



**ROYAL CANADIAN MARINE  
SEARCH & RESCUE**



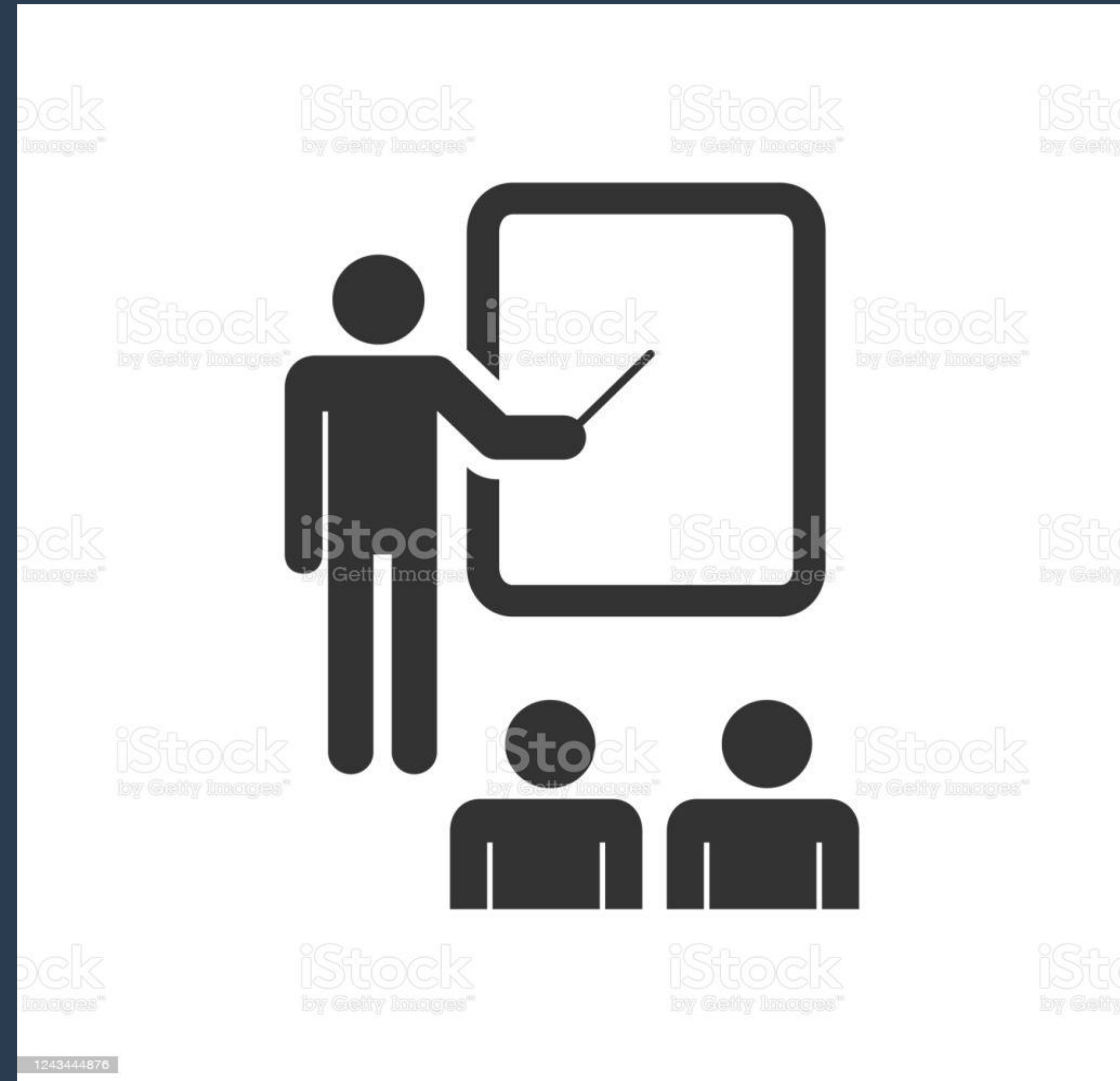


# ANNUAL SAFETY REVIEW...

**OPPORTUNITY** – TO REVIEW WITH EACH MEMBER ANNUALLY PERSONAL SAFETY

A. Topics:

1. Personal Health
2. Environmental Conditions
3. Floatation Devices
4. Personal Protection
5. Signaling in Distress
6. Gear Bag
7. G.A.R.
8. HR policies
9. Critical Incident Stress Management (CISM)



# ANNUAL SAFETY REVIEW CON'T....

## 2. Environmental Conditions (SAR Crew Manual pg. 45 )

- Exposure
- Fatigue
- Cold Water Survival
- Signs and Symptoms of Hypothermia





# ANNUAL SAFETY REVIEW CON'T.....

## 3. Floatation devices (SAR Crew Manual pg's. 36-39)

- Life Jackets
- PFDs
- Floatation Suits
- Dry Suits





# ANNUAL SAFETY REVIEW CON'T....

## 4. Personal Protection (SAR Crew manual pg's 40-41)

- Helmet
- Eye Wear
- Clothing
- Footwear

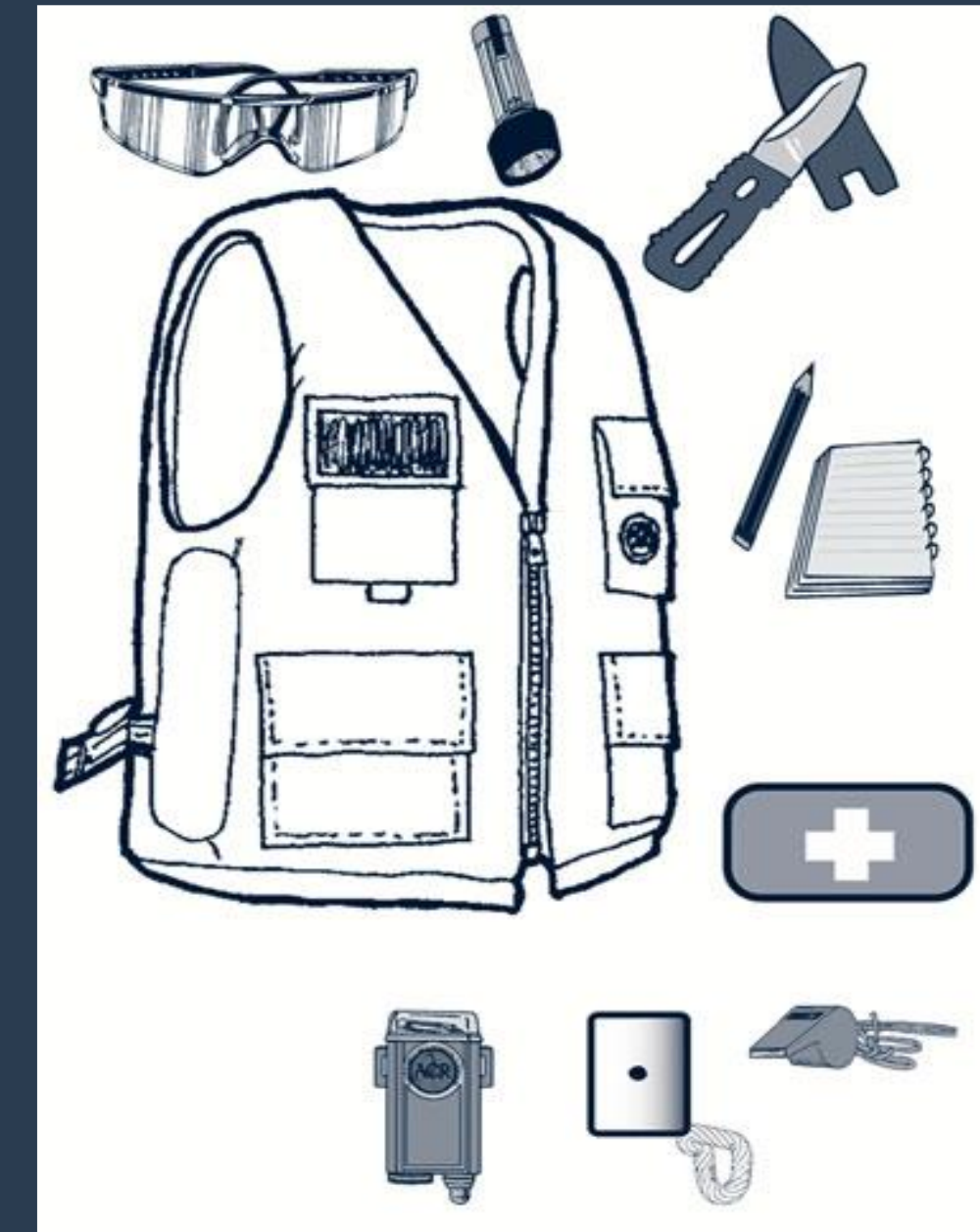




# ANNUAL SAFETY REVIEW DON'T....

## 5. Equipment Vest - Signaling for Distress (SAR Crew Manual pg's 41-42)

- Strobe Light
- Whistle
- Mirror
- VHF Radio
- Flashlight





# ANNUAL SAFETY REVIEW CON'T....

## 6. Gear Bag

(SAR Crew Manual pg. 43)

- Warm/spare clothing
- Hydration
- Snacks
- Personal medications
- Cell phone





# ANNUAL SAFETY REVIEW CON'T....

## 7. G. A. R. – Risk Analysis (SMS – Operations)

- Supervision
- Planning
- Crew Selection
- Environment
- Event / Activity



0-23 Score  
GREEN ZONE  
(Proceed)

24-44 Score  
AMBER ZONE  
(Caution)

45-60 Score  
HIGH RISK ZONE  
(Stop)



# ANNUAL SAFETY REVIEW CON'T....

## 8. Human Resource Policies (SMS - Policies)

- Privacy (HR 100) – protection of personal information – crew and subjects
- Respectful Workplace (HR 101) – zero tolerance of discrimination, bullying or harassment
- Safe Reporting (HR 102) – reporting of all real or suspected wrongdoing
- Alcohol and Drug Use (HR 105) – no consumption or alcohol, marijuana or drugs (illicit or prescription) that would impair a crew member



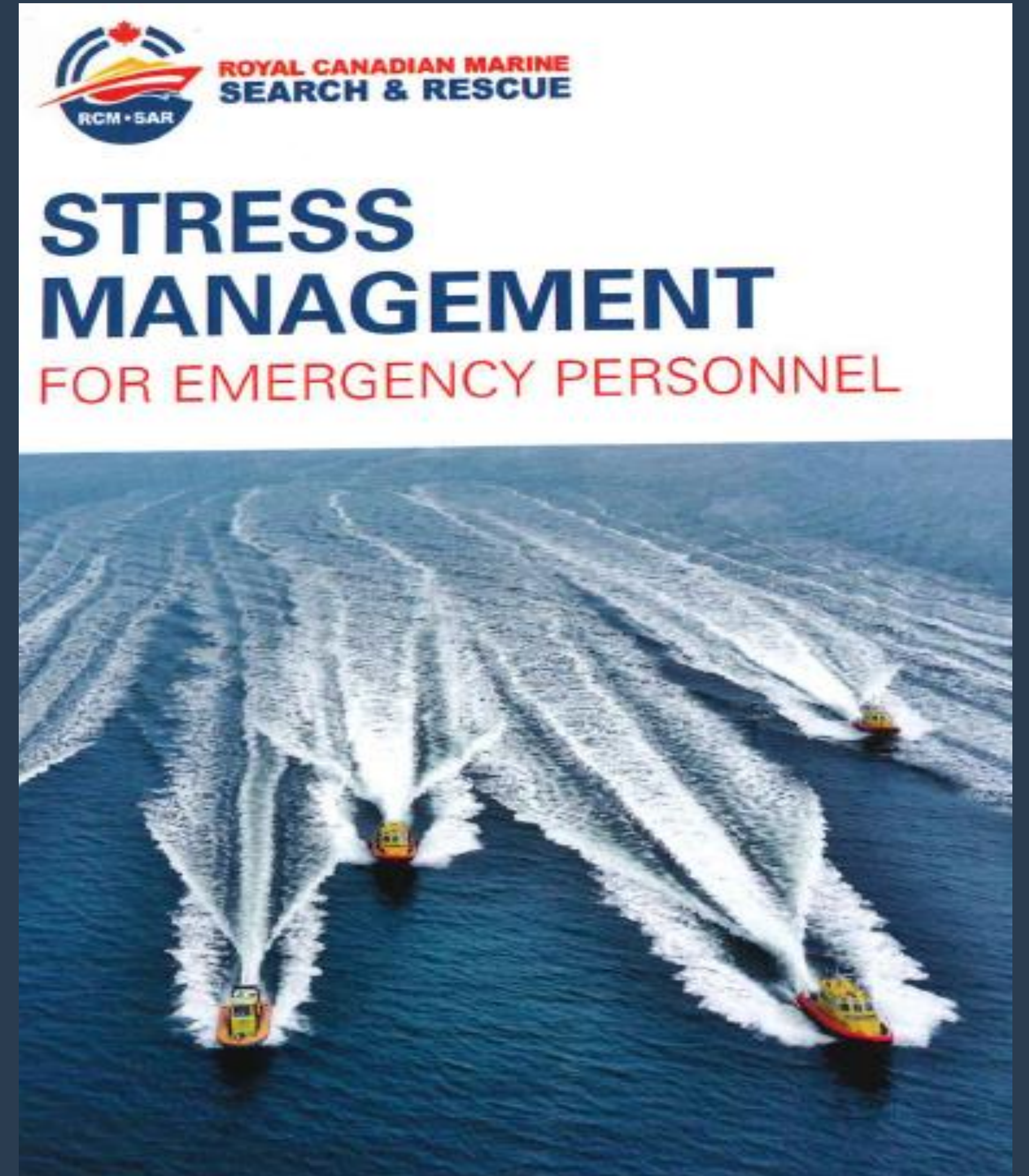


# ANNUAL SAFETY REVIEW CON'T....

## 9. Critical Incident Stress Management (CISM – SMS SOPs)

- Critical Incident – any powerful event that triggers a human reaction, disrupting our ability to function at the time of the event or after it happens
- Physical response(s) – nausea, sweating, tremors, increased heart rate and blood pressure, flashbacks, anxiety, depression, grief, anger, etc.
- Acknowledgement – personal, family, friends, peers,
- Response - the CISM program delivers peer-to-peer support and provides a bridge from trauma to resilience

**24/7 – call BCSARA @**





# RCMSAR BIENNIAL CREW PHYSICAL ASSESSMENT TESTING

**POLICY:** The physical assessment test will consist of five common tests in accordance with the in-water Training policy, RCMSAR Policy Manual 2017-OPS-114. Members are to be tested while wearing PPE. It is recommended dry tests be conducted first before entering the water







# 1. PAR- Q – Evaluation

- The Par-Q is a Self Assessment on Personal Health
- Developed by the Federal Government
- Administering using the Honor System
- Asked to complete the form
- Following completion, you may be asked if you've followed the recommendations if any?
- *The completed form is yours to take home, no records to be kept!*

*“this is for ‘your personal and crew safety”*

# 2023 PAR-Q+

## The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

### GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly; check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? <small>Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).</small>	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE:	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE:	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

**✔ If you answered NO to all of the questions above, you are cleared for physical activity. Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.**

- ▶ Start becoming much more physically active – start slowly and build up gradually.
- ▶ Follow Global Physical Activity Guidelines for your age (<https://www.who.int/publications/item/9789240015128>).
- ▶ You may take part in a health and fitness appraisal.
- ▶ If you are over the age of 45 years and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- ▶ If you have any further questions, contact a qualified exercise professional.

**PARTICIPANT DECLARATION**  
If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_

**🚫 If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.**

**⚠ Delay becoming more active if:**

- ▶ You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- ▶ You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the PARmed-Q+ at [www.parmex.com](http://www.parmex.com) for further becoming more physically active.
- ▶ Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.



# CREW SAFETY REVIEW CON'T....

## B. Dock Side Review (SMS – Training)

Physical Fitness Test and PFD Competency

- Kisby Ring Throw
- De-watering pump lift and carry
- Anchor Raise by Hand
- ‘Man-overboard’ recovery
- *PFD Competency test*
- *Self Recovery*







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# THANK YOU



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