On-Water Safety and Risk Management
STAFF AND VOLUNTEER
Policies and Procedures Manual
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I. **Mission and Intent**
RiverWays Collaboration of CultureTrust of Philadelphia Mission: “As a coalition of non-profit organizations engaged with the urban waterways of Philadelphia and Camden, we leverage shared resources to improve safe community access to our waterways and provide programming that inspires youth to be a catalyst for greater awareness, use and stewardship of this vital natural resource.”

II. **Purpose of this manual**
To provide RiverWays members with shared policies and procedures and to provide guidance for improving safety-related practices.

III. **Goals for On-Water Activities**
*Policy: Operate as conscientiously and safely as possible to ensure the good health and enjoyment of participants, staff and volunteers.*
- 0 Injuries/Incidents- Staff/Volunteers
- 0 Injuries/Incidents- Participants
- Stakeholder/Community Engagement
  - Numbers of Programs and Participants
    - Year-over-year steady, manageable growth that does not exceed organizational resources or ability to deliver services within our Safety and Risk Management Policies and Procedures.

IV. **Staff and Volunteers**
*Policy: Each organization will develop practices for recruiting, hiring and training of staff and volunteers to perform job description responsibilities in order to carry out the organization’s on-water safety policies and procedures. And each organization will have people with the following responsibilities, qualifications, experience and certifications although job titles may be different than below. (See Definitions Below)*

   A. **Qualifications/Experience/Certifications:**
      - **Waterfront Management**
        - At least one year of experience managing water-based activities
        - Trained in Minimum Information to Clients (MIC), Standard Operating Procedures (SOPs) and Emergency Action Plan (EAP)
        - Trained in Pre-Activity Safety Talks
        - Advanced level of first aid, CPR/AED
        - Appropriate certifications and licenses for conducting activities
      - **Administrative Management**
        - Trained in EAP
        - Trained in documents management/filing
      - **On-Water Staff and Volunteers Including Activity Leaders and Safety Support**
        - Trained in Minimum Information to Clients (MIC), Standard Operating Procedures (SOPs) and Emergency Action Plan (EAP)
        - Trained in Pre-Activity Safety Talks
        - Advanced or basic levels of first aid, CPR/AED
        - Appropriate certifications and licenses for conducting activities. Example: PA Boating Safety Education Certificate for motorboat operators.
B. **Definitions:**

- **Minimum Information to Clients (MIC)** is the information provided to prospective participants in advance of activities to enable them to have complete understanding of the nature of the activity and what is expected of them, arrive prepared, or opt-out of the activity.
- **Pre-Activity Safety Talk** is the activity-specific talk or orientation presented to prospective participants before engaging in activities. It is designed to educate about the nature of the activity, the requirements for participation, to provide knowledge of the key Standard Operating Procedures required for successful participation. It is also another point at which prospective participants can opt-out.
- **Standard Operating Procedures (SOPs)** are industry best practices for operating activities from a safety, risk management, participant experience and administrative prospective.
- **Emergency Action Plan (EAP)** is a written and trained plan for responding to incidents and emergencies including, but not limited to, vehicular accidents, accidents within operational purview and sudden illness involving any staff, volunteers, participants or public.
- **Advanced Level of First Aid** is a first aid certification that exceeds the most basic of certifications and should be held by at least one guide/staff member on each activity. Example: ASHI Advanced First Aid vs. Basic First Aid. And can also be Wilderness First Responder, Outdoor Emergency Care or Emergency Medical Technician.
- **Basic Level of First Aid** is a first aid certification that enables the certificate holder to perform only the most rudimentary of first aid functions. Example: ASHI Basic First Aid.
- **CPR/AED** Cardio Pulmonary Resuscitation and Automated Electronic Defibrillator are two lifesaving methods, commonly certified together, for sudden illness or accident where a patient requires resuscitation.
- **Minor Medical First Aid Kit** contains a minimum of resources for incidental minor wounds that can be administered on the spot by staff/volunteers with Basic Level First Aid and activity resumed. See Adventure Medical Kits online for contents recommendations.
- **Major Medical First Aid Kit** contains a thorough compliment of resources that staff/volunteers with Advanced Level First Aid certification can administer to a full range of wounds and conditions including limb immobilization and more. See Adventure Medical Kits online for contents recommendations.
- **Appropriate Certifications and Licenses for Conducting Activities** are any requirements of governments or regulatory agencies. Example: PA Boating Safety Education Certificate for motorboat operators.

C. **Staff and Volunteer Recruiting, Hiring, On-boarding and Performance:**

*Policy: Each organization will develop processes or policies for the following and consistently apply them...*

- Application and Screening
- Resume
- Background Check
- Drug and Alcohol Policy
- Drug Testing
- Hiring/Engagement Letter (with compensation and description of benefits)
- Training (Applicable to Various Roles and Responsibilities)
- Performance Review
- Expectations, Recognition, Rehiring, Discipline, Termination
D. **Leader to Participant Ratios X:Y:**  
*Policy: Maintain appropriate Leader to Participant Ratios*

a) **Canoes and Kayaks:**
   - **Guided:**
     - Flatwater Mixed Doubles & Singles Boats 1:12
     - Moving Water/Class I Mixed Doubles & Singles Boats 1:10 Youth 1:5  
       *NOTE: Delaware, Schuylkill and Cooper Rivers are considered Moving Water/Class I due to flows and tides.*
     - Class II Whitewater Mixed Doubles & Singles 1:5 2:6-10  Youth 1:5
     - Moving or flatwater canoes with more than two paddlers (War, voyageur and outrigger canoes) require one leader/supervisor per boat.
   - **Instructed:** SEE GUIDED
   - **Overseen Group Activities in Contained/Defined Areas (Including special events)** SEE GUIDED
     - Supervision can combine on-shore/dock personnel and safety boat
   - **Events with Large Numbers of Boats and Participants. Example: Walnut to Walnut event.**
     - Supervision combines on-water supervision staff at 1:12 as well as at least one Safety Motor Boat or RIB, the number of which is at the organizer’s discretion.
     - *NOTE: Safety Boats for kayak, canoe and dinghy rowing activities may be a Motor Boat or (RIB) or kayak, canoe or dinghy equipped with safety gear and operated by qualified, trained staff or volunteers.*

b) **Sailing (Sailing safety motor boat (RIB) includes two instructor/supervisors):**
   - Up to 6 craft, 1 safety boat
   - 7 to 15 craft, 2 safety boats

c) **Rowing:**
   - 1:12 participants
   - Supervision can combine on-shore/dock personnel and safety motor boat (RIB)
     - Safety Motor Boats (RIBs): May include only one instructor/supervisor
       - Up to 6 craft, 1 safety boat
       - 7 to 15 craft, 2 safety boats

V. **Pennsylvania Fish & Boat Commission (PFBC) regulations for kayaks, canoes and non-powered boats:** (Note: New Jersey Boating Regulations are substantially similar to Pennsylvania’s. Regularly review both states’ applicable regulations to ensure awareness and compliance.)
   - Non-powered boats are not required to be registered in the State of Pennsylvania.
   - Boats with motors are required to be registered and display registration numbers.
   - Every person in a kayak or canoe must have a personal flotation device (PFD) readily accessible.
   - Children under 12 are required to wear their PFDs at all times.
   - From November 1st to April 30th, anyone in a kayak or canoe must wear a PFD.
   - Any kayaker or canoer on the water before dawn or after dusk are required to have a hand-held light to signal other boaters in order to avoid collisions.
o All non-powered watercraft must have a whistle or other sound-producing device.
o Alcohol is prohibited in all PA State Parks or on PFBC property while operating a kayak or canoe.
o Power Boat Safety Course: The PA Fish and Boat Commission requires anyone born after January 1, 1982, to successfully complete a NASBLA- and state-approved boater safety course in order to operate a vessel powered by a motor of more than 25 horsepower or personal watercraft (PWC) on Pennsylvania waterways. Boat operators are required to carry proof of boater education. All PWC operators must complete an approved boater safety course regardless of age.
o **Annual Regulations Review** - New Jersey Boating Regulations are substantially similar to Pennsylvania’s. Review both states’ applicable regulations to ensure awareness and compliance.

VI. **General Policies and Procedures**

*Policy: To comply with State and Federal regulations, apply industry accepted practices and obtain, possess or display permits and licenses as required.*

A. **PFDs:** Every person in a kayak, canoe, non-powered and powered boat is required to wear a properly fitted and properly fastened lifejacket/pfd at all times while on the water without exception.
   o If a participant needs to change an apparel layer, requiring pfd removal, it is to be performed in a benign environment and directly supervised by a staff/volunteer.

B. **Safety Talk/Orientation:** At the activity venue, prior to participation, all participants will receive a presentation about the nature of the activity and what to expect and be provided with a last opportunity to opt-out. The Talk includes the Trip/Activity Specifics, verbal instruction and demonstration of equipment use, explanation of Participant Responsibilities. See Safety Talk/Orientation Format addendum.

C. **Instructions:** Participants are instructed to follow staff/volunteer instructions during the Safety/Orientation Talk.

D. **Venue:** On-water activities are conducted within predetermined and visually defined areas within which participants are required to remain.

E. **Time of Day:** Day on-water activities are to be completed before dusk.

F. **Supervision:** Guide to participant ratios will be practiced at all times.

G. **Safety Boats:** Safety boats are operated by staff/volunteers/supervisors and may be paddled, rowed or powered, depending upon the activity and shall be equipped with a rescue rope throw bag, a minor or major medical first aid kit, a means of communication with the activity supervisor such as radio or phone, and any boat and equipment repair materials, replacement parts and tools as may be required for excursions away from the home base of operations where those resources are housed. Operators of powered safety boats must possess any state required proof of boater safety education.
H. **Night on-water activities:** Require all boats to have fixed lighting and guides to also have a hand-held light to signal other boaters in order to avoid collisions.
   - Night on-water activities are tightly managed by no fewer than two guides for any size group. A lead guide is in front and sweep guide is in the rear, with participants tightly grouped between the two.

I. **Reasons to Close or Discontinue Activities:** Develop parameters for operations, outside of which, a reasonable operator of such activities would not operate. Individual organizations may have more conservative practices than the standard. These conditions/variables include the following:
   - **Hypothermia Risk:** When Water and Air Temperatures total less than 120 degrees Fahrenheit, there is a risk for hypothermia, the onset of which varies from person to person depending upon a host of variables. Risk of hypothermia can be managed with the use of protective, insulated clothing. When preventative management is unavailable, activities should be closed or curtailed.
   - **Heat Index:** Close activities when official public Heat Advisories are in effect. If the Heat Index is, or is forecasted to be, greater than 115 degrees Fahrenheit waterfront activities will close until the Heat Index decreases. If the Heat Index is between 103-115 degrees Fahrenheit additional precautions will be taken to protect staff and participants from illness such as additional drinking water, breaks from sun exposure or shortening on-water sessions.
   - **Water Quality:** Curtail activities when sufficient amounts of contaminated runoff or other inputs of contaminants, particularly Combined Sewer Overflow (CSO) in urban areas, that can be hazardous to human health enter the activity environment.
     - Use publicly available water quality metrics and advice from public officials for guidance on activity closure if/when available.
     - Delaware and Cooper Rivers- No activities within 12 hours of 1.5” of rainfall.
     - Schuylkill River- No activities within 12 hours of .5” of rainfall.
   - **Wind and Waves:** Close or curtail activities when wind speeds are greater than 21 knots or with gusts greater than 30 knots. Wind speeds and wind gusts lower than this may be grounds for closing or canceling at the supervisor’s discretion.
   - **Current/Tide and Waves:** Waves running with the wind but against the tide create steep waves increasing the hazard to boating such as difficulty maneuvering and swamping. Lower wind speeds than 21 knots or gusts greater than 30 knots may require closure when running against the tide. The level of risk is specific to the watercraft being operated. Canceling due to conditions is at the supervisor’s discretion. When in doubt, considering variables of participant age and experience, watercraft used and staff/volunteer age and experience, cancel or suspend boating activities.
   - **Current and Tide:** Close or curtail activities for high water flooding conditions.
   - **Thunderstorms, Lightning:** Check the forecast prior to activities and time them to avoid lightning events. Predictions are not precise and often inaccurate, so storms may arrive earlier than expected.
     - **Scheduled Excursions:** Cancel or reschedule activities if lightning is forecasted for the planned activity location and timeframe.
     - **Waterfront Activities:** Everyone must be off of the water and go to a protected area upon hearing thunder. That means lightning is 1 to 10 miles away depending upon sound travel via wind velocity and direction. Activities may resume when no thunder has been heard for the previous 30 minutes.
Rain, Smoke or Other Reduced Visibility Events: Everyone within the activity boundaries needs to be seen clearly. Close or curtail activities whenever rain decreases visibility on the waterfront to where the safety boater at the far end of the boundary cannot be clearly seen by the supervisor from the opposite end of the activity boundaries.

Hazard Awareness and Management: Recognize hazards and maintain safe distance. Staff and volunteers will conduct activities to manage the risks associated with known, and new, hazards such as shipwrecks, objects fixed in current, like logs, other debris and notably, shoreline piers beneath which moving water flows, presenting the potential for an incident to develop. Keep all boaters a safe distance away from the up-current side of all river piers due to the hazard they pose with current moving through them.

J. Develop an Emergency Action Plan (EAP): To guide emergency responses by staff, volunteers, management, administrators and Advanced Life Support (ALS). An EAP is unique to each organization, it’s operating environment(s), community resources and populations served. An EAP is to achieve the following:

- Incidents to be responded to and resolved by appropriate personnel immediately including providing first aid, rescue and evacuation.
- Manage incidents to have the least effect on the experience of the rest of participants not directly involved or affected.
- Manage incident scene to limit affected parties/patient’s exposure to being the center of attention; reduces stress, urgency and potential embarrassment.
- Incident communications relating to patient’s relatives/family, authorities and the media will come from organization leadership. Staff/volunteers are not responsible for these communications and should defer to leadership, who should create an Incident Management and Communications Plan to guide them.
- Incident reporting will be completed at the time of any reportable incident.

K. Repairs Reporting: Equipment or vehicles requiring repair or maintenance will be reported by paper reporting form and verbally to the supervisor on duty. That supervisor will report up the chain of command to ensure the issue(s) are resolved.

L. Unsafe Equipment: Any equipment that is not in safe or serviceable condition will be taken out of service immediately, flagged appropriately with paper reporting completed and supervisor notified verbally. That supervisor will report up the chain of command to ensure the issue(s) are resolved. Equipment may be “flagged,” or made readily conspicuous, using any practical method that is easily seen and is easy to implement.

- Example: Surveyor flagging tape tied to shoulder strap of pfd, thwart of canoe, grab loop/handle of kayak, etc.

M. Alcohol and Recreational Drugs: Are prohibited during activities. Any participant who, in the opinion of staff/volunteer or supervisor, is visibly impaired may not participate. Any staff/volunteer who is visibly impaired may not participate and is subject to disciplinary review.
VII. **On-Water Group Management**

*Policy: Safely operate group activities. Manage participant, staff and volunteer preparedness, maintain control, oversight and communications.*

A. **Skill levels:** Recognize and respect varying participant skill levels, and do not place participants in situations for which they are not prepared.
   
   - Trip leaders and activity coordinators should know the skill levels required for the activity they are organizing and should use reasonable screening techniques to ensure that participants have the skills necessary for the activity. To avoid awkward situations, coordinators should disclose skills requirements to potential participants before they travel to participate in an activity.
   
   - Safety Talk/Orientation: In all cases, pre-trip instruction will be provided to participants for proper use of equipment, proper technique and basic skills required to participate.
   
   - Individual participants should know their skill levels and should avoid conditions for which they are not prepared.

B. **Appropriate clothing:** All participants must be dressed in clothing appropriate for the venue and conditions of the activity, taking into account air, wind and water temperatures. Participants should always be prepared to get wet, flip over or go into the water.

C. **Managing the Group:** Follow these best practices when conducting on-water activities:
   
   - Before the activity begins, leader must complete all pre-trip/activity documentation. The Daily Log/Activity Log includes float plan and on-water location information for supervisors/managers who are not participating.
   
   - Make sure the group has the appropriate safety equipment for the activity. Before starting, inventory the available safety equipment and make group participants aware of who is carrying it.
   
   - Make sure each participant brings adequate food and water for the activity. During the activity, make sure participants stay well hydrated, and eat enough food to maintain their energy levels.
   
   - Prepare the group for the challenges of communicating effectively while on the water. Wind and water sounds can make hearing others difficult. Review hand, paddle and whistle signals, demonstrated in the Safety Talk/Orientation, before the trip begins.
   
   - Remind all participants to pay attention to signs and safety warnings.
   
   - Make sure the group knows how to set a reasonable pace, so everyone can stay together. Recognize when group participants are tired or having difficulty and adjust the group’s pace accordingly.
   
   - Make sure the group knows how to constantly scan for changing water and weather conditions and be prepared for these changes.
   
   - Be aware that federal regulations restrict paddling near military vessels and installations and anticipate that there may be restrictions near bridge pilings and other areas.
VIII. Equipment Management and Activity Documents

Policy: To use and maintain equipment that is suited specifically for activities offered, maintain documentation for inventories, repair and replacement. Provide documentation for all activities to ensure consistent implementation of policies and procedures and provide a record for management oversight and possible future litigation defense.

A. Equipment Management - Procurement, Maintenance, Repair, Replacement, Storage:
   o **Procurement:** Purchase/acquire only reliable and durable equipment that is of current design and is manufactured for the intended uses. Equipment should be of commercial use quality and not household recreation quality.
   o **Maintenance:** Use a system for inspecting and cleaning equipment after each use, or periodically, to reduce wear, prevent early failure, promote cleanliness/sanitation, and ensure good presentation to participants.
     ▪ **Gear Examples:**
       • For cleaning/sanitizing and sun-protecting PFDs, use a 2-barrel water dip system; barrel #1 rinse, barrel #2 Sink The Stink Deodorizer (STS), ½ oz. per 40 gallons AND 303 Protectant, 1 cup to the STS water. Drip-dry in shade preferably on hangars.
       • Sun protection for vinyl/PVC inflatables (RIBs), waterproof bags, etc., treat with 303 Protectant. Maintain documentation for maintenance performed.
     ▪ **Vehicles and Trailers:** Ensure vehicles and trailers are cleaned and have regular maintenance and maintain documentation.
   o **Repair:** Develop a system for flagging/making readily conspicuous, and taking out of service any equipment, vehicle, trailer, or piece of infrastructure not suitable for safe use. Document repair of those assets before placing back into service for use.
   o **Replacement:** Seek guidance on industry best practices for on-water equipment to stay current with new products and designs, safety features and performance to ensure replacement equipment is relevant and appropriate.
   o **Storage:** Store equipment in a safe, organized manner to ensure its good condition and continued reliability. Perform end-of-season maintenance before winter storage.

B. Equipment Choices:
   o **Watercraft:**
     ▪ **Canoes:** Designs that are stable for novices. *Install floatation or use boats with bulkhead floatation. Install bow painter lines.
     ▪ **Kayaks:** Designs that are stable for novices. *Install floatation or use boats with bulkheads and sealed hatches. Install bow painter lines.
     ▪ **Rowing Skiffs:** Ensure stable design and adequate floatation for intended uses. Install bow painter lines.
     ▪ **Sailboats:** Ensure stable, appropriate design and construction for intended uses. Install lines for docking and towing.
     ▪ **Pedal boats:** Ensure commercially durable design and manufacture. Install lines for towing.
     ▪ **Motorboats, Including Rigid Inflatable Boats (RIB):** Ensure stable design and appropriate power package for intended use such as participant rescue, capsized boat recovery and towing. *Boarding ladders may be required for recovering swimmers.
o **Lifevests/PFDs:**
  - Vest-type USCG approved Type III and Type IV for participants and staff/volunteers. Under some circumstances Auto/Manual Inflatable lifevest/PFDs may be used by staff/volunteers, but not participants.
  - Maintain inventory of appropriate size ranges to be able to fit all participants and staff/volunteers.
  - Boat cushions may be used as seat cushions and throw devices, but not as a lifejacket/PFD.
  - Vest-type Type III and Type V lifejackets/PFDs are preferred to “Horsecollar” Type I and Type II lifejackets for commercial-type operations. Youth/child Type III or Type V vests should be included in inventory.

o **Paddles/Oars:**
  - Appropriate lengths and sizes for various craft and participant sizes.

o **Dry Bags:**
  - First Aid Kits
  - Cell Phones
  - 2-Way Radios
  - Repair Kits

o **Repair Materials, Parts and Supplies:**
  - Sealant (such as Aquaseal)
  - Repair/Duct or Gorilla Tape
  - Replacement Nuts/Bolts
  - Replaceable Frequent Fail Parts

o **Safety Equipment:**
  - Rescue Throw Bags/Ropes
  - Tow Ropes/Tow Belts
  - Medical/First Aid (Kits should be equipped consistent with the highest level of first aid certifications by staff/volunteers)
    - Primary First Aid Kit(s)
    - Secondary/“Ouch” Kit(s)
    - AED(s)
    - Backboard(s)
  - VHF Radio(s)
  - Cell Phone(s)
  - 2-Way Radio(s)
  - Lifevest/PFD Whistles & Lanyards
  - Air Horns
  - Bailers/Bilge Pumps/Sponges
C. **Sample Documents, Forms and Templates:**
   
a) Liability Release/Agreement to Participate Forms - Samples not included here and are provided to management for legal referral
b) Safety Talk/Orientation
c) Daily Activity Log
d) Equipment Damage and Repair Form
e) Equipment Maintenance Log
f) Vehicle and Trailer Damage and Repair Report Form
g) Vehicle and Trailer Maintenance Log
h) Vehicle and Trailer Operating Log
i) Incident/Accident Report
j) Emergency Action Plan Overview
k) Emergency Action Plan
l) Third-Party Outfitting Service Provider Policy
m) Third-Party Outfitting Service Provider Application Form
Safety Talk/Orientation Format

Develop Your Own Talk Procedures and Checklist Based Upon This Format

This is performed by the Leader of the Activity, Session or Trip

Pre-Talk

- Review registration forms for special needs, medical issue disclosures, numbers of adults, youth, children, etc. ensuring adequate gear and staffing.
- Daily Log/Activity Log- Complete the pre-trip/activity section.
- Count the release forms. Should equal number of participants. Take a head count.
- Identify a participant to follow your Talk and check the boxes on the Checklist as the material is covered. Ask them if they’re willing to do it and ask them to sign it once all of the Talk items have been covered. Give them the Checklist and an ink pen, not pencil.

Introduction

- Welcome participants to the venue and activity on behalf of your organization.
- Say a few words about the organization’s mission and how this activity fits into it. Also let them know what they can do after the activity to support the mission
- Introduce yourself, other staff and volunteers.
- Ask them to listen carefully because the responsibility for safety is shared by the participants.
- Ask if everyone has signed their own Liability Release and Agreement to Participate. Be sure they have.

This is Where Your Safety Talk/Orientation Checklist Should BEGIN

Trip/Activity Specifics

- Provide an overview of the activity and make sure everyone is where they should be.
- Introduce the area, points of interest, hazards, boat traffic, etc.
- Introduce the anticipated weather, air temperature, tides, wind, water surface conditions, water quality conditions, water temperature, etc.
  - Provide additional warning if water quality issues (storm outflow) exist.
  - Provide additional warning and instructions if stormy weather is predicted.
  - Provide additional warning if conditions are unusually cold or hot.
- Encourage bringing water bottles on unusually hot days, if appropriate for activity.
- Advise that participants must be dressed in clothing appropriate clothing for the activity and conditions and should be prepared to get wet or go into the water.
❑ Describe inherent dangers such as falling on slippery or uneven walking surfaces, cold water, hypothermia, other environmental conditions, etc.

❑ Explain and demonstrate directional hand signals, paddle signals, whistle signals.

❑ Remind participants to pay attention to signs, boundary markers and safety warnings.

❑ Explain how the activity is to be conducted. (Stay within the marked area; stay between the lead guide boat and sweep (last) guide boat)

❑ Explain and demonstrate proper equipment usage such as proper sizing, fit and fastening of PFDs, handling paddles/oars, etc.

❑ Remind participants, particularly novices, to not stand up in a canoe or kayak, and to avoid weight shifts that may cause capsize. Advise them to keep three points of contact with their boat at all times.

❑ Demonstrate proper technique such as taking paddle/oar strokes, pedaling and steering pedal boats, managing sailboat components, etc.

❑ Explain what to do in an emergency such as immediately notify staff/volunteer by calling out to nearby staff/volunteer or blowing whistle affixed to pfd 3 times.

❑ Explain recovery procedures for when someone falls out of a boat, or a capsizing.

**Participant’s Responsibility**

❑ Explain the types and levels of physical involvement required over the course of the activity.

❑ Tell them No drugs or alcohol are permitted before, or during, the activity.

❑ Ask about any previous injuries, special needs, medical or physical issues we should know about like allergies, heart issues, previous injuries, etc. that may effect their participation. We’re not seeking to keep them from participating; just want to accommodate their needs and know what’s going on so we can be most helpful.

❑ Tell them we also need to know if they have any medications they need to bring along that they may want to be kept dry such as inhalers, etc.

**Confidentiality**

❑ Ask them to please take one of us aside to share with us anything about special needs, medical conditions and such that we should know about.

**Opting Out**

❑ Tell them that this is a good opportunity to take one of us aside to opt out if, for any reason, they feel this activity is not for them after all, or if it’s just not their day to do it.

**Witnessing/Confirmation**

❑ Include Date, Presenter’s Name and Signature, Participant Witness Name and Signature
This is Where Your Safety Talk/Orientation CHECKLIST Should END

Signed and Checked Safety Talk/Orientation
Ask the participant to whom you gave the Safety Talk/Orientation Checklist if you covered everything. If so, ask them to print name, sign and date it and collect the Checklist from the participant. If items were missed, present them. Then collect the checked and signed Checklist and Sign It also.

Closing

☐ Ask if there are any questions. Pause to give a reasonable opportunity and answer if asked.

☐ End on an enthusiastic, happy note and get activity started.

Post-Talk
File Signed and Checked Safety Talk/Orientation Checklist with the rest of the Trip/Activity’s Documentation.
Daily Log/Activity Log

Pre-Activity Information
Date(s): ________________________________

Location: __________________________________________________________________________

Person Completing Report: ____________________________________________________________

Type of Activity/Session: ______________________________________________________________

Identify Group/Session: _________________________________________________________________

Number and Types of Boats: _____________________________________________________________

Activity Leader: ______________________________________________________________________

Other Staff and Volunteers:
Staff: ______________________________________________________________________________

Volunteers: __________________________________________________________________________

Post-Activity Report
Weather
☐ Fair
☐ Partly Cloudy
☐ Cloudy
☐ Rain
☐ Snow
☐ Windy
☐ Calm

Temperature: __________ degrees fahrenheit

Near Misses: ___ Yes ___ No Explain: ______________________________________________________

Incidents: ___ Yes ___ No Explain: _______________________________________________________

First Aid Given: ___ Yes ___ No Explain: ___________________________________________________

Accidents: ___ Yes ___ No Attach Accident/Incident Report(s)

Equipment or Vehicle Maintenance Required: ___ Yes ___ No Explain: _______________________

Nature of Activity: ___ Routine ___ Not Routine Details: _________________________________

Printed Name and Signature of Person Completing Report: _________________________________
EQUIPMENT DAMAGE AND REPAIR REPORT FORM  
(Separate Form for Each Item)

Equipment: Number, Color, Make, Model, Size and Type (Example: Blue NRS Women’s Medium Lifejacket/PFD or Red Old Town Canoe #12)

_______________________________________________________________________________________________

Date: __________

Person Completing Report: __________________________________________________________

**Nature of Damage or Repair Required:** (Example: Broken buckle, won’t fasten or Broken rear seat)

_______________________________________________________________________________________________

Does Damage Require Taking Out of Service? ______________________________

Is Accident/Incident Reporting Required? __________________________

Has supervisor been informed? __________________________

Has an incident report been completed? __________

Comments: ___________________________________________________________________________________

Signature of Person Completing Report: __________________________________________________________

_______________________________________________________________________________________________

**REPAIR/ACTION**

Repair Performed/Action Taken: _________________________________________________________________

_______________________________________________________________________________________________

Comments: ___________________________________________________________________________________

_______________________________________________________________________________________________

Has equipment been returned to service? __________ Date: __________

Signature: __________________________________________________________
## EQUIPMENT INVENTORY AND MAINTENANCE FORM

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<thead>
<tr>
<th>Date</th>
<th># in Inventory</th>
<th># Serviceable</th>
<th># Out of Service</th>
<th>Reason Out of Service</th>
<th>Repairs Performed and Date</th>
<th>Maintenance Performed</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Person Completing Form**

### Equipment Type

**Watercraft**

- Canoes
  - 15
  - 12
  - 3 Broken seats
  - Seats replaced 1/19/18
  - Annual wash and service
  - Tighten screws, fix painter lines

- Kayaks- Doubles
- Kayaks- Singles
- Rowing Skiffs
- Sailboats

**Paddles**

- Kayak Double
- Kayak Single
- Canoe Long
- Canoe Short
- Oars

**Lifjackets/PFDs**

- Adult XXXL
- Adult XXL
- Adult XL
- Adult L
- Adult M
- Adult S
- Adult XS
- Youth L
- Youth S
- Child

- 10/1/17
  - Sanitation dip, dry, then storage

**ETC.**
VEHICLE AND TRAILER DAMAGE AND REPAIR REPORT FORM

Vehicle: Make, Model, License Plate or Fleet Number
____________________________________________________________

Trailer: Make, Model, License Plate or Fleet Number
____________________________________________________________

Date: ____________

Person Completing Report: ____________________________________________________________________________

Nature of Damage or Repair: __________________________________________________________________________

____________________________________________________________________________________________________

Odometer: __________________

Does Damage or Repair Require Taking Out of Service? __________________________

Is Accident/Incident Reporting Required? __________________________

Has supervisor been informed? __________________________

Has an incident report been completed? __________________________

____________________________________________________________________________________________________

Comments: _________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________

Signature of Person Completing Report: __________________________
VEHICLE AND TRAILER OPERATING LOG

Vehicle: Make, Model, License Plate or Fleet Number

________________________________________________________________________

Starting Odometer: ________________________

Ending Odometer: ________________________

Vehicle Pre-trip Checklist

☐ Fuel Level
☐ Oil Level
☐ Windshield Washer Fluid Level
☐ Belts and Hoses
☐ Brakes
☐ Steering
☐ Windshield, wipers, side and rear-view mirrors
☐ Tire Pressures and Wear
☐ All Lights Operational including turn signals, brake and headlights
☐ Horn Works
☐ Wipers Work
☐ Gauges and Controls
☐ Steering
☐ Identify and record the Leaking of any Vital Fluids
☐ Seatbelts Work
☐ Odometer Reading Pre-trip and Post-trip.
☐ Transmission Fluid (Periodic check by maintenance personnel)
☐ Battery- Check for corrosion (Periodic check by maintenance personnel)
☐ Engine coolant (Periodic check by maintenance personnel)
☐ Physical Damage
☐ Fire Extinguisher and First Aid Kit
☐ Report any damage or faulty systems to vehicle or trailer(s) to supervisor.
☐ Any damage or faulty systems creating unsafe operation require vehicle or trailer to be flagged as such and taken out of service.

Comments: ____________________________________________________________

________________________________________________________________________

Signature of Driver/Operator: ____________________________________________
VEHICLE AND TRAILER REPAIR AND MAINTENANCE LOG

Vehicle: (Make, Model, License Plate or Fleet Number)
____________________________________________________________

Trailer: (Make, Model, License Plate or Fleet Number)
________________________________________________________

Date: __________

Mechanic Name/Repair Shop Name: ____________________________________________

Nature of Repair/Maintenance:
____________________________________________________________
____________________________________________________________

Odometer: ______________

Repair/Maintenance Performed:
____________________________________________________________
____________________________________________________________
____________________________________________________________

Comments: ___________________________________________________________________________________
________________________________________
_________________________________________________________

Return to Service Date: ______________

Signature of Mechanic/Vehicle Supervisor: ________________________________
Incident/Accident Report

(Please Note: A statement from each staff/volunteer pertaining to the details of the incident/accident must be attached to this form before being submitted to the office.)

Name of Injured Person: _____________________________________________ AGE__________
Address: ___________________________________________________________________________________________
City: ______________________ State: _______________ Zip Code: _____________
Home Phone: (____)__________ Cell Phone: (____)__________ Bus.Phone: (____)___________________
Parent or Guardian’s name if under 21: __________________________________________
Time of Injury/Incident: _______________ (a.m. or p.m.)
Time fist aid was started: _______________ (a.m. or p.m.)
Location of Incident/Accident: _____________________________________________
Weather Conditions (brief description): _____________________________________________
Description of Incident/Injury: _____________________________________________

How Incident/Injury Occurred (Staff/Volunteer): __________________________________

Guest Description of the Cause of Incident/Accident/Injury:_______________________

Location of injury (circle of shade effected areas):

Nature of injury:
- Abrasion, scrapes
- Bleeding
- Broken bone
- Bruise
- Burn
- Concussion
- Crushing injury
- Cut, laceration, puncture
- Illness
- Sprain, strain
- Swelling
- Other: ________________
Description of First Aid Given: ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Staff/Volunteer Applying First Aid: ________________________________________________________
______________________________________________________________________________________

Staff/Volunteer(s) witnessing incident/accident/application of first aid: ________________
____________________________________________________________________________________

Guest(s) witnessing incident/accident/application of first aid: (List name, address, phone):
____________________________________________________________________________________
____________________________________________________________________________________

Was guest removed from the waterfront? (Circle) YES  NO  Where?___________________________
____________________________________________________________________________________

I hereby acknowledge that the above statements are a true and complete report of the
incident/accident/injury.

Guest Name (Print): _____________________________________________________________
Guest Signature: ________________________________________________________________

I hereby acknowledge that I am refusing first aid.

Guest Name (Print): _____________________________________________________________
Guest Signature: ________________________________________________________________

Refused to sign one of the above (Circle) YES  NO

Staff/Volunteers participating on activity/trip: ____________________________________________
____________________________________________________________________________________

Staff/Volunteer(s) completing Incident/Accident report:

Name (print):_______________________________________________________________________
Signature:_________________________________________________________________________
EMERGENCY ACTION PLAN (EAP) Overview

Purposes Served by Your EAP:

Before an Incident
- Used for training staff and volunteers
- Shared with response partners like Advanced Life Support, Fire/Rescue and Law Enforcement

During an Incident
- Used as reference and guide during the event

After an Incident
- Provides guidance for follow up
- Provides protocols for internal and external communications
- Informs after incident additional care and response needed
- Provides framework for conducting after incident review

Create and Train to Use Your EAP
Ensure that all staff/volunteers conducting activities and appropriate administrators are trained using a written EAP. The following outline will guide the development of your customized EAP.

An EAP is Venue and Activity-Specific and includes...
- Planned response to the wide variety of potential harmful incidents to facilities, equipment, vehicles, personal property or human health
- Details how people and property will be protected
- Details chain of command and who is responsible for carrying out specific actions within the plan
- Identification of all available resources internally and externally- personnel, equipment, supplies, facilities, 911 Advanced Life Support, Fire/Rescue and Law Enforcement
- Details how actions within the plan will be coordinated
- Details communications protocols for staff, volunteers, participants, injured parties and their families, regulatory/governing agencies, the media and social media.
- Process for timely notification of incidents to insurance company
- Provides incident documentation to benefit record keeping, legal defense and institutional/organizational learning to improve processes
EMERGENCY ACTION PLAN (EAP) Form

An Emergency Action Plan (EAP) is created to proactively respond to the range of emergency situations and incidents harmful to facilities, equipment, vehicles, personal property or human health. EAPs should be adapted for each organization’s unique needs and is specific to activity and venue. EAPs should be trained, practiced, periodically tested and updated.

Objectives:
- Establish a framework for defined procedures in advance of operating activities.
- Facilitate staff/volunteer and administration knowledge and use of procedures.

General Procedure:
Activities are conducted under the authority of the Trip Leader (or the Waterfront Director depending upon activities and venue). In case of incident, this person’s responsibilities are to:
- Ensure a safe scene to prevent further injury(ies) to patient/guest(s) and others
- Remove other guests and curious bystanders away from incident scene and affected patient/guest(s)
- Evaluate severity and urgency of incident using 3 Levels of Incidents and apply corresponding Procedure(s)
- Provide appropriate incident response and patient/guest care
- Contact organization’s office and Supervisor/Director to advise of incident, manage the incident per Procedure(s) and complete incident reports

3 LEVELS OF INCIDENTS:

**LEVEL 1 = Equipment Issues and/or Environmental Accident**
- Damage or loss of equipment
- Environmental impact
- Guest(s) is/are able to continue participating in the activity

**LEVEL 1 Procedure**
**Trip Leader Responsibility:**
1. Report incident to Supervisor/Director and complete required incident report(s)

**LEVEL 2 = Minor Incident**
- Minor or superficial injuries, emotional discomfort, aggravated pre-existing medical conditions
- No hospital care or medical follow up is required
- Guest(s) is/are able to continue participating in the activity
LEVEL 2 Procedures
Trip Leader Responsibility:
1) Provide patient/guest with appropriate care
2) Report incident to Supervisor/Director and complete required incident report(s)

LEVEL 3 = Serious Incident
- Trauma, bleeding, broken bone, drowning, falling injury, anaphylactic shock (insect bite/allergy), venomous bite, loss of consciousness, shock (cardiogenic, psychogenic, hypovolemic)
- Urgent Advanced Life Support (ALS) and hospital care is required
- Patient(s)/guest(s) is/are unable to continue participating, evacuation is required

LEVEL 3 Procedures
Trip Leader Responsibility:
1) Ensure a safe scene to prevent further injury to patient/guest or new injury to others
2) Assess patient/guest condition and call ALS for urgent treatment and transport
   Fire & Rescue (ALS) Phone: ___________________________
3) Stabilize patient/guest condition and prevent further injury
4) Delegate group management to another staff/volunteer to remove guests and curious bystanders from incident scene and affected patient/guest
5) Recruit appropriate help and organize evacuation to ALS/hospital
6) Call Supervisor/Director according to chain of command to report accident
   a. Supervisor/Director 1 _______________________________
   b. Supervisor/Director 2 _______________________________
   c. Supervisor/Director 3 _______________________________
7) Appoint a new trip leader to stay with the group
8) Accompany patient/guest to hospital and meet Supervisor/Director in charge for incident leader hand-off
9) Complete required incident report(s)

Supervisor/Director Responsibility:
1) If our organization is transporting, alert hospital of incident details, nature of injury(ies), patient/guest status and the estimated arrival time and name of accompanying Trip Leader.
   a. Hospital Phone Number: ___________________________
   b. If ALS is transporting this is not necessary as they will do it
2) Collect the patient/guest Release of Liability/Agreement to Participate, any guest pre-activity medical disclosures and any insurance documents
3) Go to hospital to meet the Trip Leader and patient/guest
4) Assume leadership of the incident and provide necessary support for the Trip Leader, patient/guest and family members
5) Assume role of the official source of information regarding the incident
6) Call the appropriate people on the Emergency and Need-To-Know List
7) Ensure that all Incident/Accident Report Forms are properly completed, communicated and filed according to Procedures

**EMERGENCY and Need-To-Know CONTACTS/PHONE NUMBERS**

- Fire & Rescue (ALS):
- Marine Police:
- Coast Guard:
- Harbor Master:
- Local Police:
- State Police:
- Hospital:
- Insurance Company(ies):
  - General Liability:
  - Property and Casualty:
  - Worker’s Compensation:
  - Auto:
- Law Firm:
- Media:

**New Trip Leader’s Responsibility:**

1) Refer all inquiries and requests for incident details to the Supervisor/Director and provide their contact information _________________. Remember that names and nature of injuries or medical conditions remain confidential.
2) Give only high-level information/details/known facts about what is happening.
3) Discourage guests from sending information/details/speculation about incident. If they insist, ask them to communicate only known facts, such as, Yes there was an incident that is being managed and details will be available by contacting the Supervisor/Director at ________________.
4) Continue activity according to Standard Operating Procedures.
5) Remind other trip/activity staff/volunteers not to comment or express opinions about the cause or response to incident.
CONTRACTING THIRD-PARTY OUTFITTING SERVICES

The following is guidance for members to select outfitters to contract with for on-water recreation/education services that meet industry best practices for Minimum Information to Clients, Standard Operating Procedures, Emergency Action Plans and insurance requirements. These are recommendations. It is up to member’s discretion to hire Outfitters that may not meet all of these guidelines.

Definitions:
Outfitter- A business entity that provides services with, or without, the use of guides. Examples: Canoe Rental/Liveries, Whitewater Rafting Companies

Guide- An individual who usually works for an outfitter providing services to clients, but in some instances a guide can work alone and also be an outfitter. Examples: Hunting Guide, Fishing Guide

Insurance
☐ Ensure Outfitter is a legal entity (Example: corporation, LLC, sole proprietorship, etc.)
☐ Request a Certificate of Insurance (COI) Ensure the Outfitter has adequate liability insurance coverage for contracted activities. Consult your legal counsel and/or insurance provider for guidance on limits you should require.)
☐ Ask if Outfitter has medical coverage that would contribute to a participant-patient’s medical expenses. Should see this on COI provided by the Outfitter.
☐ Ask Outfitter to have your organization be named as Additional Insured on their liability policy to provide an additional layer of protection for your organization. It’s good to get if they will do it. But it’s not necessarily a deal breaker if they won’t.

Licensing
☐ Outfitter must possess all required current licenses and permits authorizing contracted activities

Guides
☐ Guides must possess current first aid and CPR certifications
☐ Guides must possess all regulatory agency required specialized certifications Example: PA Boating Safety Education Certificate, etc. (For some activities there may be none)
☐ Guides must possess all regulatory agency required guide licenses Example: PA Hunting Guide, PA Fishing Guide (For some activities there may be none)
☐ Guides must have completed a guide training course(s)

Equipment
☐ All equipment must be maintained in serviceable condition
☐ All equipment must comply with all applicable federal and state requirements (Example: United States Coast Guard Approved personal floatation devices)
☐ Equipment must be available in size ranges and quantities necessary to properly fit participants (Example: personal floatation Devices, paddles, etc.)
MINIMUM INFORMATION TO CLIENTS (MIC)

- Outfitter provides information to clients prior to activity to set expectations and ensure that participants arrive prepared for the activity.
- Describe the nature of the activity, related risks, responsibility of participants, skills required, physical effort required, dress or specialty apparel (rain gear, warm layers, etc.) and hydration or snacks recommendations.
- Additionally, participants should be notified to bring any prescribed medications, asthma inhalers, epi-pens, etc. they may require and to tell the trip leader about any conditions or medical considerations that may effect participation in the activity so the trip leader can accommodate their needs.

STANDARD OPERATING PROCEDURES (SOP)

- Outfitters and guides ensure that they have their own SOPs for
- Screening participants
- Agreement to Participate/Release of Liability forms
- Safety/Orientation Talks
- Participant instruction including use of safety gear and equipment
- Group management
- Weather and lightning protocols
- Equipment maintenance and management
- Vehicle operations and management
- Guide hiring and training
- Incident, first aid and emergency response

EMERGENCY ACTION PLAN (EAP)

- Outfitter must have an EAP for the activities offered.
- To be prepared, the Outfitter trains its staff for EAP
Third-Party Outfitting Service Provider Application

Name of Outfitter Legal Entity: ______________________________________________________________

Address: _____________________________________________________________________________________

Phone: ___________________________   Contact Name: _____________________________________

Liability Insurance Coverage: I will provide a Certificate of Insurance naming the Client organization as additional insured.    _____Yes     _____No

Please check the appropriate boxes below.

- On behalf of the Outfitter, I certify that all required licenses, permits or other authorizations for contracted activities are obtained and are current at the time of the activity.

MINIMUM INFORMATION TO CLIENTS (MIC)

- Outfitter provides information to clients prior to activity to set expectations and ensure that participants arrive prepared for the activity.
- We provide information in prior to activities that describes the nature of the activity, related risks, responsibility of participants, skills required, physical effort required, dress or specialty apparel (rain gear, warm layers, etc.) and hydration or snacks recommendations.
- We notify participants to bring any prescribed medications, asthma inhalers, epi-pens, etc. they may require and to tell the trip leader about any conditions or medical considerations that may affect participation in the activity, so the trip leader can accommodate their needs.

STANDARD OPERATING PROCEDURES (SOP)

We have SOPs for the following:

- Screening participants
- Agreement to Participate/Release of Liability forms
- Safety/Orientation Talks
- Participant instruction including use of safety gear and equipment
- Group management
- Weather and lightning protocols
- Equipment maintenance and management
- Vehicle operations, maintenance and management
- Guide hiring, training and any required licensing/certification
- Guide first aid and CPR certification
- Incident, first aid and emergency response

EMERGENCY ACTION PLAN (EAP)

- We have an EAP for the activities offered.
- To be prepared, we train our staff for the EAP
I certify that the above information is true.

Applicant Name (Please Print)

Applicant Signature

Date