



## **2012 SAFETY PLAN**

An American Red Cross mobile facility and trained EMS personnel shall be available during the day at 0830 until all competitors have moored their boats. A physician shall be on call and available to the on-site Red Cross and EMS personnel for phone consultation. The first aid facility is located at the NE corner of Laishley Park Municipal Marina near the long access ramp.

**Principal Race Officer** (PRO—Hank Stuart Cell # 585-414-6105)

**Race Officers:**

2.4mR Course Jeff Butzer Cell #239-281-8635 (VHF channel 68)

Skud-18 Course Walter Mielke/Jim Tichenor Cell # 713-829-2716 (VHF channel 69)

Sonar Course Hank Stuart Cell # 585-414-6105 (VHF channel 71)

**On the Water Safety Officer**

The on the Water Safety Officer (WSO – Roger Strube, MD - Cell 941-661-4579) reports to the Regatta Principal Race Officer (PRO – Hank Stuart). The WSO shall maintain communication with and coordinate the efforts of all on the water safety vessels and their crews. The WSO shall maintain communication with the on Shore Safety Officer (SSO - Mary Dorey) and Coordinators in the event of an on the water medical emergency.

## **On Shore Safety Officer**

The On Shore Safety Officer (SSO Mary Dorey - Cell 941-276-7224) reports to the On Water Safety Officer (WSO). The On Shore Safety Officer shall supervise the duties of the On Shore Safety Coordinators (SSCs) and, when on site, assume the communication responsibilities of the SSCs. The SSO shall also supervise and coordinate the four (4) Hoyer Lift Teams.

## **On Shore Safety Coordinators**

The on Shore Safety Coordinators (SSCs) report to the On Shore Safety Officer (SSO- Mary Dorey 941 276 7224). The on Shore Safety Coordinators (SSCs) will answer medical calls at the Laishley Park Marina (941 380 1124) and monitor VHF Channel 16.

The SSCs shall facilitate access to the Red Cross for competitors suffering minor complaints or injuries. The SSCs shall facilitate dispatch of Hoyer Lift Teams (HLT) to specific floating dock locations along the floating pier. (FOR ADVANCE RESERVATIONS)

## **Under Direction of the On Water Safety Officer (WSO):**

The SSC shall notify the onsite EMS if a competitor or RC personnel with a medical emergency is in route to the Shore First Aid Facility.

1. In the event an injured or ill competitor or RC personnel is in route, the SSC will notify the American Red Cross and EMS personnel of the first aid needs assessment and expected time of arrival at the north east corner of Laishley Park Municipal Marina.
2. In the event of a serious injury to a competitor or RC, on the 2.4mR or the Skud 18 race course the On Shore Safety Coordinator will notify the on-site EMS unit, or, if EMS is not available on-site, contact 911 and assure transfer of the injured party from watercraft to the ambulance. This transfer will take place at the north east corner of the Laishley Park Municipal Marina regatta dock.

3. In the event of a serious injury to a competitor or RC, on the Sonar course the On Shore Safety Coordinator will notify the on-site EMS unit, or, if EMS is not available on-site, contact 911 and assure transfer of the injured party from watercraft to the ambulance. This transfer will take place at Ponce de Leon Park boat ramp.
4. In the event a competitor or RC personnel is lost overboard, the SSC will contact the Punta Gorda Police and Fire Department(s) to commence search and rescue operations.

**The SSCs will have the following materials:**

1. A competitor list noting which competitors are on the water provided by the Shore Race Officer by 10:00 AM each day.
2. An On the Water Safety Personnel List with cell phone numbers, boat names and VHF channel.
3. A Race Committee Personnel list with cell phone numbers, boat names and VHF channel.
4. Contact information for and location of the American Red Cross and EMS on site supervisors.
5. The Sailing Instructions (and SI Amendments if needed) and all current updates showing schedules, etc.

**Hoyer Lift Teams**

Hoyer Lift Teams (HLTs) report to the SSO. Four (4) teams of trained personnel are available to assist competitors

with transfers into and out of their vessels. Each team will be assigned primary responsibility for servicing one quarter of the floating docks that make up the floating pier. Each floating dock is identified by number and each has been fitted with a corner receiving pipe for attachment of a Hoyer lift. These receivers are at sixteen foot intervals along the entire floating pier. Each team is responsible for safe transfer of willing competitors and responsible for the care and custody of their assigned Hoyer lift.

Competitors desiring routine daily Hoyer Lift Team (HLT) assistance will request this service through the SSC. Dispatch of these teams to specific floating dock locations along the floating pier for advanced reservation is the responsibility of the SSC. The need for assistance transferring into vessels may be minimal during the mornings of the first few days of racing. The need and usage may increase during successive days of the regatta as the competitor's fatigue. The individual Hoyer Lift Teams will prioritize urgent requests for extraction at the end of the day. The need for transferring out of the vessels to the floating docks will be greater at the end of the day and as the regatta progresses. Hoyer Lift Team assistance may be critical in assisting an exhausted competitor or one with hyperthermia or hypothermia out of their vessel for rapid triage to the showers, Red Cross or EMS. At the end of each day, the HLTs shall observe the fleet as they approach the dock and offer assistance to those competitors appearing to need assistance. Assistance shall be provided only with the consent of the competitor.

### **Safety Boats (SBs) – Safety Tow Boats – Special Rescue Vessels**

Each racing circle shall have a minimum of two Safety Boats (SBs). One Safety Boat shall be designated and equipped as a Safety Tow Boat (SB). The Safety Boat shall have a designated skipper and two able bodied crew, all trained in transferring the disabled competitors and in towing disabled (partially submerged) vessels. One crew member shall be certified by the American Red Cross in First Aid and CPR. All crew shall be trained in recognition of the symptoms of hyperthermia and hypothermia. The other shall be designated and equipped as a Special Rescue Vessel (SRV). All safety boats shall be equipped with first aid supplies for stabilizing competitors and RC personnel with injuries.

All Safety Boats shall have a towing bridle and tow line attached to their stern and ready for immediate use.

**All safety boats shall carry the following Rescue Equipment:**

1. First Aid Kit
2. Tow lines/hoisting lines
3. Throw-able Rings/Horseshoes and Life preservers
4. Ladders, Bailers, Small Buckets

(Note: The Safety Boat assigned to the 2.4 Meter circle shall carry a motorized bailing pump a 2 high capacity manual hand pumps)

**Special Rescue Vessels (SRVs)**

Four Special Rescue Vessels (SRVs) shall patrol the designated race circles. One Principal Rescue Vessel (PRV) shall have a skipper (Steve Chupak), a rescue swimmer (Wendy Filler) and the on the Water Safety Officer (Roger Strube, MD). One crew shall hold a current American Red Cross certification in First Aid and CPR. All crew shall be trained in recognition of the symptoms of hyperthermia and hypothermia. This vessel shall patrol the entire racing area and the Water Safety Officer shall manage all other safety boats. Each race circle shall have one of their two safety boats designated the Special Rescue Vessel (SRV). Each SRV shall have a skipper, able bodied crew and rescue swimmer. All crew shall be trained in recognition of the symptoms of hyperthermia and hypothermia.

**The Special Rescue Vessels shall carry the following Rescue Equipment:**

1. First Aid Kit, Tow lines/hoisting lines
2. Throw-able Rings/Horseshoes and Life preservers
3. Ladders, Bailers, Small Buckets

(Note: The Safety Boat assigned to the 2.4 Meter circle shall carry a motorized bailing pump a 2 high capacity manual hand pumps)

## **Emergency Safety Boats**

The Organizing Authority considers all other RC support boats Emergency Safety Boats (all other RC support vessels) shall carry a First Aid Kit, Tow Lines, Throw-able Rings/Horseshoes and extra life preservers.

## **On The Water Safety Procedures:**

These Special Rescue Vessels shall stay to leeward, following the fleet and respond to the needs of their assigned course when necessary. When assisting a presumably disabled vessel, approach from leeward (from downwind) and ask if the competitor requires assistance. Provide assistance if requested by the competitor. Outside assistance will disqualify the competitor from the race. Without permission, provide emergency assistance only if the competitor is obviously incapacitated by serious injury and is in clear and present danger.

All on the water safety personnel will have become familiar with the IFDS RACE MANAGEMENT MANUAL Section 8.1. A boat requiring assistance may drop her jib, luff her sails, display Code Flag "L", or take such other actions as may be specified in the Sailing Instructions. A boat using Code Flag "L" shall provide its own flag.

The water safety personnel will have become familiar with the raising and lowering of sails for each of the 3 types of boats in the regatta. A general familiarization drill will be performed before the event of the boat and the equipment. Special attention shall be given to the various methods of skipper and crew attachment to the boat.

Safety boats that come alongside a competitor (to windward) shall attach the bow line of the race boat to the bow of the safety boat and deploy fenders. Allow the boats settle next to each other before attempting a crew transfer.

## **A Minor Injury or Medical Problem on the Water**

All support craft should have a simple First Aid Kit aboard. With prior permission of the injured participant, Rescue Vessel or Support Boat personnel may manage minor scrapes and cuts. The On Shore Safety Coordinator shall have qualified licensed personnel available if the first responders require additional simple medical advice regarding a minor, non-urgent problem.

## **On the Water Injury Requiring Urgent or Emergency Care:**

The first responder shall immediately report any injury considered more serious than the non-urgent, non-emergency problems described above to the on Water Safety Officer and the racing circle Race Officer. The WSO shall contact the SSC to provide an expected time of arrival at the north east corner of Laishley Park Municipal Marina or Ponce de Leon Park Boat Ramp. The SSC/SSO shall arrange an emergency rescue at Laishley Park Municipal Marina or Ponce de Leon Park Boat ramp and ambulance transport to Charlotte Regional Hospital Emergency Room.

Remember that Para and Quadriplegics do not have sensation below their injury; therefore, it is possible for them to sustain long bone fractures without knowing. Handle with care. They also have difficulty with temperature regulation and may develop hyperthermia or hypothermia easily.

## **HYPOTHERMIA**

Hypothermia is a medical emergency that occurs when your body loses heat faster than it can produce heat causing a dangerously low body temperature. When your body temperature drops, your heart rate, nervous system and other organs can't work correctly. Left untreated, hypothermia can eventually lead to complete failure of the heart and respiratory system and to death. Hypothermia is most often caused by exposure to cold weather or immersion in a cold body of water. Primary treatments for hypothermia are methods to warm the body back to a normal temperature.

## **SYMPTOMS MILD HYPOTHERMIA**

Shivering, faster breathing, trouble speaking, confusion, lack of coordination, fatigue increased heart rate, high blood pressure.

## **SYMPTOMS OF MODERATE TO SEVERE HYPOTHERMIA**

Shivering, clumsiness or lack of coordination, slurred speech or mumbling, stumbling, confusion or difficulty thinking, poor decision making, such as trying to remove warm clothes, drowsiness or very low energy, apathy or lack of concern about one's condition, progressive loss of consciousness, weak pulse, slow shallow breathing. A person with hypothermia usually isn't aware of their condition, because the symptoms often begin gradually and because the confused thinking associated with hypothermia prevents self-awareness.

## **AMERICAN RED CROSS TREATMENT RECOMMENDATIONS**

Seek immediate medical attention for anyone who appears to have hypothermia. Call 911 or EMS. Until medical help is available, follow these hypothermia treatment guidelines.

### **FIRST AID CARE**

#### **Be Gentle.**

Handle gently, limit movements to only those that are necessary. Don't massage or rub the person. Excessive, vigorous or jarring movements may trigger cardiac arrest.

#### **Move the person out of the cold.**

Move the person to a warm, dry location if possible. Shield the person from the cold and wind.

#### **Remove wet clothing .**

Cut away clothing if necessary to avoid excessive movement.



**Cover the person with blankets .**

Use layers of dry blankets or coats to warm the person. Cover the person's head, leaving only the face exposed. Insulate the person from the cold ground by laying them on their back on a blanket or other warm surface.

**Monitor Breathing.**

A person with severe hypothermia may appear unconscious, with no signs of a pulse or breathing. If breathing has stopped or appears dangerously low or shallow, begin CPR immediately.

**Share body heat.**

To warm the person's body, lie next to them then cover both of your bodies with blankets.

Don't apply direct heat, such as hot water, a heating pad or heat lamp to warm the person. The extreme heat can damage the skin or even worse, cause irregular heartbeats so severe they can cause the heart to stop.

Don't apply warm compress to arms or legs.

Dry compress such as warm dry towel can be applied to neck, chest wall, groin only. Heat applied to the arms and legs forces cold blood back toward the heart, lungs and brain causing the core body temperature to drop. This can be fatal.

Provide warm beverages if the person is alert and able to swallow. (non-alcohol, non-caffeine)

## **HYPERTHERMIA, HEAT EXHAUSTION**

**Heat exhaustion** is a condition whose symptoms may include heavy sweating and a rapid pulse, a result of the body overheating. It is one of three heat-related syndromes, with heat cramps being the mildest and heatstroke being the most severe. Causes include exposure to high temperatures, particularly when combined with high humidity, and strenuous physical activity. Without prompt treatment heat exhaustion can progress to heatstroke, and life-threatening condition.

### **SYMPTOMS**

Signs and symptoms of heat exhaustion may come on suddenly or may develop after days of heat exposure. Possible heat exhaustion signs and symptoms include:

**Cool, moist skin with goose bumps when in the heat**

**Heavy sweating**

**Faintness**

**Dizziness**

**Fatigue**

**Weak rapid pulse**

**Low blood pressure upon standing**

**Muscle cramps**

**Nausea**

**Headache**

Untreated, heat exhaustion can progress to heatstroke, a life-threatening condition that occurs when the body temperature reaches 104 degrees or higher. Heatstroke requires immediate medical attention to prevent permanent damage to your brain and other vital organs that can result in death.

## **American Red Cross Treatment Recommendations:**

**Rest in a cool place** . Move to an air-conditioned building, at the least find a shady spot. Rest on the back with legs elevated higher than your heart level.

**Drink cool fluids** . Drink water or sports drinks. Don't drink any beverages that have alcohol or caffeine either of which can contribute to fluid loss.

**Apply cool water to your skin**. If possible, take a cool shower or soak in a cool bath. Don't use alcohol on your skin.

**Loosen clothing** . Remove any unnecessary clothing and make sure your clothes are lightweight and nonbinding.

If not feeling better in 60 minutes of using these treatments, seek prompt medical attention.