

Security/Emergencies/ Medical Services Action Plan

Action	Who Is Responsible?
Provide overnight security for boats, trailers, etc.	Contracted through private agency and/or volunteers
Control access to restricted areas.	Barriers from City of Welland at Shaw St.
Develop a crowd management plan.	Open access to East shore of course
Phone for police, fire, ambulance	911
Implement EMS to assist first aid if required	911
First aid tent set up and manned by certified volunteers at launch and under main building with access to first aid room – heated, running water, bed, supplies.	Jirrana Couroux to coordinate supplies and personnel; Nikki Guyon-Boon to serve as Chief Medical Officer. Tent with sign; dressing and medical supplies sufficient to care for minor injuries or stabilization of more sever injuries until EMS can provide transport to hospital; also oral rehydration, minor sunburn treatment, OTC medications that athletes may access of their own accord
Gathering Points (see map)	Finish Umpire will be responsible for gathering point at finish; dock marshall will be responsible for gathering point at launch. Umpires will confirm all crews that had launched are accounted for as per the control commission list. Safety boats on the course will follow all boats down and ensure all crews are off the water. The designated volunteer in charge of boat drivers will ensure all are off the water and accounted for. Each coach is responsible for checking that all crew members are safely off the water for his/her own crew. This is part of the instruction given at the coaches meeting by the chief umpire.

Appendix N: Incident/Accident Report Form Template

Suggested information to include in an accident report form:

Name of the Regatta

Regatta Date:

Name of person in charge of session/competition:

Site where incident/accident took place:

Time of incident/accident:

Name of injured person:

Address of injured person:

Nature of incident/accident and extent of injury:

Give details of how and precisely where the incident/accident took place.

Describe what activity was taking place, e.g. warm-up, getting changed, etc.

Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):

Were any of the following contacted: Police: Yes

No

Ambulance: Yes

No

Parent/carer: Yes

No

What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on with session)

All of the above facts are a true and accurate record of the incident/accident.

signed

date

name (print)