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*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)

University of Northern Iowa  
Wellness and Recreation Services

- UNI Sport Clubs Program –

**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**

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**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).

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# INCIDENT REPORT FORM

Route to:

- Tim \_\_\_\_\_
- Jim \_\_\_\_\_
- Chris \_\_\_\_\_
- Cindy \_\_\_\_\_
- Dana \_\_\_\_\_
- Nancy \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Position: \_\_\_\_\_

UNI Address/Phone: \_\_\_\_\_

Date of incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(m) (d) (y)

Time: \_\_\_\_ am \_\_\_\_ pm

Location: (describe exact location)

Building \_\_\_\_\_ Room number \_\_\_\_\_

Other \_\_\_\_\_

Nature of the incident:

- Altercation
- Building maintenance
- Fire alarm or sprinklers
- Other (describe) \_\_\_\_\_

Activity:

- Informal Recreation
- Intramurals
- Sport Clubs
- 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

Route to:

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Office use only

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Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_