Lifeguard Training Supplemental Notes

www.lifeguardtrainer.com
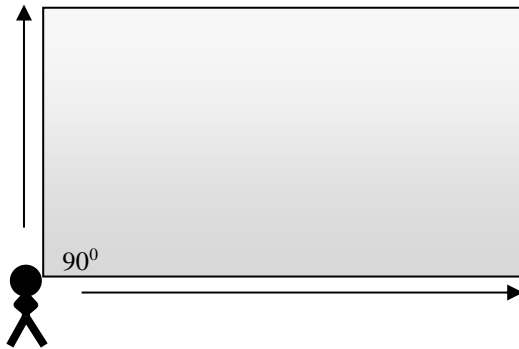
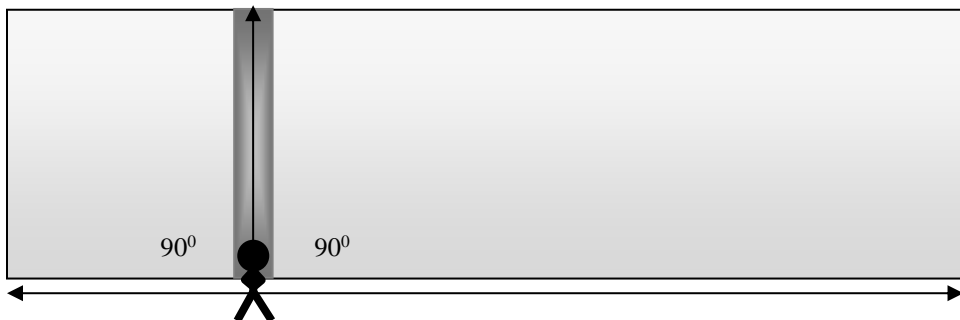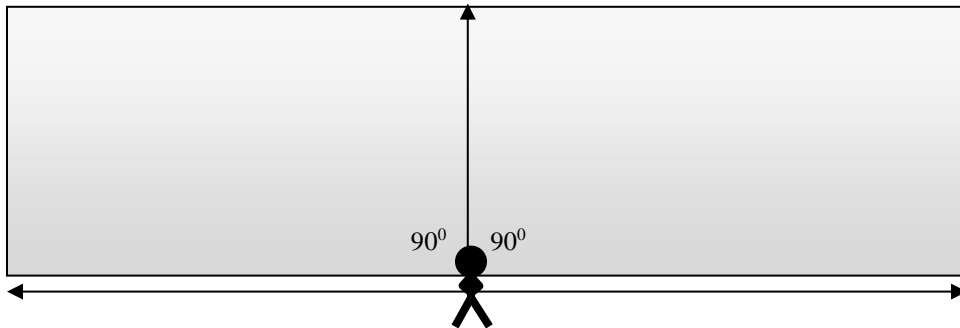**These notes do not replace any required text**

SURVEILLANCE

Scanning

Sightlines:

- 90^0 is the basic viewing angle for Lifeguards.

- Lifeguards can adapt to suit their conditions. i.e. Long pools with or without bulkheads.

Multiple Lifeguard Situations and Pool Balance

Multiple Lifeguards on opposite sides of the pool, **balance** surveillance. Each Lifeguard's zone **overlaps** into the adjoining zone. Not all facilities allow for balance and the Lifeguard needs to adapt.

Shallow End

90^0 90^0

Overlap

90^0 90^0

Deep End
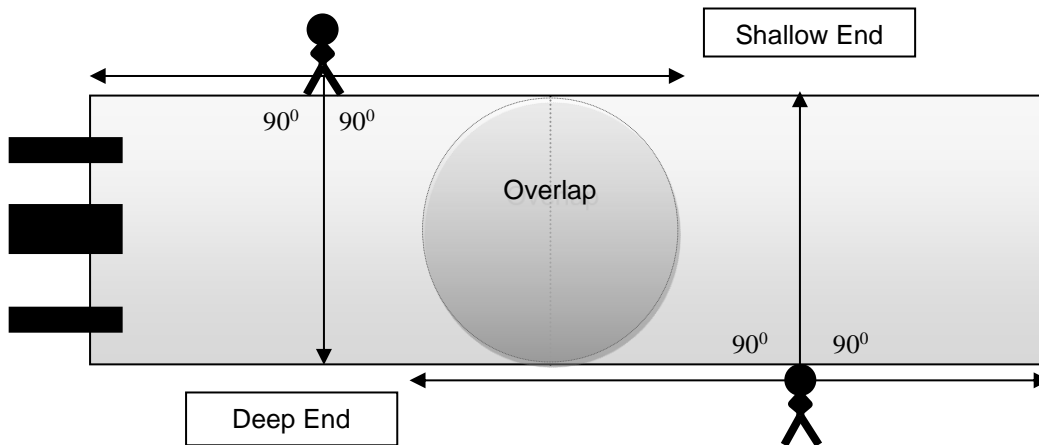
Field Of Vision and Scanning[i]

The eye can accept light from about a 200^0 angle. However, only a very narrow 10^0 - 15^0 block is in focus at one time. We also need to stop and look for a moment to register what is in our *focused field of vision*.

Focused Field of Vision

Peripheral Vision

Peripheral Vision

Overall Vision Field
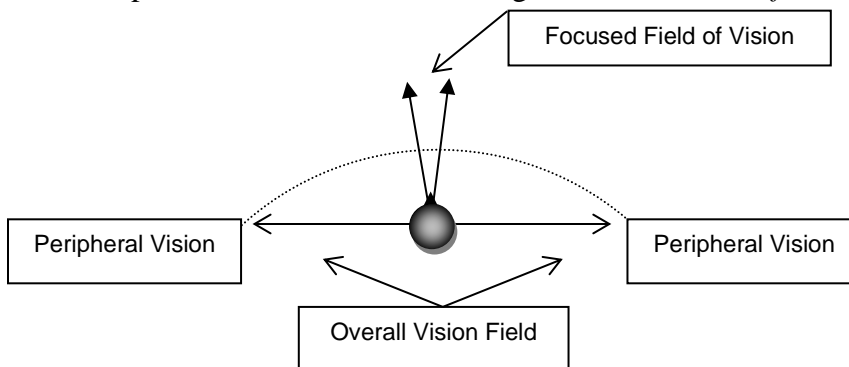
Bottom-up scanning[ii]
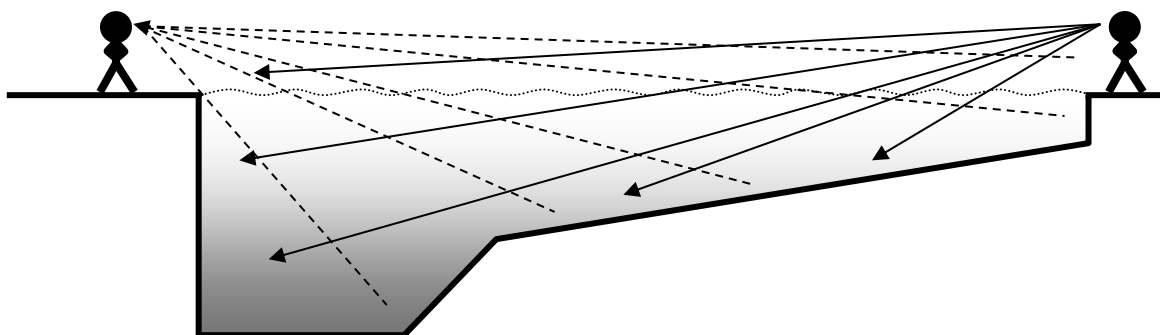
Bottom line: Include the *bottom* of the pool in your *line* of sight.

Scanning Techniques[iii]
Sweep Scanning

Side to side: starting from the left far side of your zone, focus on that first 15^0 block for a moment, then move 15^0 to the right and stop and focus in that block for a moment. Continue this until you reach the right extreme of your zone; scan quickly to the far left of your zone and start again.

Front to side: start front and centre. Begin 15^0 block scans toward the right as you did with the side to side method until you reach the right extreme of your zone, then scan quickly to the centre of your zone and repeat this scanning technique again toward the left.

With both scanning techniques, the movements are the same:
- scan – stop – look -- scan – stop – look -- …………. The head moves
- One sweep or "pan" of your zone should take approximately 10 – 30 seconds depending on conditions
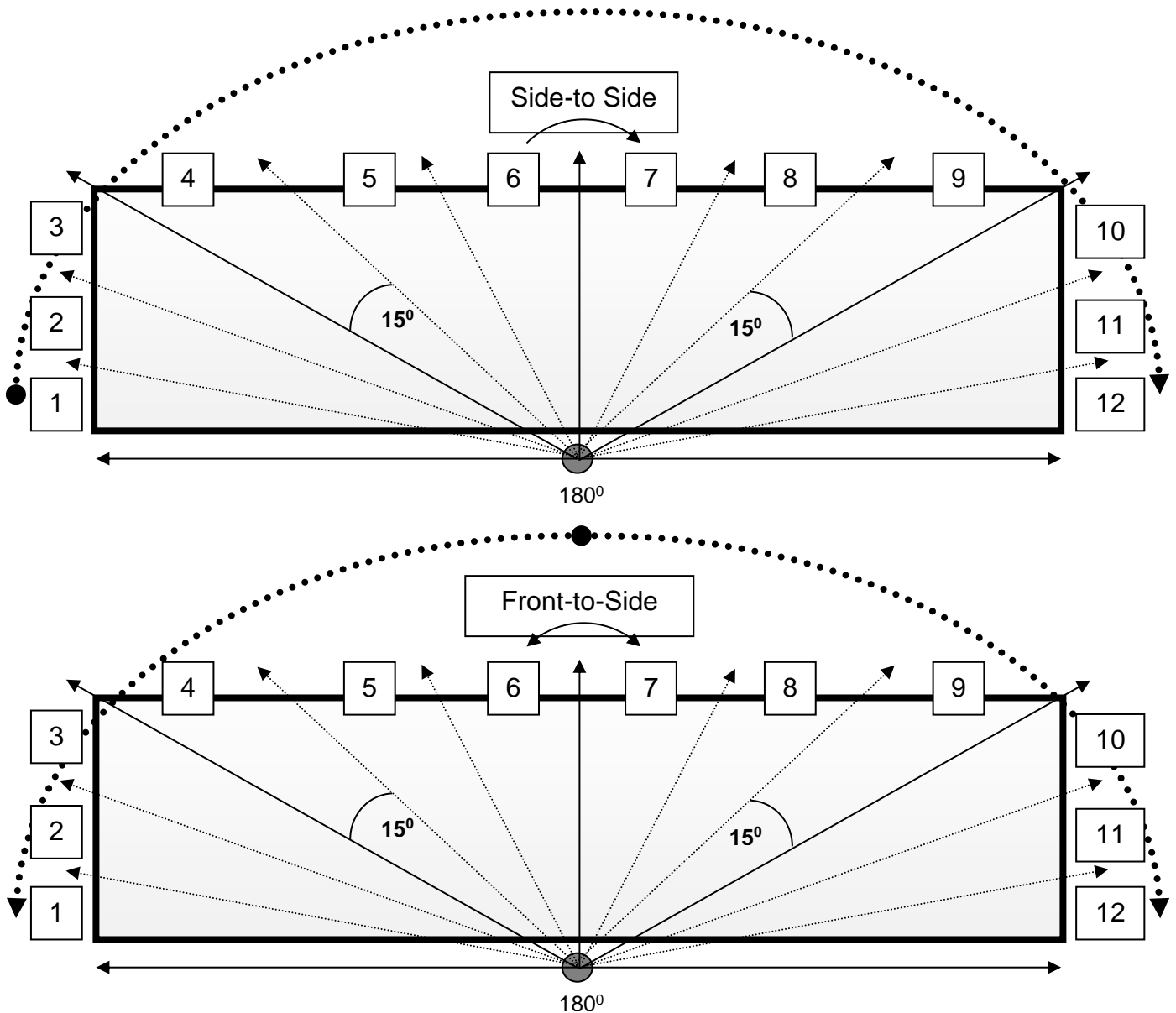
Zones and Scan Patterns[iv]:

- Intensive – each guard is responsible for a specific zone or area.
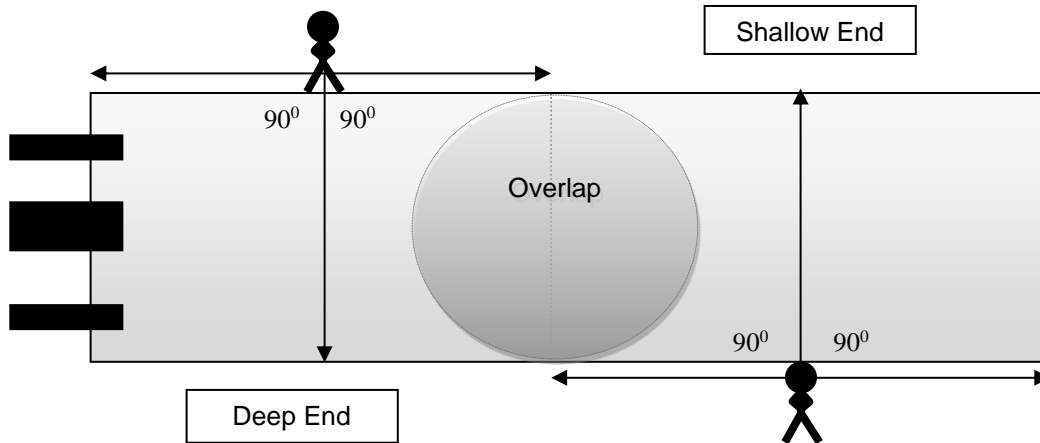
- Extensive or global – all areas combined. Lifeguards share the entire area equally, scanning globally.

- Combined – combination of both intensive and extensive. This is an accepted technique.

Accepted Scanning Patterns

Starburst Pattern

Zig-Zag Scan Pattern

Arcing Scan Pattern

Shift to Cover[v]

When one Lifeguard responds to a situation, their zone must still be covered. This is essential to effective backup.
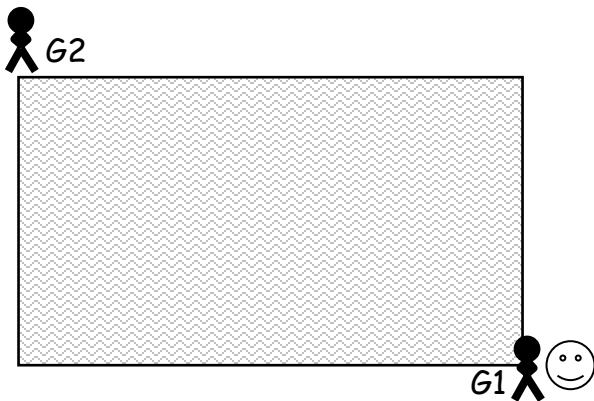
Level 1 Shift:

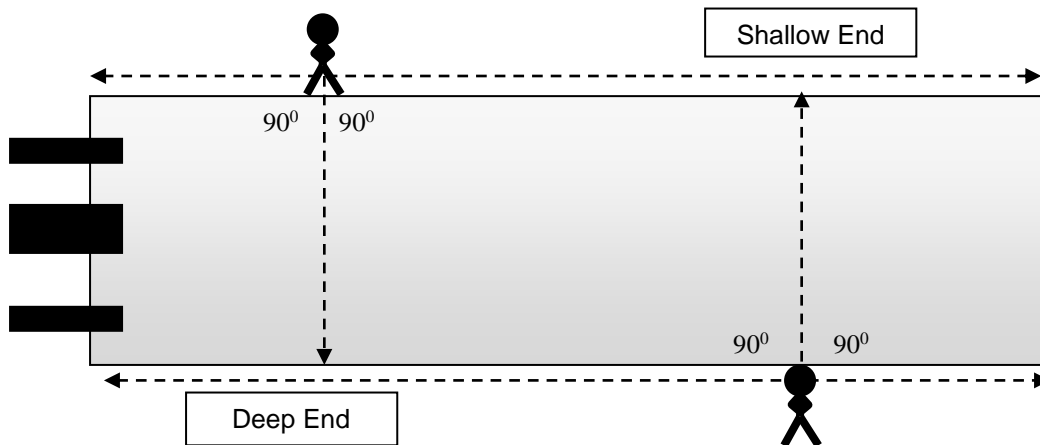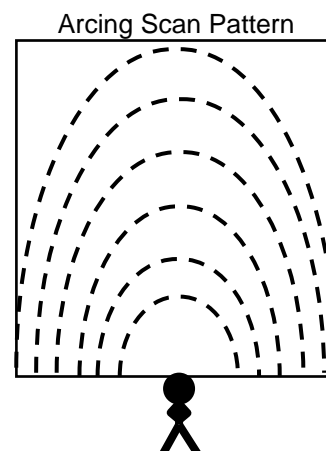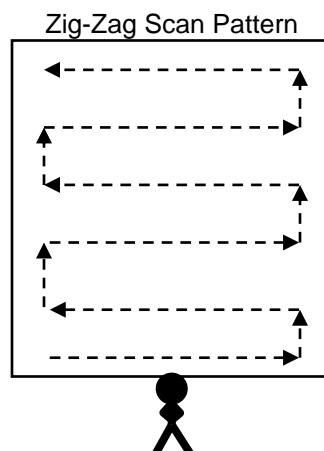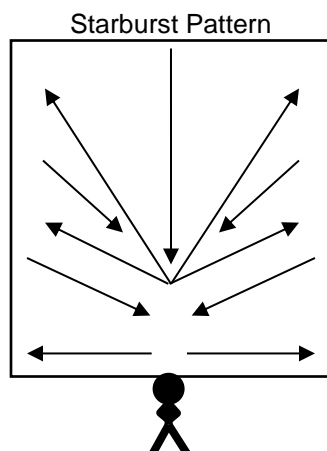Example 1, G2 (Lifeguard 2) notices G1 talking to a patron and simply monitors the situation. If the conversation takes more than 10 seconds, G2 would proceed to a Level 2 shift.
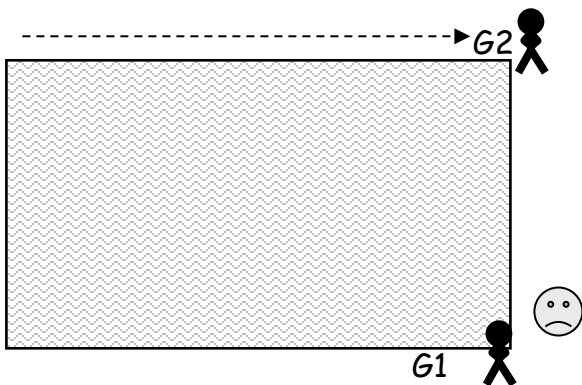
Level 2 Shift:

Example 2, the discussion with the patron has become heated – G1 is clearly over-tasked. G2 shifts in closer (within ear-shot if needed), covers G1's area along with their own area, and is ready to assist if necessary. If this situation escalates, G1 and G2 would proceed to a Level 3 shift and/or call up an available Lifeguard.

Level 3 Shift:

Example 3, the patron has entered the water and requires rescuing; G1 must initiate a minor pull-out. G2 shifts-to-cover at to the "removal point", covers G1's area, along with their own area, and is ready to backup and assist. G2 could briefly assist with the removal if necessary; pool coverage *must* be maintained at all times. If this situation progressed, backup is close by. Extra available Lifeguards would be called up. Clearing the pool could also be considered if necessary.

10 – 20 – 30 [vi]

- Scan your zone every **10**-30 seconds
  - Include the bottom of the pool
- Get anywhere in your zone within **20** seconds; rescue within **20** seconds
- Global scan every **30**-60 seconds
  - Include the other lifeguards, and the surrounding area
  - Include the deck and surrounding area in your scans

Keep Scanning Simple

- Look for problems
- Avoid scanning patterns that skip swimmers or patrons
  - i.e. Forming letters of the alphabet with swimmers
  - This could create a type of "*Perceptual Blindness*"[vii] , and interfere with the principle task: **<u>LOOKING FOR PROBLEMS</u>**
    - Perceptual Blindness can also be caused by *distractions* as well
      - i.e. *Buddy Guarding*, maintenance tasks, etc
- As you scan, <u>briefly</u> look at each patron and move on
- **FOCUS ON YOUR TASK!**

Prevention – What is it? (Not limited)

- Analysis
- Risk management
- Effective hiring practises
- Public education
- Rule enforcement
- In-service training

- Surveillance (Guarding the pool)
- Personal development
- Personal accountability
- Effective leadership
- Quality control – Operation Audits (i.e. "Secret shopper")
- Standards enforcement

Major and Minor Incidences[viii]

Alert defines a minor and major emergency. The loss of patron supervision, a reduction in facility access or an event that endangers the safety of patrons or staff should be considered when determining the emergency type.

- When a minor situation occurs, there is no loss of coverage and patrons are not restricted in their use of the facility. More than one lifeguard/assistant lifeguard may be needed to respond to the situation, but there are enough lifeguards/assistant lifeguards available to provide effective coverage and patrons still have reasonable access to the facility.

- When a **major** situation occurs, coverage is compromised, deficient, or not adequate resulting in reduced or restricted access to areas of the facility or an evacuation of the pool or facility.

First Aid and the Lifeguard

The 6 Basic Elements of all First Aid

1. Scene Assessment

2. Primary Assessment

3. SAMPLE Interview (Secondary Assessment)

4. Vitals

5. Head-to-toe Examination

6. Continued Care

- Work sequentially and systematically

- Do what is appropriate for each situation

First Aid Model

This model shows how everything flows from one section to the next

TREAT AS YOU FIND – PRIORITISE - MONITOR VITALS CONTINUOUSLY

Determine chief complaint

The level of treatment and care is directly related to the severity of the patient's condition and timelines **ABCs are always the Priority – Combine steps where practical**

Signal / communicate - get backup
Safety – make area safe – use of gloves & mask
History / Mechanism of injury
Level of consciousness (LOC)
EMS – if/when applicable

1 - Scene Assessment

Airway

Breathing

Get AED & Oxygen if available and trained

Circulation

Defibrillation

External/Internal Bleeds & Injuries

2 - Primary Assessment

Find Medical Tags

Get Blanket (Can be sooner)

- Recovery position
- Monitor Vitals

Interview:

Signs/**S**ymptoms

3 - Secondary Assessment

Allergies

Medications

	Normal Respirations Per Minute	Normal Pulse Per Minute
Adult	**10 - 20**	**50- 100**
Child	**20 - 30**	**80 - 100**
Infant	**30 - 50**	**100 - 140**

Past and present medical history

Last Oral (food, fluid, etc.) intake

Events leading up to situation and onset of symptoms

4 - Vitals (Record time(s)			
LOC	**Breathing**	**Pulse**	**Skin Condition**
- Person - Place - Time	- Breaths per minute - Sound, character, depth - Rhythm and regularity	- Pulse per minute - Character - Rhythm and regularity	- Temp - Colour - Condition

5 - Head to toe examination	
o Head o Neck o Collarbones o Shoulders arms & hands o Chest & under o Abdomen & under o Pelvis & buttocks o Legs, ankles & feet	
Diagnostics:	o Eyes reaction to light o Movement o Pain

6 - Continued Care: Any additional treatment - Check Treatment - Follow up – Shock - Monitor Vitals

Record   Report

Patient Care Model Guideline

PATIENT

Backup Guard
Backs up *Vitals Guard*.
Records if possible.

Vitals Guard
(At patient's head)
Primary care giver.
Conducts interview.
Records if working alone.

Scene Control Guard
Secures and controls scene.
Records.
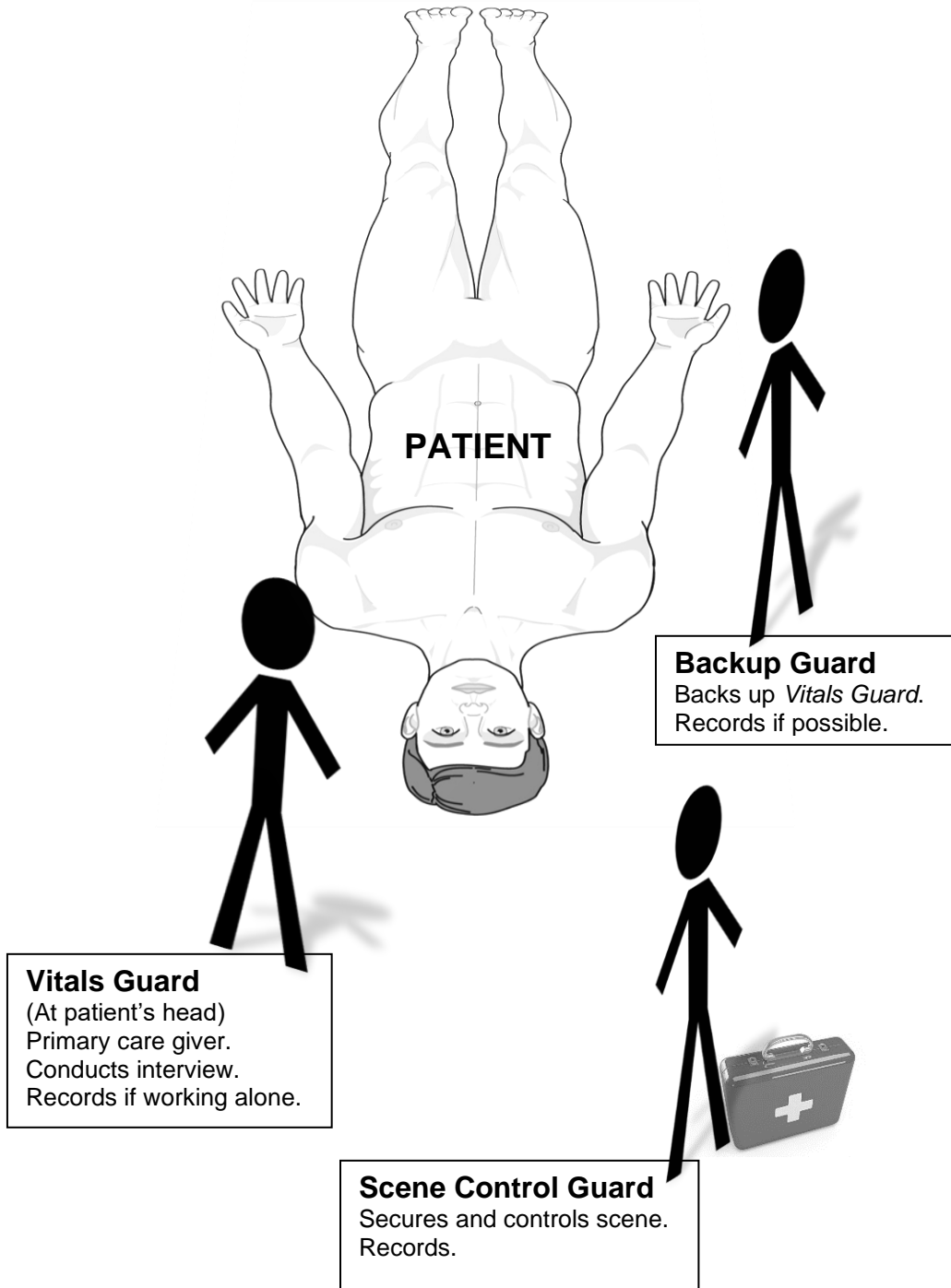
NLS Rescue Ready

NLS Rescue Ready

Are you prepared?

Fox 40™ Whistle

Rescue Fanny Pac containing:
- Protective Gloves
- Barrier Device for CPR
- Other basic first aid supplies in waterproof bag

Appropriate Rescue Aid

Rescue Ready Clothing
This Lifeguard can enter the water at any time

Water-resistant watch
Record events and medical information
(Can be worn on Fanny Pac)

Lifeguards may carry two-way radios as well

Proper Footwear
(Can be sandals)

Clearly identifiable to the public

Hand Signals

Hand signals are useful for communicating over distance and loud pool decks. They are reliably "low-tech". Passing on important information, or requesting supplies, can be communicated over a distance, saving time and effort. Hand signals are like a "language" and tend to be contextual; they also need to be cleanly executed to prevent confusion.

General Signals

1

2

ACKNOWLEDGE / UNDERSTAND:
Eye contact; tap head, and then point at other Lifeguard

Tip:
Keep signals simple and few; simply pointing at the situation is often enough

SIGNAL:
One arm straight up, other arm points at situation
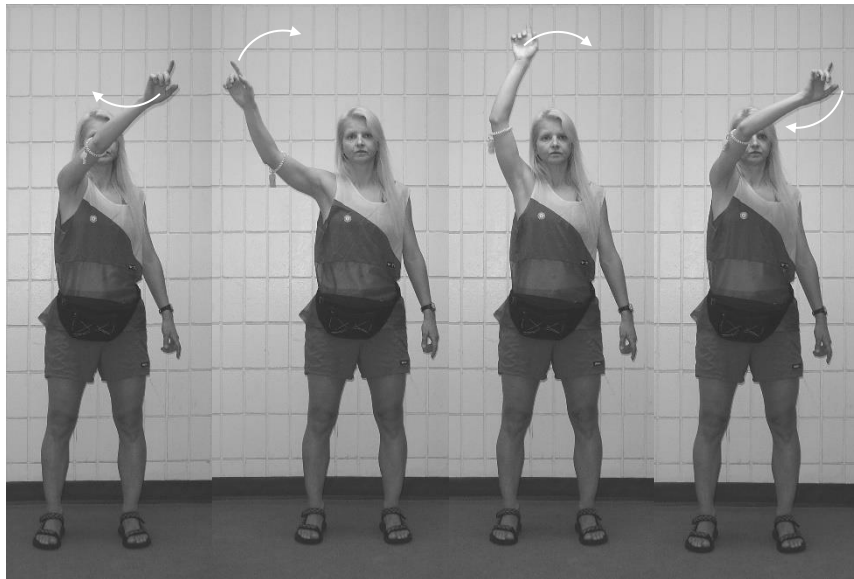
CLEAR POOL: Large circular motion above head

LIFEGUARD ROTATION: Horizontal circular motion **below shoulder height**. Like stirring a large pot

FIRST AID

Heart Attack/Angina/Stroke

Spinal

Cover me / Look over there

Missing Person

Size

PUBLIC RELATIONS / NEED TO TALK:
One hand, fingers move up and down, repeatedly, simulating a mouth talking.
(Discretion advised)

UNATTENDED CHILD:
Two hands horizontally in line, pointing forward with index fingers, moving inward and outward – "Buddy up!"

PROBLEM BEHIND:
One hand (thumb) points behind.

Running
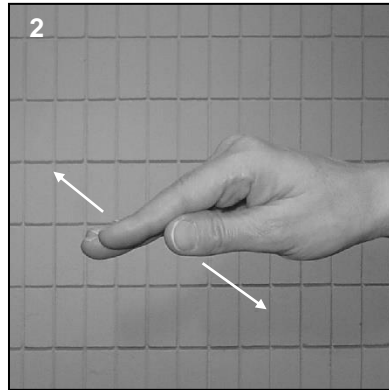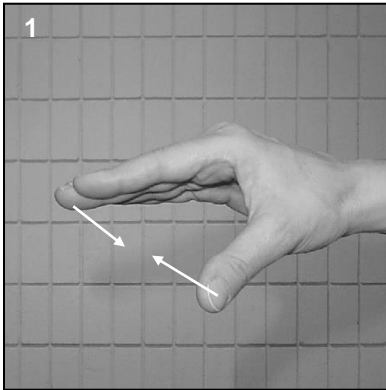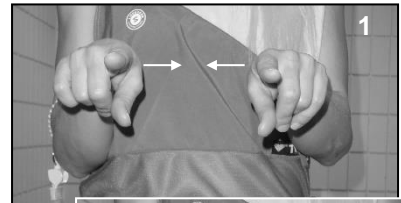

I don't understand

Everything is okay /
I'm ready
(One or both hands)

On a break

| Male | Female | Male change room | Female change room |

Whistle Signals (May be different where you work)

- One Long Blast: Minor Situation
- Two Long Blasts: Major Situation
- One Short Chirp: Public Attention
- Two Short Chirps: Guard Attention

How to Use the Whistle Properly

If you are having difficulty getting the whistle to be heard, check how you are blowing it. First get the basic technique down:

1. Stick out your tongue.
2. Blow to inflate your cheeks, but let the tongue act as a plug – no air comes out.
3. Sharply slip your tongue back into your mouth and let the air escape. (It's almost like spitting.)
4. Now place the Fox-40 whistle in your mouth and plug the end of the whistle with your tongue.
5. Blow to inflate your cheeks, but let the whistle and tongue act as a plug – no air comes out.
6. Sharply, back your tongue off the whistle and let the air escape. It's almost like spitting without the spit.
7. The more pressure you have, the louder the whistle.
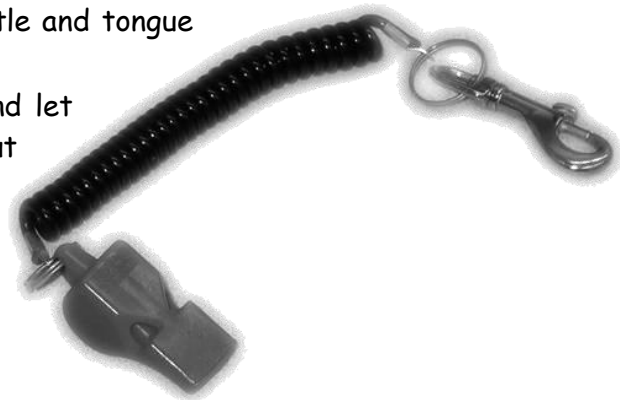
Role Guidelines

On Majors and Minors

Alert defines a minor and major emergency. The loss of patron supervision, a reduction in facility access or an event that endangers the safety of patrons or staff should be considered when determining the emergency type.

• When a **minor** situation occurs, there is no loss of coverage and patrons are not restricted in their use of the facility. More than one lifeguard/assistant lifeguard may be needed to respond to the situation, but there are enough lifeguards/assistant lifeguards available to provide effective coverage and patrons still have reasonable access to the facility.

• When a **major** situation occurs, coverage is compromised, deficient, or not adequate resulting in reduced or restricted access to areas of the facility or an evacuation of the facility.

• Consider as well, that a facility clearing may be in order, even with enough lifeguards, just to deal with the crowd and deck control.

Role _Guideline_ Model - Examples

Major Emergencies

Guard 1 initiates rescue

Guard 2 backs up Guard 1 in the water

G1

G2

Deep End

Shallow End

Victim

Guard 3 secures pool area

G3

Minor Emergencies

Guard 1 initiates rescue

Guard 2 shifts to cover
Stays close if needed

G1

X ← **G2**

G3

Victim

Deep End

Shallow End

Guard 3 gets called
up and takes over
any unwatched
zones if needed

NL Role Guidelines - 3 Member Lifeguard Team - Major Situations

Guard 1(G1)	Guard 2 (G2)	Guard 3 (G3)*
Initiates the rescue Leads the rescue	**Backs up and assists G1**	**Secures/Controls the scene**

Recognizes
 	
Communicates / Signals
 	
Initiates pool clear (Alarms)
 	
May initiate Primary Assessment
 	
Relays info to G2 & G3
 	
Generally, stays with patient
	Recognizes
	
	Communicates / Signals
	
	Alarms, if not already sounding
	
	Clears pool, until G3 appears, unless G1 requires immediate assistance
	
	May initiate Primary Assessment
	
	Exchanges info between G1 & G3
		Responds to communication / signals / alarms
		
		Alarms, if not already sounding
		
		Brings equipment:
		  o First Aid Kit/AED
		  o Other rescue gear
		
		Completes pool clear unless G1 & G2 require immediate assistance
		
		Crowd control
		
		Exchanges info between G1 & G2
		
		Activates EMS
		
		May initiate Primary Assessment

When the rescue team has secured the patient, each rescuer's role will be defined by where they are relative to the patient.

Vitals (Patient's head)	Backup (Patient's side)	Scene Control*

Initiates Primary Assessment
Initiates Secondary Assessment
Conducts SAMPLE interview
Takes vitals
Positions patient
Monitors vitals
	Assists with Primary Assessment
	Defibrillation
	External/Internal Bleeds/Injuries
	Finds Medical Alert Tags
	Assists with patient positioning
	Assists with Secondary Assessment:
	    Head-to-toe check
	    Reports if necessary
		Sets up gear
		Assists Vitals & Backup guard
		Initiates report and patron interviews

All Lifeguards		
Assist with reports and interviews. Assist with transfer of patient to the care of the EMS team. Once scene is released, assist with returning the facility to normal use. Evaluate the Lifeguard team's response to the situation.		
* In situations where there are more than 3 Lifeguards working, the tasks of Guard 3, and Scene Control are simply divided up among the available Lifeguard staff.		

NL Role Guidelines - 2 Member Lifeguard Team - Major Situations

Guard 1 (G1)	Guard 2 (G2)
Initiates the rescue **Leads the rescue**	**Backs up and assists G1** **Secures/Controls the scene**

Recognizes
 	
Communicates / Signals
 	
Initiates pool clear (Alarms)
 	
Relays info to G2
 	
Generally, stays with patient
	Recognizes
	
	Responds to communication / Signals
	
	Communicates / Signals
	
	Alarms, if not already sounding
	
	Brings equipment:
	   o First Aid Kit/AED
	   o Other equipment
	
	Clears pool unless G1 requires immediate assistance
	
	Crowd control
	
	Exchanges info with G1
	
	Activates EMS
	
	Note: If necessary, G2 may have to assist G1 before activation of EMS
	
	If pool in control, (cleared) assists G1

When the rescue team has secured the patient, each rescuer's role will be defined by where they are relative to the patient; backup guard will assume scene control as well.

Vitals (Patient's head)	Backup/Control (Patient's side)
Initiates Primary Assessment if appropriate Initiates Secondary Assessment if appropriate	Sets up gear Crowd control Assists with Primary Assessment Defibrillation External/Internal Bleeds/Injuries Finds Medical Alert Tags Assists with patient positioning Assists with Secondary Assessment: Head-to-toe check Initiates report and interviews with public
All Lifeguards Assist with reports and interviews. Assist with transfer of patient to the care of the EMS team. Once scene is released, assist with returning the facility to normal use. Evaluate the Lifeguard team's response to the situation.	

NL Role Guidelines - 3 Member Lifeguard Team - Minor Situations

Guard 1 (G1)	Guard 2 (G2)	Guard 3 (G3)
<u>* Leads the rescue. *</u> Recognizes Communicates / Signals Relays info to G2 & G3. Initiates response: rescue, treatment, report, or refers to G3	Recognizes Communicates / Signals Exchanges info **<u>SHIFTS TO COVER</u>** area of G1 along with own area. Remains close enough to monitor situation and offer assistance until available Lifeguard appears May call up Lifeguard on break to cover unwatched areas or assist	Recognizes Responds to Communication / Signals Brings any needed equipment. Exchanges info Takes over unwatched area(s) Remains close enough to monitor situation. May also take over response completely (if on a break), and allow G1 to return to lifeguarding. May call up Lifeguard on break to cover unwatched areas or assist
Once situation is completed, normal rotations are resumed		

2 Member Lifeguard Team- Minor Situations

Guard 1	Guard 2
<u>* Leads the rescue *</u> Recognizes Communicates / Signals Relays info to G2 Initiates response: rescue, treatment, report, or refers to G2	Recognizes Communicates / Signals Exchanges info with G1 Brings any needed equipment Shifts to cover area of G1 along with own area. Remains close enough to monitor situation and offer assistance. May also take over response completely (if on a break), and allow G1 to return to lifeguarding.
Once situation is completed, normal rotations are resumed	

NL Role Guidelines
1 Lifeguard & Untrained Bystanders - Major / Minor Situations

Guard 1 (G1)	Bystanders/Staff

Leads the rescue
Initiates Low-risk Rescue
REVERSE & READY!
 	
Recognizes
 	
Communicates / Signals
 	
Initiates pool clear (Alarms) if appropriate
 	
Crowd control
 	
Solicits assistance from public or other staff
 	
Ensures pool coverage is maintained
 	
Initiates Primary Assessment (AED)
 	
Generally, stays with patient but may delegate minor first aid assistance to trained bystander
 	
Initiates Secondary Assessment if appropriate
 	
Assists with and completes all reports and interviews
	Responds to communication / alarms:
	
	Receives / obtains info
	
	Contacts EMS if so directed and **confirms** this action.
	Records time of call and EMS arrival.
	Meets EMS or delegates this function.
	Directs EMS personnel.
	
	Brings equipment:
	   o First Aid Kit/AED
	   o Other equipment
	Assists G1. May assistance with first aid
	
	Helps with crowd control

- -

Notes on Emergency Procedures Guidelines

Generally, the first Lifeguard on the scene is considered in charge of the rescue and/or the patient's care. They stay with the patient and delegate needed activities and supplies. In some cases, this role may fall to the person who is at the head of the patient since their first function is to monitor vitals.

Leadership and teamwork, communication skills, and prioritization are crucial during an emergency. Team members need to speak freely with one another; they need to comfortably direct and if necessary, correct one another no matter what the rank. Try and frame criticisms in the form of a request, that is, state what needs to be done as opposed to what's wrong.

Any member of the team may downgrade a patient's assessment (worsen), but no member of the team has the medical authority to upgrade or rule out a worst-case scenario. Deal with "over reactive" staff separately. In all cases, the exchange of information should remain professional.

In some situations, Lifeguards may role trade or shift. This may be through circumstance or necessity. It is important that Lifeguards are aware of a role trade or shift, and that the role trade or shift is logical and appropriate, such as moving a physically stronger person where needed. Avoid role confusion or worse, role abandonment. In any case, the first Lifeguard on the scene generally remains in charge of the rescue and stays with the patient.

Supervisors should fit into their role on the team. They still have the added responsibility of ensuring that all roles and functions are being carried out properly. It is their responsibility to ensure all appropriate agencies have been contacted, all reports are completed and all appropriate management staff are contacted. Supervisors "taking over" a rescue should only do this in special circumstances. Example: inexperienced staff who are unsure of themselves or who are performing poorly.

Roles Summary

- Guard 1 – Leads the Rescue
- Guard 2 – Backs up Guard 1
- Guard 3 + - Secures the scene

Public to Lifeguards Ratios- MB (Minimums, use good judgement)	
NUMBER OF BATHERS IN POOL AREA (IN WATER)	**NUMBER OF LIFEGUARDS ON DECK ***
1 – 30	1
31 – 75	2
76 – 150	3
151 – 250	4
251 – 350	5
351 – 450	6
451 – 550	7
551 – 650	8
651 - 750	9
751- 850	10
851 - 950	11
951 - 1050	12
1051 - 1150	13
1150 - 1250	14
1251+	**15 -** plus any additional personnel that a public health inspector may require

* Your employer may exceed these numbers *

Head and Spinal Injuries - Rescue Techniques
Principles of Head and Spinal Injury Rescue

[ix]The principles presented here are based on the *Alert Lifeguarding in Action* and *The Canadian Lifesaving Manuals*. For review, refer to these sources.

- Recognize
- Immobilize
- Maintain airway
- Stabilize

Two techniques covered here:
1. Side-knife (also known as the "flat-board procedure")
2. Slant-board procedure (also known as the "beavertail technique" if the board is so equipped)

- This program utilizes the Side-knife technique & the Slant-board technique with beavertail
- All training in this program is done with V-Block™ spineboards. Other systems and spineboard brands are available on the market as well.
    - o V-Block™ spineboards have the chest strap fixed in place, underside the board, with a screw. Therefore, the patient is lined up, at the top of their armpits, to this strap.

Lifeguards should be well versed in **both** *Side-knife* and *Slant-board* techniques. Spinal rescue techniques require a significant amount of practice to learn and regular review to maintain the needed skills; a certain amount of fitness is also required. This involves developing personal skills **and** team skills.
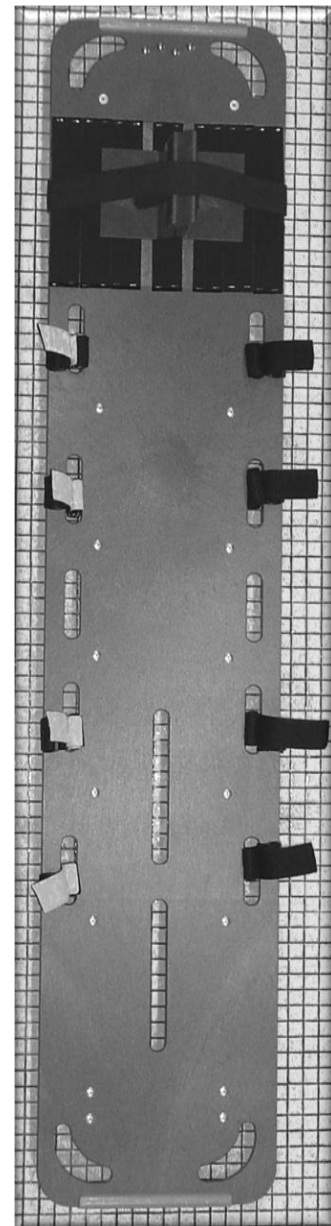
The particular technique employed will depend on a number or factors which include:
- Type of equipment available
- Conditions at the time of rescue
- Number of rescuers and level of training
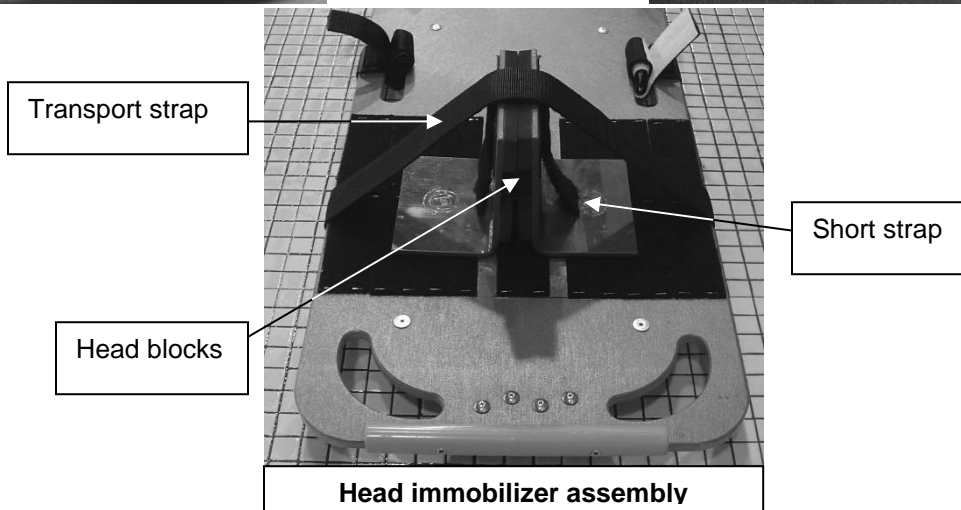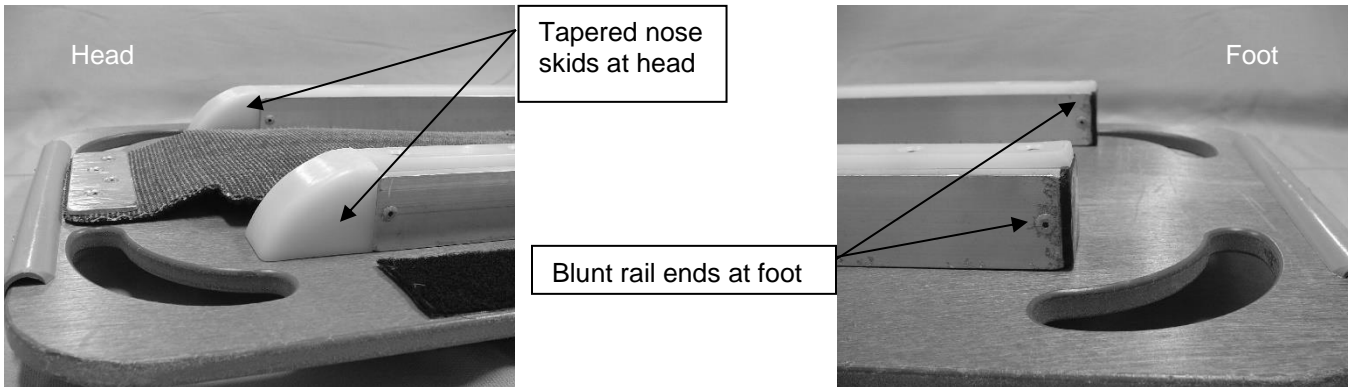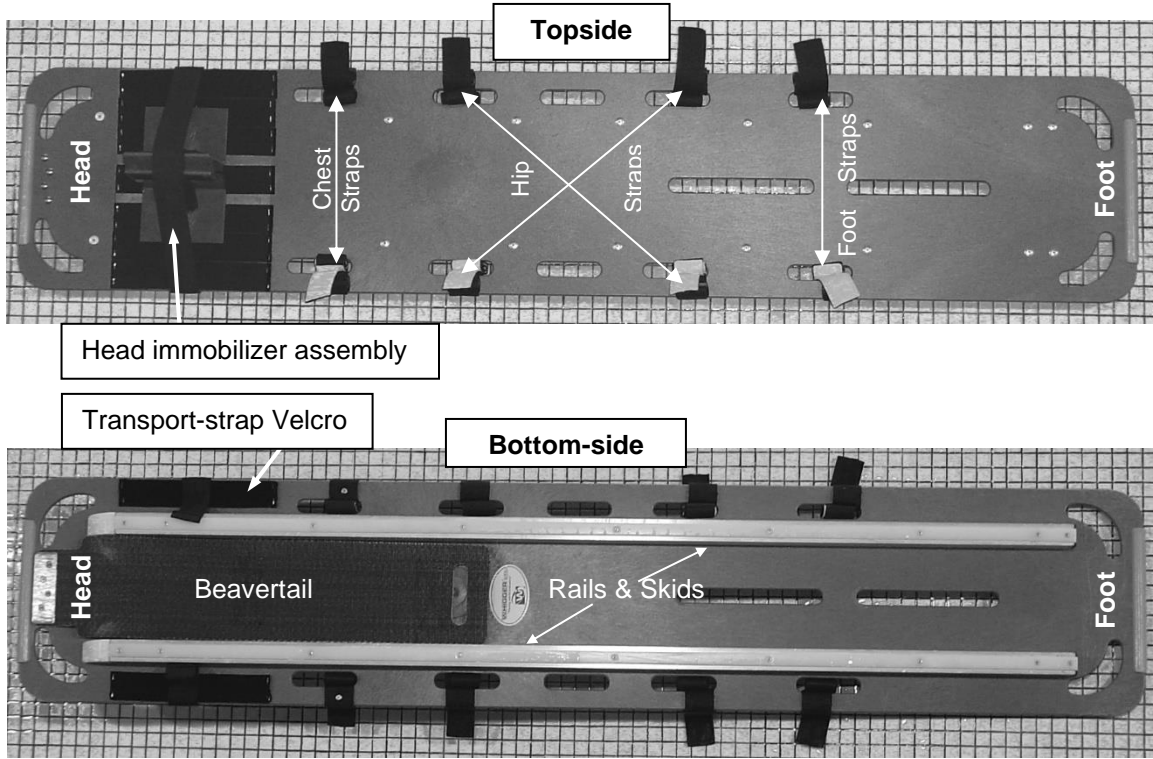- Employer expectations
- etc

> **V-Block™ Spineboard**

Remember that ABCs always take priority; it is possible to begin artificial resuscitation while the patient is still in the water.

For deep-water spinal rescues in a swimming pool, **eggbeater** is the only kick of choice.

V-Block™ Spine Board – Terms and Definitions

Topside

Head

Chest Straps

Hip Straps

Foot Straps

Foot

Head immobilizer assembly

Transport-strap Velcro

Bottom-side

Head

Beavertail

Rails & Skids

Foot

Head

Tapered nose skids at head

Blunt rail ends at foot

Foot

Transport strap

Short strap

Head blocks

**Head immobilizer assembly**

Pitch: The angle created by the height of the head of the board in relation to the foot of the board.
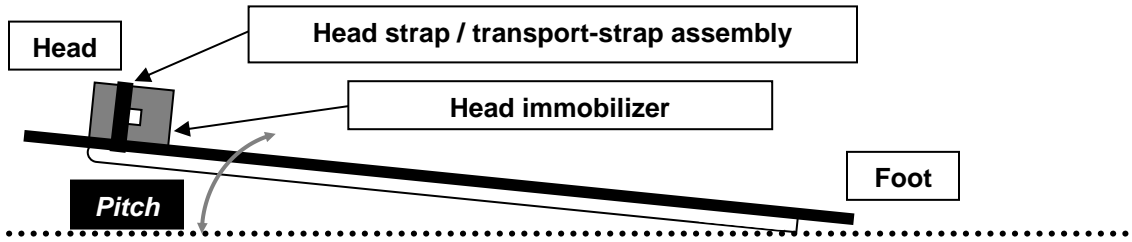
Roll: The longitudinal angle created when the board is tilted or "rolled" horizontally on one side or the other. This creates a "banking" or "rocking" effect.

Board-angle: The shearing angle created when the board swings on its vertical axis in relation to the wall of the pool. The board is said to be "**T**"ed up when properly positioned (90^0).
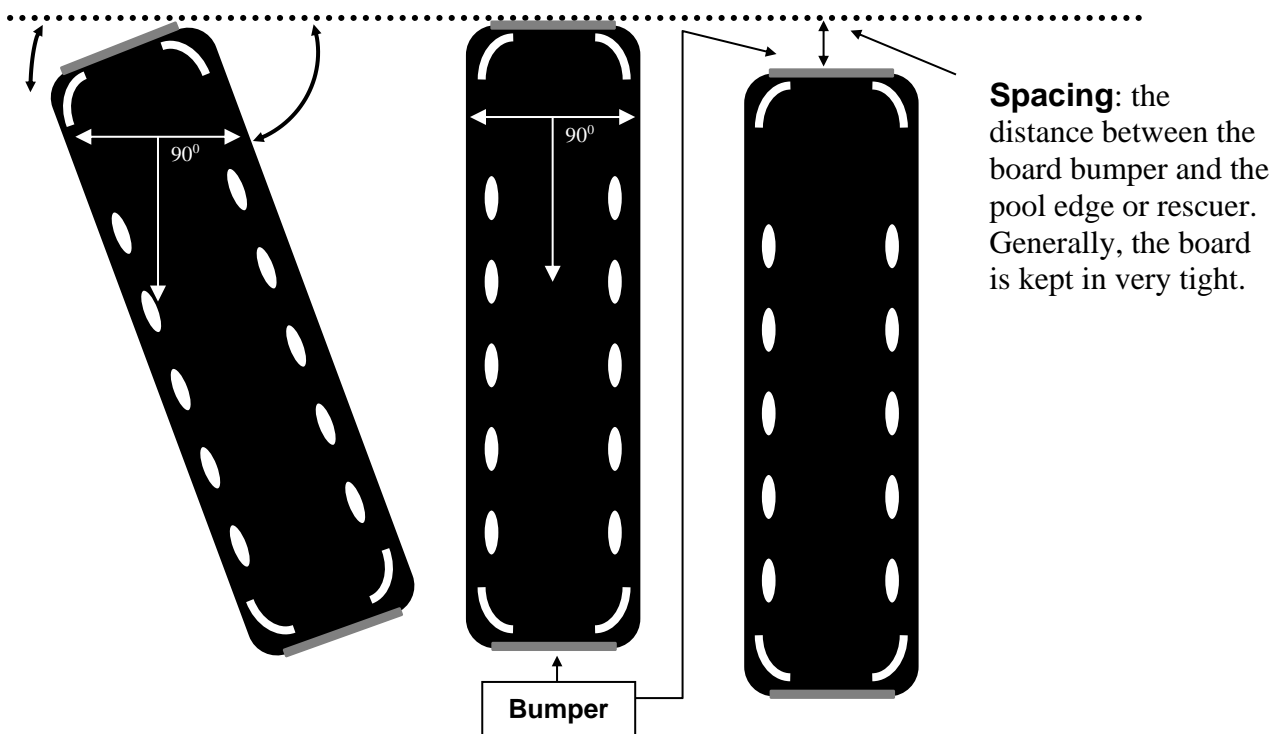
Spacing: the distance between the board bumper and the pool edge or rescuer. Generally, the board is kept in very tight.

Any undesirable deviation in the pitch, roll, spacing, or board-angle is considered "drift".

Use of Beavertail with Slant-board Technique

Many swimming pools have spineboards equipped with an appendage (beavertail) at the head of the board that allows the rescuer to maintain better control of the board during a rescue. The rescuer sits on the beavertail, which greatly increases the stability of the board, making the rescue easier. A two-rescuer situation is dramatically simplified. When the beavertail is used, the "slant-board" technique is employed. Beavertails can be "soft" or "hard".

Whether choosing the slant-board technique or the side-knife technique, facility suitability, teamwork, skill, fitness, control, and speed without rushing, are essential in a successful rescue.

Paramount to all of this: **ABCs TAKE PRIORITY – This may include removing the patient without a spineboard if necessary.**
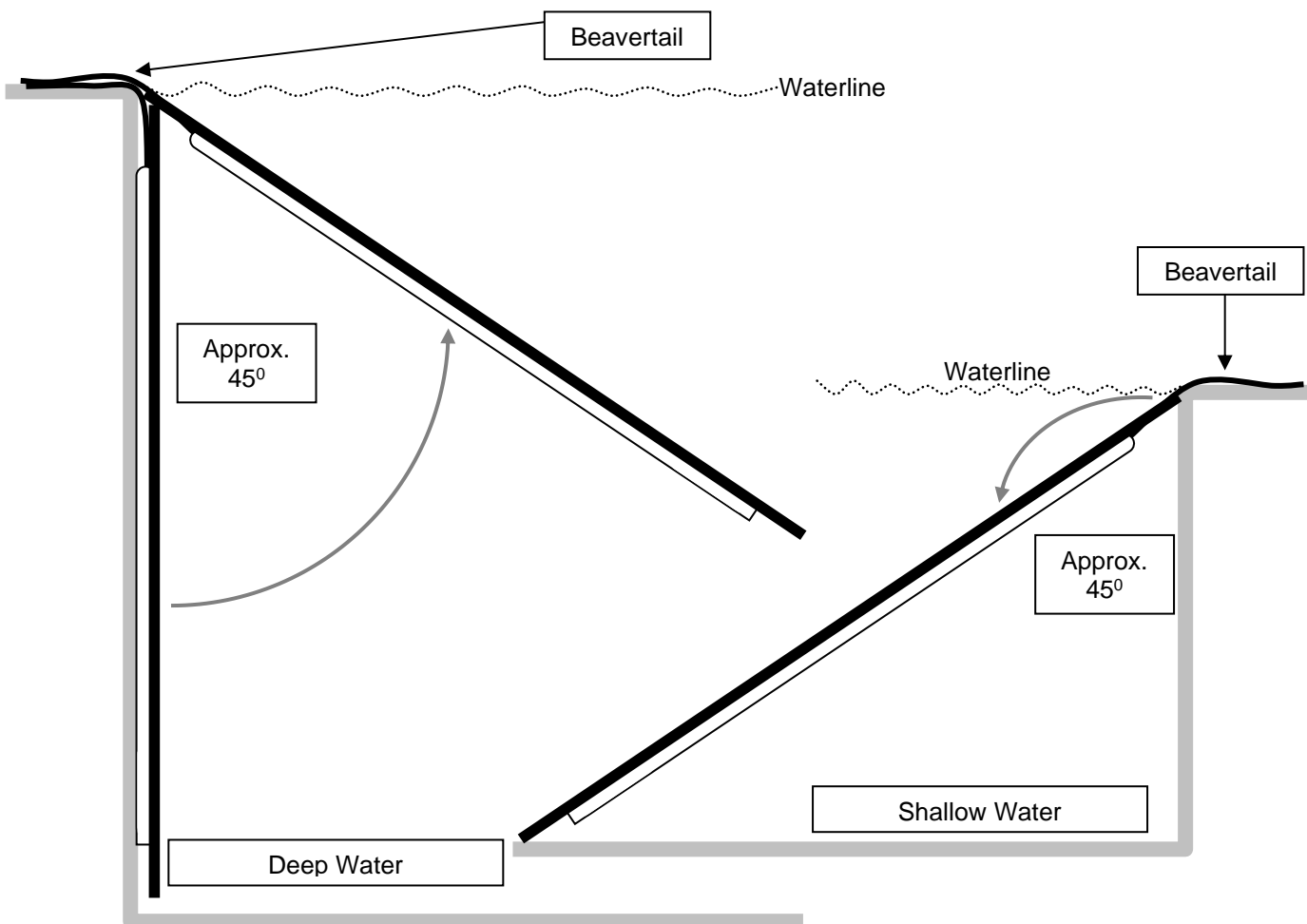
The Drills

The following drills should be memorized. Practise the drills as they are written; they will assist you as a *guideline* during an emergency. Remember that drills are not meant to be followed blindly in the field; the Lifeguard has to think, prioritize, problem solve, and adapt to the situation at hand.
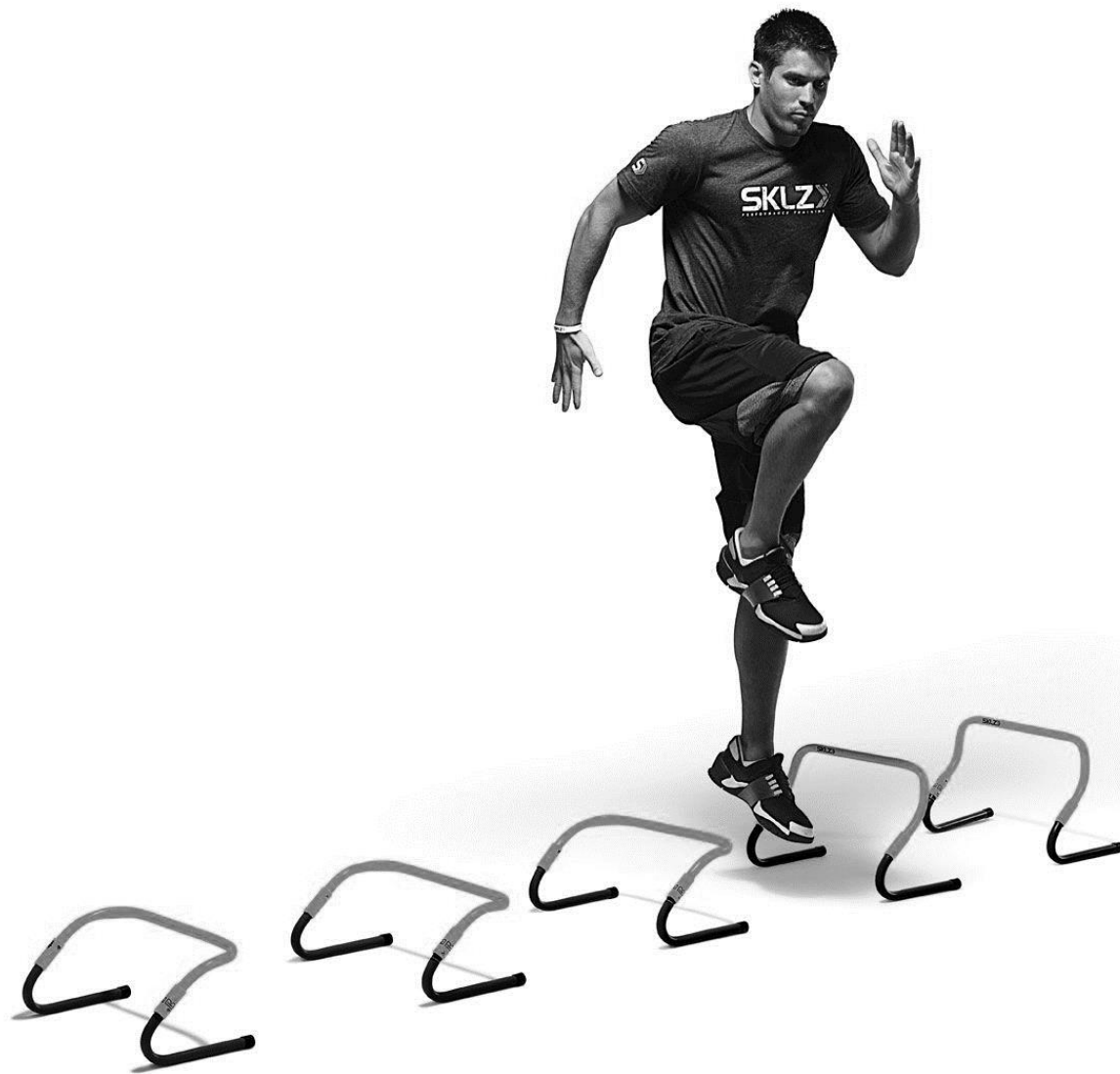
Drill 1

Patient (pt) is **unresponsive**, breathing normally with a strong pulse, no trauma suspected

1. Safety, gloves & mask
2. History
3. Mechanism of injury
4. LOC
5. EMS (AED)
6. **A**irway
7. **B**reathing (Normal)
8. **C**irculation (Quality)
9. **D**efibrillation
10. **E**xternal/Internal Bleeds/Injuries
11. **F**ind Medical Tags
12. **G**et Blanket
13. Shock/Recovery position
14. Monitor vitals
15. **STOP DRILL**

Drill 2

Simple water rescue
Patient (pt) is **responsive**, talking, breathing normally with a strong pulse, no trauma suspected

1. Safety, gloves & mask

2. History

3. Mechanism of injury

4. LOC – ask the pt "What seems to be the problem?"

    a. Pt answers "I swam out too deep"

    b. You state: "pt is conscious with an open airway and breathing with a pulse; I do not suspect major trauma".

5. EMS (AED) – "EMS not needed at this time"

6. **A**irway – "How is your breathing?" pt "Fine"

7. **B**reathing (Normal) - "Breathing is good"

8. **C**irculation (Quality) Pulse check on wrist or neck – "Strong"

9. **D**efibrillation – "D-fib not needed"

10.   **E**xternal/Internal Bleeds/Injuries/Medical Tags: visual – none found

    a. "Did you hurt yourself anywhere else?" pt "No"

11.   Shock/Recovery position – make pt comfortable

12.   Blanket

13.   *If drowning incident, council on drowning symptoms*

    a. *Recommend to see a doctor if necessary*

        i. "May have inhaled and swallowed water"

14.   Monitor vitals

15.   STOP DRILL

The Solo Rescue - Drill 3

- **Professional Bronze Cross/Distinction**

  1. Recognise

  2. Signal to clear pool

  3. Assign someone to ensure pool stays clear

  4. Perform rescue

     i. **STRIDE/SLIP ENTRY WITH <u>AID</u>!**

     ii. **READY POSITION!!!!**

     iii. **USE AID**

     iv. **Get help on the removal**

     v. **Blanket**

  5. Assign someone to get your gear

  6. Assign someone to contact EMS if needed

  7. Treat patient

     a. Get assistance if needed

  8. Report

Complete Patient Assessment Drill 4

Patient is responsive and co-operative

1. Scene Assessment
   a. Safety, Hx, MOI, gloves and mask
2. Primary Assessment
   a. LOC – EMS if needed
   b. Airway
   c. Breathing
   d. Circulation
   e. D-fib
   f. External/Internal Bleeds/Injuries
   g. Find Medical tags
   h. Get Blanket (can be sooner)
3. SAMPLE Interview (Secondary Assessment)
   a. Signs/Symptoms
   b. Allergies
   c. Medications
   d. Past Medical Hx
   e. Last meal
   f. Events
4. Vitals
   a. Level of Responsiveness
   b. Breathing
   c. Pulse
   d. Skin
   e. Pupils condition and response to light
   f. Pain response
5. Head-to-toe Examination
   a. Head
   b. Neck
   c. Shoulders
   d. Chest
   e. Abdomen
   f. Hips
   g. Legs – compare foot temp, cap refill, strength
   h. Arms – compare pulse, hand temp, cap refill, and strength
6. Continued Care
7. Report (Continuous)

[i] Making the Difference – R.J. Ross Productions
[ii] Dr. Tom Griffiths – Disappearing Dummies
[iii] Making the difference – R.J.Ross Productions
[iv] LSS Canada – Alert Lifeguarding in Action
[v] LSS Canada – Alert Lifeguarding in Action
[vi] City of Winnipeg Aquatics Branch AER
[vii] Dr Frank Pia – Drowning Prevention Conference 2017 – Vancouver BC Canada
[viii] LSS Canada – Alert Lifeguarding in Action
[ix] LSS Canada – Alert Lifeguarding in Action. The Canadian Lifesaving Manual