

Patrol Set Up Checklist

Are ALL Patrol members in the patrol area observing the surf and/or actively performing their patrol duties?

- a. WHEN THERE ARE PEOPLE IN THE WATER:
 - a. Is there a patrol member at the water's edge with a rescue tube?
 - b. Is there a patrol member in the patrol trailer tower?
 - Do they have binoculars?
 - Do they have a radio (Channel 2)?
 - Do they have sun protection (umbrella)?
- b. LOOKOUT TABLE:
 - a. Do they have binoculars?
 - Do they have 2 radios (Channel 2 and Channel 3)?
 - Do they have sun protection (Tent)?
- c. UNIFORMS - Are ALL patrol members easily recognised as being on patrol?
 - ALL members wearing DHL uniform?
 - ALL Bronze and SRC wearing caps?
 - ALL members wearing bum bags?
 - ALL patrol members sun protected? - Sunscreen and sun hats
- d. COMMUNICATIONS - Are ALL radios operational? (radio checks)
 - Clubhouse
 - ATV
 - Patrol trailer
 - Lookout Table (Channel 2 and Channel 3)
 - Roving
- e. BEACH - Are the Red & Yellow flags placed in the appropriate positions for surf conditions & tide level?
 - a. Are surf craft prohibited signs in place?
 - b. Are IRB signs in place?
 - c. Are "No Vehicles Beyond This Point" signs in place?
- f. SURFCOM - Patrol will be contacted by Surfcom? – Read Surfcom procedure for more details
 - a. Record sign on time etc in Radio Log Book
- g. PAPERWORK –
 - a. Has the Patrol Log book been filled in correctly? **Names to be written in the log in the same order as they appear on the roster.**
 - b. Have ALL patrol members signed on?
 - c. Has the IRB Log book been filled in?

h. EQUIPMENT – CHECKS

- a. Has the Oxy Viva & Oxy-Sox been checked by ARTC patrol member?
Record in Patrol Log book
- b. Has defibrillator been checked by defibrillator patrol member - Record in
Patrol Log Book
- c. Have First Aid Kits been checked?
- d. Is fresh water container full and on patrol trailer?
- e. Is there ice in esky on patrol trailer?
- f. Is there a “Sharps” container on patrol trailer?

PACKING UP

DON'T FORGET - Bring in “No Vehicle Past This Point” signs

DON'T FORGET - Turn off radios
Put radios on charge

DON'T FORGET - Put bollards back in place

DON'T FORGET - You will be contacted by Surfcom to log off
Read Surfcom requirements

DON'T FORGET - Refill cups for ice in freezer

DON'T FORGET - Empty fresh water in container

- Unload trailer and hose down
- Repack trailer ready for next patrol
- Hose down ATV
- Any damage/lost equipment record in equipment book

Defibrillator (SAED Semi-Automatic External Defibrillator)

Pre Patrol Checks

The machine must be kept clean and free from sand and foreign material.

Before each patrol the unit should be checked for:

1. Charge – check light in top corner of unit is flashing
2. Electrode Pads are in date
3. Spare battery available if applicable
4. Spare electrode pads stored with unit
5. Accessories. As a minimum the following should be stored with the unit”
 - a. resuscitation mask
 - b. gloves
 - c. shears
 - d. razor
 - e. gauze wipes
 - f. space blanket
 - g. pen and paper
 - h. chamois or towel
6. Further equipment according to club procedures.

Faults should be logged in the Patrol Log and reported to the Patrol Captain. Any major faults should be reported immediately to the First Aid Officer for immediate rectification.

Post Use Maintenance

After every use, the following procedures should apply to ensure the unit is ready for use.

1. SAED should be cleaned of all sand and unit checked to ensure no visible damage to unit.
2. Restock electrode pads and any other used consumables
3. Clean and disinfect resuscitation mask
4. Check unit for ready status as per manufacturer’s instructions.

Any stock used should be recorded in the Patrol Log and the First Aid Officer informed.

Use of Defibrillator (SAED Semi-Automatic External Defibrillator)

Chain of Survival

- Early Access
- Early CPR
- Early Defib
- Early Advanced life support (ambulance- drugs)

When to Use SAED

Only when:

- Casualty – SHOWS NO SIGN OF LIFE
 - unconscious
 - unresponsive
 - not moving
 - not breathing normally
 - (face and lip colour – grey/blue)
- Access to a SAED
- When **TRAINED** to operate - certified qualification
- **DO NOT** use on children (under 8 years/40kg)

Basic Operation

- Know the safety rules
- Confirm patient has **NO SIGNS OF LIFE**
- Apply electrode pads (as shown)
 - NOTE: Pads should be placed on clean, dry skin
 - Do not use alcohol wipes
 - If the chest is hairy remove hair with razor or shears
 - Apply pads with a smooth rolling action to eliminate air bubbles
 - Once applied it should not be repositioned or removed (even after pulse has returned)
 - Do not use pads after expiration date
- Turn on machine
- Respond to prompts given by the machine
- **ONCE** Advised to Shock Alert bystanders by shouting “ Stand Clear”
- Press ‘SHOCK’ button
- Follow SAED verbal instructions, after 2 minutes machine will ask you to stop CPR and analyse patient. If required will advise to shock again.

If no response maintain BASIC Life Support, CPR.

Safety

- **DO NOT** place electrode pads over medical patches, avoid placing electrode must be tired
- **pads over implanted pacemaker if the patient has one** (check for scar, medical bracelet or tag)
- **DO NOT** use on children under 8 years/40kgs
- During operation of the Defibrillator **ENSURE NO ONE** has physical contact with the patient.
- Make sure the patients jewellery has been removed (if possible)
- **DO NOT** operate on conductive surfaces eg water/moisture, fluid, metal. Remove moisture from chest (eg vomit, blood or perspiration)
- During life support **TURN OFF** Oxygen!
- Make sure there are no other flammable liquids of gases in the vicinity
- Ensure that all mobile phones are either switched off or away from the defibrillator
- Radios should be operated away from the patient being defibrillated

- **DO NOT** operate Defibrillator unit on uneven/unstable surfaces, eg a moving vehicle as the movement gives a false ECG reading.
- **DO NOT** use electrode pads after expiry date (use for training).

Advanced Resuscitation Techniques Certificate

1. CPR – I PERSON, 2 PERSON, 3 PERSON (INCLUDES O₂)

Safety - Oxygen

- Care and respect of equipment
- Never use near open flame or cigarettes or electrical appliances (oxygen promotes burning)
- Never use near grease or oil
- Do not allow anyone to tamper with oxygen equipment
- Store in cool place
- Store flat or securely fastened upright
- Only use **Medical** oxygen
- Never use oxygen when delivering a shock via a defibrillator.

Equipment Check

1. A functional check of the Oxy-Viva and Oxy-Sox prior to the start of each patrol
2. Able to identify O₂ bottle
 - a. Size 'C'
 - b. White shoulder
3. Check contents of the bottle, if the gauge shows half full (8000 kPa) or below DO NOT use. Remove cylinder and mark 'For training ONLY'. Install a new cylinder.
4. Prior to installation of new bottle 'crack' – away from body and face
5. Check seals are free from sand or oil/grease and that seal is not perished. Spare seals can be located in the unit housing.
6. Check resuscitation and therapy tubes for cracks and blockages
7. Once the O₂ bottle is installed (aligning seal and 'peg'), secure collar and turn on the O₂ fully and then turn the open valve half a turn back.
8. Perform the 4 checks on the Air Bag and Resus Bag.

2. OROPHARYNGEAL AIRWAYS (OP)

1. Only use on a deeply unconscious patient (in the recovery position)
2. During CPR can be inserted with patient on their back and ONLY whilst CPR is not being performed eg when checking for signs of life
3. Check correct size to use (bow of lip to point of jaw)
4. To insert ensure:
 - a. Proper head tilt
 - b. Check patient hasn't swallowed tongue
 - c. OP, needs to be inserted upside down and twisted into place
 - d. DO NOT force into mouth and ensure that the lower lip is not pinched
5. **DO NOT** use:
 - a. Conscious or semi-conscious patients
 - b. If correct size cannot be found
 - c. Large amount of vomit
 - d. On children

3. SUCTION – MANUAL UNIT

1. Used to clear additional fluids/blood/mucus from upper airways
2. Suction device components – know how to assemble and take apart
 - Suction catheter (plastic tube) SINGLE USE ONLY – dispose clinical waste container
 - Collection jar SINGLE USE ONLY – dispose jar and contents in clinical waste container
 - Jar Cap and Connection Port – also disposable
 - Suction Device (pump handle)
3. Test for suction against thumb or finger by placing it over vacuum port
4. Measure maximum length of tube for insertion
 - tip of plastic tube corner of jaw and measure to centre of lips
 - hold this point with fingers (this will ensure you insert the tube no further than the back teeth)
5. Insert tube into lower cheek of patient (in lateral position)
6. Rotate tube within patient's lower cheek (smooth and gentle)
7. Operate suction no longer than 15 seconds – then a 5 second break – to avoid hypoxia (lack of oxygen)
8. Ensure only two-thirds of container filled
9. Dispose non-reusable parts in the appropriate manner as above.

INFORMATION SURFCOM REQUIRE

Sign on report
(5-15min after patrol start)

- SurfCom will call for your club **SIGN-ON REPORT:**
 - Beach open or closed
 - Number of Bronze members on patrol
 - Is the IRB operational
 - In-water / On-beach headcount (approx)

After sign-on reports

- SurfCom will provide:
 - Regional weather/tide/swell forecast
 - Any pending Dangerous Surf Warnings

As required

- SurfCom will provide:
 - Any branch/state authorised operational updates
 - (important reminders/information)

For afternoon patrol change-overs

- Clubs who operate 'split' patrols (morning/afternoon), radio SurfCom:
 - Reporting patrol change-over
 - Morning patrol sign-off report; # rescues, first aids, preventative's
 - Afternoon patrol sign-on report; beach open/closed, bronze's, IRB operational, in-water/on-beach headcounts (approx)

Emergencies

- Clubs/Services radio SurfCom to request any/all support
- (ambulance/police/fire/helicopter/support operations)
- SurfCom radios clubs/services to request emergency response

30-15mins before end of patrol

- SurfCom will call for your club **SIGN-OFF REPORT:**
 - # Rescues
 - # Preventative's
 - # Major/minor first aids
 - In-water/On-beach headcounts (approx)
 - Patrol closing time (if extending patrol)

Surfcom Procedure

- Members on roving/IRB/ATV duties and on flag/tower duty should have **radios** (Patrol Ch 2)
- The Patrol Captain must have a radio on them at all times monitoring **SurfCom Ch3**
- SurfCom will call specific clubs for their '**sign-on report**' in order from Nth-Sth following their start of patrol time (5-15min after)
- SurfCom will call specific clubs for their '**sign-off report**' in order from Nth-Sth beginning from 30mins before end of the patrol day (30-15min before closing)
- Clubs who operate '**split-shift**' patrols (**morning/afternoon**) should call in to SurfCom when they are ready, with morning 'sign-off report' and afternoon 'sign-on report' details
- All Club requests for **assistance from emergency services/SLS** should be called through SurfCom
- **Only** incidents that require **additional support**, or may escalate (and require support), or need all non-emergency radio traffic stopped should be called into SurfCom
- When reporting an emergency requiring assistance, remember:
Problem, People, Position, Progress
- Update SurfCom with a SITREP if the emergency situation changes (worsens/resolves/key event occurs etc)
- If **other services** are required e.g. National Parks, Rangers, Snake Handlers, etc these are to be called through SurfCom
- REINFORCE A RADIO MUST BE ON THE SURFCOM CHANNEL (CH3) & BEING LISTENED TO ALL TIMES AS THIS IS HOW CLUBS CONTACT SURFCOM IN AN EMERGENCY AND HOW CLUBS/SERVICES ARE CONTACTED BY SURFCOM IN AN EMERGENCY (I.E INCIDENT AT ADJACENT BEACH ETC)

SURCOM – Update October 2011

Sign On

SurfCom will contact individual Clubs north to south from 8:50am onwards to collect “Sign-on Report” (including beach status, ATV status, IRB status & the number of Bronze holders on patrol). No sign on time is given anymore, clubs are signed on for 9am (or per times outlined in Lifesaving Agreements)

Patrol Changeover

Clubs are expected to radio SurfCom from after 1pm and provide morning statistics (rescues, preventions, minor first aid, major first aid & attendance), and advise SurfCom of afternoon “Sign-on Report” (including beach status, ATV status, IRB status & the number of Bronze holders on patrol). Once again, no sign on time is given

All day patrols are not required or expected to provide statistics during patrol changeover as they will be collected as a whole at the end of the day.

NB: Half-day patrols are counted as separate patrols and therefore statistics are not totalled for end-of-day, but rather per patrol (i.e. if there were three patrols in one day, statistics would be provided three as three separate totals)

Sign Off



































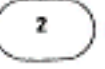

SurfCom will contact individual Clubs from 15-20mins prior to the end of patrol to collect “Sign-off Report” (rescues, preventions, minor first aid, major first aid & attendance). SurfCom will advise the clubs that they are “signed off” and confirm that they are on-duty until 5pm (or per Lifesaving Agreement). No sign off time is given.

SIGNALS SHEET



SIGNAL CHART



<p>BELTMAN — SIGNALS</p>  <p>ALL CLEAR — RAISE IN</p>  <p>ONE HURLING — RESCUE IN WATER</p>		<p>MESSAGE UNDERSTOOD</p>    			<p>ASSISTANCE REQUIRED</p>   		
<p>SHARK ALARM</p>  <p>RED & WHITE QUARTERED FLAG & CONTINUOUS RINGING OF BELL OR SIREN</p>   				<p>ALL CLEAR AFTER SHARK ALARM</p>   		<p>BOAT WISHES TO RETURN TO SHORE</p> 	
<p>BEACH TO SURFCRAFT</p>  <p>ATTRACT ATTENTION BETWEEN BOAT & SHORE</p>  <p>INVESTIGATE SUBMERGED OBJECT</p>  <p>PICK UP SWIMMERS</p>  <p>LOOKING TO THE LEFT OR RIGHT</p>  <p>REMAIN STATIONERY</p>  <p>PICK UP/RELIST BUOYS</p>  <p>PROCEED FURTHER OUT TO SEA</p>  <p>RETURN TO SHORE</p>							
<p>MESSAGE NOT CLEAR — REPEAT</p> 		<p>MASS RESCUE</p> <p>THREE SERIES OF RINGS ON THE BELL OR SIREN</p>    <p>Patrol or Beltperson exceeding Three Limit in Trawl or Examination</p>		<p>BUOYS — AS SEEN FROM THE BEACH (RIGHT TO LEFT)</p> <p>WHITE YELLOW BLUE/WHITE STRIPE RED GREEN BLACK RED/YELLOW</p>       			

REVISION QUESTIONS

(Answers over page)

1. When should you wear protective gloves?
2. If gloves are not available to treat a bleeding patient, what should you do?
3. What is the treatment for external bleeding or a wound?
4. According to the SLSA Training Manual, if you need to use a tourniquet what is the procedure?
5. How would you treat a needle stick injury?
6. What is the treatment for sand in the eyes?
7. What does DRSABCD stand for?
8. What is the preferred method of RESCUE BREATHING?
9. If the patient's chest does not rise during RESCUE BREATHING, what should you check?
10. Damage to the brain for lack of oxygen happens in what time?
11. When should arterial tourniquets be used?
12. Where is the breathing control centre located?
13. What is "RICER" a basic treatment for?
14. What is the correct treatment for a nosebleed?
15. What is the definition of shock?
16. What is one of the most important but often neglected aspects of first aid treatment?
17. What are the symptoms of shock?

REVISION QUESTIONS

(Answers over page)

18. What does OH&S stand for?
19. What does the OH&S act ensure?
20. Who has the responsibility for health and safety in your surf club?
21. List 3 ways of making sure you meet the highest standard of personal hygiene?
22. A fully laden IRB should be lifted by a minimum of how many patrol members?
23. Where should the “Bathe between the flags” signs be placed on the beach?
24. The safest position for the rescuer and a rescue board in relation to a patient is?
25. What are the four P’s when giving information of a rescue over the radio?
26. What are the four types of rips mentioned in the SLSA manual?
27. A flash rip is best described as?
28. How is C.P.R. is conducted on a baby (infant) and a child
29. How is 2 person C.P.R. conducted on an adult?
30. How would you treat a blue bottle sting?
31. Treatment for a heart attack and symptoms? List three (3) symptoms of heart attack?

REVISION QUESTIONS

(Answers over page)

32. How would you treat the patient in shock?
33. How would you treat a patient with suspected spinal injuries?
34. What is the treatment for heat exhaustion?
35. How would you treat a person with a cramp?
36. Treatment for severe sunburn?
37. The treatment for someone that has fainted?
38. Name the three types of waves.
39. What is a rip current and how is it caused?
40. Name 4 of the 5 ways you could identify a rip
41. What are the three steps in obtaining a clear airway in an unconscious patient?
42. If you have opened the airway, how do you tell if the patient is breathing?
43. What three observations of the patient (SIGNS OF LIFE) must you make before commencing CPR?
44. What observations must be made on a patient recovering from successful resuscitation?
45. Hypothermia occurs when the core body temperature falls below ?? degrees C?

REVISION QUESTIONS

(Answers over page)

46. State 2 uses of an immobilisation bandage?
47. What are the duties of the Patrol Captain?
48. Who has the final authorisation for Junior Activities Water events?
49. What are the three main responsibilities of a patrol?
50. When can a patrol member leave the patrol area?
51. How would you set up a helicopter landing area?

ANSWERS

- 1 For every first aid case
- 2 Tell patient how to stop his or her own bleeding
- 3 Clean around wound – apply direct pressure with a sterile dressing
- 4 You note time of application and release the tourniquet every 20 minutes
- 5 Wash with warm soapy water report incident, advise patient to go to doctor and counselling
- 6 Flush with saline, advise patient not to rub eyes
- 7 Danger, Response, Send for help, Airways, Breathing, Circulation, Defibrillation
- 8 Mouth to mask
- 9 Head tilted back – no foreign material in the airway - seal is firm – enough air is being blow in
- 10 Less than 4 minutes
- 11 Only as a last resort
- 12 Base of brain
- 13 Strains and Sprains (Rest, Ice, Compression, Elevate, Referral)
- 14 Sit patient down, tilt head forward, squeeze soft part of nostrils
- 15 Loss of effective circulation
- 16 Reassuring the patient
- 17 Breathless and nausea

ANSWERS

- 18 Occupational Health & Safety
- 19 Employers provide a happy and safe workplace
- 20 Everybody
- 21 Wash hands regularly, especially after treating a patient – clean teeth regularly – limit the jewellery that you wear
- 22 4 people
- 23 Near water's edge and safest area of beach
- 24 On the shore side of the patient
- 25 Position, problem, people, progress
- 26 Permanent, flash, fixed, travelling
- 27 Temporary in nature and caused by surf build up
- 28 Baby - 2 fingers / depth of chest
(infant) 30:2 100 compressions/min - 2½ cycles/min

Child - 1 hand or 2 hands / depth of chest
30:2 100 compressions/min - 2½ cycles/min
- 29 Adult - 2 hands / depth of chest (4-5cm)
30:2 100 compressions/min - 2½ cycles/min
30. Put affected area under shower at the hottest, most comfortable temperature. Can then treat with ice, monitor breathing. NOTE: Parent to accompany child to shower.
31. Place patient in the most comfortable position usually sitting up, give oxygen therapy, loosen clothing, do not allow the patient to exert himself seek medical aid. Symptoms – pain or discomfort in the centre of chest lasting more than 10 minutes

ANSWERS

32. If unconscious turn on side, care for airway, breathing and circulation, stop bleeding, protect from extremes of temperature, moisten lips, do not give anything by mouth, give oxygen therapy, seek medical aid. If conscious lay flat, elevate legs and treat obvious causes of shock
33. DRSABCD Immobilisation, airway management, recruit assistance, stabilisation, remove from further danger instruct casualty not to move
34. Cease all activity, move to cooler place or shade and rest, loosen clothing, douse with cool water and cool by fanning. Give fluids, no alcohol, seek medical aid
35. The primary treatment of cramp is to stretch the affected muscle rest and ice. A swimmer treated for cramp should not enter the water again on the same day
36. Cold compresses, cold showers, do not prick blisters, rest in a cool place, give fluids, monitor patient, seek medical aid
37. Lay the patient flat when conscious, keep head level with the heart and elevate the legs, if the patient does not lie down there will be a loss of consciousness, depression of breathing and perhaps a brief convulsion if the patient is not placed horizontal and the airway kept clear, cardio respiratory arrest may occur, seek medical aid
38. Plunging or Dumper
Spilling
Surging wave

ANSWERS

39. A rip current is a body of water moving out to sea. A rip current is formed basically by water seeking its own level usually by large sets of waves approaching the beach, building up water, which later returns to sea to find its own level thus causing a drag outwards
40. Discoloured water
Foam on the surface extending beyond the break
Waves breaking further out on both sides of the rip
Debris floating out to sea
Rippled appearance, where the surrounding water is generally calm.
41. a) Maximum head lift
b) Pistol grip
c) Jaw support
42. Look, listen, feel
43. Unconscious
Unresponsive
Not moving
Not breathing
(Face and lip colour – grey/blue)
44. Observe Airway, Breathing, Signs of Life
45. 35 degrees C
46. Blue Ring octopus, snake bites, Funnel Web spiders Box Jelly Fish, **NOT** Red Back spiders, Stone Fish and Stingray penetrations.

ANSWERS

47. The Patrol Captain is in charge of all operations in the event of a rescue and his instructions shall be promptly followed.

At commencement of duty the Patrol Captain shall allocate positions to the members when performing a rescue.

48. Patrol Captain
49. Prevention, recognition and rescue.
50. A patrol member shall not leave the area unless authorised by the Patrol Captain or relieved by another club Member or in a medical emergency.
51. A beach emergency, as directed by the Department of Aviation, is a minimum roped off area 40 metres square extending back from the waters edge manned by at least seven (7) Club members one at each corner of the square and one in the centre of each rope side.