

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 Street0 intersection
Phone for police, fire, ambulance	911
Implement EMS to assist first aid if required	911
St. John Ambulance set up and manned by certified volunteers at launch and additional volunteers under main building with access to first aid room – heated, running water, bed, supplies.	Jirrianna Couroux to coordinate supplies and Personnel. Helen Taylor to serve as Chief Medical Officer. Ambulance with dressing and medical supplies sufficient to care for minor injuries or stabilization of more severe 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 marshal will be responsible for gathering point at launch. Safety boat driver at start/community boat house will be responsible for gathering point at start. 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 safely off the water and accounted for. Each coach is responsible to 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 0730 coaches meeting at the timing tower by the chief umpire.

Incident/Accident Report Form

Name of the Regatta: Head of the Welland 5 Bridges Regatta	
Regatta Date: 23 September 2023	
Regatta Chair: Helen Taylor	
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 <input type="radio"/> No <input type="radio"/>
Ambulance:	Yes <input type="radio"/> No <input type="radio"/>
Parent/carer:	Yes <input type="radio"/> No <input type="radio"/>
What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on with session):	
All the above facts are a true and accurate record of the incident/accident.	
Signed:	Date:
Name (print):	