

Emergency Plan – 2024 ISCA World Championship at Rush Creek Yacht Club

320 Rush Creek Drive, Heath, Texas, 75023; 972-771-6500; 32.49.25N 96.29.57W

General Safety

- Sailors shall follow the check-in procedure described in the sailing instructions.
- If a sailor retires, the sailor or coach must notify the race committee on VHF Channel 68 or in person by providing sail number and name.
- All mark boats, coach boats, judge boats should render assistance to any sailor if requested by the sailor. They should render assistance without request if, in the rescue boat's opinion, the competitor is in danger, injured or unable to proceed safely. (An example of a sailor being unable to proceed is severe hypothermia. They often will say they are fine but will not be making progress with their boat.)
- Charge your cell phone and marine VHF every night.
- Each powerboat on the water should have a basic first aid kit.

Emergency Procedures

What to do:

Severe off the water injury. For example: head injury with loss of consciousness, stroke, heart attack, severe bleeding, drowning or when you are in any doubt.

1. Call 911. Contact RCYC Clubhouse (972-771-6500) for notification. Contact Medical Professional (Bruce McDonald) for guidance from medical professional.
2. Proceed to "Primary Location" to meet the medical professionals and/or ambulance.

Severe on the water injury. For example: head injury with loss of consciousness, stroke, heart attack, severe bleeding, drowning or when you are in any doubt.

1. Call 911. Contact RCYC Clubhouse (972-771-6500) for notification. Contact Medical Professional (Bruce McDonald) for guidance from medical professional.
2. Proceed to "Secondary Location" to meet the medical professionals and/or ambulance.

Basic First Aid

Render first aid if you can. Contact Mary Anne Hopper (972-800-1042) for notification and obtain guidance from medical professional (Bruce McDonald). If needed, transfer the injured person to more comfortable boat and secure their sailboat.

Medical Professionals onsite during Sunfish World Championships

Bruce McDonald: 512-796-2251, bmcdonaldmd@icloud.com

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Emergency or Life-Threatening Injury - Steps

1. **Render assistance**
2. **Make contact** with coaches or program staff for assistance
3. **Call for Help & Emergency Medical Attention:** *(Who to call and order should be customized for location.)*
 - 9-1-1
 - **Main Office: 972-771-6500**
4. **Monitor and administer first-aid** *(AEDs located in foyer of the RCYC Club House and Doolin Education Center)*
5. **Send someone** to meet/direct Emergency vehicles
6. **Transfer** injured to care of Emergency Team
7. **Debrief and inform** key people: Commodore, Office Manager, family of injured
8. **Complete an incident report**

Be prepared to tell 9-1-1:

- **Current location** of injured person
- **Description of boats** (if requesting on-water help)
- **Where you plan to bring injured person ashore** (see below)
- **Age/gender/number** of injured people
- **Type of injury/situation**
- **Your name and call back number**

Emergency Response Pick-Up Locations:



	Name	Description	Address	Cross Street
A	Clubhouse	Front porch of clubhouse	320 Rush Creek Dr., Heath, TX	Yankee
B	Launching Ramp	Launching Ramp	320 Rush Creek Dr., Heath, TX	Yankee

Emergency Numbers	Organization's Numbers
911	Main Number: 972-771-6500

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Within 24 hours, use this form to report accidents, injuries, medical situations, criminal activities, traffic incidents, or behavior incidents.

Date of Report _____ . 20 _____

Person Involved - Full Name: _____

Address: _____

Phone: _____ Email: _____

The Incident - Date of Incident: _____, 20____ Time of Incident _____: _____ AM / PM

Location: _____

Describe the Incident: _____

Injuries - Was anyone injured? YES or NO

If yes, describe the injuries: _____

Witnesses - Were there witnesses to the incident? YES or NO

If yes, enter the witnesses' names and contact information: _____

Police / Medical Services - Police Notified? YES or NO If yes, was a report filed? YES or NO

Was medical treatment provided? YES or NO or REFUSED

If yes, where was medical treatment provided? ON SITE or HOSPITAL or OTHER _____

Person Filing Report – Printed Name _____

Signature: _____ Date: _____

Office Use Only – Report Received by: _____

Date Received: _____, 20____ Time Received _____: _____ AM / PM

Follow-up Action Taken:
