



BAADS Emergency Action Plan

On Dock Emergency Action Plan – Personal Injury

- 1. Assess situation to make sure it is safe to render assistance.**
- 2. Those with CPR and/or First Aid training should render assistance to injured person and designate persons to call 911, if necessary.**
- 3. If no one has CPR or First Aid training, then monitor injured person and render whatever appropriate assistance appears to be needed to injured person and call 911 if injury appears to be serious.**
- 4. If heart attack is suspected, designate someone to call 911 immediately and another to retrieve closest available Automated Electronic Defibrillator (AED). Start CPR as needed, and attach AED when available.**
- 5. If 911 is called, send someone to Pier 40 entrance on the Embarcadero to direct emergency responders to location of person injured and stay with injured person until emergency medical personnel arrive to transfer care to them. Be prepared to offer the following:**
 - a. Nature of medical emergency.**
 - b. Location of injured person(s).**
 - c. Best access point for emergency medical personnel.**

d. Number of injured person(s) and rough ages of injured persons.

e. Your name and call back number.

6. Notify appropriate nonemergency personnel when possible (South Beach harbor Master, BAADS Commodore, SF Police Department, SF Fire Department, US Coast Guard, emergency contact person for injured person, etc.).

7. Debrief with dock master, program directors, volunteers and program participants, as necessary.

8. Write up incident report and send to BAADS Board of directors. .

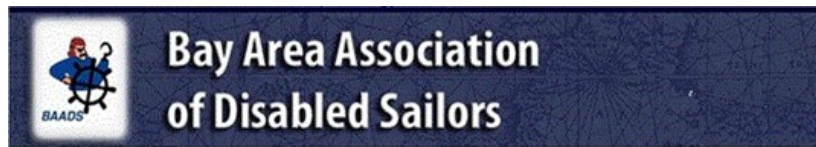


BAADS Emergency Action Plan

On Water Emergency Action Plan – Personal Injury

- 1. Assess situation to make sure it is safe to render assistance.**
- 2. Stabilize boat, if possible.**
- 3. Those with CPR and/or First Aid training should render assistance to injured person and designate persons to call US Coast Guard on VHF Channel 16 and 911 on a cell phone, if necessary and be prepared to call US Coast Guard on cell phone to get off VHF Channel 16**
- 4. If no one has CPR or First Aid training, then monitor injured person and render whatever appropriate assistance appears to be needed to injured person and call US Coast Guard on VHF Channel 16 and 911 on cell phone, if injury appears to be serious.**
- 5. If heart attack is suspected, designate someone to call US Coast Guard immediately and another to call 911 on cell phone. Start CPR as needed, and head to closest access point on land to meet emergency medical personnel to transfer care of injured person.**
- 6. If US Coast Guard and or 911 is called, prepared to offer the following:**
 - a. Nature of medical emergency.**

- b. Location of injured person and location of boat (if different).**
 - c. Best access point on land for emergency medical personnel.**
 - d. Number of injured person(s) and rough ages of injured persons.**
 - e. Your name and call back number, and name and description of boat**
- 7. If boat can make it to land, stay with injured person until emergency medical personnel arrive to transfer care to them, but when on land send someone to direct emergency medical personnel to boat.**
 - 8. Notify appropriate nonemergency personnel when possible (BAADS Commodore, SF Police Department, SF Fire Department, US Coast Guard, emergency contact person for injured person).**
 - 9. Debrief with dock master, program directors, volunteers and program participants.**
 - 10. Write up incident report and send to BAADS Board of directors.**

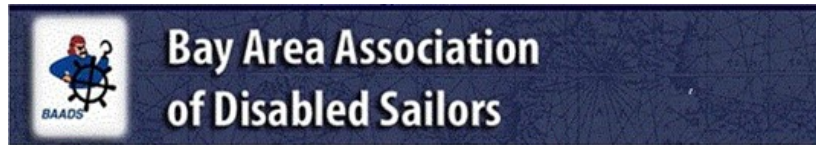


BAADS Emergency Action Plan

Important Numbers for Emergency Action Plan

Any major emergency = 911 on a cell phone.

- 1. Any on water emergency US Coast Guard on VHF Channel 16.**
- 2. South Beach Harbor Master Office number = 415-495-4911.**
- 3. South Beach Harbor Master Office number after hours = 415-608-1951.**
- 4. US Coast Guard number = 415-399-3530, or 415-399-3451.**
- 5. SF Police Non-emergency number = 415-553-0123.**
- 6. Pier 26 SF Firehouse number = 415-558-3200.**
- 7. Vessel Assist = 800 391 6869**
- 8. BAADS Small Boat Dock and safety boats monitor VHF Channel 68.**



BAADS Incident / injury report form

Please print clearly and tick the correct boxes, where appropriate

Quick description of incident:

1. DETAILS OF INJURED PERSON (complete a separate incident report per injured person)

Name: _____ Phone: (H) _____ (M) _____
(W) _____

Home Address: _____ Sex: ____o M o F

_____ Date of birth: _____

Email Address: _____

2. DETAILS OF INCIDENT

Date: _____ Time: _____

Location: _____

Describe what happened and how:

3. DETAILS OF WITNESSES

Name: _____ Phone: (H) __ (M) _____ (W) _____

Home Address: _____

Email Address: _____

Location of Witness when injury occurred _____

Relationship of witness to person injured: _____

4. DETAILS OF INJURY

Nature of injury (e.g. rope burn, cut, sprain, broken bone) _____

Proximate cause of injury (e.g. fall, grabbed by person, hit by object) _____

Location on body (e.g. back, left forearm): _____

Narrative Description of Injury: _____

5. TREATMENT ADMINISTERED

911 Called: ☐ Yes ☐ No

Local first Aid given ☐ Yes ☐ No

Local first Aider name: _____, Phone: (M) _____ (H) _____

Email: _____

Local Treatment: _____

6. EMT Personnel Involved

Agency (ambulance, fire department, police): _____

Name of EMT: _____
EMT Organization (Ambulance Company, etc.): _____
EMT Contact Phone (M) _____ EMT Contact Email: _____
EMT Treatment: _____
Comments concerning EMT Personnel: _____

7. INCIDENT INVESTIGATION (comments to include causal factors):

8. RISK ASSESSMENT

Likelihood of recurrence: _____

Severity of outcome: _____

Level of risk: _____

Corrective Action Taken: _____

9. ACTIONS TO PREVENT RECURRENCE

Action _____	By whom _____	By when _____	Date completed _____
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10 Incident Report Completed

Name: _____

Title: _____

Phone (M) _____ (H) _____

Email: _____

Additional comments of reporter: _____

Signature of Reporter: _____

Date Report Completed: _____

11. REVIEW COMMENTS

Name of Reviewer: _____

Title of Reviewer: _____

Comments of Reviewer:

Signature of Reviewer: _____

Date Reviewed: _____

End

9/18/19