USMS Open Water Guide to Operations

Part 2: Open Water Safety Guidelines

Revision Date: February 2015

**Addendum A: Open Water Safety Plan Application**

When applying for a USMS sanction, event hosts are required to submit their safety plan for review and approval by the Open Water Compliance Coordinator (OWCC). For 2015, any event not sanctioned in 2014 shall use the Safety Plan Application and events sanctioned in 2014 may use it. In 2016 all events are required to use this application to submit their safety plan (OWGTO Part 1: Sanction Guidelines, Article OW-102.4).

Maps shall be uploaded using the additional documents upload capability of the sanction system, including a Google Earth Map (or equivalent) of race course. Indicate on the map the locations of the start/finish, turn buoys, intermediate buoys, all safety craft, Lifeguard/First Responders, onsite medical care, feeding stations, evacuation points, etc.

**Event Information**

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| **Basic Information** |
| **Name of Host:** | Bellingham Bay Swim Team (USA Swimming) |
| **Name of Event:** | Aly Fell Memorial Open Water Invitational |
| **Event Location:** | Lake Padden |
| **Event Dates:** | Aug 13, 2016 | **t** |  |
| **City:** | Bellingham | **State:** | WA | **LMSC:** | PNA |
| **Length of Races** | 800 Meter, 2.5K, 5K, 10K |

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| **Key Event Personnel** |
| **Director** | Daryl Smith | **Phone** | 425.283.7433 | **E-mail** | darylpt@comcast.net |
| **Safety Director** | Mike Murphy | **Phone** | 206.316.0234 | **E-mail** | swimoff1@gmail.com |
| **Referee** | Steve Booth | **Phone** | 360.961.5095 | **E-mail** | sbbooth@gmail.com |
| **Ind Safety Monitor** | Jim Davidson | **Phone** | 253.569.8047 | **E-mail** | jedavidson98001@yahoo.com |

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| **Water Quality** |
| It is recommended that one week prior to the event, check water quality. If results returned are inconsistent with the local governing body’s standards, notify swimmers who participated in the event of any known exposures post-race. If an exceptional event such as heavy rain or flooding affects the water quality, the Referee or the Meet Director shall have the authority to postpone or cancel the race. It is recommended to take and retain water samples on race day and retain for reference.  |
| **Describe plans to check water quality:**Lake Padded is a small lake with no gas powered boats allowed. Water quality will not be an issue. |

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| **Pre-Race Officials Meeting (required)** all **officials and safety personnel must attend**  |
| **Date** | 8/13/16 | **Time** | 8:30am |
| **Agenda:**See section8.2 of Safety Plan, page 13 |

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| **Pre-Race Swimmer Meeting (required) all swimmers must attend to participate in race**  |
| **Date** | 8/13/16 | **Time** | 8:45 am |
| **Agenda:** See section8.1 of Safety Plan, page 12 |

**Event Conditions**

**If water temperature is potentially less than 64° F, complete the Thermal Plan for Cold Water Swims section of this form.**

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| **Race Day conditions** |
| **Expected Air Temp:** |  ⁰F | **Expected Water Temp:** | 65 - 69⁰F | **Wetsuits** | Optional |
| **Body of Water:** | Lake Padden | **Water Type:** | Fresh | **Water Depth from:** |  | **to** | 59 ft |
| **Course Open or Closed:** | Open, but only to boats with electric motors or rowed |
| **If open course, please indicate the agency used to control the traffic while swimmers are on the course.**  |
| **Agency Name** | Meet Director | **How to contact during the event:** | Cell phone/radio |
| **Expected water conditions for the swimmers: (marine life, tides, currents, underwater hazards)**N/A |

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| **Course Markings** |
| **Turn Buoys** | **Height:** | 5 ft | **Color:** | Yellow | **Shape:** | Upright cylinder |
| **Guide Buoys** | **Height:** |  | **Color:** |  | **Shape:** |  |
| **Approximate distance between Buoys:**The course is a 1.25K rectangular course with buoys on each corner of the course. Buoys are 900 to 1200 feet apart |

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| **Feeding Stations** |
| **Number of Stations:** | 1 |
| **Type of Structure:** | Raft |
| **Feeding Station Capacity:** | 4 |

**Event Safety**

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| **Medical Personnel** |
| **Lead medical personnel (emergency trained) on site:** | See Safety Plan section 2.6, pg 2 |
| **Qualifications:** |  |
| **Experience in extreme events (Marathon, Triathlon, Open water swim, etc.):** | Yes |
| **Will medical personnel be located on the course?** | Yes |
| **How many medical personnel do you plan to have on site?** | 2-3 |

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| **First responders/Lifeguards** |
| **Indicate the qualifications of the first responders:** | Certified Lifeguards |
| **Number on the Course:** | 5 | **Number on Land:** | 1 |
| **Location on the Course:** | See course map on page 15 of Safety Plan |

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| **Ambulance/Emergency Transportation** |
| **Ambulance on site:** |  | **Ambulance on call:** | Through 911 |
| Have you spoken with local emergency response agency regarding potential emergencies? | Yes |

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| **On Site Medical Care** |
| **Describe the onsite set up for medical care, such as medical treatment tent, heating or cooling tent or facility. And indicate the location on the Race Plan Map.**See Safety Plan section 2.6, pg 2 |

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| **Medical Facilities** |
| **Closest medical facility** | PeaceHealth St. Joseph Medical Center | **Phone** | 360-788‐6324 |
| **Type of Medical Facility:** | Hospital |
| **Distance to Closest Medical Facility:** | 5.8 miles | **Approximate Transport Time** | 10 min |

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| **Water Craft** |
| **Number of motorized craft to cover the course:** | 1 |
| **Motorized 1st Responders** | N/A | **Non-motorized 1st Responders** | 5 Lifeguards |
| **Motorized 2nd Responders** | N/A | **Non-motorized 2nd Responders** |  |
| **Additional water craft for Officials (not counted as safety craft)** |  |
| **Other water craft for race supervision** | **Power Boats** | **Jet Skis** | **Kayaks** | **Paddle Boards** |
| 1 | 0 | 10 - 14 | 5 |
| **Water craft for feeding stations:** | N/A |
| **Additional water craft for escorted events:** | N/A |
| **Emergency Signal Flag Color for all water craft:** | Red |

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| **Swimmer Accountability** |
| **Describe method of swimmer body numbering:**The race number will be written on the swimmer’s back and on the outside of both shoulders |
| **Describe method of electronic identification of swimmer (Recommended):**See Safety Plan section 5, pg 10 |
| **Describe different cap colors for the various divisions (Recommended):**Swimmers will be provided swim caps in high visibility colors. Cap colors will be organized by race distance |
| **Describe method of accounting for all swimmers before, during and at conclusion of race(s):**See Safety Plan section 5, pg 10 |
| **Describe method of accounting for swimmers who do not finish:**See Safety Plan section 4.6, pg 8 |

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| **Warm-up/Warm-down Plan**  |
| **Describe safety plan for warm-up/warm-down:**See Safety Plan section 5, pg 10 |

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| **Communications**  |
| **Primary method between Meet Officials:**See Safety Plan section 4.4, pg 6 |
| **Secondary method between Meet Officials:**See Safety Plan section 4.4, pg 6 |
| **Primary method between medical personnel, first responders & safety craft:**See Safety Plan section 4.4, pg 6 |
| **Secondary method between medical personnel, first responders & safety craft:**See Safety Plan section 4.4, pg 6 |

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| **Severe Weather**  |
| **Is a lightning detector or weather radio available on site?** | No |
| **Describe your severe weather plan:**See Safety Plan section 6, pg 10 |
| **Describe your course and site evacuation plan:**See Safety Plan section 6, pg 10 |