

Open Water Safety Plan Template

Addendum B, USMS Open Water Guide to Operations, Part 2: Open Water Safety Requirements and Guidelines.

Event hosts should fill out the following template and submit as their safety plan when applying for sanction. Additional documents (maps, special information, etc.) may be uploaded using the additional documents upload capability.

Attach 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, Difeguard/First Responders, onsite medical care, feeding stations, evacuation points, etc.

| Basic Information | | | | | | | | |
|--|--------------------------|--------|--------|---------|-------------------|---------------|-------------------|--|
| Name of Host Club | | 7 | | | | | | |
| Name of Event | | 1 | | | | | | |
| Event Location | | - 1 | | | Event D | ate(s) | | |
| City | S | tate | | | LMSC | Zone | | |
| Length of Race(s) | | | 1 | | | • | | |
| Key Personnel | | | | | | | | |
| Event Director(s) | | | | | | | | |
| Cell Phone () - | Home Phon | e (|) | - | E-mail | | | |
| Referee | Phone | (|) | - | E-mail | | | |
| Safety | Phone | (|) | _ | E-mail | | | |
| Coordinator | T mone | | | | | | | |
| Water Quality It is recommended that one weel the Referee. If results returned a | re inconsistent with the | local | gove | rning b | ody's standards, | notify swimi | mers who particij | |
| in the awant of any known avnoc | uras post raca. If an av | contic | nol or | zont cu | ch ac hoosys rain | or flooding o | ffacts the water | |

It is recommended that one week prior to the event, check water quality and submit certification (or reference URL site) to the Referee. 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 your plans for checking water safety:

Technical Meeting (required)

Tentative date/time of recommended Technical Meeting (within 24 hrs of race, athlete and/or coach/designated coach required to attend). Include a tentative agenda.

About U.S. Masters Swimming

U.S. Masters Swimming, founded in 1970, is a membership-operated national governing body that promotes health, wellness, fitness and competition for adults through swimming. It does so by partnering with more than 1,500 adult swim programs across the country; promoting information via the bimonthly member magazine, SWIMMER, monthly e-newsletters, STREAMLINES, and website, usms.org; and by sanctioning and promoting pool, open water and virtual events and competitions. More than 55,000 adults are registered members of U.S. Masters Swimming.

| Basic Information | | | | | | | | | | | | | |
|--|---------------------|----------------|-----------------------------------|--------|------------------------------|---------|------------------|---------|---------------|-----------|---------------|-----------|----|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Tentativ | | ne of MAN | eting (required IDATORY Pre-Ra | | afety mee | eting (| officials | and sa | fety pers | onnel n | nust attend). | Include a | |
| | | | | | | | | | | | | | |
| Tentativ | | | eting (required | | afety mee | eting (| athletes 1 | must a | ttend to p | participa | ate in race). | Include a | |
| | | | | | | | | | 1 | | \ | • | |
| | | | | | | 4 | | | | | | | |
| Event | t Cond | itions | | | | | | | | | | | |
| Race 1 | Race Day conditions | | | | | | | | | | | | |
| Expect | ed air te | emperatur | e | | Expec | ted v | vater te | mpera | ature | | | | |
| Combi | ned air | & water t | emperature | | | | | | | | | | |
| Wetsui (Check o | | Not allowed | Optional | | Option race day | | | | Requir | ed | Other | | |
| Body of | of water | Ocean | Lake | | River | | Bay | | Other (what?) | | | | |
| Water | type | Salt water | Fresh Water | | Course Check or | | Closed (not acco | essible | se by non- | | Open course | | |
| If open | course | , please ir | ndicate the agen | cy u | sed to | contr | ol the ti | raffic | while s | wimn | ners are on | the cours | e. |
| Agency How to contact during event | | | | | | | | | | | | | |
| Water | depth of | f course | Minimum | | | M | aximun | n | | A | verage | | |
| Describe expected water conditions for the athletes (marine life, tides, currents, underwater hazards) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Course markings and start/finish | | | | | | | | | | | | | |
| | uoys H | | Colors | Colors | | | S | Shape | s | | | | |
| Interme Height | ediate B | Buoys | Colors | | Approximate distance between | | | | | | | | |
| Start | In Wat | er | From Beach | | Fr | om fi | ixed pla | atforn | ı | Other | | | |
| Finish | In Wat | er | On Beach | | Ot | her | | | | | | | |
| Feedin | g Statio | ons | | | • | | | | | | | | |

| Event Conditions | | | | | | | |
|--|--|--|--|--|--|--|--|
| Designated area that nourishment may be passed on to athletes. It is recommended that the feeding | | | | | | | |
| station be a boat, series of boats, or barge. | | | | | | | |
| Will you have a feeding station? (Yes/No) | | | | | | | |
| What type of structure(s) will serve as the feeding station? | | | | | | | |
| How many people can the structure(s) safely hold? | | | | | | | |
| | | | | | | | |
| Event Safety | | | | | | | |
| Medical Personnel | | | | | | | |
| Name of lead medical personnel (emergency trained) on site | | | | | | | |
| Check One M.D. D.O. EMT-P EMT NP PA Other (What?) | | | | | | | |
| Experience in extreme events (Marathon, Triathlon, etc.) | | | | | | | |
| | | | | | | | |
| How many medical personnel be located on site? How many other medical personnel be located on the course? | | | | | | | |
| First Responders/Lifeguards | | | | | | | |
| Indicate the qualifications of the first responders (prefer open water experience). | | | | | | | |
| indicate the quantications of the first responders (prefer open water experience). | | | | | | | |
| ARC Lifeguards USLA YMCA Equivalent water certified first | | | | | | | |
| responder | | | | | | | |
| Number on course Number on land | | | | | | | |
| Indicate their location on the Race Plan Map. | | | | | | | |
| Ambulance/Emergency Transportation | | | | | | | |
| Number of Have you spoken with the local emergency response agency regarding your event and potential emergencies? | | | | | | | |
| On Site Medical Care | | | | | | | |
| Describe the onsite set up for medical care, such as medical treatment tent, heating or cooling tent or | | | | | | | |
| facility. Indicate the location on the Race Plan Map. | | | | | | | |
| | | | | | | | |
| Medical Facilities | | | | | | | |
| Name of closest medical facility | | | | | | | |
| Type of medical facility (eg. urgent care, hospital) | | | | | | | |
| Distance to closest medical facility Approximate transport time | | | | | | | |

| Water Craft | | | | | | |
|--|---|-------------------|---------------------------|-------------|-------------------------------|--|
| Number of motorized | craft to cover the co | ourse | | | | |
| Safety craft count | Non-motorized | . 1 st | Motorized 2 nd | | Non-motorized 2 nd | |
| Motorized 1 st | Responders | | Responders | | Responders | |
| Responders | | | | | | |
| List additional water | craft for Officials (ne | ot counte | d as safety craft | above) | | |
| | | | | | | |
| | | | | | | |
| List other water craft | for race supervision | (Boats, J | et Skis. Kavaks. | paddle boar | ds. etc) | |
| Zigt outer (valor train | Tot two super (Island | (2 3 4 4 5) | or 21115, 1145 ans, | | | |
| | | | | | | |
| | | | | | | |
| List additional water | craft for feeding stat | ions | | | | |
| | | | | | | |
| | | | | | | |
| List additional water | craft for escorted eve | ents | | | | |
| | | | | | | |
| | | | | | | |
| Emergency Signal Fla | ag color for all water | r craft | | | | |
| Athlete Accountabil | Emergency Signal Flag color for all water craft Athlete Accountability | | | | | |
| Describe method of athlete body numbering | | | | | | |
| Describe memod of adhete body minutering | | | | | | |
| | | | | | | |
| | | | | | | |
| Describe method of electronic identification of athletes (Recommended) | | | | | | |
| | | | | | | |
| | | | | | | |
| Describe different cap colors for the various divisions (Recommended) | | | | | | |
| | | | | | | |
| | | | | | | |
| Warm-up/Warm-down Plan | | | | | | |
| Explain safety plan for warm-up/warm-down. | | | | | | |
| 1 71 | 7 | | | | | |
| | • | | | | | |
| | | | | | | |
| Communications | | | | | | |
| Primary method betw | een Meet Officials | Radio | Cell Phone | Megapho | ne Other | |
| Secondary method | | | | | | |
| | | | | | | |

| Event Safety | | | | | |
|---|-----------------------|----------------------|-------------|--|--|
| Primary method between medical personnel, first responders, safety craft Ra | dio Cell Phone | Megaphone | Other | | |
| Secondary method | | | | | |
| Swimmer Management | | | | | |
| Maximum number of swimmers on course at | a time | | | | |
| | | | | | |
| If more participants show up on race day, whaccommodate the increased number of entries | | r adjusting the safe | ety plan to | | |
| | | | | | |
| How are the lifeguard staff and safety crafts of | | se this event to ma | ximize the | | |
| recognition, rescue and treatment of any athle | ete? | | | | |
| | | | | | |
| How is the safety staff deployed to maximize the rapid response to a troubled athlete? | | | | | |
| | Y ' | | | | |
| How will the event be altered if insufficient s | afety personnel/craft | are available race | day? | | |
| | | | | | |
| Missing athlete plan | | | | | |
| | | | | | |
| Severe Weather | | | | | |
| Is a lightning detector or weather radio available on site? | | | | | |
| | | | | | |
| What is the severe weather plan? | | | | | |
| | | | | | |

Part 2: Open Water Safety Requirements and Guidelines

| Event | Safety |
|-------|---------------|
|-------|---------------|

What is the course and site evacuation plan?

