



SURF LIFE SAVING®
NEW ZEALAND

Surf Lifeguard

Training Manual

2019



Welcome

Congratulations on joining our lifesaving team, we're very pleased to have you, and look forward to working with you as you learn all the skills you'll need to become a surf lifeguard.

We've been patrolling beaches and making our coastline safer since 1910, so New Zealanders can enjoy spending time at the beach and in the ocean as part of our Kiwi lifestyle.

Today we rescue on average 1,000 people a year from situations where their life is in immediate danger, and they might not make it home if it wasn't for the dedication and vigilance of our incredible lifeguards. We patrol at more than 80 locations on New Zealand's most popular beaches, but that's just part of what we do. As part of our Coastal Safety Strategy we also provide search and rescue services, community beach safety education, event safety services, and we work with Councils to ensure their beaches have effective and consistent safety signage and public rescue equipment.

In It For Life

Surf Life Saving NZ has more than 18,000 members across 74 clubs throughout the country, from Invercargill to the Far North. Each year more than 800 lifeguards are qualified. There's a dedicated team of volunteers, from instructors and examiners, to club administrators, who are here to help you develop as a lifeguard. The opportunities available to you as one of our surf lifeguards are extraordinary. Once you have your Surf Lifeguard Award you can advance through the surf lifeguard programme in whichever direction you choose – first aid, IRBs, patrol captain or eventually becoming an instructor and examiner yourself. You can also take part in our life saving sport programme to put your skills to the test against others – be it beach sprints, swimming, surf skis, paddle boards, surf boats or IRBs.

We appreciate the commitment you are making by joining the Surf Life Saving NZ family. By giving up your personal time to work with us to keep Kiwis safe on our beaches, the difference you will make is massive.

Award Requirements

Minimum Age	14 years
Pre-Requisite Awards	None

The SLA is made up of 13 Units

1. Demonstrate knowledge of health and safety issues relevant to Surf Life Saving members
2. Describe the features of the surf environment
3. Identify and describe the roles and responsibilities of a Surf Lifeguard
4. Demonstrate knowledge of effective communication
5. Demonstrate knowledge of effective scanning techniques and victim identification
6. Perform retrieval of underwater objects
7. Perform releases and tows in an aquatic environment
8. Demonstrate signals used by Surf Life Saving members for communication
9. Communicate using a two-way radio
10. Perform a tube rescue
11. Provide resuscitation
12. Provide first aid
13. Manage first aid in emergency situations



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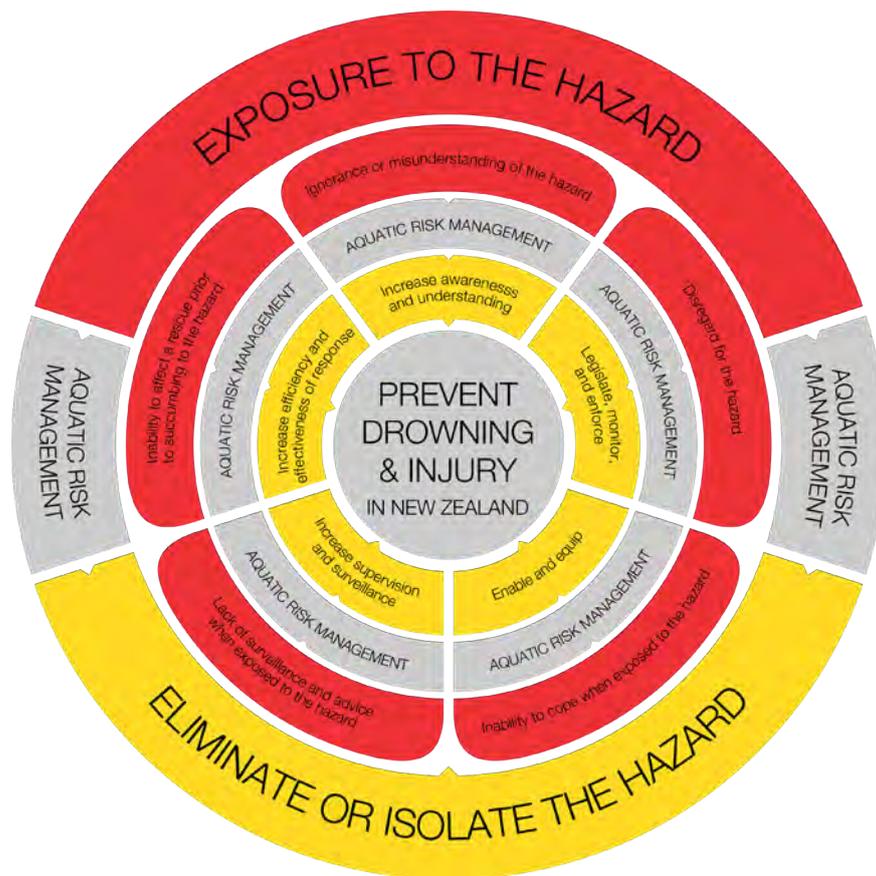
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A strategic approach to drowning and injury prevention

It is important to understand the key reasons why incidents occur, and what strategies can be implemented to reduce the risk of drowning and injury on New Zealand beaches. The Drowning and Injury Prevention Strategy (see below) outlines six factors that lead to drowning and injury (red) and provides six corresponding strategies (yellow) that can reduce the risk of incidence. The Drowning and Injury Prevention Strategy ensures that all elements of risk are considered and can be addressed via the aquatic risk management process (grey).

The provision of surf lifeguarding services fits within the fifth segment: 'Increase supervision and surveillance'. This requires appropriately skilled and equipped Surf Lifeguards to be in the right places, at the right times, and patrolling the beach in an effective manner. Surf lifeguarding services also need to be prepared to respond to incidents where necessary. Other segments of the strategy aim to eliminate or isolate hazards where possible (i.e. designate activity zones to reduce the risk of collisions), educate the community, monitor and manage risk-taking behaviour, and increase the competence of water users and promote the use of relevant personal protective equipment (i.e. lifejackets).

Surf Life Saving New Zealand (SLSNZ) continues to work with Surf Life Saving Clubs, coastal communities, and other water safety stakeholders to ensure relevant strategies are identified and implemented to reduce the risk of drowning and injury on New Zealand beaches.



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SLSNZ acknowledges the contribution of SLSA for content within this manual.

SLSNZ would also like to thank all those involved in the creation and review of this manual.

1 Prepare

This section outlines the expectations of all members on measures they can take to prevent harm to anybody associated with surf lifesaving.

Risk Management

Effective risk management results in preventative actions. Risk management is the process used to identify hazards and risks associated with our Lifeguard duties, including the assessment of the risks to the people involved, and the use of preventative actions (controls) to prevent harm to people.

Risk Management

Areas of Risk Management in Action

Risk Management in Action

Experienced lifeguards demonstrate effective risk management procedures every day while on patrol. Here are the key steps in action.

Step One

Lifeguards plan to set up and operate a flag zone for the safe use of the public, **which identifies the work** or duty to be undertaken.

Step Two

Lifeguards, **identify the people** likely to use the flagged zone and the surrounding beach, which includes the Lifeguards. This may include competent swimmers, boogie boarders, surfers, poor swimmers, children, families, first time beach users, all of whom may be affected in different ways by the work of the patrol and their use of the water and beach environment.

Step Three

Lifeguards **identify hazards** which may include environmental hazards such as rips, currents, and wave height and type, along with potential human hazards such as surfers near the proposed flag zone, or first time beach users, as well as potential 'man made' (objects) hazards such as jet skis on the water, or vehicles on the beach, or the remains of an old disused wharf or jetty.

Step Four

Lifeguards then **identify and assess the risks** to the people using the flagged/beach area e.g. potential injury to swimmers due to the proximity of surfers, potential drowning of swimmers entering the water fully clothed, or the location and strength of rips. Lifeguards then **identify and assess the risks** before considering what preventative actions may be applied to manage the risks.

Step Five

Having assessed the risks lifeguards make informed decisions about where to locate the flags, i.e. away from surfers and rips, and may also place signs to warn beach users of dangerous currents, and may talk to first time beach users about the safety of swimming between the flags. These are all **preventative actions** or controls which help prevent harm to those using the beach.

Step Six

Lifeguards **monitor and review** steps 1-5 and amend as necessary to prevent harm to people.

Step Seven

Lifeguards generally **implement emergency responses** when preventative actions have failed, or where hazards and or risks have not been adequately identified and/or

assessed.

These seven steps are implemented repeatedly throughout the operation of all surf lifesaving patrols across the country and can be summarised in the following way.

1. Identify the work.
2. Identify the people likely to be affected by the work.
3. Identify the hazards including environmental, human and objects.
4. Identify and assess the risks that may result in harm to people.
5. Apply preventative actions (controls) to help prevent harm to people.
6. Monitor and review regularly.
7. Implement emergency response if required.

These seven steps are the essence of all that we do as lifeguards and must be applied to all our duties. When effective risk management procedures are practiced the health, safety and wellbeing needs of Lifeguards and others that use the beaches are normally well attended to. Make sure that you consider and apply these seven steps to all your duties as a Surf Lifeguard.

More information on risk management and risk assessment can be found in club Patrol Operational Manual (POM) and Health and Safety Manuals.

Personal Hygiene & Appearance

Personal

As a Surf Lifeguard, you may work closely with other lifeguards and the public. Maintaining clean and tidy appearance lets the public know you provide a professional and reliable Surf Lifesaving service.

Environmental Hygiene

Environment hygiene is about keeping your clubhouse free from clutter or conditions that allow bacteria and vermin to thrive. Everyone must help. Cleaning and maintenance of premises and facilities are important, especially in first aid and operation rooms in your clubhouse. It is important to clean these areas after every patrol or, in the case of the club first aid room, after every use.

Personal Sun Protection

Lifeguards are at risk of harm from exposure to the sun. Not only can UV rays be absorbed from direct exposure to the sun, but also from reflection off the sand and water. Furthermore, harmful UV rays are still present on cloudy days. **01**

It is therefore important that Lifeguards:

- Seek shade whenever possible, particularly between 10am and 4pm.
- Wear a wide-brimmed hat.
- Wear a loose-fitting, long-sleeved shirt with a collar.
- Use broad spectrum sunscreens with a sun protection factor (SPF) of 30 or higher, and:
 - Apply before going out into the sun.
 - Apply to exposed skin every 2 hours.
 - Reapply every time you exit the water.
- Wear UV protective sunglasses that meet the AS/NZS 1067:2003 standard.

Hypothermia

Hypothermia from exposure to cold conditions is a potential risk for Lifeguards. Where possible, a Surf Lifeguard should keep sheltered, warm and dry. If exposed to cold, wet or windy conditions:

On Land

- Wear warm clothing. The more waterproof the clothing, the more insulated the body will be from heat loss.
- Where necessary, wear polypropylene or woollen undergarments.
- Wear a hat.
- Never work alone.

At Sea **02**

- Wear a wetsuit that covers at least the entire trunk area.

- Never work alone.

Dehydration

On patrol a Surf Lifeguard must drink regularly to:

- Reduce dehydration.
- Prevent heat exhaustion.



Risk Management

Areas of Risk Management in Action

It is a good habit to carry your own refillable water bottle while on patrol.

Infectious Diseases

To reduce the likelihood of contracting an infectious disease, it is strongly recommended that Lifeguards:

- Use resuscitation masks.
- Wear disposable gloves if there is any risk of contact with blood, saliva, urine or faeces. **03**
- Conduct regular and thorough decontamination of training aids e.g. manikins.
- Maintain a thoroughly clean First Aid room. Household bleach is a suitable sterilising agent.
- Maintain vaccinations against Hepatitis B and other preventable diseases wherever practicable.

Alcohol

Alcohol impairs judgment and may encourage people to take risks. A swimmer who has been drinking alcohol tires easily and the body temperature drops quickly. Cramp is also more likely.

Alcohol consumption on patrol is strictly forbidden. Prior to patrol (the night before), a Surf Lifeguard should moderate their alcohol consumption as alcohol remains in the blood for 12 to 20 hours after their last drink.

Personal Risk and Self Preservation

Self Preservation is the first priority

While Lifeguards are trained to perform rescues in the surf, there may be times when conditions are extremely dangerous, even for an experienced lifeguard.

In such conditions, the first consideration should be 'Self Preservation'. Lifeguards must decide whether they can perform (or take part in) a rescue without exposing themselves to unnecessary harm or losing their own lives. The responsibility and decision to enter the water lies with each individual. However, if an experienced lifeguard cautions you not to put yourself at risk by entering hazardous water it may be prudent to seek an alternative solution to performing the rescue.

Member Injury Procedures

Lifeguards undertake a wide range of duties. Effective risk management procedures and practices are encouraged and are likely to significantly reduce the incidence of harm, although injuries may still occasionally occur.

Reporting incidents and injuries of members is an important and necessary step in understanding and learning how to prevent these same incidents and injuries from re-occurring. The non-reporting of incidents and injuries removes any opportunity to learn. Therefore, the recording of injuries



and incidents is a requirement of every lifeguards role and responsibilities.

Harm - May include injury or illness and may also include emotional or psychological harm. Harm is only used in the context of harm that is more than trivial i.e. harm that results in severe temporary or permanent loss of function, and likely requires attention by a health professional e.g. doctor, dentist, or counselor.

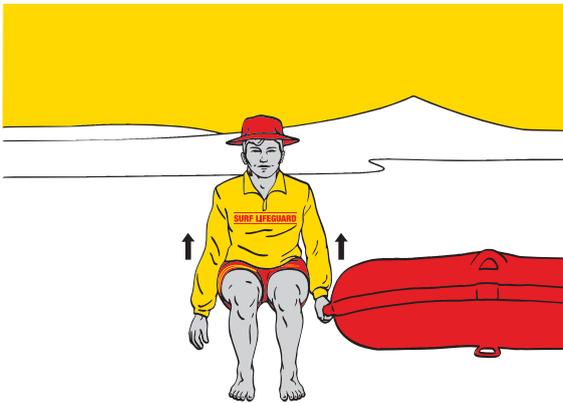
Notifiable Incident – When a person's health and safety is seriously threatened or endangered as a result of carrying out their duties, i.e. if someone has been exposed to a serious or immediate risk because of an unplanned or uncontrolled work incident, e.g. a trailer rolls down the beach and injures a Surf Lifeguard, then SLSNZ must immediately be informed. SLSNZ will assist members/clubs to notify WorkSafe or Maritime NZ where necessary.

Notifiable Injury – An injury that requires the person to be admitted to hospital for treatment. 'Admitted to hospital' means being admitted as an 'in patient' for any length of time. It does not include being taken to hospital for 'outpatient' treatment by a hospital's A&E unit, or corrective surgery at a later time, e.g. straightening a broken nose. SLSNZ members are required to immediately inform SLSNZ of any notifiable injury, which may also require notification to WorkSafe and or Maritime NZ. SLSNZ will assist members/clubs to notify WorkSafe or Maritime NZ where necessary.

Reporting Procedures

Patient and Incident Reports must be completed as soon as practicable. These can be completed on line using SLSNZ's App or by completing the Patient and Incident Report Forms contained in this manual.

04



Do not bend forward with your legs straight to lift. This places excessive load on the lower back. The use of trailers, quad-bikes and 4wd vehicles are also important tools in the transportation of heavy objects.

Lifting and Carrying

Lifeguards duties involve the lifting and carrying of equipment and people who have been rescued. A common injury is to the lower back, caused by incorrect lifting or handling of heavy, awkward or large objects. In surf lifesaving, objects such as a fully set-up IRB, outboard motor, and IRB floorboards are particularly heavy and/or awkward. They require careful handling and manoeuvring. Not only could you injure yourself, but you could also damage the equipment and hurt others around you, if you do not handle and manoeuvre equipment safely. Applying the risk management steps described above will help provide for the health safety and wellbeing of all those involved.

04 How to lift

Firstly, it is important that the environment or area that you are required to lift in is safe. This will depend upon things like:

- Where and how equipment is laid out.
- The storage method of the equipment.
- The size and weight of mobile equipment.
- How far you have to carry equipment or goods.
- The terrain you have to negotiate.

Below is a set of steps that describe how to lift correctly.

These steps outline how to lift heavy items on your own, or when lifting with two or more people.

- Face in the direction of where you intend to lift.
- Bend the knees and crouch down, with a straight back.
- Balancing with a wide base of support, take hold of the object securely.
- Keep the load close to the body wherever possible.
- One member coordinates the lift and calls 'Ready, one, two, three, lift'.
- Brace your stomach muscles and, while keeping your back in a neutral position, lift the object using your legs.

Risk Management

Areas of Risk Management in Action

Member Protection

SLSNZ along with clubs and members have a shared responsibility to ensure that our clubs and our work do not harm any member, nor anybody else that may be affected by our work as lifeguards. This section provides an overview of the ways SLSNZ helps protect its members.

SLSNZ regulations fall under Rule 24 of the Constitution of Surf Life Saving New Zealand Incorporated (SLSNZ). These provide various directives and requirements which are binding on SLSNZ and its Members. These regulations are made for the primary purpose of ensuring a safe and fair framework, within which surf lifesaving activities are to be conducted in New Zealand.

For more information visit the member protection toolbox:
<https://www.surflifesaving.org.nz/organisation/about-us/management-documents/member-protection-toolbox>

Policy Statements: SLSNZ Policy Statements are specific procedures that help ensure safety for operations. A number of policy statements have been created for lifeguards for a range of situations:

- Body recovery.
- Critical incident management procedures.
- Disaster survival and preparedness.
- Recommended minimum guidelines for open water swimming event safety.
- IRB specifications.
- Lifeguard refresher.
- Member injuries.
- Patrol support.
- Prototype experimental equipment.
- Rescue water craft.
- Shark safety.

For more information or to view lifesaving policies visit:
<https://www.surflifesaving.org.nz/clubhouse/tower/lifesaving-policies>

Surf Sport Competitor Protection 05

The following have been put into place by SLSNZ to minimise any dangers to athletes that may occur during an event:

- Code of conduct.
- Risk assessment and management systems.
- Health and safety plan.
- All competitors refreshed.

For more information or to view sport policies visit:
<http://www.slsnz.org.nz/sport/about-us/sport-policies>

Club and Member Responsibility

There are many situations where clubs and members are responsible for the health and safety of others. A guide is provided below.

Clubs have a responsibility to:

- Prevent harm to members and visitors to the club.
- Provide safe access to the club.
- Provide information, training and supervision.
- Inspect, maintain and control use of gear/equipment.

As a lifeguard, you are responsible for:

- Operating with your Patrol Captain and other club officials.
- Operate equipment, in accordance with SLSNZ, club and manufacturer's requirements in order to prevent harm to yourself or others.
- Provide for the health, safety and wellbeing of yourself and other members.
- Provide first aid when required.
- Behave appropriately for the role and duties you have been assigned.
- Effectively manage lifeguards that you are responsible for.
- Notify the appropriate club and where necessary SLSNZ personnel of club workplace hazards.



Wellbeing

General Fitness

Fitness 06

It is important that a lifeguard maintains a high level of fitness. Unfit lifeguards may be a risk to their patrol. It is strongly recommended that lifeguards participate in some form of daily exercise (e.g., run, swim, ski or board paddle) during the patrol season. Jogging, water polo or winter sports are a few ways of staying fit in the off-season.

Skill level

Lifeguards must undergo regular 'Refresher Training' in various surf lifesaving skills (e.g. resuscitation, IRB) to ensure they remain proficient.

A variety of skill development and higher award programmes exist, both at the club and region level, and lifeguards should, wherever possible, take advantage and participate.

Stress and Fatigue

Stress may be caused by work pressures, relationship difficulties and other factors. Fatigue may be caused by such things as a lack of sleep, overwork, health issues, stress etc. Stress and fatigue have the potential to cause harm to self and others while on patrol. For the health, safety and wellbeing for all those involved, SLSNZ recommends that if a lifeguard is experiencing stress or fatigue, that they immediately take leave from their lifeguarding duties, and seek assistance to recover from these conditions.

Critical Incident Stress

A lifeguard may, at some stage, be involved in a stressful or traumatic situation, such as performing resuscitation or encountering a drowning.

These types of traumatic situations bring with them their own type of stress (critical incident stress), which may go unnoticed, as the lifeguard is unable or unwilling to express the pain and distress being felt. If left unattended, this stress can ultimately affect a lifeguard's physical and mental health and also relationships with family, friends and colleagues.

Critical incident stress may occur during the incident itself, and in extreme situations, can render a Surf Lifeguard incapable of functioning at the scene of an incident.

In the days and weeks after a critical incident it is not uncommon for lifeguards to replay their actions in an attempt to answer questions such as:

- Did I follow the correct procedures?
- Did I do everything possible?
- Did I do anything wrong?

Remember:

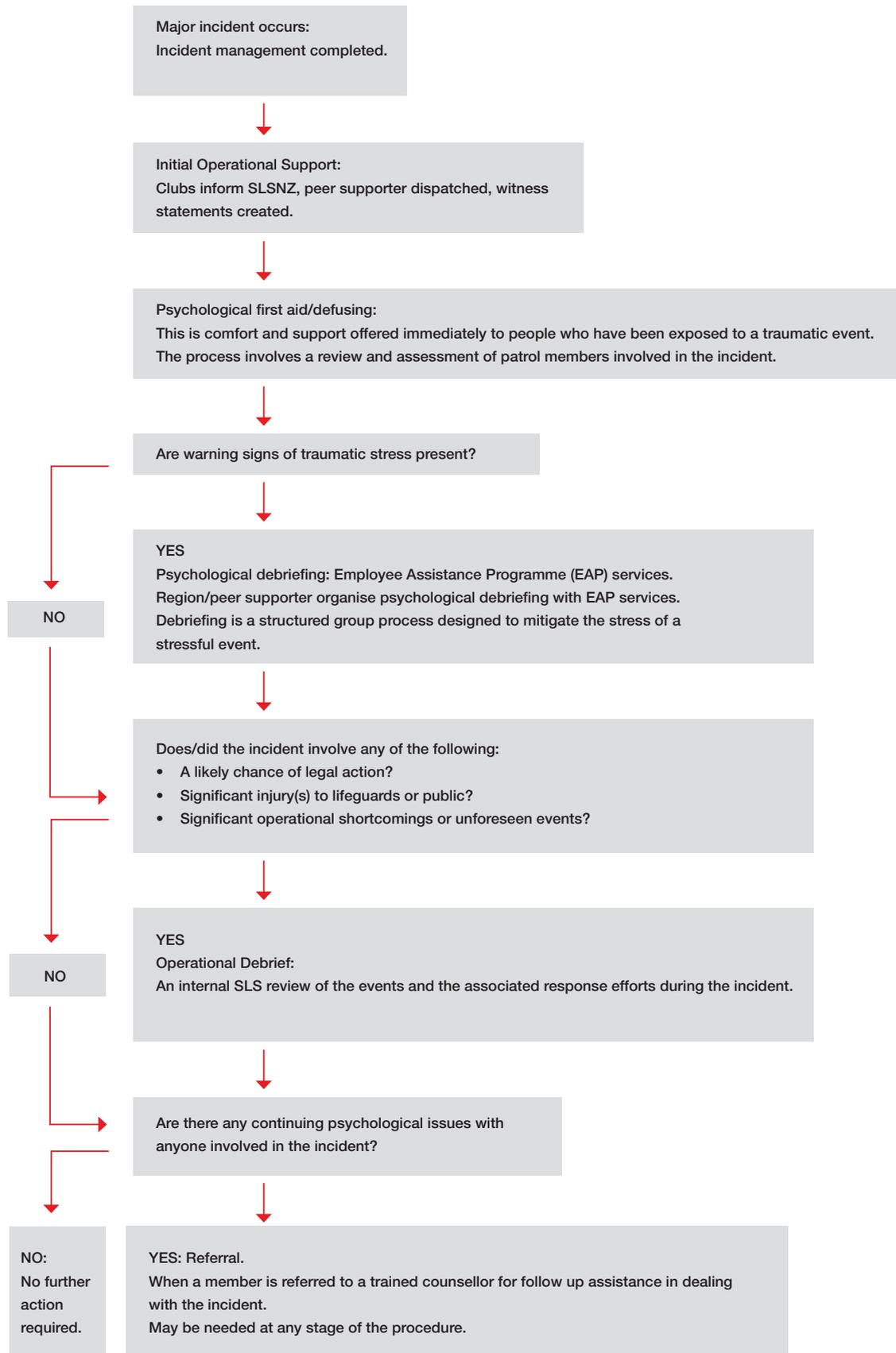
It is important that you are aware that adverse and unpleasant feeling and/or emotions may occur during rescue and resuscitation incidents, particularly when a rescue or resuscitation is un-successful. It is OK to ask for help if you experience post-traumatic stress. Speak to your club Peer Support Officer and/or a SLSNZ employee for further information or support.

Management of Critical Incident Stress

Many important tasks must be completed following a major incident. These tasks are collectively referred to as Post Critical Incident Management Procedures. The diagram on the following page outlines the steps that are to be taken after an incident has occurred and management of the situation has been completed.



Post Critical Incident Management



2 Prevent

This section provides information that will assist Surf Lifeguards to be pro-active in fulfilling one of their key responsibilities: The prevention of drowning and injury.

Roles and Responsibilities

The roles of Surf Lifeguards while on patrol and their responsibilities as members of SLSNZ.

Roles and Responsibilities

Requirements to effectively and efficiently patrol a beach

Proactive Lifeguarding

Proactive lifeguarding is about continually assessing hazards and risks, and applying preventative actions (controls) in order to prevent incidents from happening. This helps reduce the risk of harm to the public and our fellow Surf Lifeguards when we're working on the beach. Proactive lifeguarding is also about being prepared to respond if and where required. There are many types of preventative actions that you can take as a lifeguard on the beach. The first step is to be aware of the hazards (Section 3) on your beach and recognise when the weather, change in tidal stage, and/or surf conditions could pose a risk to water users. At the start of patrol, make sure there are enough lifeguards at the water's edge and the appropriate equipment (patrol flags, rescue boards) is positioned correctly. Think about some possible scenarios that could eventuate and how you would manage them, i.e. a change in conditions brought on by a flash rip current or an influx of swimmers in the water.

Keep an eye on the conditions, and if you notice them changing, think about how you can best keep people safe. A well-timed preventative action, such as moving the flags to a safer part of the beach, can mean the difference between a group of relaxed swimmers enjoying their time between the flags and a stressful rescue situation.

Individually, lifeguards can also make a big difference by engaging proactively with members of the public. This can be as simple as warning a group of people who are walking towards a rip current and advising them to swim between the flags. Take the opportunity to share your knowledge about beach hazards, and help them learn how to keep themselves and their family safe.

Every lifeguard should aspire to be a proactive team member,

develop these fundamental skills during their training, and continue to develop awareness of the beach environment when on patrol. It certainly pays to talk to and learn from the more experienced members on your patrol!

General Principles and Skills of Patrolling

Uniform

On patrol a lifeguard must wear a uniform to make the public aware that a patrol is operating and ensures that members of the public are able to readily identify the lifeguards. This is particularly important in emergency situations. The lifesaving uniform cannot be worn in any activity other than that detailed in the regulations. Lifeguards uniforms must not be worn for anything other than lifeguard duties, meaning that wearing a lifeguard uniform to and from lifesaving duties is generally not acceptable.

Lifeguard uniforms can be obtained through your club.

07 The SLSNZ patrol uniform consists of:

- Red wide-brimmed hat.
- Yellow long-sleeved shirt with a collar.
- Red shorts.

Accessories include:

- Red Jacket.
- Yellow short-sleeved rash shirt.

Public Relations

Every time you put on your patrol uniform, you become an ambassador for Surf Life Saving.

All Surf Lifeguards should be courteous and tactful when



they deal with the public. Whether we deal with the public face-to-face, over the telephone or in written documents, they should be given excellent service and unqualified respect.

Abuse of rescue equipment should be avoided at **all times**, as it presents a bad image to the public, many of whom may have donated money to SLSNZ.

Public image is important because the majority of our funding comes from the public sector, such as from sponsorships, donations, and the New Zealand Lottery Grants Board.

Crowd Control

It is essential to control the public on crowded beaches. This is especially so when a rescue is being performed. Unintentional interference by onlookers may put the life of rescuers and/or patients in danger and prevent the operation's smooth conduct.

It is natural, when an accident occurs, for people to mill around the scene. The Patrol Captain should designate a suitable member of the patrol to organise the public and keep them away from the centre of the activity.

Patrol Methods

Surf Life Saving's first duty, as a frontline community surf rescue service, is the safety of the public who visit and swim at popular beaches along the New Zealand coastline.

Surf Lifeguards ensure beaches are safe by patrolling them on weekends and holidays during the summer season, incorporating the basic principles of PREVENTION, RECOGNITION and RESCUE.

The Surf Life Saving Club or Service responsible for each beach determines the patrolling method used. **08**

Surf Lifeguards must be totally conversant with the POM, as it covers the beach they are patrolling. The document should always be kept on hand in an easily accessible and visible place. If you cannot locate your Club's POM, please ask your Patrol Captain.

The standard content is as follows:

SECTION A:

Club Patrol Operations.

- Patrol Operations & Geography.
- Patrol Capability.
- Specific Patrol Operations.
- Contact Information.

SECTION B:

Region Patrol Operations

- Region Contact Information (must be regularly updated).
- Region Lifesaving Standards, Regulations and Policies.
- Patrol Documentation.
- Region Serious Incident Protocols.
- Lifeguard Protection.
- Risk Management.
- Member Recognition.
- Lifesaving Equipment Maintenance Guidelines.
- Lifesaving Quality Assurance Programme.
- Media Information.
- Region Calendar of Skills Courses and Events.
- Call Out Squad Contact Details.

Surf Life Saving New Zealand Lifesaving Policies.

This section includes all policies and regulations linked to effectively patrolling a beach. These can also be viewed at www.surflifesaving.org.nz



08 Each Surf Lifesaving Service has a current **PATROL OPERATIONS MANUAL** which describes in detail the patrol systems utilised.

Roles and Responsibilities

Requirements to effectively and efficiently patrol a beach

Incident Management

An outline follows of procedures to observe and factors to consider during incidents that may occur during a beach patrol. It is important to note that some regions may have slight variations in procedures, particularly in relation to contacting emergency services. If so, they will be highlighted by your instructor.

Water-based incidents

When dealing with rescues in the water, it is essential to inform other patrolling members of the incident details i.e. position, problem, people. Be sure to assess the situation before you enter the water.

Land-based incidents

A number of land-based incidents may occur at the beach, particularly medical emergencies. Surf Lifeguards are trained in first aid, some to higher levels than others. Those with extensive first aid knowledge and experience should be alerted and used in these situations, where possible.

Cliff incidents and falls

Police and ambulance should be contacted immediately. The police employ a designated cliff rescue unit trained to respond in situations where victims are unreachable. If you are able to get to the victim without putting him or her, yourself, or anyone else in danger, then do so, appropriately treating any injuries and securing the person to prevent further injury.

Reports

During every patrol, documentation must be completed as a formal record of the day's events.

This information is then fed into the (Surf Life Saving New Zealand) database, where important statistical information can be found and reviewed.

- Statistics enable Surf Life Saving services to complete analyses of beach usage, rescues and preventative actions and update their patrol methods, if necessary.
- SLSNZ are able to make decisions, based on evidence that has been gathered for the database.
- Statistics provide evidence for continued funding from support organisations, sponsorship and the public.
- Statistics provide data that can be supplied to the news media.
- Patrol reports help Surf Life Saving to appropriately recognise members' actions.

The types of forms used are:

Patrol Captain's Report Form

A record of the people involved (lifeguards and members of

the public), any actions taken (incidents and preventative actions), weather conditions during the patrol and any equipment used.

Incident Report Form

This form is a specific record of every rescue, search and first aid/trauma that lifeguards respond to. This includes any incidents at events. All injuries including injuries to any club member must be reported.

Patient Report Form

This form captures all the details for any major rescue, search, first aid or trauma. One form per person must be filled out.

IRB Operations Log

At the end of each patrol, the IRB Operations log must be completed for every IRB that is used. It is important to read the operations log from the previous patrol to check if there are any problems with the IRB or the engines before preparing them.

Once all forms are completed, ensure they are sent to the correct people and a copy is kept with your club.

Definitions

To assist lifeguards in completing Patrol and Incident Report forms, the following definitions apply:

Voluntary Patrol: Volunteer lifeguards who undertake a patrol.

Regional Lifeguard: Lifeguards who undertake a patrol, or provide event safety for hire or reward.

Callout: Any response to an emergency occurring outside patrol hours.

Event Safety: Any event where lifeguards provide safety.

Other: Services provided by lifeguards not included in the areas above, e.g. educational activity.

No. of Surf Lifeguards: The total number of lifeguards who were on patrol that day.

Total Surf Lifeguard Hours worked: The combined hours of each lifeguard worked that day.

Rescue: Where a person requires assistance to return to shore (or place of safety) and who, without assistance, would have suffered distress or injury, or drowned.

First Aid/Trauma: Any incident where a victim receives some form of First Aid treatment.

Search: Any organised search for a missing person, or group of people, either at sea or on land. This includes body recovery.

Preventative Action: When a lifeguard identifies a potentially dangerous situation and takes precautionary action to

prevent the situation from developing into, or contributing to, a real emergency e.g:

- Shifting the flagged area during the day because surf conditions change.
- Preventing swimmers from entering a rip or hole.
- Removing broken glass from the beach.
- Checking on a swimmer who appears to be in difficulty.

When recording a preventative action, record the action, not the people.

PAM Database information

The Patrols and Membership Database (PAM) is a central database for all Surf Life Saving clubs in New Zealand. It is used to log details of members (contact details, awards, memberships etc) and patrols and incidents. PAM holds this information securely, and the data gives us an understanding of trends across the whole organisation. The information is used for media releases and official reports for internal and external use.

PAM is made up of two components - the Customer Relationship Management system (CRM) and the Member Portal.

CRM can only be accessed by a club administrator, or club officer of similar level. Each club has one log in to this system. Clubs can manage their member's information and input their patrol data, as well as export any club information they require.

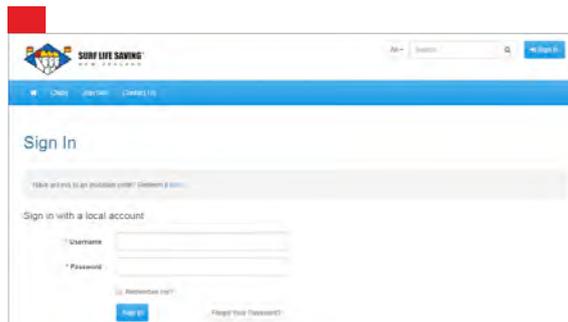
The Member Portal is a mobile-friendly portal where every member of SLSNZ can log in and view their upcoming patrols, see their awards, courses and patrols, as well as update their contact information via the My Profile section. It is important that this contact information is kept up to date so that it can be used as a means of getting in touch with members when required.

Members can access their own Member Portal with a username and password. If you don't have a log in to the Member Portal you can get one by either:

- 1.) Emailing database@surflifesaving.org.nz to request a log in.
- 2.) Contacting your club administrator to provide you with a username and password.

Patrol Audits

Patrol audits or inspections occur to maintain consistent patrolling standards throughout New Zealand. These audits are carried out by Region nominated inspectors against set criteria. These criteria are aligned to the Club's POM.



Roles and Responsibilities

Requirements to effectively and efficiently patrol a beach

SLSNZ Patrol Captains Report Form							 SURF LIFE SAVING				
Patrol & Team Details				Type of Service (Tick one box)							
Club / service				Voluntary							
Patrol team (if allocated)				Regional guard							
Patrol captain				Callout							
Date of patrol	/	/	S M T W T F S	Event safety							
Patrol location				Other							
Patrol description / notes / hazards / additional information:											
Patrol Information				Patrol Conditions		Start of patrol	Comments				
Patrol start time				See codes	Weather						
Patrol finish time					Wave height						
High tide time					Surf conditions						
Peak headcount					Wind strength						
Total hours worked					Wind direction						
Patrol Members (contact)											
	First name	Last name	SLSNZ number	Role	Start	Finish	Hours	Head counts	On beach	In water	Total
					<i>Use 15 minute time units</i>			06.00			
1								07.00			
2								08.00			
3								09.00			
4								10.00			
5								11.00			
6								12.00			
7								13.00			
8								14.00			
9								15.00			
10								16.00			
11								17.00			
12								18.00			
13								19.00			
14								20.00			
15								21.00			
16								22.00			
17								Peak			
18								Notes:			
19											
20											
21											
22											
Resources				Actions				Number	# forms complete		
Number of patrol members				Number of people rescued							
Number of patrolled areas				Number of people assisted to safety							
Number of IRBs / RWC				Number of people needing major first aid							
Number of radios				Number of minor first aid incidents							
Number of ATVs				Number of people searched for							
Other equipment: (list below)				Number of preventative actions							
				Est. No. of public involved in preventative actions							
Signed:				(patrol captain)							

SLSNZ Patient Report Form **CONFIDENTIAL**  **SURF LIFE SAVING**

Additional Patient Information for Major Rescues, First Aids and Searches. Please store this form in a secure location after completing.

Patient Details											
Incident level (0 - 4)	Arr.	4	3	2	1	0	SLSNZ member	Yes / No	Number:		
	Dep.	4	3	2	1	0					
First name							Gender	Male / Female			
Last name							Ethnic origin (primary)				
Date of birth	DD / MM / YYYY						Ethnic origin other				
Address & suburb											
City											
Was a fatality prevented? Yes / No											

Incident Reason													
Exhaustion	Poor swimming	Drugs / alcohol	Excessive clothing	Inappropriate equipment	Jellyfish / insect sting	Cramp	Cut / abrasions	Bruising	Burns / sunburn	Breathing difficulty	Feeling unwell	Other	Other notes:

Patient Outcomes				First Aid Treatment							
Left in stable condition				History / chief complaint / onset							
Referred to Doctor				Treatment							
Assisted from the beach											
Ambulance to hospital											
Helicopter to hospital											
Deceased											
Unknown / Not found				Medications / allergies							

Equipment Used			
Oxygen		FA Supplies	
Defibrillator			
Stretcher			
Neck brace			

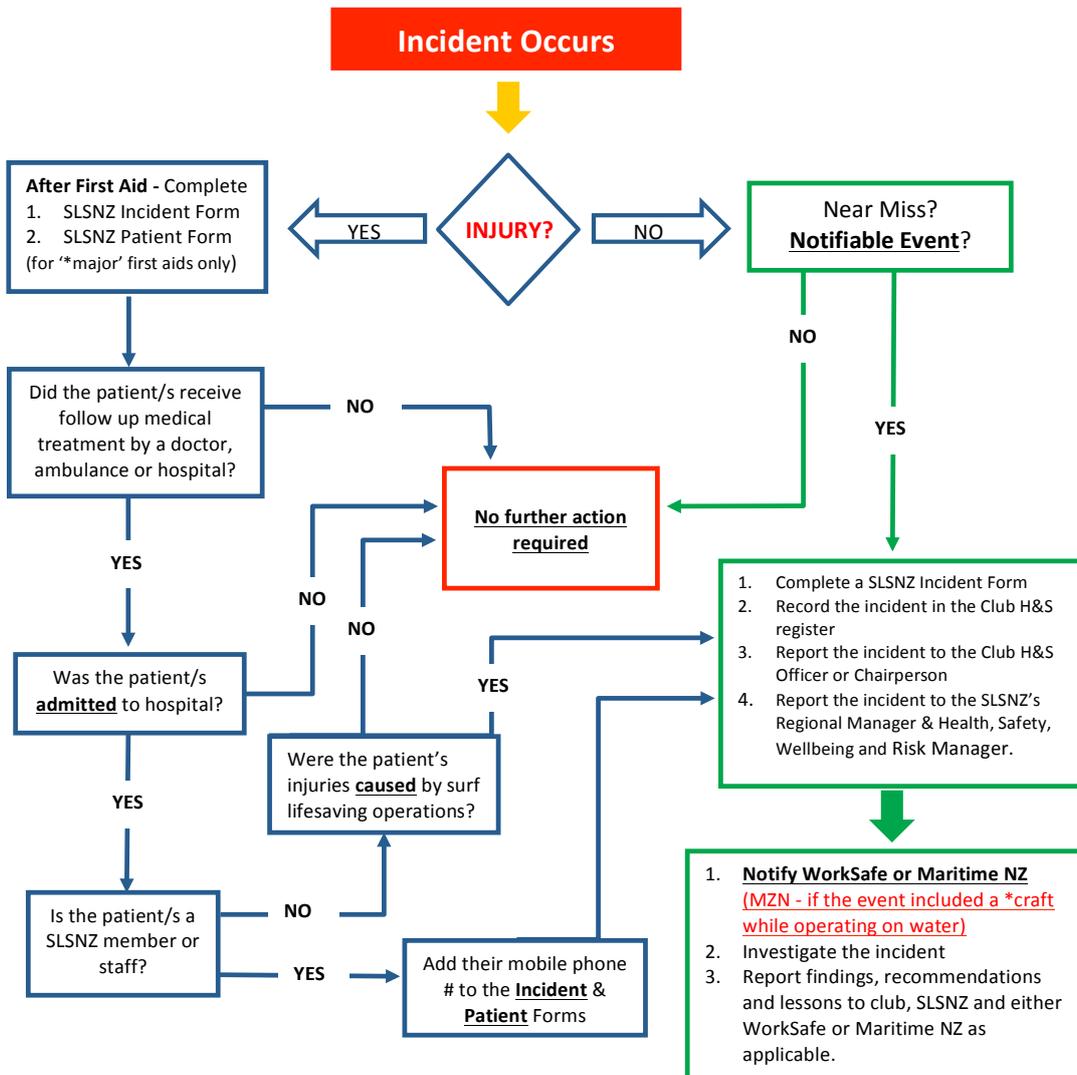
Patient Vitals										
Time	Interventions / drugs	Dose	Response A/PU	Airway	Breathing	Pulse / circulation	Temp	Blood pressure	O2 Sat	Bld Gluc
								/		
								/		
								/		
								/		
								/		
								/		
								/		

Search Information										
Missing person details & description						Informant information				
Name						Informant name				
Phone numbers						Informant phone numbers				
Medical & mental condition						Relationship to missing				
Description of missing person						Missing person last location				
Age						Circumstances of disappearance				
Ethnicity						Point last seen (PLS)				
Gender						Last known point (LKP)				
Height & build						Last seen by whom				
Hair colour						Activity (what doing)				
Eye colour										
Clothing / belongings										

Search Activities by SLS Volunteers	
Time	Action

NOTE: If there is more than one patient involved in a major incident use a second form.

SLSNZ Incident and Injury Notification Flow Chart



Notifiable Events includes:

- **Notifiable Death** – when a person has been killed as a result of work.
- **Notifiable Incident** – when a person's health and safety is seriously threatened or endangered as a result of a work situation, i.e. if someone has been exposed to a serious or immediate risk to their health and safety because of an unplanned or uncontrolled work incident.
- **Notifiable Injury** - an injury that requires (or would usually require) the person to be admitted to hospital for immediate treatment. 'Admitted to a hospital' means being admitted to hospital as an inpatient for any length of time – it does not include just being taken to the hospital for out-patient treatment by a hospital's A&E department.

Major First Aid - Any incident where a victim requires medical treatment beyond club administered first aid, or is handed to another agency e.g. doctor, ambulance, hospital.

Craft – Includes Boards, Skis, Canoe, Surf Boat, IRB and RWC.

Roles and Responsibilities

Requirements to effectively and efficiently patrol a beach

Using Rescue Vehicles



The "Land Transport Act 1998" defines the 'road' as including:

- A street.
- A motorway.
- A beach.
- A place to which the public have access, whether as of right or not.
- All bridges, culverts, ferries, and fords forming part of a road or street or motorway, or a place referred to above.
- All sites at which vehicles may be weighed for the purposes of this Act, or any other enactment.

This means that any use of any vehicles for patrolling purposes must be in accordance with the law.

Responsibilities of Clubs and Surf Lifeguards for All Terrain Vehicles (ATV):

All ATV operators shall hold a current motorcycle or driver's license (learners, restricted or full).

- All ATV operators must wear an approved helmet when operating an ATV and be a minimum of 16 years of age.

The vehicle shall carry the following lifesaving equipment:

- First Aid and resuscitation equipment.
- Rescue tube and swim fins.
- Hand-held radio protected by a waterproof pouch or base radio mounted to the vehicle.

For more information about ATV policies and safety visit: <http://www.slsnz.org.nz/clubhouse/tower/lifesaving-policies>

Emergency Services

As a lifeguard, you should be aware of the emergency services and other rescue organisations that operate in your area. An Emergency Services Phone Index should be displayed next to all telephones in your surf club so that contact numbers are readily available.

Calling In Back-Up

If you need assistance, or even think that a rescue operation is starting to become too large or difficult to control, you should ask for help sooner rather than later.

It is much better to have help on the way and cancel it, than to need assistance and have nothing available.

If Emergency Services are required, Dial 111.

You will be connected to a Spark operator, who will ask you which service you require, Ambulance, Police or Fire.

Your call will be connected to the service you requested. You will be asked:

- Who are you?
- Where are you?
- What is the emergency?

Make sure you know the street location of your surf club or the street or beach access where you would like the ambulance or other vehicle to go.

Remain calm, and speak in a clear, precise voice that can be clearly understood.

Police

Surf Lifeguards need to contact the police in cases of:

- Public disturbance.
- Any criminal behavior.
- Motor vehicle accidents.
- Whenever a person is reported as missing.
- Body discovery.

Ambulance

It is important to summon an ambulance when:

- A patient has lost consciousness, even for a brief period.
- A patient has received resuscitation.

Fire

A lifeguard should always call the Fire Service in cases of:

- Bush fires.
- House fires.
- Chemical spillages.

Search and Rescue

The Police have responsibility for Search and Rescue, and should be contacted in any search or rescue operation that goes beyond a straightforward surf rescue.

Coastguard

Most coastal regions in New Zealand have a Volunteer Coastguard that is available to respond to offshore boating emergencies. The Coastguard may be of assistance in some rescue situations.

Rescue Helicopter

If your Patrol does not have an established protocol for

calling a rescue helicopter, then dial 111, ask for Ambulance and advise Ambulance Control that you need a rescue helicopter.

If you have a patient with a medical problem, the Ambulance Control will determine the need for an Ambulance or rescue helicopter.

Patrolling Roles

There are various tasks within a lifeguard's duties that are essential for a successful patrol, and they may vary from patrol to patrol. As a lifeguard, you must not only understand your role, but that of others on duty with you. Roles will vary from patrol to patrol.

Patrol Captain

Your Patrol Captain has been appointed to this position because he or she has the lifesaving skills and experience to effectively manage the surf lifesaving service at your club or beach. At all times on patrol, act under the directions of the Patrol Captain.

09 Tower

A patrol member shall be stationed in an elevated position at all times during the patrol when swimmers are in the water. When a beach user enters the water, one set of lifeguard eyes must remain on the patrolled area at all times. Never leave the flagged area without observation.

10 Flag Duty

A Surf Lifeguard's role on flag duty is to keep a constant watch on the swimmers in the flagged area and to encourage swimmers to remain swimming between the flags. When on flag duty, always carry a rescue tube and fins.

11 IRB Driver and Crew

The IRB driver and crew must have the IRB ready for use close to the water's edge. Should they be needed for a rescue, they must respond quickly and efficiently. Radio contact needs to be kept at all times with the rest of the patrol.

Radio Operator

The radio operator is the link from the patrol to outside communications such as the Police, Ambulance Service and SurfCom. It is essential the operator is familiar with the processes and applications of each support service to undertake this role effectively.

First Aid

Although all patrolling members will have been trained in first aid in some capacity, there is a need for at least one member of the patrol to be trained at a higher level. If there are major first aid emergencies during a patrol, those trained at this higher level of first aid must take over patient management.



Mobile Patrol

The Patrol Captain may designate pairs of Surf Lifeguards to walk along the edge of the beach looking for incidents occurring outside the flagged area. Mobile patrols must always keep in radio contact with the patrol. A tube and fins must also be carried.

Outpost

When there are areas away from the flags that have a large number of beach-goers, an outpost can be set up. The outpost can be set up with or without flags, depending on the resources available to the patrol. Radio contact must be

day, the Patrol Captain should make a public announcement to notify beach-goers of the change. It is also important to advise swimmers to swim between the flagged area and/or advise them of the dangers and hazards outside the flags. Polite requests should be made to any fibreglass board riders within the flagged area to move away, to prevent any injuries to those between the flags.

During the Day

- Actively converse with the public.
- Perform Preventive Actions.
- Perform rescues.
- Rotate duties/watches/activities/training to relieve boredom.

Preventing Emergencies

A good lifeguard is able to identify a potentially dangerous situation early and take necessary action to prevent it developing into a real emergency.

These actions are referred to as PREVENTIVE ACTIONS.

Some examples are:

- Shifting the flagged area during the day because surf conditions change.
- Preventing swimmers from entering a rip or hole.
- Removing broken glass from the beach.
- Checking on a swimmer who appears to be in difficulty.
- Clearing the beach of swimmers because of a suspected shark sighting.
- Shifting board and ski riders out of the flagged area.

15 Minutes Prior to End of Patrol

Notify public on beach that the patrol is due to finish.

End of Patrol

Close down Patrol.

- Bring in flags and signs.
- Clean and prepare equipment for next day.
- Complete Patrol, Incident and IRB log forms.
- Debriefing session.

Search and Rescue operations

Occasionally, Surf Lifeguards will be asked to take part in search and rescue operations during patrol or while off duty. In some situations, Surf Lifeguards may be asked to assist in searches in unfamiliar areas away from their own beach, e.g. in inlets, rivers, lakes, or on other parts of the coastline. The main focus of the next section is on missing persons at the beach.

Missing persons on the beach or at sea

Large crowds and an abundance of activity make reports of missing persons common in the beach environment. In the vast majority of cases, a person reporting someone missing fears that the person has drowned. Usually, the missing person is found on the beach later.

Surf Lifeguard tasks

As an on-duty Lifeguard, you may be the first point of contact for an informant. Your first roles/responsibilities are:

- Obtain as much information as possible from the informant about the missing person.
- Keep the informant with you.
- Alert the Patrol Captain.

The following questions should be asked:

- What was the last known point of the missing person?
- Consider dropping a buoy or another identifiable object that will remain in place at the last known point if in the water.
- If the person was in the water, did you see him/her submerge?
- General details about the person, age, height, gender, complexion, what he or she is wearing.
- Be prepared with your fins to get into the water if directed by your Patrol Captain.

An initial search should be conducted. If the person is still not found, the Police should be alerted immediately.

Once the Patrol Captain is informed of the situation and details, you are likely to become a member of the search team. If you do become part of the searching team, always follow the directions of the Patrol Captain or the individual appointed to control the search.



3 Respect

As members gain experience and knowledge of the environment in which they live, work and play, they will develop respect for it.

Surf Environment

The unique physical environment our lifeguards operate in.

Surf Environment

The unique physical environment lifeguards operate in

Waves

What is a wave?

A wave is a body of water moving through the surface of the ocean.

Wave formation and breaking

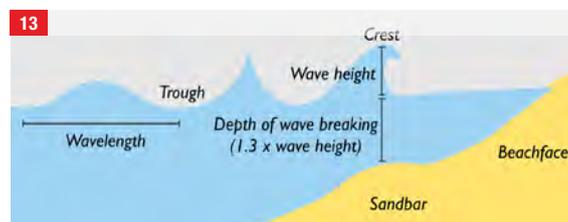
As wind blows across the ocean, energy is transferred to the water's surface to form waves. Waves of similar size and speed then travel together and form organised swell. Swell waves can travel large distances from the point of origin until they reach the coastline.

Size of waves

The size of swells is determined by three factors:

- How hard the wind blows (Velocity).
- The length of time it blows (Duration).
- The distance it blows (Fetch).

As a wave approaches the beach and the water gets shallower, the wave starts to slow down due to friction with the sea floor. The wave increases in height, and the distance between waves (the wavelength) decreases. When the water depth is approximately 1.3 times the wave height, the wave becomes unstable and the crest topples over. This is called a breaking wave. **13**



Wave Types

The shape of a breaking wave is influenced by the slope of the sea floor. There are three main types of breaking wave:

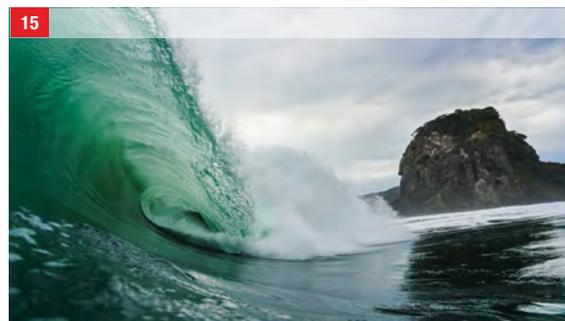
14 Spilling Wave

A spilling wave occurs where the sea floor gradually gets shallower, and the wave crest tumbles down the face of the wave. They typically release their energy over a larger area, creating multiple lines of breaking surf. Spilling waves are typically not as powerful as plunging waves. These waves are safer for swimmers and learner board riders.



15 Plunging waves

Plunging waves break where there is a sudden change in water depth. This can be on a steeper beach, sandbar, or reef. The steep slope causes the wave height to increase quickly, then the crest plunges forwards and downwards. These waves can be powerful and hazardous to water users, who may be injured if thrown onto the sea floor.



16 A plunging wave that breaks right on the beach is called a shorebreak. Shorebreaks can be particularly hazardous to children, people with limited mobility, and those entering and exiting the water.



17 Surging Wave

Surging waves occur in areas where there is deep water very close to shore. This can be on the steepest beaches and around rocks. Surging waves do not increase substantially in height as they approach the shore, but can cause a powerful uprush and backwash that can knock people off their feet and sweep them into the water.



Tides

What is the Tide? 18

The alternating rise and fall of the ocean surface is known as the tide. Tides are caused by the changing gravitational pull of the moon and sun as the earth rotates. In most parts of the world, there are two high tides and two low tides per day. It is approximately 6 hours between each high tide and low tide.

The difference in height between high tide and low tide is called the tidal range. The tidal range is affected by the shape of the seafloor, and varies around New Zealand.

Tidal ranges exceeding 3.5 metres occur in places such as Auckland, Taranaki, and Nelson. Smaller tidal ranges of 2 metres or less occur in Gisborne, Napier and Wellington.

Tidal effects on the surf environment

The motion of the tides near the shore can cause the water to move horizontally, creating currents. When a tidal current moves toward the land and away from the sea, it is called a 'flood tide'. When it moves toward the sea away from the land, it is called an 'ebb tide'. Tidal currents are particularly strong at river mouths and the entrances to estuaries and harbours.

Changes in the tide can affect the surf conditions in several ways:

- Tidal currents can influence the configuration of sandbanks and holes.
- Rip currents are stronger during outgoing (ebb) tides.
- Several types of breaking waves can occur across a tidal cycle. For example, at low tide, waves may break as plunging waves if there is less water on a shallow sandbank. At mid tide, waves may be spilling if there is deeper water over the sandbank. At high tide, if the water is deep all the way to the shore, waves may plunge as a shorebreak, or surge up the steepest beaches.

There can also be tidal currents around headlands, islands, and offshore. These currents can affect the movement of objects floating at sea. Knowledge of tidal current direction and speed is particularly important in search and rescue operations.



Rip currents and holes

Rip Currents

A rip current is a narrow body of water moving out to sea. Breaking waves transport water towards the shore and rip currents help return that water offshore. Water flows from areas of breaking waves (e.g. over sandbars) to areas of deeper water where fewer waves break (e.g. channels), and flows seaward as a rip current. On some beaches there may be multiple rip currents in a series of deep channels, separated by sandbars. Rip currents can occur along any coastline that features breaking waves.

Rip currents are most dangerous when a combination of these three factors occur:

1. There are medium or large waves: in general, the larger the surf, the stronger the rip current.
2. The tide is low, or there is a strong outgoing tide.
3. There are deep channels between sandbars.

Recent research, including here in New Zealand, has found that a rip current can behave differently under different wave and tidal conditions. A rip current may recirculate (bringing water back to shore), travel alongshore (sideways along the beach), or exit offshore. Rip currents are dangerous to water users, particularly if they find themselves out of their depth and panic.

How to Identify a Rip Current

It is important to know how to identify rip currents so that you can help manage the beach you patrol, and warn members of the public who may be heading towards one. Some identifying features of rip currents include:

Surf Environment

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- Calm patches in the surf (the rip) with waves breaking each side.
- Rippled or criss-crossed water.
- Discoloured, sandy water.
- Foamy water.
- An obvious channel or hole.

Practice identifying rip currents at the beach you patrol: how many are there, do they change location, and can you identify them from different angles?

Experienced Surf Lifeguards can also use a rip current to their advantage if they need to get out through the surf quickly.

Escape from a Rip Current

If in trouble use the **3 R's**:

- Relax, float on your back and resist the urge to fight the current.
- Raise your hand; Signal for help.
- Ride the rip: remain floating until the current weakens. Many rips will circulate and bring you back to shallower waters. Only if you are a confident ocean swimmer

should you swim parallel to the shore to an area of breaking waves before returning to shore.

Did you know?

Rip currents are responsible for 60% of all rescues performed by Surf Lifeguards. So tell your family and friends about the 3 R's, it may just save them one day!

19 Rip Current Components

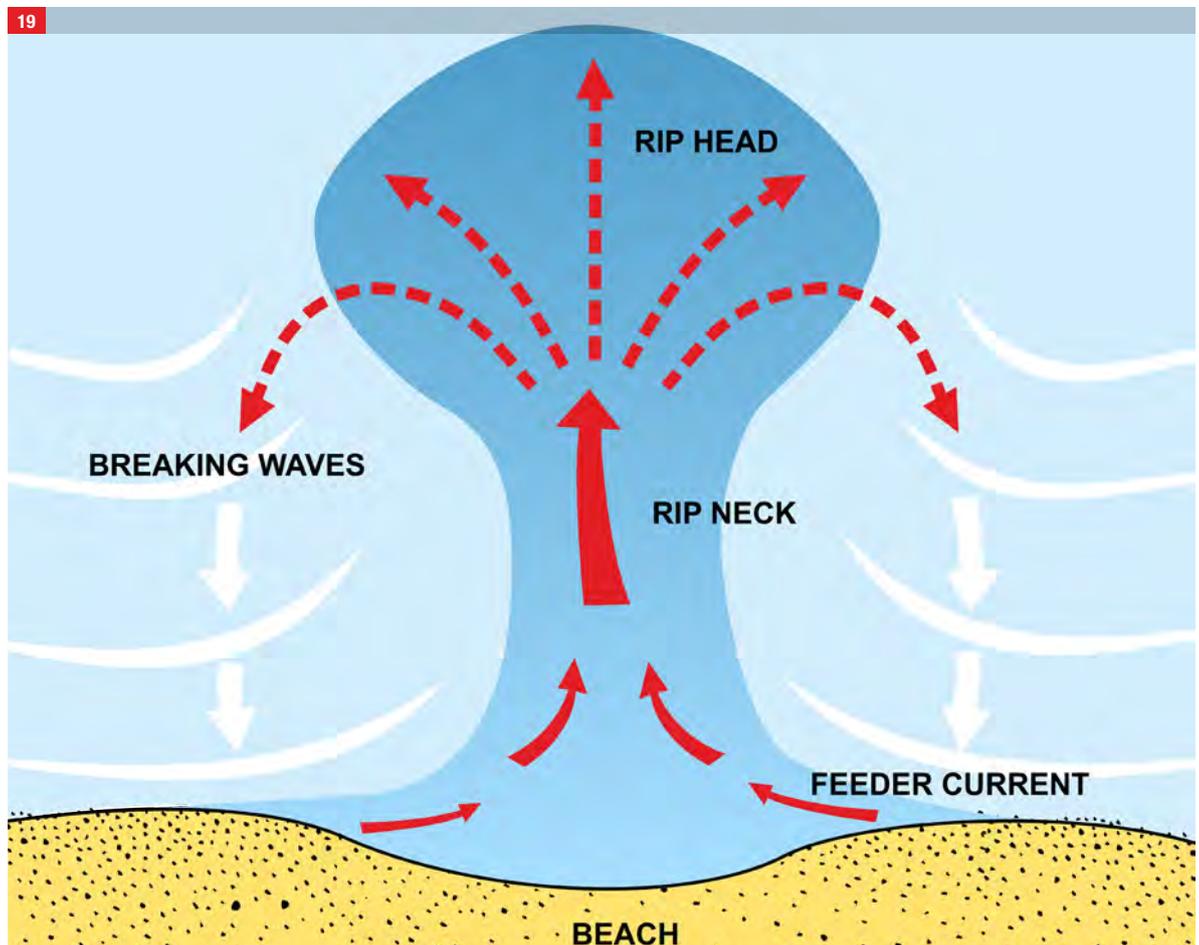
Feeder Current

The feeder current moves parallel to the shore towards a rip current and can vary in strength and speed.

Weak feeder currents in shallow water pose little danger to water users. If the current is strong and the water is deeper, a swimmer can be swept along the beach and into a rip current.

Neck

The neck is the river of water moving away from the beach. The width of the neck can vary from a couple of metres to tens of metres wide. Stronger rips in large surf typically have wider necks. The majority of rip-related rescues and drownings occur in the neck, as this is where the rip current



is at its strongest.

Head

The head is where the rip current ends, dispersing the outgoing water in a broad area. The power of the rip current is exhausted once the water reaches the head and the current dissipates. In some cases, water released at the head will recirculate back to shore via the breaking waves.

Types of Rips

There are four main types of rip current: boundary rips, channel rips, flash rips, and mega-rips. Each type of rip current is greatly affected by the characteristics of the beach and surf conditions:

20 Boundary rip currents

Boundary rip currents form adjacent to natural features such as headland or rocks, and man-made structures such as wharves, groynes, or stormwater pipes. These features deflect water offshore, scouring out the sand and creating a deeper channel through which the rip current flows seaward. Boundary rips are stationary throughout the year. The strength and speed of the rip currents change during different tidal stages and surf conditions.

21 Channel rip currents

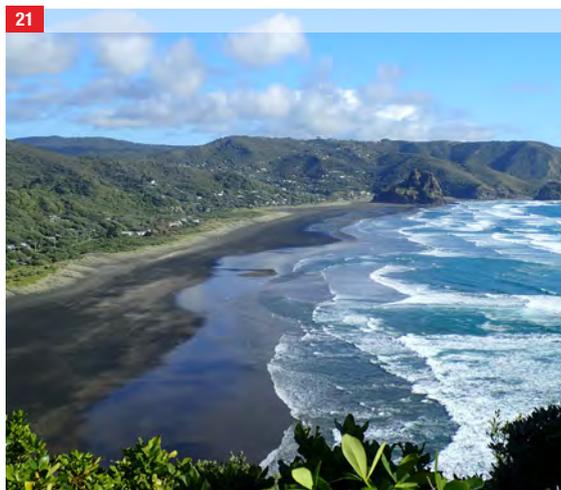
This type of rip occupies deeper channels between sandbars and is the most common type of rip current. Once established, channel rips can be relatively stable in position over days, weeks, and sometimes months. However, a change in surf conditions can alter the configuration of sandbars and channels, and therefore the location of rip currents. The strength of channel rips varies at different stages of the tide and is strongest around low tide.

22 Flash rip currents

These are temporary rip currents generated by increased volumes of water brought on to the shore. These rips occur unexpectedly, without warning, and subside rapidly (within two to five minutes). This type of rip can migrate along the beach and is generally associated with alongshore flow. The nature of these rips means swimmers can quickly be pulled from areas of water that were safe only moments earlier to areas of greater hazard.

Mega-rips

Mega-rips are large rip currents that develop during storms and at times of particularly large surf. Mega-rips can move large quantities of sand and extend hundreds of metres offshore. While fewer people may go in the water during stormy conditions, those that do may get into difficulty in a mega-rip, even if they are experienced. Surf Lifeguards should advise people not to enter the water during these



Can you identify any sandbars, inshore holes, channels, or rip currents in these two images? They show the same section of beach at North Piha from different angles.



Surf Environment

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conditions.

Inshore Holes and Channels

Besides rip currents, the inshore hole is one of the major problems for the unsuspecting swimmer and, in particular, for small children. Holes and channels form where waves, tides and currents (including rip currents) scour out a deeper area on the sea floor. However, holes can still be present once waves and rip currents have subsided. Inshore holes may form as trough or gutter that runs parallel to the shore, often with considerable variation in depth, or as a channel between sandbars. Swimmers can be swept into an inshore hole by the backwash of waves or by feeder currents. **23**

Winds

Strong winds can be hazardous for some water users, particularly those using watercraft.

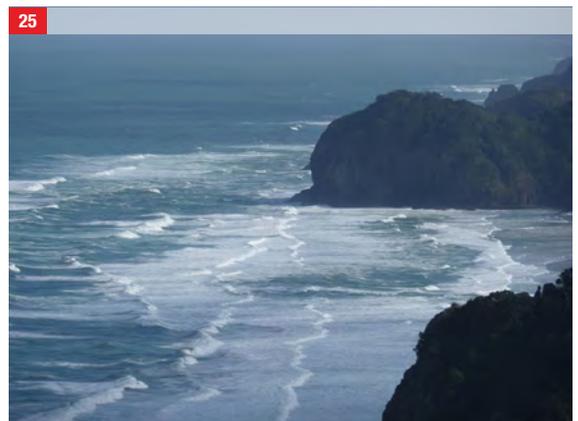
There are two main types of winds you may experience at the beach. **24** Offshore winds occur when the wind is blowing from the land out to sea. These winds cause cleaner surf conditions with organised, regular waves. **25** Onshore winds occur when the wind is blowing from the sea towards the land. During onshore winds, the surf may be choppy and irregular.

Offshore winds can be particularly hazardous for those using inflatable craft, kayaks, or other watercraft. These users may be blown out to deeper water and unable to return. Offshore winds may be stronger the further you are from shore, particularly if you leave the shelter of a headland or bay.

Rip currents may be harder to see during onshore winds because the short choppy waves can make it more difficult to spot areas of deeper water.



It's a great idea to check the beach at low tide to get an idea of where the sandbars, inshore holes, channels, and rip currents will be when the tide is higher. What features can you identify in this image of Onemana Beach?



Preventative measures

Understanding the beach you patrol and how it changes is essential in your role as a Lifeguard. You should never stop learning about the surf environment, so ask plenty of questions, gain experience in the water, and pass your knowledge on to other lifeguards. Just as importantly, use your knowledge to educate members of the public about the hazards in the surf environment: show them the location of rip currents, explain how to avoid them, and teach them the 3 R's (Relax, Raise, and Ride).

You can also help manage safety at the beach by considering the tide, surf and weather conditions, as well as the number of water users, types of activities, and water user competence. Think about the likely types of incidents that may occur and what you can do to prevent them, i.e. intercept those walking towards rip currents, (and advise them to swim between the red and yellow flags), and discourage people from using inflatable craft during offshore winds. Make sure you are working proactively with your team to provide a safe and enjoyable environment for the public!

If you have any questions regarding surf environments and hazards, or want to find out more, please get in touch with SLSNZ's Coastal Safety team at member.education@surflifesaving.org.nz

Community education websites

The Safeswim website is the 'one stop shop' for live beach safety and water quality information, as well as a 3-day forecast. Safeswim provides information on hazards, tides, surf conditions, water temperature, weather and public facilities.

For more information please visit: www.safeswim.org.nz

SLSNZ's Find a Beach website also provides information on beach safety, weather, tides, surf conditions, activities, facilities, accommodation and local events.

For more information, please visit www.findabeach.co.nz





4 Communicate

Knowledge and skills for effective communication

Lifeguard Communication

Types of communication and how to communicate effectively.

Communication

Types of communication and how to communicate effectively

Communicating effectively is an essential part of being a lifeguard, whether we are communicating to the public or to other patrol members verbally via hand-held radios, or non-verbally by using signals. This section will discuss types of communication and explain how to communicate effectively.

As a Lifeguard, you might use communication skills in:

- Performing rescues, alone or in a team.
- Informing members of the public about dangers and safety.
- Working with other safety organisations and emergency services.
- Educating and informing others.
- Completing documentation.
- Learning new procedures.
- Working as a member of a patrol team.

How do we communicate when patrolling?

- Speaking to lifeguards and the public face-to-face, by radio, over a public address system, by phone and other communication tools.
- Filling in forms and recording information.
- Wearing a lifeguard uniform to inform the public who you are.
- Using gestures to help the public understand your message, e.g. pointing in the direction you want people to move.
- Using signals to communicate with fellow lifeguards and members of the public.
- Using flags and signs to help the public use the beach safely.



Effective Communication

Effective communication is the giving and receiving of information in a way that is clear and easily understood by both the communicator and receiver. Effective communication is one of a lifeguard's greatest skills.

The skill of sending and receiving messages in a variety of ways helps lifeguards to save lives, to inform and to educate.

Effective communicators must understand that different language is used in different situations. Language changes, depending on:

What we are communicating about.

The language used on patrol is different from that used when talking about what someone did last night in general conversation.

Who we are communicating with and the relationship we have with them.

The language used when talking with members of the public is different to that used with fellow lifeguards.

How the communication takes place, whether it is spoken or written.

The language used when we fill out the patrol log is different to that used when talking to members of the patrol.

To communicate effectively, we match our language to the situation. We need to work out:

- The purpose of the communication - what.
- The audience of the communication - who.
- The best form of the communication - how.

Five skills to ensure effective communication

There are five key skills that you need to understand and master to be an effective communicator.

Pay attention

Show the speaker you are interested in what is said.

Observe

Watch the speaker to pick up non-verbal signals.

Listen

Use any pauses in the conversation to think about what the speaker is saying.

Summarise

Put what the speaker has said into a short concise statement to clarify what you have heard and understood.

Respond

Show that you have been listening by responding in an appropriate manner.

Barriers to Communication

There are many barriers to effective verbal communication. We can help recipients of our spoken communication by recognising and avoiding barriers.

- Make sure background noise does not prevent them hearing the message e.g., crowd noise, waves, outboard motors.
- Use language appropriate to their language skills and understanding and use other methods of communication. If you are speaking to a person who has English as a second language, don't use jargon.
- Don't make assumptions about them, or their beliefs or feelings on an issue.
- Listen to them. Make sure you understand what they are telling you.
- Avoid conflict with them. Don't argue.
- Use an appropriate tone, emphasis and volume. Use a calm voice. Don't shout.

Radio Communication

Radio communications provide a quick, simple, and efficient means of obtaining the assistance, equipment or information needed during lifesaving operations. **26**

There are two types of radio networks in use by Surf Lifesaving in New Zealand;

1. VHF Marine Radio (Public Radio Network).
2. Private Radio Networks or Land Mobile Network.

VHF Marine Radio Network

VHF Marine Radio is an international communications system used by both recreational and commercial vessels. It is a combination of simplex and repeaters so ships can communicate with other ships or to the shore. Some clubs or regions use VHF Marine for patrol and/or Search and Rescue.

To legally operate a VHF radio, you MUST hold a VHF radio operator's qualification. The radio operations outlined in this section are intended to provide you with adequate knowledge and skills to operate a radio. The information does not give you the qualification required. SLSNZ recommends that you obtain a qualification through your local Coastguard Boating Education Service.

Private Radio Network

Private Radio Networks are networks that may be owned and operated by SLSNZ or the regions. These networks use privately licensed frequencies and are solely for the use of SLS. Although they are private and free from interference from others users, they still may be monitored by other rescue

and media organisations. These networks may be a mix of simplex and repeater channels. These networks may be either analogue or digital radio systems.

Radio Operation Channels

- Surf Lifesaving channel – 69
- Emergency distress channel – 16
- Digital network channel - 03

Setting up Radios for Patrol

- Turn Radio "ON".
- Adjust volume to about half way.
- Check battery condition on hand-held radios:

Either a light or a meter will indicate the battery level.

- Check that you are on the correct channel.
- Adjust the squelch control until a static noise occurs, then turn it backwards until the static noise just disappears.

Note: Some modern radios have an automatic squelch control.

- Place hand-held radios in splash-proof protective bags.
- Perform a radio test by calling another radio.

Some Basic Rules

- Be brief. When you are using the radio, it means that others cannot. You may be preventing somebody else from calling for assistance in an emergency. Avoid meaningless conversations.
- Speak carefully and slowly. It is sometimes difficult for the person receiving your message to hear you because of the background static at long range. If you speak slowly and clearly across the microphone, you will be more easily understood.
- Don't carry, pick up or swing the radio by its aerial.
- Language. Remember that many other radio users can hear what you are saying. Avoid hanging out your dirty laundry on the radio.
- Do not use abusive language.
- Do not have arguments.
- The New Zealand Radio Frequency Service monitors Radio Channels to make sure that they are being used properly.



Communication

Types of communication and how to communicate effectively

Call Signs

To avoid confusion, each lifeguard with a radio (i.e. hand-held or base set) is given a call sign, e.g., "Titahi Bay Tower", "Titahi Bay Inflatable", "Titahi Bay Mobile".

"Over"

This word means that you have finished speaking and you want an answer, e.g., "Can you check on that swimmer by the rocks? Over."

"Out"

This means that you have finished your conversation and that the channel is now free for other radio operators to use, e.g., "Roger. Titahi Bay Tower, I am returning to base. Out".

Using the Radio in Conversation

- **Listen Before You Speak.** If you cut across another conversation, nobody will hear anything sensible.
- **Hold the microphone 10 cm from your mouth.**
- **Press the Transmit Button.** Speak after 1 second.
- **Give the call sign of whom you wish to talk to.**
To attract their attention, say this twice, e.g., "Titahi Bay Tower, Titahi Bay Tower." Speak across microphone, not into it.
- **Identify yourself using your call sign,** e.g., "This is Titahi Bay Inflatable. Over."
- **Release the Transmit Button.** Otherwise you will not hear anything.
- **Wait for a reply,** e.g., "Titahi Bay Inflatable, this is Titahi Bay Tower, receiving you, go ahead. Over."
Note: If there is no reply, repeat your call.

- **Proceed with your conversation.**

Use the correct procedures, e.g.,

Titahi Bay Inflatable: "Titahi Bay Tower, Titahi Bay Tower, this is Titahi Bay Inflatable. Over."

Titahi Bay Tower: "Titahi Bay Inflatable, this is Titahi Bay Tower receiving you. Over."

Titahi Bay Inflatable: "We have completed our search. Nothing sighted. Over."

Titahi Bay Tower: "Roger, Titahi Bay Inflatable, please return to base. Over."

Titahi Bay Inflatable: "Roger, Titahi Bay Tower, I am returning to base. Out."

Pro Words

You may hear or use procedural words (pro-words) when operating a radio. Pro-words are a single word or phrase with a common meaning and provide a quick and simple way to keep transmissions short. Pro-words should be used where possible.

Go ahead - Proceed with the transmission of your message.

Standby - Please wait until I call you back. I need to complete my current job or get more information or assistance for you. Other stations may transmit.

Roger - I have received and understood all of your last transmission.

Wilco - Your last message has been received, understood and will be complied with. I will do what you have asked me to.

Say again - I missed part or all of your last transmission. Transmit it again.

Correction - An error has been made; the correct version is...

Affirmative - Yes or Permission is granted

Negative - No or Permission is not granted

Over - I have finished my message and expect a reply.

Out or Clear - The conversation is finished and I don't expect a reply. Used at the end of transmission as an indication to other stations that the network is clear and free for use.

Break - I have finished a conversation with one station and am calling another without breaking my transmission.

Surf Rescue Communication Centre (SurfCom)

The main roles of SurfCom are to:

- Provide general information to all lifesaving services.
- Gather and record operational information.
- Coordinate major incidents when several lifesaving services are involved.
- Liaise with other emergency services.

For example, during a major rescue SurfCom may assist you by calling the most appropriate rescue services and recording key information.

SurfCom may call you during patrol duty for information on your patrol strength and equipment. Clubs without SurfCom support should maintain an index listing contact numbers for other rescue and emergency services and key club members.

Emergency Procedure

1. In an emergency, a lifeguard may have to cut across another conversation. To clear the channel, press the Transmit Button and say, "RESCUE - RESCUE - RESCUE" followed by your call sign, e.g., "Rescue - Rescue - Rescue. This is Titahi Bay Inflatable."
2. All other radio users on that channel must stop talking and stand by to provide any assistance.

Rescue Reporting

When reporting an emergency, remember the four Ps:

Four Ps example:

- **Position:** One kilometre south of Patrol Tower, 200 metres off shore.
- **Problem:** Surf Cat has capsized.
- **People:** Two people need help.
- **Progress:** We have one IRB on its way to assist with two lifeguards on-board.

MAYDAY - MAYDAY - MAYDAY

This is an international distress signal given when a ship or boat is in a life-threatening situation and needs immediate help.

If you hear this, stop and listen carefully to the distress message that will follow.

Contact the Police immediately.

Radio Maintenance

To maintain maximum operating efficiency of radio equipment, and to prolong service life, all equipment should be regularly maintained and checked.

All radios should be checked prior to, and after, their use, including:

- Operation of on/off and volume control knobs or buttons.
- Operation of channel change control knobs or buttons.
- Operation of PTT button (Push To Talk).
- Damage to the case or antenna.
- Check if water has penetrated the unit.
- Check that the microphone is free from water.
- Signs of water penetration around and under the battery.
- Battery contacts are in good condition.
- Operation of any programmed buttons.
- Display screens (if fitted) are clearly readable.
- Perform a radio check.

After use, bags, cases and harnesses should be rinsed lightly with fresh water to remove salt water and sand then

air-dried.

If a radio is dropped in water you must immediately:

1. Turn the radio off.
2. Check for damage to the unit.
3. Check that the unit is operating correctly.

If water has penetrated the unit:

1. Remove the battery and antenna.
2. Submerge the unit in fresh water (distilled water is best) for a minute or so to remove or dilute salt water.
3. Remove from the water, shake gently and pat dry any excess water – dry it in the air, out of the sun.
4. Advise your Patrol Captain, Club Radio Officer and fellow patrol members of your actions.
5. Record the damage and actions taken in an appropriate log book.



Communication

Types of communication & how to communicate effectively

Non-Verbal Communication

Communication is more than just words. In fact, words are only a small part of communication. One study looked at the influence of words, voice and gestures and found that the message was made up of:

- 7% words.
- 38% audible non-verbal communication, such as voice tone, stress, pace and pitch.
- 55% visual non-verbal communication, such as body gestures, postures and facial expressions.

Non-verbal communication plays an important part in the overall communication process. You need to be aware of your own non-verbal communication and to be able to notice and read the non-verbal communications of others.

Body language can be positive, complementing the verbal message being sent. For example, if you want swimmers to move so that they are between the flags, blow a whistle to gain their attention, speak politely but firmly into a loudspeaker, or use a loud voice, asking them to move back to between the flags. Point to where you want them to move and begin to move in that direction. Smile in affirmation as they move.

Non-verbal communication can also be negative, and conflict with the verbal message. Frowning, leaning over people and wagging fingers are all examples of non-verbal communication methods that can be negative in their effect on others.

The way we dress as a Lifeguard is important. When we wear a recognised uniform, we tell people that expertise is present and that we are of service to them.

We stand out and are easily found, and we give people the message that we care. It is also important that our dress and actions give a safety message. Sun Smart clothing, appropriate clothing for in the water, such as togs and wetsuits, and behaviour, such as swimming between the flags and taking care when using a IRB, are crucial in terms of what they communicate about our organisation to the public.

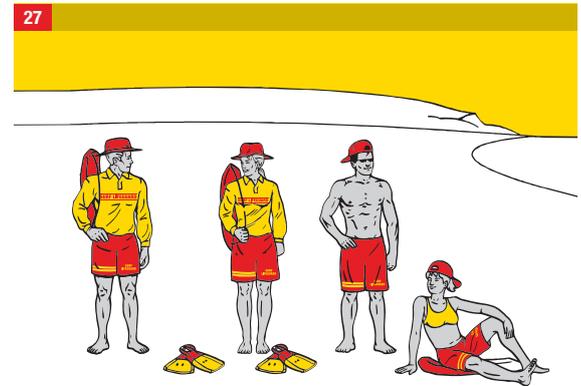
It is important that you get feedback on both your verbal and non-verbal communication skills while you are training so that you can be an effective communicator as a Lifeguard.

27 Remember that the following non-verbal communications forms can be 'read':

- Gesture.
- Body language.
- Touch.
- Eye contact.

- Facial expressions.
- Posture.
- Gait.
- Gestures or hand signals.
- General physical appearance.
- Mode of dress and grooming.
- Sounds.
- Voice tones, pitch, volume, pace.
- Silence.

27



Signals

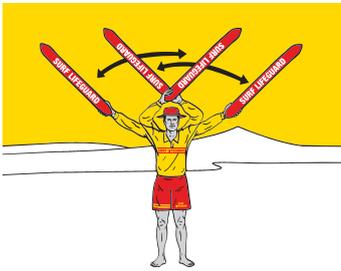
Signals are another type of non-verbal communication used commonly by lifeguards. Arm signals and/or flag or tube signals are used to communicate from the land to the sea.

A Lifeguard should continue to send a signal until it is clear that the message has been understood by the receiver.

Signal communication is not limited to the use of rescue tubes. Alternatives include arms, paddles, flags, or signaling discs. These methods do, however, have their advantages and disadvantages. For example, when a cross wind is blowing, signal flags can be easily seen, but when the wind is blowing onshore, flags are difficult to use.

Diagram on following page.

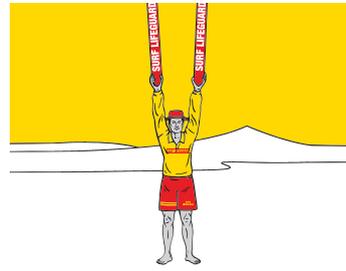
Signalling From Land to Sea



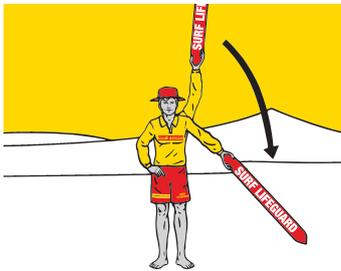
To Attract Attention between Boat and Shore
Two rescue tubes waved to and fro, crossing above the head.



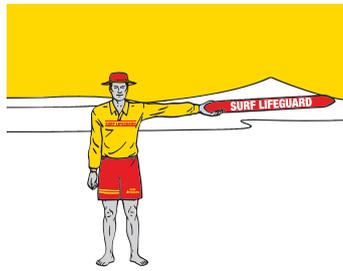
Return to Shore
One rescue tube held above the head.



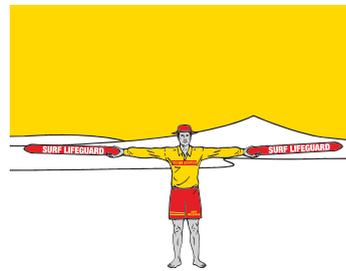
Proceed Further out to Sea
Two rescue tubes held above the head.



Message Understood-Clear.
One rescue tube held stationary above the head and cut away quickly.



Proceed in the direction indicated
One rescue tube held at arm's length parallel to the ground and pointed in the required direction.



Remain stationary
Two rescue tubes held at arms length parallel to the ground.



Pick up Swimmers.
One rescue tube waved in a circular manner around and above the head and a second held parallel to the water's edge and horizontal to the ground. After signal is acknowledged by craft, direct to swimmers as required.

Signalling From Sea to Land



Ok Signal
Internationally recognised diver's signal. One arm is curled round the top of the head to form an "O".



Shore Signal Received and Understood
One arm held vertically, then cut away sharply.



All Clear
Both arms held in the horizontal position.



Assistance Required
One arm waved to and fro above the head.

Communication

Types of communication and how to communicate effectively

Graphic Communication

The following signs are examples of those used by lifeguards in New Zealand. For more information on signs and flags, refer to the Water Safety Signage document: NZS 8690:2003



Signs and Flags Patrol Flag and Swim Between Flags Sign

International Patrol Flag.

Used together, this Flag and Sign indicate Surf Lifeguard Patrolled Areas. SWIM BETWEEN FLAGS sign can also be used separately at beach access ways and other areas to indicate where the flagged area is.



Swimming Not Advised

Used to indicate localised danger areas, such as rips, holes or when the beach is closed. If the surf is too dangerous to set out PATROL FLAGS, then these signs are placed on the beach instead.



Strong Current

Placed on the beach to indicate to beachgoers that there is a RIP present.



Shark Sign

International "Shark" Logo.

Used when there is a shark sighting. Remove PATROL FLAGS and place SHARK sign on the beach.



Danger Flag

International "No Swimming" Logo.

Fly from Clubhouse in place of the PATROL FLAG when sea conditions are too dangerous to designate a patrolled area on the beach.



Signal flag

Used for communicating with other Surf Lifeguards through the SLSNZ signals system. Now largely replaced by rescue tubes.



Hazard Sign

Used in conjunction with a worded message below the sign, e.g., Stinging Jellyfish.



Swimming Permitted

This sign is used to show areas where swimming is permitted.

Verbal Communication

Lifeguards communicate verbally in a number of ways:

- One-on-one, face-to-face.
- Using a hand-held radio.
- On the phone.
- In a group discussion.
- Speaking to a group.
- Loud speaker or microphone.

When communicating verbally as a lifeguard, you will:

Exchange information

You might ask questions for clarification about an incident, or give instructions/explanations to a member of the public.

Concentrate

On communicating the main points of a skill effectively in a training session.

Participate in open-ended discussions

To clarify issues or solve problems.

Listen

To spoken presentations and briefings or explanations, such as a Patrol Captain's briefing at the start of a patrol.

To communicate effectively, we have to match our language to the situation. We need to clearly work out:

- The purpose of the communication - what?
- The audience of the communication - who?
- The best form of the communication - how?

We also need to:

- Check that our message was understood, by getting feedback from the receiver.
- Make sure that we have defined and accepted chains of communication (i.e. patrol member to Patrol Captain).
- Use enough words to ensure our message is understood, but not too many for the receiver to understand.
- Use recognised or shared terms and language.
- Make sure the message has a clear structure.

28 Listening Skills

To be an effective communicator, you need good listening skills. There are three levels of listening. You should aim for the third level.

Non-hearing

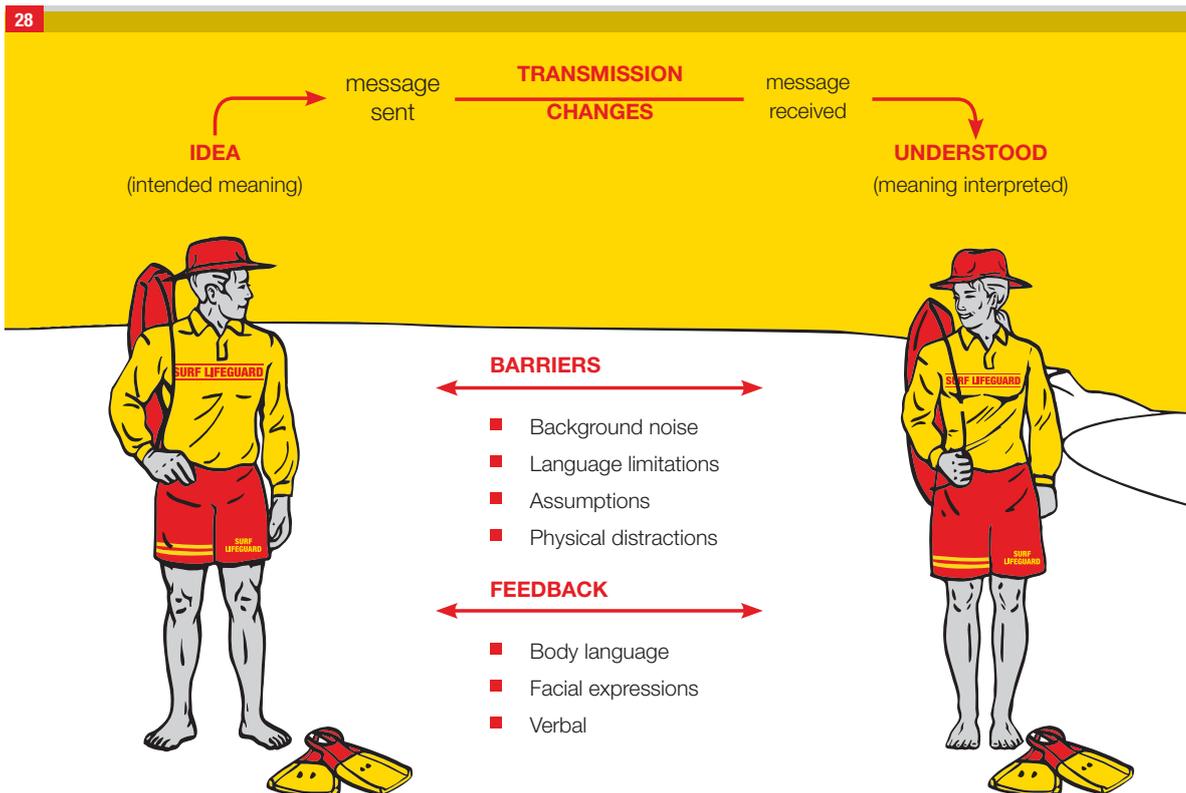
When we are not taking in what is said. We make noises, for example, um, ah or perhaps nod encouragingly, but don't really listen.

Hearing

We hear it all and can even remember little bits of the conversation, but we probably can't respond adequately. We may say yes or no, and nod occasionally.

Listening and thinking

Active listening. We hear and think about what is being said without tuning out. We respond in an appropriate manner to what is being said. We absorb it.





5 Respond

This section gives details on rescue equipment used by lifeguards and outlines the skills and knowledge they require to respond to rescue situations.

Rescue Equipment

Rescue equipment used by lifeguards.

Surf Lifeguard Skills

The skills and knowledge required to respond to rescue situations.

Rescue Equipment

Rescue equipment used by lifeguards

Rescue Equipment

Special training and the use of rescue equipment are essential to lifeguard operations. An in-depth knowledge of this equipment is required by patrol captains and senior lifeguards. The equipment's strengths, weaknesses and limitations must be known so the patrol captain can employ the right asset at the right time.

Remember that the daily priority goals of a lifeguard are:

Prevention, Recognition and Rescue

Equipment alone cannot reduce the numbers of people who drown or need rescuing on New Zealand beaches. A skilled user, however, can utilise rescue equipment to help prevent people getting into difficulty.

It is important that equipment is standardised throughout surf lifesaving rescue services to ensure consistency and proper training in its use.

Lifeguard Safety

Drowning patients are desperate for buoyant support. A panicked patient is, therefore, a real threat to an approaching lifeguard. The patient may attempt to grab the lifeguard, forcing both underwater and into a mutually life-threatening situation. Buoyant rescue devices provided to patients have an immediate calming effect because the primary source of fear (submersion) is eliminated. This allows the lifeguard to safely rescue the person.

Speed

Because the success of some rescues depends greatly on how fast a lifeguard can reach a patient, equipment has been adapted or developed to decrease Lifeguard response time.



29 Rescue Tube

The rescue tube is a flexible foam buoy with vinyl skin and embedded strap. It's three major components are:

- Flotation capability.
- Lanyard/leash.
- Harness/shoulder strap.

The rescue tube and surf fins are the core equipment of a lifeguard. Whenever a lifeguard is on duty, he or she must always have immediate access to a rescue tube. The rescue tube forms a part of a lifeguard's personal safety equipment and should be available to the lifeguard at all times while on duty.

Listed below are some reasons for having the rescue tube on hand at all times:

Constant Readiness

If a lifeguard is away from his or her station, a fundamental piece of rescue equipment remains at hand for a sudden response.



30 Identification to the Public

Rescue tubes are distinctive and recognisable. When help is needed, people will quickly see and identify the person carrying the rescue tube as a lifeguard. In a rescue, the rescue tube helps identify a lifeguard during water entry, possibly helping clear the way on a crowded beach or avoiding confrontations. When a lifeguard responds to a rescue with a rescue tube, even in shallow water, people will often focus their attention on the area, which can be helpful in bringing family members to the scene to help with information or ensure better future supervision. In the water, a patient seeing a swimmer approach may not know the person is a lifeguard without the presence of a rescue tube.

Identification to fellow lifeguards

Like other people at the beach, lifeguards may be easily lost in the crowd, although their bright yellow shirts help make them more visible. The characteristics, shape and colour of the rescue tube can assist in identifying a patrolling lifeguard.

Multiple Uses

Rescue tubes can be used in conjunction with other equipment and taken along without interfering with other devices. Rescue tubes can be adapted to almost any rescue situation. They can be modified to carry and store special rescue equipment, such as one-way breathing masks. They can be used for a wide variety of signals on the beach and in the water.

Advantages of the Rescue Tube

Hydrodynamic: The rescue tube creates very little drag for a lifeguard towing it.

Secures the Patient: The patient is actually wrapped in it.

Rescue boat use: It is easily stored and is soft.

Limitations of the Rescue Tube

Single patient use: The rescue tube can be used for more than one patient, but is designed for a single patient.

The clip of a rescue tube can cause lacerations or other



injury. This is unusual, but it is best to secure the tube around the patient to avoid this problem. The rescue tube is particularly susceptible to environmental degradation. It should be stored hanging up out of the sun.

32 Surf Fins

At many Surf Life Saving Clubs, the individual Lifeguard has his or her own personal set of surf fins. The obvious advantage of surf fins is the added speed and power that they give to the responding Lifeguard. In rocky areas, surf fins provide protection for the feet. They can also be useful during search and recovery procedures requiring diving.

Use and selection of surf fins

Surf fins should be used in rescues that require a long approach swim and in deep-water rescues involving currents.

Surf fins are not, however, needed in shallow water rescues because the time to put on surf fins can delay response.

Rescue Equipment

Rescue equipment used by lifeguards



33 Rescue Board

The rescue board is an important piece of rescue equipment. It is made from a polyurethane foam and/or polyester glass. This construction makes the board buoyant enough to easily carry two people. Rescue boards are almost always kept as rescue equipment in or near the flagged area. The bright yellow colour helps beach-goers identify Lifeguards in the water.

Advantages of the Rescue Board

- **Quick response:** The rescue board can be paddled more quickly than swimming to the patient.
- **High buoyancy:** Rescue boards can be used to float a number of conscious patients.
- **Fending off:** Rescue boards can be effectively used to fend off a panicked patient.

Limitations of the Rescue Board

- **Insecure patient:** Unlike the rescue tube, a rescue board does not secure the patient in place. It is the responsibility of the lifeguard to secure the patient on the board.
- **Single patient use:** The rescue board can be used for more than one patient, but is designed for a single patient.
- **High skill level:** Lifeguards using rescue boards require a high level of skill, depending on conditions, to successfully complete a board rescue and negotiate the surf conditions.



34 IRBs - Inflatable Rescue Boats

Inflatable Rescue Boats, or IRBs, were used first by the Lifeguards of Australia and New Zealand. These boats are typically about three metres long and use a small outboard motor (surf special) of 30 horsepower for propulsion. Most often, a driver and a crewperson, who sit on the inflated pontoons while holding handles, staff them. The relatively low weight of these craft allows them to be moved and launched easily. To keep the vessels light, fuel bladders made of synthetic material replace fuel cans. Because they are operated close to swimmers, a proguard is attached to the outboard.

Advantages of the IRB

IRBs are perhaps the most versatile boats available to Lifeguards. Used by trained drivers, they can successfully handle large surf conditions. IRBs can be easily operated in the surf line for extended periods of time. They are fast because they draw little water as they float across the surface.

When necessary, an IRB can hold two to three patients. In a mass rescue, the IRB can be used as a raft to which many patients can cling until brought to the beach by lifeguards. IRBs can be successfully used close to large crowds of swimmers with limited risk.

Limitations of the IRB

IRBs have drawbacks. They are small open boats in which the driver and crew can be subjected to heavy bouncing over waves, and to wet conditions. IRBs can be manoeuvred well by a trained operator, but when they are used to tow other vessels, they can be difficult to steer because they do not have an effective keel. They require constant, though inexpensive, maintenance. When caught in the wrong orientation by a breaking wave, IRBs can be flipped. Even then, however, their soft design means they present less risk than boats with a rigid hull.



35 Rescue Water Craft

A Rescue Water Craft (RWC) commonly known as a Personal Water Craft (PWC) or Jetski is specially outfitted for surf interaction and should only be operated by a refreshed and qualified lifeguard who also holds a current or refreshed RWC award.

The main use of the RWC is for Support Services. This is defined as the provision of SLS services over and above the club patrolling system. Lifeguard Support Services primary purpose is to provide services at remote/inaccessible locations and to supplement club patrols where necessary.

RWC uses

- A rapid response to isolated areas and/or in support of a patrol incident is required.
- Navigating safely in large and or messy surf.
- Navigating around rocks and in tight operating spaces
- Shepherding swimmers in the surf zone
- Patrolling large open sections of coastline/beach.
- Single person rescues.

Advantages of the RWC

- Agility at low speed.
- Manoeuvrability around rocks and jetties.
- Effectiveness in large surf.
- Can be operated by one lifeguard.
- Can be righted and restarted after capsize.
- Can be operated in the shallow water of harbours, estuaries, and inlets.

Disadvantages of the RWC

- High speeds increases risks to operators and others that may be affected by RWC.
- Weight makes it difficult to launch and retrieve.
- High speed and weight pose a risk to other water users.

- Significant training and supervision are required to produce competent operators.
- Limited patient capability, depending on craft and sled.

Lifeguard Skills and Response Techniques

Skills and knowledge required to respond in rescues

Surf Swimming

Being a confident and competent swimmer in the surf is an essential part of being a lifeguard. Some basic knowledge needed for surf swimming follows.

Prior to swimming

Lulls

In heavy surf you can watch for a while and look for a pattern in the waves - maybe six or eight, and then a lull before the next set. You will have an easier swim through the lull.

Rip Currents

A lifeguard may need to use the rip current as a means of getting out the back of heavy surf.

Landmarks

Identify landmarks that can be used as a guide while you are in the water.

Heading out through the surf

36 Wading

The quickest way to get through the shallows is to use the high hurdle-type stride known as wading. This is achieved by lifting the knees high and then swinging the legs out to the side.

37 Dolphin Diving, or Porpoising

Between knee and waist depth, wading becomes difficult. At this stage a lifeguard should commence dolphin diving. This technique requires good timing and co-ordination. You dive into the water, grab the sand with both hands, pull your knees up to your chest and then push forward off the bottom. At chest depth you should start swimming.

The Swim Out

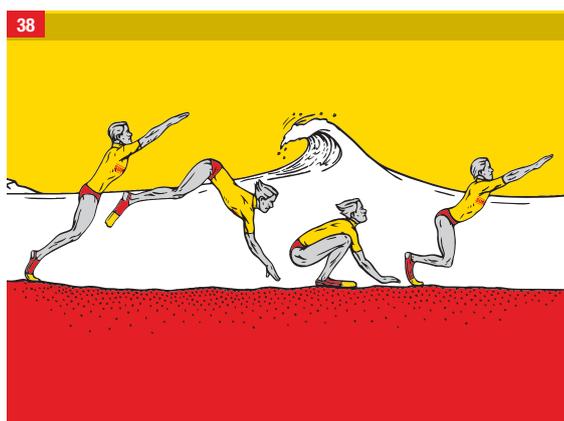
On the swim out, you should regularly lift your head to check where the next wave is, or where the patient is situated. A good lifeguard can achieve this without altering his or her normal swimming action.

38 Negotiating Broken Waves, or Duck Diving

Just before a broken wave reaches you, dive under and grab the sand, wait for the wave to pass and then push forward off the bottom with your legs.

Swells, or Unbroken Waves

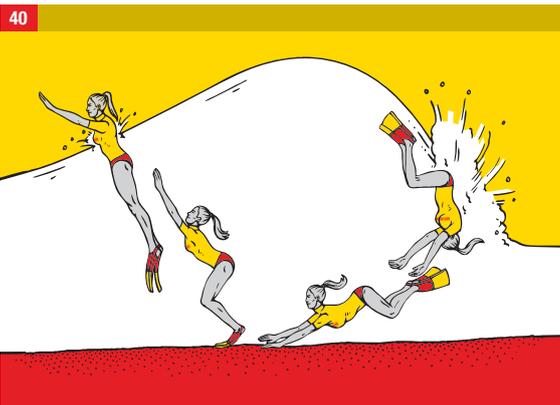
You can use these to check your position by raising your head for a quick look when you swim over the top of a swell.



39



40



Returning through the surf

Body Surfing

Body surfing is the ability to ride waves without any equipment. The skill required to become a good body surfer comes from practice.

39 Catching the Wave

As the wave is almost upon you, start swimming towards shore as fast as you can.

If you are in shallow enough water, you can push off the bottom for extra speed.

Keep swimming until you feel the wave begin to lift and carry you. You will probably have to swim a bit to hold your position on the wave, kicking really deep and hard.

If you started in the right place... you will body surf!

As the wave gets steeper, you will tilt forward and surf along the face, with white water tumbling and bubbling around or behind you.

How Do I Stop?

As you approach the beach, you will probably want to stop before you run aground!

You "pull out" by turning your body away from the breaking face of the wave, or else dive under and grab the sand, wait for the wave to pass and then push forward off the bottom with your legs.

40 Wipe Out

If, or when, you wipe out, keep cool and relax. You'll tumble head over heels, surrounded by swirling bubbles and sand. Curl up in a ball and wait for things to calm down a bit. Then head for the surface and reposition yourself for the next wave. While it may seem a long time that you are held under, it's no more than a few seconds.

Lifeguard Skills and Response Techniques

Skills and knowledge required to respond in rescues



41 Tube Rescue

As mentioned earlier, the rescue tube is the core equipment of a lifeguard and should always be able to be at hand.

Tying a Rescue Tube

Roll the connecting cord around the centre of the rescue tube with the belt tucked in under the last two strands of cord, so that once the belt is pulled loose from the rope the rescue tube and the cord will automatically unwind.

Putting on the Rescue Tube

As the rescue tube automatically unwinds when picked up for use in a rescue, the lifeguard should place his or her head and one arm through the belt. The belt should sit on one shoulder and under the other, crossing the chest diagonally. It is more comfortable to have the belt on the shoulder opposite to the side that you breathe on when swimming.

Entering the Water

Swim fins are strongly recommended for use when performing a tube rescue.

When you enter the water, wade and duck dive to waist depth, then put on your swim fins before swimming towards the patient, observing him or her at all times.

42 Approaching the Patient

- When you are within voice range, reassure the patient so you create a calm atmosphere.
- Stop about five metres from the patient and push the rescue tube forward.
- The patient will grab the rescue tube, which will keep him or her afloat.
- When the patient has calmed down, the rescuer should clip the rescue tube around him or her.

Multiple Patients

When two people are in difficulty, the lifeguard should assess the best order in which to assist the patients. Let other lifeguards know you need help by giving the ASSISTANCE REQUIRED signal while approaching. The first patient should be secured with the rescue tube. Then assist any other patient(s) to a position where they can lock their arms inside the rescue tube to keep themselves afloat.

While waiting for assistance, the rescuer should talk to patients, explaining what will happen when assistance arrives. Ask questions to keep them calm, e.g., What is your name? Where are you from? How old are you?

Unconscious Patient

Upon reaching an unconscious patient, the rescuer should immediately give the ASSISTANCE REQUIRED signal. The rescuer should clip the rescue tube around the patient and immediately carry out the standard assessment procedure.

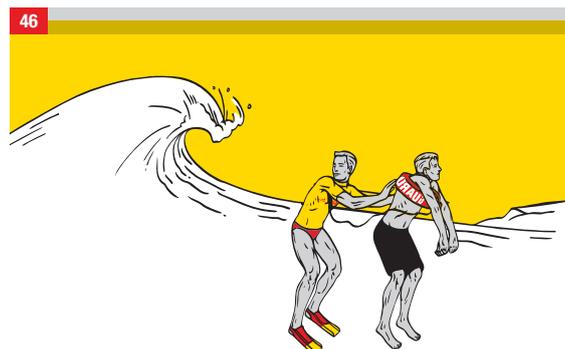
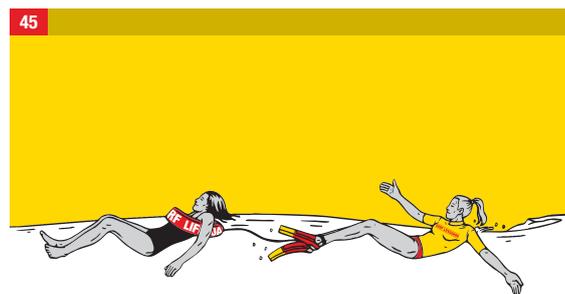
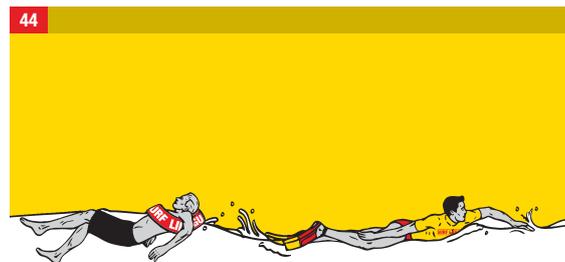
To secure an unconscious patient who is face down in the water:

- Approach the patient from behind.
- Holding the clip end of the rescue tube, reach under the armpit and across the chest of the patient.
- With your free hand, grab the clip end from under the patient's other armpit and clip the rescue tube up.
- The patient's head should be held above the water while you do this. **43**
- Pull the patient on to his or her back and turn the tube towards you so you do not tangle the rope, and so the clip is above the chest. You may need to have the clip on the second ring or rope to achieve this.



Return to shore

- The lifeguard encourages the patient to lie back and assist by kicking while you swim towards shore, taking advantage of surf conditions. **44**
- Once in the wave zone, the lifeguard should do backstroke to keep an eye on the patient and the surf. **45**
- If a large wave approaches, the lifeguard should go back, secure the patient and tell him or her to hold their breath as you both go under the wave. **46**
- Try to duck your heads under the wave and then, while holding on to the tube kick for the surface.
- On reaching the shallows, the rescuer helps the patient to dry land. The rescuer should walk backwards to keep an eye on the surf.



Lifeguard Skills and Response Techniques

Skills and knowledge required to respond in rescues



47 Double Tube Tow

A lifeguard providing back-up can assist in returning the patient to shore by using a double rescue tube tow. This is effective when you have a large patient or when conditions are difficult, such as coming out of a rip or near rocks.

- The second lifeguard attaches the clip end of his or her tube to a ring on the first lifeguard's tube.
- Lifeguards swim back to the beach parallel to each other about one metre apart. The second lifeguard should be nearly a body length in front, so that the two rescuers do not tangle with each other. **47**
- Once in the surf zone, one lifeguard should do backstroke to keep a watch on the patient and the surf.
- If a large wave approaches, one lifeguard should go back and secure the patient, and tell him or her to hold their breath as you both go under the wave. The other lifeguard should go out to the side to avoid a tangle.

48 Two-Person Drag

The two-person drag is one of the easiest ways to transport a patient who is unable to walk.

- Put the patient in a sitting position with his or her arms extended outwards. One lifeguard stands on one side, with the other on the other side.
- The lifeguards each put one arm, (the one closest to the patient), under the patient's armpit and grasp the clip of the rescue tube next to each other.
- The lifeguards use their outside arms to support the patient's arms near the elbow.
- The lifeguards lift together, using their inside arms (the outside arm is only a support), then walk the patient up onto the beach.



49



49 Single Person Drag

The single person drag is the best way to handle an unconscious patient when there is nobody to help you.

- Grasp the patient in a shoulder grip, maintaining an open airway.
- Drag the patient from the water to the beach as quickly as possible.

Hint: The higher you hold the patient, the easier it is to drag.

- Gently lower the patient onto his or her back, releasing your grip and supporting the patient's head in a maximum head tilt.
- The patient is now in a position to be assessed.

On shore

Once you have made it onto the beach, you should:

- Check the health of the patient.
- Talk to the patient about safe swimming habits.
- Inform the Patrol Captain.
- Complete an SLSNZ Incident Report Form.

Recovery Position (side stable position)

The recovery position is used to monitor patients who have a low level of consciousness and who are unable to move themselves into a position that allows the Surf Lifeguard to monitor their Airway, Breathing, Circulation.

Lifeguard Skills and Response Techniques

Skills and knowledge required to respond in rescues

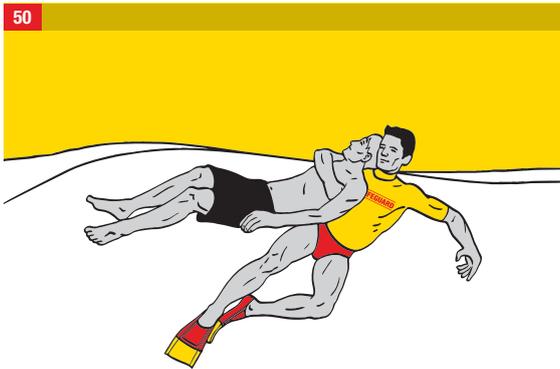
Tows

50 Cross chest tow

Use when water conditions are rough, as it keeps the patient's face clear of the water.

Not recommended for female lifeguards or patients who are larger than themselves.

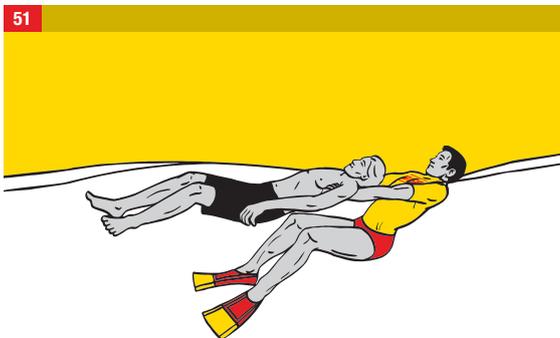
- Approach the person in difficulty from behind. Pass one arm over the corresponding shoulder and chest of the patient.
- Grip under the armpit and clamp the elbow to the patient's chest.
- Use the scissor kick in conjunction with your lower arm stroke.



51 Double armpit tow

Use when you need to control the patient's body position or if you have a larger patient.

- The rescuer grips both armpits with straight arms and uses the lifesaving backstroke kick to tow the patient to safety.



Carries

52 Two-person carry

- Kneel on one knee behind the patient, with your other foot grounded close to your knee.
- Place each arm underneath the armpit directly in front of you, with one hand supporting the head by holding the chin.
- Lift the patient's torso up, leaving the feet on the ground.
- The second lifeguard lifts the patient's legs and holds them near the knee. The higher up they are held, the less weight the first lifeguard takes.
- The lifeguard holding the legs must communicate with the other lifeguard to direct him or her along a safe route.



53 Two-person carry alternative

After a rescue, whenever possible, it is better to carry a patient to a place of safety using two people. This reduces the potential of injury to the lifeguard and allows better patient management.

Note: *This carry works best if the two rescuers are of similar height.*

- First lifeguard brings the patient to shore using the one person drag. As soon as possible the second lifeguard arrives to help.
- The first lifeguard slides one of their arms out from under the armpit of the patient and uses it to support the patient's head. The second lifeguard slides their arm under the armpit so they end up side-on to the patient, facing the first lifeguard.
- Both lifeguards bend their knees so the patient's armpits sit on their shoulders, and then they stand upright. The patient should now be supported by the rescuer's shoulders and is easy to carry.
- One or both lifeguards continue to support the patient's head tilted backwards so the airway is opened. If the patient is unconscious, one of the rescuers can assist by holding the chin and opening the mouth.
- Both lifeguards walk sideways up the beach, continuing to face each other, maintaining control over the patient's airway.



Lifeguard Skills and Response Techniques

Skills and knowledge required to respond in rescues

Releases

Lifeguards are strongly advised to use recognised surf rescue equipment such as IRBs, rescue tubes, or rescue boards when they carry out a rescue.

However, it is still important to know how to keep yourself out of danger when you to perform a rescue without equipment.

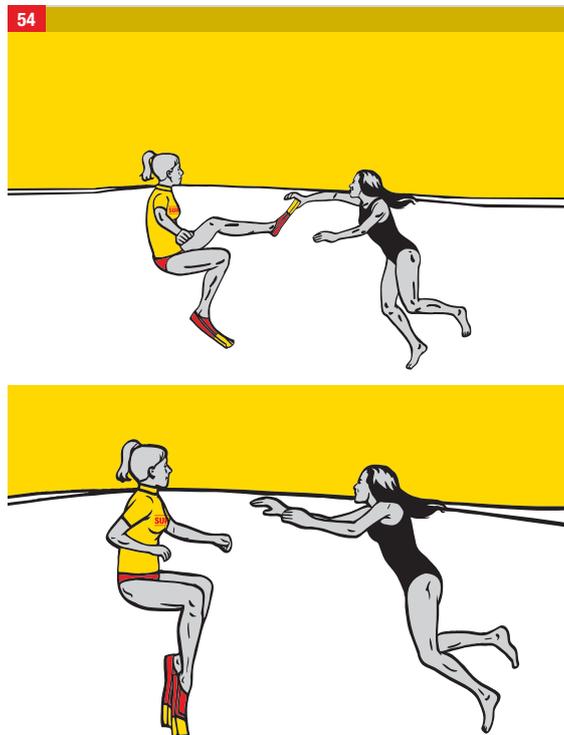
54 Defensive Position

When approaching conscious people in difficulty, the use of a defensive position allows a lifeguard to make a final assessment safely.

- Maintain a safe distance from the person in difficulty.
- Tuck your legs under your body and push them forward.
- Maintain position by sculling.

Give clear instructions and encouragement. When the person in difficulty attempts to grasp you:

- Tuck your legs under your body and push them forward in the defensive position. Kick away vigorously.
- Adopt the defensive position again at a safer distance.
- Communication with the patient must be made after the release has been completed.



Blocking Technique

When a person in difficulty lunges suddenly at a rescuer before the rescuer can move away, the following blocking techniques can be used.

If the rescuer has a rescue tube, it can be used as a block between the victim and the rescuer. The rescue tube will also

provide support to the victim.

Arm block

The rescuer's arms can be extended to press against the patient's chest. The rescuer then either dives under the patient, or combines a strong arm thrust with a quick reverse against him or her.

Leg block

The rescuer adopts a tuck position, placing one foot against the patient's chest, shoulder or hip, and extends the leg to push off (not kick), forcing the patient away.

Escape Techniques

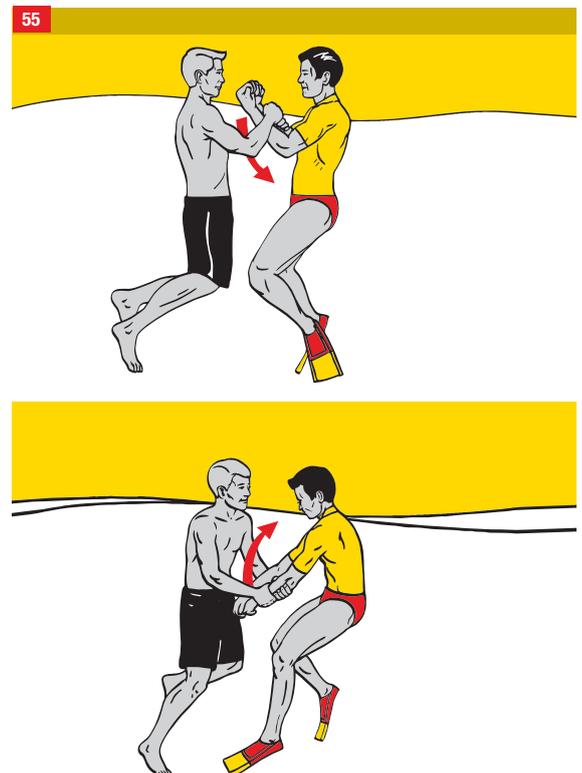
55 Escape from a wrist grasp

When a patient grasps your wrist with two hands:

- Reach down or up between the arms of the patient and grasp your own hand.
- When your arm is going up between the patient's arms, pull your arms down with force, or pull up if your arm is down between the patient's arm.

When a patient grasps your wrist with one hand:

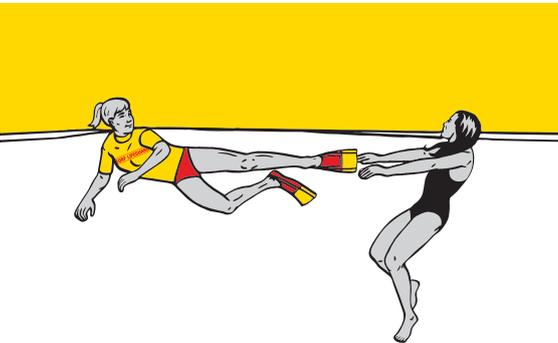
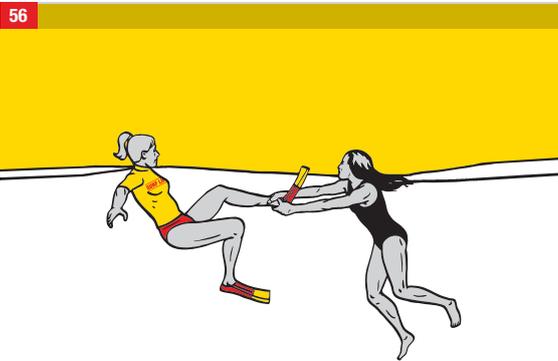
- Reach down or up on the outside of the patient's arms and grasp your own hand.
- When your arm is going up, pull your arms down with force or pull up if your arm is down.



- If this does not break the patient's grasp, splash water into his or her eyes with your free arm.
- Communication with the patient must be made after the release has been completed.

56 Escape from an ankle grasp

- Twist your body to finish either on your side or in the prone position.
- Use a gentle kicking motion until you are clear of the patient.
- Communication with the patient must be made after the release has been completed.

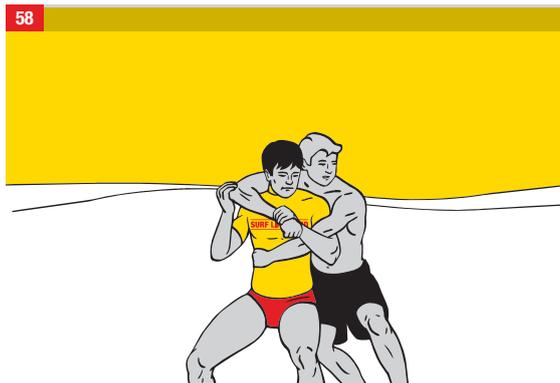


57 Escape from a front grasp

- Take a deep breath and tuck your chin close to your chest to protect your throat.
- Grasp victim's elbows/axpits, pushing your thumbs into the inside of the elbow/axpits.
- Push the patient's arms above your head so you can slide under. Duck under water to escape being caught again by patient's legs or arms.
- Communication with the patient must be made after the release has been completed.

58 Escape from a rear grasp

- Take a deep breath and tuck your chin close to your chest to protect your throat.
- Grasp the victim's elbow at the back of your head, as well as the wrist on the same arm.



Lifeguard Skills and Response Techniques

Skills and knowledge required to respond in rescues

Patient Identification

On the Beach

A good Lifeguard is able to pick out those people on the beach who are potential victims.

Children

A young child in the shallows can easily be knocked over by a wave and dragged out to sea. Parents should be encouraged to be with their children in the water.

Elderly people

Usually lack physical strength and stamina, as do those who are overweight.

Very thin people

May lack physical strength and are more likely to get cold quickly.

Migrants

Generally have little experience of New Zealand surf conditions.

Flotation Users

Rubber tyres, wave skis, lilos, boogie boards. A flotation user may not be a competent swimmer. Strong offshore winds can quickly push a person on a flotation device out beyond his or her depth.

Intoxicated Persons

Alcohol/drugs and swimming do not mix!

Improperly Dressed

Such as in jeans or lava lava.

These people are a real danger. Firstly, the weight of their clothes increases dramatically when it gets wet, making swimming difficult. Secondly, such people are likely to have had little swimming experience, otherwise they would have proper swimming gear.

Scanning

A lifeguard on 'watch' duty should observe all beach and surf users. Priority should be given to those swimming within the flagged area.

This Lifeguard needs to be on the lookout for:

- Swimmers in difficulty. See section on Patient Identification.
- Anything that may prove a hazard to the beach-going public.

59 Scanning Procedures

Scanning is the systematic watching of an area, its users and their activities. Effective scanning is the foundation of the Surf Lifesaving patrol (surveillance and prevention) system.

Scanning requirements and techniques are affected by different factors, including:

- The number of users and their activities.
- The number of lifeguards and their location.
- The level of experience and training of the lifeguards on duty.
- The beach layout and any special geographical features.
- The shape and size of the supervision area.
- Weather and surf conditions affecting visibility.

Effective scanning assumes that lifeguards can see the entire area, that they know what they are looking for, and that they will recognise it when they see it. The basic principles of scanning are:

- Lifeguards must be positioned so they can maintain clear, unobstructed sight-lines.
- Lifeguards must take steps to minimise the effect of reflection or glare, by changing position or by wearing sunglasses.
- Lifeguards' scanning strategies must compensate for being unable to see below the surface, and for their distance from the activity of surf users.
- Lifeguards must understand the signs of potential trouble and the characteristic behaviours of those in need of help.
- Lifeguards should be rotated at regular intervals of about 30 minutes for optimum efficiency. Fatigue and other factors may reduce the effectiveness of a lifeguard after that length of time on scanning duty.
- If in doubt, it pays to always go out and check on the swimmer.



The senses and what they tell us

Lifeguards must use their senses to monitor what is happening around them so they can anticipate and spot trouble.

Vision

- Track the general movement of bathers.
- Watch for changing weather conditions.
- Monitor the positions and activities of other lifeguards.

Hearing

- Listen for unusual sounds, which might indicate potential danger.
- Listen for signals from other lifeguards or beach users.

Smell

- Smells can warn of dangers that may be silent and/or invisible.
- Be aware of unfamiliar smells.

How to Scan

Studies indicate that drowning can occur in seconds. The less time it takes to scan an area effectively, the better.

Lifeguards who have patrolled at a beach for a time come to know its characteristic sights and sounds, plus patterns and rhythms of activity that are normal for that beach during any given period.

Fixed focus

- Focus upon specific people and what they are doing.
- Look and listen for the unusual.

Wide focus

- Use your peripheral vision, your side view, to detect movement and notice activity.
- Maintain focus and avoid turning your back to the sea, the area under surveillance, for extended periods.

Avoiding fatigue

- Avoid staring fixedly for long periods at one thing.
- Give your eyes a break by focussing momentarily on some distant object or on the horizon.
- Move your visual area by turning your head, not just your eyes.

Moving focus

- Move your eyes at a moderate pace across the surveillance area, sweeping back and forth to take in environmental conditions that might affect patrol behaviour and safety issues.
- Use moving focus for short periods only.

Tracking

Track a particular moving target for a set period. Track the progress of individuals who submerge (go under the surface),

and those who fit the high-risk profile, such as a lone child at the water's edge.

Where to scan

Sweep your eyes over your zone, moving your head to look at things in front of you, to the right and to the left, and look behind you regularly. Chair or tower lifeguards should also look below them. Include adjacent lifeguards on each sweep, to make sure you receive any visual communications they might be sending.

Scan the surface of the water. Attend to known or potential danger points, such as rips, gutters, drop-offs, rocky outcrops, more often.

Five Minute Scanning Approach

This technique is simple to learn and attempts to organise lifeguards' visual search patterns into an organised strategy. It can, in fact, be adapted for any person engaged in surveillance or supervision.

Principles

- Every five minutes, change your Posture, Position and Scanning Pattern.
- To reduce eye fatigue, move your head and eyes together.
- Rotation keeps you more alert.
- Movement helps to prevent boredom.
- Count people in the area every five minutes.

Posture

Three types of postures are used when scanning:

- Standing.
- Sitting.
- Strolling.

Position

Position yourself so you can see everyone. Three main points should be viewed. They can be varied by distance to the surveillance area.

Connect the Dots: Work your way through the area you are scanning by moving your eyes from head to head.

Head Count: Try to count the number of people in your area, to conclude each five-minute period.

Grouping: Sort beach users into groups (i.e area of activity)

Vertical: Start from the shore and scan out to sea in a straight line, then move left and scan in a straight line back to shore.

Horizontal: Start from the shore or horizon, and scan right to left, at the end of the beach sweep and return to the start and continue closer in or further out.

In the Water

Lifeguards must be able to detect a person in trouble. Signs of a swimmer in difficulty include:

Poor Swimmer

Usually able to keep head above water. Has a swimming stroke that barely clears the water and no visible kick.

Hair In Eyes

The natural instinct of a person in control is to brush his or her hair out of the eyes. Hair in the eyes indicates that the person is more concerned about keeping his or her head above water.

Facing The Shore

This is a sign that the person is concerned about his or her position and wishes to return to shore. Waves may wash over the head of the person who makes no attempt to duck under.

Hand Waving

Very few people raise their arm when in distress, either because of pride or lack of strength. What appears to be a hand wave may be a call for help.

60 'Climbing The Ladder'

This is a person in the initial stages of drowning. His or her head is usually tilted back and facing upwards. The action is similar to an upward crawling motion.

Arms Flailing

This is an attempt to keep the head above the water. The person seldom screams or waves for help and appears panicked.

61 Bobbing Up And Down

This person is attempting to get air and is close to giving up.

62 Unconscious Person

Is completely limp in the water. May be on or under the surface of the water.

Injured Swimmer

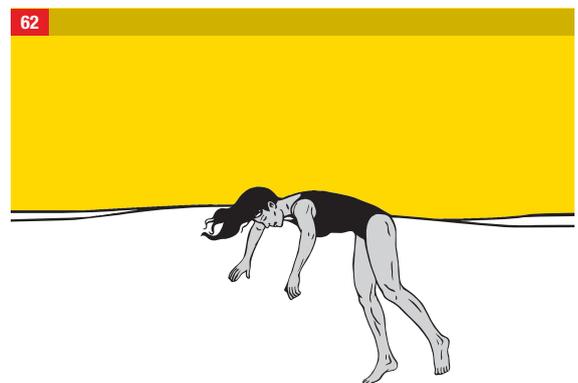
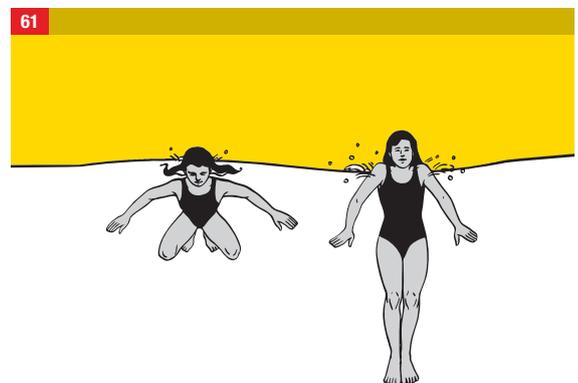
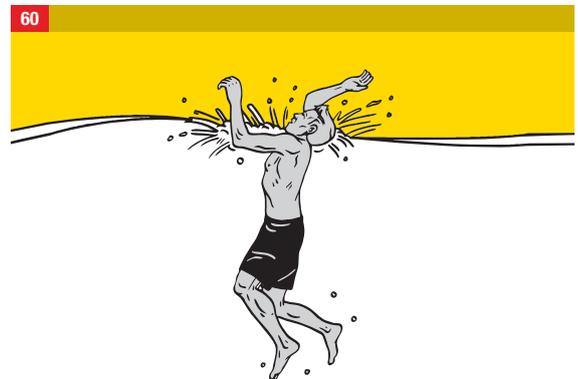
Adopts an awkward position in the water, caused by grasping the injured limb or body part. May not be able to wave for help. May call for help.

People Clinging to an Object

Often a sign that they are too tired or frightened to continue swimming. They may use a boogie board, lilo, or rubber tyre to keep afloat. May also be clinging to rocks or a pier.

Two Heads Together

This could be two people trying to keep each other afloat. Be careful ... it could also be two lovers.



6 Perform

The information in this section covers basic first aid and CPR.

Cardiopulmonary Resuscitation

Knowledge and skills needed to perform effective CPR.

First Aid

Knowledge and skills needed to perform first aid.

Emergency Care

A lifeguard's biggest impact comes through preventing harm. That requires strong lifeguarding skills, maturity, and experience. Lifeguards also must minimise harm which has already occurred. That requires knowledge, confidence, and an ability to do the right thing at the right moment. It doesn't happen automatically. It has to be practiced regularly. This section on first aid and resuscitation aims to introduce you to core medical concepts, but actually being prepared for an emergency will require ongoing work on your part.

In resuscitation, simple things make the biggest difference. It is not advanced interventions, medications, or hospital care that saves the majority of lives in out-of-hospital cardiac arrests -- it is basic life support, performed competently.

Positioning the head, neck, and jaw so the airway is completely unobstructed; getting air in and out effectively through good mouth-to-mask ventilation; doing adequate compressions with minimal interruptions and without any hesitation; and getting an AED on the chest quickly are key skills for a lifeguard who someday may be asked to save a life. These are not hard skills to learn, but they are hard skills to deploy effectively during an emergency. There's only one path towards mastery; thinking your way through scenarios ahead of time, and practicing them regularly.

Keep in mind:

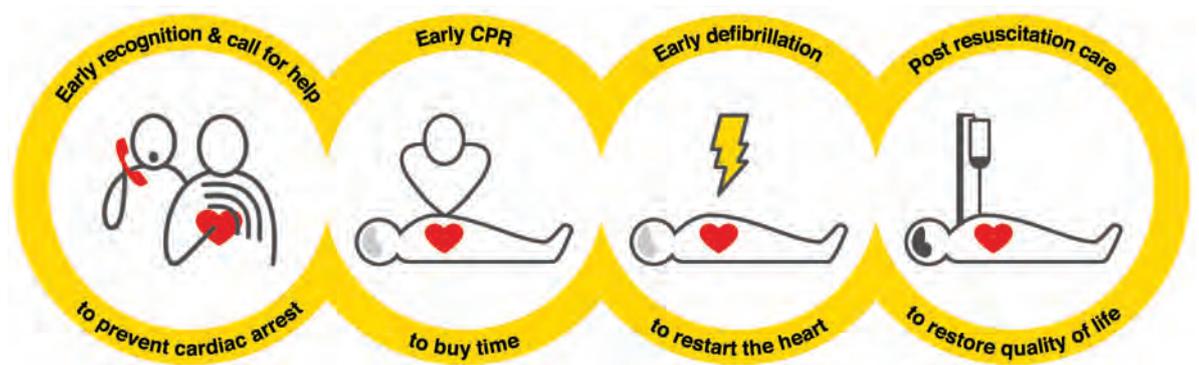
- In most arrests due to drowning, and in arrests in children, the most critical intervention is **prompt and effective ventilation**.
- In most adult cardiac arrests, the most critical interventions are **prompt chest compressions and early defibrillation**.
- In all cases, the New Zealand Resuscitation Council's Basic Life Support guidelines should be followed.

Chain of Survival

Prevention

An essential lifeguard function is scanning the water and the beach, identifying risks, and preventing beachgoer harm from occurring.

- **Early recognition and call for help. Dial 111.**
- **Early CPR. Unresponsive and not breathing normally: start CPR.**
- **Early defibrillation. Every minute matters.**
- **Post-resuscitation care. Transfer care to ambulance officers.**



CPR (Cardiopulmonary Resuscitation)

Knowledge and skills needed to perform effective CPR

DRSABCD

The **DRSABCD** action plan is the foundation of basic life support, as well as advanced resuscitation. Use it every time you assess or reassess a sick patient.

Danger

Check for any danger to you, the patient, or bystanders, and make the area safe. Evacuate the patient from a hazardous area if you can do so safely. A single lifeguard can use a double ankle drag or wrist drag in an emergency. Remain aware of ongoing risks from waves and vehicles. Put on your personal protective equipment if available.

Response

- Check responsiveness using **AVPU**.
- **Alert:** The patient is clearly awake. They score an 'A'.
- **Voice:** Ask loudly, "Hi, I'm a lifeguard. Are you alright?" If they open their eyes, move, or make a sound, they score a 'V'.
- **Pain:** If no response, squeeze their shoulder firmly. If they open their eyes, move, or make a sound, they score a 'P'.
- **Unconscious:** If there is no response to Pain, they score a 'U'.

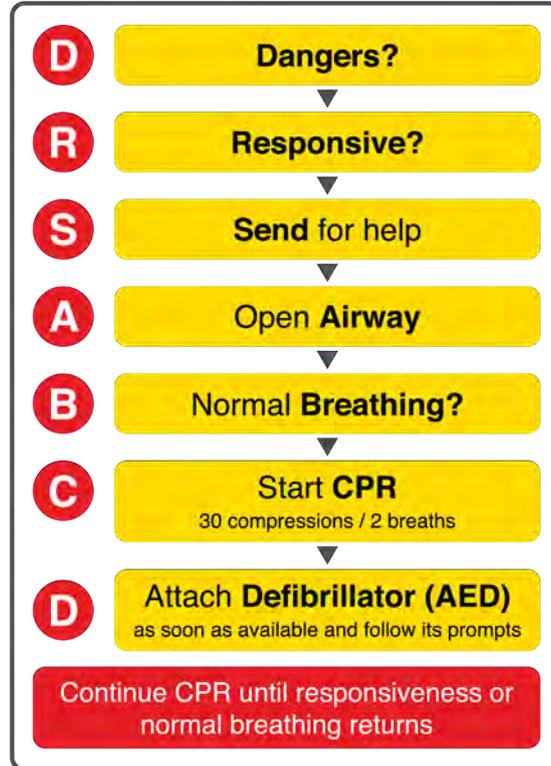
An alert talking patient usually has an adequate airway, breathing, and circulation. 'Checking for a pulse' is extremely unreliable in an emergency, and should not be performed before starting CPR. If the patient is **unresponsive and not breathing normally, begin CPR** as detailed below.

If there is massive bleeding, immediately apply firm, direct pressure on the bleeding site.

Send for Help

- Call for an ambulance early, or send a helper to call and return with confirmation that help is on the way, and how long it will take help to arrive.
- If you're alone with an adult who is unresponsive and not breathing normally, place them in recovery position, confirm an open airway, and then go for help.
- If you're alone with an infant or child, perform CPR for 1 minute, then go for help. If possible, carry an infant or small child with you.

BASIC LIFE SUPPORT



CPR (Cardiopulmonary Resuscitation)

Knowledge and skills needed to perform effective CPR

63 Airway

Head tilt, chin lift: All patients who are unconscious and lying on their back require a head tilt, chin lift. This opens the collapsed soft tissues of the airway. Snoring, gurgling, or noisy breathing is usually a sign of a partially obstructed airway and must be corrected.

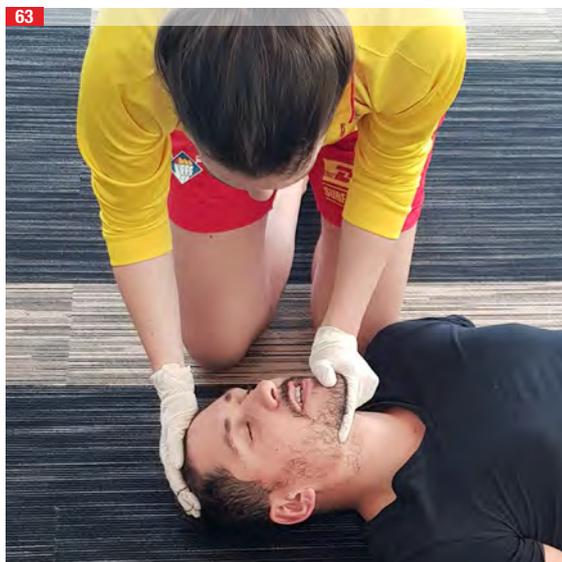
To further align the airway, adults should have a 2cm thick folded towel placed under their head; infants and children should have a 2cm thick towel/pad placed under their shoulders and torso. Most obstructed airways can be successfully managed with proper head, neck, and jaw positioning.

Check all unconscious patients for airway obstruction. If solid or obstructing debris can be seen, remove it with your fingers.

Most drowned patients will produce foam and liquid from their mouth and nose during CPR. Do not ever stop CPR to suction foam or liquid. Ignore it and continue ventilations and compressions.

If the airway is blocked by semi-solid liquid (such as thick vomit), turn the patient onto their side, scoop out the visible debris, then quickly replace the patient on their back and continue CPR. Minimise any interruptions to CPR.

Never force a sick patient to lie flat on their back by doing so it will compromise their airway or breathing. The supine position, where a patient is lying flat on their back, places the patient at higher risk of aspiration (breathing in regurgitated stomach contents), which can threaten their airway and breathing. For any breathing patient, recovery position (pictures 65 to 67 on page 66) is preferred.



64 Breathing

Look for movement of the chest and abdomen.

Listen for air escaping from the mouth and nose.

Feel for air movement at the mouth and nose.

Do not take longer than 10 seconds.

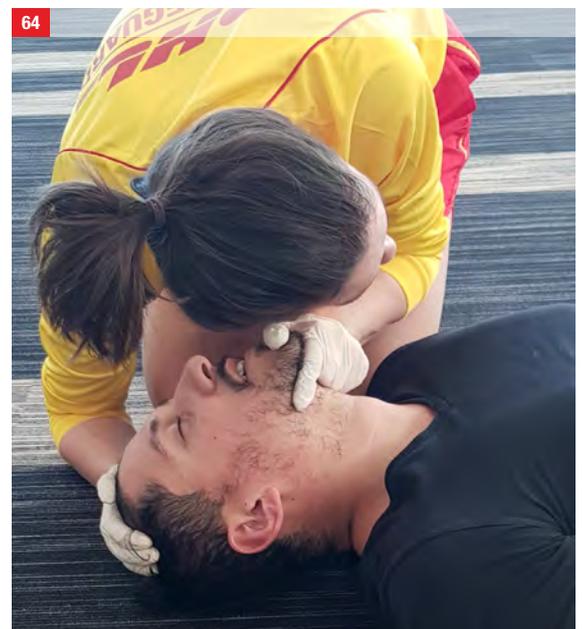
If the patient is unresponsive and not breathing normally, start CPR immediately. If there are occasional gasps of breathing, or you are uncertain, **begin CPR**. It is much safer to start CPR and stop if unnecessary, than to delay CPR.

Effective ventilations

Mouth-to-mouth, mouth-to-nose, and mouth-to-mask ventilation are all very effective methods of rescue breathing.

To perform ventilations, first ensure the airway is open using head-tilt, chin lift, and proper head positioning. Then seal the patient's nose by pinching the nostrils closed. Take a normal breath in, make an airtight seal on the ventilation shield, rescue mask, or the patient's lips. The risk of infection during CPR, even with the use of mouth-to-mouth ventilation, is extremely low. Nonetheless, rescuers should carry and use barrier devices whenever available.

Deliver each breath steadily over 1 second. Ensure visible rise of the chest with each breath. A lack of chest rise suggests a poor seal or an airway obstruction. Remove your lips and let the patient exhale, as you take a fresh breath for the next ventilation. Two breaths should take no more than 2-3 seconds. When those two breaths are in, it's right back into immediate chest compressions without any delay. Whether you are a sole rescuer, or you have a helper, focus on minimising any interruptions to chest compressions.



CPR Compressions

Unresponsive and not breathing normally:

Chest compressions should be performed on all patients who are unresponsive and not breathing normally.

How to perform compressions: Kneel beside the patient's right chest. Place your hands over the **lower half** of the sternum. Place the heel of one hand in the centre of the patient's chest with your other hand on top. For children over 1 year, place the heel of one hand in the centre of the chest. For an infant, use two fingers in the centre of the chest, just below the nipple line.

With straight, locked elbows and your shoulders placed directly over the victim's chest, bend at the waist, and use the weight of your upper body to compress the chest. (see page 66) **Compress 1/3 of the depth** of the chest.

The rate of compressions is **100-120 per minute**. For all ages, the ratio of compressions to ventilations is **"30:2, no matter who"**.

After compression, the chest must be allowed to fully recoil. Lift your palms off the chest slightly to ensure a complete release of chest pressure. Keep your fingertips touching the patient, this will help you maintain proper position.

Push hard, push fast, and minimise interruptions to CPR.

We should work towards a goal of all our CPR being 'high-performance' providing minimally interrupted chest compressions with the correct rate, depth, and chest wall release...coordinated with the correct rate, timing and volume of ventilations...efficiently synchronised with early AED use.

Defibrillation (AED)

Automated External Defibrillators (AEDs):

- The most effective single treatment in the management of cardiac arrest is defibrillation, yet only 5% of arrests involve the use of an AED (automated external defibrillator) in the community. In locations abroad where community CPR is universal, and AEDs are widespread, survival rates from cardiac arrest can be over 50%. In NZ, the rate is around 13%.
- In 'sudden cardiac arrest', a sudden irregular rhythm stops the pumping action of the heart. Within seconds, the patient becomes unresponsive due to low oxygen levels in the brain. Chest compressions circulated oxygen from the bloodstream to the heart and brain, keeping the patient alive for a few critical minutes, until an AED can arrive for defibrillation. For each one-minute delay in defibrillation, there is a 10% drop in the survival rate. Every minute matters!

- Immediate CPR and rapid defibrillation are the two most effective interventions a lifeguard can perform in a cardiac arrest.

"No shock advised, continue CPR"

- AEDs can only work when there is a shockable cardiac rhythm. This usually occurs after the sudden collapse of an adult. This is called a primary cardiac arrest, and is the most common cause of cardiac arrest in the community. A prompt shock can sometimes reset the heart's rhythm and restore its pumping ability. Reducing the "time to first shock" is critical.
- However, in the majority of cardiac arrests there will not be a shockable rhythm and the AED will advise to "Continue CPR". The rescuer must be prepared to focus on the Airway, Breathing, and Circulation (the ABCs). The vast majority of drownings, traumatic arrests, respiratory arrests, and paediatric arrests will fall into this category. Providing effective ventilations is critical.

Continue CPR until:

- The patient recovers, and there are obvious signs of life, such as breathing.
- A person with a higher level of training takes over patient care.
- You are too exhausted to continue.
- The scene becomes unsafe.

Unsuccessful CPR

- Even in the most skilled of hands, the majority of patients in cardiac arrest will not survive.
- If the patient has died, call 111 for Police. Cover the patient with a blanket, and keep bystanders clear of the scene.
- Be sensitive to the concerns of family, bystanders, and fellow lifeguards, as well as your own emotional wellbeing.
- Don't discuss the case with media or bystanders. Debrief with fellow lifeguards, and complete the necessary documentation.
- Understand there can be an immediate and a delayed stress response to critical incidents. SLSNZ provides counselling for lifeguards involved in stressful incidents. Seek support through SLSNZ and your GP.

Death

- Verification of death cannot be performed by a lifeguard. Legally, this requires a doctor, nurse, EMT or paramedic.

CPR (Cardiopulmonary Resuscitation)

Knowledge and skills needed to perform effective CPR

When CPR should not be performed

Do not begin CPR if there has been submersion for longer than an hour, or if the patient is obviously decomposed or decapitated. Always seek senior advice in these circumstances. If you are in doubt, begin CPR.

CPR Key Points and Ratios

Adult

CPR

- Ratio is 30:2.
- Breaths should be given over one (1) second.
- If the rescuer is alone, go for help immediately, then return and continue.
- Rate is 100-120 beats per minute.
- The correct compression depth is approximately 1-3 of the victims chest depth.

Child (one – eight years)

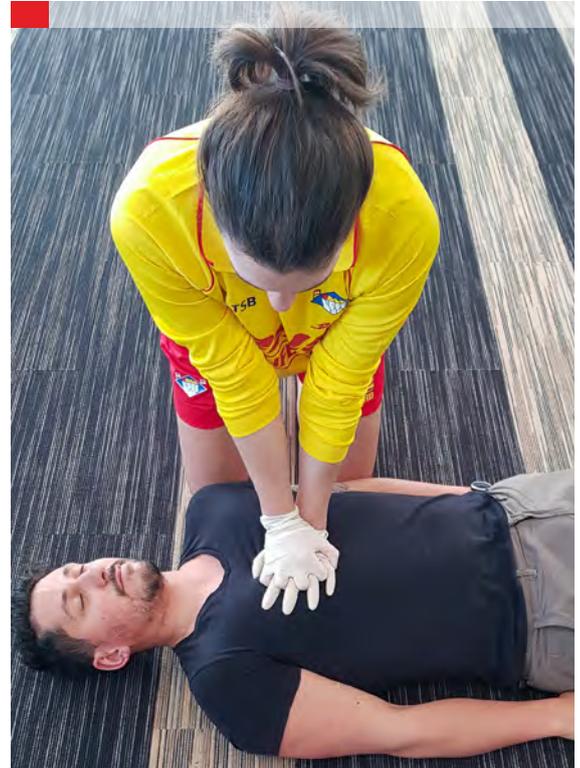
CPR

- Ratio is 30:2.
- Breaths should be given over one (1) second.
- Rate is 100-120 beats per minute.
- Use one-two hands compressions on a child, in the centre of the chest between the nipples.
- The correct compression depth is approximately 1/3 of the victim's chest depth.

Infant (under one year)

CPR

- The infant must be lying on a flat firm surface.
- Ratio is 30:2.
- When ventilating an infant, breathe into the nose and mouth do not tilt the infants head back excessively.
- Rate is 120 per minute.
- Compressions are performed with only the middle and index fingers, just below the nipple line.
- The correct compression depth is approximately 1/3 of the victim's chest depth.



	Adult	Child	Infant
Age range (yrs)	Over 8	1 to 8	Birth to 1
Compress with	2 hands	1 or 2 hands	2 fingers
Breathe into	Mouth	Mouth	Mouth + nose
Compression rate per min	100-120	100-120	100-120
Compression/Ventilation ratio	30:2	30:2	30:2
Compression depth	1/3 chest (>5cm)	1/3 chest (5cm)	1/3 chest (4cm)

CPR Summary Table

Recovery Position

Recovery position is the preferred safety position for any patient who is unconscious and breathing spontaneously, for example after a seizure or intoxication. It helps prevent airway obstruction and aspiration (inhalation) of stomach contents. It is also used when a patient must be left alone in a single-rescuer situation.

- Ensure the patient is in a safe location, lying flat with their legs together.
- If you are alone, kneel beside their left hip, facing them
- Place their left arm at 90 degrees to their body, with the elbow bent at 90 degrees, palm facing up. **65**
- Bend their right knee to 90 degrees and hold their right knee with your left hand.
- With your right hand, take firm hold of their right wrist. **66**
- Steadily pull the patient's right knee and right wrist towards you at the same time. This will act as a lever, turning them onto their left side. **67**
- Place the back of their right hand under their left cheek for support.
- Position their airway so any secretions will drain to the ground.
- Ensure their airway is unobstructed, and check for adequate breathing.

Examples of time-critical interventions in different resuscitation scenarios:

Drowning: Ventilation

Sudden cardiac arrest: Defibrillation

Bleeding: Direct pressure/bleeding control

Anaphylaxis: Adrenaline

Asthma: Salbutamol inhaler

Choking: Back blows / Chest thrusts

Intoxication/Airway obstruction/Head injury: Head tilt / chin lift; recovery position if breathing



Drowning

Knowledge required when drowning occurs

Drowning

Worldwide, there are over 360,000 deaths a year due to drowning, making it the world's third leading killer due to unintentional injuries, behind falls and motor vehicle accidents. In New Zealand, approximately 70 people a year die in drownings, mostly offshore or on unpatrolled beaches. Almost 80% of the victims are male, and most die due to unintentional immersion incidents while swimming, boating, diving or fishing.

Drowning is officially defined as "the process of experiencing respiratory impairment from submersion/immersion in liquid". The short-term impairment can be classified as mild, moderate, or severe. The long-term outcomes are complete recovery, survival with injury (temporary or permanent), or death. This means it is perfectly correct to say someone "drowned, but recovered completely." Terms such as 'near drowning' and 'dry drowning' are inaccurate and should not be used.

How Drowning Occurs

- When water enters the airway it triggers coughing. The victim may try to breath-hold to prevent further water entry, or the muscles of the larynx (voicebox) may spasm closed on their own to prevent the entry of more water. But both reflexes eventually end, and water is aspirated, or breathed into the lungs. Aspirating as little as 50-250mls of water washes away the lung's surfactant layer, a soap-like bubbly film that holds the air sacs open. When these air sacs collapse, the lungs lose their ability to put fresh oxygen into the blood. Whatever oxygen is in the blood is quickly used up, and oxygen levels drop as the heart races under an adrenaline surge.
- Within a minute the victim usually loses consciousness due to hypoxia (low blood oxygen levels), and further breathing attempts stop. This is respiratory arrest. After five minutes, brain injury is usually permanent. After ten minutes, brain death is the likely outcome.
- The heart is much more resistant to a lack of oxygen than the fragile brain, but after ten minutes, it is beating so slowly and irregularly that there is no more pulse or blood pressure. Circulation has stopped. Eventually the heart may quiver, or fibrillate. During this time, shocks from a defibrillator may be able to restart the heart, rescue ventilations could put air into the lungs, and chest compressions could circulate that oxygen throughout the body, in a best-case scenario.
- If untreated, the heart develops an unshockable rhythm, and eventually stops all electrical activity, usually within twenty minutes. At this point, in almost every case, even with the best CPR, the patient will not achieve a return

of spontaneous circulation. They will have had a fatal drowning.

- While there are extremely rare exceptions (usually small children who've fallen into near-freezing water), the vast majority do not survive submersion for longer than 5 minutes. Of course, we can't know who will survive ahead of time, so we give every patient the best chance possible, through prompt CPR.

In drownings, the focus is on getting to the patient and starting rescue ventilations within the first few minutes of submersion. If they've stopped breathing, but their heart is still beating, it's called a **respiratory arrest**, and their chance of survival is very much higher than if they go on to develop **cardiac arrest**. Getting to them quickly, with early ventilations and CPR, is critical.

Sudden cardiac arrest vs. drowning

Major differences exist between sudden cardiac arrest and arrests due to drowning. 'Compression-only' or 'hands-only' CPR, which uses chest compressions without any ventilations, has no role in the resuscitation of drowned patients. And defibrillation has less of a role than in sudden cardiac arrest. Fewer than 10% of drowned patients will have a shockable rhythm. While 'time to defibrillation' is what matters most in sudden cardiac arrest, 'time to first breath' is what matters most in drowning.

'Sudden cardiac arrest' is typically due to an arrhythmia which causes the heart to suddenly stop beating, leaving the bloodstream full of oxygenated blood. Immediate chest compressions circulate that blood to the brain and heart, buying precious minutes for defibrillation to work.

In almost all other forms of cardiac arrest, the heart stops due to a lack of oxygen (not an arrhythmia), and there is little or no oxygenated blood left to circulate. The chance of survival with these types of arrests is very low, even with good CPR. The goal of resuscitation, therefore, is to catch patients in the approximately 5-10 minute window where their heart and brain dysfunction can be successfully reversed.

There is a small number of drowning patients (around 10%) who will have shockable heart rhythms. Hence the recommendation to start chest compressions on any patient who is unresponsive and not breathing normally, and to get an AED on the patient as quickly as possible.

First Aid

Knowledge and skills required to perform first aid

Bleeding (haemorrhage)

Most bleeding is from minor external wounds such as lacerations, skin tears, or abrasions, and requires nothing more than a dressing. More serious blood loss can occur from deep wounds, or from hidden internal injuries. Massive or ongoing bleeding may lead to shock, loss of consciousness, or death if not controlled.



External Bleeding 68

Mild-to-moderate bleeding: ask patient to lie down, this helps prevent an unexpected faint; wear gloves and remove small or unembedded objects from the wound. Leave large or deeply embedded objects in place and place padding around them, as removal can cause unmanageable bleeding. Using the patient's clothing, a towel, or a dressing to avoid cutting yourself, **apply firm, direct pressure** with your fingers or your hand on the bleeding wound. Dress and bandage the wound once the bleeding has stopped. If you can elevate the extremity while continuing to apply firm, direct pressure, then do so. Elevation helps reduce venous bleeding.

If there is significant bleeding through a bandage, remove all the dressings and reapply firm, direct, prolonged pressure directly onto the wound until the bleeding has stopped, then reapply a dressing. Never apply a tighter dressing, or more dressings, to stop bleeding. Use firm, direct finger/hand pressure to stop bleeding.

For bleeding from a nosebleed, have the patient lean forward and pinch the entire soft part of the nose firmly shut for 20 minutes.

For simple abrasions (scrapes) or lacerations (cuts), have the patient place their wound under a running cool tap for five minutes to help reduce the risk of infection. Dry and apply a simple dressing.

Patients with open skin wounds such as lacerations and

puncture wounds should be referred to their GP for a wound check and to assess their need for a tetanus booster immunisation within 2 days.

Major Bleeding

If blood is spurting, or pouring out, quickly use the patient's clothing or a towel to protect yourself from injury, lie the patient down, and then immediately apply heavy, direct, prolonged pressure to the site of bleeding. Hold constant pressure until ambulance officers arrive, if possible. Keep the patient lying down, calm, and still. Recheck DRSABCD frequently and ask helpers to prepare personal protective equipment, tourniquet and oxygen equipment for possible use by trained senior lifeguards.

Seek immediate medical assistance for bleeding, major bleeding, mild bleeding persisting beyond 20 minutes, or if the patient has any signs or symptoms of shock. (See Shock section, below.)

Internal Bleeding

Easy to miss, and can be deadly. Consider internal bleeding in any patient who may have had a significant blunt trauma (such as a fall from height or any motor vehicle injury), or any penetrating injury. Look for bruises, broken bones, swelling, or tenderness with trouble breathing, abdominal pain, loss of consciousness, or signs/symptoms of **shock**.

Call an ambulance early if internal bleeding is suspected. Lie the patient flat, keep them warm and calm. Reassess DRSABCD frequently, until someone with more advanced training can take over care.

Lifeguards should always wear gloves when dealing with victim's blood. If the victim's blood contacts the lifeguard, wash with soapy water as soon as possible. If there are any cuts on the lifeguard's hands that come into contact with the victim's blood, seek advice from a medical professional.

First Aid

Knowledge and skills required to perform first aid

Shock

Shock is the inadequate circulation of oxygenated blood to the body, especially to vital organs such as the brain, kidneys and heart. This often results from extremely low blood pressure and can lead to organ failure and cardiac arrest.

(This is completely different to the non-medical use of the word 'shock', referring to severe emotional upset. Please use the term 'shock' only to describe a patient with a potentially **life-threatening illness**.)

Call an ambulance early if shock is suspected. Make sure that the 111 dispatcher understands the severity of the situation. Shock is a time-critical emergency.

Causes of shock include:

- Blood loss due to trauma.
- Hypoxia (lack of oxygen) due to drowning.
- Anaphylaxis, a potentially life-threatening allergic reaction.
- Massive heart attack.
- Serious medication or drug overdose.
- Severe hypothermia (cold) or heat stroke.

Signs and Symptoms of shock

- Patient feels nauseous, sweaty, faint or light headed, or is confused or unconscious.
- Pale, cool, or clammy skin, rapid heart rate, weak pulse, and low blood pressure.

Management and Treatment

The primary goals of the Surf Lifeguard are to identify when shock is occurring and clearly communicate the need for immediate medical assistance to the 111 dispatcher. Treatment should begin immediately while urgent transport is being arranged.

- Lie the patient down.
- Keep them warm, comfortable and calm.
- Recheck DRSABCD frequently.
- Help a suitably trained senior lifeguard administer oxygen.
- Identify and provide specific care for causes of shock such as massive bleeding or anaphylaxis.
- Do not give food or fluids to the patient.
- Be prepared to perform CPR if the patient becomes unresponsive and is not breathing normally.

Choking

Choking occurs when small foreign objects obstruct the airway. Signs include distress, gasping, coughing, wheezing, inability to speak, or placing one's hands over the throat. Always consider choking in any patient found unconscious.

Ask the person, "Are you choking?" If he or she can talk, the obstruction is partial. Reassure them that you will be there to help them, encourage them to stay calm and try coughing repeatedly, while you send a helper to call an ambulance. If a patient can cough or breathe effectively, do not give them water, and do not give back blows.

If the patient can't cough or breathe, deliver:

Back Blows

- Lean the victim forward and support his or her chest with one hand.
- Give up to five hard blows between the shoulder blades with the heel of your other hand, with a goal of dislodging the object with each blow. Check whether the object has been expelled between each blow.
- If the victim becomes unconscious, the rescuer must lie the patient on their back and immediately start CPR.

Chest Thrusts

- If back blows are unsuccessful the rescuer should give five hard chest thrusts.
- Stand behind the patient, with your arms around their chest, hugging them close. Place one fist against the lower half of their sternum (breastbone), in the same location as CPR is performed, and hold that fist tightly with your other hand. Make a sharp, forceful inward thrust, compressing the chest. The goal is to raise chest pressure enough to dislodge the foreign body. The Heimlich manoeuvre, which involves thrust delivered to the abdomen, can injure the liver and other abdominal organs, and is never recommended.
- Continue alternating 5 back blows with 5 chest thrusts until the obstruction is relieved.
- If the patient becomes unresponsive and is not breathing normally, begin CPR.

Infant choking

- Lie the infant face down on your lap, or cradle them face-down on your forearm with their head supported in your hand.
- Be sure not to block the airway.
- With the heel of your hand, give up to five very firm back blows between the infant's shoulder blades.

- If object is not expelled, turn the infant over on your lap and perform up to five chest thrusts. Repeat, alternating five back blows and five chest thrusts, until the obstruction clears or the infant becomes unconscious.
- If the infant becomes unconscious, place them on a firm surface and begin CPR.

Anaphylaxis (Severe Allergic Reaction)

Anaphylaxis is a severe allergic reaction that is potentially life-threatening, usually involving tongue or throat swelling, trouble breathing, or low blood pressure. It can result in shock, respiratory arrest (which is when breathing stops), or death. It usually occurs in people with a history of severe allergic reactions, but it can happen to anyone. Patients are sometimes hesitant to self-inject adrenaline, which is the only effective treatment for anaphylaxis.

Signs and Symptoms

- Tongue swelling, throat tightness.
- Trouble breathing, wheeze.
- Lightheadedness, dizziness, loss of consciousness.
- Vomiting, diarrhoea, abdominal pain.
- Widespread rash/hives.
- Consider anaphylaxis in any patient found with an unexplained collapse. Check for a medical alert bracelet, or a rash.

Treatment

- Have the patient lie flat, or sit down. Remove bee stingers or other obvious causes of anaphylaxis.
- If you think the patient is having anaphylaxis, use the Epi-pen (adrenaline auto-injector) per its labelled instructions.
- Recheck DRSABCD. Help a suitably qualified lifeguard administer oxygen to the patient. Monitor for signs of shock and treat as necessary. Call an ambulance as soon as you suspect anaphylaxis, as patients can deteriorate rapidly. Always call an ambulance if a patient has used an Epi-pen, as multiple doses are sometimes necessary. If adrenaline has been used, or you have no adrenaline available, and the patient is still having trouble breathing, give 6 puffs from a salbutamol inhaler every 6 minutes while waiting for the ambulance. If the patient becomes unresponsive, begin CPR.

Stings and Bites

69 Jellyfish

New Zealand's most common jellyfish are nuisances rather

than threats. The bluebottle (Portuguese-Man-O-War, *Physalia physalis*) and Lion's Mane jellyfish are common. Stings are not serious unless the patient has an allergy to jellyfish stings. Scientific evidence is limited, but the best evidence to date suggests treatment as below.

- Pluck tentacles off immediately using your fingers. Most NZ jellyfish are incapable of stinging through the thicker skin of the fingertips.
- Pour or spray undiluted white vinegar onto the sting site. Wait 30 seconds. Do not apply near the eyes.
- Pick off any remaining tentacles with fingers or tweezers.
- Find a suitably trained senior lifeguard to help the patient soak the sting site in hot water (45°, or as hot as tolerable). Beware you do not cause burns in children/elderly patients.
- Manage any allergic symptoms, if they occur. Consider pain relief.



Stingrays

People usually get stung in the lower leg after stepping on a stingray. Stingray spines are barbed, have a tendency to break off, and are covered in a mucus that causes severe pain and sometimes an infection. Pain can be very effectively treated by finding a suitably trained senior lifeguard to help the patient soak the affected limb in a bucket of hot water (45°, or as hot as tolerable.) Beware you do not cause burns in children/elderly patients. Patients should be referred to their GP for further care.

Bees, Wasps, Spiders

Bee stings, wasp stings, and spider bites (including Katipo, redback, and whitetail spiders) are typically minor unless the patient develops anaphylaxis, a severe allergic reaction. Remove any stingers and venom sacs immediately with your fingers, taking care not to get stung. Consider pain relief and cool packs (never apply ice directly to bare skin). If serious allergic symptoms occur, or there are symptoms beyond pain

First Aid

Knowledge and skills required to perform first aid

at the bite/sting site, call an ambulance and manage as described in the anaphylaxis guideline.

Animal Bites

Wash with soap and water immediately, irrigate under a tap for 10 minutes, apply bandage and dressing, consider pain relief. Patients with minor bites can follow up with their GP. Bites that are deep, are associated with other symptoms such as ongoing bleeding or numbness, should be referred to an emergency department.

Burns

A burn is the damage caused to skin or deeper structures by fire, hot water, chemicals, electricity or even extreme cold. Skin damage keeps going on even after the source of heat is removed. It is essential to get the skin water-cooled as soon as possible. Stop, cool, cover.

Have the patient stop, drop, and roll. Extinguish flames with a cloth or coat. Remove clothing.

70 Immediately place under cool running water for 20 minutes. Infants, children, and the elderly are susceptible to hypothermia from cooling techniques. Keep unaffected parts of the patient's body covered and warm, if possible.

Cover with plastic cling film, or burn gel dressing. Keep dressings very loose, so blood flow isn't restricted as tissues swell.

Do not break blisters, apply ointments, or remove any bitumen or plastic melted on the skin.

Minor burns: such as sunburn, have redness or minimal blistering, and can be referred to a GP for a wound check in 2-3 days.



Major burns: call an ambulance for any burns that are:

- Involving the airway, face, eyes, hands, feet or groin.
- Associated with smoke inhalation, coughing, or trouble breathing.

- Caused by chemicals, or electricity.
- Deeper than a sunburn, or where the skin is white, grey, black/charred, grey, or where the skin is peeling off in sheets.
- Accompanied by decreased sensation, or capillary refill longer than 2 seconds.
- Occurring in infants, children or elderly patients.
- Covering a surface larger than half the patient's arm.

Electrical Burns

Check for danger to rescuers first! Do not go onto any scene that may involve a fallen electrical wire, or where there is a risk of electrocution, until the area is made safe by electrical utility workers. Once the scene is made safe, assess DRsABCD. All electrocutions will require an ambulance.

Chemical Burns and Eye Injuries

- Wear gloves and avoid direct contact with your own skin. Quickly remove all contaminated clothing. Shower or hose the patient off for 20 minutes; beware of hypothermia in children and elderly.
- If the eyes are involved with a chemical exposure, or a foreign body exposure (sand or dust), help the patient flood their eyes with water under a tap, hose or shower for 20 minutes, including under the eyelids. Prevent rubbing the affected eye.
- If vision is reduced, or there is an embedded foreign body in the eye, or ongoing pain despite 20 minutes of irrigation, place a dressing over the eye, have the patient keep both eyes closed, and arrange for their transport to an emergency department, calling an ambulance if necessary.

Sunburn

New Zealand has the second-highest skin cancer rate in the world. Lifeguards are at high risk, and should speak up when they notice others performing unsafe behaviours. Children and teens are especially prone to sunburn damage, with even a single blistering sunburn in childhood predisposing them to potentially life-threatening melanoma later in life. Fair skinned or light-haired individuals are at markedly greater skin cancer risk overall than people with a naturally darker complexion.

Advise people about the effectiveness of sun protection. The following list is roughly in order of effectiveness, from most to least effective:

- Avoid sun exposures between 10am and 4pm.
- Get under shade whenever possible.
- Wear long sleeve shirts with collars, and full-brimmed

hats (never caps).

- Use long-sleeve rash guards in the water. Use wetsuits and brimmed surf/water hats whenever possible.
- Use sunblock containing zinc or magnesium copiously, and reapply every 2 hours, and after swimming/sweating.
- Use sunscreen copiously, and reapply every 2 hours, and after swimming/sweating.

In real-world use, sunscreen is rarely applied correctly. It should be:

- Used in large amounts (a shot glass-full to cover the body)
- Reapplied every two hours
- Reapplied after swimming or sweating

Sunburn can be treated with a cool shower and a variety of over-the-counter topical remedies. Check sunburned patients for dehydration and heatstroke. (See relevant sections below.) Encourage rehydration and shade.

Heat Stroke

Heat stroke is when a patient is confused, disoriented, unconscious, has a seizure, or other neurological dysfunction due to a high body temperature, usually over 40 degrees. Skin findings are unreliable, and patients can be hot and dry (more common) or hot and moist (less common). What matters is that their brain is not working normally anymore. The risk of death with heat stroke, even with treatment, is over 10%. Infants, the elderly, and intoxicated patients are at greatest risk.

If you suspect heat stroke, call an ambulance immediately. Heat stroke is a form of shock. Get the patient into a cool, shaded location. Have the patient lie down under a cool shower, hose or tap. Remove any excess clothing. Have them drink water only if they are fully alert. Continue cooling them under running water. If running water is not available, keep wetting their bare skin and direct a fan on them. Beware over-cooling infants and children.

The patient may have a seizure or a cardiac arrest, so be prepared to apply the DRSABCD action plan.

Heat Exhaustion

Heat exhaustion is generally caused by physical activities in a hot humid environment. Skin findings are unreliable. Patients may be hot and sweaty (more common) or hot and dry (less common), with pale or flushed skin, and a rapid but weak pulse. They will feel weak and lightheaded. These are the signs of early shock.

If you suspect heat exhaustion, call an ambulance

immediately. Have the patient lie down under a cool shower, hose or tap. Have them undress, and if they are alert, have them drink water. Continue cooling them under cool running water. If running water is not available, keep wetting their bare skin and direct a fan on them. Recheck DRSABCD frequently.

Hypothermia (cold exposure)

Hypothermia occurs when the core body temperature drops. Even on a relatively warm day, it is easy to become hypothermic with prolonged immersion or exposure to water and wind. Children, the elderly and intoxicated patients are at especially high risk of developing hypothermia. The initial signs and symptoms are feeling cold and shivering, blue-tinged fingertips and lips, followed by weakness, incoordination, confusion, slow/weak pulse, loss of consciousness, and even death.

Treatment

- Mild hypothermia (no confusion, stable patient): have them sit or lie down, supported and continuously observed, under a warm shower. If that's not possible, remove wet clothing, dry them thoroughly and wrap them in warm blankets. Call an ambulance for anything more than mild symptoms.
- Severe hypothermia (confusion or signs of shock): call an ambulance, lie the patient down on a padded/insulated surface, remove all clothing, dry them, and use warm (not hot) packs wrapped in cloth and warm blankets. They will require medical care. Recheck DRSABCD frequently. If the patient becomes unresponsive and is not breathing normally, they will require CPR.
- It should be noted that most patients who die of cold-water immersion do not die from hypothermia. It takes a relatively long time for the core body temperature to drop significantly. They die from cold-water incapacitation and drowning, which is largely preventable with the use of lifejackets. Immersion deaths can occur within minutes due to involuntary gasping, hyperventilation, panic, aspiration, (breathing water into the lungs), and an inability to move/swim as the muscles and nerves in the limbs lose function due to the cold. Lifeguards can prevent drownings by encouraging all boaters to wear their lifejackets whenever they're on board a boat, in case of an unexpected fall overboard. It's not a legal requirement, but we know lifejackets are lifesavers, when they're worn.

First Aid

Knowledge and skills required to perform first aid

Trauma Fractures

A fracture is a broken bone. Fractures that are minor can be followed up by the patient's GP or an urgent care centre within a day. Serious fractures will need an ambulance call.

Serious fractures

- Fractures that have concerning associated signs, like bleeding, numbness, colour change or shock.
- Open fractures where the bone has punctured the skin.
- Fracture-dislocations where there is usually severe pain and deformity at a joint.
- Any fracture that is severely painful even without movement.
- Any fracture to the skull, face, spine, pelvis or thigh.

Treatment for a serious fracture

Keep the patient lying down, or in a **position of greatest patient comfort**. Call an ambulance. Watch for signs of shock. Control bleeding. If they must be moved for their safety, immobilise the fracture with manual stabilisation, which means multiple people holding the body part in a comfortable stable position while the patient is moved. Use available resources to splint fractures, such as towels, pillows, and cardboard splints. Patients with suspected fractures should have the neurovascular status of their fingers/toes rechecked frequently.

Neurovascular status

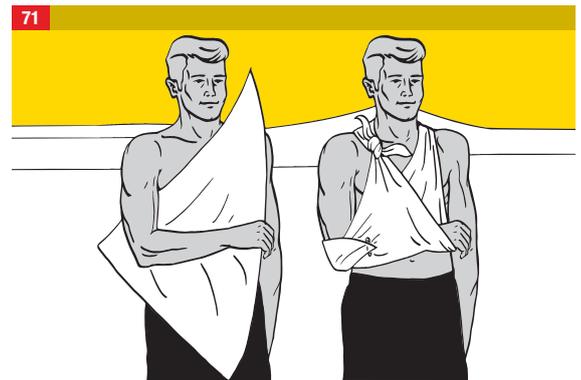
- Normal neurovascular status of a limb means arterial blood is able to go in (strong pulses, warm fingers), venous blood is able to come out (normal capillary refill, normal skin colour), and the nerves are working (they feel you, and can move their fingers). It's easily tested at the fingertips and toes. Assess for patient comfort, normal colour (not purple or blue-tinged), warmth, sensation, movement, pulses and capillary refill ('cap refill'). Pain, purple-blue discoloration and numbness are important early signs of serious dysfunction.
- Cap refill in a finger is easily tested by pressing down firmly on a fingernail or the pad of a fingertip. The skin will blanch white with pressure. When the pressure is released, the tissue will pink up, as it refills with blood. In a warm, healthy person, the capillary refill time will be less than two seconds. Delayed capillary refill can be a sign of decreased blood flow to a limb, or a sign of shock. Delayed cap refill can also be a normal finding in someone who is cold.

Dislocations

A dislocation occurs when a joint is damaged by being forced to move beyond its normal range of motion and a bone moves out place, causing joint pain, deformity and loss of mobility. Shoulder dislocations are the most common dislocations you will see as a lifeguard.

Treatment 71

- Do not attempt to relocate the dislocation yourself, as this can cause permanent damage. Support the limb in the position of greatest patient comfort. If pain is manageable and the dislocation is not otherwise serious, refer them to the emergency department. If the dislocation is serious, with severe pain, a discoloured limb, reduced pulses, or any other associated injuries, call an ambulance.
- For comfort, a triangular bandage can be fashioned into a sling. Always check the limb for normal sensation, colour and capillary refill at the fingertips.



Sprains / Strains / Contusions

Sprains are ligament tears caused by a joint being stressed beyond its limits, often due to sudden twisting movements. Knee and ankle sprains are common. Sprains range from mild injuries to complete ligament tears requiring surgery. Strains are injuries to the muscles or tendons, often from chronic overuse or sudden overloading. Contusions, or bruises, usually caused by a blunt trauma that causes capillaries to burst, leading to pain and swelling.

The goal of first aid for minor musculoskeletal injuries is to prevent further injury, and to reduce pain. Medical evidence regarding optimal treatment is limited. It is reasonable to recommend **RICED**:

Treatment 72

- R Rest** No further competition/strain for two days. Return to range of motion exercise, if symptoms permit, after two days.
- I Ice** /cold pack wrapped in cloth: Apply for 10 minutes at a time, repeated once.
- C Compression** Use a crepe bandage applied comfortably (never tight or constricting).
- E Elevation** Raise the limb above the level of the heart to temporarily decrease swelling.
- D Diagnosis** Recommend the patient see a physiotherapist or their GP for an assessment and diagnosis.

If there are signs of moderate injury, such as an inability to weight bear, a same-day GP, physiotherapist or urgent care centre review should be encouraged. If there are signs of serious injury such as weakness, numbness or severe swelling or pain, an ambulance should be called.

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Head Injuries

Head injuries are very difficult to manage in the first aid setting, because many mild brain injuries are easily missed. Some concussions that seem minor at first may result in long-term problems with concentration, mood and performance at school and at home. The goal is to recognise and manage severe brain injuries quickly, while not overlooking minor brain injuries.

Serious head injuries may cause a loss of consciousness, **headache**, confusion, disorientation, slurred speech, unsteadiness, blurry vision, **nausea** or vomiting. These all require an urgent call for an ambulance, because of the possibility of **sudden worsening**, seizure, coma or even death.

Sometimes a patient doesn't remember their injury, or is found unconscious. Check for external signs of trauma such as swelling or bruising on the scalp.

If the patient has mild symptoms, they should get checked out by their GP, or an urgent care centre within a day.

If the patient under your care is having significant symptoms, they should be referred to their GP, or the nearest emergency department, for immediate review by ambulance if necessary. Any patient who has lost consciousness should not drive home; you should help them make alternate arrangements to be assisted by a competent adult. Any patient who has lost consciousness, or has signs of serious head injury as above, should not continue playing sport until cleared by a doctor.

Chest and Abdomen Injuries

Chest injuries can range from minor bruises to the chest wall, to major injuries such as a collapsed lung and bleeding into the chest cavity. Signs and symptoms of a serious injury are ongoing bleeding, unequal chest rise with breathing, severe pain, or breathing difficulty or any signs of shock.

Abdominal injuries can range from mild contusions (bruises) to bleeding from the liver and spleen, and bowel perforation. Signs and symptoms can include abdominal or back pain, abdominal bruising, nausea, light-headedness, rapid or weak pulse, shortness of breath and loss of consciousness. Hidden internal bleeding is the greatest threat to life. Beware of any injury involving a vehicle or a fall from height. Assess for signs of shock, and call an ambulance for all abdominal injuries that are not clearly minor.

Treatment

- Treat any significant external bleeding with firm, direct pressure to the bleeding site. Manage any airway issues,

First Aid

Knowledge and skills required to perform first aid

and be prepared to start CPR if the patient becomes unresponsive and is not able to breathe normally. Call an ambulance for all patients with serious chest or abdominal injuries. Leave any embedded/impaled objects in place.

- Keep the patient in the position they find most comfortable. Do not ever force any patient to lie down if they feel they can breathe better sitting up. If the patient is unconscious but breathing adequately, place them in the recovery position. Reassess DRSABCD frequently.

Neck and Spinal Injuries

Unstable cervical (neck) fractures and spinal cord injuries are very rare, but can occur after a fall from height, diving injury, wave impact or vehicle crash. Most patients with cervical fractures will have severe neck pain and unwillingness or inability to move their head. Patients with a spinal cord injury will usually show neurological signs or symptoms: numbness or weakness of the arms, legs, or torso; bowel or bladder problems; or difficulty breathing. If significant neck or spinal injury is suspected, call an ambulance early.

In all resuscitations, moving the patient to safety and stabilising the airway, breathing and circulation take priority over maintaining cervical spine precautions. Never force a sick patient to lie flat on their back if doing so will compromise their airway or breathing. The supine position, where a patient is lying flat on their back, places the patient at higher risk of aspiration (breathing in regurgitated stomach contents), which can threaten their airway and breathing. Recovery position is preferable, with a pillow or towel under the head to maintain neutral cervical spine alignment.

Treatment

Conscious patient: Spinal self-management.

- An awake patient can almost always stabilise their own neck. Allow them to self-extricate from a vehicle and walk to safety if they are steady on their feet. Support them if necessary. Let the patient control the extrication and movements. Once in a safe location, the patient can lie down on their back (supine), or on their side. If they're on their back, use padding (a 2cm thick folded towel) under their head to keep their neck in a comfortable position. Call an ambulance.

Unconscious patient

(or patient unable to maintain their own head position)

- **Manual in-line stabilisation.** Provide manual in-line stabilisation of the cervical spine. While the patient is being moved or resuscitated, hold the patient's head in-



line with the neck and torso in a neutral position. Manual in-line stabilisation of the neck can be performed while the patient is on their back, or on their side. Once the movement is completed, use padding (a 2cm thick folded towel if they are supine) under their head to keep their neck in a comfortable position.

- Cervical collars (C-collars, rigid collars) should not be used by first aid providers. Despite widespread use in the past, there is no evidence showing they actually improve neurological outcomes, and strong evidence they can cause harm. Qualified paramedics may choose to apply rigid c-collars, especially for extrication over uneven surfaces where manual in-line stabilisation cannot be performed. First aiders should never apply cervical collars.
- Scoop stretchers are strongly preferred to spinal boards (rigid backboards), but all of these devices can cause harm, so their use should be strictly limited to moving the patient. As soon as the movement is complete, the patient should be taken off the backboard. If the use of a backboard is required, there should be a minimum of 4 helpers to ensure a safer lift, with 5 helpers if the patient requires manual in-line stabilisation of the cervical spine. In a life-threatening emergency, ankle/wrist/blanket drags are acceptable methods of evacuating a patient.

Log Roll **73** **74**

- If an immobile patient must be turned, for example to be moved on or off a spinal board, a logroll can be used. The goal is to turn the patient with the head, neck, torso, and pelvis moving in-line as one unit. This requires a team of at least three people.
- The following description is for a logroll to the right side. The patient's arms are crossed on their chest and the procedure is explained to them. The first helper assists with manual in-line stabilization of the head and neck. The second helper is at the patient's right side, holding the patient's right shoulder and right thigh. The third helper is beside the second, holding the patient's right hip and supporting their right knee. On the first helper's command (Ready-Brace-Roll), the patient is turned onto their right side towards the second and third helpers, the backboard is inserted under the patient. On a repeat command, the patient is replaced onto the backboard.

Chest Pain and Heart Attack

Heart attacks are the most common cause of death in New Zealand. Five percent of New Zealanders have known heart disease, often related to smoking, obesity, diabetes, or high blood pressure. Many more remain undiagnosed. They are all at risk for a heart attack, which occurs when there is sudden blockage of blood flow to part of the heart muscle, causing that part of the muscle to die.

Heart attacks may cause crushing chest pain radiating to the arm or jaw, or be associated with exertion, but in many people, including women and the elderly, there may be only nausea, 'indigestion', shortness of breath, lightheadedness, or sweating/clamminess. In the first aid setting, there is no reliable way to tell the difference between serious and non-serious chest pain. Call an ambulance for all ongoing chest pain. Never recommend a patient with chest pain travel by car. Deterioration of the patient in a private vehicle is very difficult to manage.

Heart attacks can also cause symptoms of palpitations (an irregular heartbeat), fainting spells, or even a sudden collapse. Cardiac arrest must be considered in all patients who have been discovered unconscious and not breathing, even those found 'drowned' in the water. Get an AED on these patients promptly.

Treatment

- Have the patient lie down and rest.
- Call an ambulance and stay with the patient. Keep them calm and comfortable. Have a helper bring an AED to the patient's side, so it is ready in case the patient becomes unresponsive. Be prepared to do CPR if necessary. Reassess the patient frequently.
- If the patient does not have an aspirin allergy, have the patient chew and swallow a 300mg aspirin. [Note: Medications may only be administered by lifeguards 16 years or older.] In a heart attack, aspirin can be lifesaving. Bring oxygen to the patient's bedside. It should never be given routinely for a heart attack, but in the case of cardiac arrest or low oxygen levels, a first responder may need ready access to it.

First Aid

Knowledge and skills required to perform first aid

Asthma Attack

Asthma is a common lung disease, affecting one in ten people. Asthma attacks may be triggered by allergies, cold or exercise. Asthma causes tightening of the airways, which patients notice as wheeze, trouble breathing and chest tightness. In severe cases, patients can become blue around the lips, panicked and unable to speak or breathe. They may lose consciousness. Asthma causes around 70 deaths a year in New Zealand.

Treatment **75**

- Help the patient take six puffs of their **salbutamol (Ventolin, 'blue' inhaler)** every six minutes until their breathing improves. [Note: Medications can only be administered by lifeguards 16 years of age or older]. Keep the patient sitting up if possible. Be calm and reassuring. If the patient has a plastic spacer that attaches to the inhaler, use it, as it increases the effectiveness of the inhaler. In all but mild cases, call an ambulance early for assistance, in case things get worse. If the patient's asthma attack is severe, keep giving the inhaler as you wait for an ambulance to arrive. Assist a senior lifeguard in administering oxygen if available. If the patient becomes unresponsive, begin CPR.
- **Caution:** patients with a severe asthma attack will almost always have a clear prior history of asthma. If this is a first episode of wheezing or collapse, consider a cause other than asthma, such as anaphylaxis.



Seizure

Seizures, or 'fits', typically involve a sudden loss of consciousness, with violent jerking of the arms and legs, strained breathing, and abnormal posturing of the torso and neck. There is no eye contact or talking. Jerking movements usually last less than 30 seconds, followed by complete limpness and a deep sleep-like state. Patients usually regain alertness gradually over 5-30 minutes.

Epilepsy, which affects 1% of the population, is a common cause of seizures. However, seizures can occur for a variety of other reasons, including serious brain injury, drug overdose or alcohol withdrawal. Sometimes seizures can be prolonged, or cause a patient to stop breathing. It is safest to treat all seizures as serious emergencies. Call an ambulance for all seizures.

If a seizure happens in the water, it is always life-threatening. The patient will need rescue, and their airway kept out of the water as much as possible. For safety, people with seizure disorders should always notify the on-duty lifeguard, and swim with a buddy capable of helping them in an emergency.

Treatment

- Protect the patient from injury during the jerking period of the seizure. **Move hazards away from them.** Do not try to restrain or move the patient. Never put anything in their mouth. Stay with the patient.
- Call for an ambulance. You can always stand the ambulance down if the patient recovers and declines an ambulance.
- Monitor duration of seizure and obtain previous medical history if possible, e.g. from family members, medical bracelets.
- After the seizure ends, roll the patient into recovery position, open and clear the airway.
- Allow the patient to rest, keeping them warm and comfortable.
- If the seizure lasts longer than 5 minutes, help an advanced lifeguard administer oxygen.
- If the patient doesn't wake up within 10 minutes: has intermittent seizures, or their breathing continues to be poor, administer oxygen and forward that information to the ambulance.
- If a suitably trained lifeguard is available, have them check a blood glucose level.
- A patient who has had a seizure and has recovered should not drive. Help them arrange transport to their GP, if possible, and monitoring by a responsible adult/caregiver. If not possible, call an ambulance, or seek

further medical advice.

Overdose / Intoxication/ Loss of Consciousness

Alcohol use is associated with many of the types of the injuries a first aider might encounter: motor vehicle crashes, falls, boating accidents, and drownings. Alcohol intoxication is the most common overdose a lifeguard is likely to see as well. Knowing how to recognise and treat alcohol and other drug-related illnesses is a useful skill both on the beach and in the community.

Intoxicated patients may show signs and symptoms of unsteadiness, sleepiness, slurred speech, coma, agitation, hallucination, airway compromise/difficulty breathing, vomiting, aspiration (breathing in vomit), shock, or loss of consciousness. Symptoms vary widely based on the substance, and dose.

Treatment

- If the patient is unresponsive but breathing normally, place them in recovery position with an open airway, call for an ambulance and stay with them.
- If the patient is agitated, aggressive, or violent, move away from the patient, call 111 for police and ambulance, and observe the patient from a safe distance until the scene is made safe.
- If it is safe to do so, ask about the substance taken, when it was taken and in what quantity.
- Do not induce vomiting in any patient.
- If the patient is unconscious and not breathing normally, begin CPR and have a helper call 111.
- Never assume an unresponsive patient is intoxicated. A patient may appear drunk (or even smell of alcohol), and also have a brain injury, seizure or low blood sugar. Call 111 for an ambulance, check for a medical bracelet, and recheck DRSABCD frequently.

Stroke

Strokes are the second most common cause of death in New Zealand. They occur when a blood vessel in the brain suddenly becomes blocked or a rupture of a blood vessel causes bleeding in the brain.

The patient may develop weakness on one side, or trouble talking. Assess them using the acronym **FAST**:

- F Face:** Ask them to smile. Is their face drooping on one side?
- A Arms:** Can they raise both arms?

S Speech: Is their speech jumbled, slurred or absent?

T Time: If so, call 111 immediately.

Treatment

Treatment:

- Call 111 immediately. Do not wait to see if symptoms get worse. Have the patient lie down. Speak slowly and clearly if they are having trouble understanding you. If vomiting occurs, place the patient on their side, open and clear their airway and monitor their breathing. If they become unresponsive, but are breathing normally, place them in recovery position. If a suitably trained first responder is available, have them check a blood glucose level.
- If the patient becomes unresponsive, and is not breathing normally, begin CPR.

Human Factors

In real life medical emergencies, medical knowledge and technical skills are not enough to guarantee a smooth resuscitation. Human factors have a huge impact on the final outcome of what is a team effort. Leadership, communication and the ability to follow a checklist are some of the key features that separate well-managed emergencies from poorly managed crises.

Leadership: Leadership does not mean the most senior person takes over. A junior team member, following an action plan like DRSABCD, can be an excellent team leader if they have communication skills. What is key is that someone quickly steps up, and clearly says to the team, "I will be the team leader." Without a leader, confusion and working at cross purposes is more likely to occur.

Task assignment: Assign roles quickly. Verbally state who will be going for help, who will manage the airway, who will manage breathing, who will perform compressions.

Closed-loop communication: Make eye contact with your team member, use names, and give short, precise instructions: "Tom, start chest compressions." Tom confirms he understood the instruction and closes the loop: "I'm starting chest compressions." This eliminates confusion and reduces errors.

Thinking aloud: verbalise what you are thinking so that others can anticipate what's needed. "This man's breathing is worsening--we need to focus on reassessing his airway first, then his breathing." If you're doing compressions, loudly say "... 27, 28, 29, 30" so the person delivering ventilations is prepared.

First Aid

Knowledge and skills required to perform first aid

Reassess: When faced with a complex problem, start over at DRSABCD and run through the steps again, systematically. Stay calm. At its most basic, every resuscitation is just an effort to get the blood to go round-and-round', and 'air to go in-and-out'. Following a good protocol or checklist ensures the basics aren't missed in an emergency.

Patient History

Use SAMPLE when taking the patient's history:

- S Signs and symptoms:** What symptoms do you have, and when did they begin?
- A Allergies:** Do you have any allergies?
- M Medication:** Do you take any medication?
- P Past medical history:** Do you have any medical problems?
- L Last oral intake:** When was the last time you had anything to eat or drink? What was it?
- E Events leading to the problem:** What caused the problem? What were you doing when it happened?

Handover and Documentation

Transition of care / Handover

Efficient and accurate communication of information to attending agencies is important. The handover of care from a first aider to ambulance staff is a high-risk procedure, with the potential for important information to be lost or misunderstood.

Handover should be concise, lasting no more than 45 seconds, allowing for questions/clarification at the end.

A sample 'IMIST-AMBO' handover:

- Identification: This is Joe, he is a 40-year-old male.
- Mechanism of Injury / Medical complaint: He is having trouble breathing.
- Injuries / Information related to the complaint: He was rescued from heavy surf 30 minutes ago.
- Signs and symptoms: He never lost consciousness, but he's been coughing a lot and he vomited twice.
- Treatment and trends: A senior guard put him on oxygen, but his shortness-of-breath has been getting worse.
- Allergies, Medications, Background: He has no allergies, and takes Ventolin for his asthma.
- Other issues: We are still trying to locate his family on the beach.

A patient report form should be handed over to the ambulance officers.

Documentation

Documentation of first aid incidents is medically and legally important. Notes must be accurate and appropriate for both minor and major first aid incidents, with due respect taken to maintain patient privacy.

Minor first aid is when a stable patient with minimal injuries/illness is seen, treated, and discharged from care, for further self-care, or self-referral to a medical provider.

Major first aid when a patient is seriously injured, ill or unstable; any time an ambulance is called; or whenever a patient is referred for same-day medical care.

Injuries to members:

If a SLSNZ member is involved in a serious injury or medical incident that is notifiable, this must be reported.

Lifeguard Wellbeing

The first rule of being a lifeguard is to take care of yourself. To help others, you have to be safe and healthy. Wellbeing is about the whole of you, not just the physical part. This includes mental health, as well as emotional, spiritual and family wellbeing. When you respond to an incident, you must be in the state of mind to manage yourself, and have enough left in reserve to help others. You can't do this safely if you are unhealthy, emotionally unwell, intoxicated or hungover.

Especially for younger lifeguards, be aware of your limitations, both physically and in terms of life-experience, perspective, and resilience (the ability to bounce-back). There are incidents where it is safer for you not to be directly involved. Share your concerns with your senior lifeguards, and never take on a task you don't think should.

In the aftermath of the incident, ensure you take the steps to build back your resilience. This could take some months for a big event.

Always take time to debrief both on the actual event and the impact it has had on all those involved. This includes those backup admin support people at the club.

Assessment

The Exam

The Surf Lifeguard Award Examination.

Exam

Once you have completed the questions and tasks contained in this workbook you will need to attend a Surf Lifeguard Award examination. Below are details regarding each of the four components that make up the examination.

Exam Components

Candidate Workbook Check

The candidate workbook checked MUST be completed satisfactorily, if not, the candidate must not complete the exam and all other candidate workbooks from the club must also be checked

- | | |
|-----------------------------|---|
| 1 Candidate Workbook | One randomly picked candidate workbook must be checked from each attending club |
|-----------------------------|---|
-

Pool Test

Candidates must complete this section before they progress to the beach component.

- | | |
|---------------------------|---|
| 2 400 Metre Swim | Pre requisite for 'Perform a tube rescue' unit |
| Releases and Tows | Perform releases and tows in an aquatic environment |
| Tube Rescue (Pool) | Pre requisite for 'Perform a tube rescue' unit |
-

Theory Test

- | |
|-----------------------|
| 3 Theory Paper |
|-----------------------|
-

Practical Test

- | | |
|----------------------|--|
| 4 Radio | Communicate using a two-way radio |
| Signals | Demonstrate signals used by Surf Life Saving members for communication |
| Resuscitation | Provide resuscitation |
| First Aid | Provide first aid |
| | Manage first aid in emergency situations |
| Run-Swim-Run | Pre requisite for the tube rescue unit |
| Tube Rescue | Perform a tube rescue |
-

Surf Life Saving New Zealand
PO Box 39129
Wellington Mail Centre
www.surflifesaving.org.nz
communications@surflifesaving.org.nz

