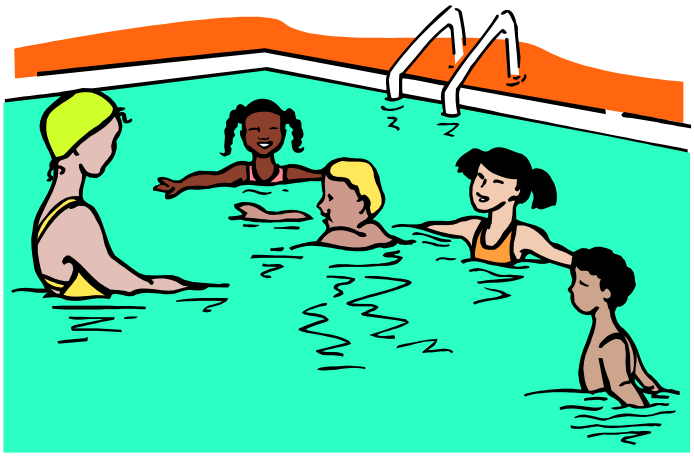
Royal Life Saving

THE ROYAL LIFE SAVING SOCIETY WESTERN AUSTRALIA INC.

SWIMMING INSTRUCTOR RESCUE AWARD

Learner Guide



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ABOUT LEANERS GUIDE

This Learner Guide has been produced by The Royal Life Saving Society Western Australia Inc. to aid participants in the course Swimming Instructor Rescue Award.

All information is true and correct at time of publication.

Learner Guide Version History

Date	Version No.	Comments
June 2012	1.0	First Print
August 2014	1.1	Second Print

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SWIMMING INSTRUCTOR RESCUE AWARD PROGRAM

Resuscitation Initiative	Demonstrate initiative in dealing with a non-breathing person.
150m Swim	Demonstrate a continuous 150m swim, with any recognisable stroke, no time limit.
Safe Entries/Exits	Demonstrate various entries and exits
Reach Rescue	Demonstrate methods of reach rescue that can be used at a pool.
Non-contact Rescue	Demonstrate methods of non-contact rescue with an aid of a weak swimmer who is in difficulty between 10 to 15 metres from the point of entry. Assist the swimmer to climb out.
Survival Skills	Demonstrate the HELP position, HUDDLE and survival sequence swimming
Recovery and Resuscitate	Identify a submerged casualty in water, recover and resuscitate the casualty in 2 meter depth water.
Spinal Injury	Apply the vice grip and extended arm rollover for the immobilisation of a spinal injury and then wade/swim with the casualty for 5 metres.
Rescue Initiative	Demonstrate initiative in effecting a rescue of a person who is in difficulty up to 15 metres from safety and whose condition is unrevealed.

The Aquatic Trainer may re-assess any of the skills listed on this Assessment Schedule.

ASSESSOR

The assessor will be an approved Royal Life Saving assessor holding a current Aquatic Trainer award at the level being assessed, or higher.

DESCRIPTION OF TASK

Candidates must satisfactorily complete a practical resuscitation scenario, identification of the use of a defibrillator, as well as a mixed methods theory examination within the allotted class time.

DURATION

The Swimming Instructor Rescue Award assessments must be completed within class time. The current nominal allotted time for both training and assessment is 3 hours.

ACCESS AND EQUITY

Royal Life Saving has a Building Diversity Policy that ensures that people from all groups, such as aboriginal people, people with a disability, people from culturally and linguistically diverse backgrounds, people from rural and remote areas, mature aged people, and women, have equal opportunity to get successfully into Vocational Education and Training to gain skills and knowledge that equips them for a reasonable working life.

COMPLAINTS GRIEVANCES AND APPEALS POLICY

Complaints

All participants in any training or assessment activity conducted by Royal Life Saving have the right to seek redress if they believe that they have been treated unfairly or if they are not satisfied with any process or relevance of the training or assessment activity.

Grievance Mechanism

Royal Life Saving has developed a Grievance Policy to ensure that participants and clients have access to a fair and equitable process for dealing with grievances.

Appeals Process

Royal Life Saving has developed an Appeals Policy to ensure that participants and clients have access to a fair and equitable process for dealing with complaints regarding final assessment outcomes. Any appeal on an assessment decision must be made by the participant within 10 working days after the participant was notified of the result.

COURSE OUTLINE

SWIMMING INSTRUCTOR RESCUE AWARD

Theory / Practical	Topic
	Introduction
Theory	Culture of Lifesaving
Theory	How to Call for help in an Emergency
Theory	Water Safety and Hazard Identification
Theory	Aquatic Environments
Demonstration / Practical	Recovery Position Demonstration and Practice Recovery Position Variations
Demonstration/Practical	Adult, Child and Infant Resuscitation
Demonstration/Practical	Cardio Pulmonary Resuscitation (CPR) Scenarios with Ongoing Assessment (including choking)
Theory	Automated External Defibrillator Demonstration
Theory	Communicable Diseases and Hygiene
Theory	Rescue Principles – Steps in a Rescue
Practical	150m Swim
Demonstration/Practical	Types of Entries
Theory / Demonstration	Characteristics of a Person in Difficulty
Theory / Demonstration/Practical	Rescue Techniques
Demonstration/Practical	Survival swimming HUDDLE/HELP position
Demonstration/Practical	Recover and Resuscitate
Theory / Demonstration/Practical	Spinal Management
Theory	Alcohol and Recreational Aquatic Activity
Theory	Emergency Care
Theory/Practical	Accident Report Forms

THE GOOD SAMARITAN

Volunteers are generally protected if acting in a bona fide manner, and do not need to fear litigation if they come to the aid of a fellow human in need. No 'Good Samaritan' or volunteer in Australia, or probably elsewhere, has ever been successfully sued for consequences of rendering assistance to a person in need.

A ***'Good Samaritan'*** is defined in legislation as a person acting without expecting financial or other reward for providing assistance. Volunteers acting as 'Good Samaritans' are under no legal obligation to assist a fellow being, however, the ARC encourages the provision of assistance to any person in need. Having decided to assist however, a standard of care appropriate to their level of training is expected.

CULTURE OF LIFESAVING

The Bronze program has been successfully running in Australia for over 105 years. By completing one of the awards in this strand, you will join the millions of other Australians who have achieved the skills, judgement and initiative to perform successful aquatic rescues.

Central to the role of the lifeguard or rescuer is the safeguarding of life. This inherently includes both the life of the casualty in distress and the life of the rescuer. Therefore, rescue techniques should in no way expose the rescuer to danger and self-preservation is of the utmost importance.

As with most physical skills, lifesaving skills deteriorate without regular practice. With this in mind, the focus for the society today is on participation. The Royal Life Saving Society would like to encourage all Australian's to undertake regular water safety activity. In the very least, Royal Life Saving encourages the development and continuance of water safety knowledge as the foundation on which all aquatic activity should be based.

LEGAL CONSIDERATIONS

CONSENT

Consent should be sought from the casualty whenever possible prior to applying first aid. Treatment given without the person's consent could be constituted as assault.

Consent can be implied or expressed:

- It is implied when a person attends a first aid room for treatment
- Consent is expressed when oral or written permission is given

In some circumstances a person cannot give consent for treatment:

- If the casualty is unconscious
- A child or severe intellectual disability
- Where injury or illness has affected the person's ability to make an informed choice

In these cases, consent is not required and a qualified person may administer any necessary treatment to save the persons life or to prevent serious illness or further injury. If the casualty is under 18 years, and if possible, obtain consent from the parent or legal guardian.

DUTY OF CARE

In the case of an emergency, the law does not require a first aider to render assistance unless that person already owes a duty of care to the injured or ill (for example a school teacher responsible for their students). Once first aid is commenced, a duty of care has been assumed. If a person in your care becomes ill or injured, you must help them by doing something within the scope of your training that assists that person. The first aider, who owes a duty, must apply their first aid skills and knowledge in a responsible and reasonable manner.

NEGLIGENCE

Negligence is the most likely allegation in a lawsuit. Negligence means carelessness, or the failure to behave in the manner accepted by the community when dealing with others. The key concern is determining when fault exists in the legal sense.

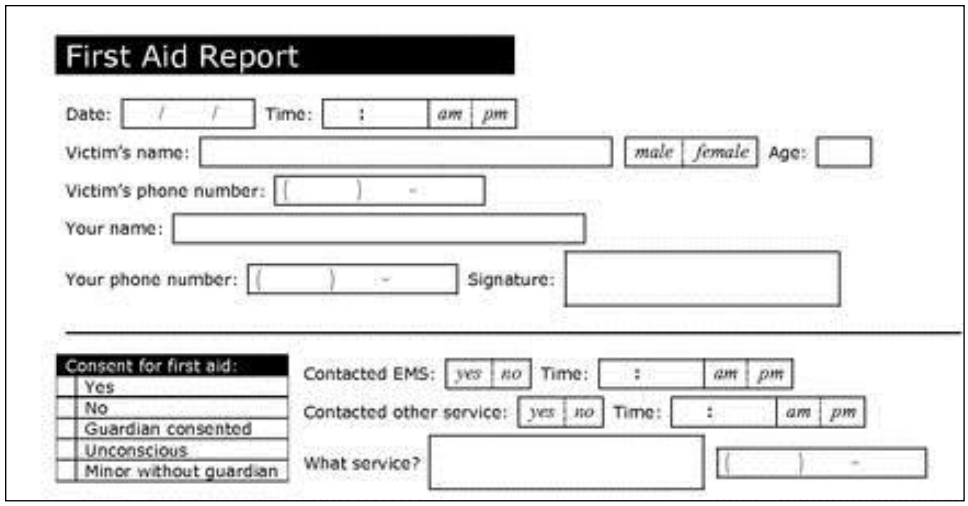
A court will look at all the circumstances to determine what is reasonable in any given situation. Upon rendering assistance, a person is under a duty of care to do everything reasonable in the circumstances. A first aider will be judged according to the level of first aid training and experience that they have and the conditions that prevailed at the time.

RECORDING

In the event of any dispute, it will be helpful to the first aider to have a record made at the time of the incident. The importance of accurately recording and retaining written facts can not be underestimated. When authorities investigate serious accidents, all written details are carefully examined. Such records are referred to and used as evidence at inquests and court cases.

The following guidelines may be of assistance in the preparation of a first aid report:

- Write in ink only
- Sign and date any alterations
- Do not use correction fluids
- Keep the contents strictly confidential, clear and concise
- Make sure that the record is factual and based on your observations


First Aid Report

Date: / / Time: : am pm

Victim's name: male female Age:

Victim's phone number: ( ) -

Your name:

Your phone number: ( ) - Signature:

Consent for first aid:
- Yes
- No
- Guardian consented
- Unconscious
- Minor without guardian

Contacted EMS: yes no Time: : am pm

Contacted other service: yes no Time: : am pm

What service? ( ) -

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HOW TO CALL FOR HELP

When possible, the person with the best first aid knowledge should stay with the casualty while someone else calls for the emergency assistance.

1. To call for the Ambulance, Police or Fire Service, use 000 from all phones, including mobiles. (*Mobiles just need to have a signal and do not need credit to be able to dial 000.)*
2. When the emergency operator answers, state clearly which service is required.
3. Stay calm and speak clearly to convey the message. Be ready to answer any questions.
4. State the following:
   - The exact address or location with any clear landmarks or closest street cross reference
   - An outline of the emergency
   - The number of casualties involved
   - Any information about the condition of the casualty(s)
   - Any hazards relevant to the area, such as fire, chemical, spill, fumes
   - The telephone number where the caller can be contacted in case further information is needed
5. Wait until the operator tells you to hang up.
6. Ask someone to stay in a prominent position to direct the emergency service vehicle to the correct area.

The chain of survival describes the sequence of critical intervention stages in the initial care of a cardiac arrest patient.

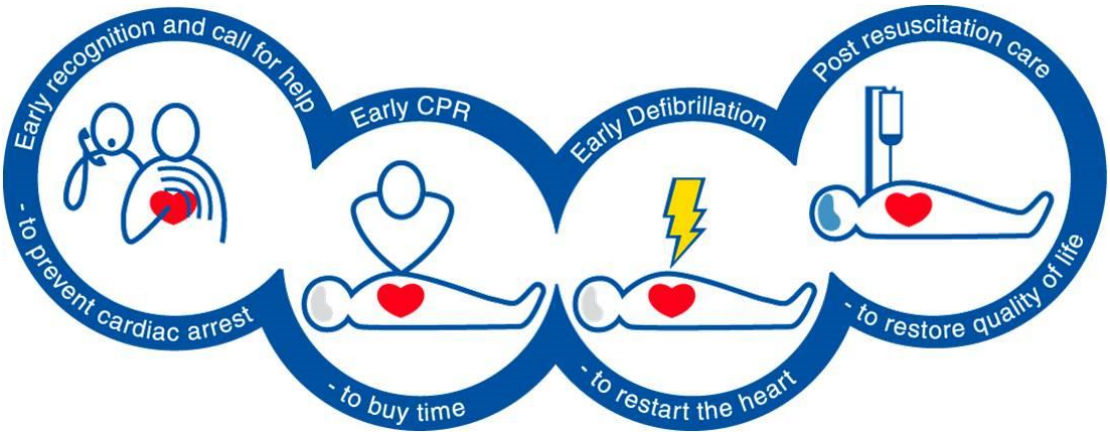
The critical stages are:

Early Call For Help
It is essential to attend the casualty and call for help as soon as possible.

Early CPR
This will increase the casualty's chance of survival by encouraging oxygenated blood flow to the brain.

Early Defibrillation
The restoration of an adequate heart rhythm is necessary for the casualty to survive a cardiac arrest.

Post Resuscitation Care
Transportation of the casualty to hospital by ambulance should not be delayed to enable further treatment and monitoring of their condition.



EMERGENCY CARE PROCEDURE

D	**DANGER**	**Check for Danger to yourself, bystanders and the casualty.** Can whatever caused the problem, harm you or others? Check up down and all around to casualty.
R	**RESPONSE**	**Assess the level of consciousness.** Check if the casualty is conscious by asking questions and squeezing their shoulders. If no response, get bystander to call for help.
S	**SEND for help**	**Call " 000 "**
A	**AIRWAY**	**Check, clear and then open the airway.** 1. Open the mouth and look inside for any Foreign Matter. (Do Not Tilt Head) 2. Roll onto side if foreign matter is seen then remove by scooping downwards with fingers. 3. If no foreign matter is seen then Tilt head back/ chin lift to open airway.
B	**BREATHING**	**Check for breathing:** **Look, Listen, Feel for 10 seconds** Look down the chest, listen for breath and feel it on your cheek. Rest your hand on the person's diaphragm and feel for breathing. **Minimum of 2 Breaths** need to be recognised for **Normal Breathing** within **10 Secs.** **If Normal Breathing is NOT present, Start CPR.** If the casualty is breathing but unconscious, place in the recovery position and monitor ABC. Seek emergency assistance.
C	**COMPRESSIONS**	30 compressions : 2 breaths
D	**DEFIBRILLATION**	**Attach an AED as soon as possible** Follow the directions of the AED.

RESUSCITATION CHART

The following chart is a guide of the technique and timings required to resuscitate adults, children and infants.

	Children & Adults	Infants
Head Tilt	FULL	NEUTRAL
Hand Placement	CENTRE OF CHEST	
Ratio	30:2	30:2
Compressions per min	100	
Compression Depth	1/3 OF CHEST	
Technique	1-2 HANDS	2 FINGERS

WHEN CAN YOU STOP CPR?

CPR should be continued until:

- Casualty begins **Normal Breathing**
- A **more qualified person** offers to take over (e.g. Paramedic, Doctor)
- You **physically can not continue**
- The situation becomes **too dangerous**

METHOD OF RESUSCITATION

AIRWAY

A casualty should not be routinely rolled onto their side to assess airway and breathing. The exceptions are:

- If you are attending to a casualty suffering from an immersion injury (i.e. pulled out from the pool, river, surf etc)
- If there is an airway obstruction – roll the casualty onto their side and use the finger sweep method to clear any foreign material

HEAD TILT AND JAW SUPPORT

Once you have cleared any foreign material from the airway, a head tilt should be applied to open the airways. This can be achieved by placing one hand at the top of the head (hair line) and the other on the chin (pistol grip), and gently tilting the head back.

RESCUE BREATHING

Wherever possible, a barrier should be used to avoid direct contact between you and the casualty. The following techniques can be applied to effect rescue breathing on a casualty:

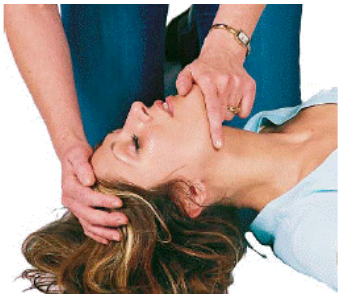
- ***Mouth to Mouth*** – Open the casualties' mouth and cover it with your mouth. Seal the nose with your cheek, or with a nose pinch.
- ***Mouth to Mask*** – Use a resuscitation mask to provide a barrier. Ensure correct head tilt is maintained and apply adequate pressure on the mask to maintain a complete seal.
- ***Mouth to Nose*** – Close the casualties' mouth using the pistol grip and seal the nose with your mouth. Apply rescue breathing as normal.
- ***Mouth to Stoma*** – A person who has had a laryngectomy may breathe through a small hole in their neck. Simply create a seal over the stoma with your mouth and apply rescue breathing.

RESUSCITATION DURING PREGNANCY

When resuscitating a casualty believed to be pregnant, complications may occur resulting from pressure on the stomach, diaphragm and lungs from the baby. To provide an optimal situation for resuscitation, padding should be placed under the right buttock of the casualty, to create a 'left lateral tilt', ensuring reduced pressure on blood vessels and therefore unrestricted flow of blood back to the heart.

COMPLICATIONS OF RESCUE BREATHING

If the chest does not rise, check:



- Head tilt and jaw support
- Mouth and nose seal
- Any obstruction of the airway
- Adequate volume of inflation

If a casualty begins to vomit or regurgitate:

- Vomiting is an active process, often indicative of recovery
- Regurgitation is a passive process involving the outflow of stomach contents
- Turn the casualty on their side
- Clear the mouth using a finger sweep
- Check for breathing
- If no breathing is present, continue CPR

If there is air in the stomach:

- It may be caused by a partially blocked airway or over inflation
- Check the head tilt, jaw support and reduce the volume and force of inflation

COMPRESSIONS

- The location of the compression point is in the **Centre of the Chest**. This can be found by direct visualisation or by the “Xiphoid Method”.
- Compressions should always be 1/3 of the depth of the chest of the casualty
- Compression rate is approximately 2 compressions every second or 100 per minute

TWO OPERATOR RESUSCITATION

If a second person is available to assist with resuscitation, you should first instruct them to call for help (if not already done), and locate a Defibrillator (if in an area likely to have one). Once the second rescuer returns:

- Continue 1 operator CPR as you instruct them how to perform the compressions
- Guide their hand placement and help them count / obtain a rhythm
- Once competent, 2 operator CPR can be performed with one person completing each role (i.e. one delivering rescue breaths, and one delivering compressions).

DEFIBRILLATION

WHAT IS DEFIBRILLATION?

- An electric shock delivered across the heart
- A process designed to resume the coordinated rhythm and pumping action of the heart
- The effective treatment for **V**entricular **F**ibrillation (**VF**) and Pulse less **V**entricular **T**achycardia (**VT**)

THE ROLE OF THE AED PROVIDER

- Recognise the emergency
- Initiate the emergency care procedure (DRSABCD)
- Call for emergency assistance
- Verify the need for resuscitation
- Access and attach an Automated External Defibrillator (AED)
- Follow the instructions and prompts of the AED
- Provide appropriate aftercare

WHY USE AN AED?

- Application of an AED in the first few minutes following a cardiac arrest can dramatically increase the chance of survival of the casualty
- Early access is essential – it is thought the chance of survival decreases approximately 10% for each minute an AED is not attached
- It is part of the emergency care procedure (DRSABCD)
- The devices are cost effective, low on maintenance and easy to use
- The AED provides prompts to the operator and can assist with remembering the emergency care procedure

A typical AED could look like these:

Steps to using a defibrillator:

- Open the case and press the ON button. Some models turn on automatically when you open the case or lift the cartridge lever.
- If required, plug in the pads, remove them from their protector sheets and apply to the casualties' bare chest as indicated on each pad diagram.
- The machine will begin to analyse the rhythm of the casualties' heart.
- When told to stand clear, step back from the casualty. You will be prompted to press the 'shock' button if a shock is required.
- If a shock has been delivered, you will be prompted to continue with CPR if necessary.
- If no shock has been advised, follow the prompts of the AED.
- Do not remove the pads once they have been placed on the casualty, as it will continue to monitor the casualties' heart rhythm until ambulance officers arrive.
- Continue to follow the directions of the AED.

INFECTION CONTROL

Communicable diseases are those diseases that can be spread from one person to another such as:

- Colds
- Influenza
- Measles
- Mumps
- Glandular Fever
- HIV
- Tuberculosis
- Some forms of Meningitis
- Some skin infections
- Hepatitis A, B & C

How these diseases can be passed on to the first aider by:
Blood, body fluids such as saliva, vomit, pus, urine and faeces. These may enter the First Aider's bloodstream through cuts, grazes or the mucous membranes.

Because the risk to the First Aider is low, it is advised that First Aid should not be withheld.

Steps to take before management of casualty

The First Aider should wash hands thoroughly with soap and water for 15 seconds, both before and after treatment if available.

Whenever possible:

- Cover exposed cuts and grazes with waterproof dressing
- Wear disposable plastic or rubber gloves.

Steps to take after management of casualty

1. If splashed by blood or other body fluids, skin should be washed thoroughly with soap and running tap water, and alcoholic hand gel if available
2. If a sharp object that may be contaminated punctures the skin, wash the area thoroughly with soap and running tap water, or hand gel and seek medical advice as soon as possible.
3. If a mask is used, soak for 30 mins in bleach or disinfectant, and then wash with detergent and dry it. Dispose of any contaminated materials (such as bandages) and replace first aid kit with new ones.

WATER SAFETY AND HAZARD IDENTIFICATION

When swimming, it is important to remember to maintain safety for yourself, others around you, and the environment you're swimming in.

The following factors will contribute to your safety when in an aquatic environment:

- A concern for yourself
- A concern for others
- Awareness of dangers
- Minimising risks
- Preventing accidents
- Knowing when and how to act in an emergency

The prevention of emergencies depends on your understanding of, and ability to apply, simple commonsense water safety measures. To help you do this, Royal Life Saving has developed three easy-to-remember rules known as the Aquacode.

AQUACODE

GO TOGETHER
When playing in, on or near water always make sure someone is with you.

FLOAT AND WAVE
If you are in trouble roll onto your back, hold onto something if available, and wave one arm to attract attention.

REACH TO RESCUE

If someone needs help, do not get into the water. Lie down and reach out with a stick or throw a rope.

AQUATIC ENVIRONMENTS

Swimmers must have knowledge of potential dangers in different aquatic environments. An understanding of what constitutes safe, responsible behaviour around water will help to ensure enjoyment and safety.

Rivers

Rivers, creeks and waterholes can be very dangerous and are often close to populated areas.

- Dangers to look for include the following:
  - Crumbling banks
  - Uneven and unsafe river beds
  - Submerged obstacles

- Stay safe at the river:
  - Never go alone.
  - Only participate in activities such as swimming or canoeing in designated recreational areas.
  - Read and obey all signs in the area.
  - Always check the water carefully before entering safely.
  - Enter cold water slowly.
  - Watch out for, and stay away from, boat areas.

Lakes and Dams

The flat, still appearance of lakes and dams often gives a false impression of safety. Strong winds can produce short, choppy, dangerous waves and reduced temperatures.

- The potential dangers include the following:
  - River entry points
  - Cold water
  - Waves

- Stay safe at the lake:
  - Never go alone.
  - Only participate in activities such as swimming or canoeing in designated recreational areas.
  - Read and obey all signs in the area.
  - If you are unsure about the conditions ask a local.
  - Scan carefully for any potential dangers such as waves, or obstacles before you consider entering the water safely.

The Beach and Ocean

Going to the beach is a popular pastime in Australia. The ocean can be a fun place to spend summer days but it can also be a dangerous place.

- The potential dangers to be aware of include:
  - Waves including plunging, surging and spilling waves
  - Currents including tidal currents, runback currents and rips

- <u>Stay safe at the beach:</u>
  - Always swim at a patrolled beach.
  - Read and obey the signs and the lifeguards.
  - Always swim between the red and yellow flags.
  - Always swim with another person – never alone.
  - If you have any doubts about your ability to cope with the conditions, you should not enter the water.
  - Beware of digging deep holes, as the sides can become unstable and collapse.

Swimming Pool

The local public swimming pool, a theme park or a hotel pool are popular places to enjoy a swim.

- Dangers may include:
  - Large crowds with young children, elderly people or inexperienced swimmers
  - Slippery surfaces around the edges
  - A varied depth of the water

- <u>Stay safe at the public pool:</u>
  - Read and obey notices giving advice to swimmers.
  - Obey the pool lifeguards.
  - Check the depth markings on the pool side to see where it is best to swim or dive.
  - Stay clear of deep water unless you can swim.
  - Make sure the water is clear before jumping in.

The Home

Although the home may seem to be a relatively safe place, it has many potential dangers, particularly for very young children.

- Some of the water dangers in and around the home include:
  - Unfenced home pool
  - Gates and barriers left open allowing easy access to a pool
  - Fish ponds in gardens which may attract youngsters
  - Uncovered spa bath
  - Filled paddling pools which are not in use
  - Buckets filled with liquids
  - Eskies with melted ice
  - Bath filled with water or plug left in
  - Washing machines with open lids
  - Toilets with open or accessible lids.

- <u>Stay safe at home:</u>
  - Fence home pools and include self-closing gates.
  - Keep the bathplug out of reach of small children.
  - Keep liquid-filled buckets out of reach of children.
  - Empty children's paddling pools as soon as they have finished using them.
  - Close top-loading washing machines.
  - Keep fish ponds covered.
  - Install rigid covers over spas.
  - Remove climbing objects from around the exterior area of the pool.

TYPES OF ENTRIES

REMEMBER

- Before entering the water, assess the entry point to determine the best method of entry.
- Choose an entry that offers complete safety.
- Always consider depth when entering the water

Entry Method	When to use it
Slide In	The depth of water and state of the bottom are unknown. This entry is controlled and safe, allowing the feet and an aid to feel for unseen obstacles below the surface.
Wade In	The water is shallow and the conditions are unknown. The entry is controlled and safe, allowing the feet and an aid to feel for unseen obstacles below the surface.
Step In	The water is clear, the depth known and the bottom free from obstacles. The entry is most appropriate for areas where the entry point is not much higher than the water level.
Compact Jump	An entry is required from a height of more than one metre into known deep water. A feet-first entry is safer than a head-first entry, especially when the water has debris floating on it. This entry is primarily used in emergencies.
Standing and Shallow Dive	The water is known to be deep and free of obstacles.
Stride	A rescuer needs to watch the person in difficulty and entry is to be made from a low height into water known to be free of obstacles.
Accidental Fall In	A fall into the water occurs unexpectantly.

Steps in a Rescue
The steps in any rescue may be summarised as 'the four As'.

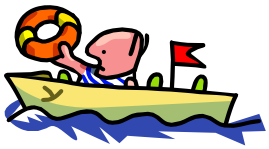
1. Awareness
2. Assessment
3. Action
4. Aftercare

Awareness

recognition of an emergency

Assessment

- Making informed judgments
- Do you have the **knowledge, fitness, skill and ability** to conduct the rescue?
- Is it safe to conduct the rescue?
- Accepting responsibility

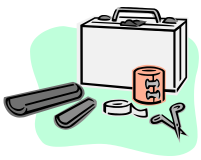


Action

Perform a safe, efficient and effective rescue

Aftercare

- Aid given until medical help arrives
- Reporting the incident
- Comply with Duty of Care requirements



Priorities of Rescue

When more than one person is in difficulty, the rescuer must consider who to help first. Normally, attention should first be given to securing and supporting conscious people. Of these, non-swimmers should be given top priority because they are in danger of losing consciousness. However, it may be possible to provide early support to other people quickly and easily without significantly delaying the rescue of non-swimmers. Attention can then be given to unconscious or submerged people.

When rescuing multiple swimmers in difficulty, the following swimmers should be rescued in the order shown below (the **precise** order of rescues will however be determined by the nature of the emergency).

1. ***Non-swimmer***

   Non-swimmers will panic when experiencing difficulty in the water. They are often doing what is referred to as "climbing the ladder". The swimmer will be vertical in the water and appear to be climbing a vertical ladder. The swimmer will have minimal or non-supportive leg action. They may submerge and may or may not be facing the shore. A non-swimmer may attempt to grab the rescuer.

2. ***Weak swimmer***

   Weak swimmers may be able to use their arms and legs for support. The swimmer will be angled in the water (approximately 45^{o}) and may attempt to grasp the rescuer or a floatation aid. Head position will be tilted up and back and the head will usually be turned to safety or help.

3. ***Injured Swimmer***

   An injured swimmer will typically grasp the injured body part and be calling for help. They may be in an awkward position, but will be able to use a floatation device if provided.

4. ***Unconscious***

   The unconscious person may be at any level of the pool, depending of the length of time they've been unconscious. The individual may be face-up or face-down in the water, but will not be moving.

RESCUE TECHNIQUES

In attempting any rescue, self-preservation is the key factor. To ensure maximum safety, any rescuer should consider using, in priority order, the following methods of rescue.

Non-swimming rescues:

- Talk
- Reach
- Throw
- Wade
- Row

Swimming rescues:

- Swim
- Tow (non-contact and contact)

Talk	The person in trouble is conscious, capable of responding to instructions and is close enough to the rescuer for them to see their gestures and hear their voice.
Reach	The person in difficulty is near the edge; for example having fallen in the water.
Throw	The person in difficulty is too far away to carry out a reach rescue. The purpose of throwing a buoyant aid is to provide the swimmer in difficulty with support until removal from the danger area is possible.
Wade	Attempts to reach and throw have been unsuccessful and the depth, current and temperature of the water permit a safe entry. The technique brings the rescue nearer to the person in difficulty and may enable a reach or throw rescue to be attempted.
Row	It is not possible to perform reach or throw rescues and a wade rescue is not possible because of the depth of the water. This is an effective and safe technique because the rescuer remains clear of the water and the person in difficulty can be made secure quickly and safely. Be aware of the craft and its limitations.
Swimming Rescues	Rescuers should use a swimming rescue only when all land-based rescues have either failed or are not appropriate.
Tow (non-contact and contact)	If a swimming rescue is to be used, always attempt an accompanied rescue first. However, a non-contact tow can be used when an accompanied rescue is not possible or has proven ineffective.

Contact towing techniques

An effective contact tow must:

- Keep the person's mouth above water at all times.
- Enable the rescuer and the person being towed to be as horizontal as possible to keep resistance to a minimum.
- Allow freedom for the rescuer's swimming movements.
- Make only reasonable demands upon the rescuer's stamina and strength consistent with the water conditions and distance to be covered.
- Control the unconscious person's head position so that the airway can be kept open and water does not wash over the face.

The following contact rescue techniques may be used to carry out a rescue of an unconscious person:

Tow	When to use it
Cross Chest	Conditions are rough.
Head Tow	A firm hold of the unconscious casualty's head is required.
Clothing Tow	The unconscious person is clothed and the conditions are calm.
Double Armpit Tow	It is necessary to control the body position of the unconscious person and the rescuer does not have the swimming power to perform a cross chest tow.
Double Shoulder Tow	It is necessary to maintain a higher head elevation of the unconscious person. It is of benefit in rough water although more propulsive power on the part of the rescuer is required.
Vice Grip Tow	The person in difficulty has a suspected spinal injury.
Support Tow	This technique is particularly useful for those who are unconscious and not breathing, as it supports the head, allowing it to be kept clear of the water.
Wrist Tow	The person in difficulty is entirely cooperative**,** and all other rescue methods are unsuccessful.
Armpit Tow	The person in difficulty is **entirely cooperative,** and all other rescue methods are unsuccessful.

Extreme caution is advised if using a contact tow with a conscious person

In a situation where a person in difficulty is extremely tired or severely injured and is known to be entirely cooperative, a contact tow for a conscious person may be the only option available.

DEFENCES

A situation may arise where a rescuer will need to use defences to avoid contact with a person in difficulty. For example, in a boating incident, you may find yourself in a range of a panicked person. At all times it is essential to maintain a safe distance from a person in trouble and therefore defensive positions may need to be adopted.

Defensive Position
This position allows the rescuer to reverse away quickly should this be necessary.
How
- Maintain a safe distance from the person in difficulty.
- Tuck the legs rapidly under the body.
- Push the legs forwards.
- Make a final assessment from this safe position.

Reverse
The person in difficulty attempts to grasp the rescuer.
How
- Tuck the legs rapidly under the body and push them forwards as in the defensive position.
- Kick away vigorously.
- Readopt the defensive position.

Blocking
The person in difficulty lunges suddenly at a rescuer before it is possible for the rescuer to move away. While a description of blocking has been provided, the safest way to perform a rescue is to keep a safe distance between the rescuer and the person difficulty.
How
- Raise a leg or aid to block the person.
- Push against the person's body, preferably in the chest area.
- Swim away or submerge if necessary.

Two People Locked Together
A situation may arise when poor swimmers grasp each other in an attempt to remain on the surface.
This is a very dangerous situation where the following procedure is recommended:

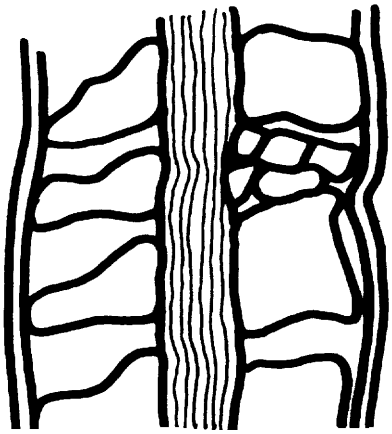
Cooperative swimmers
- Place a buoyant aid between the two people.
- One or both people may hold the aid (depending on the size of the aid).
- Tow the people to safety, singly or together.

Non -cooperative swimmers (If they will not grab the aid)
- Come from behind one of the swimmers, place the aid in the centre of the two swimmers, use force to pull the swimmers off each other, by holding onto one swimmer under the armpits and using the defensive position to push off the other swimmers chest.
- The person who you are holding onto tells them to calm down, the other swimmer should be holding onto the aid provided, use an accompanied rescue whilst towing the other swimmer in to safety.

SPINAL MANAGEMENT - AQUATIC

Spinal injury is sometimes caused when the head impacts against a hard surface, for example the pool floor or even the water if the person is diving from a height. Unless you observed the circumstances leading to a person becoming unconscious in shallow water and know that neck or back injury is highly improbable, then the motionless casualty lying in shallow water must always be treated as a suspected spinal injured casualty. Also any person unconscious within the immediate vicinity of a dive board or tower can also be suspected as having spinal injuries even though they are found in deep water.

Nearly all aquatic spinal injuries occur in the neck area. This is due to the impact being followed by forward bending of the neck (flexion). The spinal cord contained within the vertebrae has only a small channel in the neck region and any further reduction in the size of the channel through bone fragments protruding, movement of the cord or swelling in the area, can all place pressure on the cord, which may lead to permanent spinal damage.



This is a cross-section of the spinal column showing damage to the vertebra.

The immediate concern is that of airway patency HOWEVER as any movement of the spine can cause further damage the onus is on the rescuer to establish an airway whilst at the same time immobilising the neck.

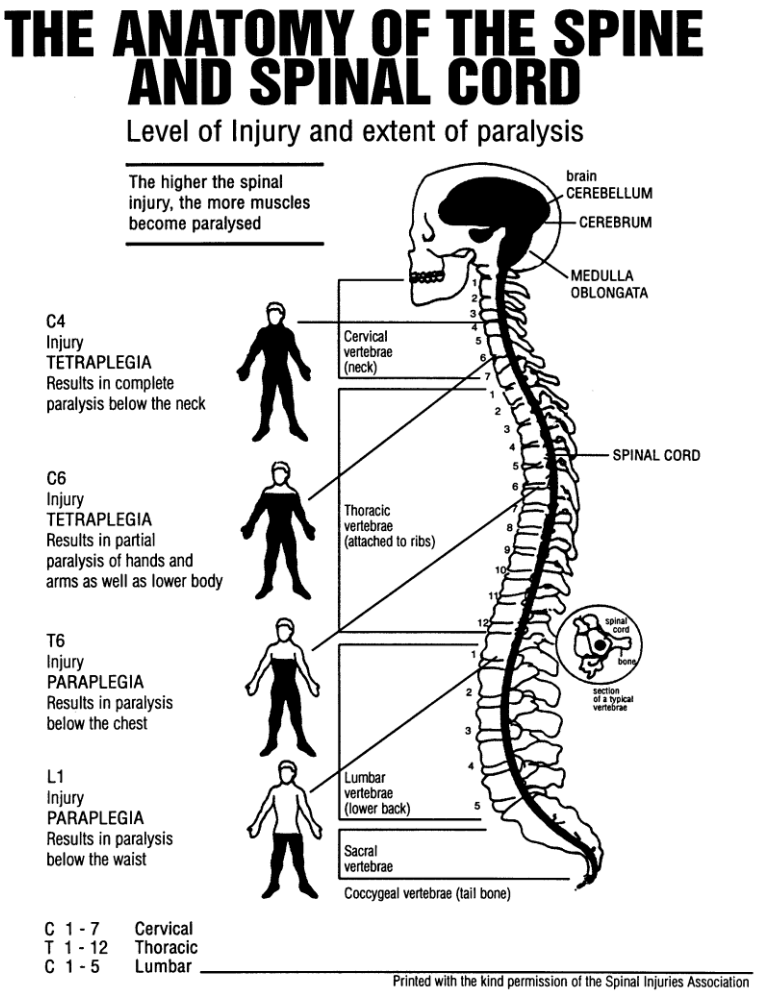
A.B.C. always takes priority. With only one rescuer immobilisation may not be possible if resuscitation is needed. If more rescuers are available it is possible to immobilise and perform rescue breathing in the water. If C.P.R. is needed then the casualty must be taken from the water as quickly as possible, taking as much care as you can to keep the spine from not moving, and C.P.R. commenced when on land.

If the person is breathing and lying face up then the rescuer needs only to provide some means of support to the head and neck, if the casualty is lying face down in the water then they must be turned to keep the mouth and nose clear.

SPINAL INJURIES

Signs and Symptoms

- History of injury
- Pain at site of injury
- Numbness and tingling in the extremities
- Partial or complete loss of movement
- Tenderness at the site of injury
- Loss of feeling in limbs
- Loss of awareness



What to do

- **If unconscious,** CAREFULLY place the casualty on their side using the log roll (2 or more people are needed for this) and monitor their ABC**.** An ambulance should be called at this stage. (If on your own, you must carefully put in the recovery position)
- Resuscitation should be commenced if required, as with any unconscious casualty. (Use jaw thrust technique to open airway)
- **If conscious,** DO NOT MOVE, maintain the casualty in a comfortable position and call for an ambulance. Permanent paralysis and other serious injuries may result from movement.
- Provide continual reassurance to the casualty to avoid shock
- Maintain body temperature

Signs and symptoms

A casualty who has suffered a spinal injury may have broken the bones of the spine, or have damaged the spinal cord within it. If the spinal cord is damaged, the casualty will experience lack of movement, muscle weakness, numbness or tingling. The casualty will be in pain and bewildered by the lack of movement. The casualty may be face up or face down, conscious or unconscious, breathing or non-breathing. Deformity, redness, muscle tightness or lacerations may be present at the site of the injury. The conscious casualty may complain of visual problems and pain.

Management

- Follow the DRSABCD action plan.
- Prevent any twisting of the head or spine; but remember that *nothing* is more important than maintaining the airway and ensuring breathing.
- Extreme care must be taken and the casualty should only be moved by rescuers trained in spinal management injury.
- Immobilise the head and neck.
- If the casualty is in the water, immobilisation is best achieved by using the vice grip technique.

Vice Grip (face-down casualty)

The vice grip is used to immobilise the spine when a spinal cord injury is suspected. In aquatic spinal cord injury, damage occurs quite high in the spinal cord. Correct application of the vice grip can immobilise the neck and prevent any further damage to the spinal cord from movement of dislocated or fractured vertebrae.

How

- Carefully position hands on the casualty's face and head.
- The face hand is positioned with the fingers spread on one side of the casualty's face, the thumb on the other side and the flesh between the thumb and index finger over the chin.
- The forearm is placed straight down the sternum (or as close to as possible).
- The hand on the back of the head is located quite high on the head with the thumb and little finger at about ear level.
- The forearm is placed straight down the spine.
- By pressing in firmly with the hands and arms in this position, a vice grip is achieved.

Extended Arm Rollover

If the water is too shallow for the vice grip to be performed the extended arm rollover should be used. This grip can also be used if the rescuer is alone and there is the possibility that the rescuer may need to perform rescue breathes on the casualty.

SHOCK

Shock is a common condition resulting from inadequate oxygenated blood supply to the body's tissues (particularly the extremities).

Some of the main causes of shock are:

- Blood loss
- Burns
- Dehydration
- Anaphylaxis

Signs and sympt

- Pale, cold & clammy skin
- Restlessness
- Rapid but shallow breathing
- Fast but weak pulse
- Change in body temperature (typically feeling too cold)
- Change in conscious state

Treatment for a casualty suffering from shock:

- Follow basic life support (emergency care) procedures
- Treat the cause (e.g. bleeding, fracture, burn, fluid loss)
- Lay the casualty flat, and raise their legs slightly if possible
- Protect the casualty from extremes of temperature
- Monitor ABC at regular intervals
- Call for ambulance

BLEEDING

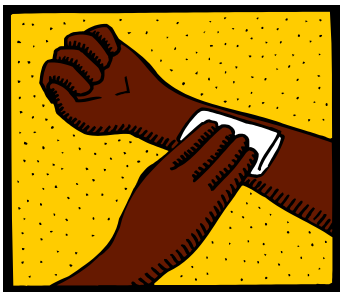
EXTERNAL BLEEDING

Blood is lost from the blood vessels through a break in the skin barrier

P = Pressure (direct over wound)

E = Elevation (above the heart)

R = Rest



Treatment

- Have the casualty apply pressure directly onto wound using a sterile pad
- Apply a pressure bandage over the pad & bandage toward the heart
- Check circulation by applying pressure to the nail bed and watch colour return
- Continue to monitor the casualty and treat for shock
- Seek medical attention if blood loss is severe or is continuous

HEAT INDUCED ILLNESS

HEAT EXHAUSTION

Occurs when the casualty becomes slightly dehydrated due to the constant loss of water through perspiration.

Signs and Symptoms

- Muscle cramps, dizziness and weakness
- Cool and clammy skin, becoming flushed and red
- Rapid and weak pulse
- Rapid and noisy breathing
- Shock and heavy sweating

What to do

- Stop the person from continuing with the activity
- Lay in cool place, loosen tight clothing or remove excess clothing
- Sponge body with cool water & give sips of water
- If casualty vomits or can't keep fluids down – seek medical attention
- Apply wrapped ice packs to armpits, groin and head/neck area
- If unconscious, recovery position, monitor ABC's

HEAT STROKE

Occurs when the body is overwhelmed by heat and eventually vital organs stop functioning.

Signs and Symptoms

- Sweating stops
- Rapid raise in body temperature
- Altered consciousness and convulsions
- Body systems shut down
- Shock

What to do

- Cool the body
- Give sips of water if conscious (not too cold)
- Minimise shock
- Seek urgent medical attention
- Apply wrapped ice packs to armpits, groin and head/neck area

COLD INDUCED ILLNESS

HYPOTHERMIA

Hypothermia occurs when the body temperature drops

Signs and Symptoms

- Shivering (may stop in later stages)
- Slow, irregular pulse or breathing
- Irritable, irrational or confused behaviour
- Apathy and decreasing levels of consciousness
- Abnormal coordination
- Coldness, numbness, cramps

What to do

- Move to warm, dry place is possible
- Warm casualty gradually
- Give warm fluids if conscious
- Seek medical attention urgently
- Stay with casualty
- DO NOT give alcohol
- DO NOT rewarm too quickly
- DO NOT rub or massage the casualty

Body Temperature Chart	
26	Unconscious
29	Hypothermia
32	Very cold (Stop shivering)
35	Cold
37	**Normal**
37-39	Fever
39+	High fever
42	Unconscious

CONVULSIONS AND SEIZURES

FEBRILE CONVULSION

Is a form of seizure in infants or young children caused by overheating

Tonic

Clonic

EPILEPSY

Is a condition caused by the 'misfiring' of electrical activity in the brain, interrupting the normal flow of information

Signs and Symptoms

- Absence seizure – persistent state of 'staring' or 'daydreaming'
- Partial – continual twitching or repetitive muscular movements
- Tonic Clonic – forced cry, full contraction of muscles, frothing at the mouth, loss of bladder or bowel control, clenching of jaw

What to do

- Protect them during the seizure by removing any objects that may cause injury to the casualty
- **DO NOT RESTRAIN**
- Assess the casualties level of consciousness
- Attempt to protect the head from injury
- Reassure and comfort the casualty
- Place into recovery position, allow casualty to sleep if exhausted following seizure–continually monitor ABC

Call medical help if any of the following:

- If seizure lasts for more than 2 minutes or repeated seizures occur
- Injury occurs
- Casualty is pregnant, diabetic, infant or child
- No previous history of seizures
- Seizure occurs in water
- Casualty remains unconscious
- Resuscitation has been performed
- If in doubt

First Aid Casualty Information Report

Name of Casualty:		Date:	
Location of Accident:		Time of Accident:	am / pm
Ambulance called:	Yes ☐ No ☐	Time Called:	am / pm
Report Completed by: Name (Print):		Contact Details:	
Signature:		Contact Ph No:	

Mechanism of Accident: (✓ appropriate boxes)

Crush ☐ Fire ☐ Explosion ☐
Chemical ☐ Drowning ☐
Fall ☐ Height of Fall: metres
Velocity ☐ Estimated Speed: kms
Other ☐ Please Identify: .....

Primary Assessment: (✓ appropriate boxes)

Conscious ☐ Unconscious ☐
Breathing ☐ Not Breathing ☐
Bleeding ☐ Not Bleeding ☐

First Aid Interventions Required: (✓ appropriate boxes)

Establish/ Maintain Airway ☐ Ventilate ☐ CPR ☐
Stop Bleeding ☐ Cool Burns ☐
Stabilise Casualty's neck ☐ Stabilise Broken Limbs ☐
Administer Oxygen ☐ Administer Pain Relief ☐

Secondary Assessment: (✓ appropriate boxes)

Other injuries found – please identify part of the body injured.

Head ☐ Neck ☐ Chest ☐ Abdomen ☐
Back ☐ Arms ☐ U/Legs ☐ L/Legs ☐

Observations: (✓ appropriate boxes)

Conscious ☐ Unconscious ☐ Alert ☐ Confused ☐
Skin Colour: Pale ☐ Pink ☐ Red ☐ Blue ☐
Skin Condition: Sweating ☐ Dry ☐
Pain: Location .....
Severity low - 1 2 3 4 5 6 7 8 9 10 - high
Type: Sharp ☐ Throbbing ☐ Burning ☐
Other ☐
Radiating to where? .....
Reduced Movement (describe): .....
Reduced Feeling (describe): .....

Casualty Destination/Transport Details: (✓ appropriate boxes)

Hospital ☐ Local Doctor ☐ First Aid Room ☐
Home ☐ Other: .....
Name/Location of Facility: .....
Mode of Transport: .....

Other Observations:

.....
.....
.....
.....

Royal Life Saving
THE ROYAL LIFE SAVING SOCIETY WESTERN AUSTRALIA INC.

NOTES

DO NOT WRITE ON THIS PAGE

AT THE END OF THIS COURSE PLEASE

COMPLETE COURSE EVALUATION SHEET,

REMOVE AND HAND TO INSTRUCTOR

SWIM INSTRUCTOR RESCUE AWARD COURSE EVALUATION FORM

Name: _____ ***(Optional)*** **Date:** _____

Course: **BRONZE STAR**

Location: _____

What was the best aspect of the course for you?

_____

_____

What aspect of the course would you like to see changed?

_____

_____

Are there any further comments you wish to make?

_____

_____

How would you rate the? *(Please tick)*	**Excellent**	**Good**	**Fair**	**Poor**
○ Venue and training room	☐	☐	☐	☐
○ Training resources	☐	☐	☐	☐
○ Learner guides/workbook	☐	☐	☐	☐
○ Interest level of the course	☐	☐	☐	☐
○ Group interaction and participation	☐	☐	☐	☐
○ Quality of feedback throughout	☐	☐	☐	☐
○ Instructors knowledge of course content	☐	☐	☐	☐
○ Instructors presentation skills	☐	☐	☐	☐
○ Instructors level of preparation	☐	☐	☐	☐
○ Instructors approach to the group	☐	☐	☐	☐
○ Administration service received	☐	☐	☐	☐

Why are you participating in the course?

- ○ Gain employment ☐
- ○ Requirement of Employment / Studies ☐
- ○ Personal Satisfaction ☐

How did you find out about the course?

Newspaper	Yellow Pages	Aquatic Centre	TAFE	School	Brochure
☐	☐	☐	☐	☐	☐

Other: ☐ _____

Thank you for participating in our course and taking the time to complete this evaluation. Simply tear out the evaluation form and return to your Aquatic Trainer.

Your feedback will help Royal Life Saving to continually improve our courses.