

Incident Report and Recommendations

January 27, 2018

InterClub Midwinters Regatta

Severn Sailing Association, Annapolis, Maryland

Preface:

Members, staff, and guests of Severn Sailing Association (SSA) did an outstanding job during the course of a potentially tragic situation that began on the water during a regatta in Annapolis Harbor. They should be very gratified of every effort, no matter how seemingly insignificant, that was put forth to save the competitor's life; their combined and collaborative efforts worked. For this, SSA is extremely proud of our members, staff, and guests, their capabilities, and their quick and methodical thinking in a life-or-death situation. The competitor is alive and was released from the hospital less than a week after the incident.

Summary of Eyewitness Accounts:

Prior to sailing this day, a competitor complained that his borrowed dry suit was tight around his neck and that he was hot. During the last part of the third race, the competitor and crew stopped racing because he felt faint—thinking it was the dry suit; they unzipped it and took off the top.

This regatta was sailed college-style, with two divisions ("A" and "B" sharing the same boat). Between A and B division racing, a few competitors in A division (the competitor was in A division) witnessed the competitor lying on the ramp with one or two adults attending him by raising his head to help facilitate easy breathing. The competitor was still lightheaded and vomited. The competitor then said he felt better and drank water and Gatorade. He may have vomited a second time. Feeling better, he changed out of the dry suit into more gear that was comfortable to him.

During the break (while B division was racing), the competitor complained about his chest tightening. He tried to get comfortable by lying on the floor and vomited again. He said he felt better after vomiting and that he was slightly uncomfortable in his chest but could still sail.

On A division's sail back out to the starting area the competitor's crew looked back in the boat and the competitor was not talking and seemed to have blacked out. His crew got in the back with him and tried to revive him by yelling. She put her hand behind his head to keep it up and started waving and yelling for help to the Race Committee boat and safety boats.

The Race Committee Chairman (PRO) heard her yells and immediately determined that they were not a "usual issue of emergency." He immediately broadcast the emergency on VHF channel 65A and asked SSA's support/safety boats on the water to return to the area. Over 65A, the PRO indicated that a competitor needed emergency help and asked for a call to be made to 911. The SSA Junior Program Director was monitoring VHF 65A at the clubhouse, communicated directly with the PRO, and called 911. At least one other person made an initial call to 911, and it is believed several others calls to 911 were made to report updates to the condition of the competitor.

When the safety boat (Parker 18, rigid boat not inflatable) arrived, the two Race Committee members on board grabbed hold of the IC so that it would not capsize and determined from conversation with the competitor's crew that he had not suffered head or body trauma. They attempted to move the competitor to the Parker 18; due to the competitor's size, it was difficult to get him in the safety boat.

Another IC skipper noticed the need for additional help. He sailed over to the competitor's boat and the safety boat. The crew of the second IC held onto the safety boat while the skipper climbed into the Parker 18 to assist. This skipper soon moved into the competitor's IC and, with the help of this second skipper, the competitor was transferred into the Parker 18 safety boat.

The driver of the Parker 18 ascertained that, at that point, the competitor was breathing. The safety boat sped back to shore at SSA. The PRO estimates it took three minutes from noticing the issue to when the competitor was back on shore.

Upon transport to the Club's floating dock, it was noted that there were no spine or neck issues, and people moved the competitor from the Parker 18 to SSA's floating dock/ramp. The AED was brought to shore from the anchored Race Committee boat by a second safety boat (rigid hull inflatable) and was prepped for use if needed. The competitor's crew arrived shortly after and was able to give valuable context to the episode. The competitor's lifejacket was removed. A faint pulse at his carotid artery was detected and his skin temperature was warm, breathing was labored/gasping, pupils not dilated.

One sailor initiated chest compressions and others rotated in for continuity until the Annapolis Fire Department EMS arrived. While compressions were ongoing, other members monitored breathing and pulse, including at one point rolling him to his side to check for any potential airway obstructions (a yellow-colored liquid was released, at which point the competitor coughed and showed signs of breath) and holding his head at a tilt to keep his airway open. His skin color evolved to be blue/gray, "clammy" and "pasty" by feel and to the touch, and his pupils became fixed.

When Annapolis FD EMS personnel arrived, they cut open the competitor's remaining clothing and took over the compressions, before proceeding with the competitor to Anne Arundel Medical Center.

While response was taking place on shore, the PRO and his crew determined that they needed to keep the rest of the boats on the water and out of the way of the activity on the dock, so they stood by monitoring the racers still on the course and the other support/safety vessels. When all appeared to have calmed down racing was stopped for the day and the main Race Committee boat escorted the racers and the remaining support boats back to the dock.

Following several attempts, the competitor's wife was contacted, and she headed to the hospital.

Recommendations:

The immediate response at SSA played a critical role in the competitor's survival. As part of SSA's protocol for any safety-related incident, we want to identify opportunities for improvement.

- A. Reinvigorate and augment **Club-wide safety plan**.
 - a. Include Frostbite Race Committee and Competitor recommendations and protocols
 - b. Incorporate existing Junior Program safety plan

- c. Solidify and reiterate year-round protocols
 - d. Develop and install laminated safety cards on each vessel and in each vessel box
 - e. Include standardized protocols of how, when, and who calls 911
 - f. For all events, emergency contact information for competitors should be supplied and printed
 - g. Stay in constant contact with 911 or EMS (depending if they hand you over) until arrival of EMS
 - h. If returning a competitor to shore, get them all the way to solid ground (not floating dock)
- B. Refresh coordination and safety plans among **SSA, Annapolis YC, and Eastport YC**.
- a. All three clubs should have emergency contact personnel listed for easy access to their facility
 - b. Direct discussion with all three clubs and emergency response personnel so that there are clear expectations and standard operating procedures
- C. Maximize potential utility of SSA's **AEDs**. SSA has one AED in the clubhouse on the first floor hallway. SSA's on-the-water AED should be on an unanchored boat.
- a. Replacement pads have been purchased, and youth pads have been purchased as well
 - b. Adult and youth manual respirators have been purchased
 - c. AED and general safety kits should all contain large sharp scissors capable of cutting off heavy clothing
- D. Grow **SSA member/staff response and safety plan knowledge**.
- a. When SSA's club-wide safety plan is completed (target: before 2018 spring racing season commences), raise awareness across SSA membership of plan
 - b. Offer CPR/AED/first aid class at the club once per year, encourage members to participate
 - c. Greater knowledge can help people become more aware of signals of distress/potential health issues
 - d. Facilitate communication during nonemergency times between SSA and Annapolis FD EMS to grow that relationship/understanding
- E. Enhance **safety boat** training and use.
- a. Safety/rescue practice several times per year as part of annual training
 - b. Safety boats need minimum of two persons aboard to be effective
 - c. Safety boat personnel must be able to recognize how to approach the craft in distress; for small boats, the weather side is preferable. In case of a health emergency, it is likely the safety boat will also be responsible for keeping the distressed craft upright.
 - d. Do not delay transport if you can confirm no physical trauma
- F. Enhance **equipment** at SSA and with competitors to help in any future responses.
- a. Lapel mics for VHF's could be purchased for drivers of outboard support boats that do not have fixed VHF radios (fixed VHF are much louder when the boat is running)
 - b. SSA should have two backboards—one to stay on shore, the other for use on the water—need to purchase second backboard
 - c. Consider requiring frostbite racers to carry VHF's

Contributors to the eyewitness account and the list of recommendations: Erica Kraft, Brian McCloskey, Eric Reinke, Tim Herzog, Jesse Falsone, JR Futcher, Mark Bennett, and Mike Higgins. Thank you.

Respectfully submitted,

Barbara Beigel Vosbury
Standing Race Committee Chairperson