

Downtown Sailing Center  
Emergency Action Plan Full View

*If a person is in a life-threatening condition, do not hesitate:  
CALL 911 Immediately!*

**Chain of Command**

Board President, Chris Rossi - 410-967-6718, Head of Organization; PR if Executive Director is unavailable

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Staff: Acting Executive Director, Chris Rossi - 410-967-6718, Head of All Staff; Emergency contact if below staff cannot be reached and handles press and PR in the event of a serious emergency

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**Staff:** Program Directors:

Rena Kazmierski - 443-528-4527

John O'Riordan - 410-742-3354

Amandine Ravel - 410-736-0199

*Any Staff above can be notified if Emergency Action Plan (EAP) is activated.*

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Head Instructor: available only for some programming. In event there is no head instructor, the secondary responder and Program Directors share duties as assigned by Program Director.

*AED located in 'AED - First Aid' dockbox from May 1 - Oct. 1 and during all programming unless on Safety Support Vessel during programming (per program requirement)*

*Personal Protective Equipment (PPE) - non-latex gloves and one-way-breathing barriers - are located in boat safety boxes and in the 'AED - First Aid' box*

This document is for injuries concerning DSC community members including staff and customers.

Emergency Contact: **911** preferred for emergencies on land and at the docks. **VHF 16 (MAYDAY)** preferred for incidents on the water (while sailing/operating a powerboat, etc).

Other local contacts:

USCG Sector Maryland NCR emergency number: 410-576-2693

Maryland DNR Police emergency number: 410-260-8888

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Baltimore Police Southern District *non-emergency* number:410-396-2499

## Medical, Life-threatening Emergencies

***Note: CPR/AED/First Aid and Safety Protocol requires all responders to wear appropriate Personal Protective Equipment (PPE). Gloves and Breathing Barrier found in boat Safety Boxes and Dock 'AED - First Aid' box.***

### Quick Checks:

*For All Medical Emergencies, Secondary Responder brings AED and activates appropriately*

- **Cardiac Arrest at DSC Facility or on Docks**
  - Any additional Staff disperse onlookers safely
  - *Primary Emergency Landing Area is "1425 Key Highway Baltimore, Maryland"*
- **Cardiac Arrest on Keelboat or Powerboat**
  - Perform CPR/AED on vessel as able.
  - Move to powerboat from keelboat if needed and only if possible.
  - *Primary Emergency Landing Area is 'EMS Remove from Boat'.*
- **Cardiac Arrest into water from boat**
  - Retrieve person from water onto keelboat or powerboat and perform CPR on vessel.
  - Move to powerboat from keelboat if needed and only if possible.
  - Remove wet clothing and dry as possible before using AED.
  - *Primary Emergency Landing Area is 'EMS Remove from Boat'.*
- **Suspected Head, Neck, or Spinal injury**
  - Stabilize person in position found. DO NOT MOVE VICTIM!
  - If person is in the water, secure to vessel and immobilize head. DO NOT ENTER WATER UNLESS TRAINED AND CERTIFIED AS LIFEGUARD WITH APPROPRIATE EQUIPMENT
  - *EMS will move person from area found.*
- **Unconscious Suspected Choking, Unconscious Not Breathing**
  - Treat person on vessel or dock
  - Move to powerboat only if needed and only if possible.
  - *Primary Emergency Landing Area is 'EMS Remove from Boat'.*
- **Suspected Heart Attack or Stroke, and Severe Bleeding or Open Fracture**
  - Move to powerboat from keelboat if needed and only if possible.
  - *EMS may remove from boat; prepare to move boat to nearest Emergency Landing Area.*

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- Secondary Responder prepares to use AED but AED only used for unconscious person.
- **Unconscious but breathing, especially from concussion.**
  - Do not move the victim from his/her location unless safety is a concern.
  - *EMS may remove from boat; prepare to move boat to nearest Emergency Landing Area per EMS recommendations.*
  - Secondary Responder prepares to use AED but AED only used for unconscious person.
- **Active Drowning or Potential Drowning**
  - “Reach, Throw, Row”
  - Be prepared to also treat for Head/Neck/Spinal, Conscious or Unconscious Choking.
  - *May be able to move boat to nearest Emergency Landing Area per EMS recommendations.*
- **Critical Burns**
  - Remove from source of burn.
  - *May be able to move boat to nearest Emergency Landing Area per EMS recommendations.*
- **Seizure (unknown history)**
  - Remove nearby objects
  - *May be able to move boat to nearest Emergency Landing Area per EMS recommendations.*

### **General Steps to be taken for Medical Emergencies** (see specifics below)

1. Primary Responder Calls 911 (at DSC docks or on land) or Hails Coast Guard on VHF Chn. 16 (while sailing/on the water). Primary responder will likely be group leader either on docks or on boat. VHF 16 Hail: “May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken)”. Follow CPR/AED/First Aid protocol with PPE. Follow VHF Protocol as possible.
2. Primary Responder hails Secondary Responder by hailing on prescribed VHF ship-ship channel “Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken).” Secondary Responder should be, in most instances, near the AED and a DSC Powerboat. Secondary Responder Alerts Program Director and provides further assistance to Primary Responder.
3. Secondary Responder follows through with active on-the-water support to help Primary Responder with appropriate PPE. If Program Director or Head Instructor are not present (weekend events, evening events), Secondary Responder will fulfill Program Director responsibilities outlined below as

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he/she is able; Primary Responder will follow Head Instructor responsibilities outlined below as he/she is able.

4. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
5. Program Director contacts Executive Director.
6. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.
7. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
8. Executive Director activates mitigation strategy.
9. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the 'Permanent Accident/Incident Report Log' and the MD DHMH "Youth Camp Incident Report Form.
10. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.
11. For Youth Camp, any injury resulting in loss of consciousness or EMS activation for a staff or camper must be reported to MD DHMH *immediately following the incident* using the "Youth Camp Incident Report Form".

- **Cardiac Arrest:**

*If on the water, the victim should ideally be rescued FROM THE BOAT. If on land, the Emergency Landing Area is 1425 Key Highway Baltimore, Maryland 21230*

1. Primary Responder Calls 911. Hails Coast Guard on VHF Chn. 16 on the water or if phone not available. "May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken)". Follow CPR protocol with appropriate PPE. Follow VHF Protocol as possible.
2. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel "May day, May Day, May Day (Vessel, Location, Emergency, Action being taken)." Secondary Responder Alerts Program Director and takes AED to Primary Responder.
3. Secondary Responder, wearing PPE, activates AED according to AED instructions.
4. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
5. Program Director contacts Executive Director.
6. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.

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7. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
  8. Executive Director activates mitigation strategy.
  9. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the 'Permanent Accident/Incident Report Log' and the MD DHMH "Youth Camp Incident Report Form.
  10. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.
- **Suspected Head, Neck, or Spinal Injury:**
- IF ON THE BOAT, do not move the victim; IF IN THE WATER, do not move the victim; IF ON LAND, do not move the victim*
1. Primary Responder Calls 911. Hails Coast Guard on VHF Chn. 16 on the water or if phone not available. "May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken)". Follow VHF Protocol as possible.
  2. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel "Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken)."
  3. Primary Responder immobilizes head in position found and uses appropriate PPE. If in water, Primary responder secures person to vessel or docks as possible and immobilizes head. Primary Responder is not to enter the water unless he/she is certified to do so as a lifeguard, and only then if he/she has activated EMS response.
  4. Secondary Responder Alerts Program Director and goes to assist Primary Responder.
  5. Secondary Responder, with PPE, takes over vessel if appropriate and sails vessel to nearest *Emergency Landing Area* while Primary Responder maintains stabilization. *DO NOT TRANSFER PERSON FROM LOCATION OF INCIDENT. EMS WILL HANDLE TRANSFER.*
  6. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
  7. Program Director contacts Executive Director.
  8. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.
  9. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
  10. Executive Director activates mitigation strategy.

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11. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the 'Permanent Accident/Incident Report Log' and the MD DHMH "Youth Camp Incident Report Form.
  12. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.
- **Unconscious Suspected Choking**
    1. Primary Responder Calls 911. Hails Coast Guard on VHF Chn. 16 on the water or if phone not available. "May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken)". Follow CPR/First Aid protocol including PPE and use Modified CPR for unconscious choking (2, 30, mouth check/sweep, 2). Follow VHF Protocol as possible.
    2. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel "Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken)." **Secondary Responder Alerts Program Director, uses PPE, and activates AED as appropriate, follows through with AED use if 'shock is advised'.**
    3. Secondary Responder follows through with active on-the-water support to help Primary Responder.
    4. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
    5. Program Director contacts Executive Director.
    6. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.
    7. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
    8. Executive Director activates mitigation strategy.
    9. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the 'Permanent Accident/Incident Report Log' and the MD DHMH "Youth Camp Incident Report Form.
    10. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.
  - **Unconscious With Pulse No Breathing**
    1. Primary Responder Calls 911. Hails Coast Guard on VHF Chn. 16 on the water or if phone not available. "May Day, May Day, May Day (Vessel, Location,

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Emergency, Action being taken)". Follow CPR/First Aid protocol, use PPE, and use Modified CPR for unconscious choking (2, 30, mouth check/sweep, 2) if breaths do not cause chest to rise and use Rescue Breaths, 1 breath:5 seconds) if breaths cause victim's chest to rise. Follow VHF Protocol as possible.

2. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel "Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken)." Secondary Responder Alerts Program Director and activates AED, uses PPE. Secondary responder assists as needed if 2 Person CPR is needed and follows through with AED use if 'shock is advised'.
3. Secondary Responder follows through with active on-the-water support to help Primary Responder.
4. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
5. Program Director contacts Executive Director.
6. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.
7. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
8. Executive Director activates mitigation strategy.
9. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the 'Permanent Accident/Incident Report Log' and the MD DHMH "Youth Camp Incident Report Form.
10. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.

- **Suspected Heart Attack and Suspected Stroke**

1. Primary Responder Calls 911. Hails Coast Guard on VHF Chn. 16 on the water or if phone not available. "May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken)". Follow CPR/First Aid protocol, use PPE, and monitor conditions. Prepare to administer CPR and treat for shock. Follow VHF Protocol as possible.
2. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel "Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken)." Secondary Responder Alerts Program Director and takes AED as a precaution to Primary Responder, uses PPE. Secondary responder assists as needed if 2 Person CPR is needed and follows through

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with AED use only if victim becomes unconscious. If suspected stroke, record time when symptoms first appeared.

3. Secondary Responder follows through with active on-the-water support to help Primary Responder.
  4. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
  5. Program Director contacts Executive Director.
  6. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.
  7. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
  8. Executive Director activates mitigation strategy.
  9. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the 'Permanent Accident/Incident Report Log' and the MD DHMH "Youth Camp Incident Report Form.
  10. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.
- **Active and Severe Bleeding; Open Fractures; Bleeding head trauma**
    1. Primary Responder Calls 911. Hails Coast Guard on VHF Chn. 16 on the water or if phone not available. "May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken)". Follow CPR/First Aid protocol, use PPE. Apply direct pressure to wound; if open fracture, cover area and use tourniquet. If suspected concussion, address per training. Do not splint the wound. Follow VHF Protocol as possible.
    2. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel "Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken)." Secondary Responder Alerts Program Director and takes AED as a precaution to Primary Responder, uses PPE. Secondary responder assists as needed and treats for shock. *EMS will splint the wound!*
    3. Secondary Responder follows through with active on-the-water support to help Primary Responder.
    4. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
    5. Program Director contacts Executive Director.
    6. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.



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7. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
  8. Executive Director activates mitigation strategy.
  9. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the 'Permanent Accident/Incident Report Log' and the MD DHMH "Youth Camp Incident Report Form.
  10. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.
- **Unconscious but Breathing, including a person who 'faints' or experiences head trauma that results in unconsciousness or 'blacking out'**
    11. Primary Responder Calls 911. Hails Coast Guard on VHF Chn. 16 on the water or if phone not available. "May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken)". Follow CPR/First Aid protocol and make the person comfortable, use PPE. If unconsciousness not likely caused by heat stroke or concussion, suspect poisoning or allergic reaction. Follow VHF Protocol as possible.
    12. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel "Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken)." Secondary Responder Alerts Program Director and takes AED as a precaution to Primary Responder, uses PPE. Secondary responder assists as needed and treats for shock. ***DO NOT MOVE AN UNCONSCIOUS PERSON OR A PERSON WHO HAS JUST REGAINED CONSCIOUSNESS!***
    13. Secondary Responder follows through with active on-the-water support to help Primary Responder.
    14. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
    15. Program Director contacts Executive Director.
    16. Head Instructor clears crowd from docks (if necessary), meets EMS and guides them to the appropriate *Emergency Landing Area*.
    17. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
    18. Executive Director activates mitigation strategy.
    19. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the 'Permanent Accident/Incident Report Log' and the MD DHMH "Youth Camp Incident

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Report Form.

20. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.

- **Active Drowning or Potential Drowning**

*All client-based and educational programs require participants to wear PFDs securely on docks at ALL TIMES. For Passive Drowning, remove from water immediately and activate CPR/AED/First Aid as needed IMMEDIATELY.*

1. Primary Responder Calls 911. Hail Coast Guard on VHF Chn. 16 on the water or if phone not available. "May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken)". Follow VHF Protocol as possible.
2. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel "Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken)."
3. Primary Responder reaches out to drowning person with an object such as a paddle or boat hook, Type IV Throwable, or Life Ring.
4. Secondary Responder Alerts Program Director, and goes to assist Primary Responder taking AED as a precaution and using PPE.
5. Primary Responder does not enter the water unless they are trained to do so and are operating within their certification with appropriate equipment - and then, only if absolutely necessary. (*Reach, Throw, Row*)
6. Primary Responder Secures person to docks or vessel and guides person to ladder if possible.
7. Secondary Responder takes over vessel if appropriate and sails vessel to nearest *Emergency Landing Area* or assists in guiding victim out of water. Primary and Secondary Responders prepare to respond to conscious/unconscious choking and treat for shock.
8. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
9. Program Director contacts Executive Director.
10. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.
11. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
12. Executive Director activates mitigation strategy.
13. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the 'Permanent Accident/Incident Report Log' and the MD DHMH "Youth Camp Incident

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Report Form”.

12. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.

- **Critical Burns**

1. Primary Responder Calls 911. Hail Coast Guard on VHF Chn. 16 on the water or if phone not available. “May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken)”. *Remove person from burn source! Follow CPR/First Aid protocol, use PPE. Follow First Aid protocol.* Follow VHF Protocol as possible.
2. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel “Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken).” *Secondary Responder Alerts Program Director and takes AED as a precaution to Primary Responder, uses PPE. Secondary responder treats for shock.*
3. Secondary Responder follows through with active on-the-water support to help Primary Responder.
4. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
5. Program Director contacts Executive Director.
6. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.
7. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
8. Executive Director activates mitigation strategy.
9. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the ‘Permanent Accident/Incident Report Log’ and the MD DHMH “Youth Camp Incident Report Form.
10. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.

- **Heat Stroke**

1. Primary Responder Calls 911. Hails Coast Guard on VHF Chn. 16 on the water or if phone not available. “May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken)”. *Follow CPR/First Aid protocol, use PPE. Apply Rapid Cooling as possible, preferably with water hose and buckets of ice. Do not place body in Patapsco River but may place legs in river/harbor*

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water safely if person remains conscious. May douse with buckets of fresh water. Follow VHF Protocol as possible.

2. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel “Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken).” Secondary Responder Alerts Program Director and takes AED as a precaution to Primary Responder, uses PPE. Secondary responder assists as needed and treats for shock and monitors levels of consciousness. No food or drink.
  3. Secondary Responder follows through with active on-the-water support to help Primary Responder.
  4. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
  5. Program Director contacts Executive Director.
  6. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.
  7. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
  8. Executive Director activates mitigation strategy.
  9. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the ‘Permanent Accident/Incident Report Log’ and the MD DHMH “Youth Camp Incident Report Form.
  10. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.
- **Anaphylaxis/ Anaphylactic shock**
    1. Primary Responder Calls 911. Hails Coast Guard on VHF Chn. 16 on the water or if phone not available. “May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken).” Follow CPR/First Aid protocol, use PPE. Encourage victim to inject his/her epinephrine into thigh. Victim should apply, not the Primary Responder. Follow VHF Protocol as possible.
    2. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel “Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken).” Secondary Responder Alerts Program Director and takes AED as a precaution to Primary Responder, uses PPE. Secondary responder assists as needed and treats for shock and monitors levels of consciousness. No food or drink.
    3. Secondary Responder follows through with active on-the-water support to to

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help Primary Responder. Primary Responder asks victim to prepare for second administration in case of anaphylactic recurrence.

4. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
5. Program Director contacts Executive Director.
6. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.
7. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
8. Executive Director activates mitigation strategy.
9. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the 'Permanent Accident/Incident Report Log' and the MD DHMH "Youth Camp Incident Report Form.
10. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.

- **Seizures**

*Call 911 only if the victim does not have a known history of seizures. If the Primary Responder knows the victim is prone to seizures, remove nearby objects, note the time, and monitor for changes in consciousness. In the above scenario, call 911 only if the victim loses consciousness or experiences vomiting/loss of other bodily fluids.*

11. Primary Responder Calls 911. Hails Coast Guard on VHF Chn. 16 on the water or if phone not available. "May Day, May Day, May Day (Vessel, Location, Emergency, Action being taken)". Follow First Aid protocol and remove nearby objects, especially around the head. Wear PPE, monitor for changes in consciousness. Follow VHF Protocol as possible.
12. Primary Responder hails secondary responder by hailing on prescribed VHF ship-ship channel "Mayday, May Day, May Day (Vessel, Location, Emergency, Action being taken)." Secondary Responder Alerts Program Director and takes AED as a precaution to Primary Responder, uses PPE. Secondary responder assists as needed and treats for shock and monitors levels of consciousness.
13. Secondary Responder follows through with active on-the-water support to help Primary Responder.
14. Program Director gathers appropriate medical forms and notifies Emergency Contacts.
15. Program Director contacts Executive Director.

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16. Head Instructor meets EMS and guides them to the appropriate *Emergency Landing Area*.
17. Head Instructor to accompany injured party to emergency room and stay in communication with DSC.
18. Executive Director activates mitigation strategy.
19. Primary Responder fills out and submits Incident Report form and other appropriate reporting forms, which may include the 'Permanent Accident/Incident Report Log' and the MD DHMH "Youth Camp Incident Report Form.
20. All persons involved fill out and submit Incident Reports as soon after the incident as is reasonable.

### **'Other' Medical Emergencies**

***'Other' Medical Emergencies may be or become Life Threatening and may require activation of EMS. Special care should be given to head trauma. These below emergencies and others become life threatening as soon as a person loses consciousness. If a person loses consciousness, call 911. 'Other' Medical Emergencies include but are not limited to:***

- Heat Exhaustion
- Hypothermia
- Seizures (known)
- Non-critical burns
- Minor cuts, scrapes, and bruises
- Heat Cramps
- Minor Allergic Reactions
- Asthma occurrence
- Headache, Nausea
  
- Person Overboard/Person-in-the-water, non-drowning from keelboat
  
- Concussions that do not initially result in loss of consciousness
- Cleaning up bodily fluids appropriately

#### **Heat Exhaustion**

- Primary Responder removes victim from class and treats with First Aid training. If the victim becomes unconscious, call 911 and treat for **Heat Stroke**.
- Primary Responder must file incident report on the day of the incident and notify Program Director. If victim is under 18, Program Director or Adult Staff must notify

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parents/guardians of minor.

- If in Youth Camp, must additionally document through a “Maryland Youth Camp Incident Report Form” and in “Yellow Camp Log”

### **Hypothermia**

- Primary Responder removes victim from class and treats with First Aid Training. If the victim becomes unconscious, call 911 and continue to treat for shock.
- Blankets are in Education Trailer, Combo 3425-Enter.
- Primary Responder must file incident report on the day of the incident and notify Program Director. If victim is under 18, Program Director or Adult Staff must notify minor’s parents.
- If in Youth Camp, must additionally document through a “Maryland Youth Camp Incident Report Form” and in “Yellow Camp Log”

### **Seizures (known)**

- Primary Responder removes victim from class and treats with First Aid training. If the victim becomes unconscious, call 911 and treat for shock. Activate Life-Threatening EAP and have Secondary Responder ready AED for cardiac emergency. Continue with appropriate First Aid/CPR/AED.
- Primary Responder must file incident report on the day of the incident and notify Program Director. If victim is under 18, Program Director or Adult Staff must notify minor’s parents.
- If in Youth Camp, must additionally document through a “Maryland Youth Camp Incident Report Form” and in “Yellow Camp Log”

### **Non-critical burns**

- Primary Responder removes victim from heat source. Remove victim from class and treat with First Aid training. Responder should allow victim to self-administer treatment whenever possible.
- If treatment is given, Primary Responder must file incident report on the day of the incident and notify Program Director. If victim is under 18, Program Director or Adult Staff must notify minor’s parents.
- If in Youth Camp, must additionally document through a “Maryland Youth Camp Incident Report Form” and in “Yellow Camp Log”
- *For Sunburn, Downtown Sailing Youth Camp does not provide for nor apply sunscreen. Campers must bring and apply their own sunscreen.*

### **Minor cuts, scrapes, and bruises**

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- Primary Responder removes victim from heat source. Removes victim from class and treats with First Aid training. Responder should allow victim to self-administer treatment whenever possible.
- Primary Responder should monitor the bleeding. *If bleeding does not stop with appropriate First Aid, Call 911.*
- If treatment is given, Primary Responder must file incident report on the day of the incident and notify Program Director. If victim is under 18, Program Director or Adult Staff must notify minor's parents.
- If in Youth Camp, must additionally document through a "Maryland Youth Camp Incident Report Form" and in "Yellow Camp Log"

*When practical, use PPE and Bandages from large white 'Safety Box' rather than from boat safety box.*

### Heat Cramps

- Primary Responder removes victim from class and treats with First Aid training.
- If victim is under 18, Program Director or Adult Staff must notify minor's parents (ask to drink more fluids, especially sports drinks, coconut water, or cold milk in addition to water).
- If in Youth Camp, must additionally document in "Yellow Camp Log"

### Minor Allergic Reactions

- Primary Responder removes victim from class and treats with First Aid training. If the victim becomes unconscious, call 911 and treat for shock.
- Primary Responder must file incident report on the day of the incident and notify Program Director. If victim is under 18, Program Director or Adult Staff must notify minor's parents.
- If in Youth Camp, must additionally document through a "Maryland Youth Camp Incident Report Form" and in "Yellow Camp Log"

### Asthma Occurrence

- Primary Responder treats person with First Aid training. If the person becomes unconscious, call 911 and treat for shock.
- *Person SELF-MEDICATES using only his/her appropriate inhaler or medication.*
- Primary Responder must file incident report on the day of the incident and notify Program Director *if the primary responder assists with the medication.* If person is under 18, Program Director or Adult Staff must notify minor's parents of every use.
- *If victim self-medicates, the inhaler use must be documented in the medication record log and in "Yellow Camp Log".*



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- If in Youth Camp and assisted, must additionally document through a “Maryland Youth Camp Incident Report Form” and in “Yellow Camp Log”

### Headache, Nausea

- Primary Responder removes person from class and treats with First Aid training and monitors for changes in condition. If the victim becomes unconscious, call 911 and treat for shock and look for signs of concussion.
- *Any medication must be self-administered. For campers, any self-administered medication must be prescribed by a doctor through the DHMH medical administration form*
- Primary Responder must file incident report if medication is given on the day of the incident and notify Program Director. If victim is under 18, Program Director or Adult Staff must notify minor’s parents by end of camp day (may notify before camp day ends).
- If in Youth Camp, must additionally document through the DHMH Medication log and in “Yellow Camp Log”

### Vomiting, Diarrhea

- Primary Responder removes person from class and treats with First Aid training and monitors for changes in condition. Look for signs of poisoning and allergies. If the victim becomes unconscious, call 911 and treat for shock.
- *Any medication must be self-administered. For campers, any self-administered medication must be prescribed by a doctor through the DHMH medical administration form*
- For a single instance of vomiting or diarrhea, call the emergency contact person and notify them EMS may be called if conditions continue/worsen. *For severe, prolonged, or continued vomiting or diarrhea, Call 911 first, then notify the emergency contact.*
- Primary Responder must file incident report if medication is given on the day of the incident and notify Program Director. If victim is under 18, Program Director or Adult Staff must notify minor’s parents.
- If in Youth Camp, must additionally document through the DHMH Medication log and in “Yellow Camp Log” and file a MD DHMH Youth Camp Incident Report.

### Person Overboard (POB)/Person-in-the-water (PIW), non-drowning from keelboat

- Primary Responder rescues POB/PIW from water with effective Rescue Technique (Quick Stop or Figure-8 for sailboats, Race Track or modified Williamson Turn for powerboats), secures person to boat, and hoists person out of water from the

## Downtown Sailing Center Emergency Action Plan Full View

leeward side of the vessel

- Primary responder treats POB as needed.
- Primary Responder must file incident report on the day of the incident and notify Program Director. If victim is under 18, Program Director or Adult Staff must notify minor's parents.
- If in Youth Camp, must additionally document through a "Maryland Youth Camp Incident Report Form" if injured and in "Yellow Camp Log" (for all POB from keelboats)

**Concussions that do not initially result in loss of consciousness (from the CDC):**

### ***When to Seek Immediate Medical Attention***

#### ***Danger Signs in Adults***

*In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. Contact your health care professional or emergency department right away if you have any of the following danger signs after a bump, blow, or jolt to the head or body:*

- *Headache that gets worse and does not go away.*
- *Weakness, numbness or decreased coordination.*
- *Repeated vomiting or nausea.*
- *Slurred speech.*

*The people checking on you should Call 911 right away if you:*

- *Look very drowsy or cannot be awakened.*
- *Have one pupil (the black part in the middle of the eye) larger than the other.*
- *Have convulsions or seizures.*
- *Cannot recognize people or places.*
- *Are getting more and more confused, restless, or agitated.*
- *Have unusual behavior.*
- *Lose consciousness (a brief loss of consciousness should be taken seriously and the primary responder should call 911).*

#### **Concussions not resulting in loss of consciousness**

- Primary Responder removes participant from event and places in a comfortable place to rest.
- Primary Responder activates AEP by contacting Secondary Responder via voice, VHF Radio, or phone.
- Secondary Responder contacts Program Director. Program director then calls camp health representative if in camp setting.
- Participant's Emergency Contact is notified immediately after camp health

## Downtown Sailing Center Emergency Action Plan Full View

representative is notified.

- Primary Responder must file incident report on the day of the incident and notify Program Director.
- If in Youth Camp, must additionally document through a “Maryland Youth Camp Incident Report Form” if injured and in “Yellow Camp Log” (for all POB from keelboats)
- Participant is monitored for the day
- Participant is not allowed to return to activity until cleared by primary care doctor.
- Participant, after being cleared by doctor, is allowed to return to non-rigorous activity and slowly work his/her way back to full engagement while under constant supervision.
- If participant’s condition degrades at any point, remove person from activity and start process over again.

### **Cleaning up Blood, Vomit, and other Bodily Fluids**

1. Mix, in a bucket, a 1:9 Bleach:Water Solution
2. Block off the area of the spill from patrons until clean-up and disinfection is complete.
3. Put on disposable gloves to prevent contamination of hands and wear all appropriate PPE.
4. Wipe up the spill using paper towels or absorbent material and place in a plastic garbage bag.
5. Gently pour bleach solution onto all contaminated areas of the surface.
6. Let the bleach solution remain on the contaminated area for 20 minutes.
7. Wipe up the remaining bleach solution.
8. All non-disposable cleaning materials used such as mops and scrub brushes should be disinfected by saturating with bleach solution and air dried.
9. Remove gloves and place in plastic garbage bag with all soiled cleaning materials.
10. Double-bag and securely tie-up plastic garbage bags and discard.
11. Thoroughly wash hands with soap and water.