# SPORT CLUB PROGRAM INCIDENT/ACCIDENT REPORT

Safety Officer(s) on Duty ____________________ Sport Club ____________________

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Time of Incident</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Circle One: Home Game/Away Game/Practice  Circle One: Incident/Accident</td>
</tr>
</tbody>
</table>

## INJURED PERSON INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Phone # ( )</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td>Age D.O.B.</td>
</tr>
<tr>
<td>City State Zip</td>
<td></td>
<td>Male/Female</td>
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### Guardian Parent Info (If injured person is a minor)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Phone # ( )</th>
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## Incident/Accident

- Assault/Sexual
- Assault/Non-sexual
- Fall (different level)
- Fall (same level)
- Caught in, on, between
- Animal/insect bite/sting
- Collision (w/object)

Other:

## MEDICAL SERVICES

- Bandaged
- Cleansed
- CPR
- Ice/Cold Pack
- Ointment/Antiseptic
- Aspirin/Ibuprofen

Other:

## DISPOSITION

- Released to Parent
- Refusal of Care
- Refer to Bishop Wellness
- EMS transport
- Student Request EMS transport
- WEMS care
- Police
- Ambulance

Other:

## PRIMARY INJURY

- Allergy
- Abrasion
- Laceration
- Hypertension
- Seizures
- Sprain/strain

Other:

## BODY PART INJURED

- Torso
- Ankle (L/R)
- Neck
- Elbow (L/R)
- Foot (L/R)
- Shoulder (L/R)
- Wrist (L/R)
- Finger or Toe (L/R)
- Spine
- Hand (L/R)
- Head
- Back
- Hip (L/R)
- Eye (L / R)
- Arm (L/R)
- Leg (L/R)
- Ear (L/R)
- Internal

Other:

## BODY PART INJURED

- Tooth/Mouth
- Bite/Sting

Other:

## Describe how incident/accident occurred:

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## WITNESS INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
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Completed by ____________________ Phone # ____________________ Email ____________________

Signature ____________________ Date ____________________
SPORT CLUB SAFETY PROTOCOLS

CONCUSSIONS
If an injury to the head occurs….
1) Remove the player from play.
2) If anyone suspects a concussion, the player is not allowed to return to play and the concussion protocol is enacted.
3) Call Campus Safety to dispatch WEMS.
4) From this point, the participant is restricted from play until cleared by Bishop Wellness Center.
5) The Director of Campus Recreation will send a follow-up email to the participant informing him/her of restriction of play and will attach a care sheet.
6) Recovery will be determined upon review by Bishop Wellness Center.

BLOOD
If an injury with blood occurs…
1) Contain/clean the bleeding before the participant returns to play.
2) Call Campus Safety to dispatch WEMS if more advancement medical treatment is needed.
3) Call Campus Safety if excess blood touches any surface (i.e. gym floor, benches) so it can be disposed of properly.
**DO NOT try to clean a wound without gloves and DO NOT try to clean up excess blood on your own.**

SPINE
If an injury to the spine occurs…
1) Immediately stop play.
2) If the participant is immobile, DO NOT remove him/her. Immediately call Campus Safety.
3) If the player is able to move on their own, immediately remove the player from play. Contact Campus Safety and WEMS at your discretion.
4) Refer injured participant to Bishop Wellness Center.

GENERAL
If a tissue, ligament, muscle or bone injury occurs…
1. Safety Officer can determine if WEMS should be called.
2. Refer injured participant to Bishop Wellness Center.

EMERGENCY PROTOCOL
On-Campus (Practice, Home Competition)
1. Call Campus Safety
2. Call Director of Campus Recreation
3. Complete an Incident/Accident Report

Off-Campus (Away Competition)
1. Call 911
2. Call Campus Safety
3. Call Director of Campus Recreation
4. Complete an Incident/Accident Report

<table>
<thead>
<tr>
<th>IMPORTANT PHONE NUMBERS</th>
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<tbody>
<tr>
<td>Campus Safety</td>
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<tr>
<td>Director of Campus Recreation (work)</td>
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<tr>
<td>Director of Campus Recreation (cell)</td>
</tr>
<tr>
<td>Bishop Wellness Center</td>
</tr>
</tbody>
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