Abingdon Rowing Club Emergency Action Plan

ARC is committed to the safety of its members and its guests whilst they are engaged in club related activities.

All members have both a duty of care to others and personal responsibility for ensuring that their actions, both on and off the water, are conducted in a way that does not compromise the safety of themselves or others.

Directing people to the Club

There may be situations when an external party such as a Doctor or Ambulance may need to be called to the club. In

this instance, the Club House address is:

Abingdon Rowing Club, 39 Wilsham Road, Abingdon OX14 5LD

GPS Coordinates: 51.6612° N, 1.2832° W

Tel: 07745 862692

Incidents in the Club House

Medical emergencies sustained at the club are likely to be either cuts or burns sustained in the kitchen, or an athlete

having breathing difficulty during exercise in the gym.

In either event, a member who has received First Aid training should provide initial support to the injured person.

General guidance for these events includes;

Cuts and grazes: most cuts and grazes are minor and can be treated. Cleaning them thoroughly, stopping the bleeding and covering them with a suitable plaster or dressing is generally all that is needed.

You should not give the patient any form of pain relief, as some people can have an allergic reaction to certain medicines. The patient should seek their own pain relief.

Minor Burns: to treat superficial (minor) burns in the first instance you should seek to cool the skin with running cool or tepid water for at least 10 minutes, ideally within 20 minutes of the injury happening. This will prevent the burn getting worse. Do not use ice, iced water, creams, or greasy substances (such as butter) to soothe the burn. Remove any clothes or jewellery from around the burn, unless they are sticking to it.

Cover the burn using strips of cling film, rather than wrapping it around a limb. A clean plastic bag is suitable to use for burns on your hand.

Do not interfere with the burn or break any blisters. If the burn is very painful, or seems to be getting worse, call NHS 111, or visit your GP for advice.

If you are in any doubt whether you need further medical assistance, call 999 and ask for an ambulance. Deep, or large burns, or burns to the face, hands, or across joints, must always be checked by a doctor and may require hospital treatment.

Breathing Difficulty sustained during Exercise: it is recommended that members do not undertake high intensity ergo sessions whilst at the club on their own. Where this is being done, members should have a mobile phone so they can call for assistance if needed.

There are many reasons why you might develop trouble breathing during exercise including having recently begun an exercise program, exercise-induced asthma or a hiatal hernia.

If shortness of breath is experienced during exercise, the athlete must stop immediately and seek medical advice. This will mean contacting your GP as soon as possible for a thorough chest examination.

Incidents on the Water

Collision or Incident with Motor Launch

If you are involved in an incident, including a near miss, with a motor launch, the incident should be reported as soon as you arrive back at the club. Try to get the name of the motor launch, so that it can be traced. Safety related incidents, including collisions, capsizes, injuries and boat damage should be reported to British Rowing using the clubs Accident Reporting process.

For serious incidents, call the locks upstream or downstream and the motor launch can be held. See Useful Numbers below for lock telephone numbers.

Capsize

· If out of your depth and unable to wade ashore, hold onto the capsized hull as a buoyancy aid and attempt to swim it to shore.

· If the water is cold, 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 possible, buddy-up; holding on 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 fetch help or a launch if one is available. DO NOT ATTEMPT TO RESCUE

FROM ANOTHER ROWING SCULL - you are likely to tip over, putting more people in the water with no one to get help.

Injury or Medical Emergency

IN A MEDICAL EMERGENCY, INCLUDING A CREW MEMBER BEING TAKEN SERIOUSLY ILL OR

BECOMING UNRESPONSIVE, IMMEDIATELY:

o Raise the Alarm with a launch or with other boats if available.

o Use a mobile phone to dial for emergency assistance 999; OR if no phone is available row to the nearest location where a safe landing can be made, get to a telephone, and make a 999 call, indicating the closest access location from the list below:

iii) Slipway at St Helens Road next to St Helens Church

iv) Culham Lock

v) Abingdon Rowing Club boathouse

Possible serious incidents associated with rowing

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

Hypothermia

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

Mild cases: in mild cases, symptoms include:

· shivering,

· feeling cold,

· low energy,

· discomfort at higher temperatures than normal, or

· cold, pale skin.

Moderate cases: the symptoms of moderate hypothermia 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.

Severe cases: the symptoms of severe hypothermia 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, and

· 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.

How to treat 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 warm up an elderly person using a bath, as this may send cold blood from the body surface 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 take a hot shower to try to warm up quickly, as this will also make 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

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.

Rescue options to reach the drowning victim in the water:

· Use a Throw Line

· Throw a rope with a buoyant object

· Use a long stick

· Bring a boat alongside the victim and tow the victim to shore. Do not haul the victim into the boat because it may cause the boat to capsize, and both of you will be in the water. Cold water may render the victim too hypothermic to grasp objects within their reach or to hold while being pulled to safety

· 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 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 the 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.

STRONG RECOMMENDATIONS:

• Do not go out rowing alone, ever, when the water temperature is below 10 degrees C. Hypothermia is deadly quick

at lower temperatures.

• Always row with at least one other boat, or with the coach / safety boat.

• Always have your mobile phone with you if there is no coach boat, so that you can call 999 for help. Keep it in a zip-loc bag.

Useful Contacts and Telephone Numbers

All crews are advised to ensure they carry a mobile phone when on the water.

In case of an emergency call 999 and inform the operator which service is required (Fire – Police - Ambulance)

Thames Valley Police, Colwell Dr, Abingdon OX14 1AU

Phone: 01865 841148

Abingdon Community Hospital, Marcham Rd, Abingdon OX14 1AG

Phone: 01865 904346

John Radcliffe Hospital, Headley Way, Headington, Oxford OX3 9DU

Phone: 0300 304 7777

British Rowing, 6 Lower Mall, London W6 9DJ. Tel. 020 8237 6700

Environment Agency: 24 hr Contact Centre. Tel. 0800 807060