

UConn Club Sports

2026-2027 Safety Officer Training



UCONNREC

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 Medical Kit and requesting restocking of supplies.
 - Restocking request form on Club Sports Team Resources page

CPR/AED & First Aid Certification

- Certification must be current and expire **after May 7, 2027**.
- If a Safety Officer currently holds a valid Adult CPR/AED & First Aid Certification, they can submit the following form:
 - Safety Officers
- 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 25, 2026.
 - Teams who do not have two Safety Officers certified by the deadline will be prohibited from practicing and competing until the proper Certifications are obtained.

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

Dates and links to register will be sent to those who chose to take a UConn Rec Certification Class.

- 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.

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 Action Plan for the site.

What is an emergency?

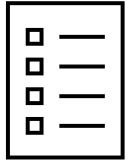
When an athletic trainer is present, they will determine this.

When an athletic trainer is not present, here are some general guidelines:

- Individual is unconscious, not breathing, does not have a pulse, or is not responding normally to stimuli (shouting, touching)
- Obvious deformity of bones or joints
- Any hit to the head, or when the head hits something else (ground, unpadded equipment)
- Any seizure behavior
- Limb numbness or inability to move a body part

You are not a medical professional. It is not your job to diagnose injuries. When in doubt, alert a site manager & follow the site's EAP.

Satellite Site Emergency Action Plans



EAP

Recreation Field Complex

LOCATION:

Recreation Field Complex
510 Jim Calhoun Way
Storrs, CT 06269

THIS SITE IS A LIFESTAR LANDING SITE. IF LIFE STAR IS REQUIRED TO LAND UCFD/UCPD WILL ASSIST IN CLEARING THE FIELD AND GUIDE UCONN RECREATION THROUGH PROPER PROTOCOL.

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.

Satellite Site Emergency Action Plans



EAP

Recreation Field Complex

EMERGENCY COMMUNICATION:

- Call 9-1-1
 - Utilize UConn Rec cell phone: Site Manager/Competitive Sports Coordinator
 - Landline location: N/A
- Radio
 - Channel 2 (Competitive 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 storage shed
 - Onsite with Athletic Trainer
- First Aid Kit
 - Located in storage shed/Medical Kit with Athletic Trainer onsite



EAP

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. Instruct Competitive Sports Site Manager, safety officer or bystander to call 9-1-1
 - a. Provide the following:
 - i. Your location: UConn Storrs Recreation 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



EAP

EMERGENCY PROCEDURES (continued):

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

Rec Turf Diagram



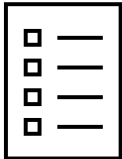
Emergency entrance for EMS/Public Safety



Indicates AED location



Indicates Flag down areas



EAP



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 of the website or on Fusion Club under Resources.
- 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.

Information you will need when filling out an injury/illness report:



Time, date, location, brief description, & severity



Name, email, phone number of injured person



General type of injury, action taken, and care provided



Witness name, contact information, & brief description



Was EMS called? Was patient transported via EMS?



Time, Date, Location, Brief Description, & Severity

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

Include:

- Activity/location/nature of injury

 **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 *	Time of Injury/Illness *
12.22.2023 	10:09 AM 
Facility/Team *	Location *
Select Facility 	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 Orange - EMS (A) ☐ Code Yellow - No EMS	

Activity

Intramural Co-Rec 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

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 Initial

Last Name *

First Name

MI

Last Name

Street Address

Apartment / Unit

Street Address

Apartment / Unit #

City

State/Province

Zip

City

Select State/Province

Zip

Home Phone *

Alternate Phone

Home Phone

Alternate 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)

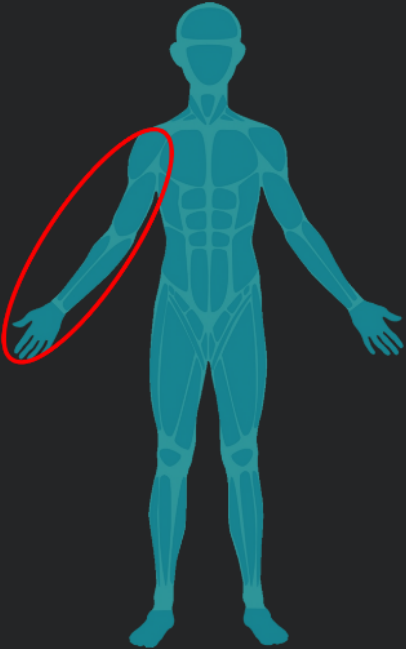
☐ Hand (R)

☐ 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

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
- **Do not** attempt to diagnose the injury! (e.g. **Do not** write "He got a concussion")

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 most of the information will live.
- This is where you answer the questions who, what, when, etc.
- Accurate, Brief, Clear (no diagnoses!)

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 ➔

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

Medical Kit

- Most 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 April 29, 2027, or when they are done competing.
 - Teams that are competing past April 29th must inform the Competitive Sports office when they will return their Med Kit.

Questions?

Please email

competitivesports@uconn.edu

with any questions.