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

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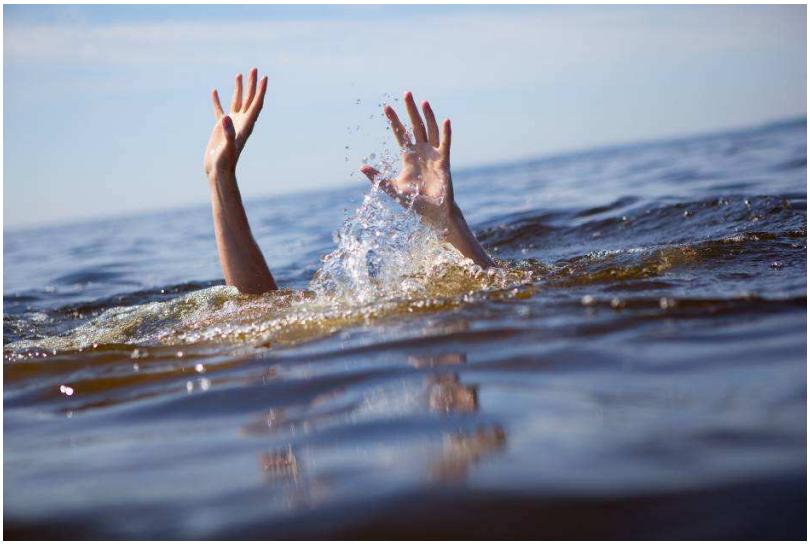
# BRONZE STAR COURSE

## Learner Guide



**Name: _____**

## ABOUT LEARNERS GUIDE

This Learner Guide has been produced by The Royal Life Saving Society Western Australia Inc. to aid participants in the course Bronze Medallion.



All information is true and correct at time of publication.

**Learner Guide Version History**

| Date | Version No. | Comments |
|---|---|---|
| June 2012 | 1.0 | First Print |
| June 2013 | 2.0 | Second Print |
| October 2013 | 1.0 | First Print |
| May 2014 | 1.0 | First Print |

## TABLE OF CONTENTS

## ASSESSMENTS

| Assessment | Topic | Assessment Type |
|---|---|---|
| **INSTRUCTOR ASSESSED** | | |
| **1** | 300m swim – 10 minutes | Dressed in swimwear, swim continuously 300m |
| **2** | Rescues – Reach/Throw | Demonstrate a reach rescue. Perform a throwing rescue. |
| **3** | Accompanied Rescue | Rescue a weak swimmer in difficulty with a floatation aid. |
| **4** | Defensive & Escape Techniques | Perform 2 techniques in deep water. |
| **5** | Tow | Rescue a non-swimmer in deep water who is 20m from safety. |
| **6** | Survival Skills | Demonstrate survival skills dressed in swimwear, trousers and long-sleeved shirt. |
| **7** | Theory Examination | Answer 25 multiple choice questions 70% pass mark |
| **8** | Surface Dive | Demonstrate a head-first and feet-first surface dive in deep water. On each occasion collect an object from the bottom. |
| **9** | Underwater Search | Demonstrate a search pattern in approximately 2 metres of water. |
| **10** | Resuscitation Initiative | Demonstrate initiative in dealing with a non-breathing person. |
| **11** | Recovery and Resuscitate | An unconscious and non-breathing person is floating face down in deep water. Enter the water and swim 10 metres. Turn the person over and tow 10 metres while carrying out rescue breathing |
| **12** | Rescue Initiative | Demonstrate initiative in effecting a rescue of 1 person who are in difficulty up to 10m from safety and whose conditions are unrevealed. Complete a written incident report. |

## ASSESSOR

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

## DESCRIPTION OF TASK

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

## DURATION

The Bronze Medallion assessments must be completed within class time. The current nominal allotted time for both training and assessment is 14 hours.

## ACCESS AND EQUITY

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

## COMPLAINTS GRIEVANCES AND APPEALS POLICY

**Complaints**

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

**Grievance Mechanism**

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

**Appeals Process**

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

## COURSE OUTLINE

### BRONZE STAR PROGRAM

| Theory / Practical | Topic |
|---|---|
| | Introduction |
| Theory | Culture of Lifesaving |
| Theory | How to Call for help in an Emergency |
| Theory | Water Safety and Hazard Identification |
| Theory | Aquatic Environments |
| Demonstration / Practical | Recovery Position Demonstration and Practice Recovery Position Variations |
| Demonstration/Practical | Adult, Child and Infant Resuscitation |
| Demonstration/Practical | Cardio Pulmonary Resuscitation (CPR) Scenarios with Ongoing Assessment (including choking) |
| Theory | Automated External Defibrillator Demonstration |
| Theory | Communicable Diseases and Hygiene |
| Theory | Rescue Principles – Steps in a Rescue |
| Practical | 300m Swim |
| Demonstration/Practical | Types of Entries |
| Theory / Demonstration | Characteristics of a Person in Difficulty |
| Theory/ Demonstration/Practical | Rescue Techniques |
| Demonstration/Practical | Surface Dive |
| Theory/Practical | Search Patterns |
| Demonstration/Practical | Survival Skills |
| Practical | Recover and Resuscitate |
| Practical | Rescue Initiative |
| Theory | Emergency Care |
| Theory/Practical | Accident Report Forms |

**Please Note:** The Swimming and Lifesaving manual is available for purchase from the course instructor. The manual is Australia's most comprehensive Swimming and Lifesaving manual covering all theoretical and practical aspects of water safety, personal survival, lifesaving and emergency care. The sixth edition of the Swimming & Lifesaving textbook is the preferred reference book for all students undertaking lifesaving training.

## HISTORY OF RLSS AUSTRALIA AND WESTERN AUSTRALIA

The Royal Life Saving Society Australia (RLSSA) is a not for profit benevolent organisation and has developed into the leading water safety education organisation in Australia. Its roots foundation stems from the United Kingdom, where William Henry commenced water safety education in 1891 and this spread to Australia in 1894.

In 1924, the RLSSA was granted a Royal Charter by King George V and the official RLSSA was formed in 1934. Many aspects of the Society's operations were managed from the United Kingdom until 1957. In 1959 a supplemental Charter was granted by Queen Elizabeth II and this formally established the National Branch of the Society in Australia. A permanent national secretariat was established in 1978.

In 1984, the Society incorporated as a public company limited by guarantee.

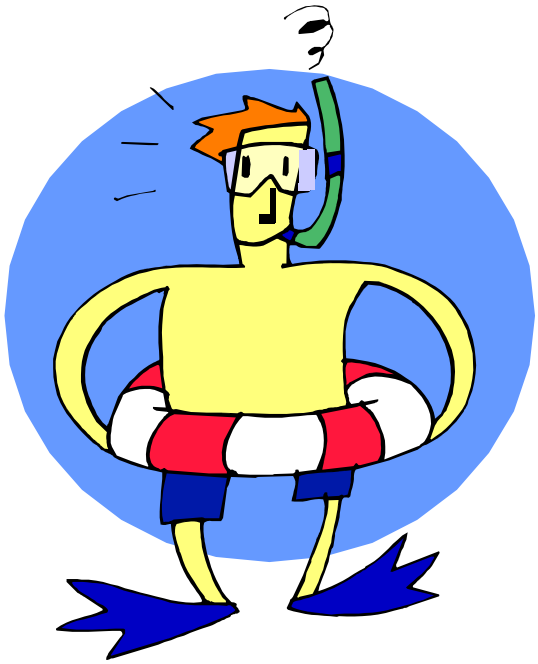
The Western Australian Society was formed in 1909 by a Police Sergeant in Kalgoorlie who conducted water safety education programs for people who travelled to the coast for holidays.

## THE CULTURE OF LIFESAVING

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

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

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



# LEGAL CONSIDERATIONS

## CONSENT

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

Consent can be implied or expressed:

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

In some circumstances a person cannot give consent for treatment:

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

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

## DUTY OF CARE

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

## NEGLIGENCE

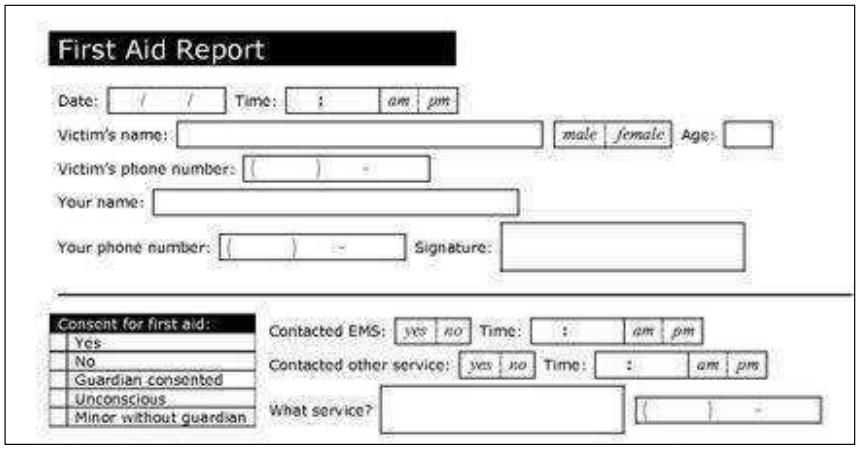
Negligence is the most likely allegation in a lawsuit. Negligence means carelessness, or the failure to behave in the manner accepted by the community when dealing with others. The key concern is determining when fault exists in the legal sense.
A court will look at all the circumstances to determine what is reasonable in any given situation. Upon rendering assistance, a person is under a duty of care to do everything reasonable in the circumstances. A first aider will be judged according to the level of first aid training and experience that they have and the conditions that prevailed at the time.

## RECORDING OF INFORMATION

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

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

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


First Aid Report

Date: / / Time: : am pm

Victim's name: male female Age:

Victim's phone number: ( ) -

Your name:

Your phone number: ( ) - Signature:

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

Contacted EMS: yes no Time: : am pm

Contacted other service: yes no Time: : am pm

What service? ( ) -

## THE GOOD SAMARITAN

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

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

## HOW TO CALL FOR HELP

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

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

## CHAIN OF SURVIVAL

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

The critical stages are:

**Early Call for Help**

It is essential to attend the casualty and call for help as soon as possible.

**Early CPR**

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

**Early Defibrillation**

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

**Post Resuscitation Care**

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

## EMERGENCY CARE PROCEDURE

| | | |
|---|---|---|
| **D** | **DANGER** | **Check for danger to yourself, bystanders and the casualty**.<br><br>Can whatever caused the problem, harm you or others? Check up down and all around to casualty. |
| **R** | **RESPONSE** | **Assess the level of consciousness**.<br><br>Check if the casualty is conscious by asking questions and squeezing their shoulders.<br>**COWS** – Can you hear me, open your eyes, what's your name, and squeeze my hand. |
| **S** | **SEND FOR HELP** | **Get bystanders to call for help**<br><br>Ring 000 give clear, precise information |
| **A** | **AIRWAY** | **Check and clear the airway**<br><br>1. Open the mouth and look inside for foreign matter **(DO NOT TILT HEAD)**<br>2. Roll onto side if foreign matter is seen then remove by scooping downwards with fingers.<br>3. If no foreign matter is seen leave casualty on their back. |
| **B** | **BREATHING** | **Check for breathing:**<br>**Tilt head back, look listen and feel for 10 seconds ( 2 breathing cycles)**<br><br>With airway open place cheek to mouth to feel for breathing, one hand placed on diaphragm looking down chest to feel and see chest rising.<br>If casualty is breathing but unconscious place in the recovery position and monitor ABC. Seek medical assistance |
| **C** | **CPR** | 30 compressions : 2 rescue breaths |
| **D** | **DEFIBRILLATION** | Attach AED as soon as possible<br>Follow the directions of the AED |

## RESUSCITATION CHART

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

| | ADULT & OLDER CHILD | CHILD 1-8 | INFANT UP TO 1 YEAR |
|---|---|---|---|
| **HEAD TILT** | **Full** | **Full** | **None** |
| **CHEST PRESSURE** | **2 Hands** | **1-2 Hands** | **2 Fingers** |
| **HAND PLACEMENT** | **Centre of Chest** | | |
| **CPR RATIO** | **30 Compressions 2 Breaths** | | |
| **COMPRESSIONS PER MIN** | **Approximately 100 Per Minute** | | |
| **COMPRESSION DEPTH** | **One third of the Chest depth** | | |
| **BREATHS** | **Full** | **Half** | **Puff** |

## WHEN CAN YOU STOP CPR

CPR should be continued until:

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

# METHOD OF RESUSCITATION

## AIRWAY

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

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

## HEAD TILT AND JAW SUPPORT

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

## RESCUE BREATHING

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

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

## RESUSCITATION DURING PREGNANCY

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

## COMPLICATIONS OF RESCUE BREATHING

If the chest does not rise, check:

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

If a casualty begins to vomit or regurgitate:

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

If there is air in the stomach:

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

## COMPRESSIONS

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

## TWO OPERATOR RESUSCITATION

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

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

# DEFIBRILLATION

## WHAT IS DEFIBRILLATION

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

## THE ROLE OF THE AED PROVIDER

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

## WHY USE AN AED?

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

## OPERATION OF AN AUTOMATED EXTERNAL DEFIRILLATOR (AED)

There are many brands and models of defibrillators on the market. While they may differ in design, all are very similar in operation.


**Steps to using a defibrillator:**

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

## INFECTION CONTROL

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

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

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

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

**Steps to take before management of casualty**

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

Whenever possible:

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

**Steps to take after management of casualty**

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

## SECONDARY SURVEY

Once a Primary Survey has been carried out and the breathing, circulation and severe bleeding has been controlled a secondary survey is required.

A Secondary Survey is designed to determine if the casualty is suffering from any other injuries that require treatment. Complete a full secondary survey of a casualty before treating the injuries so you can prioritise them from most life threatening to least life threatening injuries.

- Always wear rubber gloves and check your hands regularly for blood or fluid.
- Do not allow the casualty to move during the survey
- Speak calmly and reassuringly to the casualty and ask them or a bystander (if known to the casualty:
    - **History**: What happened & previous injuries (this will give an indication to possible new injuries)
    - **Allergies**: What are they allergic to, record this information; o
    - **Medical alert** bracelet / necklace or even a tattoo
    - **Medications**: What medications are they taking o Check the pulse rate and note the breathing rate and characteristics.

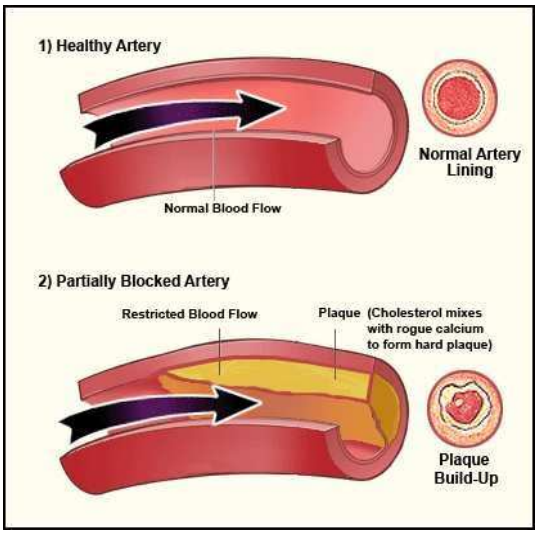

Ensure that you check the casualties back for injuries and bleeding as well

If rolling a casualty into the recovery position, ensure that you have removed keys and other objects out of their pockets so that damage or further injury is not caused.

- **Moving a sick or injured person**
    - It may be required that the casualty may need to be moved due to weather conditions, area becoming dangerous, or area is too difficult to treat the casualty. In all instances moving a casualty must be done as carefully as possible to prevent further injury.

## CARDIAC EMERGENCIES

ANGINA ATTACK
Caused where the casualty has a Narrowing of the arteries that supply Oxygenated blood to the heart (symptoms are often triggered by exertion and Exercise).




HEART ATTACK
Damage caused to the heart muscle due to lack of oxygen. The severity depends on location of the blockage

**Signs and Symptoms**

- Mild moderate or severe crushing chest pain (may radiate to the neck, jaw, shoulders, the back and either one or both arms).
- Shortness of breath
- Pale cold and clammy skin
- Sweating
- Nausea/vomiting
- Sudden collapse

**Treatment**

- Rest & reassurance
- Assist with prescribed medication if angina (call 000, if no benefit after
- 10mins or casualty deteriorates)
- Call 000 straight away for heart attack
- Consider aspirin (1x300mg), if not on anticoagulants, not asthmatic or allergic to aspirin
- Prepare for CPR
- Seek defibrillator

### CONGESTIVE HEART FAILURE

A condition where there is permanent damage to the heart muscle.

**Signs and symptoms**

- General tiredness and shortness of breath during exercise
- Coughing, wheezing, gurgling
- Swollen feet, ankles

## CHOKING

Difficulty breathing due to **mild** or **severe blockage**

**Signs and Symptoms for a <u>Mild Airway Obstruction</u>**

- Difficulty breathing o Coughing or gasping
- Clutching at throat
- Red face and watering eyes

**What to do for a Mild Airway Obstruction**

- Encourage coughing
- Rest & reassure

**Signs and Symptoms for a <u>Severe Airway Obstruction</u>**

- Silent
- Clutching at throat
- Frantic or quiet
- No air is getting into the body o May collapse

**What to do for a Severe Airway Obstruction**

**If conscious** – call 000

- 5 back blows
- 5 chest thrusts
- Alternate if unsuccessful

**If Unconscious** – call 000

- Begin CPR

**Adult and Child**

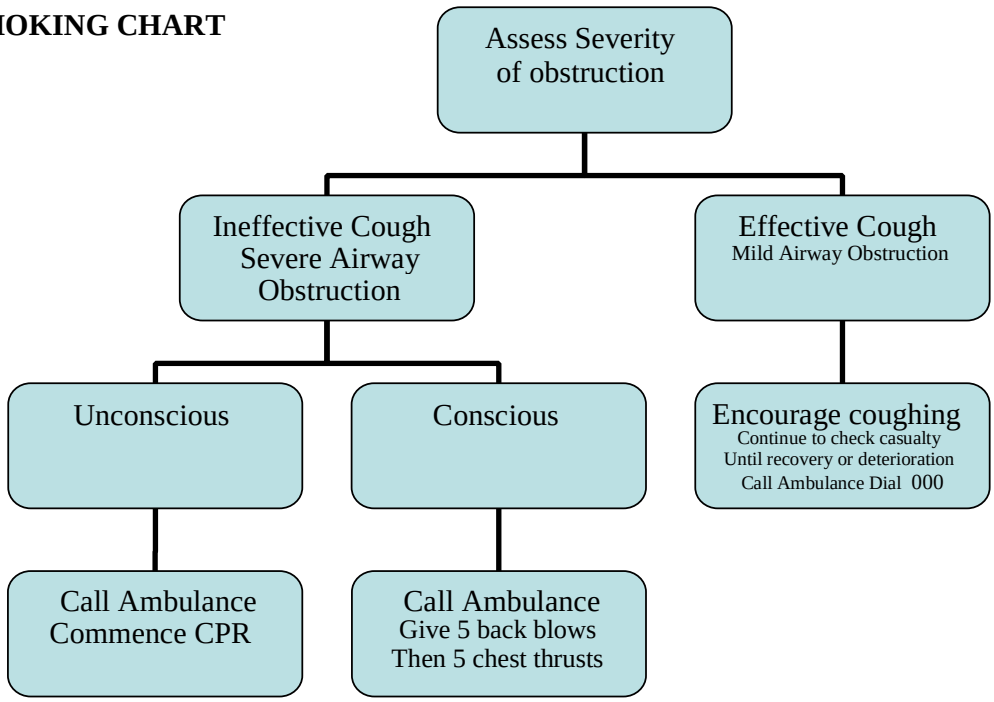

**Infants under 1yr**


*Check mouth for object after each back blow or chest thrust*

## CHOKING FLOW CHART

Upper airway obstructions (foreign body airway obstructions) need to be dealt with swiftly to avoid a casualty becoming unconscious. There are two scenarios involving upper airway obstructions:

**CHOKING CHART**




## SHOCK

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

**Some of the main causes of shock are:**

- Blood loss
- Burns
- Dehydration
- Anaphylaxis

**Signs and symptoms include:**

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

**Treatment for a casualty suffering from shock**:

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

## HYPERVENTILATION

Difficulty breathing due to an imbalance in the levels of oxygen and carbon dioxide in the body.

**Signs and Symptoms**

- Rapid and shallow breathing
- Feeling dizzy/light headedness
- Tingling and Severe spasms
- Anxiety

**What to do**

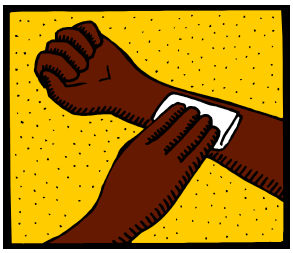
- Rest & lots of reassurance
- Advise to lower breathing rate
- May have to remove casualty from the situation
- Seek medical advice if condition worsens

# BLEEDING

## EXTERNAL BLEEDING

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

**P = Pressure (direct)**
**E = Elevation**
**R = Rest**



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

# CONVULSIONS AND SEIZURES

## FEBRILE CONVULSION

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

Tonic

Clonic

## EPILEPSY

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

**Signs and Symptoms**

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

**What to do**

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

**Call medical help if any of the following**:

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

## ALTERED CONSCIOUS STATES

**Fully Conscious:** Responds normally to questions or requests

**Semi-Conscious:** Partly responsive, shows confusion, disorientation

**Unconscious:** No response at all to command or touch

## DIABETES

Diabetes is a medical condition where the body struggles to maintain normal blood glucose levels due to an irregularity in the production of insulin.

### HYPOGLYCAEMIA

Hypoglycaemia, also called low blood glucose or low blood sugar, occurs when blood glucose drops below normal levels – Rapid onset.

**Signs and Symptoms**

- Altered conscious state
- Pale, cold & clammy skin (Moist)
- Rapid pulse
- Sweating / shaking
- Unconsciousness

### HYPERGLYCAEMIA

**High blood sugar levels** due to low insulin production or ineffective insulin production – slow onset.

**Signs and Symptoms**

- Deep & rapid breathing
- Fruity acetone breath
- Abdominal pain
- Nausea/vomiting
- Warm/dry skin & sunken eyes
  - Drowsiness/coma

**What to do**

- If conscious give the casualty something sweet (cordial, juice, lollies)
- Call 000 if no improvement or casualty deteriorates
- Call 000 if hyperglycaemia is suspected and monitor ABC
- If unconscious, place the casualty on their side and monitor ABC. An ambulance should be called at this stage
  - Reassure the casualty frequently during recovery because they may be confused until fully recovered

**Important Note!!**

The signs and symptoms of too much sugar and too little sugar are very similar. It is always best to assume a **low blood sugar** is present (hypoglycaemia) because that is the more serious condition and is more likely to occur than a high blood sugar level.

# HEAT INDUCED ILLNESS

## HEAT EXHAUSTION

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

**Signs and Symptoms**

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

**What to do**

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

## HEAT STROKE

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

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


**What to do**

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

# COLD INDUCED ILLNESS

## HYPOTHERMIA

**Hypothermia** occurs when the body temperature drops

### Signs and Symptoms

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

### What to do

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

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

# BITES AND STINGS

## TREATMENT CHART FOR BITES AND STINGS:

A poison is any substance which damages tissue or cause illness. Those poisons which are made by living organisms are called toxins. Toxins which are introduced into the casualty by an injection device (fang, or sting) are called venoms.

**Signs and Symptoms**

- Nausea, vomiting and diarrhoea
- Headache
- Double vision
- Drowsiness
- Pain or tightness in the chest or abdomen
- Giddiness or faintness
- Bruising
- Sweating
- Breathing difficulties

**Blue-ringed octopus and cone shell**

Management

- Reassure the person
- If breathing difficulties develop, commence rescue breathing
- Pressure immobilise the area
- Seek medical aid immediately

**Stingray**

Management

- Gently extract the bard, if visible
- Bathe the area in hot water
- Be careful not to burn the area
- Seek medical aid

**Jellyfish**

The following information relates to jellyfish (blue bottle, jumbles) other than the box jellyfish.

**Management**

- Reassure the person
- If there are tentacles on the skin, gently pick them off the tweezers or fingers, or wash off with water
- Apply cold packs over the stung area. Continue until pain is relieved
- Do not rub the area
- In severe cases seek medical aid

## TREATMENT CHART FOR BITES AND STINGS:

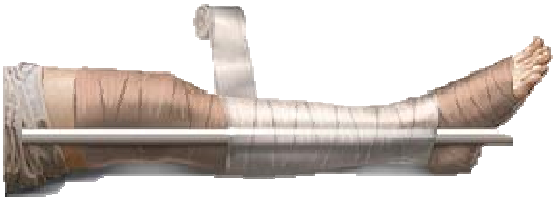
| Heat | Ice | Vinegar | P.I.T |
|---|---|---|---|
| ➢ Stone fish<br>➢ Stingray<br>➢ Bull rout<br>➢ Blue bottle<br>➢ Cobbler<br>➢ Sea urchin | ➢ Red back<br>➢ White tail<br>➢ Bees<br>➢ Jelly fish<br>➢ Centipede<br>➢ Scorpion | ➢ Box Jellyfish<br>➢ Irukandji | ➢ Funnel web<br>➢ Snakes<br>➢ Blue ringed<br>➢ Cone shell |
| Anything with spines | Stop swelling | All stings above the tropics | To slow down poison |






## PRESSURE IMMOBILISATION TECHNIQUE – (P.I.T)

- Apply crepe bandage over site to maintain pressure
- Firmly bandage entire limb from extremities up
- Check circulation
- Immobilise limb with splint or sling and rest casualty
- DO NOT move unless necessary
- Call 000
- Monitor ABC

## ANAPHYLAXIS

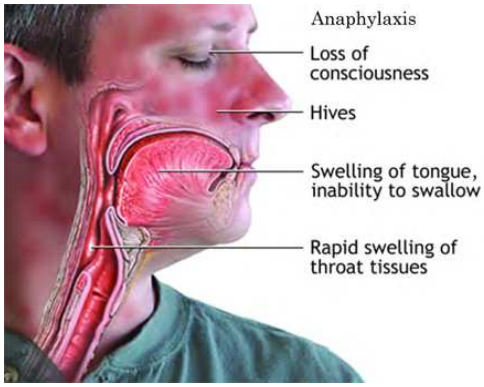
Anaphylaxis (or anaphylactic shock) is a severe allergic reaction that may be triggered by exposure to a number of substances such as:

- Peanut products
- Seafood products (particularly shellfish)
- Eggs
- Bee stings
- Medication (e.g. penicillin)
- Latex

An anaphylactic reaction will usually occur within minutes of exposure, however in some rare cases can be delayed up to several hours.

**Signs and Symptoms**

- Swelling, particularly around the airways
- Difficulty breathing (could be evident through wheezing / coughing)
- The appearance of hives / rash – or change in skin colour
- Increased heart rate
- Change in conscious state




The recommended treatment is the administration of adrenaline. Many individuals known to be prone to severe allergic reaction will carry an auto-injector device (such as EpiPen or Anapen), which contains a single dose of adrenaline (0.3mg for adults, 0.15mg for children).

**What to do**

- Stay with the casualty & ensure total rest
- Rest & reassure – follow the person's allergy action plan (if available)
- Assist them to take any medication they may have (if they have an EpiPen or Anapen)
- Call 000
- Be prepared to commence CPR

It is important to note that even after a dose of adrenaline, the signs and symptoms may return – constant observation is essential.

## HOW TO ADMINISTER AND EPIPEN



1.

Form fist around EpiPen and pull
Pull off grey cap

3.

Push down **HARD** until a click
is heard or felt and hold in place
For **10 seconds**

2.

Place black end against outer mid
thigh

4.

Remove Epipen and be careful not
to touch the needle. Massage the
injected site for 10 seconds. Return
Epipen into case.

**Note:** Anapens are of a similar action although you click a trigger at the top of the pen once it is against your leg to fire the needle, injecting you with the adrenaline.

# FIRST AID INCIDENT REPORT (EXAMPLE)

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

Principal Community Partner
bhpbilliton
resourcing the future

## First Aid Casualty Information Report

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

**Mechanism of Accident:** (✓ appropriate boxes)

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

**Primary Assessment:** (✓ appropriate boxes)

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

**First Aid Interventions Required:** (✓ appropriate boxes)

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

**Secondary Assessment:** (✓ appropriate boxes)

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

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

**Observations:** (✓ appropriate boxes)

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

**Casualty Destination/Transport Details:** (✓ appropriate boxes)

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

**Other Observations:**

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

# STANDARD WATER SAFETY SIGNS

## REGULATORY SIGNS

Is a sign with a red border and bar on a white background. These signs contain instruction that must be complied with, failure to do so is a criminal offence


## WARNING SIGNS

Is a sign with a black boarder on a yellow background. These signs advise of a particular hazard or hazardous conditions, or that an activity is not recommended.


## INFORMATIVE AND PERMISSIVE SIGNS

These signs always have a white border and a blue background and provide information about water safety features or indicate a location where a particular activity is permitted.

## WATER SAFETY AND HAZARD IDENTIFICATION

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

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

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

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

**GO TOGETHER**

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

**FLOAT AND WAVE**

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

**REACH TO RESCUE**

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

## AQUATIC ENVIRONMENTS

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

### Rivers

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

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

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

### Lakes and Dams

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

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

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

**The Beach and Ocean**

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

The potential dangers to be aware of include:

**Waves**

- **Plunging wave** - this wave breaks with great force and is capable of pushing swimmers to the bottom. These are sometimes called dumpers.
- **Spilling wave -** this type of wave occurs when its crest tumbles down its front or face. Spilling wave can form tunnels and tubes
- **Surging wave -** this is the wave which seldom breaks as it nears the water edge. Water beneath the wave is very deep and the wave therefore does not slow down or gain height. Surging waves can knock swimmers down and carry them out to deep water

**Currents**

- **Tidal currents** are caused by the rise and fall of the tide these currents don't always flow into and out from shore/ they may flow across or at an angle to the shore. This often occurs at the entrance to bays, inlets and river mouths
- **Runback currents** are caused by the back wash of waves and are usually strongest where the beach is steep. Inshore or side currents are produced by waves breaking over a sandbank or by waves breaking at an angle to the beach or both.

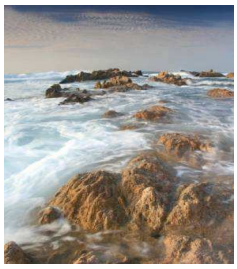
**Rips** are fast flowing runback currents that are very dangerous for swimmers in the sea. Water always finds its own level so after waves break onto the beach the water flows out in the direction that causes the least resistance-this is a rip

How to recognise a rip

- Discoloured water, brown in colour due to sand stirred off the bottom
- Foam on the surface that extends beyond the breaking wave
- A ripple appearance when the water around is generally calm
- Debris floating with the current
- Waves breaking larger and further out on both sides of the rip

Stay safe at the beach:

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



**Swimming Pool**

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

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

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

**The Home**

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

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


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

## ROCK FISHING

**DON'T PUT YOUR LIFE ON THE LINE**

A ROCK FISHING SAFETY MESSAGE FROM Recfishwest

**Wear a life jacket**

**Never fish alone**

**Observe first, fish later**

**Wear appropriate footwear**

Rock Fishing Safety: Key Messages

**Tell someone:**
Always let friends know where you are going, when you'll be back and if your plans change.

**Never fish alone:**
Always fish with a buddy; if you get into any trouble, they can help. If you're new to rock fishing, go with an experienced fisher.

**Know the area, know the conditions:**
Read all the safety signage – it's been placed there for a reason. Check swell, tide and wind conditions before your trip.

**Wear appropriate clothing:**
Light clothing such as shorts and a spray jacket will allow you to swim more freely if you are washed in. Wear appropriate footwear with non-slip soles or cleats suited to the surface you plan to fish from.

**Wear a PDF:**
Wear a life jacket or buoyancy vest at all times.

**Observe first, fish later:**
Spend time (at least 20 minutes) watching your intended fishing spot to get an idea of the conditions over a swell/wave cycle.

**Plan your escape:**

Scan the area and look for the safest place to come ashore should you be swept in. Decide on a quick getaway route from your fishing spot, well above the high tide line should you see a large wave coming.

**Use appropriate Public Safety Equipment:**

Know how to correctly utilise rock anchor points if they are in place at your fishing location. Know where the nearest public safety equipment is – and know how to use it.

**Stay alert:**

Don't ever turn your back on the ocean – if the waves, weather or swell threaten your fishing spot then leave immediately.

**If you go in…**

Stay calm, swim away from the rocks and remove any heavy or waterlogged clothing. Float on your back and await rescue, or if you're capable, swim ashore to the safe area you identified from your initial observations.

**If you see someone else go in…**

Do not jump in if someone is washed into the water. Use your rope or something that floats to help rescue the person. If there's public safety equipment nearby, know how to use it. Dial 000 or the local Sea Rescue to get help.

*For more information please visit www.recfishwest.org.au*
*9246 3366*

## TYPES OF ENTRIES

**REMEMBER**

Before entering the water, assess the entry point to determine the best method of entry.

Choose an entry that offers complete safety

Always consider the depth when entering

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

## SURFACE DIVES

**Head first surface dive**

A head first surface dive is used when there is no time to be lost when recovering a person in difficulty from under the water or when escaping from danger. This type of surface dive should be used only when water conditions are known to be safe.

How

- Swim to a position just short of the point directly above the object to be recovered.
- Without losing momentum, pull the arms wide to a position level with the shoulders and bend at the hips ( breaststroke approach ) or drive forcibly downwards with the leading arm ( freestyle approach ).
- As the upper body submerges, pull the arms back towards the face and lift both legs clear of the water to a vertical position.

The weight of the legs above the water will provide the main force for descent, although added depth and mobility can be gained by pulling with the arms.

At all times protect the head and face by extending the arms in front whenever possible.

**Feet-first surface dive**

The feet-first surface dive is useful for searching in unclear water and for escaping from under upturned boats.

**Extended feet-first surface dive**

Used when the swimmer wishes to submerge quickly.

How

- Swim to an appropriate place to submerge.
- Take a deep breath.
- Adopt a vertical position.
- Kick vigorously and push downwards with both hands in order to raise the body in the water.
- Point the toes and swing both hands upwards until they are together above the head.

By holding the body erect and the legs together, the diver will be driven vertically downwards in the extended body position. Once beneath the surface, the hands may scull for further propulsion or to keep the body submerged while feeling with the feet for possible hazards.

## FOUR A'S OF A RESCUE

### Steps in a Rescue

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

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

### Awareness recognition of an emergency

### Assessment

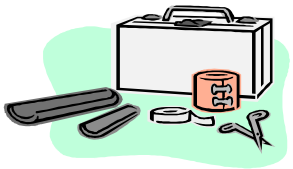
Making informed judgments
Do you have the **knowledge, fitness, skill and judgement** to do the rescue?
Is it safe to conduct the rescue?
Accepting responsibility

### Action

Perform a safe, efficient and effective rescue

### Aftercare

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



## CATEGORIES OF PERSON'S IN DIFFUCLTY

### Priorities of Rescue

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

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

1. ***Non-swimmer***

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

2. ***Weak swimmer***

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

3. ***Injured Swimmer***

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

4. ***Unconscious***

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

## RESCUE TECHNIQUES

**Self-preservation**

The key to any rescue is SELF PRESERVATION! A dry rescue is the best rescue. Rescues that can be performed without getting wet are the safest. Do not put yourself in danger. To ensure maximum safety, any rescuer should consider using, in priority order, the following methods of rescue.

**Non-swimming rescues:**

- Talk
- Reach
- Throw
- Wade
- Row

**Swimming rescues:**

- Swim (Accompanied)
- Tow (non-contact and contact)

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

TALK, REACH, THROW, WADE, ROW, SWIM AND TOW

**TO RIDE THE WAVE REALLY SAFE TODAY**

## RESUSCITATION IN THE WATER

During the course of a rescue, it may be necessary to commence rescue breathing while still in the water. Chest compressions are not possible in the water but successful rescue breathing has been documented on many occasions.
The principles of resuscitation in the water are similar to those for resuscitation on land.

- Establish a clear airway
- Ensure the head is tilted and the chin lifted.
- Check for the presence or absence of breathing.
- If breathing is absent, commence rescue breathing.
- Complete the rescue and extract the casualty from the water as soon as possible. This may mean not undertaking rescue breathing on the way to safety.
- Continue with DRSABCD.

If the person cannot be removed from the water for any reason then it is reasonable to continue rescue breathing until the casualty is rescued from the water. The rate for rescue breathing in the water is 15-20 breaths per minute irrespective of the casualty's age.

## SHALLOW WATER RESUSCITATION

If the water is moving, the casualty may need to be secured and supported by the rescuer's body and knees. The side of a pool, for example, may also be used to provide such support.
If it is possible to perform rescue breathing successfully in the water, then it may be safe to continue there. In general, the casualty should be quickly moved to dry land, to enable CPR to be commenced as soon as possible.

## DEEP-WATER RESUSCITATION

When learning deep-water rescue breathing, trainee lifesavers will find that the most effective way to establish a clear airway is to allow the unconscious person's body to hang vertically in the water. This can be done by placing one hand under the head, and the other on the face to apply a head tilt and chin support. Many trainees initially make the mistake of trying to support the unconscious person in a horizontal position, in an attempt to copy rescue breathing as performed on land. To be able to perform efficient deep-water rescue breathing, rescuers need to practise using a variety of buoyant aids. For deep water rescue breathing at an edge, the rescuer uses the edge for support. The same vertical position is required. All efforts should be made to remove the casualty from the water as soon as possible to commence CPR.
Royal Life Saving recommends for drowning related emergencies to give 2 initial rescue breaths prior to commencing CPR. Due to being hypoxic (lack of oxygen in their system) the immediate provision of rescue breathing will increase the casualty's chance of survival.

## CONTACT TOWING TECHNIQUES

An effective contact tow must:

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

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

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

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

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

## ASSISTED LIFTS AFTER RESCUEING

A successful rescue requires the person in difficulty to be removed or assisted from the water and moved to a place of safety. The removal should be carried out as quickly as possible with the minimum risk of accident to both the person in difficulty and the rescuer, and with minimum interruption to the performance of resuscitation, should this be required.

**WA Assisted lift (Tea Bag lift)**

Used when help is available but the person in difficulty is unable to provide assistance. This lift can be performed by two, three or four people.

How

- One rescuer must take control and organise the lift.
- The person in difficulty should be facing the edge supported by a rescuer
- The rescuers on the edge should cross the casualty's arms over and take a firm hold of the person's wrists whilst waiting for the 2nd rescuer to exit the water.
- Once the second rescuer has exited the water both rescuers should take a firm hold of the casualty's wrist and elbow slowly turning the casualty so that their back is against the wall.
- On an agreed signal, the rescuers lift, raising the casualty to a position where the hips are high then bank.
- Sit the person on the bank, support their head to the ground.
- The rescuers then move the casualty to a safe area, place them in the recovery position and provide after care.

While this technique can be used by a lone rescuer it is not recommended.

## SHALLOW AND DEEP WATER STIRRUP LIFT

Used when the person in difficulty is able to help.

How

- Provide support against the edge until the person in difficulty has recovered sufficiently to be assisted from the water.
- Move to the other side or behind the person.
- If the water is shallow, reach down and cup the hands against one knee.
- If the water is deep, cup one hand while using the second hand to maintain a firm grip on the edge.
- If the edge is high, it may be difficult to hold. In this case the rescuer should tread water while providing a stirrup. As the person levers their body up, the rescuer may go under water.
- Instruct the person to place one foot in the stirrup formed by the hand(s), step up and leave the water

## DEFENSIVE TECHNIQUES

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

**Defensive Position**

This position allows the rescuer to reverse away quickly should this be necessary. How

- Maintain a safe distance from the person in difficulty.
- Tuck the legs rapidly under the body.
- Push the legs forwards.
- Make a final assessment from this safe position.

**Reverse**

The person in difficulty attempts to grasp the rescuer. How

- Tuck the legs rapidly under the body and push them forwards as in the defensive position.
- Kick away vigorously.
- Readopt the defensive position.

**Blocking**

The person in difficulty lunges suddenly at a rescuer before it is possible for the rescuer to move away. While a description of blocking has been provided, the safest way to perform a rescue is to keep a safe distance between the rescuer and the person difficulty. How

- Raise a leg or aid to block the person.
- Push against the person's body, preferably in the chest area.
- Swim away or submerge if necessary.

**Two People Locked Together**

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

*Cooperative swimmers*

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

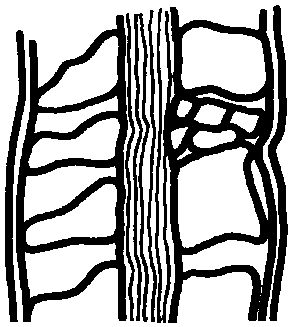
*Non -cooperative swimmers* (If they will not grab the aid)

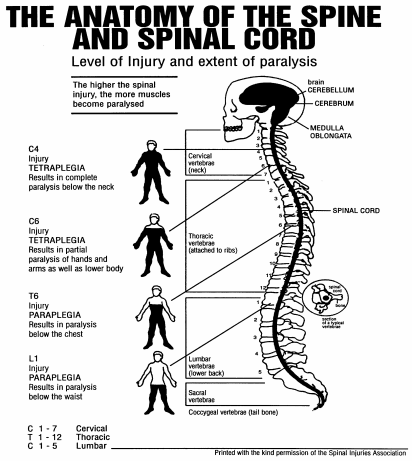
- Come from behind one of the swimmers, place the aid in the centre of the two swimmers, and use force to pull the swimmers off each other, by holding onto one swimmer under the armpits and using the defensive position to push off the other swimmers chest.
- The person who you are holding onto tells them to calm down, the other swimmer should be holding onto the aid provided, use an accompanied rescue whilst towing the other swimmer in to safety.

## SPINAL INJURIES

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

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






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

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

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

**What to do**

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

Signs and symptoms

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

Management

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

## SPINAL MANAGEMENT

### Vice Grip (face-down casualty)

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

How

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

### Extended Arm Rollover

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

## SEARCH PATTERNS

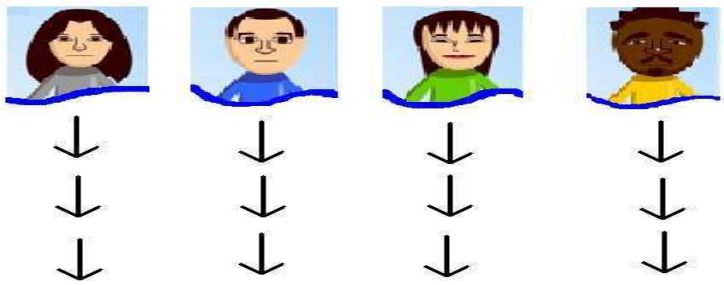
Lakes, dams and rivers often have areas of murky water. An unconscious body that submerges in these areas may be lost from sight and will need to be located using an underwater search pattern.

Two techniques for conducting an underwater search are provided below as examples of an approach to this rescue situation.

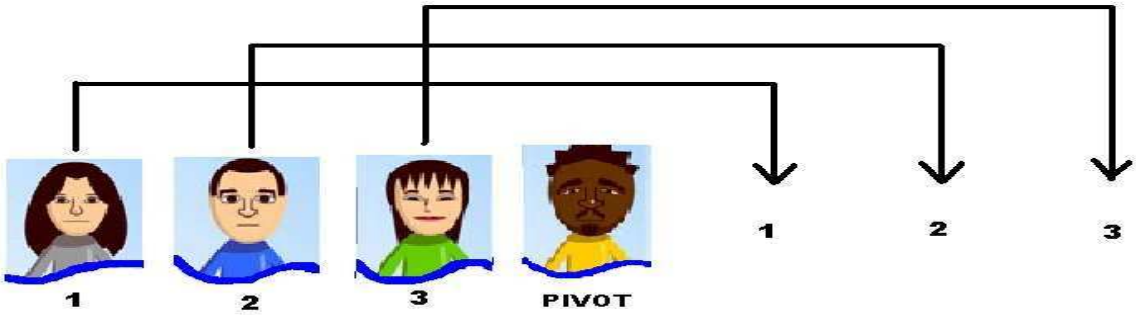
**Closed Water**

A closed water search pattern is conducted in a small body of water, where rescuers can search from one bank to another.

Rescuers should search across to the other bank, searching underwater with approximately 3 sweeps along the bottom each time they submerge. After re-surfacing, rescuers should take one sweep back on top of the water, to ensure they are not drifting with the current and missing any area.



When all rescuers reach the other bank, a closed water pivot (or leap frog movement) should be performed. The rescuer who is furthest away from the elected 'pivot point' should move first. Other rescuers should follow, until the team is lined up on the other side of the 'pivot'. The 'pivot' must ensure that the group does not drift or move from the area last searched. Rescuers should then repeat the search back to the other bank.

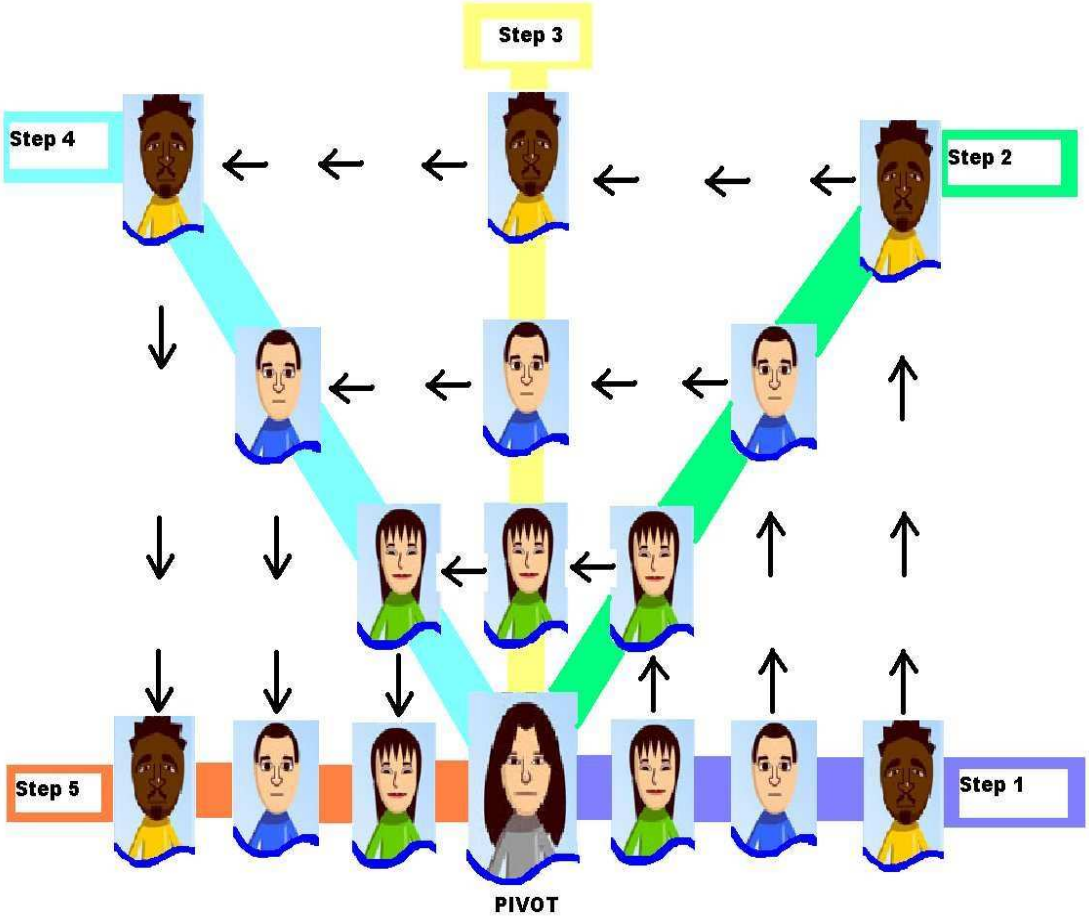



**FEET FIRST DIVE SHOULD BE PERFORMED TO MAXIMISE RESCUE SAFETY**

## Open Water

An open water (or sweeping) pivot is conducted if a casualty has been lost in a large body of water. The rescuer should estimate an appropriate distance to search for the body (e.g. 100m, 200m out to the centre of the river). After searching out this distance, using 3 sweeps at a time, the rescuers should then perform an open water pivot before searching back to shore.

Rescuers continue to search underwater during the pivot, but the elected 'pivot point' remains on top of the water to ensure that the group does not drift or move from the last searched area.




**FEET FIRST DIVE SHOULD BE PERFORMED TO MAXIMISE RESCUE SAFETY**

## SUBSTANCE ABUSE

Alcohol and drug use contributes to a high incidence of drowning in young adults.

Substance abuse is the deliberate, excessive use of substances without regard to health or accepted medical practices. Excessive use of these substances may cause even a strong swimmer to experience difficulty in an aquatic environment.

Drugs can be categorised into 4 groups. Each different drug has different affects on the body.

| Type of Drug | Examples | Affect |
|---|---|---|
| **Stimulants** | Speed, cocaine | Affect central nervous system to speed up physical and mental activity |
| **Hallucinogens** | LSD | Cause changes in mood, sensation, thought and self-awareness |
| **Depressants** | Alcohol, Marijuana | Affect central nervous system to slow down physical and mental activity |
| **Solvents and Aerosols** | Glue, paint thinners | Create intoxicating effect |

Today, alcohol is the most commonly used and socially acceptable drug available. However, alcohol has also been a contributing factor in approximately 32% of drowning. High risk drinking for males is most common among 15-29 year olds. This puts them at considerable risk of injury associated with alcohol intoxication.

Moderated drinking and responsible behaviour around aquatic venues should be promoted and the effects that alcohol has on a person should be known.

What is alcohol?

- By-product of fermentation
- Depressant, slows the functions of the central nervous system therefore slowing the users reaction time and coordination
- Absorbed into the stomach and small intestine then into the bloodstream
- Food in the stomach slows the absorption process
- Alcohol is metabolised at 10g (one standard drink) per hour

## ALCOHOL AND RECREATIONAL AQUATIC ACTIVITY

There are a number of factors that increase risk of injury if involved in swimming and other water related activity.

- Impaired judgment
- Impaired balance, vision and coordination (leading to increased risk of falling overboard, falling heavily or being involved in a collision)
- Less inhibitions, more confidence
- Loss of muscle control, tiredness, blurred vision and confusion
- Blood vessel dilation (may increase the period of time in which someone chooses to stay in cold water and increase the risk of sustaining hypothermia)
- Labyrinthine function (vertigo) and laryngospasm (which may reduce the chances of survival in the water due to the effect on swimming ability)

People who are under the influence of alcohol are more likely to:
Swim at night
Swim alone
Swim in dangerous water conditions at unpatrolled beaches
Not wear a lifejacket
Participate in boating activities in dangerous water conditions
Be inattentive, careless, reckless or inexperienced when operating boating equipment


"Almost half of all drowning deaths amongst young adults in Western Australia are contributed to by alcohol."

## SURVIVAL STRATEGIES AND TECHNIQUES

**Survival in deep water depends on the ability to use the following:**

- Knowledge – to understand what to do
- Judgement – to decide what to do
- Skill – to perform what is required
- Fitness – to achieve the desired results

**Swimmers in survival situations should remain calm and consider the following:**

- winds, currents or tide strength and direction
- distance from safety
- ability to swim safely
- the possibility of someone on the shore coming to help
- the weather and water conditions
- air and water temperature
- whether a craft will remain floating or submerge
- whether the craft can be held
- what buoyant objects would help floatation
- the clothing being worn
- whether to remove heavy clothing

**Survival Swimming**

The key to survive is to conserve energy and, when necessary, to retain body heat.

<u>How</u>

- Make a plan and avoid panic – even when exhausted or suffering from a difficulty such as a cramp, it is still possible to remain afloat for long periods of time.
- Stay afloat and hold any buoyant object to help floatation or put on a PFD and remain as still as possible.
- Maintain the body in a relaxed position. If propulsion is desired, keep as horizontal as possible.
- Keep the body and limbs submerged.
- In cold water, retain clothing. Keep the head and as much as the body as possible out of the water, minimise movement and adopt the heat escape lessening posture (HELP) or huddle position.
- Swim with slow and relaxed strokes to conserve energy.
- Change position and stroke to lessen muscular fatigue.
- Attract attention.

To survive cold water immersion:

- Wear a PFD and protective clothing.
- Grasp large floatation aid or boat wreckage if available and climb as high out of the water as possible.
- Avoid immersing the head.
- Adopt a HELP or huddle position.
- Remain as still as possible.

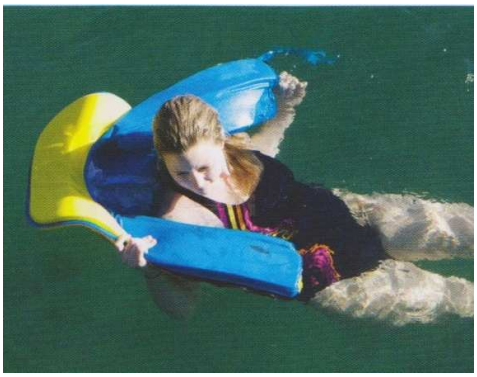
## PUTTING ON A PFD IN THE WATER

Ideally, PFDs should be on prior to entering the water. However, if this is not the case use the technique below.

How

- Place the PFD in front of the body on the surface of the water, ensuring the inner lining is facing upwards and that the collar is away from the body.
- Place one arm into the appropriate arm hole.
- Turning the body, lean back into the PFD (lying on the back with PFD underneath).
- Place the other arm into the PFD.
- While lying on the back, zip, tie and/or buckle the PFD.

It is important to keep hold of the PFD, especially in rough conditions and attempt to put it on without getting the head wet.



## INDIVIDUAL SURVIVAL STRATEGY

The key to survival is to conserve energy and, where necessary, to retain body heat. When the time to rescue is unknown, or likely to be long, it is vitally important to minimise energy expenditure and heat loss. In this circumstance survival sculling, floating and/or treading water are the preferred techniques. However, if swimming is unavoidable, use the following strategy.

How

- Identify a leader who will be responsible for organising the group. This could be someone with existing authority or the person with the most survival knowledge or experience in survival.
- Make a plan and avoid panic – even when exhausted or suffering from a difficulty such as cramp, it is still possible to remain afloat for long periods of time.
- Stay afloat and hold any buoyant object to help floatation or put on a PFD (if one is available) and remain as still as possible.
- Maintain the body in a relaced position. If propulsion is desired, keep as horizontal as possible.
- Keep the body and limbs submerged. This is especially important if wearing clothes. This position takes advantage of the body's natural buoyancy and enables the face to be lifted clear of the water with a minimum of effort whenever a breath is required
- In cold water, retain clothing. Minimise movement and adopt the heat escape lessening posture (HELP).
- If swimming cannot be avoided use slow, relaxed strokes to conserve energy.
- Change position and stroke to lessen muscular fatigue. The ability to perform a range of survival strokes – survival backstroke, survival breaststroke and sidestroke will increase confidence and the ability to cope with changing circumstances.
- Keep the eyes open to avoid loss of confidence and the build up of tension. The sun and salt water, however, may adversely affect the eyes and make it undesirable to keep them open at all times.
- Breathe in a regular and controlled manner to prolong endurance and assist floatation.
- Attract attention. This may be achieved by lying on the back in the water and waving one arm. Lifting both arms consumes energy and will cause the body to sink.

**THE KEY TO SURVIVAL IS TO CONSERVE ENERGY**

## GROUP SURVIVAL STRATEGY

In addition to the principles of survival outlined above for an individual, the following additional points may be considered for group survival situations.

How

- Make 2 lines and pair up by facing one another
- Give every person in the group a number
- Remove heavy clothing if needed
- Use aids effectively. If no aids are available clothes can be blown up and used as floatation devices.
- Swim survival strokes – survival backstroke, survival breaststroke and sidestroke.
- Line 1 should swim survival backstroke whilst line 2 swims survival breaststroke, this ensures that each pair are keeping an eye on one another
- Swim slow with relaxed strokes while keeping your head out of the water
- Supervise the weaker swimmers and put them in between line 1 and 2
- Stay together as a group and encourage each other
- When the group becomes tired and to avoid muscle fatigue swim through line 1 to change your stroke and position in the water. Always use the defensive position when a swim through is being done.

**Scenario 1**

SETTING: Backyard BBQ, which contains a backyard pool. Everyone at the BBQ is drinking.

Two people are having a play fight on the edge of the pool, which becomes aggressive. They both fall in, one hits their head during the fall and is unconscious in the water. The other is a weak swimmer, drunk and unresponsive. They can keep their head above water, but they are not good at catching things, communicating or cooperating and are hostile. The bystanders are also drunk, have not recognised there is an emergency in the pool, and are more concerned with rescuing the beer that has landed in the pool as well.

**Scenario 2**

SETTING: Two people are rock fishing, both drunk, and are arguing over who has caught the biggest fish.

A king wave comes through and washes one of the fisherman into the ocean. The fisherman breaks his/her leg on the rocks as they are washed out to sea. The other fisherman panics for a moment then jumps in after the first fisherman to rescue him. The second fisherman is a weak swimmer but is facing away from shore, concerned only about his friend and influenced by alcohol therefore non responsive. A third fisherman, separate from the group, comes up to offer help but is a non-swimmer.

## REVISION QUESTIONS

1. What is the number to call to access emergency assistance?

_____

2. Which factors contribute to your safety in an aquatic environment

_____

3. List the steps in any rescue

A_____

A_____

A_____

A_____

4. List the characteristics of the different types of swimmers.

_____

_____

_____

_____

_____

_____

_____

_____

5. List the different types of defences and when to use them.

_____

_____

_____

_____

6. What is the name of the grip best used to immobilise a spinal casualty in 'deep' water?

_____

7. Why is it vital that first aider's document all incidents in which they are involved?

_____

_____

_____

_____

_____

_____

8. What are the steps in the Emergency Care Procedure?

D_____

R_____

S_____

A_____

B_____

C_____

D_____

# WATER SAFETY

*Using your Swimming and Lifesaving Manual, please complete the following activity.*

**List some associated safety issues when swimming in the following aquatic environments:**

**Rivers:**

**Public Pool:**

**Lakes and Dams:**

**The Home:**

## ENTRIES INTO THE WATER

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

When would you use these methods when entering the water?
Please give an example from within an aquatic environment for each entry method.

| Entry Method | When would you use it? | *Example* |
|---|---|---|
| **Slide** | | |
| **Step In** | | |
| **Compact Jump** | | |
| **Standing Dive** | | |
| **Shallow Dive** | | |
| **Stride** | | |

## RESCUE TECHNIQUES

List 4 types of non-swimming rescues and give a brief description of how and when you would use these techniques. Please list the techniques in priority order.

| Non-Swimming Rescues | | |
|---|---|---|
| **Type of Rescue** | **When to use it** | **How to use it** |
| | | |
| | | |
| | | |
| | | |

In your own words, please describe the reasoning behind the priority order rescuing (reach, throw, wade, row, swim, tow):

_____

_____

_____

_____

## NOTES

## PRODUCTS

The following items are a sample of the many lifesaving, first aid, education and clothing items available for purchase through the Royal Life Saving Society WA.

To order any of the below, or to view the full range of products available please visit the 'products' section on **www.lifesavingwa.com.au** or phone the trading team on **(08) 9383 8200**. Prices are valid for the 2010/2011 financial year.

Postage and handling charges apply if posted, or items can be picked up from the Royal Lifesaving office. Please phone before visiting the office to ensure the product is in stock.


Swimming and Lifesaving Manual - $33.00

Face Shield


Key Ring $8.00

Pocket Mask - $18.90

Rescue Tube - $150.00

Whistle - $4.95

Rescue Bag (includes 12 metres of rope) $52.00

Through being awarded a Bronze Medallion this can lead to many opportunities to work in the aquatic industry, for example becoming a Bronze Medallion Examiner, Swimming Instructor or Pool Lifeguard. For information on these courses please visit **www.lifesavingwa.com.au** or phone **(08) 9383 8200**.

**DO NOT WRITE ON THIS PAGE**

**AT THE END OF THIS COURSE PLEASE**

**COMPLETE COURSE EVALUATION SHEET,**

**REMOVE AND HAND TO INSTRUCTOR**

Royal Life Saving | Principal Community Partner bhpbilliton resourcing the future

## BRONZE STAR COURSE EVALUATION FORM

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

**Course:** **Bronze Star**

**Location:** _____

**What was the best aspect of the course for you?**

_____

_____

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

_____

_____

**Are there any further comments you wish to make?**

_____

_____

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

**Why are you participating in the course?**

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

**How did you find out about the course?**

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

Other: ☐ _____

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

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