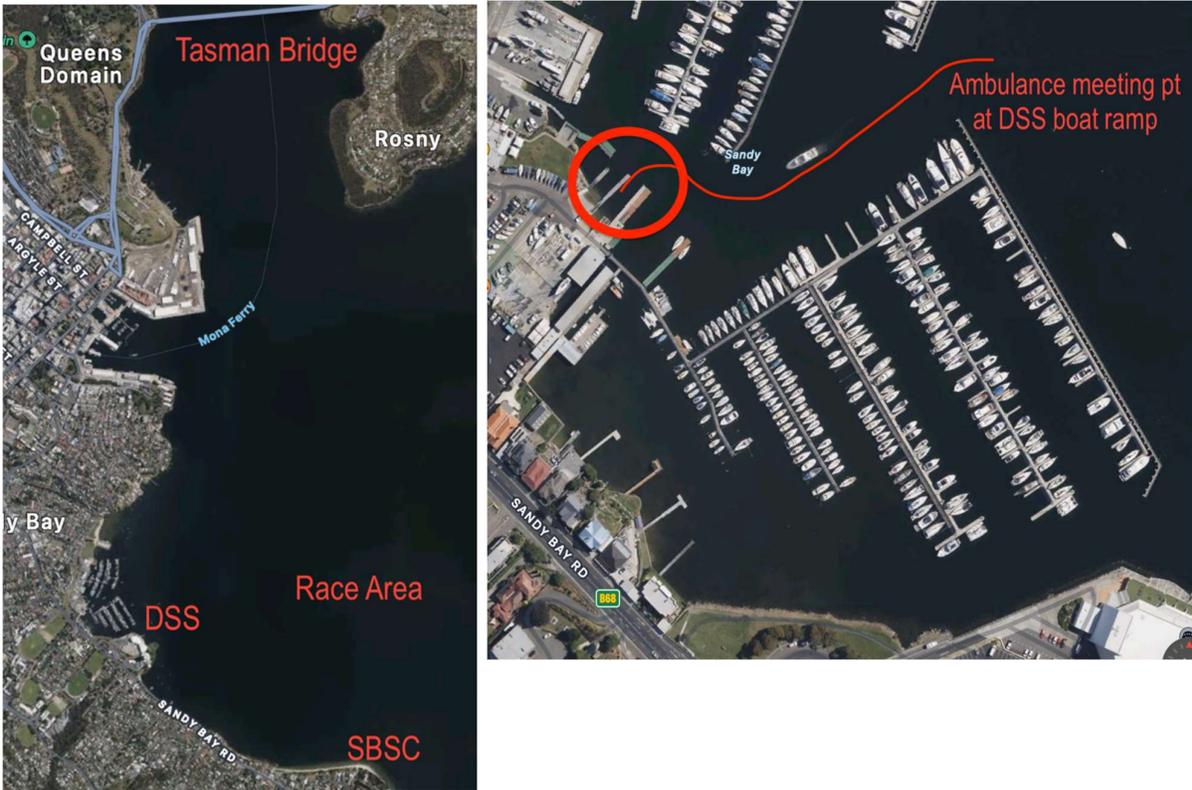




Safety Reference Card
29er National Championships
SBSC 2026

Medical Emergency Ambulance, Police	000
Medical Emergency Meeting Point	Derwent Sailing Squadron 23 Marieville Esplanade Sandy Bay (Boat Ramp Pontoon Jetty)
Derwent Sailing Squadron	6223 7765
Police – Non-emergency	131 444
Tas Ports	1300 366742
VHF Channel 15 9 16	RO racing Backup channel for racing Public/commercial marine emergency – eg Maday
RO mobile phone	Emma Hooper 0421 356 421
Event manager – on water	Jason Wilkie 0409 728 188
Event Manager - shore	Kellie Wilkie 0438 348 941

Ambulance Meeting Point



In the event that a sailor requires ambulance transport to hospital, can you please

1. Discuss the scenario with the Race Officer (RO)
2. Instruct the ambulance to go to the boat ramp at the Derwent Sailing Squadron (DSS) on Marieville Esplanade. There are no locked gates etc obstructing the ambulance to gain access.
3. Take the injured sailor directly to the floating pontoon adjacent to the boat ramp at the DSS. This will enable a much smoother transfer of the injured sailor in calm, flat water.
4. Offloading injured sailors in the swell/waves/wind and beach at SBSC can make the scenario more difficult.

Simple Guide to On-Water Issues

This is not designed to be a comprehensive first aid document rather just a few simple pages to flick through while waiting for the sea breeze to come and consider how you would integrate your first aid skills to a regatta scenario. Have a look and think how you would approach these issues when you have a quiet moment.

When faced with an on-water issue don't forget to inform the following people:

- a. **Race Officer (RO)** with the sail number if a boat is withdrawing. Clarify with the skipper if withdrawing from a single race or from all remaining races for the day. Initially it might be best to suggest withdrawal from the single race and then allow time to re-group before deciding to remaining racing or returning to shore.
- b. **Shore Patrol** if boat is retiring from the all racing and returning to shore. Please include a brief description of the issue and if injury whether the parents need to be notified. It is vital that there is a handover of responsibility from on water to on shore supervisors.

Approaching sailing boats who need assistance

It's generally safest to approach sailing boats from a downwind position and point the bow/front of RIB directly at the sailing boat. Where possible stay out of the way of boats and sailors who are continuing racing. Undertake the following:

1. **Head count** - If the sailing boat is capsized, count the number of heads as they surface. Entrapment of the sailor under the boat is rare but possible. Very occasionally you may need to enter the water to help so be prepared for this.
2. **Determine if the crew need assistance.** If needing to render physical assistance to the skipper or crew they will need to retire from the race. Therefore, in a non-critical situation you should clarify with the skipper of the boat whether physical assistance is required.
3. If you need to render assistance to the sailing boat and **people are in the water ensure your engine is in neutral.** This will help prevent propeller injuries to any sailors still in the water as will pointing your bow at the sailing boat – putting the engine as far away as possible from the sailing boat and any sailors in the water.

Toilets

There are toilets, water, food and sunscreen on start/finish boats. Please remind sailors of this and encourage regular food, drink and sunscreen top ups.

Repairs

Where a rescue boat is asked to assist the crew with repairs this is appropriate as long as the RO is informed and there are no current emergencies. If during a race or starting sequence the boat rendered assistance to will need to retire from that race.

Injuries and Medical Emergencies

Assessment

- This may be possible from alongside the sailing boat. However, this can be difficult and for a more complete assessment you may need to transfer the sailor to your rescue boat. This should be achieved by the injured sailor boarding the boat, the rescue crew member making and assessment, and the skipper being responsible for maintaining position and security of the sailing boat (with assistance from the uninjured sailing helm/crew if able)
- If assessment is prolonged, injuries are such that transport is required, or the vessel is unable to be safely held alongside then the rescue boat should move clear, the RO be notified, and a second rescue boat to be called to assist. The second rescue boat should undertake one of three actions with the sailing boat:
 1. Observe and support the vacated boat (whilst other crew remaining on board sail clear),
 2. Tow the abandoned boat to either an anchored boat (start/finish) where can be secured by the towline for later collection by the race committee/rescue boats
 3. Mark the boat as abandoned with buoy and tape and set adrift (this is the least preferable option).
- RO should be advised of the outcome of the injury assessment with respect to racing, (e.g., returning to racing or retiring from racing).
- Shore patrol should be notified of details of the incident, injuries, disposition (remaining on water or returning to shore), and the landing location SBSC or DSS, and whether 000 response has been requested. Shore patrol have the responsibility of notifying the patient's parents of the incident.

Lacerations

- All bleeding encountered from sailing type injuries should stop with direct localised pressure on the wound, followed by a firm circumferential bandage and elevation.
- Proprietary or makeshift arterial tourniquet style bandages are very rarely needed and more likely to cause long term injury and harm.
- Sailors should be instructed to apply pressure to their own or their partner's bleeding wound while you pull alongside.
- Disposable gloves are in the first aid kit for your protection although first aid providers should be reassured that the chance of acquiring a transmissible disease whilst providing first aid in this setting is exceedingly rare.
- Use a sterile pack or gauze from the first aid kit to apply directed, firm, localised pressure with your fingers/hand to the wound for 3-5 min. This should be followed by a firm but not tight bandage where possible.

Broken Bones

- On water assessment may be easy with obvious arm or leg deformity, or harder with localised pain/swelling and difficulty using the limb.
- Splint the limb in a position of comfort using the malleable splint and bandage in the first aid kit (note this may not necessarily be straight). The splint can be preformed to approximate shape and length required before application and then lightly bandaged to keep in position.

Head and Neck Injuries

Head injuries are common in sailing and are usually mild. Rarely however they can be severe resulting in concussion or even a significant internal brain injury. Assessment on the water is challenging and any sailor who has had a significant head injury must return to shore for rest and assessment.

Depending on the result of this they may need assessment at hospital/by medical practitioner. If emergent this should be facilitated by calling an ambulance via 000 if non emergent it should be facilitated by their parents. If a child has been brought to shore for the purposes of head injury assessment it is critical that they are handed over to shore patrol and not be left unattended until arrival of their parents.

What is deemed significant is difficult but good judgement and the following guide can assist with assessment.

1. Weather conditions. Significant injuries are more likely in heavy weather.
2. High risk/high speed mechanism – head impact with another boat, impact into mast in a foiling boat capsized etc.
3. The presence of high risk red flags for significant injury – has the sailor been knocked out, vomited, had a seizure or convulsion, has a reduced level of consciousness (for example drowsy and not responding to voice instructions), or unexplained agitation (for example behaving inappropriately for the situation – e.g., climbing out of boat).
4. A persistent headache (over and above scalp tenderness)
5. A scalp laceration.
6. Any sailor who appears dazed and not promptly responding appropriately to you.
 - a. To assess this more carefully make sure they are looking you in the eye and you speak as clearly and slowly as the conditions allow. How promptly and appropriately they answer questions is as important as the actual answer.
 - i. Ask specific questions to test their orientation to time/person/place for example:
 - i. What number race is this for the day? How many races have been completed today?
 - ii. What is your sail number?
 - iii. What is the colour of your spinnaker?
 - iv. What is the name of your crew/helm?

This list is not exclusive, and you should trust your instinct and judgement on whether a significant injury has occurred and returning to shore is required. You should always err on the side of caution with an “if in doubt, sit them out” philosophy.

These recommendations regarding concussion/head injury management have been adapted from the Concussion Recognition Tool - Please see attached information as endorsed by Australian Sailing for further details.

Neck and spinal trauma is uncommon in sailing. However, if a sailor complains of significant neck pain or limb weakness/altered sensation they should be encouraged to support their own neck in a neutral position, and present to a medical service for formal clinical assessment.

CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults

Supported by

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play game activity. No licensed medical or healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Severe or increasing headache
- Weakness or tingling/burning in arms or legs
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
• Slow to get up after a direct or indirect hit to the head• Disorientation or confusion, or an inability to respond appropriately to questions• Blank or vacant look• Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements• Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
• Blurred vision• "Pressure in head"• Balance problems• Nausea or vomiting• Drowsiness• Dizziness• More emotional• More irritable• Sadness• Nervous or anxious• Neck Pain• Feeding like "in a fog"• Difficulty concentrating• Difficulty remembering• Feeling slowed down

STEP 4: MEMORY ASSESSMENT
(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions inappropriately for each sport correctly may suggest a concussion:

- "What venue are we at today?"
• "Which half is it now?"• "Who scored last in this game?"• "What team did you play last week/game?"• "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
• Not drink alcohol.• Not use recreational/ prescription drugs.• Not be sent home by themselves. They need to be with a responsible adult.• Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 maybe freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, branded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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Unconscious Sailor

An unconscious sailor from head injury or drowning is a life-threatening emergency and plans should be made for an immediate evacuation of the sailor to the ambulance meeting point at the DSS.

Please Note. This is a rare and very confronting scenario. It will be chaotic and difficult. Resuscitating someone on the floor of a RIB while moving will be incredibly hard. BUT TIME IS CRITICAL AND ANY ATTEMPT IS BETTER THAN NONE. The risk of harm from any resuscitative efforts is very low and far outweighed by the possible benefits of timely treatment.

1. Inform the RO and other rescue boats of the emergency and need of help via radio.
2. Treating rescue crew to call 000 and follow instructions from Ambulance Staff
3. Tell ambulance the location of incident and that rendezvous will be at the DSS at emergency evacuation point – Derwent Sailing Squadron 23 Marieville Esplanade, Sandy Bay – Boat Ramp
4. The unconscious sailor should be **moved onto the floor of the rescue RIB and placed in the recovery position on their side at least initially.**
5. An adult from another rescue boat should move to your boat to enable 2 persons to care for the patient, and one to drive.
6. Assessment of the sailor should commence immediately as follows:
 - a. Ensure they are in the recovery position
 - b. Stimulate/yell/shake and check for response.
 - c. Look listen and feel for breathing – Look at their chest and abdomen for breathing movements, listen for breath sounds with your ear down near their face (in practice difficult) and place your hand on their upper abdomen and feel for movement.
7. **If they respond and/or are breathing normally then leave in the recovery position and expediate transfer to the DSS.**
8. **If they are unconscious/not responding and not breathing adequately, roll onto their back and commence CPR immediately.** The following is a basic guide to Basic Life Support (BLS) in our setting but is not intended to replace formal training:
 - a. One person should do breaths and another do compressions.
 - b. The person doing the breathing should commence “mouth to mouth” breathing with the head in a neutral position face perpendicular to the sky, and some “chin lift” if possible. The importance of the breath component is higher in both drownings and children so this should not be omitted in our setting (“hands only” CPR is not recommended)
 - c. A ratio of 30 compressions to 2 breaths is recommended for both adults and children and the rate should be around 100/min (to the beat of “staying alive” is used in training courses).
 - d. Pulse checks are very difficult and therefore no longer recommended for untrained providers.
 - e. CPR should continue until obvious signs of life eg patient resumes breathing, vomits, or is spontaneously and purposefully moving whereupon a pulse check may be performed and CPR ceased. If in doubt continue CPR.



9. **It is vital that effective CPR is provided as soon as possible, and the first few minutes are the most important. If the child is unconscious and not breathing then at least 10-15min CPR should be provided by bystanders on scene (ie in the RIB) before attempting to move the patient. Effective CPR is unlikely to be possible whilst underway in a RIB.**
10. On arrival at the DSS there is an AED (automatic defibrillator) at the office entry to the DSS.
11. The Basic Life Support flow chart is printed on the reverse of this document and further information is available on the Australian Resuscitation Council website <https://www.anzcor.org/home/basic-life-support/>

