

## Discussion:

During the audits I have seen that staff files are improving but many staff files are missing the required pieces from the New Hire Checklist. Please ensure all new hires are getting this as it is vital to set them up for success. For this month's discussion we are asking that you print a new hire packet (attached to the in-service email) for each of your staff and cover it during the discussion piece of the in-service training. This is a great way to recover the basics of your expectations of the staff and department while updating your employee files. Please be sure that all staff not at in-service are given a copy of the new hire packet as well and make sure that everyone has it in their file!

## Skill Practice:

**Pro-Active Bottom Rotation-\***This is something that we need to see performed each and every time a rotation is performed\* Please have each staff member do this at least once during the in-service, and be sure to enforce it, and model it when you take the stand!

A fun way to reinforce this is to use it as an opportunity for a silhouette drop. Place the silhouette on the bottom of the pool before a rotation and tell the on duty guard it is not for them. If the guard rotating in sees the silhouette on their lap in, you can run it as a dry drill and they do not have to get wet. If they do not see it, the timer for the drill begins as soon as they take the on duty lifeguard down!

Anytime a rotation is performed both the incoming and outgoing lifeguards must perform the following:

Procedures:

### INCOMING LIFEGUARD:

1. Walk and aggressively scan the entire zone he/she is about to take custody over. The walk should be around the entire parameter of the zone looking for any problems on the top, middle and bottom of the zone.
2. Confirm to outgoing lifeguard "zone clear" or similar language which demonstrates zone clearance.
3. Take over lifeguarding responsibilities from outgoing lifeguard.

### OUTGOING LIFEGUARD:

1. Convey any zone specific information to incoming lifeguard. Making sure that both sets of eyes are on the pool at all times.
2. Walk and aggressively scan the entire zone he/she is preparing to leave. The walk should be around the entire parameter of the zone.
3. Once the outgoing lifeguards confirm no problems in the zone, they should convey this to the relieving lifeguard.

As noted, when the rotation takes place it is of critical import that both sets of eyes are constantly placed on the pool and what is taking place within. This protocol is performed to better enhance swimmer protection as well as enhance lifeguard protection. To that end, it is very important that all lifeguards embrace the procedure and the rationale behind it. Have each lifeguard perform each role.

### **Spinal Back boarding**

Begin with a discussion of the signs of a spinal injury which include: pain at site of injury, loss of movement, loss of sensation or tingling sensation, disorientation, back or neck deformity, visible bruising over spinal column, impaired breathing, head injury, fluid or blood in the nose and ears, and unconsciousness.

- I. Head Splint:
  - a. Approach your victim and grasp them by the upper arms, close to the elbow.
  - b. Bring their arms together into a streamline position, trapping their head between their arms.
  - c. If your victim is face down, you will roll them over towards you.
  
- II. Back boarding:
  - a. Rescuer 1 brings the victim over to rescuer 2.
  - b. Rescuer 1 places their rescue tube under the victim's knees and prepares the backboard.
  - c. The backboard is placed under the victim and the chest strap is secured. Victim's breathing is checked. If the victim is not breathing, remove from water.
  - d. Rescuer 1 performs stabilization by placing forearm along victim's sternum and hand under the board. Victim's arms are lowered.
  - e. Rescuer 2 places head immobilizers and head strap.
  - f. Rescuer 1 secures waist strap with wrists inside of strap.
  - g. Tube is removed from under victim's knees and placed at the end of the board. Leg strap is then secured.
  - h. Rescuer 1 and 2 remove victim from water.

## **Scenario Training:**

**(Remember to always have a "real" on-duty lifeguard when performing water activities)**

Use the following procedures for all of the below scenarios.

- 1) Assign 2-3 staff for each drill to be the emergency responders. For single guard pools there would be 1 guard and the other staff would be front desk or other appropriate responders. Reminder: Staff playing the role of the front desk or other appropriate responder for your branch should act appropriately for that role and not as a guard. For multi guard pools have 2-3 guards as appropriate and 1 staff as front desk or trauma bag responder.
- 2) The rest of the staff will play participants in the water. For smaller groups, number all staff, larger groups give numbers 1-5 to 5 participants. When you activate the drill you

will hold up the appropriate number of fingers and that will determine who your victim(s) are.

- 3) During the rescue the rescuer should check breathing and pulse (if appropriate). When they do so they should ask the victim are they are breathing or do they have a pulse during the check the victim will say "YES" or "NO" as appropriate.
- 4) Drill should go completely through the Safe in Six model out loud from Prevention to Report. The purpose of this is to intentional about the 6 steps.
- 5) Debrief after each scenario: What did the team do well, what do they need to work on, what did we learn.
- 6) Feel free to "freeze" the team and ask " what is wrong with this picture". Examples: gloves not on, hooking up O2 before AED, not opening airway

### **Equipment Needed:**

Backboard  
Practice Trauma bag  
2-3 rescue tubes  
2-3 fanny packs with gloves and mask  
2-3 whistles

### **Scenario 1: Seizure**

During lap swim a lap swimmer begins to seize while they are in the water. We have practiced seizures before but want to make sure that we are focusing on the following elements:

- How to maintain a long seizure (minute plus)
- Activating and Evacuating the pool
- Speed Board Extrication

### **Scenario 2: Member who tries to intervene**

A member has fallen and hurt themselves outside of the aquatics department. As the aquatics staff goes to provide care they are stopped by a member who claims to be a doctor and refuses them the ability to provide care. The staff should politely explain that they need to take control of the scene and provide care. And then engage the member in the non-critical roles mentioned earlier in the training.

Remember: this is a role play! Make it fun, but make it realistic. Do not allow the member to just walk away or give up, they should give a little bit of push back. The more real the scenario the better prepared we are for the real thing!

Scenario 3: Lap swim. A lap swimmer gets a leg cramp and begins to panic.

Note: For this scenario you are looking for recognition and a non-swimming rescue (reaching assist preferred). Zone coverage should take place but pool does not need to be cleared (exception may be single guarded pools). Care should be provided for the cramp and an accident report filled out. Have guards discuss what care would be.

Scenario 3: Two children are having a breath holding contest.

2 OPTIONS!!

- 1) The guard sees it the first or second time and using Q-1-2 tells them to stop the activity. They stop and move to another area where they resume the game. If guard gets it on first submersion scenario is over, if not on the second submersion one of the kids goes unconscious
- 2) If guard does not stop activity with Q-1-2 in the initial scenario before the 3<sup>rd</sup> submersion one child will go unconscious on the third submersion.

NOTE: If this becomes an unconscious rescue you should see rescue breathing in the water, speed board removal, and O<sub>2</sub> and rescue breathing provided once victim is removed from the water. Victim will be unconscious with no breathing but will have a pulse.

## Game (optional if time is tight)

25 Yard CPR Relay

-Place your lifeguards into groups of 2 (attempt to break-up guards who commonly partner together)

-Start at the end of the pool and have 1 group member swim the across the pool (length wise) (they should also enter the water feet-first)

-Once they reach the end of the pool they will immediately exit the water and become an unconscious victim, presenting face-up.

-The 2nd group member will start from the same end of the pool with rescue tube, whistle and hip pack. Once their team member is 1/2 way across the pool they will be instructed to, point, blow their whistle, and perform a feet first entry into the water. They will swim the length of the pool with their rescue tube, exit and perform care on their victim.

-They will be advised that subsequent to performing their "quick vitals checks" they will learn that there is no breathing and no pulse.

-After approximately 1 minute of care, blow your whistle and have the lifeguards switch roles...victims become rescuers and rescuers become victims.

-Have the victims immediately jump back into the pool and swim to the other end...rinse and repeat.

-Perform until group is thoroughly exhausted.

Fun twist: Make them into teams for the last relay. The fastest team gets to go home a few minutes early and the losing team has to stay and help clean up!