University of Northern Iowa
Wellness and Recreation Services

SPORT CLUB
Risk Management Packet

1. Emergency Action Protocol
2. Illness/Injury Report Form (2 copies)
3. Incident Report Form (2 copies)
Emergency Action Protocol:

- Allow Certified Athletic Trainers to take charge of the situation, if they are present. (If not, take the following steps in handling a serious injury or possible death)
- One person call EMS (911) and another call UNI Public Safety (273-4000)
- Describe nature of emergency to emergency response operators
- Give instructions on ambulance access to the field/facility. (Don’t hang up until instructed)
- Place a relay individual at ambulance arrival site to direct EMS crew and UNI Public Safety.
- Monitor emergency site and discontinue the activity as required by the situation.
- Contact Sport Club Coordinator (770) 713-1726 to report the incident/injury.

Communication equipment and personnel available during events/practices include WRS staff, hand radios, and personal mobile phones.

Post Incident Protocol:

In the event of a serious injury or emergency incident, at a sport club event, a club officer should take the following steps after taking the Emergency Action Protocol step above.

A. Contact Sport Club Coordinator (who will contact the following)
   - WRS Associate Director
   - UHS/WRS Director
   - Appropriate University Officials
   - University Counseling Services

B. Directives for discussion of the incident:
   - Please talk with UNI Public Safety or appropriate UNI officials only.
   - UNI Public Relations Office will coordinate official’s statements.
   - Do not grant interviews to the media.
   - Refer all questions to UNI Marketing and Public Relations Office.

C. Complete a follow up meeting with the Sport Club Coordinator to insure all necessary information has been secured, club members debriefed, and incident/accident reports and statements have been filed.

Important Phone Numbers

EMS.................................................................911  UNI Public Safety.........................273-4000
WRC Welcome Desk...................... 273-2413  Sean Willett......................(770) 713-1726
FOR INJURY/ILLNESS OCCURRING ON UNI PROPERTY OR A PERSON INVOLVED IN A UNI ACTIVITY

ILLNESS/INJURY REPORT FORM
UNIVERSITY OF NORTHERN IOWA

Injured/Ill Person:
Name: __________________________________________ S.S.# ____________________________
Address: ________________________________________________________________
(Number and Street) ____________________ (City) ____________________ (State) (Zip) ________
Check one:
Student ___ Employee ___ Visitor ___ Other ___ (Explain) ________________________________

Date of Injury/Illness: ______ / ______ / _______ Time: ______ a.m. ___ p.m. ______
(m) (D) (yr.)

Location: (Describe exact location)
Building (name) ______________________________ Room Number ______
Grounds Location ________________________________________________________________
Off Campus Location _____________________________________________________________

Circumstances: (describe what happened before, during and after the incident):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
What conditions contributed to incident if not mentioned above?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Was the injury/illness work related? Yes ___ No ___
Name of Medical Facility where transported: ____________________________ by whom?
If Person was not transported, What was done? ____________________________
Signature of Ill or Injured, if possible x ____________________________ Date / / 
Signature of person completing form: x ____________________________ Date / / 
Department ____________________________ Phone ____________________________

Witnesses:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
(Name) ___________________________________ (Address) ________________________ (Phone) 
____________________________________________________________________
Are there any other persons who may have information regarding this incident not listed above? Yes/No (circle)
If yes, whom? Name _______________ Address/Phone ____________________________

Do not write below this point

If seen by a medical care provider, please provide the following information:
Date first seen ____________________________
Name of Health Care Facility ____________________________

Copies to: Public Safety ___ Human Resources ___ Originating Department ___

(Each Department listed above must receive copies of this report).
**FOR INJURY/ILLNESS OCCURRING ON UNI PROPERTY OR A PERSON INVOLVED IN A UNI ACTIVITY**

**ILLNESS/INJURY REPORT FORM**

**UNIVERSITY OF NORTHERN IOWA**

<table>
<thead>
<tr>
<th>Injured/Ill Person:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: __________________</td>
<td>S.S. # __________________</td>
</tr>
<tr>
<td>Address: __________________</td>
<td>__________________</td>
</tr>
<tr>
<td>(Number and Street)</td>
<td>(City)</td>
</tr>
<tr>
<td>Check one:</td>
<td>Student ___ Employee ___ Visitor ___ Other ___ (Explain)</td>
</tr>
</tbody>
</table>

| Date of Injury/Illness: ___ / ___ / ___ | Time: ___ a.m. ___ p.m. |
| Location: (Describe exact location) | |
| Building (name) __________________ | Room Number ____________ |
| Grounds Location | |
| Off Campus Location | |

**Circumstances:** (describe what happened before, during and after the incident):


What conditions contributed to incident if not mentioned above?

Was the injury/illness work related? Yes__ No __

Name of Medical Facility where transported: _____________________________ by whom?

If Person was not transported, What was done?

Signature of Ill or Injured, if possible x _____________________________ Date / / 

Signature of person completing form: x _____________________________ Date / / 

Department _____________________________ Phone _____________________________

**Witnesses:**

<table>
<thead>
<tr>
<th>(Name)</th>
<th>(Address)</th>
<th>(Phone)</th>
</tr>
</thead>
</table>

Are there any other persons who may have information regarding this incident not listed above? Yes/No (circle)

If yes, whom? Name _____________________________ Address/Phone _____________________________

**Do not write below this point**

If seen by a medical care provider, please provide the following information:

Date first seen _____________________________

Name of Health Care Facility _____________________________

**Copies to:** Public Safety ____ Human Resources ____ Originating Department ____

*(Each Department listed above must receive copies of this report).*
INCIDENT REPORT FORM

Name of person completing this form: ____________________________ Position: ____________________________

UNI Address/Phone: __________________________________________

Date of incident: __ __ __ __ __ __ __ __ __ __ __ __ __ __ Time: __ __ __ __ __ __ __ __ __ __ __ __ __ __

(m) (d) (y) am pm

Location: (describe exact location)

Building __________________ Room number __________________

Other __________________

Nature of the incident: __________________ Activity: __________________

Altercation __________________ Informal Recreation __________________

Building maintenance __________________ Intramurals __________________

Fire alarm or sprinklers __________________ Sport Clubs __________________

Other (describe) __________________ Other (describe) __________________

Circumstances: Describe what happened.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

USE BACK FOR ANY ADDITIONAL COMMENTS

What conditions contributed to the incident if any:

____________________________________________________________________________________

Action taken:

____________________________________________________________________________________

Who was called:

__ UNI public safety

__ EMS

__ WRS Staff __________________ (who)

__ Other __________________ (who)

Are there any persons who may have information regarding the incident?

Name __________________ UNI Address/phone __________________

Name __________________ UNI Address/phone __________________

Signature of person completing form: ____________________________ Date: ____________________________

Office use only

WRS Supervisor signature ____________________________ Date: ____________________________

Notes: ____________________________
INCIDENT REPORT FORM

Name of person completing this form:

Position:

UNI Address/Phone:

Date of incident:__/__/_________ Time:____am____pm____

(m) (d) (y)

Location: (describe exact location)

Building __________________ Room number __________________

Other __________________________

Nature of the incident: Activity:

____ Altercation __________________ Informal Recreation

____ Building maintenance __________________ Intramurals

____ Fire alarm or sprinklers __________________ Sport Clubs

____ Other (describe) __________________ Other (describe) __________________

Circumstances: Describe what happened.

__________________________

USE BACK FOR ANY ADDITIONAL COMMENTS

What conditions contributed to the incident if any:

________________________

Action taken:

________________________

Who was called:

____ UNI public safety

____ EMS

____ WRS Staff __________________ (who)

____ Other __________________ (who)

Are there any persons who may have information regarding the incident?

Name __________________ UNI Address/phone __________________

Name __________________ UNI Address/phone __________________

Signature of person completing form: _________________________ Date: __________

Office use only

WRS Supervisor signature ______________________ Date: __________

Notes:

________________________

________________________

________________________