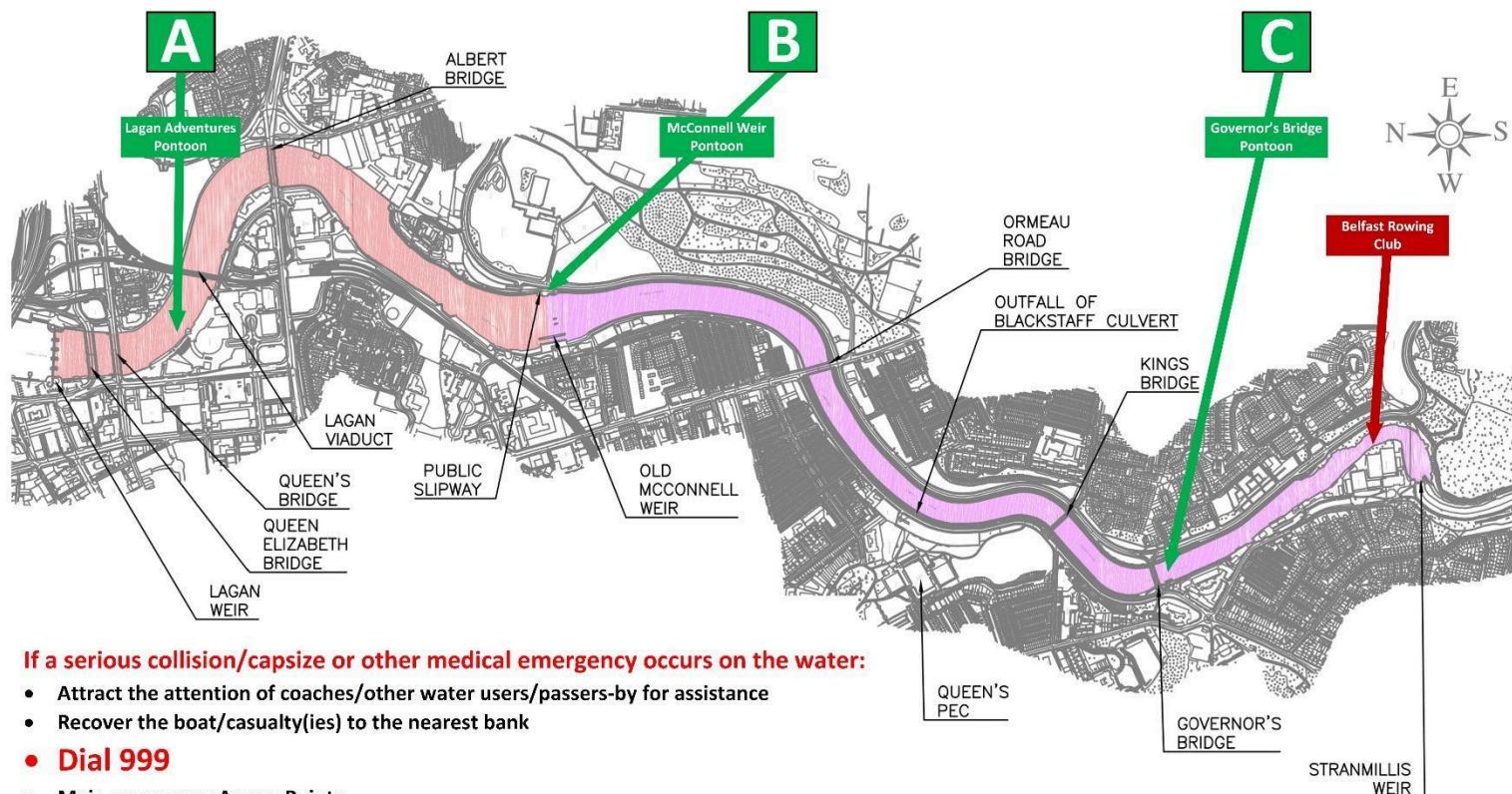


BELFAST ROWING CLUB EMERGENCY ACTION PLAN



Club Contacts 2026

Captain

Thomas McCaughtry
07835 098449

Safety Officer

David Webb
07919 123398

General

Alan Douglas
07776 248666

Sarah Thompson
07990 975940

If a serious collision/capsize or other medical emergency occurs on the water:

- Attract the attention of coaches/other water users/passers-by for assistance
- Recover the boat/casualty(ies) to the nearest bank
- **Dial 999**
- Main emergency Access Points
 - Below Albert Bridge: **A** Lagan Adventures Pontoon at Waterfront Hall
 - Between Albert Bridge & Shaftesbury Recreation Centre: **B** Public Pontoon on Ormeau Embankment opposite Belfast City Council Ormeau playing fields
 - Between Shaftesbury Recreation Centre and Kings Bridge recover to bank
 - Above Kings Bridge: **C** Public Pontoon at Governor's Bridge or BRC Pontoon
- Contact Club Captain or Club Safety Officer – see contact list



BELFAST ROWING CLUB EMERGENCY ACTION PLAN

Summary

This document describes action to be taken by Club Members in the event of a medical emergency or serious injury. If in doubt, **if you think something *might* be an emergency then it *is* an emergency.**

This document also provides advice and guidance on:

1. Treatment of Minor Injuries
2. Safety on the Water
3. Hypothermia
4. First Aid for Near Drowning
5. Cardiopulmonary Resuscitation (CPR)
6. Automated External Defibrillator (AED)
7. Cold Water Shock
8. Strong Recommendations for Belfast Rowing Club Members

Reviews of this document will be undertaken by the club committee on an annual basis or when there is substantial change in guidance from Rowing Ireland or other regulatory body.

Belfast Rowing Club expects its members to:

- Take responsibility for the safety of themselves and others both on and off the water
- Ensure that their actions both on and off the water do not put others at risk
- Be aware of and abide by Club Safety Rules
- Follow guidance in Club Safety Plans and be aware of the risks associated with rowing
- Report all incidents (including near misses) to the Captain and Club Safety Advisor immediately and record details in the Safety Book.

Review Details

- Date Created: 12/02/2022 (Draft)
- Latest Review Date: 24/10/2025
- Next Review Date: 1/10/2026

Version History

Version	Date	Changes
1.0	1/12/2022	Update for 2023 Affiliation
2.0	7/11/2023	Update for 2024 Affiliation
3.0	3/12/2024	Update for 2025 Affiliation
4.0	24/10/2025	Update for 2026 Affiliation



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Emergency Contacts

Emergency Services: 999

Lagan Search and Rescue: 028 90469110 (in an emergency call 999)

If the emergency services are required, use the following address:

Belfast Rowing Club, Lockview Road, Stranmillis, Belfast, BT9 5GB

Club First Aiders

Below is a list of First Aiders that may be present at the club when minor injuries occur. However, **the emergency services should be contacted immediately** if the necessary treatment is beyond the capability of the first aider.

Name	Squad
Paul Rowland	Club
Jordan Reid	Club
Mark McCrea	Masters Men
Mark Tinneny	Masters Men
Justin Drennan	Club Men

Other Club Contacts

Below is a list of people that should be informed of any injuries, near misses or damage to club equipment that occurs during club activity.

Name	Role	Email
Thomas McCaughtry	Captain	captain@belfastrowing.com
David Webb	Club Safety Advisor	webbydoyle@gmail.com



BELFAST ROWING CLUB EMERGENCY ACTION PLAN

Treatment of Minor Injuries

Minor injuries and ailments that are often suffered at rowing clubs include:

- Cuts and grazes
- Burns / scalding
- Sunburn
- Sprains / strains
- Breathing difficulties

If present, individuals with First Aid training should provide assistance - First Aid kits are located in the kitchen and in the boat bay by the main shutters. **The emergency services should be contacted immediately if the necessary treatment is beyond the capability of the first aider.** General guidance for treating common minor injuries is detailed below.

Cuts and Grazes

- Most cuts and grazes are minor and treatable by either the casualty or others. In general, all that is required is to stop any bleeding, a thorough cleaning of the wound and covering it with a plaster or dressing.
- **Pain relief should not be given as some people can have an allergic reaction to certain medicines, e.g. painkillers.**

Minor Burns / Scalding

- Stop the burning process as soon as possible. This may mean removing the person from the area, dousing flames with water, or smothering flames with a blanket.
- Remove any clothes or jewellery from around the burn unless these are sticking to burnt skin.
- To treat superficial (minor) burns in the first instance you should cool the skin with running cool or tepid water for **at least 10 minutes but ideally 20 minutes**. Heat energy can still be present below the surface of the skin. Do not use ice, iced water, creams, or greasy substances (such as butter) to soothe the burn as this can further damage affected tissue.
- Keep the casualty warm using a blanket or clothing, but not on the injured area. This is to avoid hypothermia, which is a risk if cooling a large burnt area.
- Cover burns using strips of cling film, rather than wrapping it around a limb. A clean plastic bag is suitable to use for burns on your hand. Do not interfere with the burn or break any blisters.
- The casualty should be taken to a hospital A&E department for:
 - Large or deep burns (bigger than the person's hand)
 - Burns of any size causing white or charred skin
 - Burns on the face, hands, arms, feet, legs or genitals that cause blisters
 - Any chemical or electrical burns
- **If in any doubt as to whether you require any further medical assistance, call 999 and request an ambulance.**

BELFAST ROWING CLUB EMERGENCY ACTION PLAN

Sunburn

- Particularly on sunny days, sufficient sun cream should be worn to protect against sunburn. Rowers are particularly vulnerable from reflected sunlight from water and exposed skin during training or racing.
- At the first sign of sunburn, e.g., hot, red, and painful skin, the casualty should move into the shade - preferably indoors.
- Take a cool bath or shower to cool down burnt skin.
- Apply 'Aftersun' lotion to affected areas to moisturise, cool and soothe it. Do not use greasy or oily products.
- Keep hydrated with plenty of water.
- Observe for signs of heat exhaustion (body temperature above 37°C). Symptoms include dizziness, rapid pulse or vomiting. Immediately move the affected individual to a cool place, loosen any clothing and provide plenty of water. If they do not improve within half an hour, they could develop heat stroke. **This is a medical emergency, and an ambulance should be called using 999.**

Sprains / Strains

- These are common injuries caused by overstretching or twisting of muscles or ligaments but can often be treated without the assistance of a medical professional. To avoid sprains and strains, rowers should thoroughly warm up before exercise and cool down afterwards.
- Symptoms of sprains or strains are:
 - Pain, tenderness, or weakness, often around the ankle, foot, wrist, thumb, knee, leg or back
 - The injured area is swollen or bruised
 - The casualty cannot put weight on the injury or use it normally
 - Muscle spasms or cramping, where muscles painfully tighten on their own
- Following a sprain or strain, immediately cease exercise and follow the "RICE" steps: Rest, Ice, Compression, Elevate. To help prevent swelling, avoid heat, alcohol, and massages for the first couple of days and the injured area can be moved without pain, try to keep moving to prevent stiffness.
- If the injury is not getting better or getting worse, consult a physiotherapist or call 111.

Breathing Difficulty

- Club members should not undertake high intensity exercise sessions while at the club on their own. If this should occur, members should have a mobile phone so they can call for assistance if needed and always let someone know where they are and what they are doing.
- If shortness of breath is experienced by an athlete during exercise, they should stop the activity immediately and seek medical advice, either from a GP or, if more serious, from the emergency services.
- Sufferers of asthma should always keep their inhaler with them.



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Safety on the Water

Safety should always be the primary concern of everyone involved in rowing, on the River Lagan, on land or at events. All club members should be aware of the risks associated with rowing detailed in various risk assessments and act appropriately. **If an activity is unsafe or has become unsafe, stop, and return to a place of safety.**

Equipment

- Before each session, equipment should be checked to ensure it is safe.
- Bow balls, heel restraints and hatch covers should all be intact, securely attached, and functional. Heel restraints must not extend by more than 5 cm from the footplate (approximately the diameter of a tennis ball). If any of these are damaged or missing **the boat should not be used** until they are replaced or fixed. Any issues should be immediately reported to the captain, boatman and the boat tagged as being out of use.
- Check the boat for damage (holes, damage, bent fin). **NEVER USE A BOAT THAT HAS ANY SIGNS OF MAJOR DAMAGE TO THE SHELL WHERE WATERTIGHT INTEGRITY MAY BE COMPROMISED.**

Collisions

- Collisions or near misses involving boats on the water must be recorded as soon as possible in the incident logbook (located in the boat bay by the sign out/in sheets) and the Club Safety Advisor informed. Any damage to equipment should be immediately reported to the captain, boatman and boats tagged as out of use.
- For more serious incidents where there are (or the risk of) serious injuries, the emergency services should be called.

Capsize

- Individuals should **hold onto the capsized hull of the boat as a buoyancy aid** and try to swim with it to the nearest shoreline. Rowing shells contain buoyancy compartments and should float.
- If the water is cold, get as much of your body out of the water as soon as possible, lying over the upturned hull (if necessary, turning over the hull for this purpose).
- If in a crew boat, try to "buddy-up"; holding on to each other as well as the boat until rescued. This can provide warmth and helps to ensure all crew members are accounted for.
- Other boats in the area should raise the alarm and get help.
- Rescue of capsized rowers should be attempted by safety launches only. Crews of other rowing boats should not attempt any rescue action that risks their boat capsizing or being swamped but should offer guidance or assistance where both possible and necessary.
- While capsize does not typically result in any serious health implications, the risk of contracting water-borne diseases is always significant. If someone who has capsized feels unwell at any point up to 24 hours after the event, they should immediately go to the Accident and Emergency Department.



BELFAST ROWING CLUB EMERGENCY ACTION PLAN

Emergency Situation

- **IN A MEDICAL EMERGENCY, INCLUDING A CREW MEMBER BEING TAKEN SERIOUSLY ILL OR BECOMING UNRESPONSIVE:**
 - Raise the alarm immediately with a safety launch, other crews on the water, or members of the public on the bankside.
 - Use a mobile phone to dial 999 for emergency assistance; **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 999 call, indicating the nearest pick-up location.

Hypothermia

**** IF AN INDIVIDUAL HAS SUSPECTED HYPOTHERMIA,
EMERGENCY ASSISTANCE SHOULD BE SOUGHT IMMEDIATELY ****

- The severity and symptoms of hypothermia depend on both the environmental conditions and how long an individual has been exposed to them.
- Serious Hypothermia requires **urgent medical attention, and the condition should not be ignored**. If an individual can stop shivering on their own the hypothermia is considered mild. If they cannot stop shivering on their own this is a moderate to severe case.
- The typical symptoms of mild, moderate, and severe hypothermia are listed below:

Symptoms associated with **mild hypothermia** are:

- Shivering
- Feeling cold
- Low energy
- Discomfort at higher temperatures than normal
- Cold, pale skin

Symptoms associated with **moderate hypothermia** are:

- 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
- Fumbling hands and loss of coordination
- Memory loss
- Slurred speech
- Drowsiness
- Slow, shallow breathing and a weak pulse



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Symptoms associated with **severe hypothermia** are:

- Loss of control of hands, feet, and limbs
- Uncontrollable shivering that suddenly stops
- Shallow or no breathing
- Unconsciousness
- Weak, irregular or no pulse
- Stiff muscles
- Dilated pupils

Hypothermia should be treated by:

- Moving the person indoors, or somewhere warm as soon as possible and then removing wet clothes and garments.
- Wrapping the person in blankets, towels, coats (whatever is available), protecting the head and torso.
- Gentle hugging (your own body heat can help someone with hypothermia).
- Increasing activity, if possible, but not to the point where sweating occurs as that cools the skin down.
- Giving the person warm drinks or high energy foods, such as chocolate, to help warm them up but **NO ALCOHOL**.
- Keeping the person warm and dry once their body temperature has increased.
- Make sure someone always stays with the casualty and ensure the casualty stays awake until help arrives.

**** It is important to handle anyone that has hypothermia very gently and carefully ****

DO NOT TREAT HYPOTHERMIA BY:

- Warming up using a hot bath or shower as this may send cold blood from the body's surfaces to the heart or brain too suddenly, causing a stroke or heart attack.
- Applying 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.
- Giving alcohol as this decreases the body's ability to retain heat.
- Rubbing or massaging the person's skin as this will decrease the body's ability to retain heat. In severe cases of hypothermia there is also a risk of heart attack.
- Allow the casualty to go to sleep

Near Drowning

In this situation the goal is to safely rescue the individual as soon as possible and begin first aid, which will increase the victim's chance of survival. **DO NOT ENDANGER YOURSELF TO RESCUE ANOTHER.**

- Use a throw line. All coaches on the bank or in launches should be equipped with a throw line.
- Throw a rope with a buoyant object attached.
- Cold water may render the victim too hypothermic to grasp objects within their reach or to hold while being pulled to safety.

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- For safety launches, pull up slowly alongside the victim and carefully lift them out of the water into the launch.
- If a rowing boat is rescuing a casualty (in the event a safety launch is unavailable), do not pull the victim into the boat if doing so risks a capsize. It is usually safer to tow the victim to the shore.
- **Call the Emergency Services**
- **Contact a Club First Aider if they are at or near the club**

First Aid for Near Drowning

The focus of first aid for near drowning is to get oxygen into the lungs without aggravating any suspected neck injury. If the victim has stopped breathing, give 5 mouth to mouth rescue breaths as soon as you can. This could mean starting the process in the water/safety launch.

- Once secure (on a safety launch or on land) assess the victim's breathing and circulation (pulse). If the casualty has breathing and circulation (with no suspected spine injury), place them in the recovery position:
 1. Lying on their side
 2. Arms extended at the shoulder level and bent
 3. Head on the side with the leg on the same side drawn up at a right angle to the torso [This will keep the airway clear and allow any swallowed water to drain]



Figure 1: The Recovery Position



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- Keep the individual warm by removing wet clothing and covering them with warm blankets, towels etc to prevent hypothermia.
- Keep the casualty in the recovery position until the emergency services have arrived.

If there is no breathing, lie the casualty on their back, tilt their chin up and **begin CPR immediately** (see CPR section).

CPR (Cardiopulmonary Resuscitation)

CPR is an emergency procedure that can help save a person's life if their breathing or heart stops.

The sooner CPR is started the better the chance of survival.

ASK A HELPER TO CALL THE EMERGENCY SERVICES IMMEDIATELY WHILST YOU BEGIN CPR (if alone use hands free to call, whilst you begin CPR)

IF YOU ARE NOT CONFIDENT IN CPR, ATTEMPT HANDS ONLY CPR.

Hands only CPR

- Place the heel of your hand on the breastbone at the centre of the person's chest. Place your other hand on top of your first hand and interlock your fingers.
- Position yourself with your shoulders above your hands.
- Using your body weight (not just your arms), press straight down by 5 to 6cm (2 to 2.5 inches) on their chest.
- Keeping your hands on their chest, release the compression and allow the chest to return to its original position.
- Repeat these compressions at a rate of 100 to 120 times a minute.
- **Continue CPR until help arrives or until the casualty revives.**

CPR with rescue breaths

- Place the heel of your hand on the centre of the person's chest, then place the other hand on top and press down by 5 to 6cm (2 to 2.5 inches) at a steady rate of 100 to 120 compressions a minute.
- After every 30 chest compressions, give 2 rescue breaths.
- Tilt the casualty's head gently and lift the chin up with 2 fingers. Pinch the person's nose. Seal your mouth over their mouth and blow steadily and firmly into their mouth for about 1 second. Check that their chest rises. Give 2 rescue breaths.
- Continue with cycles of 30 chest compressions and 2 rescue breaths until they begin to recover, or emergency help arrives.
- **Continue CPR until help arrives or until the casualty revives.**
- **If alone, DO NOT leave the casualty to access the defibrillator. The ambulance will bring one.**

Once you begin CPR, do not stop except in one of the following situations:

- You see an obvious sign of life such as breathing
- An AED (see AED section) is immediately available (i.e. you do not have to go and get it)
- Another trained responder or emergency services personnel arrive



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- You are too exhausted to continue
- The scene becomes unsafe

AED (Automated External Defibrillator)

The club is equipped with an AED, which is stationed in the boat bay on the beam by the shutters.

- All makes of AED will provide voice instructions or visual prompts, informing an individual of how to use the defibrillator, including performing CPR and attaching the pads.
- The defibrillator will check the heart rhythm of the casualty to determine if a shock needs to be administered.
- The defibrillator should only be used in an emergency, where the casualty is unresponsive.
**** ENSURE THE EMERGENCY SERVICES HAVE BEEN CONTACTED ****
- Anyone can safely use a defibrillator. Do not wait for the emergency services to arrive to start treating the casualty.
- Wet clothing should be removed before the defibrillator is used.
- Defibrillators can be used if the casualty is wet or if it is raining but ensure the casualty's chest is dry and that there is no direct contact between the casualty and rescuer when the shock is delivered.

Cold Water Shock

- Water with a temperature below 15°C is considered as cold water.
- The average river temperature in Belfast in winter is 9°C, in spring 8°C and in summer, 13°C.
- Therefore, on the River Lagan, the risk of cold-water shock is significant all year round.
- **EVERYONE**, no matter how experienced a rower, or how strong a swimmer, is at risk from Cold Water Shock.

What happens?

- If the body is suddenly immersed in cold water, it can experience several physiological responses that can not only incapacitate but can **KILL**.
- When people fall into cold water unexpectedly, their instinct is to swim hard and fight against it. However, when this happens, they increase their risk of drowning.
- Cold water shock causes an immediate loss of breathing control, causing the individual to gasp for air, followed by hyperventilation.
- The ability for the individual to hold their breath decreases from around one minute to ten seconds.
- Hyperventilation can cause dizziness, cramping in the limbs and ultimately loss of consciousness.
- The gasp response can also cause a large amount of water to be inhaled into the lungs, causing the individuals breathing rate to increase and possible drowning.
- Cold water shock can also cause the blood vessels in the body to contract due to the sudden low temperature, increasing heart rate and blood pressure and can result in cardiac arrest.
- Cold water in the ears can cause vertigo, resulting in a failure to distinguish between up and down, rendering you unable to get to the water surface.

What to do in the event of Cold Water Shock

- **STAY CALM**. Take a minute – do not try to swim straight away. The initial effects of cold-water shock pass within a minute.
- Stay with the boat and use it as a flotation device.



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- Get on top of the boat if you can and try to attract attention or call for help.
- Do not waste energy trying to right the boat or get back in to row.
- If you must stay in the water stay calm and breathe deeply. Lie on your back and allow yourself to float, keeping your mouth away from the water.
- Do not try to swim away from the boat as your swimming ability will be severely reduced by cold water shock.

Dry Drowning

- Once an individual is recovered from the water, keep them warm so not to risk hypothermia.
- If a person is recovered safely from the water, they could still be at risk from secondary drowning, from water that may have entered the lungs.
- This can happen up to **24 hours** after the incident.
- Symptoms to look out for are:
 - Coughing
 - Chest pain
 - Breathing difficulties
 - Tiredness
 - Irritability
- A close eye should be kept on the individual during this time. **If in doubt, call the emergency services.**

Strong Recommendations for Belfast Rowing Club Members

- Never go out rowing alone i.e., in a single, especially when air temperatures are below 10 °C.
- Always row with other boats, coaches, or safety launches (including from other clubs) present on the river.
- Always have a mobile phone with you in the boat if you are without a coach, so the emergency services or others may be contacted quickly in the event of an emergency.
- Do not do high intensity exercise alone in the gym.

If you are going to boat alone, especially at night or off-peak times, use a 'buddy system' to inform someone of your movements, i.e., when you have arrived at the club and when you are off the water safely.