



Emergency Action Plan (EAP)

Twickenham Rowing Club (TwRC) 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, on and off the water, are conducted in a way that does not compromise the safety of themselves or others. TwRC has established a safety management programme that aims to help members enjoy the sport in a safe environment. However, it is recognised that incidents do sometimes occur. This Emergency Action Plan (EAP) has been written to provide a concise guide to dealing with such incidents.

Emergency telephone numbers.

There are lists of emergency telephone numbers in the boathouse (close to the entrance). Dial either 999 or 112. Both will give the emergency services your location, whether you are using a mobile or fixed-line telephone. 112 can also be dialled from locked mobile phone and anywhere in Europe e.g. when on training camp.

Directions 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:

Twickenham Rowing Club
Eel Pie Island
Twickenham
TW1 3DY

Nearest position a car or ambulance can get to the club is on the embankment at the footbridge to the Island. See below for Ambulance Access Points.

Telephone Number 020 8892 5291

First Aid Kits and Defibrillator

The first aid kits are located in the following positions:

- Galley
- Entrance
- Boathouse at the river entrance.



In case of possible heart failure, there is an **AED (automated external defibrillator)** located in the Ergo Room. Open the cover, turn it on and follow the instructions. **The victim and rescuer must be dry and on a solid surface for the AED to be used.**

Taking charge

Where possible, the relevant squad coach, crew coach or co-ordinator shall take charge of any incident; other members present should make themselves available to assist on request rather than acting independently. No-one should leave the site of an incident until it is resolved, unless they are asked to do so (e.g. to fetch help). A report of any incident (including date, time, location and all those involved) shall be made and reported to the CWSA.

Incidents in the Club House

Medical emergencies sustained at the club could be severe due to a function being carried out where a proper appreciation of risk has not been determined. However medical incidents are more likely to be of the following nature:

- Cuts or burns sustained in the kitchen, cuts or grazes from a fall or
- An athlete overcome from exertion perhaps manifesting itself in apparent breathing difficulty during exercise.

A member who has received First Aid training should provide initial support to an 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 a burn.** Remove any clothes or jewellery from around the burn, unless the material is sticking to the burn.



Cover the burn (rather than wrapping a limb) using strips of cling film from the galley. 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 painful, or seems to be getting worse, call NHS 111. Follow up with a GP visit. If in any doubt whether the injured person needs further medical assistance, call 112 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 an ergo session is planned, it is advised that 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, you 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 possible, which may be when 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 the PLA London Vessel Traffic System 020 8855 0315 as well as reported to British Rowing using the club 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

In the event of a capsize:

If you are out of your depth and unable to wade ashore, stay with the boat – Climb on 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 you know you can boat from the water then this would be a good measure. However the cold removes strength and so after one attempt has failed, get to the bank as quickly as possible.
- If there is more than one person in the water, try to "buddy-up"; holding on to each other and devise a plan to work together to get to the bank. It may be necessary to wait until



rescued and therefore 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.
- If there is no safety boat in the vicinity, a coach or person on the bank should radio or telephone the club 020 8892 5291 to summon a safety boat.

Injury or Medical Emergency on the Water

IN A MEDICAL EMERGENCY, INCLUDING A CREW MEMBER BEING TAKEN SERIOUSLY ILL OR BECOMING UNRESPONSIVE, IMMEDIATELY:

- Raise the Alarm with a launch or with other boats if available.
- Use a mobile phone to dial for emergency assistance 112; 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 112 call and indicate your location. Locations where you can readily go ashore are indicated on safety information in the coaching launches.

Possible Serious Incidents Associated with Rowing

STRONG RECOMMENDATIONS:

- **DO NOT** go out rowing **ALONE**, ever, when the water temperature is below 10 degrees C. Hypothermia is fatal quickly at lower temperatures.
- Row with at least one other boat, or with the coach/safety boat.
- Have your mobile phone with you if there is no coach boat, so that you can call 112 Keep phone in zip-loc bag.

Useful Contacts & Telephone Numbers

British Rowing advises that all crews ensure they carry a mobile phone when on the water.

In an Emergency call 999 inform the operator which service is required (Fire – Police – Ambulance - Coastguard) – note: 112 and 999 serve the same purpose.

Dialling 999 or 112 will provide exactly the same information to the emergency services. UK mobile phones will be programmed with 999 (112 and maybe others such as 911) for free emergency use. It is likely, but not guaranteed that phones bought in another country will be able to call other countries emergency numbers. Most phones enable emergency number use whilst locked.

It is also worth noting that you can also call the RNLI Emergency service from 999. The RNLI have a station at Teddington immediately downriver from the weir.



Useful numbers are:

Teddington Lifeboat: 020 8973 0586

Jason Boulter 07771 861 537 (TwRC Safety Adviser),

Anthony Cowell: 07903 730 792 (TwRC Deputy Safety Adviser)

Teddington Lock: 020 8940 8723

London Vessel Traffic System (VTS) 020 8855 0315

Environment Agency 24 hr Contact Centre: 0800 807060

Surrey Police Switchboard: 101 or 01483 571212

Kingston Hospital Switchboard: 020 8546 7711 Address: Galsworthy Road, Kingston Upon Thames, KT2 7QB

West Middlesex Hospital Switchboard: 020 8560 2121 Address: Twickenham Rd, Isleworth TW7 6AF.

British Rowing: 020 8237 6700, Address: 6 Lower Mall, London W6 9DJ

Ambulance Access Points

As part of this emergency plan, key locations along the Teddington – Richmond stretch have been identified for the landing of casualties as follows:

- Teddington – Ferry Road TW11 9NN
- Swan Island – Strawberry Vale, TW1 4RP
- Footbridge to Eel Pie Island, TW1 3DY
- Hammerton's Ferry TW1 3BL
- River Lane TW10 7AG
- Buccleuch Gardens, Petersham Road, Richmond upon Thames, TW10 6UW
- White Cross Pub – Richmond, TW9 1TH



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 for hypothermia:

- 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 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 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 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.