



Chipstead Sailing Club
RYA Recognised
Training Centre

EMERGENCY ACTION PLAN

Version	Date	Amendment	Amended by
1.0	23 January 2017	Document creation	Angus MacAskill
2.0	03 July 2019	Revised	Sean Chapman
3.0	16 February 2022	Revised	Nigel Lamb
4.0	19 September 2022	Revised	Nigel Lamb
5.0	18 December 2022	Revised	Nigel Lamb
6.0	17 January 2024	Revised	Nigel Lamb
7.0	23 December 2024	Revised	Nigel Lamb
8.0	9 th February 2026	Revised	Nigel Lamb

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1. EMERGENCY ACTION PLAN

<p>First Response</p>	<ul style="list-style-type: none"> • Incident Co-ordinator (IC) takes overall control • IC decides if this is Major Incident and applies appropriate process (see section 3 : Major Incident Procedure) • IC co-opts / delegates other staff to deal with the incident 	<ul style="list-style-type: none"> - In order of availability <ul style="list-style-type: none"> ○ Centre Principal ○ Chief Instructor ○ Senior Instructor ○ Session leader - Major Incident is an event where there is: <ul style="list-style-type: none"> ○ Loss of life, or ○ Serious injury, or ○ Substantial damage to property or environment
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ACTIONS TO BE TAKEN AS NECESSARY FOR NON-MAJOR INCIDENTS:

<p>Protect Lives</p>	<ul style="list-style-type: none"> • Provide emergency first aid • Protect individuals from further harm • Ensure individual life is not at risk • Secure the scene of the incident and ensure the safety and physical/emotional wellbeing of those involved • Isolate the cause of the incident (e.g. turn off electricity) • Clear the water of boats while dealing with incident • Evacuate the premises as necessary – use the Fire Muster Point that is the Car Park
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<p>Inform</p>	<ul style="list-style-type: none"> • Contact emergency services (if lives at risk or injuries to be treated) <ul style="list-style-type: none"> ○ Ensure you have the relevant information; what the problem is, the location, how many are involved, when it happened ○ The address is Chipstead Sailing Club, Longford Lake, Chipstead (near Sevenoaks), KENT, TN13 2SD ○ What Three Words: person.itself.shades ○ Have a mobile phone number available to provide for contact ○ Station someone at the corner of Chevening Road and the club access road to direct emergency services • Notify the Centre Principal (REQUIRED)
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<p>Post Incident</p>	<ul style="list-style-type: none"> • Make complete and precise notes of the incident • Request and take complete and precise notes of the incident from key witnesses • Complete and file Accident / Near Miss form (REQUIRED)
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- Centre Principal to notify RYA (see **Appendix B – RYA Reporting Triggers**) and Chipstead Sailing Club Commodore

2. EMERGENCY CONTACTS LIST

Centre / Club

Centre Principal (Nigel Lamb)	07768 884947
Chief Instructor (James Russ)	07961 053168
Chief Powerboat Instructor (Sean Chapman)	07870 970937
Chipstead Sailing Club	01732 454875
Chipstead Sailing Club Commodore (Keith Turtle)	07803 950653

Agencies

Emergency Services	999 / 112 / 911
Sevenoaks Minor Injuries Unit (8am to 8pm) (No Xray facilities at weekends)	01732 470200
Police non-emergency	101
Sevenoaks Police Station (Council Offices)	01732 771055
Kent Police	01622 690690
Peter Wilson PC46030058 (local liaison)	Peter.wilson@kent.police.uk
Accident & Emergency – Tunbridge Wells Hospital – Princess Royal University Hospital, Farnborough – Maidstone Hospital	01892 823535 01689 863000 01892 823535
Health and Safety Executive, Incident Contact Centre – reporting fatal or major injuries only	0345 300 9923
Health and Safety Executive - 24/7 Duty Officer	0151 922 9235
Environment Agency – Incident hotline	0800 807060
Sevenoaks District Council	01732 227000

Utilities

Electricity – UK Power Network	0800 3163105
Water – Thames Water	0800 714614

RYA

Training	02380 604180
Communications Team Manager	023 8060 4209 07789 556080

3. MAJOR INCIDENT PROCEDURE

<p>Overview</p>	<ul style="list-style-type: none"> • Incident Co-ordinator (IC) takes overall control • IC co-opts / delegates other staff to deal with the incident / allocates roles • Protect lives • IC starts Incident Log (see Appendix A – Incident Log) • Inform relevant agencies • IC establishes Incident Room • Establish relatives area • Gather witness statements • Secure evidence • Establish media procedure • IC co-ordinates post-incident process 	<ul style="list-style-type: none"> - In order of availability <ul style="list-style-type: none"> ○ Centre Principal ○ Chief Instructor ○ Instructor ○ Session leader - See notes below - See notes below - <i>Clubhouse Office</i> - <i>Clubhouse snug</i> - See notes below
<p>Protect Lives</p>	<ul style="list-style-type: none"> • Identify first aiders, get first aid kits / defibrillator as necessary (see section 4.1) • Provide emergency first aid if necessary • Protect individuals from further harm • Ensure individual life is not at risk • Secure the scene of the incident and ensure the safety and physical/emotional wellbeing of those involved • Isolate the cause of the incident (e.g. turn off electricity) • Clear the water of boats as necessary, while dealing with incident • Evacuate the premises as necessary – use the Fire Muster Point at the Car Park 	
<p>Inform</p>	<ul style="list-style-type: none"> • Contact emergency services, as required (fatalities, lives at risk, or injuries to be treated) <ul style="list-style-type: none"> ○ Ensure you have the relevant information; what the problem is, the location, how many are involved, when it happened 	

	<ul style="list-style-type: none"> ○ The address is Chipstead Sailing Club, Longford Lake, Chipstead (near Sevenoaks), KENT, TN13 2SD ○ Have a mobile phone number available to provide for contact ○ Station someone at the corner of Chevening Road and the club access road to direct emergency services ● Notify the Centre Principal ● Notify the Chipstead Sailing Club Commodore
<p>Relatives</p>	<ul style="list-style-type: none"> ● Identify a separate gathering area for relatives of any injured persons – the Clubhouse Snug is suggested ● Arrange for a supply of hot/cold drinks ● Be sympathetic, without admitting liability ● Remain calm, communicate that every effort is being made to deal with and investigate the incident ● Allocate one person to look after relatives
<p>Witnesses</p>	<ul style="list-style-type: none"> ● Get a statement from competent witnesses as well as recording their names and contact details ● Remove the key witnesses to a place you can talk to them away from onlookers ● Explain that statements are being taken to obtain an accurate account of the incident, as these may be required for insurance, or other purposes ● Notes need to be taken, agreed, and signed by the witness
<p>Evidence</p>	<ul style="list-style-type: none"> ● Photograph the incident location, boats, equipment etc. ● Keep and secure any relevant equipment e.g. clothing, buoyancy aids, lifejackets, logbooks etc. ● Secure any boats and equipment
<p>Media</p>	<ul style="list-style-type: none"> ● Appoint one person to deal with the media; this person will be designated as the only person to make any public statements to the media ● Manage any media that are onsite – if possible provide a room or area away from the witnesses, victim’s relatives and other participants ● Only reveal names of any victims/casualties once advised by the Police that it is alright to do so. Families do not want to hear of an incident through the press or social media ● Do not get drawn into speculating about causes, blame or possible outcomes ● Remember – declining an interview or saying “no comment” will almost certainly look like you have something to hide. It is far better to give a factual response such as “It would be inappropriate to comment further until we’ve had the opportunity to consider all the factors contributing to this incident.”



- Never lie to the media about something you know to be true
- The RYA Communications Team is available for assistance and guidance with handling the media

Post Incident

- The primary phase of the incident is closed when any injured parties have been moved from the location and all property damage has been secured so that it no longer presents a danger to club members or the public
- A meeting should be held with all those involved in the handling of the incident and any experts who may be required (legal, insurance, structural etc.)
- This meeting should finalise all records of the event and determine any follow up action that may be required
- **IC to Complete and file Accident / Near Miss form (REQUIRED)**
- Centre Principal to notify / update RYA (see **Appendix B – RYA Reporting Triggers**)
- A record should be made of lessons learnt and a plan developed for implementing ways to improve procedures and the major incident response system

4. ADDITIONAL NOTES

4.1. FIRST AID

4.1.1. FIRST AID KIT

First Aid kits are present in the following locations:

- Safety Pots attached to each rescue boat.
- Training Filling Cabinet (In Committee Room).
- Committee Room Door, hanging on the front (outside) of the door.

4.1.2. DEFIBRILLATOR

There is a defibrillator located in the clubhouse on the wall to the left of the lady's toilet door. It is an Automated External Defibrillator (AED) which is easy to use by following the verbal instructions given by the AED once it is switched on. First aiders are trained to use AEDs.

There is a defibrillator located in the mast hut on the racking to the righthand side. It is an Automated External Defibrillator (AED) which is easy to use by following the verbal instructions given by the AED once it is switched on. First aiders are trained to use AEDs.

See **Appendix C – Automated External Defibrillator (AED) Process** on use of AED.

4.2. FATALITIES

If there has been a fatality **the police will inform the next of kin**, similar to injured people when a criminal offence or traffic collision occurs. Do not publicise the name/s of the casualty/casualties until you know this has been formally carried out by the Police, even if the press appear to know who it is.

4.3. DEALING WITH THE PRESS

If contacted by the press or other media representative, the initial response is to acknowledge that an incident has occurred and that the club or centre will issue a press statement as soon as possible.

Direct statements and interviews are to be avoided unless authorised.

The nominated person may produce a written statement that you can give to the press, e.g. "The Chipstead Sailing Club / Training Centre regret to announce the death of a member while [insert general comment] ...

When

Where

We extend our deepest sympathy to the relatives.

A full statement will be issued at [insert time] [tomorrow]."

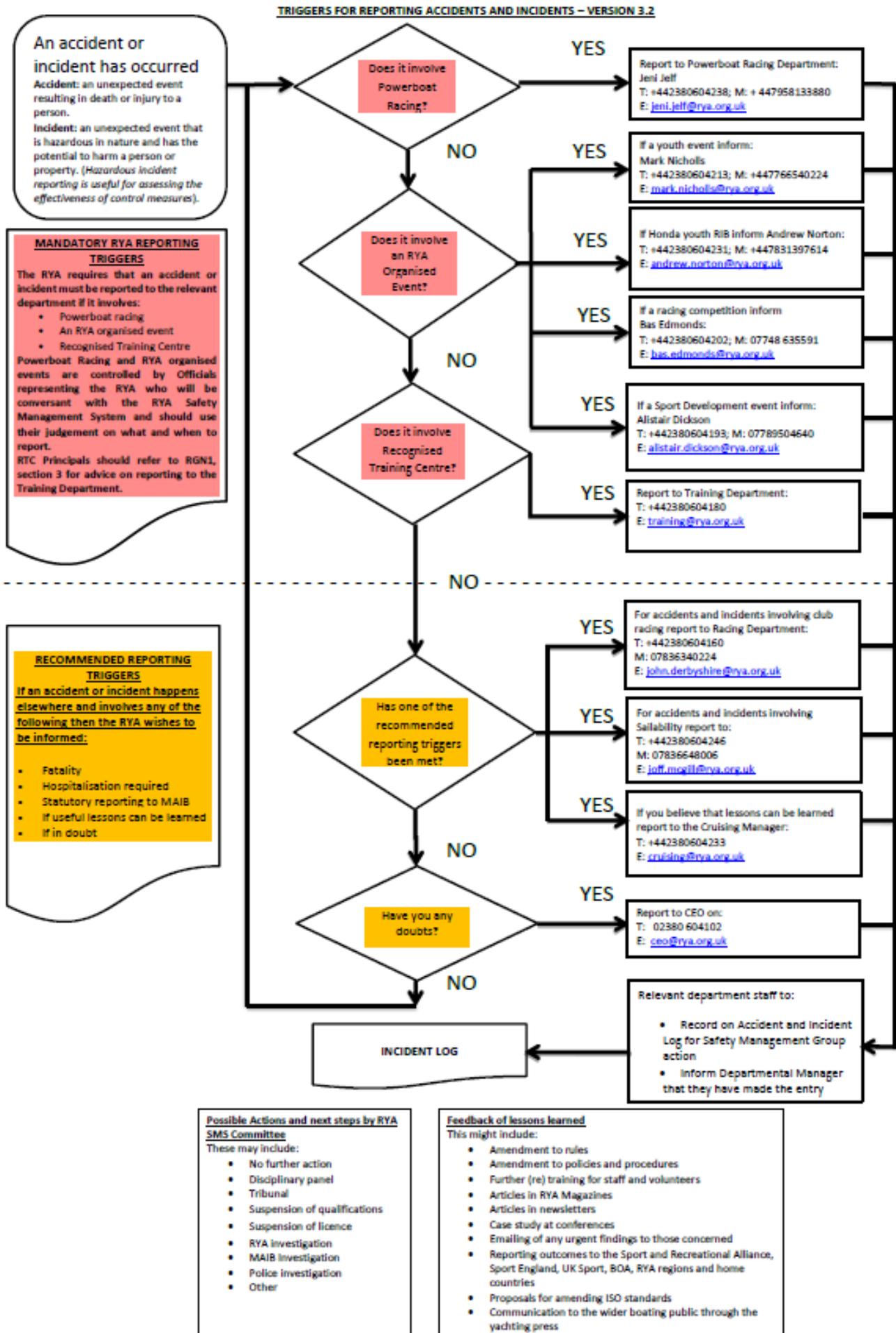
(Give yourself time to collate the information).

If it becomes necessary to give an interview, unless confident in being able to cope with unexpected questions, it is better to read from a prepared statement, If the incident is attracting attention from the national media, call the RYA Communications Team for advice.

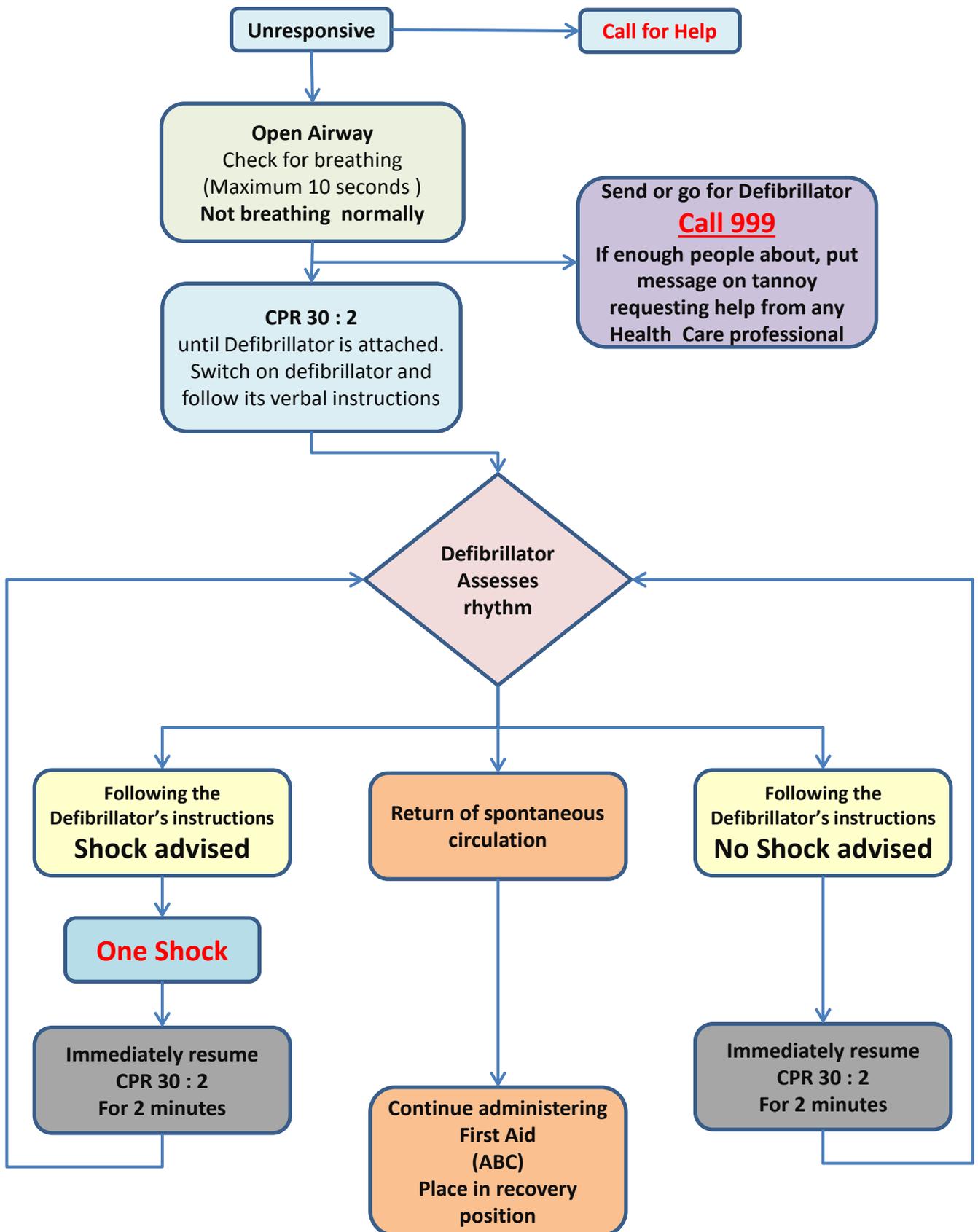
- Don't hold a press conference
- Decide who will speak to the press
- Do not allow well-meaning but ill-informed members to make public comments

- Try to keep a record of whom you have spoken to, who has contacted you etc..

6. APPENDIX B – RYA REPORTING TRIGGERS



7. APPENDIX C – AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROCESS



8. APPENDIX D – EMERGENCY SERVICES ADDRESSES

Sevenoaks Police Station

District Council Offices
Argyle Road
Sevenoaks
Kent TN13 1HG

Minor Injuries

Sevenoaks Minor Injuries Unit
Sevenoaks Hospital
Hospital Road
Sevenoaks
Kent TN13 3PG

Opening times: 7 days a week 08:00 to 20:00

The Minor Injuries Unit Can Treat	The Minor Injuries Unit Can NOT Treat
<ul style="list-style-type: none">• Sprains and strains• Broken bones• Wound infections• Minor burns and scalds• Minor head injuries• Insect and animal bites• Minor eye injuries• Injuries to back, shoulder and chest	<ul style="list-style-type: none">• Chest pain• Breathing difficulties• Major injuries• Problems usually dealt with by GP• Stomach pains• Pregnancy problems• Gynaecological problems• Allergic reactions• Alcohol related problems• Mental health problems• Overdoses

Accident and Emergency

Tunbridge Wells Hospital (14.5 miles)
Tonbridge Road
Pembury
Tunbridge Wells
Kent TN2 4QJ

Princess Royal University Hospital (10 miles)
Farnborough Common
Orpington
Kent BR6 8ND

Maidstone Hospital (17.2 miles)
Hermitage Lane
Maidstone
Kent ME16 9QQ

9. APPENDIX E – COLD WATER SHOCK

Cold Water Shock occurs when a person is immersed in cold water. There are two distinct phases.

Phase 1 – Only lasts for the first few minutes after immersion. It can occur in water as warm as 20°C but is particularly dangerous in water below 15°C.

The impact of the cold water causes the blood vessels in the skin to contract rapidly. This causes a rapid increase heart rate and blood pressure. This can lead to heart attack or stroke in susceptible individuals. Breathing rate increases and there is an irresistible urge to gasp for breath. During this initial phase there is a high risk of inhaling water and starting the drowning process.

Actions for the individual:

1. Be aware of the impact of Cold Water Shock.
2. Wear appropriate insulated clothing e.g., wet suit or dry suit.
3. Always wear a personal floatation device.
4. Make a conscious effort to stay calm. Try not to swim but concentrate on keeping your head above water and breathing. Hold on to the boat until your breathing is under control.

Actions for the responder:

1. As quickly as possible safely remove the casualty from the water.
2. Check for response, open the airway, and assess for normal breathing. Has there been a heart attack or stroke?
3. If the casualty is conscious, they should be warmed up by placing them (fully clothed) in a warm shower. Once they have warmed sufficiently, they can then dry off and change into dry clothing.
4. Continue to monitor for breathing problems. If inhalation of water is suspected, then the casualty should be sent to hospital for assessment.

Phase 2 – After the first few minutes, the heart and breathing rate decrease and a gradual decline of muscular strength begins. This phase lasts for up to 30 minutes and ultimately results in loss of coordination, strength and dexterity rendering swimming all but impossible. Drowning is probable if a **life jacket** is not being worn.

Actions for the responder:

1. Note whether the casualty is submerged face-down or supported face-up by a life jacket.
2. As quickly as possible, safely remove the casualty from the water.
3. Check for response, open the airway, and assess for normal breathing.
4. If unresponsive and NOT breathing normally, commence **CPR using the protocol for drowning.**
5. If the casualty is conscious, they should be warmed up by placing them (fully clothed) in a warm shower. Once they have warmed sufficiently, they can then dry off and change into dry clothing. They should then be sent to hospital for a more thorough check up.

10. APPENDIX F – HYPOTHERMIA AND IMMERSION OR ACUTE HYPOTHERMIA

Hypothermia occurs when the bodies temperature falls below 35°C. If the body temperature falls below 26°C Hypothermia can be fatal.

Hypothermia can afflict different types of casualties in a variety of conditions:

- Babies or very young children can become Hypothermic simply by being left in a cold room.
- The elderly or infirm who are quite immobile and become hypothermic in a cold room.
- Wet clothing or immersion in cold water especially when exposed to wind can cause hypothermia in a healthy child or adult who is properly clothed.
- Cold wind conditions can cause hypothermia in anyone who is not wearing warm, windproof clothing.

The symptoms of Hypothermia:

- Pale skin, cold to the touch.
- Shivering at first, then muscle stiffness as the body cools further.
- Slowing of body functions; thought, speech, pulse and breathing.
- Lethargy, confusion, disorientation.
- Lowered levels of response, eventually unconsciousness and then death.

Actions for the responder – Unconscious casualty:

1. Call out for help.
2. Open airway and check breathing. Start CPR.
3. Call 999 for emergency help.
4. Gently place casualty in recovery position. Minimise movement because jolts etc. could stop the heart.
5. Cover cold ground and put blankets etc. over the patient.
6. Continue to monitor until help arrives.

Actions for the responder – Conscious casualty:

1. Call out for help.
2. If possible, shelter casualty, remove wet clothing and replace with dry warm garments.
3. Wrap casualty in warm blankets. Heat the room to 25°C or above if indoors.
4. Casualty outdoors should be insulated from the ground and covered as best as possible, Share your body heat with them.
5. Give the casualty warm drinks and high energy food e.g., chocolate.
6. **Seek medical advice** if the casualty is elderly or a child or if there is any doubt about their condition.
7. For elderly remember that there could be an underlying condition e.g., heart attack, stroke or underactive thyroid gland.
8. If conditions seem severe, call 999 for emergency help.

Immersion Hypothermia happens more quickly than ordinary Hypothermia and is normally the result of immersion in cold water. Immersion Hypothermia is unlikely to develop sooner than 30 minutes in cold water for a fit clothed adult. However, the slide into unconsciousness is likely to result in drowning.

Actions for the individual:

1. Always wear a Personal Floatation Device.

Actions for the responder:

1. As quickly as possible safely remove the casualty from the water.
2. Check for response, open the airway, and assess for normal breathing. Has there been a heart attack or stroke?
3. Monitor for breathing problem
4. If inhalation of water is suspected, then the casualty should be sent to hospital for assessment.

11. APPENDIX G – DROWNING AND SECONDARY DROWNING

Drowning is a process which may be fatal or non-fatal with the period of immersion and how rapidly CPR is applied being the most significant determining factor for survival.

If a casualty has difficulty breathing as a result of being underwater, they have started the process of drowning.

The signs that someone may be drowning are:

- Head tipped back but mouth keeps sinking under the water. Casualty cannot shout out or wave.
- The casualty may be thrashing about and shouting for help.
- Children playing in water make noise. Silence is suspicious.
- Remember that other factors can be involved particularly Hypothermia if the water is cold.

Actions for the responder:

1. Do not put yourself at risk. Shout, reach or throw – **DO NOT “GO”**.
2. Shout clear instructions, throw a buoyant aid or reach out with a stick or boat hook to extend your reach.
3. Unless trained and equipped **DO NOT ENTER THE WATER**.
4. If entry to the water is essential go by boat or take a Personal Floatation Device with you.
5. Never dive in - you will lose visual contact with the casualty and risk spinal injury.
6. Apply CPR using the protocol for drowning.
6. Call 999/112 for emergency help even if the casualty appears to recover.

Secondary Drowning. Non-fatal drowning may still be very serious, even if resuscitation is not required. It can lead to breathing problems like pneumonia or acute respiratory distress syndrome also known as Secondary Drowning. The water that has entered the lungs causes irritation, swelling and fluid build-up which impairs oxygenation and requires urgent referral to hospital.

The Symptoms of Secondary Drowning are:

- Severe shortness of breath.
- Rapid shallow breathing.
- Coughing/gasping/tightness of the chest.
- Feeling tired, drowsy, faint or confused.

Actions for the responder:

1. The Casualty must be taken to hospital.

12. APPENDIX H – HEAT EXHAUSTION AND HEAT STROKE

Heat Exhaustion is the body's response to loss of fluids and salts due to excessive sweating. It occurs when the core body temperature goes above 38°C. If not treated quickly it can lead to Heat Stroke.

The Symptoms of Heat Exhaustion are:

- Pale sweaty skin.
- Nausea, loss of appetite, vomiting.
- Fast weak pulse and breathing.
- Cramps in arms, legs and abdomen.
- The casualty may say that they "feel cold", but they are hot to the touch.

Actions for the responder:

1. Take the casualty to a cool place.
2. Remove excess clothing and lay them down.
3. Give them plenty of water. Isotonic drinks and/or Dioralyte are best.
4. Obtain medical advice even if the casualty recovers quickly.
5. If response deteriorates place them in the recovery position and call 999/112 from emergency help. Monitor airway and breathing.
6. Treat for Heat Stroke.

Heat Stroke follows on from untreated Heat Exhaustion and occurs when the core body temperature goes above 40°C. IT IS AN URGENT MEDICAL EMERGENCY and can lead to death if not treated quickly.

The Symptoms of Heat Stroke are:

- Elevated body temperature.
- Confusion, agitation, disorientation.
- Seizures.
- Throbbing headache.
- Lower levels of response leading to unconsciousness.
- Nausea, vomiting.
- Flushed, hot, dry skin (no sweating).

Actions for the responder:

2. Remove the casualty from heat source.
3. Call 999/112 for emergency help.
4. Cool the casualty rapidly using fastest method available:
 - a. Whole body immersion from the neck down on cold water.
 - b. A cold shower.
 - c. Large bag of ice placed on neck, armpits, and groin.