

# **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: 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)

<b>A) Chest pain / collapse</b> 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	<b>A) Chest pain / collapse</b> 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
<b>B) Fainting / near-faint</b> 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	<b>B) Fainting / near-faint</b> 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
<b>C) Diabetic low sugar (hypo)</b> 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)	<b>C) Diabetic low sugar (hypo)</b> 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)
<b>D) Seizure</b> 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	<b>D) Seizure</b> 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
<b>E) Asthma/COPD breathing attack</b> 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	<b>E) Asthma/COPD breathing attack</b> 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
<b>F) Strain/sprain</b> 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	<b>F) Strain/sprain</b> 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

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><b>G) Fall / suspected fracture / head injury</b></p> <ol style="list-style-type: none"><li>1) Don't rush them up</li><li>2) Check pain, bleeding, dizziness, confusion, neck pain</li><li>3) Call EMS if head strike + confusion/vomiting, severe pain, deformity, or cannot stand</li><li>4) Keep warm, reassure, wait</li></ol> <p><b>H) Bleeding / cuts</b></p> <ol style="list-style-type: none"><li>1) Gloves if available</li><li>2) Direct pressure with clean cloth</li><li>3) Elevate if possible</li><li>4) If bleeding won't stop or deep wound: call EMS / clinic</li></ol> <p><b>After any incident:</b> Write a short incident note (date/time, what happened, what you did, outcome, witness/coach name).</p> <p><b>Emergency numbers:</b> 112 (cell)   10177 (ambulance)   10111 (police)   Private: _____</p>	<p><b>G) Fall / suspected fracture / head injury</b></p> <ol style="list-style-type: none"><li>1) Don't rush them up</li><li>2) Check pain, bleeding, dizziness, confusion, neck pain</li><li>3) Call EMS if head strike + confusion/vomiting, severe pain, deformity, or cannot stand</li><li>4) Keep warm, reassure, wait</li></ol> <p><b>H) Bleeding / cuts</b></p> <ol style="list-style-type: none"><li>1) Gloves if available</li><li>2) Direct pressure with clean cloth</li><li>3) Elevate if possible</li><li>4) If bleeding won't stop or deep wound: call EMS / clinic</li></ol> <p><b>After any incident:</b> Write a short incident note (date/time, what happened, what you did, outcome, witness/coach name).</p> <p><b>Emergency numbers:</b> 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 [ ] 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)

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### 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.