Safety Officer Training
Training Requirements

• Hold a Red Cross Professional Rescuer CPR/AED & FA certification or equivalent (American Heart Association Healthcare Provider) or advanced certification (EMT or lifeguard)

• All safety officers are required to go through the following training to include bloodborne pathogen training, first aid refresher, concussion emergency procedures, accident reports and emergency contact information

• Complete the online test; passing score of 80% (link at the end of this training)
Safety Officer Duties

• Responds to personal injuries and medical emergencies.
• Takes control in emergency situations.
• Contacts the Sport Club professional staff in the event 911 is called or a participant is transported to a medical facility.
• Completes Accident Reports for any and all injuries.
• Ensures objects soiled in blood or other bodily fluids are properly disposed of.
• Ensures the club’s first aid kit is present at all practices and events.
• Confronts those suspected of a concussion and provides individuals with educational materials.
Practice & Event Requirement

• Two (2) certified Safety Officers must be in attendance at every club practice and event
Bloodborne Pathogens
Training Videos

• Click the links below to watch each training video. Test questions may be taken from content in each video.
  • How Infections Occur
  • Exposure Control Plan
  • Personal Protective Equipment
  • Engineering and Work Practice Controls
  • Exposure Incidents
Handouts

- Click the links below to load each handout. It is recommended that you print each handout to reference at a later date. Test questions may be taken from each handout.
  - American Red Cross: Preventing the Spread of Bloodborne Pathogens
  - OSHA Fact Sheet: Bloodborne Pathogen Exposure Incidents
  - OSHA: Holding the Line on Contamination
Review

• Which body fluids may contain bloodborne pathogens?
  • Semen
  • Human Blood

• How can I protect myself?
  • Wear gloves if you need to touch human blood or used condoms
  • Always wash your hands after you remove gloves.
  • Contact a facility staff member to clean up after an exposure incident
    • Do not pick up needles, syringes or broken glass with your hands. Use tongs or broom & dustpan.
    • Use disinfectant to clean up blood.

• What should you do if you think you may have been exposed to bloodborne pathogens?
  • If possible, wash the exposure site with soap & water
  • Seek medical attention
  • Contact the Sport Club professional staff
Biohazard Waste Disposal

• Always use a biohazard bag to dispose of objects which may be soiled in biohazardous waste such as used gloves, gauze/bandages, etc.

• Biohazard bags should be disposed of in the CRS biohazardous waste container at the Equipment Issue Desk in the Eppley Recreation Center or the Intramural Office in the Reckord Armory. In addition, a supervisor in the Cole Fieldhouse of Ritchie Coliseum should be able to dispose of biohazard bags for you.

• If you are at another facility, ask the facility staff where to properly dispose of your biohazard bag.
First Aid Refresher

To review common injuries and first aid responses
Fracture Dislocation, Sprain, and Strain

• **Fracture**: a break or disruption in a bone

• **Dislocation**: a displacement or separation of a bone from its normal position

• **Sprain**: a partial or complete tearing or stretching of ligaments at a joint

• **Strain**: a stretching or tearing of muscle or tendon fibers
Response

• RICE
  • Rest: Do no move the injured area
  • Immobilize: stabilize in the position found, loosen laces, keep shoe on
  • Cold: Apply ice for periods of 20 minutes (20 on/20 off)
  • Elevate: Only if it does not cause more pain

• Check for circulation below the injury (e.g. toes/fingers), feeling, warmth, color
Soft Tissue Injuries

- Soft tissue includes layers of:
  - Fat
  - Skin
  - Muscle
- Wounds (open vs. closed):
  - Bruises (closed):
    - Elevate the injured body part if it does not cause more pain
    - Apply ice (20 on/20 off)
Open Wounds

• Abrasions (turf burn)
• Lacerations
• Punctures
• For minor wounds:
  • Put on gloves!
  • Apply pressure directly to the wound to control the bleeding
  • Wash the wound (running water is best but water from a water bottle would suffice)
Major Wounds

- **Shock** - Always take steps to avoid shock
  - Keep participant comfortable
  - Monitor ABC’s
  - Elevate legs

- **Stitches may be necessary**
  - Common places (eye brow, chin, forehead)

- **Punctures**
  - Do not remove object – this could cause more harm
  - Call EMS immediately
Concussions
Learning Objectives

• Know what a concussion is

• Be able to identify signs and symptoms of a possible concussion

• Know what to do if a participant possibly has a concussion

• Know what things can be done to try and reduce the risk of a concussion

• Understand what steps should be taken before returning to play
What is a Concussion?

- According to the CDC, “a concussion is a type of traumatic brain injury cause by a bump, blow, or jolt to the head that can change the way your brain normally works”
- The impact causes the brain to shift or rotate within the skull
  - Which can result in stretching and tearing of brain cells
- After a concussion, the brain is more or less vulnerable to another concussion?
  - More
- What is the average recovery time for a concussion?
  - 2 weeks
  - Some take less time and others can take several months to recover from
Concussions

• According to a Concussion Study (on high school athletes)
  • The sports with the highest rates of concussions are:
    • Ice Hockey
    • Lacrosse
    • Soccer
    • Wrestling
    • Basketball

• Concussions affect 4 areas of function
  • Physical Feeling
  • Emotions
  • Thinking
  • Sleep

• Female participants in the same sport as males were nearly twice as likely to sustain a concussion
Signs

- Observed by you
- You observe the Participant is:
  - Dazed and confused
  - Confused about what they are supposed to be doing
  - Forgets plays
  - Unsure of game, score or opponent
  - Moves clumsily
  - Answers questions slowly
  - Loss of consciousness
  - Shows behavior or personality changes
  - Can’t recall events prior to or after the injury

Symptoms

- Felt by them
- The Participant is experiencing:
  - Headache
  - Nausea
  - Balance problems
  - Double or fuzzy vision
  - Sensitivity to light or noise
  - Feeling sluggish
  - Feeling foggy or groggy
  - Concentration or memory problems
  - Confusion
Concussion
Signs and Symptoms

Participants should not be left alone if you suspect a concussion.

- Not all signs and symptoms are apparent right away. Sometimes they don’t appear until the person begins to resume daily activities.
- If immediate signs and symptoms begin to worsen, such as,
  - Decreased level of consciousness
  - Inability to be awakened
  - Irregular breathing
  - Sever or worsening headache
  - Persistent vomiting
  - Seizures
- They need to be seen by a Health Care Professional immediately.
- Sometimes, dangerous blood clots may develop on the brain.
REDUCING RISK

IMPOSSIBLE to ELIMINATE the possibility of a concussion

• We can reduce the risk of a concussion by:
  • Educating all participants about what concussions are and the signs and symptoms
  • Encouraging participants to inform someone if they think they may have a concussion
    • “It’s better to miss one game than the whole season”
  • Making sure that protective equipment fits properly and is well maintained
  • Encouraging good sportsmanship during games and practice
  • Teaching proper technique of the sport and encourage athletes to follow the rules of the sport

• If someone does receive a concussion, it is vital that they rest until fully healed
  • This reduces the possibility of getting a second concussion
  • More importantly, eliminates the possibility of a repeat concussion
REDDUCING RISK

**Repeat Concussion?**

A repeat concussion is a concussion that occurs before the brain has a chance to recover from the first concussion and can slow recovery or increase the chance of long-term problems.

- Rare cases have reported that repeat concussions have resulted in severe swelling and bleeding in the brain that can be fatal.
- What percentage of athletes who have died or have long-term problems were still experiencing symptoms from a previous concussion when sustaining a second?
  - 40%
  - How could this have been prevented?
    - Been provided sufficient recovery time
    - Followed return to play protocol
    - Were educated on the dangers of playing with a concussion
Returning to Play

• Follow the steps below until back in the game but stop if symptoms reappear
  • Rest both mentally and physically
    • Limit playing video games, watching TV, texting, listening to music loudly
    • Sleep often and take frequent breaks from school work
    • No form of physical activity (working, running, lifting weights, biking)
  • Wait until all signs and symptoms are completely gone

• Light physical progression
  • Begin with light exercise of 5-10 minutes jogging/biking but no lifting weights
  • Begin to run but still without equipment or gear that sport requires
  • Begin to practice with full gear/equipment but no contact
    • Start to add in lifting weights
  • Full practice with no limitations and then back in the game!

• If you experience any symptoms at each new stage, stop immediately
For more information

http://www.cdc.gov/Concussion/

Emergency Procedures
Injuries

1. The club member(s) certified in CPR/AED and first aid shall respond.
2. Determine the seriousness of the injury.
3. If life threatening, call 911 or send someone for help.
4. Assign other club members or bystanders (when available) to specific tasks (i.e. calling campus police, etc.).
5. Administer first aid to the level of your training.
Serious Injuries

- All serious injuries that require transportation (to The University Health Center, doctor's office, hospital, etc.) should include a 911 call for ambulance assistance.
- Have someone meet the emergency vehicle.
- When in doubt, always believe the injury is more serious than originally thought. Call for help and do not move the injured participant, even if it means delaying an activity in progress. Remain with the injured participant until help arrives.
On Campus & Off Campus Home Event Medical Emergency

- At any CRS facility (on campus) or off-campus practice/event where UMD is the ‘home club’, if an accident occurs that requires a participant to be transported to a hospital either by ambulance or in a personal vehicle, the club MUST call the Manager on Duty (MOD) at 301-226-4500. This applies to visiting team member injuries as well as Maryland Sport Club members and spectators.
Traveling Medical Emergency

• While traveling, if an accident occurs requiring a University of Maryland sport club participant to be transported to the hospital either by ambulance or in a personal vehicle, the club MUST call the Assistant Director-Sport Clubs, Coordinator- Sport Clubs, Associate Director-Risk Management & Assessment, or the MOD as soon as possible.
  • In most cases, the Coordinator-Sport Clubs should be your FIRST point of contact. If they do not answer, try calling the Assistant Director-Sport Clubs next.

• Cell phone numbers are listed in the travel binder

• CRS personnel will either call the member’s emergency contact if the trip leader has not made contact with the member’s emergency contact.
Fire

• Whenever you hear a fire alarm in a facility, stop all activities in progress and evacuate the building.

• When evacuating the building, make sure all sport club members and spectators vacate the area and move outside. Do not allow club members to enter another part of the building to retrieve personal belongings.

• Close all doors leading into the building.

• You may not re-enter the building until the alarm is turned off and/or a uniformed officer gives you permission to enter the building.

• If you discover the fire, activate the closest alarm and then call the emergency number (911) to confirm the report. After evacuating the building, a facility supervisor will direct the firefighters to the correct location.

• Do not attempt to extinguish a fire.

• In CRS facilities, club members MUST follow the facility supervisor’s instructions.
Bomb Threat

• If you receive a bomb threat, try to learn its specific location. The same person should then immediately report the threat to the campus police and CRS staff on duty.

• Follow directions given by police (might include evacuation of the building).

• Do not open/pick up any suspicious parcels.
Power Failure

• Suspend all activity in progress. If all areas are dark and it’s too difficult to move activities to a lighted area, ask all club members to sit down and be patient. Make a general announcement informing the participants/spectators that there is no need to evacuate. Remain calm.

• Report the power failure to the CRS Facility Supervisor on duty. The power failure might only be at the facility where you are.

• Encourage participants/spectators to stay out of dark areas (i.e. locker rooms, bathrooms, etc.).

• In CRS facilities, club members MUST follow the facility supervisor’s instructions.
Thunder & Lightning

• If thunder and/or lightning can be heard and/or seen, stop the game and seek protective shelter immediately.

• In situations where thunder and/or lightning may or may not be present yet you feel your hair stand on end and skin tingle, immediately assume the following crouched position: drop to your knees, place your hands/arms on your legs, and lower your head. Do not lie flat.

• In the event that either situation should occur, allow thirty minutes to pass after the last sound/sight of thunder and/or lightning strike prior to resuming play.

• Reference the Position Statement on Thunder & Lightning in the Sport Club Handbook
Tornado

- The University of Maryland Early Warning System will sound for at least 3 minutes when a tornado has been sighted or is indicated on radar. It can be heard through the University community. Take the following steps once the siren has sounded:
  - Take shelter in the lowest level of a brick building; stay away from windows, do not use elevators
  - If a tornado is approaching and you cannot seek shelter, lie in a ditch or low-lying area.
  - **In CRS facilities, club members MUST follow the facility supervisor’s instructions.**
Accident Reports

Why are accident reports important?
To keep students/participants safe
To protect the university from lawsuits
To protect the department from health code violations
Accident Reports should be...

• Legible
• Accurate
• Complete

Now to Review an Accident Report!!
**Who are you?**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Home Phone</th>
<th>Cell</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Who got hurt?**

- Student
- Faculty/Staff
- Alumni
- Other

**When & Where**

<table>
<thead>
<tr>
<th>Date of Accident</th>
<th>Time</th>
<th>Activity</th>
<th>Program Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Injured What?**

- Ankle
- Arm
- Back
- Ear
- Eye
- Face
- Finger
- Foot
- Groin
- Hand
- Head
- Hip
- Knee
- Leg
- Mouth
- Neck
- Nose
- Shoulder
- Toe
- Other

**Witneses?**

**What Happened?**

**Possible resulting injury?**

**Injured What?**

**Suspected Classification of Injury**

- Concussion
- Contusion/Bruise
- Dislocation/Break
- Laceration
- Sprain/Strain
- Other

**What Happened?**

**Possible resulting injury?**

**First Aid Administered By**

- Name
- Phone

**Action Taken:**

- AED
- CPR
- Other

**Describe in greater detail:**

---

**Over**
**EMERGENCY RESPONSE AND CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Company responding</td>
<td>[Company Name]</td>
</tr>
<tr>
<td>Person (parent, friend, RA) to be notified if transported to hospital</td>
<td>[Name]</td>
</tr>
<tr>
<td>First and Last Name</td>
<td>[First Name] [Last Name]</td>
</tr>
</tbody>
</table>

*CONTACT THIS PERSON IMMEDIATELY AFTER PARTICIPANT HAS BEEN TRANSPORTED.*
CRS Professional Staff call to emergency contact [Name] [Phone]

**SIGNATURE OF INJURED PARTICIPANT**

I agree that the information reported on this form is accurate and true.

Signature of Injured Participant (or parent of minor dependent) [Signature] Date [Date]

[ ] Injured participant was UNABLE to sign this report. [ ] Injured participant was UNWILLING to sign this report.

**SUBSEQUENT ACTION TAKEN**

[ ] Left the facility. [ ] Remained in facility but refrained from participating. [ ] Resumed participation on own volition.

[ ] Taken to Health Center by [Driver] at [Time] Hospital by [Medical Staff]

**BLOODBORNE PATHOGEN EXPOSURE CONTROL**

Blood or potentially infectious materials present? [ ] Yes [ ] No

Personal protective equipment (gloves) worn? [ ] Yes [ ] No

Yes, did an Exposure Incident occur? [ ] Yes [ ] No

Biohazardous waste created? [ ] Yes [ ] No

Disposed of properly in CRS BHW container? [ ] Yes [ ] No

Specify what was disposed of and where (e.g., gloves, bandages in Equipment loose BHW box).

Did participant leave the CRS facility before contaminated items could be collected for proper disposal? [ ] Yes [ ] No

**FIRST REVIEW BY:** (Initial & Date) [Initial] [Date] Asst. Director/Coordinator [Director]

Clarifying comments added by first reviewer after Accident Report received. Comments added on (date) [Date]

**ACCIDENT REPORT FOLLOW-UP**

<table>
<thead>
<tr>
<th>Attempt #</th>
<th>Date</th>
<th>Time</th>
<th>CRS Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>[Date]</td>
<td>[Time]</td>
<td>[Staff Name]</td>
</tr>
<tr>
<td>2</td>
<td>[Date]</td>
<td>[Time]</td>
<td>[Staff Name]</td>
</tr>
<tr>
<td>3</td>
<td>[Date]</td>
<td>[Time]</td>
<td>[Staff Name]</td>
</tr>
<tr>
<td>4</td>
<td>[Date]</td>
<td>[Time]</td>
<td>[Staff Name]</td>
</tr>
<tr>
<td>5</td>
<td>[Date]</td>
<td>[Time]</td>
<td>[Staff Name]</td>
</tr>
<tr>
<td>6</td>
<td>[Date]</td>
<td>[Time]</td>
<td>[Staff Name]</td>
</tr>
</tbody>
</table>

**STATUS OF INJURED PARTICIPANT**

[ ] Injured participant is fine now - no complications.

[ ] Injured participant is fine now, but reports...

[ ] Injured participant has not been to a doctor but has an appointment or is planning to see a doctor soon.

[ ] The accident was serious enough to warrant additional medical attention at the:

[ ] University Health Center [ ] Hospital [ ] Physician’s Office [ ] Urgent Care Center [ ] Other [ ]

Diagnosed as a:

[ ] Unknown - left messages, but injured participant never called back.

[ ] Unknown - unable to contact injured participant. Reason [ ]

**FINAL REVIEW BY:** (Initial & Date) [Initial] [Date] Asst. Director/Coordinator [Director]
Filling out the Report

Remember that all the sections of the report should be the following...

• Legible
• Detailed
• Free of conjecture (opinion)
• Complete
Who are you?

Jeff Kennan
Men’s Club Basketball President

6/10/13
6:42 AM

Officer Miller #372

If you are the one filling out the report, you fill in this section.
If a student does not know their UID#, you can look it up on the online roster.

Who got hurt?

Stewart  Dave
1115 Eppley Rec Center  College Park  MD  20472
301-226-4410  12/5/79
If anyone saw what happened, get their phone number. Always get TWO witnesses.

WITNESSES?

1. First and Last Name: Becca Cegledy
   Daytime Phone: (301) 226-4400

2. First and Last Name: Tiffanie Morgan
   Daytime Phone: (301) 226-4402
**The time and place of the accident. Make sure to note the specific area where the injury occurred**

**When & Where**

<table>
<thead>
<tr>
<th>Date of Accident</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/10/13</td>
<td>6:40</td>
<td>Club Basketball Practice</td>
</tr>
</tbody>
</table>

**Program Area:**
- [ ] Aquatics
- [ ] Fitness
- [ ] Formal Recreation
- [ ] Intramurals
- [ ] Non Credit Instruction
- [X] Outdoor Recreation
- [ ] Sport Club
- [ ] Special Event
- [ ] Other

**Facility Where Injury Occurred:**
- [ ] Armory
- [ ] Cole
- [ ] ERC
- [ ] Engineering Fields
- [ ] Fraternity Row
- [ ] SPH
- [ ] Ritchie
- [ ] Turf
- [ ] Other

**Specific Area in Facility Where Injury Occurred:** West Gym
Give details about where on the body part the injury occurred. If the participant can not determine an exact spot, make that note.

Injured What?

Cut on the right side of his forehead just above the eye.
**WHAT HAPPENED?**

Dave was going up for a layup and caught another player’s elbow to the forehead.

**“I feel a bit dizzy”**

**HOURLY RECORD**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
<th>Duration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 AM</td>
<td>Playing basketball</td>
<td>Court A</td>
<td>1 hour</td>
<td>Dave felt dizzy after the play.</td>
</tr>
</tbody>
</table>

**FOLLOW UP**

- **First Aid Administered By:**
- **Action Taken:** AED, Applied Ice
- **Suspected Classification of Injury:** No injury
- **Expected Outcomes:** None
- **Follow Up Information:**

---

**Make sure that you only state facts about how it happened, no opinions. Ex. “Slipped on Floor”, NOT “Floor was slippery”**

**If participant does not have any comments about the injury write “NA”**
You are not doctors, so this section is just what you think the injury could be. Note any history as needed.

Possible resulting injury?

Possible classification of injury:

- Concussion
- Contusion/ Bruise
- Dislocation/ Break
- Laceration
- Sprain/ Strain
- Unknown
- Other

Does the participant have a history of injury/surgery that may have contributed to this injury?  [ ] Yes  [ ] No

If yes, participant reported:

Possible classification of injury:

- Concussion
- Contusion/ Bruise
- Dislocation/ Break
- Laceration
- Sprain/ Strain
- Unknown
- Other

Does the participant have a history of injury/surgery that may have contributed to this injury?  [ ] Yes  [ ] No

If yes, participant reported:

First aid administered by:

- Name
- Daytime Phone (

Action taken:

- AED
- Applied Ice
- Applied bandage
- Applied Pressure to Stop Bleeding
- CPR
- Elevated
- Kept Immobile
- Other

Describe in greater detail:

-OVER-
Person administering first aid may differ from the person filing the report, so make sure to get their information and account of the situation.

- **Name**: Tiffanie Morgan
- **Daytime Phone**: (301) 226-4500

**ACTION TAKEN**:
- [ ] AED
- [ ] Applied Ice
- [x] Applied bandage
- [ ] Applied Pressure to Stop Bleeding
- [ ] CPR
- [ ] Elevated
- [x] Kept Immobile
- [ ] Other

**FIRST AID ADMINISTERED**
- **DESCRIPTION IN GREATER DETAIL**: Used gauze and bandage to stop bleeding. Kept immobile due to possible concussion.
EMS Involved?

If additional assistance is necessary, you need to fill in the information in Black

If a transport is necessary, you need to fill in the information in Black and Blue

If a transport occurs, you need to contact the MOD/Professional Staff ASAP. They will make the emergency contact call.
If the participant is UNABLE or UNWILLING to sign that the report is accurate, check the appropriate box.

Signature of Injured Participant (or parent of minor dependent) ________________________________ Date 6/10/13

- [ ] Injured participant was UNABLE to sign this report.
- [ ] Injured participant was UNWILLING to sign this report.

**SIGNATURE OF INJURED PARTICIPANT**

I agree that the information reported on this form is accurate and true.

**ACKNOWLEDGES REPORT IS ACCURATE**

Dave Stewart

6/10/13
If a transport occurs, you need to contact the MOD/Professional Staff ASAP. They will make the emergency contact call.

The Department of Transportation Services (DOTS) will transport injured participants to the University Health Center (301-314-2255). Under NO circumstances can you transport a patron with an injury in a State Vehicle.

**SUBSEQUENT ACTION TAKEN**

- [ ] Left the facility.
- [ ] Remained in facility but refrained from participating.
- [ ] Resumed participation on own volition.
- [ ] Taken to Health Center by ___________________________ Hospital by ___________________________
- [ ] Driven to Washington Adventist Hospital by #314 PG County

**STATUS OF INJURED PARTICIPANT**

- [ ] Injured participant is fine - no complications.
- [ ] Injured participant is fine, but reports ___________________________
- [ ] Injured participant has not been to a doctor but has an appointment or is planning to see a doctor soon.
- [ ] The accident was serious enough to warrant additional medical attention at the University Health Center Hospital Physicians Office Urgent Care Center Other

**Diagnosed as:**

- [ ] Unknown - left messages, but injured participant never called back.
- [ ] Unknown - unable to contact injured participant. Reason: ___________________________

**FINAL REVIEW BY:** (Initial/Date) Asst. Director/Coordinator Director/Risk Manager
It is very important to make sure that you note all items that were disposed of and where. “BHWB @ EI” is short for Bio-Hazardous Waste Box at Equipment Issue.

Blood? And where did it go?

Bloodborne Pathogen Exposure Control

Blood or potentially infectious materials present? X Yes [] No
Personal protective equipment (gloves) worn? X Yes [] No
If no, did an Exposure Incident occur? X Yes [] No
Biohazardous waste created? X Yes [] No
Disposed of properly in CRS BHW container? X Yes [] No
Specify what was disposed of and where (e.g. gloves, bandages in Equipment Issue BHW box)
And paper towels are in BHWB @ EI

Did participant leave the CRS facility before contaminated items could be collected for proper disposal? [] Yes X No
The last three sections of the accident report are for follow-up and will be completed by either a Professional Staff or Member Services Staff.

Remember to double check that all sections are completed before turning in the paperwork to Jeff.

---

**CRS Professional Staff review**

**“How you doin’?”**

**Final Outcome**

---

**EMERGENCY RESPONSE AND CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Additional Assistance Summoned?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of call made to EMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of arrival of EMS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ambulance Name of Company responding**

**Person (parent, friend, RA) to be notified if transported to hospital**

**First and Last Name**

**Phone**

**CONTACT THIS PERSON IMMEDIATELY AFTER PARTICIPANT HAS BEEN TRANSPORTED**

**CRS Professional Staff Member cell to emergency contact**

**Signature of Injured Participant**

I agree that the information reported on this form is accurate and true.

Signature of Injured Participant (or parent of minor dependent) | Date |

- Injured participant was UNABLE to sign this report
- Injured participant was UNWILLING to sign this report

**Subsequent Action Taken**

- Left the facility
- Remained in facility but refused from participating
- Resumed participation on own volition
- Taken to Health Center by ____________ Hospital by ____________

**Bloodborne Pathogen Exposure Control**

- Blood or potentially infectious materials present? Yes | No
- Personal protective equipment (gloves) worn? Yes | No
- If no, did an Exposure Incident occur? Yes | No
- Biologically dangerous waste created? Yes | No
- Disposed properly in CRS BW container? Yes | No
- Specify what was disposed of and where (e.g., gloves, bandages in Equipment House BW box) |

**Did participant leave the CRS facility before contaminated items could be collected for proper disposal?** Yes | No

**FIRST REVIEW BY:**

- Initial & Date
- Asst. Director/Coordinator
- Director/Risk Manager

- Clarifying comments added by first reviewer after Accident Report received. Comments added on (date) ____________

**ACCIDENT REPORT FOLLOW-UP**

**CALL LOG**

<table>
<thead>
<tr>
<th>Attempt #:</th>
<th>Date</th>
<th>Time</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>CRS Staff</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>CRS Staff</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>CRS Staff</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>CRS Staff</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>CRS Staff</td>
</tr>
</tbody>
</table>

**STATUS OF INJURED PARTICIPANT**

- Injured participant is fine now - no complications.
- Injured participant is fine now, but reports.
- Injured participant has not been to a doctor but has an appointment or is planning to see a doctor soon.
- The accident was serious enough to warrant additional medical attention at the:
  - University Health Center
  - Hospital
  - Physician’s Office/Ambulatory Care Center
  - Other ____________

- Diagnosed as _

- Unknown - left messages, but injured participant never called back.
- Unknown - unable to contact injured participant. Reason ____________

**FINAL REVIEW BY:**

- Initial & Date
- Asst. Director/Coordinator
- Director/Risk Manager
# Emergency Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Work</th>
<th>Cell</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS</td>
<td>Emergency Medical Services</td>
<td>9-1-1</td>
<td>9-1-1</td>
<td></td>
</tr>
<tr>
<td>Tiffanie Morgan</td>
<td>Assistant Director-Sport Clubs</td>
<td>(301) 226-4402</td>
<td>(703) 819-1870</td>
<td></td>
</tr>
<tr>
<td>Jeff Keenan</td>
<td>Coordinator-Sport Clubs</td>
<td>(301) 226-5715</td>
<td>(612) 889-0126</td>
<td></td>
</tr>
<tr>
<td>ERC Info Desk</td>
<td>Manager on Duty</td>
<td>(301) 226-4500</td>
<td>N/A</td>
<td>Call for Incidents &amp; Accidents When Others are Not Available</td>
</tr>
</tbody>
</table>
Additional Resources

- Safety Officers are responsible for the contents of the Safety & Risk Management section of the Sport Club Handbook
Safety Officer Test
Passing – 80% or greater

CLICK HERE TO TAKE THE TEST