



QUEENSLAND
EDUCATION
Courses & Training

2023/24 Season

Skills Maintenance Bulletin



SKILLS MAINTENANCE

It's important to understand why Lifesavers undergo Skills Maintenance - to ensure that key skills and knowledge have been retained to the organisational standards. It's a time to reflect, to learn and improve our ability to save lives.

Whilst Skills Maintenance acts as a "verification of competency", SLSQ encourages all members to practice their skills and test their knowledge wherever possible to achieve the highest possible standard.

RADIO OPERATIONS

Effective radio communication and operational awareness is critical to providing an effective Lifesaving service, whether responding to an incident between the flags or beyond.

As such, below are some important reminders.

✓ DO

- ✓ ensure that the channel is not in use before transmitting your message
- ✓ ensure you are clear of obstructions that may block your radio signal, e.g., thick concrete walls or sand dunes
- ✓ ensure the antenna of the portable radio is as vertical as possible at all times (always point it to the sky)
- ✓ hold the portable radio, or the microphone from a mobile radio, approximately 10cm from your mouth and to the side
- ✓ press and hold the PTT button for 2 seconds before speaking clearly to transmit your message
- ✓ release the PTT button once you have finished your message
- ✓ remain stationary when transmitting if possible, as running to an incident while trying to transmit can make it difficult for other stations to understand your message
- ✓ shield the microphone when talking in high noise and windy areas
- ✓ speak as if you were talking to someone next to you
- ✓ think about radio procedures before transmitting as well as what you are going to say, e.g., include call signs, prowords and other radio terminology wherever possible.

*Extracted from SLSA Publication App: Public Safety Aquatic Rescue Manual - Radio Operations - Radio Transmissions

Incident Procedure

Remember to use the four (4) P's for any incident/emergency. Position, Problem, People Progress.

This is critical to ensure effective communication has been passed onto Surfcom and/or other assets that may be able to assist.

- Position
 - Exact Location: Beach access number, physical address and/or landmarks
 - E.g., Patient is at Alexandra Headland SLSC and/or beach access number 160 and/or 50m north of the Tower
- Problem
 - Brief description of the injury or incident
 - E.g., Severe laceration on left leg
- People
 - If there are multiple casualties involved (and ages)
 - E.g., Two males aged 25 & 32
- Progress
 - Any intervention taken by club/service
 - Patient condition changes and incident updates

Emergency/Duress Button

In recent seasons, members have accidentally activated the duress button. Below are important steps to ensure member safety in the instance of an activation.

- Duress does not work on SIMPLEX (Line of sight channels)
- Duress monitoring is now 24/7 and will trigger a response from SLSQ
- To activate, press for TWO seconds, a quick press will not trigger
- When activated, the Patrol is to check with Surfcom to confirm which radio unit has been triggered and conduct a welfare check on the asset – **Do not assume it was an accident!**
- Once it is confirmed to be an accident, advise Surfcom – **Do not turn the radio off!**




ADRENALINE AUTO-INJECTORS

Anaphylaxis is the most severe form of allergic reaction and is potentially life-threatening. Symptoms of anaphylaxis can include Breathing difficulties, closure of the airway, swelling, redness or itching of the eyes, skin, nose, mouth, or throat.

The two common types of adrenalines autoinjectors are “Anapen” and “EpiPen”.


Once either of these autoinjectors are inserted into persons experiencing an anaphylactic reaction, adrenaline is injected into the body to assist with the reaction.

Below is an extract from ASCIA, comparing the two types of adrenalines autoinjectors.

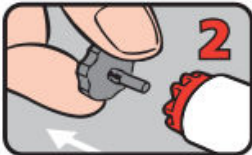

australian society of clinical immunology and allergy
www.allergy.org.au

How to give adrenaline (epinephrine) injectors


Anapen®



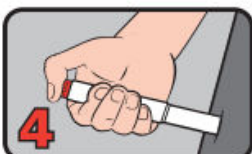
1
PULL OFF BLACK NEEDLE SHIELD



2
PULL OFF GREY SAFETY CAP from red button




3
PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)




4
PRESS RED BUTTON so it clicks and hold for 3 seconds.
REMOVE Anapen®

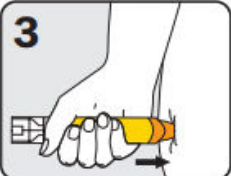
EpiPen®



1
Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2
Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3
PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds
REMOVE EpiPen®

Follow the ASCIA Action Plan or First Aid Plan for Anaphylaxis.
Provide ambulance with the used injector and the time it was given.

© ASCIA 2022 ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand.

https://www.allergy.org.au/images/stories/anaphylaxis/2022/ASCIA_How_to_give_adrenaline_injectors_2022.pdf

Important Information for Anapens

It is important to note that after the Anapen is used, the needle stays exposed, it does not retract.

After contacting emergency services, place the needle into the wide end of the black needle shield or place the used Anapen in a container. Once emergency services have arrived, provide the paramedics with the used Anapen as well as the time the Anapen was injected.

BASIC LIFE SUPPORT

The term “basic life support” (BLS) is referred to within the Australian Resuscitation Council (ARC) guidelines and is defined as “the preservation of life by the initial establishment of, and/or maintenance of, airway, breathing, circulation and related emergency care, including use of an AED.” – ARC Glossary June 2022 <https://resus.org.au/glossary/>. All information on the ARC guidelines relating to BLS can be found [here](#).

Below are a series of areas within the BLS that are important reminders critical to delivering effective BLS and quality CPR.

Airway Management

Airway management is required to provide an open airway when the person is: unconscious, has an obstructed airway or needs rescue breathing. In an unconscious person care of the airway takes precedence over any injury, including the possibility of spinal injury.

- To assess breathing and airway leave the person in the position in which they have been found unless fluid or matter obstructs the airway. The person should not be routinely rolled onto the side to assess airway and breathing.
- Where the airway is obstructed with fluid (water or blood) or matter (Sand, debris, vomit). These people should be promptly rolled onto their side to clear the airway.
- To clear the airway the mouth should be opened, and the head turned slightly downwards to allow any obvious foreign material (e.g., food, vomit, blood, and secretions) to drain.
- If the airway becomes compromised during resuscitation, promptly roll the person onto their side to clear the airway. Once the airway is clear, reassess for responsiveness and normal breathing. If the person is unresponsive and not breathing normally follow the DRSABCD action plan.

References:

ANZCOR Guideline 4 – Airway

<https://www.anzcor.org/home/basic-life-support/guideline-4-airway/>

Resuscitation in Drowning

“The most important consequence of drowning is an interruption of the brain's oxygen supply. For this reason, prompt initiation of CPR including rescue breathing is important if the person is unresponsive and not breathing normally.” – ARC Guideline 9.3.2 – 1 introduction. Thus, the following are important reminders:

- All CPR is 30 compressions followed by 2 breaths for all casualties, irrespective if “wet” or “dry”.
- Breaths/ventilations are strongly recommended for any drowning casualty.
- All drowning persons who are out of the water and unresponsive should be assessed on their back.
- The person **should not be routinely rolled** onto the side to assess airway and breathing.
 - Unless fluid or matter is found (Refer to ANZCOR Guideline 4 – Airway)
- Do not delay CPR for an unresponsive non-breathing casualty.

Reference:

ANZCOR Guideline 9.3.2 – Resuscitation in Drowning

<https://www.anzcor.org/home/new-guideline-page-3/guideline-9-3-2-resuscitation-in-drowning/>

MEDICAL OXYGEN USE – ART HOLDERS

There has been a number of changes surrounding medical-grade oxygen that affects Lifesavers and in particular ART operators. Below are important changes and reminders.

Pulse Oximetry

The State Lifesaving Committee has approved the use of Pulse Oximeters for operations starting for the 23/24 season. Whilst it has been a requirement of the new ART course, the equipment had not yet been rolled out for patrolling purposes.

With this being the case, some key points need to be considered when using a pulse oximeter:

- Read the instructions carefully, each manufacturer’s instructions may slightly differ on how to apply
- For any casualty where medical-grade oxygen is being considered, oxygen saturation should be obtained via an approved oximeter and recorded
 - For a casualty requiring resuscitation or urgent attention, do not delay assistance in lieu of applying a pulse oximeter
- A pulse oximeter is a guiding tool, not an absolute, constantly observe your casualty and take the reading into account.



Image from medshop.com.au as one of the SLSA-approved suppliers.

<https://www.medshop.com.au/products/rossmax-sa120-handheld-pulse-oximeter?queryID=3cc96f74907d820878a7fc656aee275c>

How to use a pulse oximeter:

1. Turn it on.
2. Minimise movement of the casualty where possible.
3. Clip the device (or sensor) on the end of a finger.
Use a finger that doesn't have nail polish or an artificial nail (Which may not be visible)
4. Keep casualty nail facing up.
5. Hold the casualty finger still and below the level of their heart.
6. You'll see results in a few seconds. Wait until you see one steady number for the oxygen level.
7. Record the oxygen saturation level along with the time and date within the incident log.

Please note:

1. Only proficient ART holders should be using pulse oximeters.
2. Refer to the device labelling or the manufacturer's website to understand the accuracy of a particular brand of pulse oximeter and their sensors.
3. Any operational pulse oximeter must be listed on the Therapeutic Goods Administration (TGA) Register <https://www.tga.gov.au/resources/artg>

Reminder – General Oxygen Use

- Basic Life Support measures (CPR) should never be delayed whilst waiting for oxygen or other equipment
- Medical grade oxygen should only be used by trained operators (proficient ART award holders)
- When using bag-valve-mask (BVM) oxygen for resuscitation, **the BVM can only be used by trained operators** (proficient ART award holders)
- A minimum of two trained rescuers are required to provide ventilation for a non-breathing person.
 - This means there should be a minimum of two rescuers, one using the BVM (ART Operator) and one person sealing the mask (SRC, BM, CPR or ART).
- Persons who receive medical-grade oxygen in a first aid setting need to be further evaluated by a healthcare professional - **Lifesavers must call an ambulance if oxygen is used.**

When should oxygen be used?	
Conditions where use of oxygen recommended	Conditions where <u>oxygen use is not routinely recommended</u>
During cardiopulmonary resuscitation (CPR)	Stroke – Unless signs of shock are present
Bleeding	Heart attack – Unless signs of shock are present
Burns	Oxygen saturation equal to or greater than 92%
Shock	
Asthma	
Anaphylaxis	
Drowning	
Decompression illness	
Poisoning	
Oxygen saturation of less than 92%	

KEY ORGANISATIONAL PROCEDURE REMINDERS

Surf Life Saving Queensland (SLSQ) has created various procedures and processes to assist members with all aspects of patrol. It is important that patrol members familiarise themselves with these procedures as a time may present itself when one or more procedure/process is called to into use.

Several key procedures are outlined in this bulletin to re-iterate the correct method to follow whilst on patrol as well as the importance of each process.

All of SLSQ's as well as Surf Life Saving Australia's (SLSA) procedures and guidelines can be found in the SLSQ Club Management or [here](#).

Beach Closure

This section refers to the POM section "008 Patrol Operations" under "Closing Beaches", which is located [here](#). Patrol members are required to assess the conditions that present to them and determine if closing the beach (aquatic area) is an appropriate option. The Patrol Captain is to control the operation. Patrols should conduct the operation in a firm but courteous manner in a way that will not unduly alarm the public.

Upon the decision to close a beach for swimming, the below is to occur:

- The red and yellow flags shall be removed/taken down;
- The red flag (if applicable) shall be erected;
- Where the swimming area would normally be a "DANGER NO SWIMMING" sign/s with a red flag and relevant hazard sign shall be erected;
- Report beach closure via LIMSOC and Surfcom including the reason for closure;
- "DANGER NO SWIMMING" approved best practice signage with red flag and hazard sign should be erected at major beach access points where practical and appropriate to advise the public of a closed beach;
- Conditions boards shall be changed to outline the "Beach is Closed for swimming" and state the reason for closure;
- When the beach is closed, the minimum patrol strength outlined in your club's patrol agreement shall be maintained. Patrol the beach, to ensure swimmers do not enter the water and be ready in case of emergency during normal patrol hours.

-Beach closure continues next page-

After such the above, an appropriate record of the beach closure should be made, giving an outline of the incident. The beach should remain closed until the identified hazard is controlled or no longer presents a risk to the public or the patrol. Recommended beach closure periods include;

- **Crocodile:** a minimum of four (4) hours from the last confirmed sighting and after consultation with Department of Environment and Science (DES);
- **Shark:** a minimum of sixty (60) minutes from the last confirmed sighting or until the threat is no longer present e.g., completion of the search (unless directed by authorities);
- **Chemical hazards:** after confirmation from appropriate authorities that the area is safe;
- **Dangerous tropical jellyfish:** a minimum of twenty-four (24) hours and following two clear drags.

Once it is determined that it is safe to reopen the beach, normal patrol procedures should be re-established under the direction of the senior responsible person. It is important to continue to inform the public of the activities of the patrol.

Lost/Missing Person Protocol

This section refers to the POM section “008 Patrol Operations” under “Lost/Missing Persons”, which is located [here](#). The lost/missing person guideline is to ensure patrol members adhere to the correct procedures when approached by parents, family or friends of a person who is lost.

It is important to note that if a patrol member is informed of a lost/missing person, that patrol member is to always retain the informant with them or another patrol member or until the missing person is located.

A patrol member should always follow a series of escalating procedures to handle lost and found patrons:

Serial	Action	Suggested Time Frame
1	Information gathering	0-2 Minutes
2	Preliminary observation Contact Surfcom	2-5 Minutes
3	Initial search	5-10 Minutes
4	Coordinated search: under external agency	Report after 10 minutes: search continued under the direction

Appropriate external authorities e.g., Surfcom should be contacted immediately if:

- There is concern that the patron was last sighted near or in the water;
- The patron has a disability;
- There is evidence or reasonable suspicion that criminal activity may be involved;
- There is a circumstance/s that suggests the patron may be at immediate risk.

For aquatic incidents, it is recommended that additional resources are contacted earlier rather than a delayed response.

Patrol members are to obtain the necessary information to commence appropriate actions, specifically for a lost a child(ren). Such information/details include:

- Child’s name, age and basic clothing that was worn;

- The location of the last sighting; and
- The time of the last sighting.

Once patrol member/s have obtained the relevant information, a series of searches for the lost child are to be conducted. More detail of these searches is in the guideline.

Member Injury Process

The “Member Injury Reporting” Procedure is located in the SLSQ Club Management app which can be found [here](#).

The purpose of this procedure is to provide information to affiliated entities on the process to be undertaken in reporting an injury to a member carrying out approved lifesaving activities.

The key reminder is in relation to the initial notification process, which is as follows:

“1.1 Clubs or SLSQ Staff are to ensure that the following is completed for a member injury immediately.

- Lodged via LIMSOC **OR**
- SLSA Incident Report Form

1.2 Member injuries are to be logged via the State Operations Communication Centre (SOCC).

This is done via LIMSOC as a notification, the SOCC will then contact you to complete the incident.

If access to LIMSOC is not available, please have injuries reported direct to the SOCC – the contact number is 5631 7400 and they are open 7 days a week from 7am – 5pm

1.3 Clubs or SLSQ Staff must ensure that all necessary personnel have access to forms and/or LIMSOC in the event of a member injury.”

For further information, please refer to the procedure via the link above or the SLSQ Club Management App.

SLSQ Peer Support Procedure

The SLSQ Peer Support Procedure is located in the POM section “0025 Peer Support” which can be found [here](#).

SLSQ operates in an environment that is prone to the occurrence of traumatic events which can include many types of incidents on the beach and within the surroundings of the surf club. Members could experience various reactions to these types of events and may require support and assurance that they’re looked after.

The key reminders are:

1. To activate peer support services during operational hours, Patrol Captains or services should contact the Duty Officer (If applicable) or Surfcom/State Operations Communications Centre (SOCC).
2. the Patrol Captain will ensure appropriate documentation of the incident is completed and an assessment of members’ mental state made. This includes their immediate safety such as ensuring they are in a suitable condition to drive home etc.
3. If in doubt of anything in relation to this process, contact the SOCC

For further information, please refer to the procedure via the link above or the SLSQ Club Management App.

SKILLS MAINTENANCE PATHWAYS

SLSQ has an RPL procedure that is available. Where a member can no longer meet the physical requirements of a particular award for whatever reason, the member can RPL back to an award with less physical activity. For example:

- If a member cannot complete the timed run-swim-run for the Bronze Medallion award but can achieve the Surf Rescue Certificate run-swim-run requirements, the member will be issued with an SRC or;
- If a member can no longer or temporarily meet all of the physical requirements of the Bronze Medallion award and/or the SRC, they can be issued with the Observers and Radio Operators award by completing the Backwards RPL Form which is located in the SLSQ Club Management or [here](#).

Once a member has completed the RPL Form, it is to be submitted to SLSQ State Office (education@lifesaving.com.au) for processing. The relevant award will then be issued to the member and added to the member's Award List on SurfGuard.