

# UConn Club Sports

## 2025-2026 Safety Officer Training



# Safety Officers

- Each team is required to have two (2) Safety Officers.
  - Can be a current team officer (president, VP, etc..) or player
- Must have Adult CPR/AED & First Aid Certification.
- Submit Injury/Illness Reports.
- Responsible for Med Kit and requesting restocking of supplies.
  - Not all teams are supplied a Med Kit.

# CPR/AED & First Aid Certification

- Certification must be current and expire **after May 9, 2026**.
- If a Safety Officer currently holds a valid Adult CPR/AED & First Aid Certification, they can submit the following form:
  - [Safety Officers Form](#)
- UConn Rec will offer classes to those who need Certification.
- Safety Officers must submit proof of Certification or take a UConn Rec sponsored class by September 26, 2025.
  - If a Team fails to have two certified Safety Officers by the posted deadline, the team's UConn Recreation allocation will be frozen and practices & competitions will be cancelled until the Club has two certified in accordance with the policy stated above.

# Accepted Certifications

## American Heart Association

- Heartsaver® First Aid CPR AED Training Course Certification
- Basic Life Support (BLS) Certification for the healthcare professional
- Advanced Cardiovascular Life Support (ACLS) for the healthcare professional

## American Red Cross

- Adult First Aid/CPR/AED
- CPR/AED for the Professional Rescuer
- Basic Life Support (BLS) for the Healthcare or Public Safety Professional
- Advanced Life Support (ALS) for the Healthcare or Public Safety Professional
- Lifeguard Certification

## Emergency Medical Technician (EMT)

# UConn Rec Certification Classes

- Blended Learning
  - Safety Officers must complete online portion of the class prior to the classroom portion and bring proof of completion.
  - Classroom portion includes hands on learning, practicum, and a written multiple-choice exam.
- Certification is valid for two (2) years.
- Class Dates and Times
  - Aug 19 2-5p
  - Aug 22 9a-12p
  - Aug 25 3:30-6:30p
  - Aug 26 3:30-6:30p
  - Sept 2 3:30-6:30p
  - Sept 3 3:30-6:30p
- Registration links will be sent in early August to those who need to take a class.

# Emergency Responsibilities

When an Athletic Trainer is not present a Club Sports Safety Officer is expected to assist the site manager in an emergent situation by:

- Assisting in First Aid/CPR/AED
- Retrieving an AED and First Aid kit
- Calling 911
  - Ensure you have reached UConn Fire Department in Storrs for a quick response.
  - Meet EMS at location designated by the Emergency Response Plan for the site.

# Satellite Site Emergency Response Plans



## EMERGENCY RESPONSE PLAN (ERP)

### External Sites- Recreational Field Complex

#### LOCATION:

Recreational Field Complex  
510 Jim Calhoun Way  
Storrs, CT 06269

**EMERGENCY PERSONNEL:** An Athletic Trainer will be onsite for all home competitions and select practices. A Competitive Sports Site Manager will be onsite for all practices and competitions and in direct communication with the Competitive Sports Coordinators.

#### EMERGENCY COMMUNICATION:

- Call 9-1-1
  - Utilize UConn Rec cell phone: Site Manager/Competitive Sports Coordinator
  - Landline location: Recreation Field garage. Phone # 860-486-1095
- Radio
  - Channel 4 (Club Sports)
  - Two-way radio between site manager & coordinators to communicate an injury, illness or other emergency situation has occurred.

#### EMERGENCY EQUIPMENT:

- AED (Automated External Defibrillator)
  - Located in garage
  - On field with Athletic Trainer
- First Aid Kit
  - Located in garage/ Medical Kit with Athletic Trainer onsite

#### EMERGENCY PROCEDURES:

1. Check the scene:
  - a. Is it safe for you to help?
  - b. What occurred and is the hazard still there?
  - c. How many victims are there?
  - d. Are there any bystanders that can assist?
2. Identify severity of injury.
  - a. Check level of consciousness, severe bleeding, airway /breathing/circulation
3. Call 9-1-1: Instruct Competitive Sport Site Manager, safety officer or bystander to call 9-1-1
  - a. Provide the following:
    - i. Your location: UConn Storrs Campus Recreational Field Complex ; 510 Jim Calhoun Way, Storrs, CT 06269
    - ii. Your name:
    - iii. What has occurred: Injury, illness, other emergency
4. Perform Emergency CPR & First Aid:
  - a. Instruct site manager, safety officer or bystander to get AED.
    - i. If athletic trainer is present, they will stay with athlete & provide immediate care
    - ii. If no athletic Trainer onsite, most qualified individual (training/certification) will stay with athlete & provide immediate care



5. Meet ambulance or other emergency response vehicle:
  - a. Assign individual as 'flag down' coordinator and assigned location
  - b. Ensure gates/doors are open (if applicable)
6. Control emergency scene:
  - a. Limit care providers
  - b. Provide space around the victim or other identified hazard
7. Assist ATC/EMS/Public Safety with care and scene coordination.
8. Retrieve necessary supplies & equipment



Emergency entrance for EMS/Public Safety



Indicates AED location



Indicates Flag down area



## Emergency Procedures

# Injury/Illness Reports

- Must be filled out by Safety Officer or Team Leadership after any injury that occurs during a team activity and a Competitive Sports Athletic Trainer and/or Site Manager is not present.
- Link to form can be found on the Team Resources page
- Form must be submitted within 24 hours of the injury.
- [Injury/Illness Form Link](#)
- Competitive Sports staff will follow up with injured athlete to advise on next steps.

# Injury & Illness Reporting



Time, date, location, brief description, and severity



Person Involved



Injury, action taken, and care provided



Witness Account



Description of injury/illness



## Time, Date, Location, Description & Severity

**Brief Alert Text Description**-Should be both concise and specific.

Include:

- Activity/location/nature of injury

Activity


Intramural CoRec Flag Football, Club Sports Women's Rugby, Open Rec basketball, Climbing, Weightlifting, Spin Class

Location

Shenkman field house, Rec Turf, MAC courts, Climbing Center, Zone 2, Spin Studio


Nature of Injury


Left Ankle Injury, Head Injury, Right Shoulder Injury , Seizure, Lightheaded, Abrasion, Nosebleed


 **Injury/Illness Report**


Instructions for completing the form.

Please complete this form accurately and objectively. Any field with a red \* is required and must be completed before submitting the form.

Date of Injury/Illness \*  
12.22.2023 

Time of Injury/Illness \*  
10:09 AM 

Facility/Team \*  
Select Facility 

Location \*  
Select Location 

Description \*  
Provide concise description of incident for brief text alert sent to Professional Staff.  
Please format as: Activity / Location / Nature of Injury

Severity \*  
☐ Code Red - EMS (A)  
☐ Code Yellow - No EMS

☐ Code Orange - EMS (A)

Person(s) Involved Details \*

Person(s) Involved List

First Name	Last Name	Email	Phone	Remove
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Person(s) Involved

☒ Member☐ Non - Member☐ Employee - on duty

Affiliation

☒ Student☐ Faculty/Staff☐ Community☐ Other

Member ID

Member ID

First Name \*Middle InitialLast Name \*

First NameMILast Name

Street AddressApartment / Unit

Street AddressApartment / Unit #

CityState/ProvinceZip

CitySelect State/ProvinceZip

Home Phone \*Alternate Phone

Home PhoneAlternate Phone

Email Address \*

Email Address



## Person(s) Involved

If multiple parties are injured within the same injury/illness, fill out separate reports for each

\* UConn email address

## Person(s) Involved



## Injury, Action Taken & Care Provided

Gender  
☐ Male ☐ Female ☐ Other

Activity at the time of injury/illness?

Suspected Nature of Injury  
☒ General ☐ Body Part Injured

General Injury \*

Action Taken \*

No Injury Added

+ Add Injury

Care Provided

Was blood or bodily fluid present?  
☐ Yes ☒ No

Please add images (max of 3 images) OR add video (maximum of 1 min)  
☒ Images ☐ Videos

File Name	Type	Size	View	Remove
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+ Add more person(s) involved

Attach Photo

Activity at time of Injury

Suspected Nature of Injury

- General
  - Choose Type
  - Action Taken
- Body Part Injured
  - Tap injured area on diagram
  - Action Taken

Care Provided  
(Self, EMS, Refused Care, Other)

Person(s) Involved:



Injury, Action Taken & Care Provided

Suspected Nature of Injury

☐ General ☒ Body Part Injured

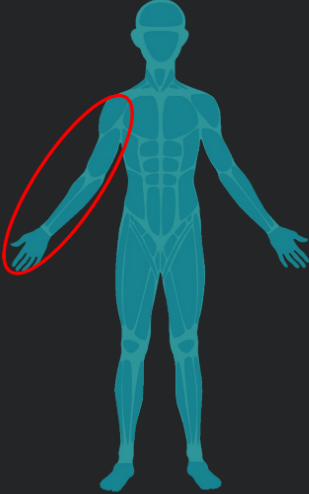
Body Part Injury \*

Fracture Suspected

Suspected Body Part Injured

Tap the injured body area on the diagram

☐ Bicep (R)  
☐ Elbow (R)  
☐ Finger (R)  
☒ Forearm (R)  
☐ Hand (R)  
☐ Shoulder (R)  
☐ Tricep (R)  
☐ Wrist (R)  
☐ Other - specify in notes



Action Taken \*

Other - specify in notes

Action Taken \*

Other - specify in notes

No Injury Added

+ Add Injury

Suspected Injury List

Type of Injury	Body Part Injury	Action Taken	Remove
Fracture Suspected	Forearm (R)	Other - specify in notes	

+ Add Injury

\* Remember to : + Add Injury

# EMS Transport Status

- Must choose one based on whether EMS was called and/or the person involved was transported by EMS.

Custom Questions \*

EMS Transport Status \*

☐ Person involved transported by EMS

☐ EMS not required

☐ Person involved refused EMS transport





# Witness Statement

## Witnesses

- Every report should have a witness statement.
- Statement should be factual, short, and written in the point of view of the witness

**Witness Status** ☒ Member ☐ Guest ☐ Employee

Jane \*

MI

Doe \*

Home Phone

Alternate Phone

jane.doe@uconn.edu

**Description of Accident**

The victim was making a run up the field when he slipped and twisted his left leg. I heard a loud pop when he landed. I helped him off the field and called an ambulance.



# Person Completing Report & Description

## Person Completing Report

- This section is where a bulk of the information will live.
- This is where you answer the questions who, what, when...etc.
- Accurate, Brief, Clear

**Employee Completing Report**

Donald \* MI Quinn \*

Home Phone (860) 917-1337 \*

donald.quinn\_iv@uconn.edu \*

**Description of Accident**

My teammates called me over from the sideline and I saw them gathered around John. John was on the ground in obvious pain holding his left lower leg. He had fallen while running up the field. I helped him off to the sideline and kept him immobilized until the ambulance arrived. | \*

Additional Information

**SUBMIT** ↻

# Medical Kit

- Select teams are supplied with a Med Kit at the beginning of the school year.
- Safety Officers or Team Leadership can request to restock supplies for their Med Kit via the form on the Team Resources Page of the website.
  - [Club Sports Team Medical Kit Restock Request Form Link](#)
- Teams must turn in their Med Kit by May 8, 2026 or when they are done competing.
  - Teams that are competing past May 8 must inform the Competitive Sports office when they will return their Med Kit.

# Questions?

Please email

[competitivesports@uconn.edu](mailto:competitivesports@uconn.edu)

with any questions.