

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.
Crowd management plan.	No spectators allowed on venue.
Phone for police, fire, ambulance	911
Implement EMS to assist first aid if required	911
<p>St. John Ambulance set up and manned by certified volunteers at launch and additional volunteers under main building with access to first aid room</p> <p>– heated, running water, bed, supplies.</p>	<p>Jirrianna Couroux to coordinate supplies and personnel; Helen Taylor to serve as Chief Medical Officer.</p> <p>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</p>
Gathering Points (see map)	<p>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. Umpires will confirm all crews that had launched are accounted for as per the control commission list.</p> <p>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.</p> <p>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 coaches meeting by the chief umpire.</p>

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:

	YES	NO
Police:		
Ambulance:		
Parent/carer:		

What happened to the injured person following the incident/accident? (e.g., 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) _____