QUEENSLAND

2018/2019 Season

Skills Maintenance Bulletin

The SLSQ 2018/2019 Season Skills Maintenance Bulletin provides all members with information regarding changes which will take effect for the upcoming season. It also contains reminders where common issues or important reminders have been identified. Please ensure you have read the information contained within before attempting the Skills Maintenance Theory Paper.

Patrol Operations Reminders:

Extracted from SLSA Guideline 2.2 – Lightning

The 30/30 Rule is recommended for lightning safety in the AS/NZS 1768:2007 Lightning protection. The rule is designed to provide guidance on the suspension and resumption of activities in an outdoor environment. The 30/30 Rule sets out the following principals:

Close the beach - When the 'flash to bang count' (i.e. the time between seeing the lighting and hearing the thunder) is 30 seconds or less. This indicates that the lightning is less than 10km away and is associated with significant risk that the strike could be at the patrol arena.

Open the beach - When 30 minutes has passed since the last sighting of any lightning. A typical storm travels at about 40 km/h. Waiting 30 minutes allows the thunderstorm to be approximately 20km away.

i. With an approaching thunderstorm, and where the 30/30 Rule applies, all persons should be advised to leave the water and clear the beach immediately. The Patrol Captain should remove the patrol flags, close the beach and then the patrol should retire to the shelter of the clubhouse, maintaining a surveillance lookout from there.
ii. Seek shelter in a 'hard top' vehicle or building - avoid small structures, patrol shelters, fabric tents and isolated or small groups of trees as you may still be at risk from lightning strikes.
iii. If in the open, away from shelter, crouch down (singly), preferably in a hollow, with feet together and remove metal objects from head and body. You do not need to lie down, but you do need to avoid being the highest object in the vicinity.
iv. If swimming, surfing or in a boat leave the water immediately and seek shelter.
v. In the event of a surf carnival or special event, all effort should be made to ensure the safety of all personnel. All effort should be made by the carnival referee and/or organisers to delay the event until the danger has passed or cancel/postpone events completely.
vi. Avoid the use of portable radios and mobile telephones during a thunderstorm. If emergency calls are required keep them brief.

LS0009 Patrol Uniforms

In accordance with Section LS0009 Patrol Uniforms in the Patrol Operations Manual, SLSQ members are only permitted to wear their patrol uniform components whilst performing their patrol duties or when performing approved activities (e.g. Surf Club fundraising activity). This means that members are not to travel to or from their club wearing their uniform, not to go swimming in their patrol shorts when they are not part of the on duty patrol and must definitely not wear their uniforms to events such as costume/theme parties.

LS0007 Patrol Roles and Responsibilities

Members are reminded that the use of personal mobiles/tablets/smart devices while on duty is unacceptable unless they are being used to temporarily replace emergency communications (e.g where radio has failed, call emergency services). Not only are using personal devices on whilst on patrol a distraction from the task at hand (observing and ensuring patron safety), it is a bad image for Lifesavers in general if members of the public perceived that those on duty are more interested in what is happening on their personal devices.

Reporting Patrol Strength in LIMSOC

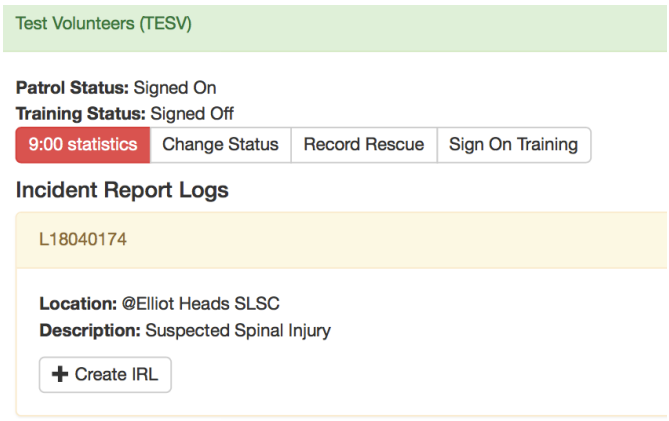
It is vital that you update your Patrol Strength information correctly in LIMSOC. If your patrol is missing people from your patrol group but you still have all awards covered, you are still classified as a full patrol. If you do not have an award covered, this needs to be advised to Surfcom.

When should each category be used:
Full Patrol - All Awards and personnel are covered as per Patrol Service Contract.
Partial Patrol - Missing required skill or not enough people as per Service Contract. i.e. No IRB Crewman or only 2 Bronze where 3 are required.
Surveillance Patrol - As per P.O.M. and Patrol Service Contract.

Submitting Incident Rescue Logs (IRL) in LIMSOC

Members are reminded that it is important to only hit the submit button once and then wait for LIMSOC to load their incident/rescue reports. Patience is required as SurfCom has advised of some cases where duplicate reports are being created by LIMSOC as the submit button is being hit twice.

LIMSOC runs on the 3/4G Telstra network and sometimes takes a moment to load. So please be careful when creating IRL and recording incidents as if you click create IRL or confirm rescue details more than once it will duplicate the information. As you can see in the incident below it gives a brief description of the incident. If you have multiple incidents for your beach you need to ensure that you are completing the IRL for the correct incident.



Compression Rate for CPR

The current ARC Guidelines recommends that compressions should be performed at a rate of 100 – 120 compressions per minute (or almost 2 per second). This is an increase from the previous recommendation of a rate of approximately 100 compressions per minute. It is important to remember that the recommended rate is based on continuous compressions being delivered. By the time a rescuer stops, delivers two rescue breaths and recommences compressions, the casualty will not have physically received the full 100-120 compressions.

External Bleeding - Extracted from Australian Resuscitation Council Guideline 9.1.1

The use of pressure on or around the wound is usually the fastest, easiest and most effective way to stop external bleeding. Other methods should be used if direct pressure alone does not control severe bleeding. The aim is to stop further bleeding whilst waiting for help to arrive. There is no evidence that elevating a bleeding part will help control bleeding and there is the potential to cause more pain or injury.
Bleeding should be managed as severe, life-threatening bleeding in the following situations:

- amputated or partially amputated limb above wrist or ankle
- shark attack, propeller cuts or similar major trauma to any part of the body
- bleeding not controlled by local pressure
- bleeding with signs of shock, i.e. pale and sweaty plus pulse rate >100, or capillary refill > 2 sec and/or decreased level of consciousness

1.1 Management

- Use standard precautions (e.g. gloves, protective glasses) if readily available.
- Management of all bleeding begins with application of pressure on or around the wound.
- If bleeding is severe or life-threatening, controlling the bleeding takes priority over airway and breathing interventions. Lie the victim down, apply pressure and send for an ambulance.
- If there is severe, life threatening bleeding from a limb, not controlled by pressure, apply an arterial tourniquet above the bleeding point, if trained in its use and one is available.
- If there is severe, life-threatening bleeding from a wound site not suitable for tourniquet, or from a limb when a tourniquet is not available or has failed to stop the bleeding, apply a haemostatic dressing, if trained in its use and one is available.
- For the majority of non-life-threatening cases, first aiders should follow the order of DRSABCD, where control of bleeding follows establishing airway and commencing CPR if required.
- If the victim is unresponsive and not breathing normally, follow the Basic Life Support Flowchart (ANZCOR Guideline 8).

1.2 Direct Pressure Method

Where the bleeding point is identified, the rescuer, a bystander or the victim themself should control bleeding by:

- Applying firm, direct pressure sufficient to stop the bleeding. Pressure can be applied using hands or a pad over the bleeding point.
- If bleeding continues, apply a second pad and a tighter bandage over the wound. If bleeding still continues, check that the pad and bandage are correctly applied, directly over the

bleeding. If not, it may be necessary to remove the pad(s) to ensure that a specific bleeding point has not been missed. Applying firmer pressure, only using 1-2 pads over a small area, will achieve greater pressure over the bleeding point than continuing to layer up further pads.

To assist in controlling bleeding, where possible:

- Advise the victim to lie down and remain still
- Restrict movement by immobilizing a bleeding limb

1.3 Embedded Objects

If there is an obvious embedded object causing bleeding, use pressure around the object.

- Do not remove the embedded object because it may be plugging the wound and restricting
- bleeding.
- Apply padding around or on each side of the protruding object, with pressure over the
- padding.

Pressure application methods may be insufficient to control bleeding. It may still be necessary to use other measures including an arterial tourniquet or haemostatic dressings.

1.4 Arterial tourniquet

- Arterial tourniquets should only be used for life-threatening bleeding from a limb, where the bleeding cannot be controlled by direct pressure. Ideally, a tourniquet should not be applied over a joint or wound, and must not be covered up by any bandage or clothing.
- Commercially manufactured windlass tourniquets such as those based on military designs are more effective than improvised tourniquets. An example of a military tourniquet is shown in Fig 1. Effective use of commercial tourniquets is optimal when first aid providers are trained in proper application techniques.
- All arterial tourniquets should be applied in accordance with the manufacturer's instructions (or 5 cm above the bleeding point if no instructions) and tightened until the bleeding stops.
- If a tourniquet does not stop the bleeding its position and application must be checked. Ideally the tourniquet is not applied over clothing nor wetsuits and is applied tightly, even if this causes local discomfort.
- If bleeding continues, a second tourniquet (if available) should be applied to the limb, preferably above the first.
- If a correctly applied tourniquet(s) has failed to control the bleeding consider using a haemostatic dressing in conjunction with the tourniquet.
- An elastic venous tourniquet (designed to assist drawing blood samples or inserting intravenous cannulae) is **not** suitable for use as an arterial tourniquet.
- Improvised tourniquets are unlikely to stop all circulation to the injured limb without risk of tissue damage. Improvised tourniquets which do not stop all circulation can increase bleeding. Nonetheless, in the context of life-threatening bleeding, an improvised tourniquet is likely to be better than no tourniquet. Tourniquets, ideally of a similar broad width to commercial types, can be improvised using materials from a first aid kit (e.g. triangular bandage, elastic bandage) from clothing, a surfboard leg rope or other available similar items. Improvised tourniquets should be tightened by twisting a rod or stick under the improvised tourniquet band, similar to the windlass in commercial tourniquets.

- The time of tourniquet application must be noted and communicated to emergency/paramedic personnel. Once applied, the victim requires urgent transfer to hospital and the tourniquet should not be removed until the victim receives specialist care.

Figure 1: SOFTT W Tourniquet

Management of All Severe Bleeding

- Call an ambulance
- Reassure the victim
- Assist the victim into a position of comfort, preferably lying down
- Keep the victim warm
- Monitor the vital signs at frequent intervals
- Administer oxygen if available and trained to do so
- Do not give any food or drink orally, including medications
- Treat shock
- If the victim is unresponsive and not breathing normally, follow the Basic Life Support
- Flowchart and commence CPR

The full ARC Guidelines can be accessed at www.resus.org.au if you are interested in reading further.

INHALO Cylinders Approved for Use

Now approved for use by Surf Life Saving, the revolutionary INHALO design integrates cylinder, valve, regulator and flow meter into a single, robust, lightweight and reliable unit.

INHALO Design and Specifications

INHALO specifications

Gas code	400CD
Gas type	Medical Oxygen E.P. Grade
Gas volume	630 litres
Empty weight	3.5 kg
Full weight	4.4 kg
Height	555 mm
Diameter	105 mm
Outlets	400 kPa outlet pressure (g)
– Firtree	Also known as 'barbed tail' Tubing diameters 6-8 mm Flow rates 1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 15 lpm
– Diameter Indexed Outlet (D.I.O.)	Also known as Sleeve Index System (S.I.S.) refer AS2896

Higher Gas Content

INHALO's high capacity cylinder delivers significantly more gas than a standard C sized cylinder

Comparison of cylinder duration in hours (h) and minutes (m)*

Cylinder size	400CD	400C
Contents*	630 litres	490 litres
Consumption rate	(h:m)	(h:m)
1 lpm	10:30	8:10
2 lpm	5:15	4:05
5 lpm	2:06	1:38
7 lpm	1:30	1:10
8 lpm	1:18	1:01
10 lpm	1:03	0:49
15 lpm	0:42	0:32

INHALO Features and Benefits

The INHALO features a high volume gas package which is light, easy to use and versatile.

It eliminates the need for regulators, and with its plug-and-go functionality will make cylinder changeovers quicker, safer and easier – allowing you to concentrate on patient care.

Integral valve

- Integrated valve/regulator/flowmeter
- Enables simple multi-functional use and eliminates the need for external regulators and flow meters
- Enables easier, safer and faster cylinder changeovers saving precious time
- Inhalo is completely maintained by BOC saving you costly equipment inventory & maintenance
- A wide selection of accurate flow settings (1-15 lpm) provides for a wide range of oxygen therapies
- Live contents gauge
- Easy to read gauge instantly provides a clear indication of gas level at all times
- Prevents waste as cylinder doesn't need to be opened to determine contents

Design

- Ergonomic carry handle is designed to provide a balanced and safe carry point
- Robust design ensures a secure supply of oxygen
- Fibre-wrapped cylinder provides high capacity but light weight making handling easy
- Tamper evident seal provides assurance of quality and safety
- Ease of use simplifies training

High capacity package

- The high gas capacity (630 litres) of the INHALO means less cylinder changes saving you time
- With significantly more gas than a standard C sized cylinder the INHALO saves you space, and cost on stock holdings and delivery

Multiple oxygen outlets

- The 'plug & go' functionality make the INHALO versatile & easy to use
- Allows multiple therapies from the same cylinder, eg. oxygen supply &/or suction device (from DIO connection)
- The multiple outlets mean the INHALO acts like a cylinder & a wall outlet at the same time

Appearance

- The INHALO has a smart, clinical look that reassures patients and enhances compliance
- Clear plastic finish allows easy cleaning and provides for better hygiene

Registration

- The INHALO is a registered medical device, refer AUST R 135358, 187646
- BOC medical oxygen is a registered therapeutic good

Award Changes

The SSV Operator Induction award will be introduced in QLD from 1st July 2018. This induction award is for Side by Side Vehicle Operators and replaces the old ATV Operator Induction award. For members who already hold the old ATV Operator Induction award, all you will need to do to gain the new award will be to show your current drivers licence to your club CTO/admin and ensure that your expiry date is correct in your Surfguard profile. Once you have attended skills maintenance for your other awards, your club will then raise your new SSV Operator Induction award. By following this procedure, only members who are currently proficient award members and have renewed for the 18/19 Season will receive the award. New members who are completing a new award to operate the vehicles after 1st July 2018 will only receive the new award name.