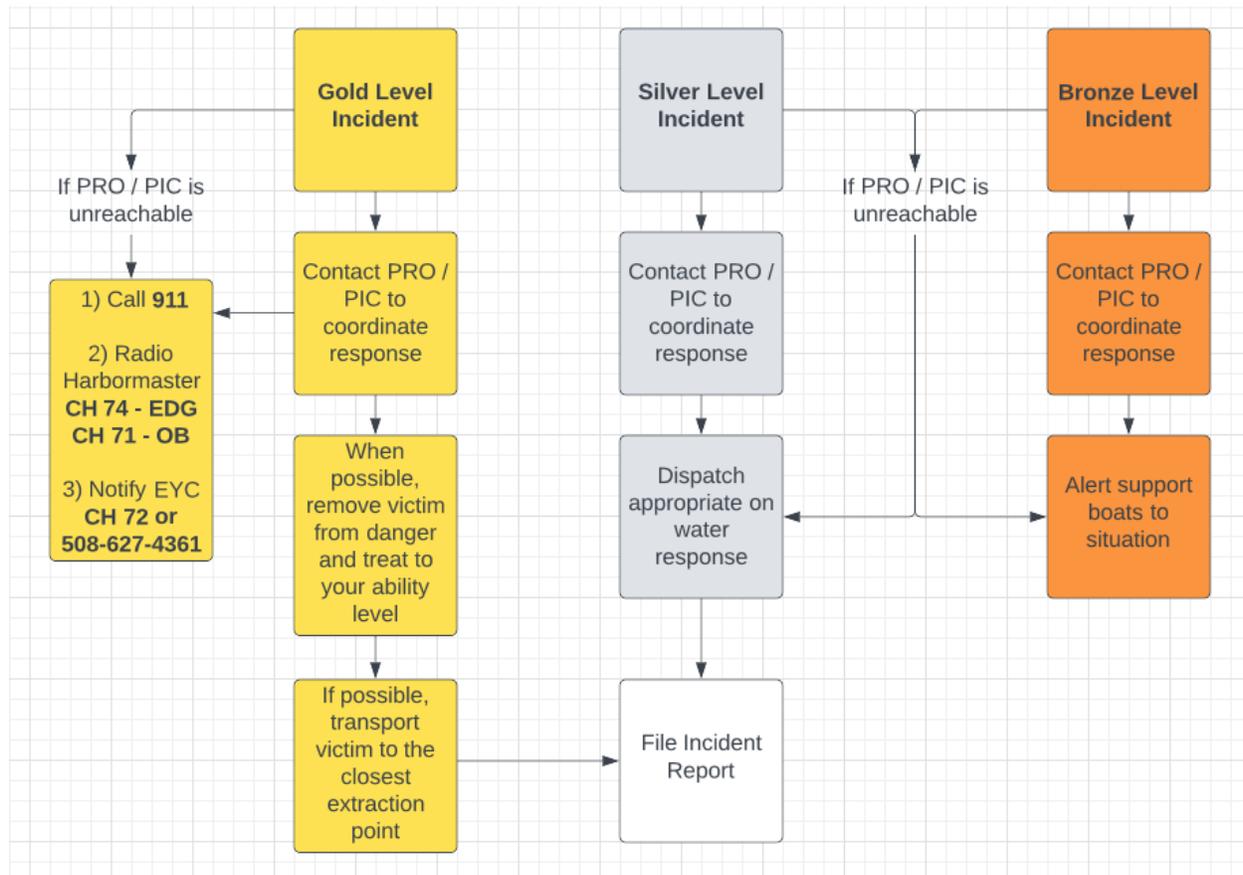


# EYC On Water Emergency Action Plan



## Gold Level Event - Situations requiring 911 response

- Death
- Serious Injury
- Unconscious person

### Emergency

Josh Saltmarsh

Bill Roman

### EYC

Jr. Sailing Center

Edgartown Harbormaster

Oak Bluffs Harbormaster

USCG Woods Hole

Poison Control

MV Hospital

### 911

508-627-0209

774-836-1000

508-627-4361

508-627-9399

508-627-4767

508-693-4355

508-457-3254

800-222-1222

508-693-0410

CH 72

CH 63

CH 74

CH 71

CH 16

## Silver Level Event - Dangerous situations

- Non critical injury requiring assistance
- Person Overboard
- Sinking
- Major Damage to Vessel
- Dangerous weather imminent
- Vessel Aground

## Bronze Level Event - Requiring attention

- Damage but racing
- Injury not requiring assistance
- Dangerous weather approaching
- Retired vessels
- Disabled vessels

# EYC On Water Emergency Action Plan

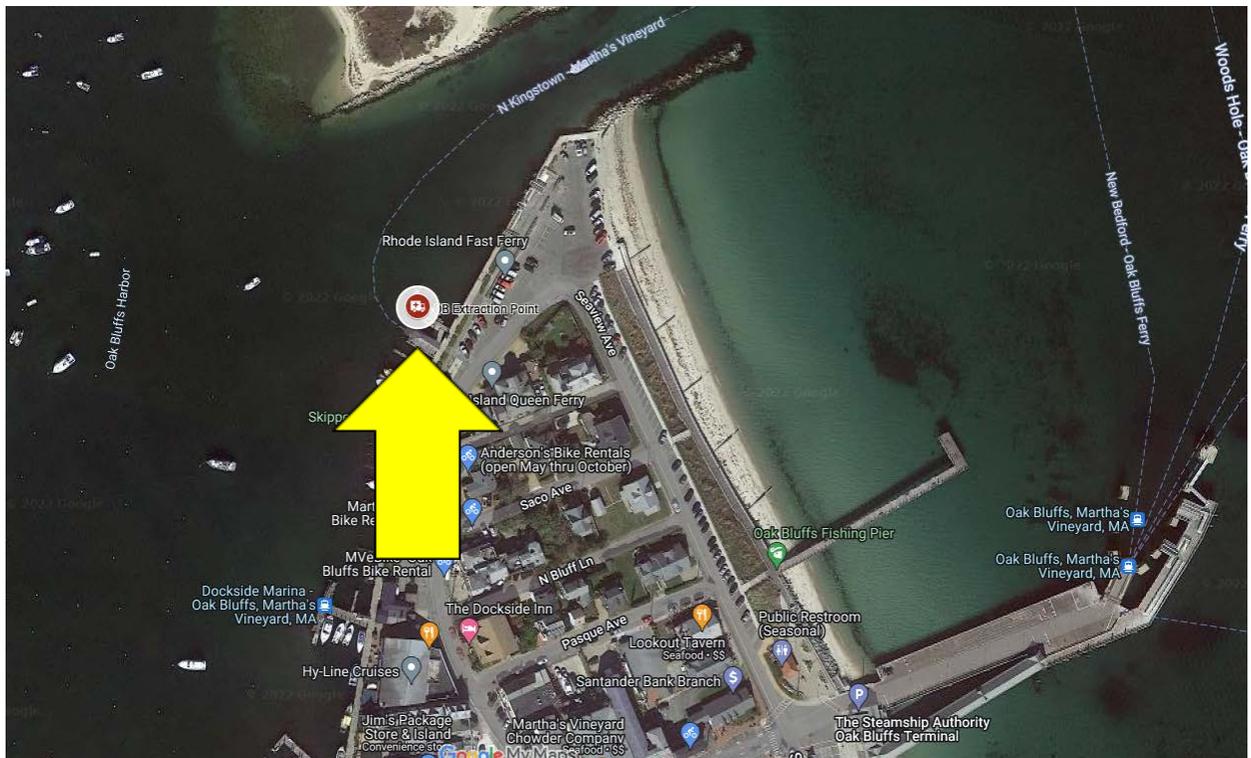


## Extraction Points

- Edgartown Commercial Loading Zone, Yellow Pilings behind EYC



- Oak Bluffs Fuel Dock, South side inside breakwater (FOR ZONE 4, COW BAY, ONLY)

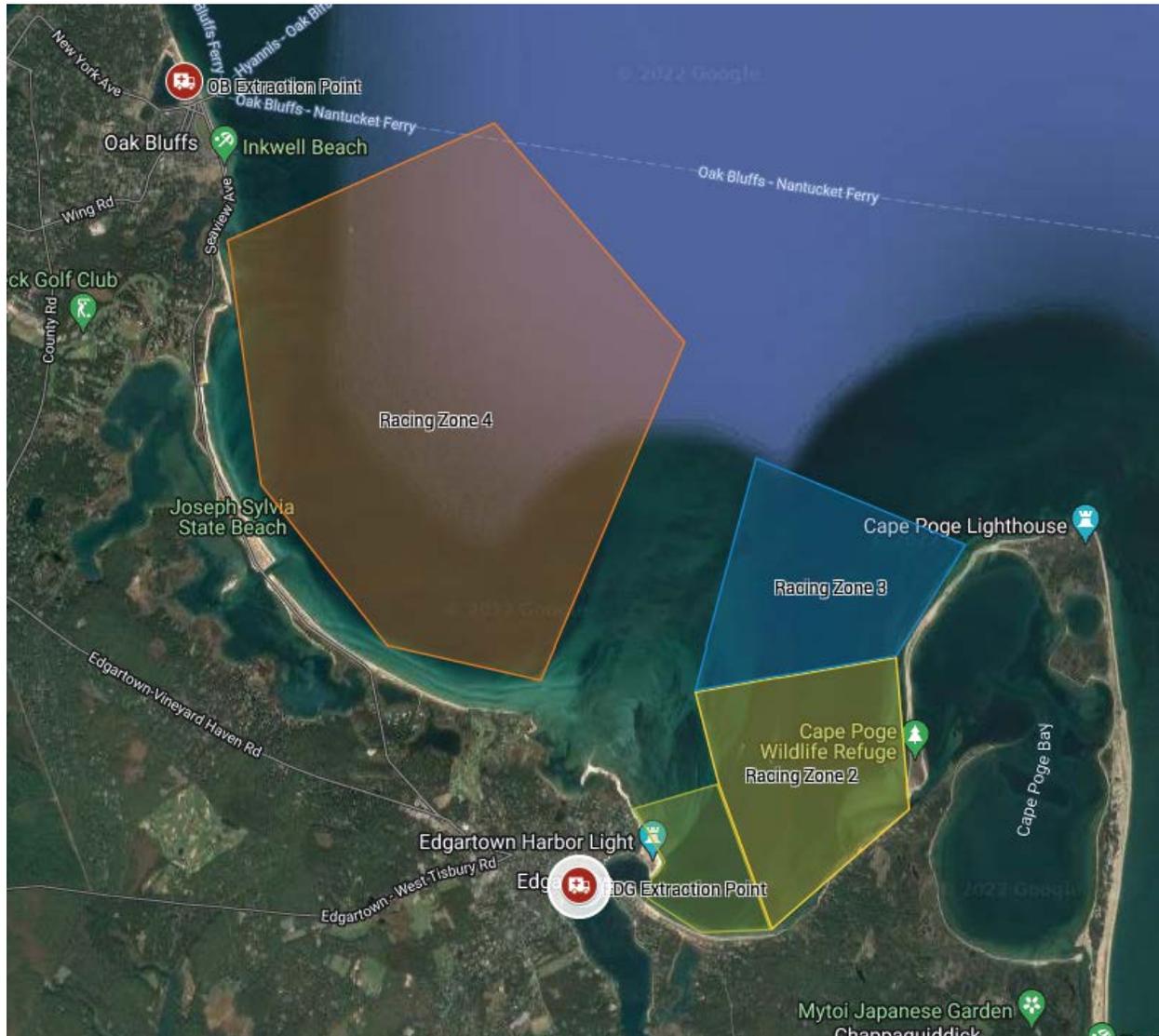


# EYC On Water Emergency Action Plan



## Zones

- Zone 1 - In front of Sailing Center, Opti Green
- Zone 2 - In front of Caleb's Pond, Opti Champ, Adult Regatta Inner Circle
- Zone 3 - East of Cape Poge, 420, Adult Regatta Inner Circle
- Zone 4 - Cow Bay, Adult Regatta Outer Circle, 12M Circle



# EYC On Water Emergency Action Plan

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## **Emergency**

## **911**

**Josh Saltmarsh**

**508-627-0209**

**Bill Roman**

**774-836-1000**

**EYC**

**508-627-4361**

**CH 72**

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**CH 16**

**Poison Control**

**800-222-1222**

**MV Hospital**

**508-693-0410**

# EYC On Water Emergency Action Plan



<b>Injured Person's Name:</b>	<b>Date of Report:</b>
<b>Age of Injured:</b>	<b>Date of Accident:</b>
<b>Parent/Guardian Name:</b>	<b>Time of Accident:</b>
<b>IPhone:</b>	<b>Location of Accident:</b>

What activity was person participating in when accident occurred?

What piece of equipment or boat, if any, was involved in the accident?

Was there supervision at the time of the accident? Yes / No By Whom:

Name of Witnesses:

What part of the body was injured?

Describe the type of injury (e.g. bruise, laceration, fracture, ect.):

Was first aid administered? Yes / No By whom:

Was injured party referred to medical assistance? Yes / No By whom:

Was an ambulance called? Yes No By whom:

Exactly how did accident occur? Describe what happened:

Date person returned to program:

Restrictions on activities:

Name of Person Filing Report:

Signature:

Date:

Draw diagram on of this sheet, if a collision was involved. List weather conditions, water conditions, water temperature, air temperature, tide conditions, boat and equipment particulars.