



EMERGENCY ACTION PLAN

Updated October 2018

All coaches, single scullers and unaccompanied crews should carry a mobile phone with the emergency numbers pre-programmed. If you go out without a coach, carry your mobile phone with you (keep it in a zip-loc bag - then it won't sink!). These numbers are on the safety poster by the coaches' office.

The address for the emergency services is Thames Rowing Club, Embankment, Putney, SW15 1LB.

1. First aid

First aid kits can be found in the gym, in the bar, in the weights room and in the boat bays. The professional staff at the Club are trained first aiders (a full list can be found in the appendix and on the safety notice board). If none of these people are available then persons with minor injuries should be accompanied to a doctor and for major injuries the ambulance should be called. The Club defibrillator can be found on the wall of the gym, by the coaches' office and Ben Lewis, Mike Grattan and Julian Shaw are trained to use it. If none of them are available, anyone can use it as it is a simple process and there are instructions in the kit. It will be checked annually by the boat man. No one should use the defibrillator unless instructed to do so by the emergency services by telephone.

2. Fire

In the event of a fire the Club is to be evacuated and Leader Gardens is to be used as a muster point. Coaches should take responsibility to ensure members of their squad known to be training are evacuated and event organisers and the house team should ensure the evacuation of events. Members are responsible for the safety of their guests. The fire exits are shown on the map on the safety notice boards and the muster point is on the fire notices in each room. Fire doors should not be propped open.

Fire extinguishers are placed throughout the Club and locations are shown on the map on the safety notice boards. These are serviced annually and have a clear sign indicating which type of fire extinguisher they are. Fire extinguishers should NOT be used to prop open doors. Fire blankets are available in the kitchen and in the crew room. These should only be used if the fire is small and easy to tackle.

Fire drills will be held at least annually, usually in the first three months of the season.

3. Capsize

For single scullers:

- If you are out of your depth & unable to wade ashore, hold onto the capsized hull as a buoyancy aid. Never ever attempt to “swim” it to shore. Get as much of your body out of the water as soon as possible, draping yourself over the upturned hull (if necessary turning over the hull for this purpose).
- If there is another sculler nearby and you are cold and cannot paddle easily use the [BR Buddy Buddy](#) system which involves a transfer from your boat (never swimming as in the video but always holding onto one or the other boat at all times) to the stern of the rescue sculler with you eventually lying on the rear canvas holding onto the rear rigger stay and abandoning your sculler.

For crew boats:

- If necessary due to cold, "join-up"; holding on to the boat and where practicable to each other until rescued to provide mutual warmth and support and to help ensure all are accounted for.
- Other boats in the vicinity should be called to fetch help or a launch if one is available.
- Other than Buddy Buddy approved method, DO NOT ATTEMPT TO GET THE SCULLER BACK INTO THE BOAT FROM ANOTHER ROWING SCULLER: you are likely to tip over, putting more people in the water with no one to get help.
- Dial 999 and ask for coast guard

4. Possible serious incidents associated with rowing

The following gives guidance for recognizing and treating possible serious incidents associated with rowing.

4.1 Hypothermia

“Stumbles, Mumbles and Umbles”

The symptoms of hypothermia depend on how cold the environment is and how long you are exposed for. Severe hypothermia needs urgent medical treatment in hospital. Shivering is a good guide to how severe the condition is. All coaches should complete British Rowing’s online cold water and hypothermia training.

If the person can stop shivering on their own, the hypothermia is mild, but if they cannot stop shivering, it is moderate to severe.

In mild cases, symptoms include:

- shivering,
- feeling cold,
- low energy,
- discomfort at higher temperatures than normal, or
- cold, pale skin.

In moderate cases, symptoms include:

- violent, uncontrollable shivering,
- being unable to think or pay attention,
- confusion (some people don't realise they are affected),
- loss of judgment and reasoning,

- difficulty moving around or stumbling (weakness),
- feeling afraid,
- memory loss,
- fumbling hands and loss of coordination,
- drowsiness,
- slurred speech,
- listlessness and indifference, or
- slow, shallow breathing and a weak pulse.

In severe cases, symptoms include:

- loss of control of hands, feet, and limbs,
- uncontrollable shivering that suddenly stops,
- unconsciousness,
- shallow or no breathing,
- weak, irregular or no pulse,
- stiff muscles, or
- dilated pupils.

Although hypothermia is defined as occurring when the body temperature drops below 35°C (95°F), mild hypothermia can start at higher body temperatures. As the body temperature decreases further, shivering will stop completely. The heart rate will slow and a person will gradually lose consciousness. When unconscious, a person will not appear to have a pulse or be breathing. Emergency assistance should be sought immediately and CPR provided while the person is warmed. CPR is an emergency procedure, consisting of 30 chest compression followed by 2 rescue breaths.

Treating hypothermia

As hypothermia can be a life-threatening condition, seek medical attention as soon as possible. Hypothermia is treated by preventing further heat being lost and by gently warming the patient. If you are treating someone with mild hypothermia, or waiting for medical treatment to arrive, follow the advice below to prevent further loss of heat.

Things to do for hypothermia:

- Move the person indoors, or somewhere warm, as soon as possible.
- Once sheltered, gently remove any wet clothing and dry the person.
- Wrap them in blankets, towels, coats (whatever you have), protecting the head and torso first.
- Your own body heat can help someone with hypothermia. Hug them gently.
- Increase activity if possible, but not to the point where sweating occurs, as that cools the skin down again.
- If possible, give the person warm drinks (but not alcohol) or high energy foods, such as chocolate, to help warm them up.
- Once body temperature has increased, keep the person warm and dry.
- It is important to handle anyone that has hypothermia very gently and carefully.

Things you should NOT do:

- Don't stand them up or let them stand up. Keep the head down and the body horizontal as on a stretcher and parallel with the ground.

- Don't warm up an elderly person using a bath, as this may send cold blood from the body's surfaces to the heart or brain too suddenly, causing a stroke or heart attack.
- Don't apply direct heat (hot water or a heating pad, for example) to the arms and legs, as this forces cold blood back to the major organs, making the condition worse.
- Don't give the person alcohol to drink, as this will decrease the body's ability to retain heat.
- Don't rub or massage the person's skin, as this can cause the blood vessels to widen and decrease the body's ability to retain heat. In severe cases of hypothermia there is also a risk of heart attack.

4.2 Near-Drowning

The goal is to safely rescue the victim and begin first aid. In a near-drowning emergency, the sooner the rescue and first aid begin, the greater the victim's chance of survival. Do not endanger yourself in rescuing the victim during this process.

There are a number of rescue options to reach the drowning victim in the water, use a life ring, a throw line, throw a rope with a buoyant object or use an oar. The launches are designed as coaching launches rather than rescue launches and as such care needs to be taken to ensure the stability of the launch in a rescue situation, therefore anyone helped into the launch should only be brought in over the decked area at the front of the launch and that the launch engine be in neutral or switched off during rescue.

As a last resort, you can attempt a swimming rescue if you are sufficiently trained in water rescue.

Do not attempt a rescue beyond your capabilities. Otherwise, you may harm yourself. For a swimming rescue, approach the person from behind while trying to calm the victim as you move closer. A panicked victim can pull you down. Grab a piece of clothing or cup a hand or arm under the victim's chin and pull the person face up to shore while providing special care to ensure a straight head-neck-back alignment especially if you think the person has spine injuries.

First aid for a near-drowning victim

The focus of the first aid for a near-drowning victim in the water is to get oxygen into the lungs without aggravating any suspected neck injury.

If the victim's breathing has stopped, give 5 mouth-to-mouth rescue breaths as soon as you safely can. This could mean starting the breathing process in the water.

Once on shore, reassess the victim's breathing and circulation (heartbeat and pulse). If there is breathing and circulation without suspected spine injury, place the person in recovery position (lying on the stomach, arms extended at the shoulder level and bent, head on the side with the leg on the same side drawn up at a right angle to the torso) to keep the airway clear and to allow the swallowed water to drain. If there is no breathing, begin CPR.
Continue

CPR (30 chest compression followed by 2 rescue breaths) until help arrives or the person revives. Keep the person warm by removing wet clothing and covering with warm blankets to prevent hypothermia. Remain with the recovering person until emergency medical personnel have arrived.