Rest + support area 3) Ice 10-15 min (wrap ice) 4) Refer if severe pain, swelling, deformity, can't weight-bear
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Print this page and the BACK page double-sided (flip on long edge), then cut and laminate.

7) Coach Emergency Card - BACK (Print, Cut, Laminate)

<p>G) Fall / suspected fracture / head injury</p> <ol style="list-style-type: none">1) Don't rush them up2) Check pain, bleeding, dizziness, confusion, neck pain3) Call EMS if head strike + confusion/vomiting, severe pain, deformity, or cannot stand4) Keep warm, reassure, wait <p>H) Bleeding / cuts</p> <ol style="list-style-type: none">1) Gloves if available2) Direct pressure with clean cloth3) Elevate if possible4) If bleeding won't stop or deep wound: call EMS / clinic <p>After any incident: Write a short incident note (date/time, what happened, what you did, outcome, witness/coach name).</p> <p>Emergency numbers: 112 (cell) 10177 (ambulance) 10111 (police) Private: _____</p>	<p>G) Fall / suspected fracture / head injury</p> <ol style="list-style-type: none">1) Don't rush them up2) Check pain, bleeding, dizziness, confusion, neck pain3) Call EMS if head strike + confusion/vomiting, severe pain, deformity, or cannot stand4) Keep warm, reassure, wait <p>H) Bleeding / cuts</p> <ol style="list-style-type: none">1) Gloves if available2) Direct pressure with clean cloth3) Elevate if possible4) If bleeding won't stop or deep wound: call EMS / clinic <p>After any incident: Write a short incident note (date/time, what happened, what you did, outcome, witness/coach name).</p> <p>Emergency numbers: 112 (cell) 10177 (ambulance) 10111 (police) Private: _____</p>
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8) Incident / Accident Report (Confidential)

Use only when something happens. Keep completed reports in a secure folder.

Date: ____/____/20____ Time: _____ Location: ☐ Gym ☐ Outside ☐ Entrance ☐ Toilet ☐ Other: _____

Session type: ☐ Pensioners ☐ Mixed ☐ Other: _____ Coach 1: _____ Coach 2: _____

Member details

Full name: _____ Cell: _____

Emergency contact: _____ Emergency number: _____

Age group: ☐ <18 ☐ 18-39 ☐ 40-59 ☐ 60+

Incident type (tick)

☐ Chest pain/collapse ☐ Fainting ☐ Breathing attack (Asthma/COPD) ☐ Diabetic low sugar

☐ Seizure ☐ Fall/trip ☐ Strain/sprain ☐ Cut/bleeding ☐ Other: _____

What happened (brief)

Actions taken (tick)

☐ Stopped activity/rested ☐ Seated upright/recovery position ☐ Legs raised (faint) ☐ Assisted with own inhaler

☐ Given glucose/sweets (awake only) ☐ Ice applied ☐ Pressure to bleeding ☐ CPR started ☐ Other: _____

Emergency services

EMS called? ☐ No ☐ Yes Called: ☐ 112 ☐ 10177 ☐ Private Time called: _____ Arrived: _____

Outcome: ☐ Returned to class ☐ Went home ☐ Transported to clinic/hospital ☐ Other: _____

Coach 1 name & initials: _____ Coach 2 name & initials: _____ Report completed (date): ____/____/20____

9) Coach Safety Kit - Weekly Checklist

Tick weekly (or before large sessions). Keep this sheet with the first aid kit.

- ☐ First aid kit stocked
- ☐ Gloves available
- ☐ Clean cloth/gauze available
- ☐ Plasters/bandages available
- ☐ Ice pack available (or alternative)
- ☐ Glucose sweets available (for suspected low sugar)
- ☐ Water available
- ☐ Emergency numbers visible
- ☐ Incident report forms available

Date checked: ____/____/20____ Checked by (name/initials): _____

10) Coach Register Handling & Privacy SOP (Internal)

- The attendance register stays in the hands of Coach 2 at all times (not left on a table).
- Members sign one at a time. Do not allow a crowd around the clipboard.
- Angle the clipboard down to reduce visibility of previous lines.
- No photos of the register. Politely enforce.
- After the session, place documents in an envelope/folder and store in a secure place.
- Keep Confidential Emergency Contact Forms in a separate folder (staff-only).
- Share personal details only when necessary (emergency contact or emergency services).

Emergency numbers (South Africa): 112 (cell) | 10177 (ambulance) | 10111 (police)

End of pack.