

ADAPTIVE SAILING RESOURCE MANUAL

Developed in conjunction with the Para World Sailing Committee







ADAPTIVE SAILING RESOURCE MANUAL

The National Standard for Quality Sailing Instruction

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Second Edition
ISBN 978-1-938915-39-0
Printed in the United States of America.
United States Sailing Association 1 Roger Williams University Way Bristol, RI 02809

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INTRODUCTION

The purpose of this manual is to provide guidance and advice on how to implement an Adaptive Sailing Program. Our goal is for you, your staff and volunteers to train sailors with disabilities to enjoy the sport of sailing safely. Whether your sailors are cruisers or racers, they will all enjoy the freedom of being on the water and powering a sailboat efficiently.

People faced with a disability often experience a loss of confidence, get depressed, and believe their lives have ended. Sailing offers the opportunity to take control again: to create shared experiences; build self-confidence; and focus on possibilities—instead of dwelling on what can no longer be done.

I've spent many years working with, training, and coaching sailors with disabilities. My role with the Para World Sailing Committee allows me to continue this work at an international level. The committee promotes all types of sailing for people with all types and degrees of disability. The values of the committee are equality, opportunity to excel, and empowerment for sailors with all levels of different abilities.

Just like the world of adaptive sailing, this manual will continue to evolve. We appreciate your feedback on how you are using it and what you find helpful in future editions.

I look forward to seeing your sailors on the water.

Betsy Alison

Adult Director, US Sailing

Chair, Para World Sailing Committee

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Acknowledgements

This manual grew out of the original Disabled Sailing Manual from the former International Federation for Disabled Sailing (IFDS), which included contributions from Pauline and Ian Harrison, Jackie Kay, Phil Vardy and other IFDS volunteers. Information was compiled/written by Debra Frenkel, LCSW and Betsy Alison.

This work would not have been possible without the hard work of many contributors, including: the former IFDS (now represented by the Paralympic World Sailing Committee); Sailability Australia; Sailability Rutland; Gowrie Group; and many other organizations and individuals.

Photographs provided by Betsy Alison, Cindy Walker, Deb Sullivan Gravelle, Maureen McKinnon, Peter Braune, Richard Johnson and Stu Gilfillen.

Cover Design: Bradley Schoch

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We are always striving to improve our materials. If you have any comments or suggestions, we would love to hear from you. Email any feedback to adaptive@ussailing.org.







COMMUNICATING WITH PEOPLE WITH DISABILITIES

The 10 Commandments

- When talking with a person who has a disability, speak directly to that person rather than through a companion or sign language interpreter.
- 2. When introduced to a person with a disability, it is appropriate to **offer to shake hands.** People with limited hand use or who wear a prosthetic limb can usually shake hands. Shaking hands with the left hand is an acceptable greeting.
- 3. When meeting a person who is vision impaired, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.
- 4. If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
- 5. **Treat adults as adults.** Address people who have disabilities by their first names only when extending the same familiarity to all others. Never patronize people who use wheelchairs by patting them on the head or shoulders.
- 6. Leaning on or hanging on to a person's wheelchair is similar to leaning on or hanging on to a person and is generally considered annoying. **The chair is part of the personal body space** of the person who uses it.
- 7. Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod or shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond.
- 8. When speaking with a person who uses a wheelchair or a person who uses crutches, place yourself at eye level in front of the person to facilitate the conversation.
- 9. To get the attention of a person who is deaf, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly and expressively to determine if the person can read lips. For those who do lip read, be sensitive to their needs by placing yourself so that you face the light source.
- 10. **Relax.** Don't be embarrassed if you happen to use accepted, common expressions such as "See you later" or "Did you hear about that?" that seem to relate to a person's disability. Don't be afraid to ask questions when you're unsure of what to do.

Source: National Center for Access Unlimited

Always refer to your student as a sailor with a disability not as a

disabled sailor.

Possible Challenges for Sailors with Physical Disabilities

Equipment may need to be adapted to suit abilities.

You may need to help the sailor on and off the boat.

The sailor may fatigue easily due to muscle weakness and/or spasticity.

Mobility issues may increase susceptibility to hypothermia in cooler conditions and to hyperthermia in hot, humid conditions.

There may be some difficulty with balance on and off the boat due to coordination issues, level of spinal cord injury/paralysis, and/or sensory loss.

Sailors may not have bladder or bowel control, so frequent restroom breaks may be needed.

WHAT IS ADAPTIVE SAILING?

Our philosophy at US Sailing is that everyone should have access to the sport of sailing. We support the development and promotion of sailing for all, regardless of skill level or physical ability. With this manual, we hope to assist you in meeting the sailing needs of those living with a physical, emotional or cognitive impairment. We also want to help you make your facility universally welcoming and safe.

This manual will help you include sailors with disabilities in your activities. The goal is to bring the sport of sailing to people who may not otherwise have the opportunity to experience the freedom and excitement our sport can offer.



The term disability is defined by the Americans with Disabilities Act (ADA) as "a person who has a physical or mental impairment that substantially limits one or more major life activity." Always put the person before his or her disability: refer to your student as a *sailor with a disability*, not as a *disabled sailor*.

There is a wide range of disabilities, and even the same type of disability will affect people differently. Suggested accommodations for a physical disability may also be helpful to a sailor with a mental or cognitive disability.



Physical Disabilities

Amputation

Amputations may be surgical (usually the result of a disease) or traumatic (caused by an injury) or congenital (absence of a limb or part of a limb at birth). Common amputations include above-knee (AK), below-knee (BK), above-elbow (AE) and below-elbow (BE).

Arthritis

An inflammatory disease of the joints and other parts of the body. Types include:

- gout
- osteoarthritis
- juvenile arthritis
- bursitis
- tendonitis

- · Lyme Disease
- · Raynaud's Syndrome
- · ankylosing spondylitis
- · rheumatoid arthritis

Accommodations for Sailors with Reduced Leg Sensation or Paralysis

Wear sneakers while sailing.

Pad any acute edges.

Wear padded shorts or pants.

Place a cushion or padding under the buttocks of those with spinal cord injuries.

Cerebral Palsy (CP)

Caused by an oxygen deficiency in utero or before age two with a variety of different degrees and types of disability. Classifications include combinations of the following: spastic (tense, contracted muscles); athetoid (characterized by extraneous, uncontrolled movements); ataxic (jerky, uncontrolled movements); rigid (stiff, uncontrolled movements); and flaccid (reduced/diminished muscle tone). These vary in degree of severity. Instability is a significant factor in limiting functional movement. Abnormal posturing and positioning increases with stressful physical activity, potentially limiting success. Fatigue may also affect mental capabilities.

Diabetes

A disease in which the body's ability to use carbohydrates (sugar) works improperly. It can present as low blood sugar known as hypoglycemia.

There are two types of diabetes: Type I and Type II. In both cases, exercise is probably going to change the balance of insulin to sugar. Don't assume that the same balance that works at home will work for sailing. Do not leave a person with diabetes alone if s/he is showing any symptoms, such as blurred vision, hunger and fatigue, increased thirst, more frequent urination, dry mouth and itchy skin.

Sailors with diabetes will need to

- monitor blood sugar levels.
- · keep insulin nearby and in a cool dry place.
- bring a sugary snack to prevent hunger, which could lead to weakness or shaking.

Multiple Sclerosis (MS)

MS affects the central nervous system by destroying the myelin sheath that insulates nerves, so electrical impulses can't travel down that nerve. Symptoms include: chronic fatigue; heat sensitivity; poor balance; difficulty walking; poor position sense; tremors; spasticity; and vision problems.

Muscular Dystrophy (MD)

The progressive degeneration and weakness of muscles due to a gene defect. There are nine types with different onset ages and prognoses; only childhood Duchenne is fatal. Lots of variation is possible, so carefully assess each participant physically. Mentality is not affected but drugs often have mental side effects.

Spina Bifida (SB)

A birth defect in utero with incomplete closure of the spinal column. There are four types: occulta; meningocele; myelomeningocele; and closed neural tube defects. Some possible symptoms may be walking/mobility issues, curved spine or orthopedic complications.

Spinal Cord Injury (SCI)

Spinal cord injury varies depending on the level and extent of spinal cord damage. The higher the level of injury, the more severe the level of disability. A cervical injury is higher than a thoracic or lumbar. A severe consequence of a high level injury (T6 or above) is Autonomic Dysreflexia (AD), a result of the body being unable to control blood pressure. Blood vessels intermittently remain constricted, elevating blood pressure, possibly leading to life-threatening complications such as seizures or stroke. Symptoms include seeing spots or blurred vision, a pounding headache, a flushed face, sweating above the level of injury, cool/clammy skin, nausea and anxiety.

Other physical disabilities include paralysis (paraplegia or quadriplegia), fibromyalgia and cystic fibrosis.

Vision Impairment

Vision impairment is decreased ability to se that cannot be corrected to "normal" using glasses or other correction. It can be characterized by:

- amblyopia
- congenital blindness
- · hyperopia
- myopia
- photophobia
- retinopathy

- cataracts
- glaucoma
- · macular degeneration
- presbyopia
- · retinitis pigmentosa
- strabismus

Blindness describes and is used for complete or near complete vision loss.

Sailors with a vision impairment may

Have difficulty becoming oriented within the facility and/or with equipment

Provide maps or other orientation

Struggle to understand distance and direction to other boats, buoys and obstacles

Provide audible aids and cues

Have trouble telling the wind's direction and strength

 Provide sensory cues, consistent communication, and frequent feedback

Have difficulty understanding where everything is positioned on the boat

 Provide orientation, consistent boat setups, different sized lines and tactile cues



THUMBS UP "Sail is at a good trim"







Hearing Impairment

A hearing impairment is anything that affects a person's hearing such as: conductive hearing loss; sensor neural hearing loss; auditory neuropathy spectrum disorder; mixed hearing loss; and central hearing loss.

Sailors with a hearing impairment may have

Difficulty identifying specific control lines, sheets and fittings

Add visual cues to equipment, lines or fittings

Unfamiliarity with the facility or sailing area

Use maps/charts to help familiarize the sailor with the area

Miscommunication on boathandling maneuvers

Use clear and agreed upon visual signals (see examples left)

Developmental Disabilities

Down Syndrome

A combination of birth defects due to an extra chromosome. The combination of loose ligaments and weak muscles can cause bones (vertebrae) in the neck to press on the spinal cord. The degree of intellectual disability varies widely from mild to moderate to severe. Sailors with Down Syndrome will fear "the new." They are very social and want to please but can also be manipulative and sneaky.

Possible Challenges for Sailors with Developmental Disabilities

- You may need to assist with helping the sailor on and off the boat.
- · Balance may be a problem.
- Sailors may fatigue easily.
- It may be necessary to modify equipment.

Traumatic Brain Injury (TBI)

When a portion of the brain dies as a result of the loss of blood flow or oxygen. Part of the brain can no longer function normally, which can cause:

- hemiplegia/hemiparesis (paralysis of one side of the body)
- visual deficits (diminished spatial orientation)
- · communication, behavioral and memory problems

Autism

A bio-neurological disorder due to genetics, viral or chemical exposure. Individuals may show any of the following symptoms: difficulty with communication and social interactions; slowness in processing information; uneven physical skills; repetitive or aggressive actions; hearing and language disorders; insensitivity to pain; poor body temperature control; destructive behavior; and normal to above average intelligence. There is no cure.

Have sailors with autism verbally repeat plans. Watch for violent outbursts due to frustration, but always assume mental competency and communicate respectfully. Sailors with autism may also be less affected by cold (higher body temperature).

Epilepsy

A sudden brief brain electrical disturbance that causes change or loss of consciousness and physical/postural abnormalities. Seizures are divided into grand mal (loss of consciousness, body stiffening and shaking) and petit mal (staring, subtle body movement and brief lapses of awareness).

Episodes begin with exhalation and rigid posturing. Watch for the rapid exhalation, changes in communication levels, and eyes drifting toward the area affected.

Keep the sailor away from dangerous areas/objects during seizures, and prescribe rest following a episode.

Possible Challenges for Sailors with Developmental Disabilities

- Sensory impairments may reduce the ability to feel pain, and an injury might go unnoticed.
- You may have to repeat information more frequently.
- You may have to create and stick to a well-defined schedule.

Accommodations for Sailors with Developmental Disabilities

- Use multiple channels of learning
- Establish simple but well-defined processes

Other developmental disabilities include:

Cerebral Palsy

Cystic Fibrosis

Muscular Dystrophy

Cognitive Disabilities

Attention Deficit Hyper Disorder (ADHD or ADD)

ADHD is a neurobiological disorder characterized by inappropriate levels of inattention, impulsivity and hyperactivity. This physical disorder is accompanied by normal to increased intelligence. It is largely hereditary but many other factors may be involved. Sailors with ADHD will be easily distracted, have difficulty sitting still, and need immediate gratification. They will also have difficulty with transitions from one activity/place to the next, so it helps to pre-announce plans and/or to "outline" the whole agenda for an activity.

Autism Spectrum Disorder (ASD)

ASD and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in:

- · social interaction
- verbal and nonverbal communication
- · repetitive behaviors

Individuals with ASD may have problems reading their bodily cues and communicating that they need help. Participants with ASD need your judgment, planning and organization to prevent accidents or emergencies. Outline your plans for an activity and try to stick to that plan.

Remember to consider underlying medical conditions or concerns when dealing with challenging or unwanted behavior. Also remember to encourage those with ASD to stand up for themselves and their needs, ultimately developing an ability to be self-advocates.

Post-Traumatic Stress Disorder (PTSD)

PTSD can occur after someone experiences or learns about a traumatic event. Reactions include fear, depression, guilt and anger. PTSD has four types of symptoms:

- · Reliving the event
- Avoiding situations or people that remind you of the event
- Negative changes in beliefs and feelings
- Feeling keyed up (also called hyper-arousal)

Accommodations for Sailors with PTSD

- Active listening
- Develop trust
- Share common experiences
- Learn 'triggers' that heighten anxiety and avoid them

Traumatic Brain Injury (TBI)

TBI is a head injury that disrupts the function of the brain. The result is that part of the brain can no longer function normally, possibly causing:

- Hemiplegia/Hemiparesis paralysis of one side of the body
- · Visual deficits diminished spatial orientation
- · Communication, behavioral and memory problems

TBI can also cause epilepsy and may increase the risk for certain diseases, including Alzheimer's and Parkinson's. Things you might note are: impaired attention; reduced processing; poor memory recall; distractability; and difficulty concentrating.

Other cognitive disabilities include:

- dementia
- · dyslexia
- · dyscalculia
- · aphasia
- · learning disabilities
- · any difficulty with cognitive calculation or processing

Possible Challenges for Sailors with Cognitive Disabilities

Water safety skills

An abrupt change in motion (like heeling over in a gust of wind) may cause discomfort or even panic.

Misunderstanding of expectations and directions

Be concise and deliberate when communicating.

Problem-solving may be difficult in a pressurized situation.

- Use positive reinforcement, encouragement and consistency in training.
- Include caregiver in the activity.

AWARENESS OF NEEDS

People living with disabilities may use a mobility, visual or hearing aid such as a wheelchair, walker or cane. Some might be accompanied by a family member or personal care attendant (PCA). The individual may be able to walk without assistance, but may have difficulty navigating stairs and other barriers. Sitting and/or standing for extended periods of time may be a concern for some participants. In addition, certain medications can affect endurance, stamina and focus.

It is important that you ask the participants in your adaptive sailing program what their concerns and needs are, be sensitive to those needs, and monitor the activities in which they are participating to ensure that they are comfortable and enjoying their sailing experience. It is also important for your staff and volunteers to share this awareness. Topics you may want to review ahead of time include:

- · viewpoint
- · communication
- · personal space
- · wheelchair information
- prosthetic devices
- assistance dogs (guide or service)

Viewpoint

Having a disability doesn't automatically qualify as needing assistance. If you think someone may require your help, ask! If your help is accepted, next ask how best to help and then listen carefully to the response. NEVER assume that you know best how to help. If someone does not know how to facilitate some aspect of an activity, you can suggest possible solutions.

People with disabilities should be encouraged to take an active, supportive role in the operation of the program, and to do as much as possible on their own. This enhances their independence and gives them an opportunity to be an asset to the program.

Training and support to acquire new skills should be offered to sailors with disabilities as it would be to anyone else at the facility. It is important for all participants to be given achievable tasks, and encouraged to progress at a comfortable rate.

Communication

Some people with disabilities may have difficulty with communication. It is important to establish how a person with nonverbal communication expresses "yes" or "no." Ask them to show "yes" and then "no." Then phrase questions requiring a "yes" or "no" answer.

If the person is not able to provide a "yes" or "no" response, ask the person accompanying the participant how much the participant understands and what the best way to communicate with that individual is. The PCA, family member or friend should be able to show you significant signs or mannerisms. Laminated cue cards can also be a great way to communicate with your nonverbal sailors.

You will need to be patient with sailors who have difficulty with verbal communication. If you can't understand what they are trying to tell you, ask them to slowly repeat what they've said or, if they have the ability to do so, ask them to write down what they are trying to say. Don't be embarrassed to say that you can't understand. If you have a question, just ask. Speak in a clear and concise tone, keeping your sentences short and simple. Give each person time to answer, and never cut anyone off by finishing someone else's sentence.

When addressing sailors who use wheelchairs, speak directly to them. Do not talk around or over them to their PCA or companion. Do not stand behind the chair and try speaking to the person in it. Getting down to eye level can help make sure you are easy to hear.

When interacting with sailors who have a hearing impairment, keep in mind that some individuals may have a partial hearing loss and can communicate fairly well. Others might read lips or use sign language. Be mindful of how they prefer to communicate. If a sailor can read lips, speak slowly and directly, face to face, to make lip reading easier. Sailors who communicate through sign language may want to bring a sign language interpreter to their sailing sessions, unless you have a staff member or volunteer who can sign.

When communicating with sailors who have a vision impairment, always make sure you introduce yourself and let them know you're there. It is equally helpful to let them know if you are leaving an area. Sailors may request your assistance, but you should never assume it is needed. Some sailors may have a guide dog. Always check with the individual on how to interact with the guide dog, and remember that the dog is a service animal. Have a plan for how the guide dog will be accommodated during a sailing session; you may want to have volunteer dog watchers on hand.

No matter what kind of impairment your sailors have, communication is a two-way process. When sailors are communicating with you, focus



on them and listen carefully. You may want to repeat back the message you think they are expressing to confirm you have understood correctly. After you give instructions, it may be helpful to have sailors repeat back what you are communicating to ensure they understand.

Most importantly, staff and volunteers should always be observant, respectful and pleasant to anyone coming to sail at your facility.

Personal Space

Personal space requirements vary widely. Unwanted intrusions into personal space might lead to a sailor withdrawing or having an outburst, especially if s/he has a behavioral disorder.

Physical interaction is one of the most important nonverbal signals. Touching can be perceived as a very positive thing, but it can also be perceived as a negative. On the positive side, touching is one way people demonstrate protection, support and caring. In its negative context, touching may signal superiority and dominance. A person with a disability may not want to be touched or assisted but may be unable to communicate that. Staff and volunteers need to be sensitive to this issue.

Be cognizant of the reaction you receive from your sailors. If you attempt to assist someone stepping on the dock and reach out to hold an arm, s/ he might not be able to speak up to tell you "no," but facial expressions or body language may indicate displeasure. Does the sailor look angry or worried? Is s/he trying to pull away? Be aware of how your physical interactions affect each sailor.

Wheelchair Information

Do not assume that a sailor who uses a wheelchair wants to be pushed. ALWAYS ask first. Wheelchairs are a part of the user's personal space and therefore should be treated with respect (don't lean on them, prop your feet on them, etc.).

Never lean on or hold the wheelchair unless you are assisting. Never leave the chair unattended without first putting on the brakes. After sailors transfer into a boat, make sure their wheelchairs are moved well away from the edge of the dock or water. Try not to leave wheelchairs in the open while unoccupied. If there is no shelter or cover available, consider turning the cushion upside down or, with the sailor's permission, flip the chair over to protect the seated area from the sun or weather.

Never get into a wheelchair to move it unless you have permission from the owner. A wheelchair is NOT a toy. If a chair breaks or falls off the dock,



the owner will not be able to get around. Wheelchairs are expensive and not easy to replace.

If you are conducting a session with multiple wheelchairs, you may want to tag each chair with the participant's name to prevent mixups.

Try not to let seat cushions lay on the ground. Remember, the sailor will need to sit on that cushion when they return from sailing, so try to keep it dry, clean and splinter free! Covering cushions with plastic bags or sheeting can be helpful during inclement weather.



Wheelchairs

There are many different models and styles of wheelchairs. People with adequate upper body strength generally use manual wheelchairs, which are either propelled by the person in them or pushed from behind. They come in a wide variety of sizes, colors and performance levels.

Some issues to be aware of with a manual wheelchair:

- If the chair is difficult to push, the tires may be flat or low.
 This is easily fixed by keeping a bike tire pump with a variety of nozzle fittings on-site.
- Uneven ground, sand and large stones make it very difficult to navigate in a wheelchair.
- Not all wheelchairs have brakes.
- With the sailor's permission, empty chairs should be flipped over to keep them from rolling off the dock.
- Some cushions are air-filled and could be punctured.

Power Wheelchairs are a bit more complicated and also vary in size and shape. They are usually quite heavy. Power wheelchairs need to be turned off when stationary to keep the battery from dying, and to prevent any accidental, unanticipated movement.



Always ask permission before moving a sailor's chair. To move an empty power wheelchair, you'll need to switch it into manual mode; there is usually a small wheel, knob or lever inside the back wheels. You may need to ask the owner for more specific instructions. Electronic controls are extremely sensitive, and the chairs can exceed several hundred pounds, so be very careful when attempting to operate/move any power wheelchair. Do not move a power chair without the permission of the user or caregiver.

Prosthetic Devices

A prosthetic device or prosthesis refers to an artificial device that replaces a body part, for example an arm or leg. Some people are born without a body part or parts, while others have a body part or parts amputated due to injury or illness. Sometimes sailors leave their prosthetic device (s) on the dock when they go sailing. Make sure that all prostheses are safely secured or stored, preferably under cover. Assigning a particular location for prosthesis storage will mean that both you and their owners always know where they are. Always check with the sailor if they have a

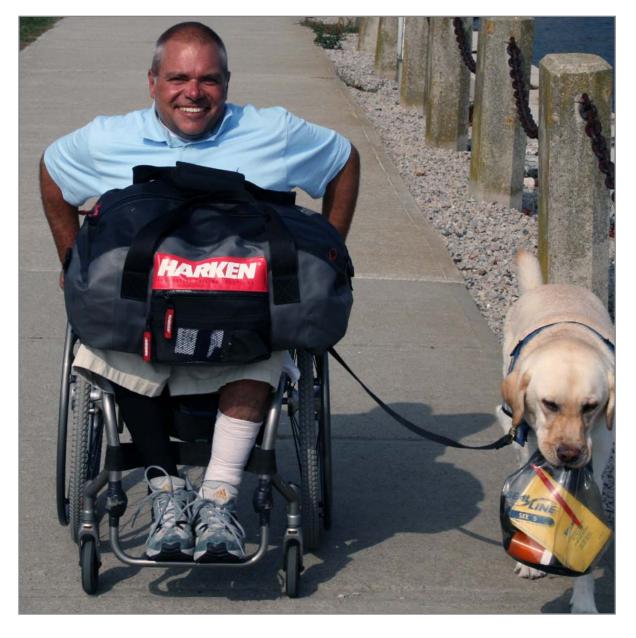


preference of where and how to store their prosthesis. These devices are very expensive, sensitive to water and, if they are broken, the sailor will have a very hard time getting around, if at all.

Assistance Dogs

Sailors may have a dog that helps with guidance, personal service, or emotional support. Have a plan for how to manage this. You may need volunteer "dog watchers" onshore while sailors are on the water, since it may not be feasible to take the dog on the water. Provide shade, water and a safe environment for any service animal.





FACILITY REQUIREMENTS

Compliance: Americans with Disabilities Act (ADA)

Many people with disabilities sail successfully at venues with no special adaptations. Prior to inviting individuals with disabilities to your site, take a look around your facility and ask yourself the following questions:

- Do I have docks that are accessible to a person with a physical, vision or mental impairment?
- How will a person with a physical, vision or mental impairment get into a boat?
- Are my restrooms accessible to a person with a physical, vision or mental impairment?
- Are my parking areas, walkways and buildings accessible to a person with a physical, vision or mental impairment?

Consider borrowing a wheelchair or inviting a person with a disability to come and navigate your facility with you to see what challenges arise. Ask for input on ways to make your facility more accessible and inviting to people living with different disabilities. You might also want to try walking around your site blindfolded with a guide to help you navigate. Become sensitive to the needs of someone who uses a wheelchair or has a vision impairment. You may notice that signs, doors, counters and certain areas are difficult to reach, maneuver around or utilize. While assessing your facility, pay special attention to the following:

- Ramps
- Stairs
- · Docks and pontoons
- · Shore launching areas



Ramps

Ideally, ramps should have gentle slopes and level areas near doorways to prevent wheelchairs from rolling back down the ramp when opening a door. Level areas that break up longer ramps give those in wheelchairs a place to rest. If the rise and fall of the tide at your facility is greater than 3 feet (approximately 1 meter), the ramp may become very steep at low tide (greater than 1:8 ratio). Wire mesh, nonskid pads or industrial strength rubber mats can be laid over areas that may become slippery when wet, to prevent a wheelchair or someone with a vision, physical or mental impairment from sliding. Hand and guard rails can be installed on either side of the ramp for safety and additional support.



If a ramp cannot be extended to make the slope gentler, consider doing the following:

- Add nonskid pads or treads no wider than 8 inches (20cm) for wheelchair or cane users. This width allows the wheels of a chair to pass easily on either side of the treads.
- Provide extra help on the dock at low tide to assist sailors getting up or down the ramp.



Steps and Stairs

Some people with physical or visual impairments can manage a small step independently, but two or more steps may require a small ramp or physical assistance. Graduated longer ramps or elevators provide an alternative to stairs, but they are more costly to install. Temporary ramps that can be stored when not in use may be a simple solution.

Stair lifts can be a less expensive option than installing an elevator. Some lifts are open to the elements; others are enclosed. If you want to add an elevator or lift, there may be grants available from local or government agencies, charities, or service organizations and foundations.

Docks and Pontoons

Docks and pontoons should ideally be wide enough (approximately 6 feet /180 cm) to allow two people with a physical or vision impairment to pass by each other, though this is not absolutely necessary. It is important for the dock to be stable and not tilt over or submerge if everyone moves to one side. It should have a nonskid surface with minimal gaps, to prevent small wheels (like the front casters of wheelchairs), canes and crutch tips from getting caught. Carpeting, webbed canvas or wire mesh may be used to cover the gaps. Adding a wooden strip (1 inch/25 mm square) along the edge of the dock can help alert a person with a vision impairment to the dock perimeters. This edging can also prevent wheelchairs from accidentally rolling into the water.





Shore Launching

Shore launching requires a firm smooth surface. A soft beach or uneven surface can be improved by laying carpet, a planked walkway, heavy duty rubber matting, plastic snow fence, or plywood on top of it. This covering will help vision-impaired sailors avoid tripping on an uneven surface. It can also prevent wheelchairs from getting stuck in soft sand.

Some wheelchairs can be pushed safely into shallow water, but they should not be left in the water for long periods of time. Rinse off any salt as soon as possible and lubricate any mechanical parts. If you do a lot of shore launching, beach wheelchairs might be a good idea for your sailing center; they can be rented or purchased.

Some sailors may have a hard time staying upright in the beach wheelchair, because they aren't as supportive as a typical wheelchair. These sailors will need extra assistance. There are power beach wheelchairs on the market, but they are far more expensive.



Accessible Parking Spaces

Parking should be close to the building, dock or beach and have enough space for a car door to open completely, or for a van to lower a ramp (approximately 8 feet). Clear signage for designated spaces reserved for drivers and passengers with disabilities should be installed.

Signage

Signs that use a large font size and sans serif style, have high contrast, and are displayed at a consistent height will be helpful to sailors with vision impairments who can read visually and by touch. Make sure the lettering is highly contrasted to the background and that all signs have a nonglare finish. Consider using red or black text on an all-white background. Tactile characters should be all uppercase, thin, raised or etched, and widely spaced. You may also want to include Braille when having new signs made.

Accessible Doorways

The width of the door frame should be a minimum of 36 inches (91.44 cm) to accommodate most wheelchairs, and ideally there will be 36 inches (91.44 cm) of clear space when the door is open. A strong color contrast between the door frame and the surrounding walls will help people with vision impairments identify the doorway. If the threshold has a lip, or a step up or down, consider posting a sign and laying caution tape or painting it a bright color. Handles and/or grab rails on the inside and/or outside of a door make it easier for people to pull themselves through the doorway. Lever handles make it easier for those with a disability to open doors.

Pathways/Walkways

Ideally, pathways and walkways should be hard-surfaced (not sand, gravel or muddy grass) and clear of any obstructions. Rough or uneven surfaces can be temporarily improved by laying down old carpet, sheets of wood, metal grids, or snow fences. If many of your sailors are vision impaired, adding inset guidance tiles to sidewalks and walkways might be a good idea.



Accessible Restrooms/Changing Rooms

Features that will help make existing restrooms more accessible include:

- · wide doors with a grab bar on the inside
- · nonslip floor surface
- grab rails (both vertical and horizontal) by toilets, sinks and showers

A seat or bench with clothes hooks set at a reachable height is ideal. Toilet stalls with doors opening outwards and pull rails are also ideal.







Accessible Showers

An accessible shower should have a smooth floor that slopes gently to a covered drain hole. There should be waterproof seating, such as a shower bench/stool, or a fold down wall-mounted seat. Even a plastic garden chair with arms can turn a regular shower stall into an accessible one. Showers should ideally have grab rails, a detachable hand-held showerhead (easy conversion kits are available at any hardware store), and water controls at a height that can be easily reached when seated.

Classroom/Social/Common Areas

Instruction and meeting areas should have clear unobstructed space, with adequate pathways between tables and other furniture. Avoid using throw rugs, which tend to be very slippery. Serving tables or counters low enough to be useable while seated are helpful for wheelchair users.

Tables with chairs or movable benches allow a wheelchair to easily replace a chair. If you are looking to add seating to your facility, purchase wheelchair accessible picnic and park tables.



SAFETY AND RISK MANAGEMENT

Safety Considerations for People with Disabilities

While all activities on the water pose inherent risks that cannot be avoided, sailing is a safe sport as long as certain policies and procedures are implemented and followed. Safety should always be a cornerstone of your sailing program, so orientation and training of your staff and volunteers is critical; only active leadership and a cultural awareness of safety will ensure a safe environment for your employees, volunteers and participants.

The easiest approach is to use the same policies for sailors with disabilities that your program follows with all participants—like wearing life jackets while on docks or near the water, asking all volunteers and participants to sign a standard waiver/hold harmless agreement, and having a safety plan in place. For more information about risk management techniques, read <u>Gowrie Group's Burgee Program Safety Manual</u>.

In addition, sailors with disabilities often have unique characteristics (such as reduced stability or an inability to regulate body temperature) that require proactive awareness by the people leading your program. Here are some extra considerations to keep in mind when training or choosing staff and volunteers:



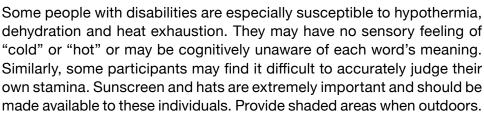
- Take the time to examine how you are handling specific tasks, such as transferring sailors onto a boat or securing a sailor into a seat. Ask the following questions of your instructors, sailors and PCAs (if applicable):
 - Is it safe for you and for the sailor?
 - · Is there a safer way of doing it?
 - Do any participants have a problem that might affect either their own safety, or the safety of others?
- If an individual is unable to communicate well, ask the caregiver or person accompanying the sailor about the safest way to accomplish specific procedures. If necessary, devise a plan that will ensure the safety of everyone involved, and make sure to share it with anyone who will be working with this individual.

Behavioral Issues

For behavioral issues that may pose a safety concern for the individual sailor or someone else on board, you may want to assign a personal aide or instructor to that particular individual. This will enable a consistent, strong structure for the sailor to follow. The aide can help maintain order in the classroom and on the boat, which may help protect not only the sailor from harm, but others as well.

If you do not have an existing policy on behavior at your center, you may want to formulate one. This could include input from the leaders of a particular group with behavioral issues and would cover topics such as behavior modifications, rewards and appropriate discipline.

Temperature Regulation and Hydration



Some sailors with spinal cord injuries do not sweat below their injury level, so cooling through sweat evaporation may not be possible. Misting spray bottles of water can be very helpful on hot days. If requested, an instructor may need to spray mist on a sailor's face and arms to promote cooling.



All sailors should be encouraged to avoid dehydration by drinking fluids while out on the water and bringing their own refillable water bottles. Plan ahead so that water is available on all the boats. On hot days it is especially important to get sailors on or off boats quickly, to minimize unnecessary exposure to heat and sun. Provide shaded areas when outdoors.

Hypothermia

Hypothermia is a medical emergency that occurs when your body loses heat faster than it can produce it. When a sailor's body temperature drops, heart rate, nervous system and other organs can't work correctly. Left untreated, hypothermia can eventually lead to complete failure of the heart and respiratory systems and to death. Hypothermia is caused by exposure to cold weather or immersion in cold water.

Some sailors cannot regulate their body temperature and will have a hard time warming up after getting cold. Be cognizant of how long you keep your sailors out on the water or just out in the elements, and pay attention to how they are are feeling. Make sure to ask whether sailors have issues with temperature regulation, and encourage them to dress properly in "layers" before going out.

Autonomic Dysreflexia

Autonomic dysreflexia (also known as hyperreflexia) refers to an overactive autonomic nervous system, which causes an abrupt onset of excessively high blood pressure. If not treated promptly and correctly, it could lead to stroke, seizures or, in extreme cases, death. And since it



can develop suddenly, it is considered a medical emergency. Persons at risk for this problem generally have spinal cord injury levels above T-5.

The initial cause is an irritating stimulus that is introduced to the body below the level of spinal cord injury, such as an overfull bladder, a pressure sore or an ingrown toenail. The stimulus sends nerve impulses up the spinal cord that are then blocked by the lesion at the level of injury. Since the nerve impulses can't reach the brain, a reflex increases activity in the sympathetic portion of the autonomic nervous system. This results in spasms and a narrowing of the blood vessels which, in turn, cause a sudden rise in blood pressure.

Signs and symptoms of autonomic dysreflexia are a pounding headache, goose pimples, sweating above the level of injury, slow pulse, high blood pressure (>200/100), red face, blotchy skin above the injury level, restlessness, nasal congestion, nausea, and cold clammy skin below the level of injury. Though this is not a common occurrence, instructors and volunteers should be watchful for signs of autonomic dysreflexia in sailors with high-level spinal cord injuries.



Life Jackets

Coast Guard-approved life jackets must be worn by each person near or on the water. Most people with disabilities can use foam core vest style life jackets. If the sailor's movement is hindered or obstructed by a foam core life jacket or if body type or lack of mobility will not allow a regular foam life jacket to be worn, inflatable life jackets may be a good alternative—unless a sailor uses a chest harness or shoulder strap to secure them in the boat.

It is important that each sailor try on a life jacket to make sure that it fits. If possible, test it in the water with someone assisting to ensure that it adequately supports the sailor. Sometimes crotch straps may be needed to prevent the vest from sliding up over the head when in the water. Keep in mind that any modifications to a life jacket means it is no longer a Coast Guard-approved device! A life jacket is a very personal item, so it is highly recommended that sailors purchase and maintain their own.

Swim Checks

Many sailing programs mandate swim checks for new sailors. If possible, do your swim checks in a heated swimming pool to avoid hypothermia. If a swim demonstration is not possible, you may want to do a float test while the sailor is wearing the appropriate life jacket, or you may need to eliminate in-the-water checks altogether. For nonswimmers, it's a good idea to increase your instructor-to-sailor ratio and/or the number of safety boats on the water.

Skin and Limb Protection

Some people living with a disability lack feeling or sensation in one or more limbs. Others may lack awareness of injuries due to cognitive impairment. Protective clothing and sunscreen can help prevent sunburn. Cushions are also extremely important, since they help prevent sores when sailors are seated for long periods of time. Cushions can also provide extra support to those with limited trunk stability. Jay Protector cushions (which strap onto the legs and waist to protect the backside/buttocks) or a ROHO cushion are two examples of sailing-appropriate cushioning options.

Some participants may use these cushions for other activities as well. Encourage them to bring along a cushion if they have one. You may also want to have spare cushions on hand.

Once safely in the boat, it may be helpful for a sailor to strap loose limbs together, or to secure a hand onto the tiller if skippering the boat. Again, ask sailors what they prefer and what they think will work best.

Medications

Certain medications (e.g., asthma inhalers, heart medication, insulin) may need to be carried on the water. This information should be made available either on an intake form or in a presail briefing so that instructors know about such medications and understand their uses. Except in case of emergency, medication should not be administered by staff/volunteers.

PROGRAM DEVELOPMENT

Insurance

Insurance coverage for sailing organizations varies widely. Some programs cover adaptive sailing activities without the need for policy endorsements, but you should not assume that to be the case. Contact your insurance agent and clearly outline the adaptive programming you are planning to add. Here is some basic information that will help your insurance carrier establish the program's scope:

- Number of adaptive sailing participants
- · Number of staff and volunteers
- Number and type of boats involved
- · Training of staff (e.g., US Sailing Certifications)
- · Frequency and duration of sailing sessions
- · Location of sailing sessions

If you acquire adaptive equipment (e.g., Hoyer lifts, transfer benches, ramps), review your policy limits to make sure this property is adequately covered. The bottom line is that insurance coverage is available, but vigilance pays. Pay attention to risk management issues that are unique to adaptive sailing, as well as to those that are common to all sailing programs.

Staff Evaluation Assessment

Having a dedicated person in your organization to manage and promote adaptive sailing is essential to the program's success, but the program cannot and should not be operated by a single individual. It takes a community to make any sailing program work to its best and fullest capacity, which is why that person should also be well supported by coworkers and why volunteers are as important as staff.

While sailing program staff members do not need any formal disability certifications to instruct individuals with disabilities, training in disability awareness and managing volunteers carefully is very important. To evaluate your staff and volunteers, ask yourself a few simple questions:

- Can your staff handle sensitive issues such as excessive sweating or a bathroom incident?
- Are your instructors capable of assisting sailors with disabilities without making them feel inferior?
- Will your instructors and staff make fun of or tease sailors with disabilities?

Volunteers

Volunteers are a tremendous resource and can assist in numerous ways both on land and on the water. They are often the best workers because they are donating their time for something they believe in and enjoy. Examples of how volunteers can assist include ensuring that sailors have water, assisting with transfers, or working with the sailor on the water.

Some people with disabilities travel with a helper who might be a family member, friend, or hired caregiver (PCA). These individuals have the potential to become some of your best volunteers and new members. They are already familiar with the nuances and needs of people with disabilities, and they are comfortable with assisting. Treat them as part of your team whenever possible.

Please remember that all volunteers need orientation, disability training and awareness, and specific task assignments. Volunteers who feel unneeded or unwanted may not return. Always remember to thank them and make them feel appreciated.

Volunteer Requirements

All your volunteers should fill out the Volunteer Registration Form, which is included at the end of this manual.

In some locations, there may be local legislation that affects volunteers (e.g., background checks for anyone working with young or severely disabled/vulnerable people). Make sure your volunteers are in compliance. All volunteers should be insured for liability. For more information, consult *Gowrie Group's Burgee Program Safety Manual.*





Job Descriptions for Volunteers

Depending on the specifics of your adaptive sailing program, volunteers can assist with or take responsibility for any of the following:

- On the docks: Ilifting/transferring participants, getting supplies, taking care of wheelchairs and prosthetics
- able-bodied assistant/skipper
- Boat preparation: rigging, carrying sails, launching, training, instruction, rescue
- · Service dog care provider
- Advisory Committee member
- Volunteer coordinator
- · Social coordinator
- · Program/Regatta advisor
- Program needs: equipment, maintenance, facilities, boat adaptations
- · Meals coordinator
- Communications
- Bookings
- · Recruiting and retaining participants
- Marketing and public relations
- Fundraising

Skills Required

- · Group leadership: organization, energy and enthusiasm
- Sailing specific: competent sailor, boat handling, sailing knowledge, trainer certification
- Social: friendly, sociable, good interpersonal skills
- · Practical: creative/innovative, task-oriented
- · Specialist: first aid, fundraising, accounts, writing

Volunteers should know what is expected of them (and what is not). Check that they can and want to do what is asked.

Recruiting Volunteers

Adaptive Sailing Programs are often high-profile, attractive activities. Families, friends, caregivers, the sailor themselves, and even passers-by can become your volunteers. Knowledge of sailing is not required, just a willingness to be helpful. At recruiting events, you may want to invite a sailor with a disability to talk about what sailing means to him/her, and why volunteers are so important to your program.

Already committed volunteers can be great recruiters because their enthusiasm encourages others to become involved as well. In some cases, a volunteer's experience can be life changing. A boat driver who volunteered to assist at the first Paralympic Regatta (Atlanta 1996) said that next to his wife and child, it was the most important thing that had ever happened to him—and that furthermore, he would never park in a disabled parking space again!

Not everyone who shows up will develop into a dependable volunteer. In some cases, you may even have to ask someone not to return. In either circumstance, it is best to let someone go easily, with only a simple thanks and/or token of gratitude.

The following are a few groups from which volunteers may be recruited:

- Sailing and boating clubs
- Junior sailors, coaches, dock workers and shore helpers
- · Community-minded individuals
- Recreation workers in the disability field
- Hospital workers, especially physical and occupational therapists and their trainees
- Large companies that encourage volunteerism
- Local community/religious/civic organizations
- Social service agencies (e.g., Rotary, Kiwanis, Lyons, Masons, Scouts)
- · High schools that require student community service

Steps in Recruitment

- 1. Invite a sailor with a disability to present with you.
- 2. After you make your presentation, invite audience members to come sail, free of charge, with the adaptive sailing program.
- 3. Before leaving, get contact information from anyone who is interested in volunteering or would like more information about the program.

The intangible rewards of volunteering are the best motivators:

- Personal satisfaction
- Commitment to the merits of the program
- A sense of belonging
- Awareness of personal growth

Retaining Volunteers

It is important to ensure that your volunteers gain what they were hoping to achieve. People tend to become volunteers for any of the following reasons:

- Social: meet new people; spend time with friends and family; and have fun
- Educational/Career: gain experience in a certain field; or fulfill course requirements
- · Health: get "out and about" to stay active
- Emotional: a sense of satisfaction from a job well done; an increase in self-esteem; to give back to the community; and to share talents and abilities

Volunteers want to feel needed, useful, part of a team, and welcome.

If you have enough staff, consider naming a Volunteer Coordinator who can assist with recruiting and managing your volunteers. In order to help ensure they remain content and motivated, this person should be aware of the different reasons people become volunteers.

Managing Volunteers

To ensure retention of volunteers, hold an orientation that formally introduces your program and any key personnel. This is also a good time to match people to specific tasks. Volunteers are very special people and should be treated as such. Always remember the volunteers' contributions and importance; they can be your best workers and public relations personnel.

Other tips that will encourage volunteers to stay involved:

- Allow for a period of adjustment. Be aware of differing personalities and the potential for clashes. Carefully monitor potential problems, but try to let things resolve themselves before intervening.
- Don't pressure a new volunteer to be available more often than s/he is comfortable.
- Set clear expectations and job descriptions.
- Monitor attendance. If volunteers do not show up, call to find out why. Health, other commitments, unhappy with group?



- Build team spirit by having volunteers work together, or by using a buddy system.
- · Recognize volunteer contributions by any of the following:
 - Recognition certificates
 - Personal praise while on the job
 - · Writing letters and postcards of thanks
 - Identification pins or T-shirts
 - Acknowledgement in local/national newsletters
 - Volunteer awards at the end of the season
 - Offering boat privileges
 - · Events to honor volunteers
 - · Acknowledging efforts during committee meetings

Recruiting Participants

The community of people living with disabilities is very diverse and may include those with physical, developmental and learning disabilities, vision and hearing impairments, or those with multiple issues. You will need to decide which population(s) your sailing center can accommodate. If your facility is not yet wheelchair accessible, you can begin your program with individuals who are ambulatory and have other disabilities. If your facility is fully accessible, you may want to recruit people with more physical disabilities. Either way, you can begin serving those with disabilities regardless of your facility's current capabilities.

Every community has individuals living with disabilities who can be reached in a number of ways. When recruiting for your program, it is best to make personal contact with potential participants. Invite an experienced sailor with a disability to go with you to talk to potential recruits, and have a time and date set for a "Come and Try" day.

Your "Come and Try" day might be just an informal sail that includes some very limited instruction, or it could be a full day of activities that allows time for a sail with each attendee. Be prepared to present your action plan and describe the program in detail to your visitors.

Recruiting Sailors

Contact your local Parks and Recreation Department(s) and ask to speak with someone about therapeutic or adaptive recreation. Most communities have at least one person assigned to programs for people with disabilities; if yours does not, ask who you should speak to instead.

Once you've reached someone who handles therapeutic or adaptive recreation, ask if you can schedule a meeting to present your idea for an Adaptive Sailing Program. Also ask how they recruit for other sports programs. You might be able to create a promotional partnership. Over time, that partnership may grow to share expenses as the program develops.

You may also want to reach out to:

- · local/national disabled sports organizations
- · local agencies that serve people with disabilities
- · rehabilitation centers
- schools
- · your local media

Retaining Sailors

Once you recruit sailors, you want to keep them coming back. Setting up a "Buddy System" that partners new members with more established ones may help. You should also monitor attendance and encourage sailors to return. If they don't, try to find out why: health issues, an unpleasant experience, lack of transportation? Social activities will also help encourage greater involvement.

Providing activities in the off-season can also help keep sailors interested and connected. Try reaching out to another adaptive program in your area that might offer a winter sled hockey or adaptive skiing program, and organize a trip for your sailors.



INSTRUCTIONAL TECHNIQUES

Components of Instruction

The term instruction refers to a very hands-on process where each action of the student is carefully planned, monitored and controlled, in order to provide a safe learning environment. Instructors of sailors with disabilities have an increased responsibility for the physical safety of everyone. This means being especially alert to any possible dangers or concerns.

In order to teach sailing to people with a disability, instructors must have a clear understanding of any physical, emotional and/or mental parameters that may limit a sailor's ability to perform certain tasks. Otherwise, the theory, actions, tactics and strategy are the same as they would be when teaching sailing to people without a disability.

Though it is not necessary to have special certifications for your instructors to teach sailing to individuals with disabilities, a basic sailing instruction course can be very helpful. US Sailing offers four courses (Level 1 and Level 2 Instructor, Level 3 Head Instructor, and Basic Keelboat Instructor) designed to develop knowledge and skill in teaching sail theory, sail controls, introductory management skills, and powerboat operation for emergency situations. The goal of these courses is to produce highly qualified instructors, thereby reducing risk exposure for sailing programs.

More information on basic sailing courses:

www.ussailing.org/ education/instructor/

Adaptive Sailing Instructor Workshop

US Sailing also offers an Adaptive Sailing Instructor Workshop. Participants must have Smallboat Level 1 or Basic Keelboat Instructor certification to take the course. While in the course, they will learn to identify different disabilities and how to facilitate positive learning experiences for someone with a disability. Participants create adaptations—adapting boats to bodies—and simulate different disabilities while on the water. The workshop covers different teaching techniques when working with individuals with autism and other cognitive impairments. The focus is placed on team building, with group exercises on how to work together. Students also perform a site walk-through of the host facility to learn what they should look out for at their own centers or yacht clubs.



More information on the Adaptive Sailing Instructor Workshop:

www.ussailing.org/ education/adult/adaptivesailing/instructor-workshop/

Working with Differences and Limitations

Spinal Cord Injuries (SCIs)

Most people with a spinal cord injury will be able to speak and communicate personal needs and participate in developing creative adaptations that will make their sailing experiences easier and safer. Once the challenge of adapting the boat is complete (i.e., secure, supportive appropriate seating, necessary straps for hands/feet, limb protection from hard surfaces), sailing instruction should be the same as it would be for anyone.

Traumatic Brain Injuries (TBIs)

An individual with a brain injury may have trouble with processing and memory. It is important to talk slowly and clearly, and to provide only small amounts of information at one time. Break down tasks into their components, and remember that you may need to repeat procedures a number of times before they stick. Visual aids (such as flashcards showing the different parts of a boat) may be helpful, both in the classroom and on the boat. Parts of a person's vision may have also been affected by a TBI, so providing written materials in large print may also be helpful.

Each instructor will need to determine the amount of information that can be processed by a sailor in both the short- and long-term, and adjust accordingly.



Vision Impairments

When working with a person with a vision impairment, always announce your presence and use his/her name. Speak clearly, but not louder than normal. Be specific with directions; instead of saying "it's over there" you might say "it's on your left." Always make sure to communicate when you leave.

When you are guiding a person with a vision impairment, be precise with your directions to avoid possible hazards. You might say "there

is a step ten feet in front of you" and then suggest either a change of course to avoid it, or to locate it with a cane or foot and then proceed forward. When guiding, allow the person with a vision impairment to hold on to your arm at your side or to place a hand on your shoulder. Even if someone is relying on you to navigate around the facility, continue to provide feedback on your surroundings.

When instructing a person with a vision impairment, descriptions are very important. Speak clearly and provide the fullest explanation possible. Try to use tactile triggers (tape on a line where it inserts into a cleat, or whipping thread on a control line to show adjustment intervals). Bright or highly contrasting colors will help those with mild impairments. Use countdowns and cadences, or other sensory directives, to help coordination between teammates. Avoid using "visual cues" with those who are completely blind.

Verbal feedback on the progress of an activity can also be very helpful and encouraging.

Hearing Impairments

Individuals with a hearing impairment may use hearing aids, lip reading, sign language, written notes, or some combination of these, in order to communicate.

Hearing Aids

Hearing aids amplify sounds; they do not clarify them much. Since background noise also gets amplified, it should be kept to a minimum whenever possible. When sailing, even a light wind will create background noise, so this environment can be particularly challenging for someone who has a hearing impairment. Some form of alternative and pre-determined communication system, such as hand signals, may be needed.

Lip Reading

When a person with a hearing impairment is lip reading, putting yourself at the same height as the person you are speaking with will make it easier. Try to be in good lighting, with the light source behind the individual with a hearing impairment. Conversations should be kept simple and to a minimum, in order to avoid confusion. Remember that talking quickly, moving a lot, or smiling while speaking all make lip reading difficult. Facial hair will make lip reading very difficult, if not impossible.

When giving instructions to someone with a hearing impairment, be sure you have the person's attention first. Hand gestures and facial expressions can help clarify your meaning. Use standard movements and body language that people with hearing impairments can understand. Make sure you keep your hands away from your face, so the person can read both your lips and expression. You can check to see if your message is clear by combining a simple "thumbs up" hand gesture with a questioning look. While sailing, waving a flag, flicking lights, or tapping someone on the shoulder may be required if the person is unable to hear a whistle.

Written Notes

Written notes can be used anytime necessary or appropriate, but it is best not to rely on them unless absolutely necessary. With patience and practice, you'll find what works best for both you and the sailor.

Note: Sailors with a hearing or vision impairment often have difficulty participating in conversations, so special efforts should be made to include these individuals.

A small dry erase board (6 inch x 8 inch) can be easily carried on board if a looped rope handle is added to it.

Intellectual Disabilities

An intellectual disability such as Down syndrome is a life-long disability that affects the cognitive processing ability of an individual, .

An instructor needs to be aware of some common denominators among the population of people with intellectual disabilities. Any one individual may not display all of the following characteristics, but s/he will usually have some of them to varying degrees:

- · Inability to think in abstract terms
- · Lack of decision-making ability
- Poor short-term memory
- Learning difficulties and generally a few literacy/innumeracy skills
- · Poor coordination and mobility skills
- · Inconsistent concentration spans

People with an intellectual disability tend to learn best by doing rather than by watching and listening. When teaching new skills, be sure to move the sailors through the desired motions. Demonstrating the activity while allowing the sailor to participate in the demonstration gives the participant a standard on which to model performance.

Break down skills into small teaching components, ensuring each part is learned fully before progressing. Reviewing and repeating skills in many different ways and situations will help sailors remember them. Teach basic skills, keep practice time on specific activities short to avoid loss of concentration and boredom, and be sure to vary activities and drills.

Setting appropriate expectations is also crucial with these sailors. Keep verbal instructions basic and brief. Be clear, precise, deliberate, sequential, and then reinforce your message. Praise and encouragement are very important. Storyboards, small dry erase boards and emoticons can also be useful aids to communication.

While sailing, a person with an intellectual disability may become fearful and react in an unexpected manner. These sailors should be monitored closely until their level of confidence is established. On the other hand, a sailor with an intellectual disability may show no concern for his/her own personal safety or the safety of others. Again, initial close monitoring is necessary.

Consistency in both crew and basic boat equipment is very important for individuals with an intellectual disability.

Always ask caregivers/family members and participants themselves how they are feeling when they arrive, and whether there is anything specific that needs to be monitored that day. This is most important for those participants who may be less able to advocate for themselves.



LISTEN to the person you are assisting with the transfer, or to their companion/caregiver.

TRANSFERS AND ASSISTED LIFTS

Individuals with physical disabilities may or may not need assistance transferring to the boat from the dock. Transfers can be done in a variety of ways. In every instance, the boat must be secured to the dock and you may need one or two extra people to assist the sailor.

Never assume that you know how to move or transfer someone better than the sailor or their caregiver does. Ask first HOW you may assist in a transfer, and WHAT works best. If the sailor is unsure, then you can make suggestions.

Positioning the Boat

To properly prepare the boat for a transfer, remove any fenders and bring the boat in tight against the dock. Ensure as much contact as possible between the dock and the boat. Disconnect any lifelines or guard rails to provide a clear pathway.



Transfer Tools

Individuals who have good upper body strength might use a transfer box, which has a hinged board that opens into a ramp so sailors can slide from the top of the box onto the boat. Place the transfer box where there is enough space to deploy the flip-top. Ideally, the flip-top will be positioned such that the end rests just inside the boat's toe rail, or approximately 6-8 inches from the edge. Sailors should transfer from a wheelchair onto the box and then slide onto the boat.



A transfer board allows the sailor to transfer directly from their chair to the boat by sliding from one to the other. Sailors with vision impairments may also find transferring via a board or box easier than stepping over the side of a boat, especially if there is a large gap.

One-on-One Personal Assistance

A sailor with a disability may not need a full body lift, but may still need some assistance with balance or stability. For instance, someone who uses crutches may need support while lowering into the boat or swinging their legs into position, but may be able to manage the rest of the transfer alone. A sailor with a vision impairment may need help placing a hand or foot on the boat. A paraplegic may be able to transfer out of a chair and onto the dock, but may need help getting onto the boat. Again, it is very important to ASK what assistance is needed, LISTEN, and abide by the response.

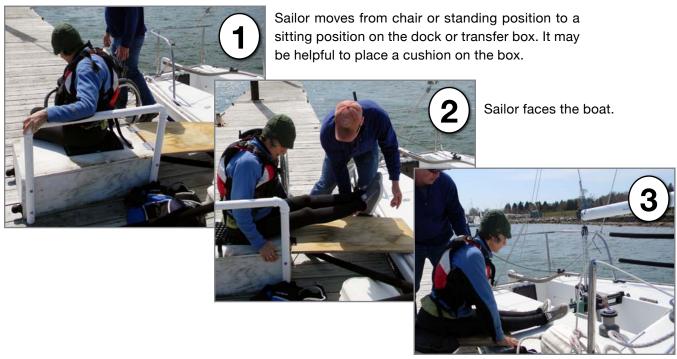
Three-Stage Independent Transfer

For sailors who use a wheelchair, have difficulty standing, or have a vision impairment but do not need too much assistance, the three-stage transfer works well:

- 4. Sailor moves from chair or standing position to a sitting position on the dock
- 5. Sailor shifts buttocks from dock to boat deck, and then transfers legs. Some sailors prefer to transfer legs first, and then buttocks.
- 6. Move from deck to sailing position



Three-Stage Assisted Transfer



Shift buttocks from the dock or transfer box onto the deck of the boat and then transfer the legs. Some prefer to transfer legs first, then buttocks. Once on the boat, the sailor will move into sailing position.

Full Body Lifts

A full body lift from a wheelchair to the boat can be done with the assistance of 1-4 people (lifters), but using mechanical lifts is encouraged because it will decrease the likelihood of injury to the sailor and/or volunteers. In situations where mechanical lifts are unavailable, we recommend caution when executing transfers. Proper methods should be demonstrated by someone who has been trained in order to maintain safety for both lifters and participants.

It is most important to LISTEN to the person you are transferring, or to their companion/caregiver. Let the sailor or caregiver communicate the best way to assist in the transfer. Make sure the sailor's back is well supported by someone who can handle the weight. The knees of the sailor must also be supported, and feet must be kept clear of anything that might catch them during the transfer.

One-Person Full Body Lift

It is important to have a second person stabilize the boat at all times during the transfer.

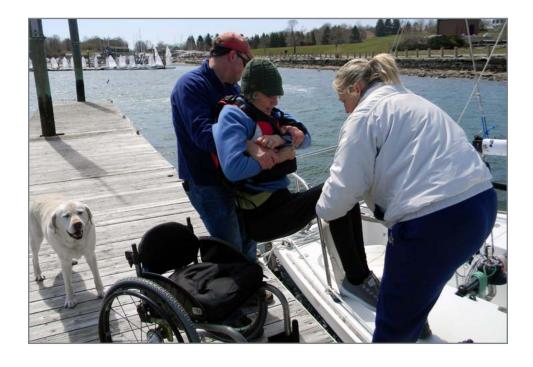
Lifters should remember to lift from the knees, not the back, when they stand up. This will help prevent unnecessary back injuries!

Two-Person Extremity Lift

(not recommended for sailors with shoulder injuries)

The sailor crosses his/her arms across the chest. One lifter stands behind the sailor and reaches under the sailor's armpits at the shoulders to grasp the sailor's forearms. The second lifter reaches under the knees of the sailor. Using proper technique (lifting from the knees, not the back), both lift simultaneously to move the sailor on or off the boat.





Two-Person, Side-to-Side Transfer

Lifters stand on either side of the sailor, facing each other. Bending at the knees, place one hand behind the sailor's back and one hand underneath the sailor's thighs and knees. Together, they lift the sailor up, slowly move to the boat, and gently lower the sailor down. The sailor can assist by wrapping an arm around each of the lifters' shoulders.





Electronic Lift

Hoyer, Mechanical and Electronic Lifts

There are many different mechanical lifts that can assist with transfers of people with disabilities who may be difficult to lift manually. ALL lifts must be approved/rated to hold significant body weight and must meet the requirements of the Department of Health. A hydraulic Hoyer lift is used at many sailing sites, and they are very easy to use as long as they are mounted securely on the dock with easy access to the boat. Although the mount will be permanently placed on the dock, the lift itself can be removed and stored indoors when not in use.

An electronic lift will do the same work as a hydraulic pump lift, but without the need to manually pump. They are readily available and are often used around swimming pools.

Important: Never exceed a lift's recommended weight limits.



Hydraulic Hoyer Lift

Slings or Lifting Harnesses

Slings or lifting harnesses are needed for both the Hoyer and electronic lifts. Some sailors may have their own personal slings/harnesses. When selecting slings for the facility, make sure they meet all Department of Health requirements.

Slings that cradle the sailor around the back and buttocks and that cross between the legs are highly recommended, because they keep a person from sliding out of the sling during the transfer. Some sailors may prefer the climbing or mountaineering harnesses typically used by big boat bowmen. Always ask a sailor what slings are more comfortable, and never put anyone in a sling if it creates anxiety.

EQUIPMENT ADAPTATIONS

An adaptation is a modification to a boat that enables a sailor with a disability to move on board and control a boat safely and comfortably. Many different adaptations have been designed, developed and installed to help maximize the sailor's abilities while minimizing the impact of a disability.

Some sailboats have been designed for people with disabilities in mind, and many others can be easily adapted to meet the needs of an individual sailor. For many sailors, a standard factory-prepared boat is perfectly adequate. People who are new to sailing, or who are still experimenting to find the best solutions to their own physical challenges, should make temporary adaptations that can be easily installed and removed.

The following items can be used to adapt any boat: camping or yoga mat; short lengths of rope; wood plank (smooth, no splinters); plastic cooler; and rolls of duct or electrical tape. With these items, one can create:

- · a padded, nonslip seat
- · padding on sharp objects
- · a "bench" to assist transfer from one side of the boat to the other
- extra loops of rope to grip or form handles

Here are some general guidelines for adapting equipment on any boat:

- Minimize obstructions.
- Establish a consistent location of equipment and control lines on all program boats.
- Check all equipment carefully. Breakdowns are frustrating for any sailor, but they may be a more serious problem for less mobile sailors.
- Lubricate mechanical parts and increase purchase in lines where necessary to minimize the strength needed to operate them.
- Tape anything that is likely to snag lines (e.g., cleats on the mast, loose mast blocks, clevis pins, compass brackets).
- · Cleated lines should be easy to release with one hand.









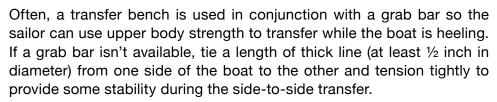
Mobility Adaptations

Sailors with mobility impairments may need something to hold onto for balance when crossing the boat. Sailors with single or double leg amputations (with or without prostheses), or those with other disabilities that affect balance, may use a simple grab bar when sailing.

Others whose disabilities prevent them from standing—such as paraplegics and double leg amputees sailing without prostheses—might use a simple transfer bench. In order to keep the boat level, sailors may need to move to the windward side, which can be difficult for a person without legs, with paralyzed legs, and for those with poor trunk stability.









Securing Sailors

Harnesses, straps and belts with quick release fasteners are often used to add safety, comfort and stability for the sailor who cannot physically hold him/herself upright. The belt is used across the lap and chest, while the harness secures the shoulders. Be sure that quick release fasteners are within easy reach of the sailor, crew member or sailing companion. Adding a piece of brightly colored electrical tape to where the belt fastens will help identify the releasing method, which can be helpful in an emergency.

Leg straps may be used to keep weak or paralyzed legs secure. Sail ties or elastic material with Velcro work best by securing the legs at the ankles/calves/thighs. Ask the sailor what will work best.

Strapping should never be placed OVER an inflatable life jacket, as the sailor could suffocate or be injured if the life jacket inflates. Likewise, strapping UNDER a life jacket may make access to the release straps difficult or impossible. Whenever possible, use a noninflatable life jacket with sailors who need to be secured with straps.



Adaptations for Increasing Stability

Loss of stability occurs when the core muscles around the hips and/ or abdominal area do not function properly. While this is a problem for most, but not all, people with spinal cord injuries and neurological or musculoskeletal conditions, it can also be a problem for amputees with very short or nonexistent residual limbs. Some sailors may not have the trunk stability or upper body strength to stay upright independently. Some solutions might be a high-backed molded seat, suction handles, grab bars, lateral supports, or a good harness.

The simplest solution is to have something within easy reach to grab onto. A grab bar can perform double duty. Sometimes a length of thin line running through surgical/plastic tubing can be made into a hand/arm hold. A sailor can either hold on to the line, or pass an arm through a looped handle and lock it into an elbow. A simple handle may also be attached to the deck or cabin top for support.



Seating

For those with reduced trunk stability or limited use of the legs, it is useful to have a seat with a back and sides, as well as a lap and/or chest belt. Seating adaptations may vary from simple padding to specialized swinging seats.

Simple trunk support can be provided by a basic plastic chair or modified wheelchair frame. Fasten either securely to the boat, and cut down the back legs of the chair so it rests on the cockpit seat. For additional support and stability, add a quick release strap system.

Some boats have a standard seat built specifically to fit the boat. The Freedom 20 has built-in molded seats that include harness straps for added stability. Ideal 18 adapted seats are padded boating chairs mounted on simple plywood bases, with chest and/or lap straps.



ADAPTIVE SAILING RESOURCE MANUAL



For someone with a more severe disability, customized seating systems can be designed and built. Some sailors have even had specially designed chairs made, with extra padding and/or straps to meet their individual needs.

Swiveling transfer seats offer access to sailing for skippers and crews with more severe disabilities. Transferring side-to-side allows the skipper better field of vision when driving the boat. Seats may also be derived from modified wheelchair bases, boat and golf cart seats. All transfer seats need secure and preferably permanent installation.

Local colleges, universities and rehab centers may be able to assist in the design, cost and construction of such seats, as well as other adaptations.





Surfaces

Sailors may find that a nonskid surface helps provide stability, in which case a camping mat, fiber-backed carpet, or a nonslip bath mat can be taped to the deck. Others may prefer a highly polished surface for ease of movement across the boat. Each sailor must determine what is most effective.



Hand Function Adaptations

Lack of or impaired hand function shouldn't keep someone from sailing. Quadriplegics with severely compromised hand function may be unable to trim a line by hand but may be quite capable of steering a boat well. Sailors with above-elbow arm amputations can trap lines between a residual limb and chest, while people with a below-elbow amputation can grip a line in an elbow joint. Similar workarounds can be found for those with less specific muscle deficiency caused by MS, ALS or other neurological conditions.

Depending on a sailor's upper body strength and limitations, steering with a tiller may be difficult. Fortunately, there are plenty of alternative steering systems, including steering wheels, steering rods, servo steering, joysticks, and Sip and Puff.

Electronic Adaptations

Electronically assisted steering and trimming systems (servo controls) are increasingly common. Some boats are designed specifically to incorporate these controls, while others are easily adapted to their use. There are three basic types:

- 4-way joysticks use either foot/toes or hand/fingers to manipulate the toggle. The simplest and most reliable of electronic assists, they usually control both the tiller and sails. Moving the joystick fore and aft will adjust the sails in and out, while moving it left or right will steer the boat left or right.
- Chin-controlled joysticks have also been used by quadriplegics who may use a chin controller for their wheelchairs.
- Sip and Puff is used by sailors with severe quadriplegia who
 may be unable to use a joystick. A straw-like mechanism
 moves both the rudder and sails, depending on how a sailor
 blows, sips or bites the control. Blowing eases the sail out;
 sipping trims the sail in; biting controls the rudder. To guard
 against the spread of infection, each sailor should use a
 personal module.

Paddle switches are a great option for anyone who has difficulty with fine finger movements or struggles with breath control.

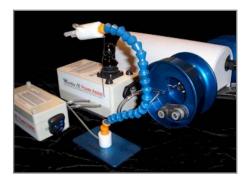
Steering Adaptations

Sailors with disabilities (particularly of the lower limbs) have many jobs to do with their hands. They are also less agile when moving across the boat. It is important that these helmsmen not be hindered by the tiller during maneuvers. Seating modification might be enough to solve this issue, or the tiller can be shortened or extended. If the person cannot grip the tiller or the extension, use semielastic straps with Velcro closures to secure the sailor's hand to the tiller/extension.

Some other possible solutions are to:

- lengthen, shorten or hinge the tiller.
- add a ring to the tiller end to create an easier gripping surface.











- tension the tiller to introduce resistance, especially if the sailor has to let go of it during a tack or gybe. Tension can be introduced by adding shock cord. Make sure the sailor has enough upper body strength to control the tiller once the tension is increased.
- fix the tiller in a chosen position to free hands for adjusting lines. This can be important if the sailor has effective use of only one hand.
- consider wheel or lever steering if the sailor must sit in the center of the boat.

For some sailors, a steering wheel may be easier to control. Wheels can be modified with specially adapted grips, knobs or spokes, depending on the individual's disability. Ask the sailor what would offer the most control. Some may prefer a system similar to what is used to maneuver their wheelchairs; others may have another idea they think may work. Remember, your sailors know their bodies and abilities better than anyone else, so it is always best to get their input.

For quadriplegics who lack tricep functions, two-handed tiller steering is the simplest adaptation: the tiller is pulled with the aft hand, while the forward hand pulls on a line running to the other side of the boat, through a turning block, and back to the tiller. Without a sophisticated seat, the sailor will be unable to transfer across the boat, but it's a starting point. Hopefully the sailor's improved sailing ability and continued interest will eventually demand a more sophisticated adaptation.

Vision Impairment Adaptations

Sailors with vision impairments find tactile cues help to locate equipment on the boat; verbal directions or audio cues assist with steering near obstacles. Examples include: adding tape to a line; whipping marks onto a line; tying knots in certain positions; and using cadences for timing transfers and actions. Keep tension on lines so they are easier to to identify, and use different sized and textured lines to help ease the identification of different controls. Consistency in deck and cockpit layout is very important.



Consider providing tactile maps and audio compasses to facilitate navigation. A tactile map has either Braille or other touchable indicators. An audio compass speaks the boat's position, as well as wind direction and the vessel's heading.

Orienting a Vision Impaired Sailor

Prior to sailing, individuals who are vision impaired may find it helpful to feel detailed boat models, in order to understand how the boat and sails work together. Braille labels can also help new sailors learn the parts of the boat. A "where's the wind" discussion prior to sailing will be helpful, especially if it includes how to feel the wind on the nose, cheek, ear, and back of the neck. A small boat model with a boom that the sailor can hold will assist with understanding points of sail.

In every case, a dockside orientation prior to sailing will be helpful for a sailor with a vision impairment. Go over the boat from bow to stern and walk the sailor through the required movements.

Advanced Sailing Opportunities for People with Vision Impairments

As sailors who are vision impaired learn sail trim, crew positions, lines and fittings, they will become more independent in responding to wind shifts and boat heel. As with sighted students, they will need less guidance as they progress, to a point where a sighted guide is only needed for avoiding traffic and obstacles.

Sailing for people with vision impairments has expanded to include one-on-one match racing with no sighted guides on board. This type of racing is conducted in keelboats using the Homerus Autonomous Sailing system. Three acoustic buoys (each with a unique sound signal) define the course, and each boat has a sound signal that changes when on port or starboard tack.



Rigging Adaptations

The following running rigging is standard on many boats and of particular benefit to sailors with disabilities:

- · Lines led back to the cockpit
- · Quality blocks with roller bearings
- · Increased purchase on lines
- Cascades to increase purchase without increasing the length of line to be pulled
- · A mainsheet operated from the boom
- · Coarse and fine tune main and jib sheets

Sheet End Modification

Adding a ball, handle, or extra large knot to the end of a line can be a great help to sailors who lack fine motor control or strength in the fingers.



Safety Tips for Getting Aboard and Sailing

- 1. Tie the boat tight against the dock, with fenders removed to eliminate any gap. If the boat has a shroud or other easy handhold, use that part of the boat for boarding.
- 2. Prior to boarding, provide a detailed verbal description of how to safely step aboard. For example, "Hold onto the shroud with your left hand. Step up six inches—now you're on the deck. Reach a hand straight out to find the boom. Step down six inches—now you're on the seat. Take another big step down—now you're standing in the cockpit." Give friendly verbal directions as the person boards, and don't grab a person's hand unless requested (or to prevent an accident). Respect boundaries; the sailor will tell you if assistance is needed. Or ask, "May I guide your hand to the wind?"
- 3. Before leaving the dock, encourage sailors to walk and feel around the cockpit and locate key equipment: tiller; boom; mainsheet; and jibsheets. Demonstrate how the boom will move back and forth and how the mainsheet controls it. Indicate any tripping hazards, and make sure you review any obstacles that may hinder mobility or cause injury until the sailors feel safe and comfortable.
- 4. To describe wind direction, consider using a clock reference with 12 o'clock as the bow and 6 o'clock as the stern.
- 5. Before raising the sails, let beginners know that the sails will rattle for a few minutes and that water from rain or condensation may drip on them.
- 6. Once under way, repeat the "Where's the wind?" discussion. Have students point into the wind and talk about where they feel it on their bodies. Then turn over the tiller to the new sailor and ask for a description of how the wind changes its angle as the tiller is moved.
- 7. Steering a straight course means centering the tiller, which can be a challenge for a person with a vision impairment. Some sailors use their bodies to find center by knowing where the end of the tiller extension fits under their arm, or by placing the balls of their feet on a foot brace. Ways to communicate "center" through the body will vary with every sailor and every boat, so it's important to encourage creativity in getting comfortable on board.

BOATS TO CONSIDER

Most adaptive sailing programs use keelboats that require only minor adaptations. Photos and contact information for the most common classes are listed for easy reference. Keep in mind that just about any boat can be used for adaptive sailing, as long as it includes the following features:

- · Stabilizing keel or weighted centerboard
- · Open uncluttered cockpit
- · Easily accessed lines

Photos by Betsy Alison unless otherwise noted



Hansa 303 www.hansaclass.org



Liberty www.hansaclass.org



Freedom 20 www.catalinayachts.com



Hobie Trapseat www.hobiecat.com/sailing/models hobie16.html



2.4 Norlin One Design www.us24meter.org



Martin 16 www.martin16.com



Sonar www.sonar.org



CATHERINE SERREAU-THOMPSON

Ideal 18 www.shumwaymarine.com/ideal18



RS Venture www.rssailing.com/en/explore/rs-venture



Challenger Trimaran www.challenger-sailing.org.uk



Flying Scot flyingscot.com



WETA Trimaran www.wetamarine.com



WindRider 17 Trimaran www.windrider.com



SKUD 18 www.skud.org



SV-14 www.sv14.org

SHAWN XIAO

ADDITIONAL RESOURCES

There are many forms that may be useful as you develop and implement adaptive sailing into your program.

Content in this section includes:

- · "Come and Try Day" sample program outline
- · How to develop a school partnership
- · Volunteer Registration Form
- Participant Application Form

Here are a few links to organizations you might find helpful:

- US Sailing Adaptive Sailing www.ussailing.org/education/adult/adaptive-sailing/
- Para World Sailing (formerly IFDS) www.sailing.org/new-to-sailing/disabled-sailing
- World Sailing (formerly ISAF) www.sailing.org/
- Sailability www.sailability.org
- Blind Sailing International www.blindsailinginternational.org/
- Special Olympics https://www.specialolympics.org/sailing.aspx
- Gowrie Group www.gowrie.com

"Come and Try Day" Sample Program Outline

An effective way to get started on a program for people with disabilities is to organize a day when they can try sailing. This day should be a relaxed and enjoyable introduction to your program, but it will require careful planning and organization. It is also a good way to gauge how well your facility and staff will work for sailors with disabilities.

Planning

Every effort should be made to ensure that the experience is pleasurable for everyone involved, from planners to volunteers to participants. Below are some things to consider:

- At least one person with a disability should be on the planning committee.
- Members of the sailing club or organization should be involved.
- Pick a date that does not conflict with major club or area events.
- Planning should begin as early as possible and include an action timetable.
- Extremes of weather should be avoided, including heat and cold.
- People should be persuaded to make their boats available; boats and equipment should be insured.
- · Club/Site facilities should be inspected for accessibility and flexibility.
- If possible, transportation to the venue should be provided.
- Meals, snacks as appropriate, and hydration should be available for sailors and helpers. Encourage use of refillable water bottles.
- · A team of competent helpers should be developed and organized.
- Plan an orientation session that covers disability awareness, safety, and special techniques. Include a physical or occupational therapist if possible.
- · Consider alternative activities in case the weather is bad, or for those waiting to sail.
- · Develop both an emergency and safety plan.
- Introduce to all participants the person or persons responsible for decision making, particularly in relation to safety and weather.
- · Make arrangements for those who do not have life jackets.

"Come and Try Day" Program

- Welcome, brief introduction and question/answer period
- 1-4 hours of open sailing; give every attendee an opportunity to sail.
- Volunteer instructors/experienced sailors who have been checked out to assist will take turns skippering and giving initial instruction to newcomers.
- Participants can be taught the basics of sailing and given the opportunity to be at the helm or trim the sails.

- Thank you and closing with refreshments (or refreshments can be served throughout)
- Alternative activities if needed due to weather, or to occupy those waiting to sail:
 - Displays
 - · Demonstrations describing boats, hoists, simple adaptations
 - · Videos, etc.

Promotion

- · Social media
- Local organizations for adaptive/disabled sports and other activities
- · Universities, colleges, and schools
- Local councils
- · Other local community sailing programs
- Local rehabilitation centers
- Local therapeutic parks and recreation departments
- · Special Olympic chapters in your area

Publicity

- · Local newspapers
- Local television and radio
- · Appropriate websites
- · Disability newsletters
- Local councils national governing body for sailing and/or sports for people with disabilities

Funding

Most "Come and Try Day" programs can be managed at minimal cost. Local grocery stores and merchants may assist with donations of food, water and small memorabilia. In addition, local governments may provide grants. Companies may be willing to sponsor out of goodwill, or in exchange for publicity. In order to maximize the volume of participation, charge attendees only as a last resort.

Boats

Almost any craft will do, provided it is:

- · reasonably stable and won't capsize
- · designed with a large, uncluttered cockpit
- · sensible for sailing conditions at the venue

Volunteers

A team of well-briefed, competent and enthusiastic volunteers is essential for a successful day. They should all:

- know clearly what is expected of them in terms of time and activity
- know how best to help
- · be competent at their allotted tasks, especially boat handling
- be identified as helpers by items such as nametags, T-shirts and hats.

Venue Facilities

Perfect, accessible facilities are not a requirement for a "Come and Try Day." Temporary ramps, rented portable handicap accessible toilets, tents and signs will be fine. However, carefully check the following for accessibility:

- · Jetties, docks and beaches
- Toilets
- Changing rooms
- · Refreshment and gathering areas
- · Areas protected from sun and/inclement weather
- Parking
- Extra equipment/needs
- Life jackets in a variety of types and sizes
- Water/windproof clothing (unclaimed club property might be a good source)
- Spare warm caps
- Long elastic straps with Velcro clasps for securing limbs, as needed
- Bottled water or reusable water bottle filling stations
- Sunscreen
- Mylar Emergency Thermal Blankets

Safety and First Aid

Check for adequate first aid and rescue procedures. If you don't already have one, create an Emergency Action Plan. Have every participant fill out a medical intake form and keep them in a binder, in case an injury occurs and you need to call 911. Provide the intake form to the emergency personnel so they are aware of the sailor's disabilities.

Developing a Partnership with Schools

In developing your sailing program for people with disabilities, it may be helpful to partner with your local schools. Below is an outline of suggestions on how to maximize this type of partnership:

- · Offer venue and facilities to schools
- Maximize the use of facilities, especially during the week
- · Partner sailing experience with teaching skills
- Work with mainstream and special schools
- Offer a sport suitable for students of all abilities
- · Offer opportunities for inclusion

Contribute to Risk Assessment

Schools are obliged to conduct a risk assessment of the activity and prepare safety strategies.

A venue can provide:

- certified sailing instructors
- safety plans

Develop a Curriculum-Related Program

To justify the use of time from the school day, it will be necessary to prepare a curriculum-based sailing program that can include:

- Personal and social skills cooperating in teams, raising self-esteem and confidence (which flow over into other areas of learning)
- US Sailing's REACH program/STEM education programs
- · Physical activity
- Environment increased knowledge of weather, wind and water
- Mathematics calculating distances to venue, angles of courses, cost of travel, fuel for support boats, etc.
- Geography weather, location of venue
- Science how sails work, flotation, tide cycle
- Body awareness hydration and temperature control

Prepare a Reward/Certification Aspect of the Program

- Follow standard award programs
- Modify certification to accommodate students with a variety of disabilities
- Introduce small steps reward system

Suggested Emergency Action Plan

An Emergency Action Plan is designed to let everyone know what to do and where to go in case of an accident or emergency on land or water. Provide this information with the participant's registration package.

The plan should include such details as:

- emergency contact numbers for people in charge of first aid and for any rescue unit
- who calls for emergency help
- · where the medical kit is kept onsite
- where and who will meet the emergency personnel if they have been called
- · what procedures are to be followed in caring for the victim
- · what documentation is required to be completed and filed

Soft-sided RIBs should be used for rescue boats, with two qualified crew per boat if possible. One rescue boat per five to ten boats should be provided. When pulling someone out of the water with limited mobility and/or feeling, make sure they are handled gently. In some cases, the sailor will not be able to help get out of the water.

Insurance

Obligations and requirements vary by state or country. Adding activities for people with disabilities should not affect the coverage offered under a standard facility policy, but check with your insurance provider to be sure.

Follow-Up Information for Participants

People appreciate having an information sheet to take away with them. Details such as the following should be included:

- Contact names and phone numbers for the program
- · Places to sail
- Types of sailing available
- · Kinds of boats being used
- Cost of sailing
- · Future activities and events
- A brochure on your local sailing program
- A brochure on US Sailing's adaptive sailing programs

Follow-Up Information to Collect from Participants

- Collect names, phone numbers, email and mailing addresses
- · Ask for comments on the day's activities
- Follow up with phone calls, email reminders and newsletters of future activities.

EMERGENCY ACTION/RESPONSE PLAN:

All Sailing Programs should have a documented Emergency Action/Response Plan. While every club and sailing organization is unique, there are many common elements that all emergency plans can share. For example:

Determine, Declare and Map Location Specific Information:

- Physical address of club
- Physical addresses of appropriate alternative locations that may be used depending on factors such as the tide, weather, or location of emergency
- Map that visually shows emergency locations, addresses, and contact numbers

Determine and Declare Communication Information:

- Primary emergency phone number and VHF channel for contacting the club or facility
- Primary phone number for the program director and/or waterfront director
- Non-911 numbers for additional first responders (e.g. local harbormaster's cell phone)

Define Instructor Requirements:

- Instructors to understand and practice the emergency procedure plan
- Coach boats to have both a working cell phone and a VHF
- Coach boats to carry a standard first aid kit
- Instructors to be First Aid and CPR certified
- Request a copy of host facility's emergency procedures (e.g. at off-site regattas)

Review & Practice the Plan:

- Review the plan annually with key personnel
- Meet with local first responders each season; ensure they know where you are located and how to get to your primary and alternative locations
- Practice the plan with all instructors prior to the start of the season

Outline the Emergency Procedure Plan: Customize for your club or sailing organization.

- Coach closest to an injured sailor proceeds to scene to render assistance.
- Coach communicates to other coaches while in route.
- Other coaches prepare to call for shore-side assistance.
- If alone on the water, direct an available sailor to board the safety boat and call 911, while coach continues to render assistance.
- Person placing call to 911 informs the first responder of exact physical meeting location.
- Contact Sailing Office and inform them of incoming emergency personnel.
- Using techniques appropriate to the injury, if possible and safe, coach to bring injured sailor aboard the safety boat and transport to meeting location.
- Coach to debrief incident with Sailing or Program Director as soon as possible.



EMERGENCY PROCEDURE CONTACT/COMMUNICATION GUIDE

In the event of an emergency or incident, the below contact procedures should serve as a guide for communication. The **Ten Crisis Steps** developed by US Sailing and the information in this guide on how to develop an **Emergency Action/Response Plan** should also be considered and incorporated into the communication plan. [All emergency response procedures and plans need to be customized to the needs of each club/facility.]

1. Get Immediate Help to the Scene:

Fire:

- Get people and staff out of the area
- Call 911

Injury:

- · Assess and clarify the situation
- Provide immediate first aid if appropriate
- Call 911
- Disperse onlookers

Other Serious Incident (Robbery, obnoxious person, collision, stolen property/boat):

Call local police

2. Next Call/Contact:

- Parents of Injured Person
- Club Office/General Manager
- Commodore

3. Those Above to Next Contact:

- Additional Flag Officers
- Board of Directors

Accidents, injuries, and incidents MUST be reported in writing as soon as possible after their occurrence to the General Manager or Commodore. Reports should be submitted no later than the day after the shift following the incident.



TEN CRISIS STEPS

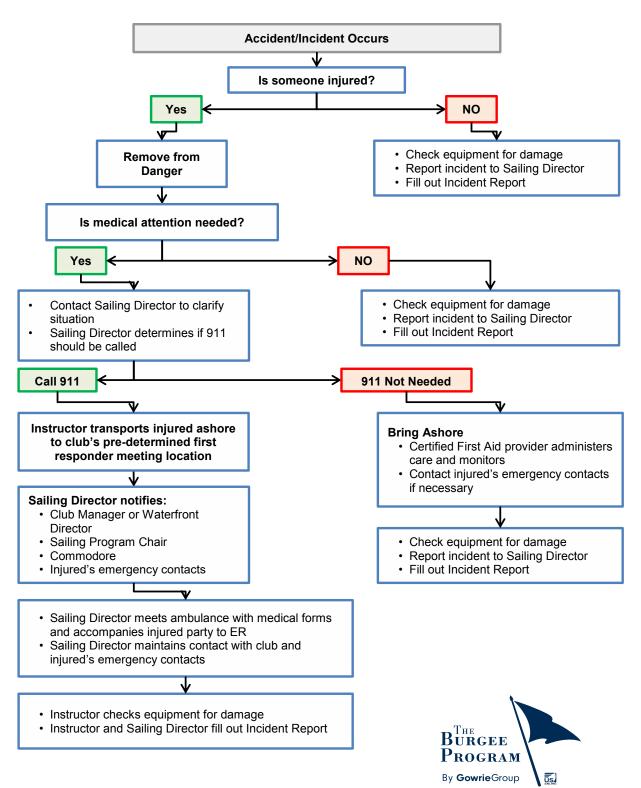
- 1. Act as quickly, responsible, humanely and openly as you can.
- 2. Form a small management committee but speak with one voice.
- **3. Immediately contact** all people with a connection, by telephone.
- 4. Call for independent review.
- 5. Send no emails unless absolute security is guaranteed.
- 6. Listen to your insurance agent and lawyer, but don't sound like one.
- 7. Respect the public's need to know, while also respecting victims' privacy.
- 8. Be accurate. Say nothing unless you know it to be true.
- 9. Take ritual seriously. Honor rescuers; consult clergy, psychologists and other specialists.
- 10. Respect PTSD. Grief counseling is extremely valuable.

The "10 Crisis Steps" were developed by US Sailing as a general guideline for how to respond in the aftermath of a crisis or emergency situation.



EXAMPLE SAILING SAFETY PROTOCOL GUIDE

[All emergency response procedures and plans need to be customized to the needs of each club/facility.]



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Volunteer Registration Form

Program Location:				•	
Last Name:		_First Name:		-	
Date of Birth (MM/DD/YY):	Ema	il			
<i>Telephone</i> (Home):	(Work):		_(Mobile):	_	
Address					
		Mailing Address)			
(City/State)		(Zip Code)		-	
Current Occupation:				_	
Special skills and interests (i.e	. Sailing, Powerboat	ting, Diving, Admin	istrative, etc.):		
Do you have a CPR certificate				No	
If yes, please specify		·			
, , , , ,				•	
Trevious volunteer Experience	-· <u> </u>			=	
			VOLUNTEER AGREEMENT	,	
For Emergency Purposes on	ly- Please indicate:				
DO YOU HAVE A MEDICAL C	ONDITION?	I agree to abide by all decisions/guide set by the YOUR CENTER NAME in reg		-	
(i.e. Diabetes, Epilepsy, Hear	rt Condition?):		to any YOUR CENTER NAME activity/event. I give my permission to the		
Please specify:			YOUR CENTER NAME/the partner of the YOUR CENTER Pr	managing	
			do an official background check		
Emergency ContactPerson			policy.		
Name:			Signature		
Address:			Date:		
Home phone:					

XYZ FOUNDATION Program Release Form

(Please Print): Participant's Name:	Date of Birth			
(Check One): Vessel Owner:Capt	rain:Crew:Veteran:	Volunteer:Guest:Student:		
Diagnosis, if applicable:		Special Need:		
Address:				
City/State/Zip:				
Phone:	Email:			
		Emergency Phone:		
Guests:				
	Relationship:			
	Relationship:			
	Relationship:			
		Date of Birth:		
Name:		Date of Birth:		
		Date of Birth:		
		Date of Birth:		
Name:	Relationship:	Date of Birth:		
emergency medical treato be used for charitable. I hereby release the XY applies), their agents, enfrom my participation in includes all unknown, used their consequences, laws, statues, or regulat demands, injuries or dark	the the transfer of the purposes. Z Foundation, below stated spreading the the XYZ Foundation Programment the XYZ Foundation Programment as well as those now disclosed ions of any kinds that provide images, losses or liabilities, which was are here by waived. The English Programment of the English Programment of the transfer of the	ciated with my participation. I hereby authorize that necessary. I authorize photographs including myself consoring agency and vessel owner and their crew (in diffiliates, from any and all liability that may arise m. I further agree that this release also covers and insuspected injuries, damages, losses and liabilities, if and known by me to exist. Any provisions of any in substance that releases shall not extend to claims, chare unknown to unsuspected to exist by the mergency contact information that I have provided	f if	
Name:(Parent/Guardian name	also, if participant is under 18 y			
Signature(s):	also, if participant is under 18 y	vears old)		
How did you hear about	[XYZ?	Date		

Name:

Office phone: ____

XYZ CAMP PARTICIPANT INFORMATION

Please fill out the following completely and accurately, and fax to XXX-XXX-XXXX or mail to XYZ Camp Road, Anytown, US

Date:

XYZ Camp PARTICIPANT	PARENT/GUARDIAN INFORMATION			
Name:	Name:			
Age:/	Relation:			
Address:	Address:			
	Audress.			
Home phone:	Home Phone:			
Cell phone:	Cell Phone:			
Email address:	Work phone:			
Disability:	Email address:			
Disability details:	Primary language spoken/understood:			
Height:lbs.	EMERGENCY CONTACT INFORMATION			
Hip measurement: Waist measurement				
Primary language spoken/understood:	(if different from Parent/Guardian)			
Have there been any seizures in the last two years?	Name:			
Is the participant ambulatory? YesNo	Relation:			
What are the participant's primary means of mobility (i.e.,	Home phone:			
power wheelchair, manual wheelchair, cane, walker, etc.)?	Cell phone:			
1. 2.				
3	Work phone:			
Local Lodging:	Primary language spoken/understood:			
Local Phone:				
PHYSICIAN IN	NFORMATION			
ame:	Location:			
ffice phone: Home phone:				

participant's disabili	name:	
	TTENTION DEFICIT DISORDER isability Secondary condition	
1. Age at time of diagnosis:	ADD ADHD	
Appears forgetful or disorganized I Excessive talking I Often interrupts	rticipant: Difficulty following directions Difficulty staying seated Difficulty staying seated Difficulty waiting in line Other: aracteristics about which you feel we need to know more.	·
Please describe the level of supervision the participa	pant requires.	<u> </u>
Autism (Circle One: Mild Moder 1. What level of supervision does he/she require?		<u> </u>
	?? (Please circle the MOST appropriate option.) Speaks in single words Physically takes one to what he/she wants Uses a communication board Uses personal vocalizations or sounds Writes or draws needs/wants Other: smells, tastes, etc.)	
5. How do you soothe him/her when he/she is upset? 6. Please circle the option that BEST describes the par Typical attention span and activity level for check Very short attention span Low activity level; requires motivation to take Overactive Easily distracted by sensory stimulation – sight	child's age ke part in activities	

□ Pri	TRAUMATIC BRAIN INJURY mary disability Secondary cor	ndition
_	-	
Please describe the type of head injury (clos	ed, focal, etc.) and its cause.	
. Please describe the cause of the injury		
. Date of injury?		
	Hemiplegia Unable to swallow Socially inappropriate Poor long-term memory Poor attention span Double vision Disoriented to place and time	
Dlease describe what devices/methods you r	ise to prevent skin breakdown/pressure ulcers:	
	ise to prevent skin oreakdown/pressure dicers.	
	CDDVAL CODD DVIVIDA	
П	SPINAL CORD INJURY Primary disability Secondary condition	on
December 1 Places indicate the level of the injury (i.e. T	Primary disability Secondary condition	
	Primary disability Secondary condition—4, C-6, etc.).	
	Primary disability Secondary condition	
2. Please describe the cause of the injury	Primary disability Secondary condition—4, C-6, etc.).	
2. Please describe the cause of the injury	Primary disability Secondary condition—4, C-6, etc.).	
2. Please describe the cause of the injury	Primary disability Secondary condition—4, C-6, etc.).	
2. Please describe the cause of the injury	Primary disability Secondary condition—4, C-6, etc.)	
2. Please describe the cause of the injury	Primary disability Secondary conditions. -4, C-6, etc.). ncomplete the participant as a result of his/her injury. Quadriplegia Skin breakdown/pressure ulcers	Loss of bladder control Blood pressure changes
2. Please describe the cause of the injury	Primary disability Secondary condition -4, C-6, etc.). ncomplete the participant as a result of his/her injury. Quadriplegia Skin breakdown/pressure ulcers Spinal pain	Loss of bladder control Blood pressure changes Autonomic dysreflexia
. Please describe the cause of the injury	Primary disability Secondary condition -4, C-6, etc.). ncomplete the participant as a result of his/her injury. Quadriplegia Skin breakdown/pressure ulcers Spinal pain Blurred vision	Loss of bladder control Blood pressure changes Autonomic dysreflexia Leg swelling
Date of injury? The injury is complete ir Please circle all characteristics that apply to Paraplegia Loss of bowel control Muscle spasticity Respiratory distress Aspirations	Primary disability Secondary conditions -4, C-6, etc.). ncomplete the participant as a result of his/her injury. Quadriplegia Skin breakdown/pressure ulcers Spinal pain Blurred vision Frequent pneumonia	Loss of bladder control Blood pressure changes Autonomic dysreflexia Leg swelling Contractures
2. Please describe the cause of the injury	Primary disability Secondary condition -4, C-6, etc.). ncomplete the participant as a result of his/her injury. Quadriplegia Skin breakdown/pressure ulcers Spinal pain Blurred vision Frequent pneumonia oo hot/too cold	Loss of bladder control Blood pressure changes Autonomic dysreflexia Leg swelling Contractures Other:
2. Please describe the cause of the injury	Primary disability Secondary conditions -4, C-6, etc.). ncomplete the participant as a result of his/her injury. Quadriplegia Skin breakdown/pressure ulcers Spinal pain Blurred vision Frequent pneumonia	Loss of bladder control Blood pressure changes Autonomic dysreflexia Leg swelling Contractures Other:
2. Please describe the cause of the injury	Primary disability Secondary condition -4, C-6, etc.). ncomplete the participant as a result of his/her injury. Quadriplegia Skin breakdown/pressure ulcers Spinal pain Blurred vision Frequent pneumonia oo hot/too cold	Loss of bladder control Blood pressure changes Autonomic dysreflexia Leg swelling Contractures Other:
2. Please describe the cause of the injury	Primary disability Secondary condition -4, C-6, etc.). ncomplete the participant as a result of his/her injury. Quadriplegia Skin breakdown/pressure ulcers Spinal pain Blurred vision Frequent pneumonia oo hot/too cold	Loss of bladder control Blood pressure changes Autonomic dysreflexia Leg swelling Contractures Other:
2. Please describe the cause of the injury	Primary disability Secondary conditions -4, C-6, etc.). ncomplete the participant as a result of his/her injury. Quadriplegia Skin breakdown/pressure ulcers Spinal pain Blurred vision Frequent pneumonia boo hot/too cold any characteristics about which you feel we nee	Loss of bladder control Blood pressure changes Autonomic dysreflexia Leg swelling Contractures Other:
2. Please describe the cause of the injury	Primary disability Secondary conditions -4, C-6, etc.). ncomplete the participant as a result of his/her injury. Quadriplegia Skin breakdown/pressure ulcers Spinal pain Blurred vision Frequent pneumonia boo hot/too cold any characteristics about which you feel we nee	Loss of bladder control Blood pressure changes Autonomic dysreflexia Leg swelling Contractures Other:

Participant's name:	
AMPUTATION	
Primary disability Secondary condition	
1. Please identify the type of amputation (i.e. above knee, below knee, etc.)	
2. Please identify the cause of the amputation	
2. Date of amputation:	
3. Please describe his/her means of mobility (i.e. prosthesis, wheelchair, none, etc.)	
4. If he/she has a prosthesis, will he or she be using it while taking part in our program? Yes (Please note: we will not be held responsible if the prosthesis becomes damaged or broken while participate	No ting in our programs.)
5. Please circle all characteristics that apply to the participant as a result of his/her amputation.	r: 1 ·
Weight gain Skin breakdown on residual limb(s) Depression Decreased physical activity	Limb pain Muscle loss
Back and/or hip concerns Decrease in bone density	Other:
6. Of those circled above, please comment on any characteristics about which you feel we need to know more.	
7. Please list ALL safety precautions you take to protect the amputated limb against the cold and falls	
VISUAL IMPAIRMENT Primary disability Secondary condition	
1. Please identify the participant's visual impairment: Partially Sighted/Legally Blind Total	lly Blind
2. Please circle the reason(s) for the participant's visual impairment:	
Cataracts Retinopathy Glaucoma Optic Atrophy Congenital Macular Degeneration	Diabetes Trauma
Retinitis Pigmentosa Other:	
3. Of those circled above, please comment on any characteristics about which you feel we need to know more	
4. How long has he/she had a visual impairment?	
5. Please describe with detail, the amount of vision the participant has (i.e., light and dark, tunnel, peripheral, etc.)	
	··
6. Please list any devices used to aid the participant in mobility (i.e., cane, guide, etc.).	

Please explain the cause of his/her hearing impairment: Please explain the cause of his/her hearing impairment? How long has the participant had a hearing impairment? Does he/she experience ringing in the ears? Please describe how he/she best communicates with others. Please describe how he/she best communicates with others. Please circle all characteristics that apply to the participant: Poor muscle tone Far sightedness Speech difficulties Heart defect Social implications Lower resistance to infection Other: Of those circled above, please comment on any characteristics about which you feel we need to know more. Please describe the level of supervision he/she requires. WILLIAMS SYNDROME Primary disability Secondary condition Age at time of diagnosis: Please circle all characteristics that apply to the participant: Cardiovascular disease Joint limitations Development delays Cognitive delays Generalized anxiety Generalized anxiety Sensitive hearing	П	HEARING IMPAIRMENT Primary disability Secondary	v condition
Please explain the cause of his/her hearing impairment		_	
How long has the participant had a hearing impairment?		_	Town nowing room
Down syndrome Please describe how he/she best communicates with others. Down syndrome	2. I lease explain the cause of ms/her heart	ng mpanment	
DOWN SYNDROME Primary disability Secondary condition	3. How long has the participant had a hear	ing impairment?	
DOWN SYNDROME Primary disability Secondary condition	1. Does he/she experience ringing in the ea	\square Yes \square No	
Age at time of diagnosis:	5. Please describe how he/she best commu	nicates with others.	
Age at time of diagnosis:			
Age at time of diagnosis:			
Age at time of diagnosis:			
Please circle all characteristics that apply to the participant: Poor muscle tone Far sightedness Near sightedness Hearing impairment Speech difficulties Heart defect Atlantoaxial instability Social implications Lower resistance to infection Other: Of those circled above, please comment on any characteristics about which you feel we need to know more. WILLIAMS SYNDROME Primary disability Secondary condition Age at time of diagnosis: Please circle all characteristics that apply to the participant: Cardiovascular disease Joint limitations Development delays ADD/ADHD Diabetes Sensitive hearing Non-verbal Reserved/Shy Other: Hearing impairment Atlantoaxial instability Other: Atlantoaxial instability Other: Diabetes Sensitive hearing Other:			y condition
Poor muscle tone Far sightedness Near sightedness Hearing impairment Speech difficulties Heart defect Social implications Lower resistance to infection Other: Of those circled above, please comment on any characteristics about which you feel we need to know more. WILLIAMS SYNDROME Primary disability Secondary condition Age at time of diagnosis: Please circle all characteristics that apply to the participant: Cardiovascular disease Doint limitations Development delays ADD/ADHD Diabetes Near sightedness Hearing impairment Atlantoaxial instability Other: Atlantoaxial instability Secondary condition Joint laxity Generalized anxiety Sensitive hearing Non-verbal Reserved/Shy Other:	1. Age at time of diagnosis:		
Far sightedness Speech difficulties Heart defect Atlantoaxial instability Social implications Lower resistance to infection Other: Of those circled above, please comment on any characteristics about which you feel we need to know more. 4. Please describe the level of supervision he/she requires. WILLIAMS SYNDROME Primary disability Secondary condition Age at time of diagnosis: Please circle all characteristics that apply to the participant: Cardiovascular disease Joint limitations Joint laxity Development delays Cognitive delays Generalized anxiety ADD/ADHD Diabetes Sensitive hearing Non-verbal Reserved/Shy Other: ———————————————————————————————————	2. Please circle all characteristics that appl	y to the participant:	
Speech difficulties Social implications Lower resistance to infection Other: Of those circled above, please comment on any characteristics about which you feel we need to know more. 4. Please describe the level of supervision he/she requires. WILLIAMS SYNDROME Primary disability Secondary condition Age at time of diagnosis: Please circle all characteristics that apply to the participant: Cardiovascular disease Joint limitations Joint laxity Development delays Cognitive delays Generalized anxiety ADD/ADHD Diabetes Sensitive hearing Non-verbal Reserved/Shy Other:	Poor muscle tone	Hyperflexibility	
Social implications Lower resistance to infection Other: Of those circled above, please comment on any characteristics about which you feel we need to know more. 4. Please describe the level of supervision he/she requires. WILLIAMS SYNDROME Primary disability Secondary condition Age at time of diagnosis: Please circle all characteristics that apply to the participant: Cardiovascular disease Joint limitations Development delays Cognitive delays ADD/ADHD Diabetes Non-verbal Non-verbal Diabetes Reserved/Shy Other: Other:			
Ape at time of diagnosis:			
### A. Please describe the level of supervision he/she requires. #### WILLIAMS SYNDROME Primary disability Secondary condition Age at time of diagnosis: Please circle all characteristics that apply to the participant: Cardiovascular disease Joint limitations Joint laxity Development delays Cognitive delays Generalized anxiety ADD/ADHD Diabetes Sensitive hearing Non-verbal Reserved/Shy Other:	3. Of those circled above, please comment	on any characteristics about which you feel w	e need to know more.
WILLIAMS SYNDROME Primary disability Secondary condition Age at time of diagnosis: Please circle all characteristics that apply to the participant: Cardiovascular disease Joint limitations Joint laxity Development delays Cognitive delays Generalized anxiety ADD/ADHD Diabetes Sensitive hearing Non-verbal Reserved/Shy Other:			
WILLIAMS SYNDROME Primary disability Secondary condition Age at time of diagnosis: Please circle all characteristics that apply to the participant: Cardiovascular disease Joint limitations Joint laxity Development delays Cognitive delays Generalized anxiety ADD/ADHD Diabetes Sensitive hearing Non-verbal Reserved/Shy Other:	/1		
Age at time of diagnosis:	71		
Age at time of diagnosis:		he/she requires.	
Age at time of diagnosis:		he/she requires.	
Age at time of diagnosis: Please circle all characteristics that apply to the participant: Cardiovascular disease Joint limitations Joint laxity Development delays Cognitive delays Generalized anxiety ADD/ADHD Diabetes Sensitive hearing Non-verbal Reserved/Shy Other:		he/she requires.	
Please circle all characteristics that apply to the participant: Cardiovascular disease Joint limitations Development delays Cognitive delays Generalized anxiety ADD/ADHD Diabetes Sensitive hearing Non-verbal Reserved/Shy Other:	4. Please describe the level of supervision	WILLIAMS SYNDROME	
Cardiovascular disease Joint limitations Joint laxity Development delays Cognitive delays Generalized anxiety ADD/ADHD Diabetes Sensitive hearing Non-verbal Reserved/Shy Other:	4. Please describe the level of supervision	WILLIAMS SYNDROME Primary disability Secondar	
Development delays Cognitive delays Generalized anxiety ADD/ADHD Diabetes Sensitive hearing Non-verbal Reserved/Shy Other:	4. Please describe the level of supervision 1. Age at time of diagnosis:	WILLIAMS SYNDROME Primary disability	
ADD/ADHD Diabetes Sensitive hearing Non-verbal Reserved/Shy Other:	4. Please describe the level of supervision 1. Age at time of diagnosis:	WILLIAMS SYNDROME Primary disability ☐ Secondar y to the participant:	ry condition
Non-verbal Reserved/Shy Other:	4. Please describe the level of supervision 1. Age at time of diagnosis: 2. Please circle all characteristics that apply Cardiovascular disease	WILLIAMS SYNDROME Primary disability Secondar y to the participant: Joint limitations	ry condition Joint laxity
	4. Please describe the level of supervision 1. Age at time of diagnosis: 2. Please circle all characteristics that apply Cardiovascular disease Development delays	WILLIAMS SYNDROME Primary disability Secondar y to the participant: Joint limitations Cognitive delays	Joint laxity Generalized anxiety
	4. Please describe the level of supervision 1. Age at time of diagnosis: 2. Please circle all characteristics that apply Cardiovascular disease Development delays ADD/ADHD	WILLIAMS SYNDROME Primary disability Secondar y to the participant: Joint limitations Cognitive delays Diabetes	Joint laxity Generalized anxiety Sensitive hearing
	4. Please describe the level of supervision 1. Age at time of diagnosis: 2. Please circle all characteristics that apply Cardiovascular disease Development delays ADD/ADHD Non-verbal	WILLIAMS SYNDROME Primary disability Secondar y to the participant: Joint limitations Cognitive delays Diabetes Reserved/Shy	Joint laxity Generalized anxiety Sensitive hearing Other:
	4. Please describe the level of supervision 1. Age at time of diagnosis: 2. Please circle all characteristics that apply Cardiovascular disease Development delays ADD/ADHD Non-verbal	WILLIAMS SYNDROME Primary disability Secondar y to the participant: Joint limitations Cognitive delays Diabetes Reserved/Shy	Joint laxity Generalized anxiety Sensitive hearing Other:

	SPINA BIFIDA	
☐ Primar	ry disability Second	dary Cendition
. Please identify his/her type of Spina Bifida:	☐ Meningocele	☐ Myelomeningocele
Age at time of diagnosis:	<u> </u>	
	Decreased bladder control Developmental delays Difficulty understanding langua Decreased motor coordination Speech difficulties	Seizures Non-verbal we need to know more.
Please describe his/her level of movement and	means of mobility.	
. Please describe what devices/methods you use	to prevent pressure ulcers/skin break	down.
		down.
	CEREBRAL PALSY	
☐ Prima	CEREBRAL PALSY ry disability Second	dary condition
Prima Please identify his/her type of cerebral palsy (C	CEREBRAL PALSY ry disability Second CP). Spastic Athe	dary condition
Prima Please identify his/her type of cerebral palsy (Co.) Please note the cause of his/her CP.	CEREBRAL PALSY ry disability Second CP). Spastic Athe	dary condition
	CEREBRAL PALSY ry disability Second CP). Spastic Athe	dary condition
Prima Please identify his/her type of cerebral palsy (C). Please note the cause of his/her CP.	CEREBRAL PALSY ry disability Second CP). Spastic Athe	dary condition
Prima Please identify his/her type of cerebral palsy (Co.) Please note the cause of his/her CP. Age at time of diagnosis: Please circle all characteristics that apply to the Muscle tightness Gait and mobility disturbances Vision impairment Cognitive delays Respiratory distress Pressure ulcers/Skin breakdown	CEREBRAL PALSY ry disability Second CP). Spastic Athe e participant. Muscle spasms Abnormal sensations Hearing impairment Feeding difficulties Learning disabilities Latex allergies	dary condition toid
Prima Please identify his/her type of cerebral palsy (Co.) Please note the cause of his/her CP Age at time of diagnosis: Please circle all characteristics that apply to the Muscle tightness Gait and mobility disturbances Vision impairment Cognitive delays Respiratory distress Pressure ulcers/Skin breakdown	CEREBRAL PALSY ry disability Second CP). Spastic Athe e participant. Muscle spasms Abnormal sensations Hearing impairment Feeding difficulties Learning disabilities Latex allergies	dary condition toid
Prima Please identify his/her type of cerebral palsy (Complease note the cause of his/her CP. Age at time of diagnosis: Please circle all characteristics that apply to the Muscle tightness Gait and mobility disturbances Vision impairment Cognitive delays Respiratory distress Pressure ulcers/Skin breakdown Of those circled above, please comment on any	CEREBRAL PALSY ry disability Second CP). Spastic Athe participant. Muscle spasms Abnormal sensations Hearing impairment Feeding difficulties Learning disabilities Latex allergies c characteristics about which you feel	dary condition toid

Participant's	s name:	
	DEVELOPMENTAL DELAY	
☐ Primary	disability Secondary co	ondition
1. Please note the cause of the participant's disability	ty	
2. Age at time of diagnosis:	_	
3. Please describe his/her developmental delay		
4. Please circle all characteristics that apply to the p	participant.	
IQ 80 or below	Speech delays	Expressive language delays
Hearing impairment	Oral motor dysfunction	Impaired visual-spatial abilties
Visual impairment Hypotonia	Hyperactivity	Gross motor delays Epilepsy
Poor hand eye coordination	Social delays Other:	Epilepsy
1 oor hand eye coordination	ouler.	
5. Of those circled above, please comment on any c	haracteristics about which you feel we no	eed to know more.
	LEARNING DISABILITY	
☐ Primary	disability Secondary co	ondition
Please note the cause of the participant's disabilit	v.	
2. Age at time of diagnosis:		
2. Age at time of diagnosis.	_	
3. Please describe his/her learning disability.		
4. Please circle all characteristics that apply to the p	participant.	
Slow response times	Time concept difficulty	Logic difficulty
Sequencing difficulty	Requires increased clarification	Does not consider consequences
Difficulty finishing task	Hyperactivity	Oppositional behavior
Dyslexia	Poor motor planning	Poor auditory discrimination
Writing difficulty	Poor visual perception	Poor memory
Poor hand-eye coordination	Easily irritated	Impulsive
Unable to make connections between simi	lar concepts	Other:
5. Of those circled above, please comment on any c	haracteristics about which you feel we ne	eed to know more.
6. What techniques and/or modalities do you use to	help the participant learn best?	
Please note the cause of the participant's disability	OTHER	
2. Age at time of diagnosis:		
3. Please describe his/her disability.		

Gymnastics: Karate:	Frequency:	Duration:
Karate:	Frequency:	Duration
		Duration:
Horseback riding:	Frequency:	Duration:
Hiking:	Frequency:	Duration:
Baseball:	Frequency:	Duration:
Football:	Frequency:	Duration:
Soccer:	Frequency:	Duration:
Jogging/running:	Frequency:	Duration:
Rafting:	Frequency:	Duration:
Fishing:	Frequency:	Duration:
Basketball:	Frequency:	Duration:
Skiing/snowboarding:	Frequency:	Duration:
Skateboarding:	Frequency:	Duration:
Mountain biking:	Frequency:	Duration:
Theatre/dance:	Frequency:	Duration:
Rollerblading:	Frequency:	Duration:
Rock climbing:	Frequency:	Duration:
Other:	Frequency:	Duration:
e indicate any past physical ac	tivities in which the participant	took part and the reason they are no longer participa
: 1: 4	activities in which the participa	nt would like to participate:

Participant's name:

	Participar	nt's name:			<u> </u>	
Please list ALL m accurately and with	nedications (prescription and all information possible.		ICAL INFOR		ase be sure to list medications as	
MEDICATIO		REA	ASON	ADDITIO	ONAL INFORMATION	
	SCHEDULE					
	ase describe all medical proc				y have. Please be sure to state he	
ALLERGY	REACTION			CONTROL TECHNIC	QUES/MEDICATIONS	
4. Does the participa	ant suffer from altitude sickn	ess?	Yes	No		
5. Does the participa	ant suffer from motion sickne	ess?	Yes	No		

Participant's name:					
GENERAL INFORMATION					
1.	Please describe the participant socially. (Include age of peers, interests, games and/or activities, etc.)				
2.	Please describe any assistive devices (communication boards, hearing aids, picture cards, motivators, etc.) that the participant may and the reason for its use. (Note: If appropriate, please allow these assistive devices to accompany your child.)				
3.	Please describe any unique/challenging characteristics that you would like us to consider.				
4.	Please describe any additional strengths (with regard to social skills, physical skills, behavior, communication, etc.) that the participant exhibits.				
	Please list three goals you would like to see the participant achieve while participating with XYZ Camp.				
	Please describe any additional information that will assist us in providing the participant with the best possible experience.				
	guardian signature: Date:/ guardian name (Please print):				

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A_AD_003_JUL18