



On-Water Emergency Action Plan

General Policies and Rationale

The University of Washington Department of Intercollegiate Athletics (ICA) recognizes that emergency situations can/do arise during athletic participation. Emergencies may include but are not limited to concussion, heat illness, spine injury, sudden cardiac arrest, respiratory distress and sickle cell collapse. Expedient and organized action must be taken in order to provide the best possible care to the student-athletes of emergent and/or life-threatening situations. The implementation and communication of an emergency care and coverage plan will help ensure that the best care will be provided.

As athletic injuries may occur at any time and during any activity, the emergency care team must be prepared. This preparation involves formulation of an emergency care and coverage plan, proper coverage and staffing of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, coordination with the local emergency medical system (EMS), and continuing education in the area of emergency procedures. Through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation and not all potentially serious medical conditions are detected through pre-participation screening. Proper preparation and rehearsal on the part of the emergency care team will enable each emergency situation to be managed appropriately.

Personnel

The following personnel make up the emergency care team and may be required to respond to an emergency or life-threatening incident: University of Washington certified athletic trainers (ATC), University of Washington team physicians, student-intern athletic trainers, strength and conditioning coaches, head coaches, and/or assistant coaches, facilities and event management staff.

The ATC assigned to each sport is designated as the qualified person responsible for providing and/or supervising emergency management of an injury in that sport.

Student-intern athletic trainers may be on-site and readily accessible at the venue to assist the ATC. Their training and expertise includes, as a minimum, cardiopulmonary resuscitation (CPR), AED usage, basic first aid, prevention of disease transmission (as outlined by UWMC and OSHA guidelines), and knowledge in activation of the emergency medical system (EMS). The emergency care provider and support personnel will not perform procedures or provide treatment that is beyond their training and expertise.

In the event that a University of Washington team physician is present for an emergent incident, the physician will serve as the emergency medical care team leader. When more than one non-physician



emergency medical professional is present, the individual with the most comprehensive certification training and/or experience will serve as the emergency medical care team leader.

In some cases, depending upon the sport, for nontraditional seasons, off-season skill instruction and strength and conditioning activities, a member of the coaching or strength and conditioning staff may have responsibilities as a first responder. First responder training includes certification in CPR, AED usage, and first aid is required for all personnel associated with these aforementioned practices, competitions, skill instruction, and strength and conditioning activities.

In general, the role of the personnel within the emergency team is as follows:

1. Assessment of the situation
2. Activation of the EMS
3. Immediate care of the athlete
4. Emergency equipment retrieval (when appropriate)
5. Communication and direction of the EMS to the appropriate location to meet victim

Key University of Washington Rowing personnel

Athletic Trainer – Steve Mosher-Stockinger- 253-777-1744

Team Physician – Hank Pelto – 206-235-6314

Head Men’s Coach – Michael Callahan – 206-465-0429

Head Women’s Coach – Yaz Farooq – 650-387-8969

Assistant Men’s Coach – Sergio Espinoza – 530-400-3974

Assistant Women’s Coach – Josh Gautreau – 603-801-6614

Director of Operations – Julia Paulsen – 206-321-6580

Communication

Emergency transportation is provided by EMS, with planned rendezvous points identified and communicated. With the exception of events with onsite EMS, access to the EMS will take place by telephone. In the event of a medical emergency, responders should use a cellular phone to dial **911** from any campus telephone. The cellular phone transmission will go either to the campus 911 center or to the State Patrol, depending upon the cellular service. If the State Patrol receives the call, they will direct the call to the Seattle Fire Department. The Seattle Fire Department dispatch will be notified of the emergency. The caller should request advanced life support (EMS unit).

If a cellular phone is not available for communication boat radio should be used and an emergency distress call sent on **radio channel 16**.

The most critical pieces of information to be communicated to the Seattle Fire Department dispatch are:

1. Name and telephone number of caller
2. Condition of the injured individual
3. Treatment initiated by first responders
4. Location of the injured individual and responders

5. Address of dock where injured person will be transported to
6. Other information as requested by dispatcher

Any situation within the Department of Intercollegiate Athletics which requires ICA staff first responder and/or EMS activation shall require prompt notification of the Director of Medical Services.

Emergency Equipment

Emergency equipment will be in good operating condition with documented quarterly maintenance checks kept on file in the athletic training room, and all medical and athletic training room staff will be trained to use it properly in advance with appropriate annual in-service training sessions. This equipment includes an Automated External Defibrillator (AED) and water extraction equipment as detailed below. The locations of the AEDs are located on the head coach launches. Additional AEDs are available within the Intercollegiate Athletic Department footprint (see locations below) and can be accessed if determined to be most expedient by first responders.

Key Equipment that should be maintained in good working order and readily accessible during any on water training or competition.

1. Automated External Defibrillator

Defibrillation is a recognized means of terminating certain potentially fatal arrhythmias during a cardiac arrest. A direct current defibrillator applies a brief, high-energy pulse of electricity to the heart muscle. Automated external defibrillators, or AEDs, accurately analyze cardiac rhythms and, if appropriate, advise/deliver an electric countershock. AEDs are currently widely used by trained emergency personnel and have become an essential link in the "chain of survival" as defined by the American Heart Association:

- Early recognition of cardiac arrest (call 9-1-1)
- Early CPR by first responders or bystanders
- Early defibrillation (AED)
- Early advanced life support

It is recognized that successful resuscitation is related to the length of time between the onset of a lethal heart rhythm that does not circulate blood and restoration of a normal heart rhythm through defibrillation. Research suggests with every minute it takes to respond, the chance for successful defibrillation decreases 7-10%. The provision of timely emergency attention saves lives. Athletic events (both practice and competition) present a high risk for cardiopulmonary emergencies. Therefore, by training certified athletic trainers, student athletic trainers, team physicians, coaches, and strength and conditioning coaches in the use of AEDs, and having AEDs available at our athletic facilities, the emergency response time is shortened.

An AED can be used on any person suspected of being in cardiopulmonary arrest. Specifically, a high suspicion for cardiac arrest should be maintained in any athlete that has collapsed and is also unresponsive, and an AED applied as soon as possible for rhythm analysis and defibrillation if indicated. CPR should be performed while waiting for and applying the AED in any collapsed and unresponsive person who also does not demonstrate:

- Normal breathing or
- A definitive pulse (checked by a healthcare professional)

Some AED manufacturers have an automated “off” mode if too much motion is detected during use. This causes obvious concerns when use of an AED may be occurring on the water. The manufacturer of each device that may be used should be contact to ensure that, if this feature is present, it is deactivated.

2. Rescue Strap

A rescue strap greatly reduces the difficulty inherent in extracting an unconscious individual from a rowing shell or the water. These straps can be created from polypropylene straps available at most outdoor stores or here: <https://www.cmcpro.com/equipment/cearley-rescue-strap/>

3. Trauma shears
4. Throw line
5. Thermal mylar blankets
6. Emergency radio
7. Flashlight

Practice and Review of Emergency Care and Coverage Plan

The emergency care and coverage plan will be reviewed annually with certified athletic trainers, team and attending physicians and coaching staff at a minimum. Seattle Police, Seattle Fire, and UW administrators, will be invited to practice the EAP. Rehearsal of the emergency response will ensure an effective, efficient, and organized response to an emergency or catastrophic event. A mock scenario of cardiac arrest will be reviewed annually. In addition, annual rehearsal of a cervical spine injury, immobilization, and stabilization for transport will be performed by athletic training staff and team physicians in coordination with EMS. Emergency care of the brain injured athlete, heat illness, respiratory distress and sickle cell collapse will also be reviewed annually.

CPR and Emergency Cardiovascular Care

The University of Washington sports medicine staff will follow the 2010 American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. The guidelines emphasize the fundamental importance of high-quality CPR. Recommendations to minimize interruptions in chest compressions include a compression-ventilation ratio of 30:2 and a defibrillation sequence of 1 shock followed by immediate CPR. The recommendations for only 1 shock followed immediately by CPR, beginning with chest compressions, was a major change from traditional treatment protocols involving a sequence of 3 stacked shocks in the treatment of ventricular dysrhythmias. This change is based on the high success rate of a single defibrillation, with first-shock efficacy for ventricular fibrillation by current biphasic defibrillators reportedly >90%. In addition, if the first shock fails, CPR may improve oxygen and substrate delivery to the heart making subsequent shocks more likely to be successful. Minimizing the interval between stopping chest compressions and delivering a shock (i.e., the pre-shock pause) also improves the chances of shock success and patient survival. For most adults with out-of-hospital cardiac arrest, bystander CPR with chest compression only (Hands-Only CPR)

appears to achieve outcomes similar to those of conventional CPR (compressions with rescue breathing).

The newest development in the 2010 AHA guidelines is a change in the basic life support sequence of steps from "A-B-C" (Airway, Breathing, Chest compressions) to "C-A-B" (Chest compressions, Airway, Breathing). In the A-B-C sequence chest compressions are often delayed while the responder opens the airway to give mouth-to-mouth breaths or retrieves a barrier device or other ventilation equipment. By changing the sequence to C-A-B, chest compressions will be initiated sooner and ventilation only minimally delayed until completion of the first cycle of chest compressions. Starting with chest compressions may ensure that more victims receive CPR and that rescuers who are unable or unwilling to provide ventilations will at least perform chest compressions.

Immediate activation of the emergency response system and chest compressions should be started in any unresponsive victim with no breathing or no normal breathing (i.e., only gasps). Hands-Only (compression only) CPR is encouraged for the untrained lay rescuer. Adequate chest compressions include a depth of compression of at least 2 inches, allow complete recoil of the chest after each compression, minimize any pauses in compressions, and avoid excessive ventilation. Chest compressions should be performed at a rate of 100 compressions per minute ("push hard, push fast").

Operator Considerations

The University of Washington sports medicine program utilizes the Medtronic LifePak CR Plus. The LifePak CR Plus is a semi-automatic defibrillator that uses a patented Shock Advisory System. This software algorithm analyzes the patient's electrocardiographic (ECG) rhythm and indicates whether or not it detects a shockable rhythm. The LifePak CR Plus AED requires operator interaction in order to defibrillate the patient. The LifePak CR Plus AED is intended for use by personnel with certified training in CPR and AED use, including but not limited to certified athletic trainers, student athletic trainers, team physicians, and coaches. The following skills and training will be provided:

- CPR training (which meets the standards of the AHA BCLS "Course C" equivalent)
- AED training equivalent to that recommended by the AHA
- Training in the use of the LifePak CR Plus

AEDs have been shown to be safe and used appropriately by untrained rescuers. In the absence of a trained rescuer, bystanders who witness a cardiac arrest should use an AED if available by following voice prompts and visual instructions.

Provisions to Coordinate with Local EMS

In the event of a cardiopulmonary emergency, the 911 emergency response system should be activated as quickly as possible. As noted above, if responders are not able to call 911, an emergency call should be sent via Channel 16 on the boat or emergency radio system. The first responders should provide initial care as appropriate to the situation and coordinate with other emergency medical service providers upon their arrival in the provision of CPR, defibrillation, basic life support, and advanced life support.

Specific protocols have been developed with Seattle Fire and Police for the appropriate transfer of an unconscious individual or one in distress. The 911 operator should be informed of the approximate location of the rescue situations and dock toward which the first responders will be going (closest dock on map below). This will allow EMS to triangulate the most appropriate location for transfer of the patient with EMS. To assist coaches, coxswains and others involved in the rescue, pictures of each dock identified for potential EMS transfer has been photographed with the ideal transfer location identified (see pictures as end of document).

UW ROWING SAFETY MAP - LAKE UNION

- 1 Conibear Shellhouse 3892
Walla Walla Rd
- 2 Waterfront Activities Center 3700
Walla Walla Rd
- 3 Seattle Yacht Club
1807 E Hamlin St
- 4 Ivar's Restaurant 401
NE Northlake Way
- 5 College Club
11 E Allison St
- 6 Fairview Walkway 1251
Fairview Ave N
- 7 MOHAI
860 Terry Ave N
- 8 AGC Building 1220
Westlake Ave N
- 9 Lake Union Rowing Club
2520 Westlake Ave N
- 10 Harbor Patrol 1717
N Northlake Pl
- 11 LWRC
910 N Northlake Way
- 12 King County Building
322 W Ewing St
- 13 Seattle Rowing Center
1116 W Ewing St
- 14 Public Pier
5300 24th Ave NW
- 15 Ballard Locks 3015
NW 54th St

Map data © 2018 Google

If student-athlete is unresponsive, call 911 immediately and follow this script:

This is (NAME) with University of Washington rowing. We have an athlete in cardiac arrest. Our location is (APPROXIMATELY WHERE YOU ARE INCLUDING LANDMARKS). We are trying to get the rower on our boat and will be moving to (NAME AND ADDRESS OF DOCK, SEE MAP)

If 911 not available radio channel 16 to communicate active emergency on the water

Approach to a Victim in a Rowing Shell

The University of Washington recognizes that the approach and removal of a victim in a racing shell is an inherently difficult and potentially dangerous situation. Coaches, staff and athletes should take all necessary care to ensure the safety of others on coaching launches and rowing shells prior to addressing a person with a medical emergency. Extensive work has been undertaken to create mock scenarios with different combinations of rowing shell and coaching launch. Videos of these various scenarios can be reviewed at www.wateremergencytaining.com. At the University of Washington, motorized outboard motor coaching launches are most commonly used. These have either a pontoon or flat deck stern

configuration and the approach of these launches to a rowing shell need to be adjusted according to the type of launch being used, see launch specific EAP below.

UNIVERSITY OF WASHINGTON
EMERGENCY ACTION PLAN
ON WATER – FLAT DECK LAUNCH

1. Assess situation
2. If student-athlete is unresponsive, call 911 immediately and follow this script:
 - a. *This is (NAME) with University of Washington rowing. We have an athlete in cardiac arrest. Our location is (APPROXIMATELY WHERE YOU ARE INCLUDING LANDMARKS). We are trying to get the rower on our boat and will be moving to (NAME AND ADDRESS OF DOCK, SEE MAP)*
 - b. If 911 not available radio channel 16 to communicate active emergency on the water
3. Approach at 90 degree angle on rower's oar side and place deck in between riggers
4. Using strap (located in emergency kit) high on the chest under arms, remove athlete from the boat and lay face up on the deck
 - a. If unable to remove from shell, dry chest, place AED on athlete, and follow prompts
5. Dry chest, place AED onto student-athlete, and follow prompts
 - a. If AED is not available start and continue chest compressions
6. Proceed to nearest dock according to map
7. Update 911 with location and athlete status

9-1-1

Radio Channel 16

UNIVERSITY OF WASHINGTON
EMERGENCY ACTION PLAN
ON WATER – PONTOON LAUNCH

1. Assess situation
2. If student-athlete is unresponsive, call 911 immediately and follow this script:
 - a. *This is (NAME) with University of Washington rowing. We have an athlete in cardiac arrest. Our location is (APPROXIMATELY WHERE YOU ARE INCLUDING LANDMARKS). We are trying to get the rower on our boat and will be moving to (NAME AND ADDRESS OF DOCK, SEE MAP)*
 - b. If 911 not available radio channel 16 to communicate active emergency on the water
3. Approach alongside the shell
4. Using strap (located in emergency kit) high on the chest under arms, remove athlete from the boat and lay face up on the deck
 - a. If unable to remove from shell, dry chest, place AED on athlete, and follow prompts
5. Dry chest, place AED onto student-athlete, and follow prompts
 - a. If AED is not available start and continue chest compressions
6. Proceed to nearest dock according to emergency dock map
7. Update 911 with location and athlete status

9-1-1

Radio Channel 16

Risk Management

In any catastrophic incident, the office of Risk Management at the University of Washington will be contacted by the Director of Medical Services for determination of any follow-up through that office. If follow-up is requested by the office of Risk Management, the parties involved (responders) will be placed in contact with the office for the appropriate action. In the event that the responder is exposed to potential blood-borne pathogens, they will be promptly referred to campus health at UWMC and an incident/accident/quality improvement report will be filed with the office of Risk Management.

UWMC Risk Management Office

UW Health Sciences Building, Room C414

Box 356380

Seattle, WA 98195

(206) 598-6303

In the event that equipment is utilized for an emergent incident, that equipment will be collected and secured appropriately for a review of the performance of that equipment. The office of Risk Management at the University of Washington may request any equipment utilized for an emergent incident.

Notification of Incident

In the event of a catastrophic incident the Director of Medical Services, Director of Athletics and the Head Coach will immediately be apprised of essential details by the attending team physician, who will also assist in preparation of any public statements. Public statements regarding confidential medical information shall be made only with prior notification and consent of parents/guardians and/or spouse of an injured student-athlete. In the event that statements will be released to the press, all statements will be reviewed by the Director of Athletics and the attending team physician for content. Furthermore, information regarding a catastrophic incident should only be conveyed from a single source to avoid inaccuracies. It is recommended this source be the Athletic Communications representative or the Director of Athletics. The spokesperson for the University of Washington should be familiar with the rules and regulations set forth by the Family Educational Rights and Privacy Act (FERPA) and abide by the guidelines outlined by the University of Washington ICA release of medical information documentation for that particular Student-Athlete.

Crisis Management

A plan for crisis management will be implemented in the event that a catastrophic incident should occur. This plan will engage the University of Washington administration in an effort to:

1. Assemble a Catastrophic Incident Management Team (CIMT)
2. Notify the appropriate entities, specifically family members or legal guardians
3. Release appropriate information to University of Washington administration, including, but not limited to the President's office
4. Record and document the incident immediately
5. Apply the appropriate counseling and after care for family members, student-athletes, staff, and support personnel

The CIMT will consist of the following individuals:

1. Director of Athletics: **Jennifer Cohen:**
 - a. c-206.406.9168, o- 206.221.4850
 - b. Once notified will inform President's office
2. University of Washington ICA Head Team Physician: **John O'Kane:**
 - a. c-206.291.7384, o-206.598.5434
 - b. Once notified will inform Director of Medical Services & Associate Head Team Physician
 - c. Will assist in communication of information to team and family
3. Director of Medical Services: **Rob Scheidegger:**
 - a. c-206.353.2382, o-206.221.6278
 - b. Once notified will inform Athletic Director, Head Team Physician, & UW Risk Management Office
 - c. Will assist in communication of information to team and family
4. Director of Athletics Communications: **Jeff Bechtold:**
 - a. c- 206.473.8657, o-206.685.7910
 - b. Will assist communications to media & public
5. University of Washington Director of Student Wellness: **Claire Hipkens:**
 - a. c- 206.913.9659
 - b. Will assist with grief counseling and organization of further counseling if necessary.

Release of the appropriate information should come from a single source of information and will be monitored and approved by the CIMT to achieve complete factual content. At no time should comments regarding a catastrophic incident come from coaches, student-athletes, or staff without the approval of the CIMT. Follow-up information will be released when deemed appropriate by the CIMT.

Records and documentation of any incidents will include complete chronology of events from the attending Certified Athletic Trainer and Team Physician. Any emergency and/or protective equipment will be collected and securely stored by the Director of Medical Services. Furthermore, any records pertaining to the involved student-athlete will be collected, validated, and secured appropriately by the Director of Medical Services.

Counseling and after care following a catastrophic incident should be implemented immediately. This plan will involve members of the University of Washington Health Care Community as directed by the Director of Student Wellness and the CIMT. It should be noted that counseling may involve, but is not limited to, family members or legal guardians, student-athletes, and support staff.

Dock #1: Conibear Shellhouse

3892 Walla Walla Road NE



TRAINING

Y

Dock #2: Waterfront Activities Center

3700 Walla Walla Road NE



TRAINING

Y

Dock #3: Seattle Yacht Club

1807 E Hamlin St



TRAINING

Y

Dock #4: Ivar's

401 NE Northlake Way



TRAINING

Y



TRAINING

Dock #6: Fairview Walkway

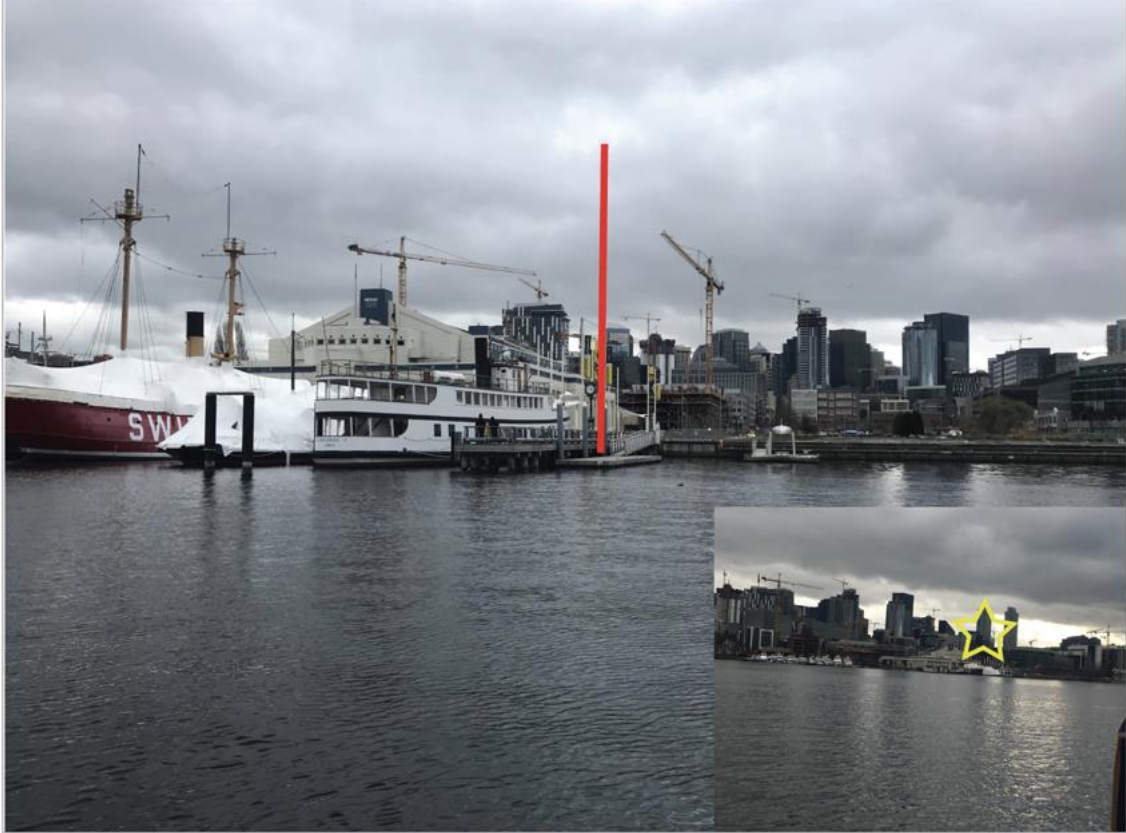
1251 Fairview Ave N



TRAINING

Dock #7: MOHAI

860 Terry Ave N



TRAINING

Dock #8: AGC Building

1220 Westlake Ave N



TRAINING



TRAINING

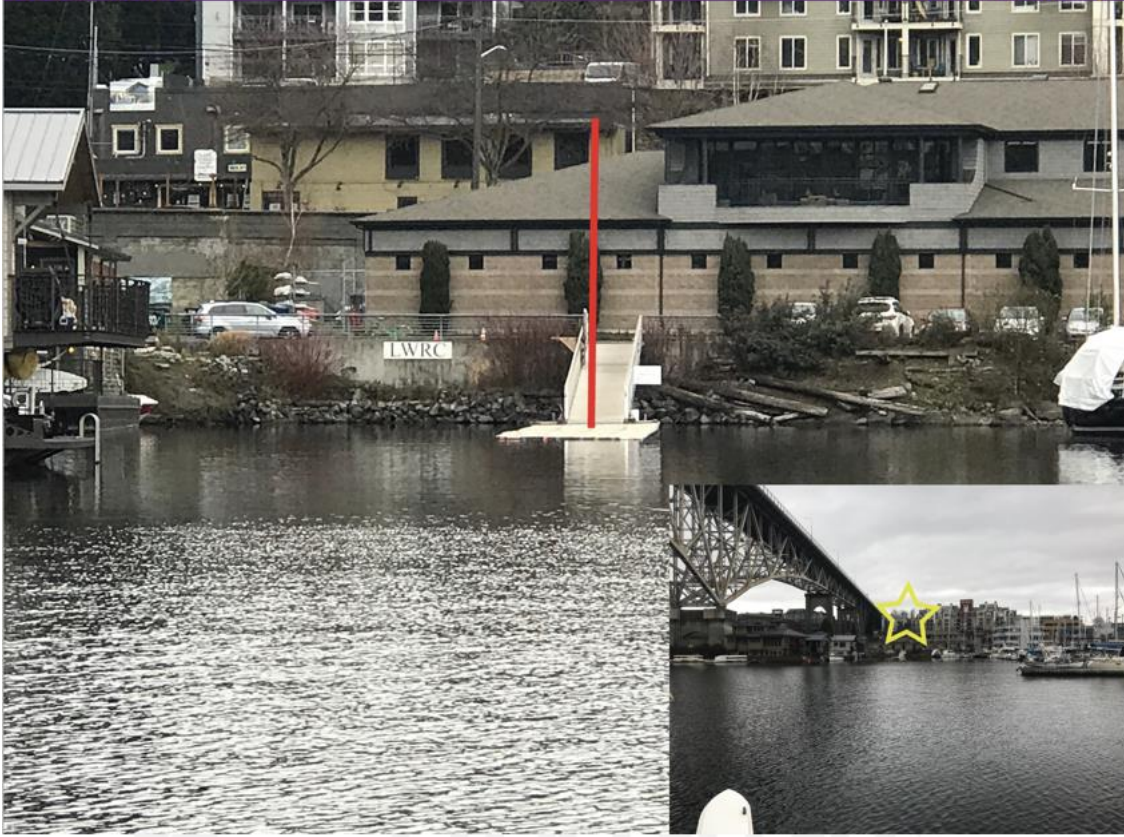
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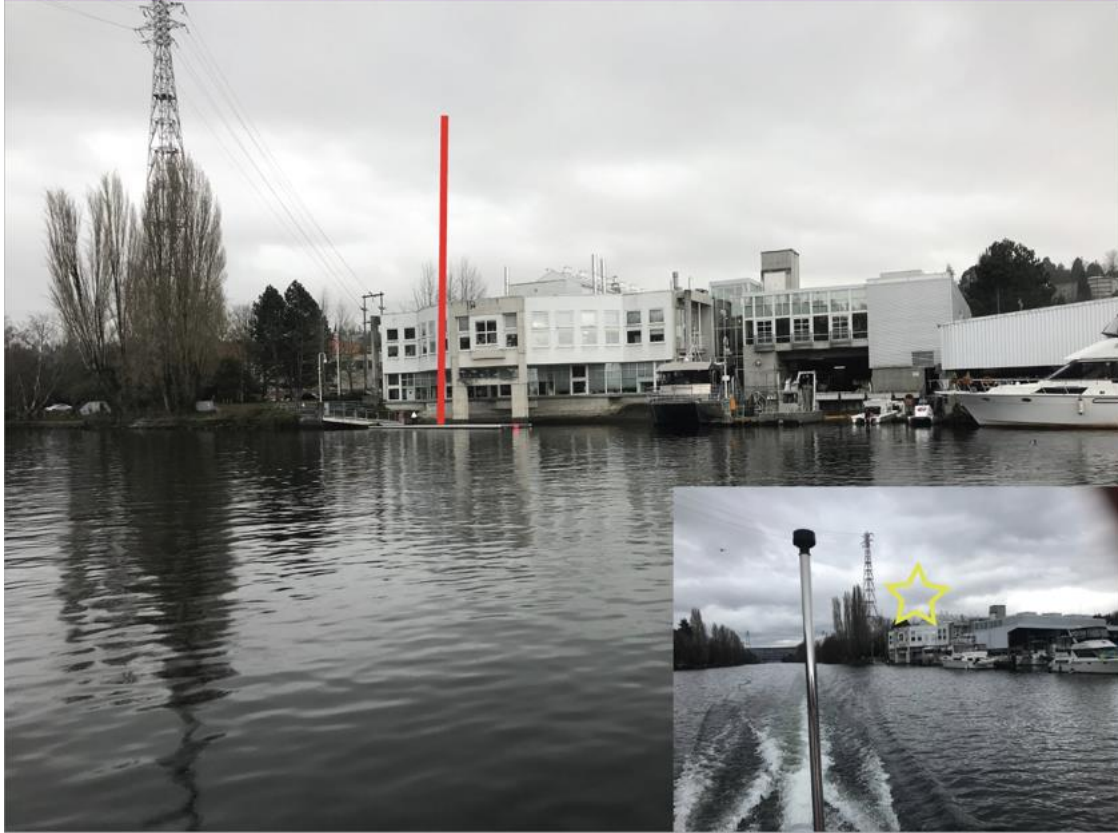
EMERGENCY
TRAINING

Dock #11: LWRC

910 N. Northlake Way



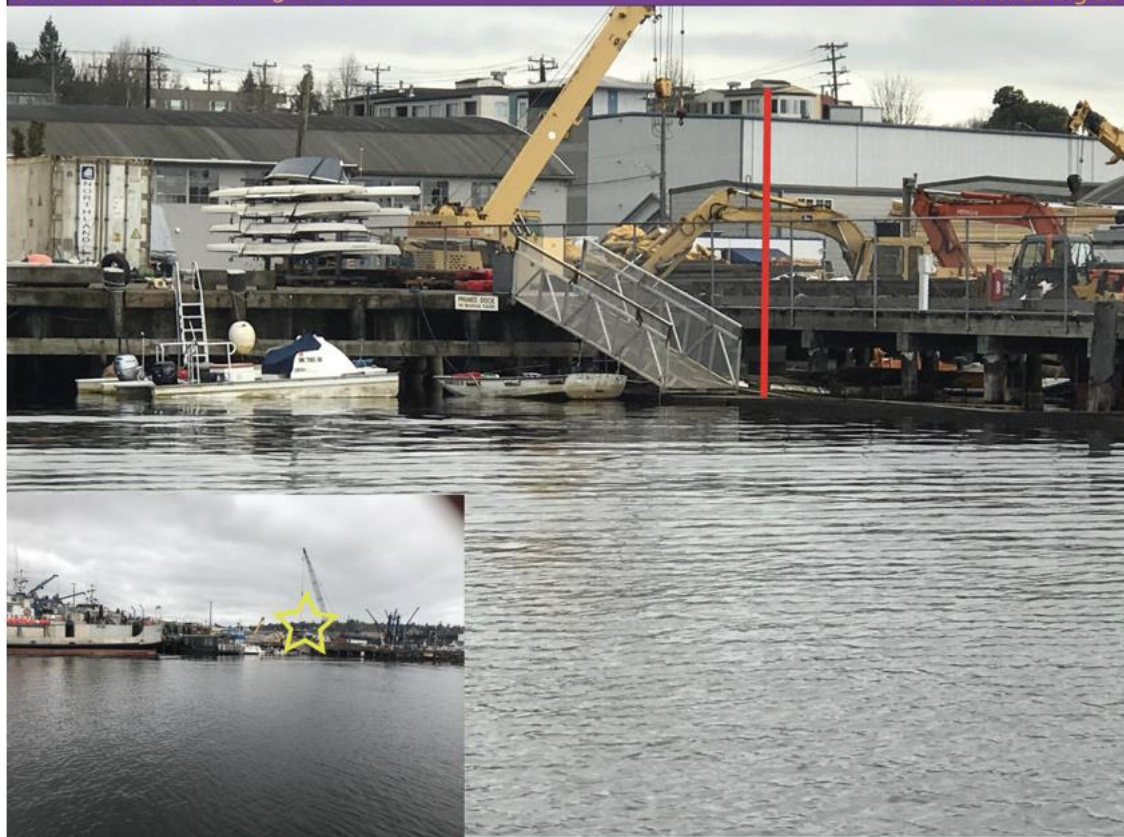
TRAINING



WATERBURY
TRAINING

Dock #13: Seattle Rowing Center

1116 W Ewing St



EMERGENCY
TRAINING

Dock #14: Public Pier

5300 24th Ave NW



EMERGENCY
TRAINING

Dock #15: Ballard Locks

3015 NW54th St



EMERGENCY
TRAINING