In 1910 Surf Lifeguards began providing beach patrols. It wasn’t just about making our beaches safer, it was about the increasing popularity of our beaches for recreation.

There has been a lot of change in the last 100 years and today Surf Life Saving is about more than just patrolling between the flags. Coastal development has opened up new beaches and new walk ways lead people to different parts of our beaches today.

Windsurfers, surfing, boogie boards – even wetsuits which we take for granted today, have all had a significant impact on when and how people use our beaches.

Today we provide patrols at more than 80 of New Zealand’s most popular beaches, but it’s just part of what we do. Public education, event safety services, search and rescue and working with councils to ensure effective and consistent signage are all part of our Lifesaving plan to achieve our purpose.

**Membership**

Today there are nearly 18,000 members across 74 Clubs. Each year more than 800 new Lifeguards are qualified. Behind every Lifeguard, a coach, an instructor, and committee members all have an important role to play.

The opportunities available to you as a member of a surf lifesaving club are extraordinary. Once you have your Lifeguard Award, you can advance through the lifeguard programme in which ever direction you choose – First Aid, Inflatable Rescue Boat (IRB), Lifeguard development. You are also able to participate in our sport programme and put your skills on the line against others – be it beach sprints, swimming, surf boats or IRBs.

**Award Requirements**

**Minimum Age**

14 years

**Pre-Requisite Awards**

None

The SLA is made up of 13 Units

1. Demonstrate knowledge of health and safety issues relevant to Surf Life Saving members (RMG01)
2. Describe the features of the surf environment (PEG01)
3. Identify and describe the roles and responsibilities of a Surf Lifeguard (RRLB01)
4. Demonstrate knowledge of effective communication (CG02)
5. Demonstrate knowledge of effective scanning techniques and victim identification (TSLB02)
6. Perform retrieval of underwater objects (TSLB04)
7. Perform releases and tows in an aquatic environment (TSLB03)
8. Demonstrate signals used by Surf Life Saving members for communication (CG01)
9. Communicate using a two-way radio (CG03)
10. Perform a tube rescue (TSLB01)
11. Provide resuscitation (EMCG01)
12. Provide first aid (EMCG02)
13. Manage first aid in emergency situations (EMCG03)
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SLSNZ has adopted a strategic approach to drowning prevention.

public education

access & signage

swimming & survival skills

patrols & lifesaving services
1 Prepare

This section gives general information for all members on measures they can take, and measures put in place by SLSNZ, to reduce risks associated with surf lifesaving.

Risk Management

Areas of risk members are exposed to and preventative measures that have been taken to minimise them.
Risk Management

Areas of risk members are exposed to

Health and Safety

Hygiene

Personal
As a Surf Lifeguard, you must work closely with other Surf Lifeguards and the public. A clean and tidy appearance will let the public know that you have pride in the way you perform all Surf Lifesaving activities.

Environment
Environment hygiene is about keeping your clubhouse free from clutter or conditions that allow bacteria and vermin to thrive. Everyone must help. Cleaning and maintenance of premises and facilities are important, especially in first aid and operation rooms in your clubhouse. It is important to clean these areas after every patrol or, in the case of the club first aid room, after every use.

Personal Protection

The Sun
Surf Lifeguards are at risk from the dangers of exposure to the sun. Not only can UV rays be absorbed from direct exposure to the sun, but also from reflection off the sand and water. Furthermore, harmful UV rays are still present on cloudy days.

It is therefore important that Surf Lifeguards:
- Seek shade whenever possible, particularly between 10am and 4pm.
- Wear a wide-brimmed hat.
- Wear loose-fitting, long-sleeved shirt with a collar.
- Use broad spectrum sunscreens with a sun protection factor (SPF) of 30 or higher, and:
  - Apply before going out into the sun.
  - Apply it to exposed skin every 2 hours.
  - Reapply every time you exit the water.
- Wear UV protective sunglasses that meet the AS/NZS 1067:2003 standard.

Hypothermia
Hypothermia through exposure to cold conditions is a potential risk for Surf Lifeguards. Where possible, a Surf Lifeguard should keep sheltered, warm and dry. If exposed to cold, wet or windy conditions:

On Land
- Wear warm clothing. The more waterproof the clothing, the more insulated the body will be from heat loss.
- Where necessary, wear polypropylene or woollen undergarments.
- Wear a hat.
- Never work alone.

At Sea
- Wear at wetsuit that covers at least the entire trunk area.
- Never work alone.
SLSNZ strongly recommends the use of polypropylene clothing on land, and wetsuits at sea, on cold days.

Dehydration
On patrol a Surf Lifeguard must drink regularly to:
- Reduce dehydration.
- Prevent heat exhaustion.

It is a good habit to carry your own refillable water bottle while on patrol.

Infectious Diseases
To reduce the likelihood of contracting an infectious disease, it is strongly recommended that Surf Lifeguards:
- Use resuscitation masks.
- Wear disposable gloves if there is any risk of contact with blood, saliva, urine or faeces.
- Conduct regular and thorough decontamination of training aids eg manikins.
- Maintain a spotlessly clean First Aid room. Household bleach is a suitable sterilising agent.
- Be vaccinated against Hepatitis B and participate in other inoculation programmes as available.
Alcohol
Alcohol impairs judgment and can encourage people to take risks. A swimmer who has been drinking alcohol tires easily and the body temperature drops quickly. Cramp is also more likely.

Alcohol consumption on patrol is strictly forbidden. Prior to patrol (the night before), a Surf Lifeguard should take into account that blood alcohol remains in the blood for 12 to 20 hours after the last drink.

Personal Risk and Self Preservation
While Surf Lifeguards are trained to perform rescues in the surf, there may be times when conditions are extremely treacherous, even for an experienced Surf Lifeguard.

In such conditions, the first consideration should be ‘Self Preservation’. Surf Lifeguards must decide whether they can perform (or take part in) a rescue without seriously injuring themselves or losing their own lives. The responsibility and decision to enter the water lies in the hands of each individual.

Remember: Self Preservation is the first priority.

Member Injury Procedures
Surf Life Saving New Zealand (SLSNZ) Members undertake a wide range of physical activities. While risk management practices are encouraged and undertaken, there will always be times when injuries occur.

To monitor both trends and injury management, SLSNZ maintains a ‘Serious Injury Register’, with data from it to be incorporated into all programme reviews.

In the Member Injury policy, ‘Serious Harm’ is defined as “any injury that takes place in the course of surf lifesaving activity that requires medical treatment from a trained and recognised health care provider immediately following the incident [i.e. Doctor, Dentist etc]”.

Procedures
When a Club, Region or National Organisation co-ordinates an activity that results in ‘Serious Harm’ or injury to the member, details of the injury will be recorded on the ‘SLSNZ Incident Report Form’. The form is sent through the appropriate channels for entry on the SLSNZ online database.
Areas of risk members are exposed to

Lifting and Carrying
Surf lifesaving duties involve the lifting and carrying of equipment and people who have been rescued. A common injury is to the lower back, caused by incorrect lifting or handling of heavy, awkward or large objects. In surf lifesaving, objects such as a fully set-up IRB, outboard motor, and IRB floorboards are particularly heavy and/or awkward. They require careful handling and manoeuvring. Not only could you injure yourself, but you could also damage the equipment and hurt others around you, if you do not handle and manoeuvre equipment safely. Health and safety is everybody’s responsibility.

How to lift
Firstly, it is important that the environment or area that you are required to lift in is safe. This will depend upon things like:

- Where and how equipment is laid out.
- The storage method of the equipment.
- The size and weight of mobile equipment.
- How far you have to carry equipment or goods.
- The terrain you have to negotiate.

Below is a set of steps that describe how to lift correctly. These steps outline how to lift heavy items on your own, or when lifting with two or more people.

- Face in the direction of where you intend to lift.
- Bend the knees and crouch down, with a straight back.
- Balancing with a wide base of support, take hold of the object securely.
- Keep the load close to the body wherever possible.
- One member coordinates the lift and calls ‘Ready, one, two, three, lift’.
- Brace your stomach muscles and, while keeping your back in a neutral position, lift the object using your legs.

Member Protection
Surf Life Saving New Zealand (SLSNZ) has a responsibility to ensure a safe environment for members and to provide protection from illness and/or injury. There is also a responsibility for all members of SLSNZ to ensure a safe environment for others. This section will give an overview of the basic ways SLSNZ protects its members, broadly as an organisation, and also specifically in the areas of lifesaving and sport. Guidelines of where responsibility becomes that of the club and the member are also shown.

Member Protection by the Organisation
SLSNZ Regulations: These regulations are made under Rule 24 of the Constitution of Surf Life Saving New Zealand Incorporated (SLSNZ). They contain various directions and

Do not bend forward with your legs straight to lift. This places excessive load on the lower back. The use of trailers, quad-bikes and 4wd vehicles are also important tools in the transportation of heavy objects.
requirements of SLSNZ which are binding on SLSNZ and its Members. These Regulations are made for the dominant purpose of ensuring a safe and fair framework, within which surf lifesaving in New Zealand can be conducted.


Lifesaving Member Protection
Policy Statements: SLSNZ Policy Statements are specific procedures that help ensure safety for operations. A number of policy statements have been created for lifeguards for a range of situations:

- Body recovery.
- Critical incident management procedures.
- Disaster survival and preparedness.
- Recommended minimum guidelines for open water swimming event safety.
- IRB specifications.
- Lifeguard refresher.
- Member injuries.
- Patrol support.
- Prototype experimental equipment.
- Rescue water craft.
- Shark safety.

For more information or to view lifesaving policies visit: http://www.slsnz.org.nz/clubhouse/tower/lifesaving-policies

Sport Member Protection
The following have been put into place by SLSNZ to minimise any dangers to athletes that may occur during an event:

- Code of conduct.
- Risk Assessment and Management Systems.
- Health and Safety plan.
- All competitors refreshed.

For more information or to view sport policies visit: http://www.slsnz.org.nz/sport/about-us/sport-policies

Club and Member Responsibility
There are many situations where clubs and members are responsible for the health and safety of others. A guide is given below.

Clubs have a responsibility to:

- Provide for the health and safety of members and visitors to the club.
- Provide safe access to the club.
- Provide information, training and supervision.
- Inspect and control use of gear/equipment.

As a member, you have a responsibility to:

- Co-operate with your patrol captains and officials.
- Work, and use equipment, safely.
- Take care of the health and safety of other members.
- Be able to offer first aid, if required, and to deal with potential and actual injuries.
- Control the conduct of members you are responsible for.
- Warn other members of any particular risk.

As a volunteer, this means you must:

- Work in a safe manner by following directions from your patrol captains and officials.
- Use equipment correctly and follow safety directions.
- Set an example, with appropriate ‘beach safe’ behaviour.
Wellbeing

General Fitness
Fitness
It is important that a Surf Lifeguard maintains a high level of fitness. It is a risk if a Surf Lifeguard goes on patrol in an unfit state. It is strongly recommended that Surf Lifeguards participate in some form of daily exercise (e.g., run, swim, ski or board paddle) during the patrol season. Jogging, water polo or winter sports are a few ways of staying fit in the off-season.

Skill level
Surf Lifeguards must undergo regular ‘Refresher Training’ in various Surf Lifesaving skills (e.g. resuscitation, IRB) to ensure they remain proficient.

A variety of Skill Development and Higher Award programmes exist, both at the Club and Region level, and Surf Lifeguards should, wherever possible, take advantage and participate.

Stress
What Is Critical Incident Stress?
A Surf Lifeguard may, at some stage, be involved in a stressful or traumatic situation, such as performing resuscitation or encountering a drowning.

These types of traumatic situations bring with them their own type of stress (critical incident stress), which may go unnoticed, as the Surf Lifeguard is unable or unwilling to express the pain and distress being felt. If left unattended, this stress can ultimately affect a Surf Lifeguard’s physical and mental health and also relationships with family, friends and colleagues.

Immediate critical incident stress occurs during the incident itself, and in extreme situations, can render a Surf Lifeguard incapable of functioning at the scene.

It is common for people to go through a time of reworking their actions in an attempt to answer questions such as:

- Did I follow the correct procedures?
- Did I do everything possible?
- Did I do anything wrong?

Remember:
During training, it is important that you are aware of the adverse and unpleasant conditions that may occur during rescue and resuscitation activities, as well as the fact that such actions are not always successful.

Management of Critical Incident Stress
Many important tasks must be completed following a major incident. These tasks are collectively referred to as Post Critical Incident Management Procedures. The diagram on the following page outlines the steps that are to be taken after an incident has occurred and management of the situation has been completed.
Health and Safety

Post Critical Incident Management

Major incident occurs:
Incident management completed.

Initial Operational Support:
Clubs inform SLSNZ, peer supporter dispatched, witness statements created.

Psychological first aid/defusing:
This is comfort and support offered immediately to people who have been exposed to a traumatic event. The process involves a review and assessment of patrol members involved in the incident.

Are warning signs of traumatic stress present?

YES
Psychological debriefing: Employee Assistance Programme (EAP) services. Region/peer supporter organise psychological debriefing with EAP services. Debriefing is a structured group process designed to mitigate the stress of a stressful event.

Does/did the incident involve any of the following:
- A likely chance of legal action?
- Significant injury(s) to Lifeguards or public?
- Significant operational shortcomings or unforeseen events?

YES
Operational Debrief:
An internal SLS review of the events and the associated response efforts during the incident.

Are there any continuing psychological issues with anyone involved in the incident?

NO: No further action required.
YES: Referral.
When a member is referred to a trained counsellor for follow up assistance in dealing with the incident. May be needed at any stage of the procedure.
2 Prevent

This section provides information that will assist Surf Lifeguards to be pro-active in fulfilling one of their key responsibilities: The prevention of drowning and injury.

Roles and Responsibilities

The roles of Surf Lifeguards while on patrol and their responsibilities as members of SLSNZ.
Patrol Methods

Surf Life Saving’s first duty, as a frontline community surf rescue service, is the safety of the public who visit and swim at popular beaches along the New Zealand coastline.

Surf Lifeguards ensure beaches are safe by patrolling them on weekends and holidays during the summer season, incorporating the basic principles of PREVENTION, RECOGNITION, and RESCUE.

The Surf Life Saving Club or Service responsible for each beach determines the patrolling method used. Each Surf Lifesaving Service has a current “PATROL OPERATIONS MANUAL” (POM), which describes in detail the patrol systems utilised.

Surf Lifeguards must be totally conversant with the Patrol Operations Manual, as it covers the beach they are patrolling. The document should always be kept on hand in an easily accessible and visible place. If you cannot locate your Club’s Patrol Operations Manual, please ask your Patrol Captain.

The standard content is as follows:

**SECTION A:**
- Club Patrol Operations.
- Patrol Operations & Geography.
- Patrol Capability.
- Specific Patrol Operations.
- Contact Information.

**SECTION B:**
- Region Patrol Operations
  - Region Contact Information (must be regularly updated).
  - Region Lifesaving Standards, Regulations and Policies.
  - Patrol Documentation.
  - Region Serious Incident Protocols.
  - Lifeguard Protection.
  - Risk Management.
  - Member Recognition.
  - Lifesaving Equipment Maintenance Guidelines.
  - Lifesaving Quality Assurance Programme.
  - Media Information.
  - Region Calendar of Skills Courses and Events.
  - Call out squad contact details.

**Surf Life Saving New Zealand Lifesaving Policies.**

This section includes all policies and regulations linked to effectively patrolling a beach. These can also be viewed at www.surflifesaving.org.nz
General Principles and Skills of Patrolling

Uniform
On patrol a Surf Lifeguard must wear a uniform to make the public aware that a patrol is operating. A uniformed patrol portrays to the public an image of efficiency and dedication.

As well, members of the public will be able to readily identify Surf Lifeguards. This is particularly important in emergency situations. The lifesaving uniform cannot be worn in any activity other than that detailed in the regulations. Lifeguards should be aware that wearing the uniform to and from lifesaving activity is deemed acceptable.

Surf Lifesaving Services can obtain uniforms from Surf Life Saving New Zealand.

The SLSNZ patrol uniform consists of:
- Red wide-brimmed hat.
- Yellow long-sleeved shirt.
- Red shorts.

Accessories include:
- Red peaked cap.
- Red Jacket.
- Yellow short-sleeved rash shirt.

Public Relations
Every time you put on your patrol uniform, you become an ambassador for Surf Life Saving.

All Surf Lifeguards should be courteous and tactful when they deal with the public. Whether we deal with the public face-to-face, over the telephone or in written documents, they should be given excellent service and unqualified respect.

Abuse of rescue equipment should be avoided at all times, as it presents a bad image to the public, many of whom may have donated money to SLSNZ.

Public image is important because the majority of our funding comes from the public sector, such as from sponsorships, donations, and the New Zealand Lottery Grants Board.

Crowd Control
It is essential to control the public on crowded beaches. This is especially so when a rescue is being performed.

Unintentional interference by onlookers may put the life of rescuers and/or patients in danger and prevent the operation’s smooth conduct.

It is natural, when an accident occurs, for people to mill around the scene. The Patrol Captain should designate a suitable member of the patrol to organise the public and keep them away from the centre of the activity.
Roles and Responsibilities

Requirements to effectively and efficiently patrol a beach

Incident Management

An outline follows of procedures to observe and factors to consider during incidents that may occur during a beach patrol. It is important to note that some regions may have slight variations in procedures, particularly in relation to contacting emergency services. If so, they will be highlighted by your instructor.

Water-based incidents

When dealing with rescues in the water, it is essential to inform other patrolling members of the incident details i.e. position, problem, people. Be sure to assess the situation before you enter the water.

Land-based incidents

A number of land-based incidents may occur at the beach, particularly medical emergencies. Surf Lifeguards are trained in first aid, some to higher levels than others. Those with extensive first aid knowledge and experience should be alerted and used in these situations, where possible.

Cliff incidents and falls

Police and ambulance should be contacted immediately. The police employ a designated cliff rescue unit trained to respond in situations where victims are unreachable. If you are able to get to the victim without putting him or her, yourself, or anyone else in danger, then do so, appropriately treating any injuries and securing the person to prevent further injury.

Reports

During every patrol, documentation must be completed as a formal record of the day’s events. This information is then fed into the Surf Life Saving New Zealand database, where important statistical information can be found and reviewed.

- Statistics enable Surf Life Saving services to complete analyses of beach usage, rescues and preventative actions and update their patrol methods, if necessary.
- SLSNZ are able to make decisions, based on evidence that has been gathered for the database.
- Statistics provide evidence for continued funding from support organisations, sponsorship and the public.
- Statistics provide data that can be supplied to the news media.
- Patrol reports help Surf Life Saving to appropriately recognise members’ actions.

The types of forms used are:

Incident Report Form

This form is a specific record of every rescue, search and first aid/trauma that lifeguards respond to. This includes any incidents at events. All injuries including injuries to any club member must be reported.

Patrol Captain’s Report Form

A record of the people involved (lifeguards and members of the public), any actions taken (incidents and preventative actions), weather conditions during the patrol and any equipment used.
**Patient Report Form**

This form captures all the details for any major rescue, search, first aid or trauma. One form per person must be filled out.

**IRB Operations Log**

At the end of each patrol, the IRB Operations log must be completed for every IRB that is used. It is important to read the operations log from the previous patrol to check if there are any problems with the IRB or the engines before preparing them.

Once all forms are completed, ensure they are sent to the correct people and a copy is kept with your club.

**Definitions**

To assist Surf Lifeguards in completing Patrol and Incident Reports, the following definitions apply:

- **Voluntary Patrol:** Volunteer Surf Lifeguards who undertake a patrol.
- **Regional Lifeguard:** Surf Lifeguards who undertake a patrol, or provide event safety for hire or reward.
- **Callout:** Any response to an emergency occurring outside patrol hours.
- **Event Safety:** Any event where Surf Lifeguards provide safety.
- **Other:** Services provided by Surf Lifeguards not included in the areas above, e.g. educational activity.

- **No. of Surf Lifeguards:** The total number of lifeguards who were on patrol that day.
- **Total Surf Lifeguard Hours worked:** The combined hours of each lifeguard worked that day.

- **Rescue:** Where a person requires assistance to return to shore (or place of safety) and who, without assistance, would have suffered distress or injury, or drowned.
- **First Aid/Trauma:** Any incident where a victim receives some form of First Aid treatment.
- **Search:** Any organised search for a missing person, or group of people, either at sea or on land. This includes body recovery.
- **Preventative Action:** When a Lifeguard identifies a potentially dangerous situation and takes precautionary action to prevent the situation from developing into, or contributing to, a real emergency e.g:
  - Shifting the flagged area during the day because surf conditions change.
  - Preventing swimmers from entering a rip or hole.
  - Removing broken glass from the beach.
  - Checking on a swimmer who appears to be in difficulty.

When recording a preventative action, record the action, not the people.

**Patrol Audits**

Patrol audits or inspections occur to maintain consistent patrolling standards throughout New Zealand. These audits are carried out by Region nominated inspectors against set criteria. These criteria are aligned to the Club’s Patrol Operations Manual.
Roles and Responsibilities

Requirements to effectively and efficiently patrol a beach

Using Rescue Vehicles

The “Land Transport Act 1998” defines the ‘road’ as including:
- A street.
- A motorway.
- A beach.
- A place to which the public have access, whether as of right or not.
- All bridges, culverts, ferries, and fords forming part of a road or street or motorway, or a place referred to above.
- All sites at which vehicles may be weighed for the purposes of this Act, or any other enactment.

This means that any use of any vehicles for patrolling purposes must be in accordance with the law.

Responsibilities of Clubs and Surf Lifeguards for All Terrain Vehicles (ATV):

All ATV operators shall hold a current motorcycle or driver’s license (learners, restricted or full).
- All ATV operators must wear an approved helmet when operating an ATV and be a minimum of 16 years of age.

The vehicle shall carry the following lifesaving equipment:
- First Aid and resuscitation equipment.
- Rescue Tube and swim fins.
- Hand-held radio protected by a waterproof pouch or base radio mounted to the vehicle.

For more information about ATV policies and safety visit: [http://www.slsnz.org.nz/clubhouse/tower/lifesaving-policies](http://www.slsnz.org.nz/clubhouse/tower/lifesaving-policies)

Calling In Back-Up

If you need assistance, or even think that a rescue operation is starting to become too large or difficult to control, you should ask for help sooner rather than later.

It is much better to have help on the way and cancel it, than to need assistance and have nothing available.

If Emergency Services are required, Dial 111.

You will be connected to a Telecom operator, who will ask you which service you require, Ambulance, Police or Fire.

Your call will be connected to the service you requested. You will be asked:
- Who are you?
- Where are you?
- What is the emergency?

Make sure you know the street location of your Surf Club or the street or beach access where you would like the ambulance or other vehicle to go.

Remain calm, and speak in a clear, precise voice that can be clearly understood.

Police

Surf Lifeguards need to contact the police in cases of:
- Public disturbance.
- Any criminal behaviour.
- Motor vehicle accidents.
- Whenever a person is reported as missing.
- Body discovery.

Ambulance

It is important to summon an ambulance when:
- A patient has lost consciousness, even for a brief period.
- A patient has received resuscitation.

Fire

A Surf Lifeguard should always call the Fire Service in cases of:
- Bush fires.
- House fires.
- Chemical spillages.

Search and Rescue

The Police have responsibility for Search and Rescue, and should be contacted in any search or rescue operation that goes beyond a straightforward surf rescue.

Coastguard

Most coastal regions in New Zealand have a Volunteer Coastguard that is available to respond to offshore boating emergencies. The Coastguard may be of assistance in some rescue situations.

Emergency Services

As a Surf Lifeguard, you should be aware of the emergency services and other rescue organisations that operate in your area. An Emergency Services Phone Index should be displayed next to all telephones in your Surf Club so that contact numbers are readily available.
Rescue Helicopter
If your Patrol does not have an established protocol for calling a rescue helicopter, then dial 111, ask for Ambulance and advise Ambulance Control that you need a rescue helicopter.

If you have a patient with a medical problem, the Ambulance Control will determine the need for an Ambulance or rescue helicopter.

Patrolling Roles
There are various tasks within a Lifeguard’s duties that are essential for a successful patrol, and they may vary from patrol to patrol. As a Lifeguard, you must not only understand your role, but that of others on duty with you. Roles will vary from patrol to patrol.

Patrol Captain
Your patrol captain has been appointed to this position because he or she has the lifesaving skills and experience to effectively manage the surf lifesaving service at your club or beach. At all times on patrol, act under the directions of the patrol captain.

Tower
A patrol member shall be stationed in an elevated position at all times during the patrol when swimmers are in the water. When a beach user enters the water, one set of lifeguard eyes must remain on the patrolled area at all times. Never leave the flagged area without observation.

Flag Duty
A Surf Lifeguard’s role on flag duty is to keep a constant watch on the swimmers in the flagged area and to encourage swimmers to remain swimming between the flags. When on flag duty, always carry a rescue tube and fins.

IRB Driver and Crew
The IRB driver and crew must have the IRB ready for use close to the water’s edge. Should they be needed for a rescue, they must respond quickly and efficiently. Radio contact needs to be kept at all times with the rest of the patrol.

Radio Operator
The radio operator is the link from the patrol to outside communications such as the Police, Ambulance Service and SurfCom. It is essential the operator is familiar with the processes and applications of each support service to undertake this role effectively.

First Aid
Although all patrolling members will have been trained in first aid in some capacity, there is a need for at least one member of the patrol to be trained at a higher level. If there are major first aid emergencies during a patrol, those trained at this higher level of first aid must take over patient management.

Mobile Patrol
The patrol captain may designate pairs of Surf Lifeguards to walk along the edge of the beach looking for incidents occurring outside the flagged area. Mobile patrols must always keep in radio contact with the patrol. A tube and fins must also be carried.

Outpost
When there are areas away from the flags that have a large number of beach-goers, an outpost can be set up. The outpost can be set up with or without flags, depending on the resources available to the patrol. Radio contact must be maintained between the outpost and the patrol. Sufficient rescue equipment and first aid equipment are also needed.
**Example of a typical patrolling day**

**Prior to Patrol**
Surf Lifeguards should arrive at least 30 minutes before the patrol is due to start to:
- Assess surf conditions.
- Check equipment and First Aid supplies.
- Identify potential dangers.
- Define emergency procedures and role of each Surf Lifeguard Patrol member as per the Club Patrol Operations Manual.

**Set up the Beach**
- Set out Patrol Flags.
- Set out signage where necessary.
- Set out Rescue Equipment.

**Setting up a Patrol**
The Patrol Captain is in charge of all aspects of the Patrol. This includes:
- Defining the safest swimming area, using the red and yellow Patrol Flags.
- Allocation of duties to Surf Lifeguards.
- Deploying Lifeguards to appropriate locations/hot spots.
- The laying out of rescue equipment.
- Co-ordination of any emergency situations.
- Completing Patrol Captain and Incident Report forms.

Include appropriate positioning for patrol gear/rescue equipment, e.g. positioned close to water’s edge and moved with the tide, as shown in the diagram.

**Defining the Flagged Area**
When selecting the safest area of the beach for swimmers and the position of equipment, Surf Lifeguards should be in an elevated position to gain a true picture of the beach conditions. Surf Lifeguards should also physically test the selected area with a swim before the Patrol Flags are placed.

Movement of the Patrol Flags and equipment to as close to the water’s edge as practical when the tide falls is an important function of patrol operation.

If there is a significant shift in the flagged area during the day, the Patrol Captain should make a public announcement to notify beach-goers of the change. It is also important to advise swimmers to swim between the flagged area and/or advise them of the dangers and hazards outside the flags. Polite requests should be made to any fibreglass board...
riders within the flagged area to move away, to prevent any injuries to those between the flags.

During the Day
- Actively converse with the public.
- Perform Preventive Actions.
- Perform rescues.
- Rotate duties/watches/activities/training to relieve boredom.

Preventing Emergencies
A good Surf Lifeguard is able to identify a potentially dangerous situation early and take necessary action to prevent it developing into a real emergency. These actions are referred to as PREVENTIVE ACTIONS. Some examples are:
- Shifting the flagged area during the day because surf conditions change.
- Preventing swimmers from entering a rip or hole.
- Removing broken glass from the beach.
- Checking on a swimmer who appears to be in difficulty.
- Clearing the beach of swimmers because of a suspected shark sighting.
- Shifting board and ski riders out of the flagged area.

15 Minutes Prior to End of Patrol
Notify public on beach that the patrol is due to finish.

End of Patrol
Close down Patrol.
- Bring in flags and signs.
- Clean and prepare equipment for next day.
- Complete Patrol, Incident and IRB log forms.
- Debriefing session.

Search and Rescue operations
Occasionally, Surf Lifeguards will be asked to take part in search and rescue operations during patrol or while off duty. In some situations, Surf Lifeguards may be asked to assist in searches in unfamiliar areas away from their own beach, e.g. in inlets, rivers, lakes, or on other parts of the coastline. The main focus of the next section is on missing persons at the beach.

Missing persons on the beach or at sea
Large crowds and an abundance of activity make reports of missing persons common in the beach environment. In the vast majority of cases, a person reporting someone missing fears that the person has drowned. Usually, the missing person is found on the beach later.

Surf Lifeguard tasks
As an on-duty Lifeguard, you may be the first point of contact for an informant. Your first roles/responsibilities are:
- Obtain as much information as possible from the informant about the missing person.
- Keep the informant with you.
- Alert the Patrol Captain.

The following questions should be asked:
- What was the last known point of the missing person?
- Consider dropping a buoy or another identifiable object that will remain in place at the last known point if in the water.
- If the person was in the water, did you see him/her submerge?
- General details about the person, age, height, gender, complexion, what he or she is wearing.
- Be prepared with your fins to get into the water if directed by your Patrol Captain.
- An initial search should be conducted. If the person is still not found, the Police should be alerted immediately.
- Once the Patrol Captain is informed of the situation and details, you are likely to become a member of the search team. If you do become part of the searching team, always follow the directions of the Patrol Captain or the individual appointed to control the search.
3 Respect

As members gain experience and knowledge of the environment in which they live, work and play, they will develop respect for it.

Surf and Beach Environment

The unique physical environment members operate in.
Surf Environment

The unique physical environment members operate in

Waves

What is a wave?
A wave is a body of water (swell) moving along the surface of the ocean.

Formation of Ocean Swells and Surf
Wind and storms at sea form pressure differences on the ocean surface and contribute to the creation of swells. These undulations travel thousands of miles and gather together to form swells. (Piha)

Size of Swells
The size of swells is determined by three factors:

- How hard the wind blows (Velocity).
- The length of time it blows (Duration).
- The distance it blows (Fetch).

Generally speaking, if any of these factors increases, larger waves will be produced.

As a swell approaches land and the sea bottom gets shallower, the waves become higher and narrower, and the distance between each wave becomes shorter. The wave continues to increase in height until it collapses and topples over. This is called surf.

Wave Types

12 Spilling Wave
This wave occurs when the top of the wave tumbles down the face of the wave. These waves are good for swimmers and board riders. (Piha)

13 Dumper
This wave breaks with tremendous force and can easily throw a swimmer to the bottom. It usually occurs where there is a steep incline of the sea floor causing the wave height to increase quickly and dump.

14 Shorebreak
This is a dumper that breaks on a steep beach face. Serious injuries can result when such waves throw swimmers violently onto the sand. (Mt Maunganui)

15 Surging Wave
This wave may never actually break. This is because the water is very deep beneath the wave. These waves are common around rocks and can knock people off their feet and carry them back into deep water. (Taylors Mistake)
Tides

What is the Tide?
This is the alternate rise and fall of the surface of the sea. It is caused by the attraction of the moon and sun and occurs twice a day. When the tide is high, there will be less beach than at low tide because the water level is so much higher.

Tidal effects on the surf environment
Changes in the tide can affect the conditions in the environment in a number of ways:
- Increase or decrease in the amount of land.
- Formation of new rips.
- Wave action.
- Currents.

For example, at some beaches waves will break at low tide. As the tide rises and waves hit the steep rise, they will start dumping as a shorebreak. Waves will also break at high tide, because as the tide falls, less water covers the sand bar and the waves will start dumping.

Tidal currents also occur at sea, sometimes very close to beaches. It is important to know tide changes throughout the day. Not only will the tide height affect the beach and waves, but it will also affect the movement of objects floating at sea. This is particularly important in search and rescue operations.

Rips and holes

Rip Currents
A rip current is a narrow body of water moving out to sea. It is caused by wave interaction with the environment. Rip currents can occur along any coastline that features breaking waves. As waves break, they generate currents that flow in both the offshore (away from the coast) and the alongshore directions. The larger the surf, the stronger the rip current.

Rips often occur where there is a barrier to water movement along the beach, such as headlands and rocks, or man-made barriers, such as wharves and drainage pipes, as in the permanent rip photo on page 25.

How to Identify a Rip Current
Identifying Features:
- Calm patches in surf with waves breaking each side.
- Rippled or criss-crossed water.
- Discoloured water.
- Foamy water.
- Adjacent sand bars.
- Trench or hole

Escape from a Rip Current
A swimmer caught in a rip should not panic. The swimmer should ride the current out from the beach until the current weakens, then swim parallel to the shore for 30-40 metres before returning to shore, swimming slowly.

If in trouble:
- Float on your back.
- Raise your hand.
- Wait until the rip stops moving before swimming.

Surf lifeguards can use a rip to their advantage if they need to get out through the surf quickly.
Types of Rips

There have been various international studies completed on rip classification. As yet, no study has been conducted in NZ. Completed international studies discuss four main types of rips. Each type is greatly affected by the characteristics of the beach:

18 Permanent rip currents (Karekare)
As the name suggests, these rips are stationary year round. As the intensity of surf conditions increases, so too does the intensity of the rip. The reason for their permanent nature is due to very little change in prevailing conditions and on the ocean floor. Permanent rips often occur where there is a barrier to water movement along the beach, such as headlands and rocks, or man-made barriers, such as wharves and drainage pipes.

19 Fixed rip currents (North Piha)
Fixed rip currents are accompanied by a hole or gully on the ocean floor, with sand as its primary base. Once established, the fixed rip may last from several hours to many months. The length of time depends on the movement of sand. They are usually created when water from incoming surf increases...
Holes
Besides rip currents, the inshore hole is one of the major problems for the unsuspecting swimmer and, in particular, for small children. The formation of holes is related to surf conditions and rip currents. However, holes can still be present once both surf and rips have gone. The inshore hole is commonly a trough that runs parallel to the shore, often with considerable variation in depth. Swimmers can be swept into an inshore hole by the backwash of water returning down the face of the beach.

Flash rip currents
These are temporary rips generated by increased volumes of water brought on to the shore. These rips occur unexpectedly, without warning, and subside rapidly. The nature of these rips means swimmers can be pulled out to sea quickly from areas of water that were safe only moments earlier.

Travelling rip currents
Travelling rips move out to sea and along the beach. They are pushed by the prevailing direction of the waves and usually occur when the swell is moving strongly in one direction. Travelling rips moving along the beach can wreak havoc on swimmers, pulling large numbers offshore.

Rip Tide
Unlike rip currents that are formed by wave energy, rip tides are caused by tidal action. Rip tides typically occur as water rushes through estuary and inlet entrances during tidal changes.

between the shore and offshore sandbars. The water then returns to sea through the path of least resistance, the lowest point in the sandbar system.
Surf Environment
The unique physical environment members operate in

Find a Beach website
SLSNZ's Find a Beach website provides safety, weather, tidal, fishing and surfing conditions, accommodation, activities, facility and features information about New Zealand Beaches.

For more information please visit: www.findabeach.co.nz
4 Communicate

Knowledge and skills for effective communication

Lifeguard Communication
Types of communication and how to communicate effectively.
**Verbal Communication**

Surf Lifeguards communicate verbally in a number of ways:
- One-on-one, face-to-face.
- Using a hand-held radio.
- On the phone.
- In a group discussion.
- Speaking to a group.
- Loud speaker or microphone.

When communicating verbally as a Surf Lifeguard, you will:

- Exchange information
  - You might ask questions for clarification about an incident, or give instructions/explanations to a member of the public.

- Concentrate
  - On communicating the main points of a skill effectively in a training session.

- Participate in open-ended discussions
  - To clarify issues or solve problems.

- Listen
  - To spoken presentations and briefings or explanations, such as a patrol captain’s briefing at the start of a patrol.

To communicate effectively, we have to match our language to the situation. We need to clearly work out:

- The purpose of the communication - what?
- The audience of the communication - who?
- The best form of the communication - how?

We also need to:

- Check that our message was understood, by getting feedback from the receiver.
- Make sure that we have defined and accepted chains of communication (i.e. patrol member to Patrol Captain).
- Use enough words to ensure our message is understood, but not too many for the receiver to understand.
- Use recognised or shared terms and language.
- Make sure the message has a clear structure.
Radio Communication

Radio communications provide a quick, simple, and efficient means of obtaining the assistance, equipment or information needed during lifesaving operations.

There are two types of radio networks in use by Surf Lifesaving in New Zealand:
2. Private Radio Networks or Land Mobile Network.

VHF Marine Radio Network

VHF Marine Radio is an international communications system used by both recreational and commercial vessels. It is a combination of simplex and repeaters so ships can communicate with other ships or to the shore. Some clubs or regions use VHF Marine for patrol and/or Search and Rescue.

To legally operate a VHF radio, you MUST hold a VHF radio operator’s qualification. The radio operations outlined in this section are intended to provide you with adequate knowledge and skills to operate a radio. The information does not give you the qualification required. SLSNZ recommends that you obtain a qualification through your local Coastguard Boating Education Service.

Private Radio Network

Private Radio Networks are networks that may be owned and operated by SLSNZ or the regions. These networks use privately licenced frequencies and are solely for the use of SLS. Although they are private and free from interference from others users, they still may be monitored by other rescue and media organisations. These networks may be a mix of simplex and repeater channels. These networks may be either analogue or digital radio systems.

Radio Operation Channels

- Surf Lifesaving channel – 69
- Emergency distress channel – 16
- Digital network channel - 03

Setting up Radios for Patrol

- Turn Radio “ON”.
- Adjust volume to about half way.
- Check battery condition on hand-held radios:
  Either a light or a meter will indicate the battery level.
- Check that you are on the correct channel.
- Adjust the squelch control until a static noise occurs, then turn it backwards until the static noise just disappears.
  Note: Some modern radios have an automatic squelch control.
- Place hand-held radios in splash-proof protective bags.
- Perform a radio test by calling another radio.

Some Basic Rules

- Be brief. When you are using the radio, it means that others cannot. You may by preventing somebody else from calling for assistance in an emergency. Avoid meaningless conservations.
- Speak carefully and slowly. It is sometimes difficult for the person receiving your message to hear you because of the background static at long range. If you speak slowly and clearly across the microphone, you will be more easily understood.
- Don’t carry, pick up or swing the radio by its aerial.
- Language. Remember that many other radio users can hear what you are saying. Avoid hanging out your dirty laundry on the radio.
- Do not use abusive language.
- Do not have arguments.
- The New Zealand Radio Frequency Service monitors Radio Channels to make sure that they are being used properly.
Call Signs
To avoid confusion, each Surf Lifeguard with a radio (i.e. hand-held or base set) is given a call sign, e.g., “Titahi Bay Tower”, “Titahi Bay Inflatable”, “Titahi Bay Mobile”.

“Over”
This word means that you have finished speaking and you want an answer, e.g., “Can you check on that swimmer by the rocks? Over.”

“Out”
This means that you have finished your conversation and that the channel is now free for other radio operators to use, e.g., “Roger, Titahi Bay Tower, I am returning to base. Out”.

Using the Radio in Conversation
- Listen Before You Speak. If you cut across another conversation, nobody will hear anything sensible.
- Hold the microphone 10 cm from your mouth.
- Press the Transmit Button. Speak after 1 second.
- Give the call sign of whom you wish to talk to. To attract their attention, say this twice, e.g., “Titahi Bay Tower, Titahi Bay Tower.” Speak across microphone, not into it.
- Identify yourself using your call sign, e.g., “This is Titahi Bay Inflatable. Over.”
- Release the Transmit Button. Otherwise you will not hear anything.
- Wait for a reply, e.g., “Titahi Bay Inflatable, this is Titahi Bay Tower, receiving you, go ahead. Over.”
  Note: If there is no reply, repeat your call.
- Proceed with your conversation.
  Use the correct procedures, e.g.,
  Titahi Bay Inflatable: “Titahi Bay Tower, Titahi Bay Tower, this is Titahi Bay Inflatable. Over.”
  Titahi Bay Tower: “Titahi Bay Inflatable, this is Titahi Bay Tower receiving you. Over.”
  Titahi Bay Inflatable: “We have completed our search. Nothing sighted. Over.”
  Titahi Bay Tower: “Roger, Titahi Bay Inflatable, please return to base. Over.”
  Titahi Bay Inflatable: “Roger, Titahi Bay Tower, I am returning to base. Out.”

Pro Words
You may hear or use procedural words (pro-words) when operating a radio. Pro-words are a single word or phrase with a common meaning and provide a quick and simple way to keep transmissions short. Pro-words should be used where possible.

Go ahead - Proceed with the transmission of your message.
Standby - Please wait until I call you back. I need to complete my current job or get more information or assistance for you. Other stations may transmit.
Roger - I have received and understood all of your last transmission.
Wilco - Your last message has been received, understood and will be complied with. I will do what you have asked me to.
Say again - I missed part or all of your last transmission. Transmit it again.
Correction - An error has been made; the correct version is...
Affirmative - Yes or Permission is granted
Negative - No or Permission is not granted
Out or Clear - The conversation is finished and I don’t expect a reply. Used at the end of transmission as an indication to other stations that the network is clear and free for use.
Break - I have finished a conversation with one station and am calling another without breaking my transmission.

Surf Rescue Communication Centre (SurfCom)
The main roles of SurfCom are to:
- Provide general information to all lifesaving services,
- Gather and record operational information.
- Coordinate major incidents when several lifesaving services are involved.
- Liaise with other emergency services.
For example, during a major rescue SurfCom may assist you by calling the most appropriate rescue services and recording key information.
SurfCom may call you during patrol duty for information on your patrol strength and equipment. Clubs without SurfCom support should maintain an index listing contact numbers for other rescue and emergency services and key club members.
Emergency Procedure

1. In an emergency, a Surf Lifeguard may have to cut across another conversation. To clear the channel, press the Transmit Button and say, “RESCUE - RESCUE - RESCUE” followed by your call sign, e.g., “Rescue - Rescue - Rescue. This is Titahi Bay Inflatable.”

2. All other radio users on that channel must stop talking and stand by to provide any assistance.

Rescue Reporting
When reporting an emergency, remember the four Ps:

- Position: One kilometre south of Patrol Tower, 200 metres off shore.
- Problem: Surf Cat has capsized.
- People: Two people need help.
- Progress: We have one IRB on its way to assist with two lifeguards on-board.

MAYDAY - MAYDAY - MAYDAY
This is an international distress signal given when a ship or boat is in a life-threatening situation and needs immediate help.

If you hear this, stop and listen carefully to the distress message that will follow.

Contact the Police immediately.

Radio Maintenance
To maintain maximum operating efficiency of radio equipment, and to prolong service life, all equipment should be regularly maintained and checked.

All radios should be checked prior to, and after, their use, including:

- Operation of on/off and volume control knobs or buttons
- Operation of channel change control knobs or buttons
- Operation of PTT button (Push To Talk)
- Damage to the case or antenna
- Check if water has penetrated the unit
- Check that the microphone is free from water
- Signs of water penetration around and under the battery
- Battery contacts are in good condition
- Operation of any programmed buttons
- Display screens (if fitted) are clearly readable
- Perform a radio check

After use, bags, cases and harnesses should be rinsed lightly with fresh water to remove salt water and sand then air-dried.

If a radio is dropped in water you must immediately:

1. Turn the radio off
2. Check for damage to the unit
3. Check that the unit is operating correctly

If water has penetrated the unit:

1. Remove the battery and antenna
2. Submerge the unit in fresh water (distilled water is best) for a minute or so to remove or dilute salt water
3. Remove from the water, shake gently and pat dry any excess water – dry it in the air, out of the sun
4. Advise your patrol captain, club radio officer and fellow patrol members of your actions
5. Record the damage and actions taken in an appropriate log book.
Non-Verbal Communication

Communication is more than just words. In fact, words are only a small part of communication. One study looked at the influence of words, voice and gestures and found that the message was made up of:

- 7% words.
- 38% audible non-verbal communication, such as voice tone, stress, pace and pitch.
- 55% visual non-verbal communication, such as body gestures, postures and facial expressions.

Non-verbal communication plays an important part in the overall communication process. You need to be aware of your own non-verbal communication and to be able to notice and read the non-verbal communications of others.

Body language can be positive, complementing the verbal message being sent. For example, if you want swimmers to move so that they are between the flags, blow a whistle to gain their attention, speak politely but firmly into a loudspeaker, or use a loud voice, asking them to move back to between the flags. Point to where you want them to move and begin to move in that direction. Smile in affirmation as they move.

Non-verbal communication can also be negative, and conflict with the verbal message. Frowning, leaning over people and wagging fingers are all examples of non-verbal communication methods that can be negative in their effect on others.

The way we dress as a Surf Lifeguard is important. When we wear a recognised uniform, we tell people that expertise is present and that we are of service to them.

We stand out and are easily found, and we give people the message that we care. It is also important that our dress and actions give a safety message. Sun Smart clothing, appropriate clothing for in the water, such as togs and wetsuits, and behaviour, such as swimming between the flags and taking care when using a IRB, are crucial in terms of what they communicate about our organisation to the public.

It is important that you get feedback on both your verbal and non-verbal communication skills while you are training so that you can be an effective communicator as a Surf Lifeguard.

Remember that the following non-verbal communications forms can be ‘read’:

- Gesture.
- Body language.
- Touch.
- Eye contact.

Signals

Signals are another type of non-verbal communication used commonly by Surf Lifeguards. Arm signals and/or flag or tube signals are used to communicate from the land to the sea.

A Surf Lifeguard should continue to send a signal until it is clear that the message has been understood by the receiver.

Signal communication is not limited to the use of rescue tubes. Alternatives include arms, paddles, flags, or signalling discs. These methods do, however, have their advantages and disadvantages. For example, when a cross wind is blowing, signal flags can be easily seen, but when the wind is blowing onshore, flags are difficult to use.

Diagram on following page.
Shore Signal Received and Understood
One arm held vertically, then cut away sharply.

Pick up Swimmers.
One rescue tube waved in a circular manner around and above the head and a second held parallel to the water’s edge and horizontal to the ground. After signal is acknowledged by craft, direct to swimmers as required.

To Attract Attention between Boat and Shore
Two rescue tubes waved to and fro, crossing above the head.

Return to Shore
One rescue tube held above the head.

Proceed Further out to Sea
Two rescue tubes held above the head.

Message Understood-Clear.
One rescue tube held stationary above the head and cut away quickly.

Proceed in the direction indicated
One rescue tube held at arm’s length parallel to the ground and pointed in the required direction.

Remain stationary
Two rescue tubes held at arms length parallel to the ground.

Signalling From Sea to Land

Ok Signal
Internationally recognised diver’s signal. One arm is curled round the top of the head to form an “O”.

Signalling From Land to Sea

Shore Signal Received and Understood
One arm held vertically, then cut away sharply.

All Clear
Both arms held in the horizontal position.

Assistance Required
One arm waved to and fro above the head.
Communication
Types of communication and how to communicate effectively

Graphic Communication
The following signs are examples of those used by Surf Lifeguards in New Zealand.
For more information on signs and flags, refer to the Water Safety Signage document: NZS 8690:2003

Signs and Flags
Patrol Flag and Swim Between Flags Sign
International Patrol Flag.
Used together, this Flag and Sign indicate Surf Lifeguard Patrolled Areas. SWIM BETWEEN FLAGS sign can also be used separately at beach access ways and other areas to indicate where the flagged area is.

Swimming Not Advised
Used to indicate localised danger areas, such as rips, holes or when the beach is closed. If the surf is too dangerous to set out PATROL FLAGS, then these signs are placed on the beach instead.

Strong Current
Placed on the beach to indicate to beachgoers that there is a RIP present.

Shark Sign
International “Shark” Logo.
Used when there is a shark sighting. Remove PATROL FLAGS and place SHARK sign on the beach.

Danger Flag
International “No Swimming” Logo.
Fly from Clubhouse in place of the PATROL FLAG when sea conditions are too dangerous to designate a patrolled area on the beach.

Signal flag
Used for communicating with other Surf Lifeguards through the SLSNZ signals system. Now largely replaced by rescue tubes.

Hazard Sign
Used in conjunction with a worded message below the sign, e.g., Stinging Jellyfish.

Swimming Permitted
This sign is used to show areas where swimming is permitted.
Effective Communication

Effective communication is the giving and receiving of information in a way that is clear and easily understood by both the communicator and receiver. Effective communication is one of a Surf Lifeguard’s greatest skills. The skill of sending and receiving messages in a variety of ways helps Surf Lifeguards to save lives, to inform and to educate.

Effective communicators must understand that different language is used in different situations. Language changes, depending on:

- What we are communicating about.
  - The language used on patrol is different from that used when talking about what someone did last night in general conversation.

- Who we are communicating with and the relationship we have with them.
  - The language used when talking with members of the public is different to that used with fellow Surf Lifeguards.

- How the communication takes place, whether it is spoken or written.
  - The language used when we fill out the patrol log is different to that used when talking to members of the patrol.

To communicate effectively, we match our language to the situation. We need to work out:

- The purpose of the communication - what.
- The audience of the communication - who.
- The best form of the communication - how.

Five skills to ensure effective communication

There are five key skills that you need to understand and master to be an effective communicator.

- Pay attention
  - Show the speaker you are interested in what is said.

- Observe
  - Watch the speaker to pick up non-verbal signals.

- Listen
  - Use any pauses in the conversation to think about what the speaker is saying.

- Summarise
  - Put what the speaker has said into a short concise statement to clarify what you have heard and understood.

- Respond
  - Show that you have been listening by responding in an appropriate manner.

Barriers to Communication

There are many barriers to effective verbal communication. We can help recipients of our spoken communication by recognising and avoiding barriers.

- Make sure background noise does not prevent them hearing the message e.g., crowd noise, waves, outboard motors.
- Use language appropriate to their language skills and understanding and use other methods of communication.
  - If you are speaking to a person who has English as a second language, don’t use jargon.
- Don’t make assumptions about them, or their beliefs or feelings on an issue.
- Listen to them. Make sure you understand what they are telling you.
- Avoid conflict with them. Don’t argue.
- Use an appropriate tone, emphasis and volume. Use a calm voice. Don’t shout.
Listening Skills
To be an effective communicator, you need good listening skills. There are three levels of listening. You should aim for the third level.

Non-hearing
When we are not taking in what is said. We make noises, for example, um, ah or perhaps nod encouragingly, but don’t really listen.

Hearing
We hear it all and can even remember little bits of the conversation, but we probably can’t respond adequately. We may say yes or no, and nod occasionally.

Active listening
We hear and think about what is being said without tuning out. We respond in an appropriate manner to what is being said. We absorb it.
5 Respond

This section gives details on rescue equipment used by Surf Lifeguards and outlines the skills and knowledge they require to respond to rescue situations.

Rescue Equipment
Rescue equipment used by Surf Lifeguards.

Surf Lifeguard Skills
The skills and knowledge required to respond to rescue situations.
Rescue Equipment

Special training and the use of rescue equipment are essential to lifeguard operations. An in-depth knowledge of this equipment is required by patrol captains and senior lifeguards. The equipment’s strengths, weaknesses and limitations must be known so the patrol captain can employ the right asset at the right time.

Remember that the daily priority goals of a lifeguard are:

Prevention, Recognition and Rescue

Equipment alone cannot reduce the numbers of people who drown or need rescuing on New Zealand beaches. A skilled user, however, can utilise rescue equipment to help prevent people getting into difficulty.

It is important that equipment is standardised throughout surf lifesaving rescue services to ensure consistency and proper training in its use.

Lifeguard Safety

Drowning victims are desperate for buoyant support. A panicked victim is, therefore, a real threat to an approaching Lifeguard. The victim may attempt to grab the lifeguard, forcing both underwater and into a mutually life-threatening situation. Buoyant rescue devices provided to victims have an immediate calming effect because the primary source of fear (submersion) is eliminated. This allows the Lifeguard to safely rescue the person.

Speed

Because the success of some rescues depends greatly on how fast a lifeguard can reach a victim, equipment has been adapted or developed to decrease Lifeguard response time.

Rescue Tube

The rescue tube is a flexible foam buoy with vinyl skin and embedded strap. Its three major components are:

- Flotation capability.
- Lanyard/leash.
- Harness/shoulder strap.

The rescue tube and surf fins are the core equipment of a Lifeguard. Whenever a lifeguard is on duty, he or she must always have immediate access to a rescue tube. The rescue tube forms a part of a Lifeguard’s personal safety equipment and should be available to the Lifeguard at all times while on duty.

Listed below are some reasons for having the rescue tube on hand at all times:

Constant Readiness

If a lifeguard is away from his or her station, a fundamental piece of rescue equipment remains at hand for a sudden response.

Identification to the Public

Rescue tubes are distinctive and recognisable. When help is needed, people will quickly see and identify the person carrying the rescue tube as a Lifeguard. In a rescue, the rescue tube helps identify a Lifeguard during water entry, possibly helping clear the way on a crowded beach or avoiding confrontations. When a Lifeguard responds to a rescue with a rescue tube, even in shallow water, people will often focus their attention on the area, which can be helpful in bringing family members to the scene to help with information or ensure better future supervision. In the water, a victim seeing a swimmer approach may not know the person is a lifeguard without the presence of a rescue tube.
Surf Fins
At many Surf Life Saving Clubs, the individual Lifeguard has his or her own personal set of surf fins. The obvious advantage of surf fins is the added speed and power that they give to the responding Lifeguard. In rocky areas, surf fins provide protection for the feet. They can also be useful during search and recovery procedures requiring diving.

Use and selection of surf fins
Surf fins should be used in rescues that require a long approach swim and in deep-water rescues involving currents.
Surf fins are not, however, needed in shallow water rescues because the time to put on surf fins can delay response.

Identification to fellow lifeguards
Like other people at the beach, lifeguards may be easily lost in the crowd, although their bright yellow shirts help make them more visible. The characteristics, shape and colour of the rescue tube can assist in identifying a patrolling Lifeguard.

Multiple Uses
Rescue tubes can be used in conjunction with other equipment and taken along without interfering with other devices. Rescue tubes can be adapted to almost any rescue situation. They can be modified to carry and store special rescue equipment, such as one-way breathing masks. They can be used for a wide variety of signals on the beach and in the water.

Advantages of the Rescue Tube
Hydrodynamic: The rescue tube creates very little drag for a lifeguard towing it.
Secures the Victim: The victim is actually wrapped in it.
Rescue boat use: It is easily stored and is soft.

Limitations of the Rescue Tube
Single victim use: The rescue tube can be used for more than one victim, but is designed for a single victim.
The clip of a rescue tube can cause lacerations or other injury. This is unusual, but it is best to secure the tube around the victim to avoid this problem. The rescue tube is particularly susceptible to environmental degradation. It should be stored hanging up out of the sun.
Inflatable Rescue Boats, or IRBs, were used first by the Lifeguards of Australia and New Zealand. These boats are typically about three metres long and use a small outboard motor (surf special) of 30 horsepower for propulsion. Most often, an operator and a crewperson, who sit on the inflated pontoons while holding handles, staff them. The relatively low weight of these craft allows them to be moved and launched easily. To keep the vessels light, fuel bladders made of synthetic material replace fuel cans. Because they are operated close to swimmers, a propguard is attached to the outboard.

**Advantages of the IRB**

IRBs are perhaps the most versatile boats available to Lifeguards. Used by trained operators, they can successfully handle large surf conditions. IRBs can be easily operated in the surf line for extended periods of time. They are fast because they draw little water as they float across the surface. When necessary, an IRB can hold two to three victims. In a mass rescue, the IRB can be used as a raft to which many victims can cling until brought to the beach by Lifeguards. IRBs can be successfully used close to large crowds of swimmers with limited risk.

**Limitations of the IRB**

IRBs have drawbacks. They are small open boats in which the operator and crew can be subjected to heavy bouncing over waves, and to wet conditions. IRBs can be manoeuvred well by a trained operator, but when they are used to tow other vessels, they can be difficult to steer because they do not have an effective keel. They require constant, though inexpensive, maintenance. When caught in the wrong orientation by a breaking wave, IRBs can be flipped. Even then, however, their soft design means they present less risk than boats with a rigid hull.

The rescue board is an important piece of rescue equipment. It is made from a polyurethane foam and/or polyester glass. This construction makes the board buoyant enough to easily carry two people. Rescue boards are almost always kept as rescue equipment in or near the flagged area. The bright yellow colour helps beach-goers identify Lifeguards in the water.

**Advantages of the Rescue Board**

- **Quick response**: The rescue board can be paddled more quickly than swimming to the patient.
- **High buoyancy**: Rescue boards can be used to float a number of conscious victims.
- **Fending off**: Rescue boards can be effectively used to fend off a panicked victim.

**Limitations of the Rescue Board**

- **Insecure victim**: Unlike the rescue tube, a rescue board does not secure the victim in place. It is the responsibility of the lifeguard to secure the victim on the board.
- **Single victim use**: The rescue board can be used for more than one victim, but is designed for a single victim.
- **High skill level**: Lifeguards using rescue boards require a high level of skill, depending on conditions, to successfully complete a board rescue and negotiate the surf conditions.
Rescue Equipment
Rescue equipment used by Surf Lifeguards

Rescue Water Craft

A Rescue Water Craft (RWC) commonly known as a Personal Water Craft (PWC) or Jetski is specially outfitted for surf interaction and operated by at least one qualified Surf Lifeguard.

The main use of the RWC is for Support Services, this is defined as the provision of SLS services over and above the club patrolling system. Support Services major thrust is to provide services at remote/inaccessible locations and to supplement club patrols as applicable.

RWC uses
- Rapid response to isolated areas and/or in support of a patrol incident.
- Effective callout after-hours incident vehicle. Effective and safe use in large surf.
- Effective around rocks and in tight operating spaces.

Advantages of the RWC
- Speed.
- Manoeuvrability around rocks, jetties.
- Effectiveness in large surf because they can get out the back of and/or through the surf efficiently and effectively
- Can be operated by one person.
- Can be righted and restarted after capsize.
- Can be operated in the shallow water of harbours, estuaries, and inlets.

Limitations of the RWC
- Its weight makes it difficult to launch and retrieve.
- Its speed and weight pose a risk to other water users.
- Significant training, supervision, and adherence to rules are required.
- Two-patient capability, at most.
Surf Swimming
Being a confident and competent swimmer in the surf is an essential part of being a Surf Lifeguard. Some basic knowledge needed for surf swimming follows.

Prior to swimming
Lulls
In heavy surf you can watch for a while and look for a pattern in the waves - maybe six or eight, and then a lull before the next set. You will have an easier swim through the lull.

Rip Currents
A Surf Lifeguard may need to use the rip current as a means of getting out the back of heavy surf.

Landmarks
Identify landmarks that can be used as a guide while you are in the water.

Heading out through the surf
Wading
The quickest way to get through the shallows is to use the high hurdle-type stride known as wading. This is achieved by lifting the knees high and then swinging the legs out to the side.

Dolphin Diving, or Porpoising
Between knee and waist depth, wading becomes difficult. At this stage a Surf Lifeguard should commence dolphin diving. This technique requires good timing and co-ordination. You dive into the water, grab the sand with both hands, pull your knees up to your chest and then push forward off the bottom. At chest depth you should start swimming.

The Swim Out
On the swim out, you should regularly lift your head to check where the next wave is, or where the patient is situated. A good Surf Lifeguard can achieve this without altering his or her normal swimming action.

Negotiating Broken Waves, or Duck Diving
Just before a broken wave reaches you, dive under and grab the sand, wait for the wave to pass and then push forward off the bottom with your legs.

Swells, or Unbroken Waves
You can use these to check your position by raising your head for a quick look when you swim over the top of a swell.
Returning through the surf

Body Surfing

Body surfing is the ability to ride waves without any equipment. The skill required to become a good body surfer comes from practice.

Catching the Wave

As the wave is almost upon you, start swimming towards shore as fast as you can.

If you are in shallow enough water, you can push off the bottom for extra speed.

Keep swimming until you feel the wave begin to lift and carry you. You will probably have to swim a bit to hold your position on the wave, kicking really deep and hard.

If you started in the right place… you will body surf!

As the wave gets steeper, you will tilt forward and surf along the face, with white water tumbling and bubbling around or behind you.

How Do I Stop?

As you approach the beach, you will probably want to stop before you run aground!

You “pull out” by turning your body away from the breaking face of the wave, or else dive under and grab the sand, wait for the wave to pass and then push forward off the bottom with your legs.

Wipe Out

If, or when, you wipe out, keep cool and relax. You’ll tumble head over heels, surrounded by swirling bubbles and sand.

Curl up in a ball and wait for things to calm down a bit. Then head for the surface and reposition yourself for the next wave. While it may seem a long time that you are held under, it’s no more than a few seconds.
Tube Rescue

As mentioned earlier, the rescue tube is the core equipment of a Surf Lifeguard and should always be able to be at hand.

Tying a Rescue Tube
Roll the connecting cord around the centre of the rescue tube with the belt tucked in under the last two strands of cord, so that once the belt is pulled loose from the rope the rescue tube and the cord will automatically unwind.

Putting on the Rescue Tube
As the tube automatically unwinds when picked up for use in a rescue, the Surf Lifeguard should place his or her head and one arm through the belt. The belt should sit on one shoulder and under the other, crossing the chest diagonally. It is more comfortable to have the belt on the shoulder opposite to the side that you breathe on when swimming.

Entering the Water
Swim fins are strongly recommended for use when performing a tube rescue.

When you enter the water, wade and duck dive to waist depth, then put on your swim fins before swimming towards the victim, observing him or her at all times.

Approaching the Victim
- When you are within voice range, reassure the victim so you create a calm atmosphere.
- Stop about five metres from the victim and push the tube forward.
- The victim will grab the tube, which will keep him or her afloat.
- When the victim has calmed down, the rescuer should clip the tube around him or her.

Multiple Victims
When two people are in difficulty, the Surf Lifeguard should assess the best order in which to assist the victims. Let other Surf Lifeguards know you need help by giving the ‘assistance required signal’ while approaching. The first victim should be secured with the tube. Then assist any other victim(s) to a position where they can lock their arms inside the tube to keep themselves afloat.

While waiting for assistance, the rescuer should talk to victims, explaining what will happen when assistance arrives. Ask questions to keep them calm, e.g., What is your name? Where are you from? How old are you?
Lifeguard Skills and Response Techniques

Skills and knowledge required to respond in rescues

Unconscious Victim

Upon reaching an unconscious victim, the rescuer should immediately give the ASSISTANCE REQUIRED signal. The rescuer should clip the tube around the victim and immediately carry out the standard assessment procedure. To secure an unconscious victim who is face down in the water:

- Approach the victim from behind.
- Holding the clip end of the tube, reach under the armpit and across the chest of the victim.
- With your free hand, grab the clip end from under the victim’s other armpit and clip the tube up.
- The victim’s head should be held above the water while you do this.
- Pull the victim on to his or her back and turn the tube towards you so you do not tangle the rope, and so the clip is above the chest. You may need to have the clip on the second ring or rope to achieve this.

Return to shore

- The Surf Lifeguard encourages the victim to lie back and assist by kicking while you swim towards shore, taking advantage of surf conditions.
- Once in the wave zone, the Surf Lifeguard should do backstroke to keep an eye on the victim and the surf.
- If a large wave approaches, the Surf Lifeguard should go back, secure the victim and tell him or her to hold their breath as you both go under the wave.
- Try to duck your heads under the wave and then, while holding on to the tube kick for the surface.
- On reaching the shallows, the rescuer helps the patient to dry land. The rescuer should walk backwards to keep an eye on the surf.
Double Tube Tow
A Surf Lifeguard providing back-up can assist in returning the victim to shore by using a double tube tow. This is effective when you have a large victim or when conditions are difficult, such as coming out of a rip or near rocks.

- The second Surf Lifeguard attaches the clip end of his or her tube to a ring on the first Surf Lifeguard’s tube.
- Surf Lifeguards swim back to the beach parallel to each other about one metre apart. The second Surf Lifeguard should be nearly a body length in front, so that the two rescuers do not tangle with each other.
- Once in the surf zone, one Surf Lifeguard should do backstroke to keep a watch on the victim and the surf.
- If a large wave approaches, one Surf Lifeguard should go back and secure the victim, and tell him or her to hold their breath as you both go under the wave. The other Surf Lifeguard should go out to the side to avoid a tangle.

Two-Person Drag
The two-person drag is one of the easiest ways to transport a victim who is unable to walk.

- Put the victim in a sitting position with his or her arms extended outwards. One Surf Lifeguard stands on one side, with the other on the other side.
- The Surf Lifeguards each put one arm, (the one closest to the victim), under the victim’s armpit and grasp the clip of the tube next to each other.
- The Surf Lifeguards use their outside arms to support the victim’s arms near the elbow.
- The Surf Lifeguards lift together, using their inside arms (the outside arm is only a support), then walk the victim up onto the beach.
Lifeguard Skills and Response Techniques
Skills and knowledge required to respond in rescues

42 Single Person Drag
The single person drag is the best way to handle an unconscious victim when there is nobody to help you.

- Grasp the victim in a shoulder grip, maintaining an open airway.
- Drag the victim from the water to the beach as quickly as possible.
  
  Hint: The higher you hold the victim, the easier it is to drag.
- Gently lower the victim onto his or her back, releasing your grip and supporting the victim’s head in a maximum head tilt.
- The victim is now in a position to be assessed.

On shore
Once you have made it onto the beach, you should:

- Check the health of the victim.
- Talk to the victim about safe swimming habits.
- Inform Patrol Captain.
- Complete an SLSNZ Incident Form.

Recovery Position (side stable position)
The recovery position is used to monitor victims who have a low level of consciousness and who are unable to move themselves into a position that allows the Surf Lifeguard to monitor their Airway, Breathing, Circulation.

Tows
43 Cross chest tow
Use when water conditions are rough, as it keeps the victim’s face clear of the water.

- Approach the person in difficulty from behind. Pass one arm over the corresponding shoulder and chest of the victim.
- Grip under the armpit and clamp the elbow to the victim’s chest.
- Use the scissor kick in conjunction with your lower arm stroke.

44 Double armpit tow
Use when you need to control the victim’s body position or if you have a larger patient.

- The rescuer grips both armpits with straight arms and uses the lifesaving backstroke kick to tow the victim to safety.
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Carries

Two-person carry
- Kneel on one knee behind the patient, with your other foot grounded close to your knee.
- Place each arm underneath the armpit directly in front of you, with one hand supporting the head by holding the chin.
- Lift the patient’s torso up, leaving the feet on the ground.
- The second Surf Lifeguard lifts the patient’s legs and holds them near the knee. The higher up they are held, the less weight the first Surf Lifeguard takes.
- The Surf Lifeguard holding the legs must communicate with the other Surf Lifeguard to direct him or her along a safe route.
Lifeguard Skills and Response Techniques

Skills and knowledge required to respond in rescues

**Releases**

Surf Lifeguards are strongly advised to use recognised surf rescue equipment such as IRBs, rescue tubes, or rescue boards when they carry out a rescue. However, it is still important to know how to keep yourself out of danger when you perform a rescue without equipment.

**Defensive Position**

When approaching conscious people in difficulty, the use of a defensive position allows a Surf Lifeguard to make a final assessment safely.

- Maintain a safe distance from the person in difficulty.
- Tuck your legs under your body and push them forward.
- Maintain position by sculling.
- Give clear instructions and encouragement. When the person in difficulty attempts to grasp you:
  - Tuck your legs under your body and push them forward in the defensive position. Kick away vigorously.
  - Adopt the defensive position again at a safer distance.
- Communication with the patient must be made after the release has been completed.

**Blocking Technique**

When a person in difficulty lunges suddenly at a rescuer before the rescuer can move away, the following blocking techniques can be used.

If the rescuer has a rescue tube, it can be used as a block between the victim and the rescuer. The rescue tube will also provide support to the victim.

**Arm block**

The rescuer’s arms can be extended to press against the victim’s chest. The rescuer then either dives under the victim, or combines a strong arm thrust with a quick reverse against him or her.

**Leg block**

The rescuer adopts a tuck position, placing one foot against the victim’s chest, shoulder or hip, and extends the leg to push off (not kick), forcing the victim away.

**Escape Techniques**

**Escape from a wrist grasp**

When a patient grasps your wrist with two hands:

- Reach down or up between the arms of the patient and grasp your own hand.
- When your arm is going up between the patient’s arms, pull your arms down with force, or pull up if your arm is down between the patient’s arm.

When a patient grasps your wrist with one hand:

- Reach down or up on the outside of the patient’s arms and grasp your own hand.
- When your arm is going up, pull your arms down with force or pull up if your arm is down.
Push the elbow up as vigorously as possible.

Communication with the patient must be made after the release has been completed.

Every five minutes, change your Posture, Position and Scanning Pattern.

To reduce eye fatigue, move your head and eyes together.

Rotation keeps you more alert.

Movement helps to prevent boredom.

Count people in the area every five minutes.

Connect the Dots: Work your way through the area you are scanning by moving your eyes from head to head.

Head Count
Try to count the number of people in your area, to conclude each five-minute period.

Escape from an ankle grasp
Twist your body to finish either on your side or in the prone position.
Use a gentle kicking motion until you are clear of the patient.
Communication with the patient must be made after the release has been completed.

Escape from a front grasp
Take a deep breath and tuck your chin close to your chest to protect your throat.
Grasp victim’s elbows/armpits, pushing your thumbs into the inside of the elbow/armpits.
Push the victim’s arms above your head so you can slide under. Duck under water to escape being caught again by victim’s legs or arms.
Communication with the patient must be made after the release has been completed.

Escape from a rear grasp
Take a deep breath and tuck your chin close to your chest to protect your throat.
Grasp the victim’s elbow at the back of your head, as well as the wrist on the same arm.
Lifeguard Skills and Response Techniques
Skills and knowledge required to respond in rescues

**Victim Identification**

**On the Beach**
A good Surf Lifeguard is able to pick out those people on the beach who are potential victims.

**Children**
A young child in the shallows can easily be knocked over by a wave and dragged out to sea. Parents should be encouraged to be with their children in the water.

**Elderly people**
Usually lack physical strength and stamina, as do those who are overweight.

**Very thin people**
May lack physical strength and are more likely to get cold quickly.

**Migrants**
Generally have little experience of New Zealand surf conditions.

**Flotation Users**
Rubber tyres, wave skis, illos, boogie boards. A flotation user may not be a competent swimmer. Strong offshore winds can quickly push a person on a flotation device out beyond his or her depth.

**Intoxicated Persons**
Alcohol/drugs and swimming do not mix!

**Improperly Dressed**
Such as in jeans or lava lava.

These people are a real danger. Firstly, the weight of their clothes increases dramatically when it gets wet, making swimming difficult. Secondly, such people are likely to have had little swimming experience, otherwise they would have proper swimming gear.

**Scanning**
A Surf Lifeguard on ‘watch’ duty should observe all beach and surf users. Priority should be given to those swimming within the flagged area.

This Surf Lifeguard needs to be on the lookout for:
- Swimmers in difficulty. See section on Victim Identification.
- Anything that may prove a hazard to the beach-going public.

**Scanning Procedures**
Scanning is the systematic watching of an area, its users and their activities. Effective scanning is the foundation of the Surf Lifesaving patrol (surveillance and prevention) system. Scanning requirements and techniques are affected by different factors, including:
- The number of users and their activities.
- The number of Surf Lifeguards and their location.
- The level of experience and training of the Surf Lifeguards on duty.
- The beach layout and any special geographical features.
- The shape and size of the supervision area.
- Weather and surf conditions affecting visibility.

Effective scanning assumes that Surf Lifeguards can see the entire area, that they know what they are looking for, and that they will recognise it when they see it. The basic principles of scanning are:
- Surf Lifeguards must be positioned so they can maintain clear, unobstructed sight-lines.
- Surf Lifeguards must take steps to minimise the effect of reflection or glare, by changing position or by wearing sunglasses.
- Surf Lifeguards’ scanning strategies must compensate for being unable to see below the surface, and for their distance from the activity of surf users.
- Surf Lifeguards must understand the signs of potential trouble and the characteristic behaviours of those in need of help.
- Surf Lifeguards should be rotated at regular intervals of about 30 minutes for optimum efficiency. Fatigue and other factors may reduce the effectiveness of a Surf Lifeguard after that length of time on scanning duty.
- If in doubt, it pays to always go out and check on the swimmer.
The senses and what they tell us
Surf Lifeguards must use their senses to monitor what is happening around them so they can anticipate and spot trouble.

Vision
- Track the general movement of bathers.
- Watch for changing weather conditions.
- Monitor the positions and activities of other Surf Lifeguards.

Hearing
- Listen for unusual sounds, which might indicate potential danger.
- Listen for signals from other Surf Lifeguards or beach users.

Smell
- Smells can warn of dangers that may be silent and/or invisible.
- Be aware of unfamiliar smells.

How to Scan
Studies indicate that drowning can occur in seconds. The less time it takes to scan an area effectively, the better.

Surf Lifeguards who have patrolled at a beach for a time come to know its characteristic sights and sounds, plus patterns and rhythms of activity that are normal for that beach during any given period.

Fixed focus
- Focus upon specific people and what they are doing.
- Look and listen for the unusual.

Wide focus
- Use your peripheral vision, your side view, to detect movement and notice activity.
- Maintain focus and avoid turning your back to the sea, the area under surveillance, for extended periods.

Avoiding fatigue
- Avoid staring fixedly for long periods at one thing.
- Give your eyes a break by focussing momentarily on some distant object or on the horizon.
- Move your visual area by turning your head, not just your eyes.

Moving focus
- Move your eyes at a moderate pace across the surveillance area, sweeping back and forth to take in environmental conditions that might affect patrol behaviour and safety issues.
- Use moving focus for short periods only.

Tracking
Track a particular moving target for a set period. Track the progress of individuals who submerge (go under the surface), and those who fit the high-risk profile, such as a lone child at the water's edge.

Where to scan
Sweep your eyes over your zone, moving your head to look at things in front of you, to the right and to the left, and look behind you regularly. Chair or tower Surf Lifeguards should also look below them. Include adjacent Surf Lifeguards on each sweep, to make sure you receive any visual communications they might be sending.

Scan the surface of the water. Attend to known or potential danger points, such as rips, gutters, drop-offs, rocky outcrops, more often.

Five Minute Scanning Approach
This technique is simple to learn and attempts to organise Surf Lifeguards’ visual search patterns into an organised strategy. It can, in fact, be adapted for any person engaged in surveillance or supervision.

Principles
- Every five minutes, change your Posture, Position and Scanning Pattern.
- To reduce eye fatigue, move your head and eyes together.
- Rotation keeps you more alert.
- Movement helps to prevent boredom.
- Count people in the area every five minutes.

Posture
Three types of postures are used when scanning:
- Standing.
- Sitting.
- Strolling.

Position
Position yourself so you can see everyone. Three main points should be viewed. They can be varied by distance to the surveillance area.

Connect the Dots: Work your way through the area you are scanning by moving your eyes from head to head.

Head Count: Try to count the number of people in your area, to conclude each five-minute period.

Grouping: Sort beach users into groups (i.e area of activity)
Vertical: Start from the shore and scan out to sea in a straight line, then move left and scan in a straight line back to shore.
Horizontal: Start from the shore or horizon, and scan right to left, at the end of the beach sweep and return to the start and continue closer in or further out.
**In the Water**

Surf Lifeguards must be able to detect a person in trouble. Signs of a swimmer in difficulty include:

**Poor Swimmer**
Usually able to keep head above water. Has a swimming stroke that barely clears the water and no visible kick.

**Hair In Eyes**
The natural instinct of a person in control is to brush his or her hair out of the eyes. Hair in the eyes indicates that the person is more concerned about keeping his or her head above water.

**Facing The Shore**
This is a sign that the person is concerned about his or her position and wishes to return to shore. Waves may wash over the head of the person who makes no attempt to duck under.

**Hand Waving**
Very few people raise their arm when in distress, either because of pride or lack of strength. What appears to be a hand wave may be a call for help.

**‘Climbing The Ladder’**
This is a person in the initial stages of drowning. His or her head is usually tilted back and facing upwards. The action is similar to an upward crawling motion.

**Arms Flailing**
This is an attempt to keep the head above the water. The person seldom screams or waves for help and appears panicked.

**Bobbing Up And Down**
This person is attempting to get air and is close to giving up.

**Unconscious Person**
Is completely limp in the water. May be on or under the surface of the water.

**Injured Swimmer**
Adopts an awkward position in the water, caused by grasping the injured limb or body part. May not be able to wave for help. May call for help.

**People Clinging to an Object**
Often a sign that they are too tired or frightened to continue swimming. They may use a boogie board, lilo, or rubber tire to keep afloat. May also be clinging to rocks or a pier.

**Two Heads Together**
This could be two people trying to keep each other afloat. Be careful … it could also be two lovers.
The information in this section covers basic first aid and CPR.

Cardiopulmonary Resuscitation
Knowledge and skills needed to perform effective CPR.

First Aid
Knowledge and skills needed to perform first aid.
A lifeguard will save the most lives by preventing emergencies from happening. But there are times when a lifeguard, as a first responder, has to perform. The knowledge, confidence, and ability to do the right thing at the right moment doesn’t just happen accidentally. It has to be practiced regularly.

Keep in mind that it is not advanced life support or IV medications that save the most lives in community arrests—it is basic life support done correctly. Positioning the head, neck, and jaw so the airway is completely unobstructed; getting air in and out effectively through good mouth-to-mask ventilation; doing adequate compressions, and getting an AED on are key lifeguard skills. They’re not hard skills to learn, but they are hard skills to deploy effectively in once-in-a-lifetime, life-or-death situation. The only way to get around this is to learn the material well, and practise it regularly.

Chain of Survival

Prevention
An essential surf lifeguard function is scanning the water and the beach, identifying risks, and preventing beachgoer harm from occurring.

Early Recognition and Call for Help
Surf lifeguards use their training to identify, assess, and quickly respond to emergency situations and initiate a team response. They are the first link in the chain of survival.

Early Access to Medical Assistance
Surf Lifeguards need to send for assistance when required.

Early CPR
Surf lifeguards begin CPR immediately when a patient is unresponsive and not breathing normally. All surf lifeguards should know Basic Life Support (BLS). The first five minutes are critical in preventing brain damage and death in both drownings and cardiac arrests. After 5 minutes submerged, or in any cardiac arrest without CPR, neurologically-intact survival is unlikely. Survival drops roughly 10% per minute in cardiac arrest. The lifeguard is the first link in the chain of survival that goes on to Early Advanced Care and Post Resuscitation Care in contributing to the chance of survival from cardiac arrest.

In most arrests due to drowning, prompt and effective ventilation (breathing for the patient) is what will save the most lives. In most child arrests, it is again early ventilation that will yield the biggest survival benefits.

In most non-drowning arrests adults, prompt defibrillation with an AED is what will save the most lives.

In all cases, the New Zealand Resuscitation Council’s Basic Life Support guidelines should be followed.
Initial Assessment
An initial assessment should be used every time a Surf Lifeguard responds to a medical emergency.

Danger
A lifeguard should assess the situation, ensure safety for themselves and others, and move the patient to safety if they are in a hazardous area. If possible, use three or more people to move the patient. A single rescuer can use an ankle or arm-shoulder drag if needed. Move the head and neck gently if possible, however concern for protecting the neck should not hinder the evaluation process or life saving procedures. Do not become a victim yourself.

Responsiveness
Check responsiveness: if the patient is not alert, shout “Are you all right?” and tap them. If they respond normally they have a patent airway, are breathing, and have adequate blood circulation.

Manage a patient who is groaning without eye opening as if they were unconscious. If there is massive, life-threatening external bleeding, stop it with immediate, firm, direct pressure.

If there are multiple victims, the unconscious patient takes priority over the conscious patient. Airway care takes precedence over spinal and other injuries.

Send for Help
In a medical emergency, shout for help, and call an ambulance early.

- If you’re alone with an adult who is not breathing normally, go for help immediately.
- If the patient is a child or infant, do CPR for 1 minute then go for help. If feasible, consider carrying the infant or small child with you as you go for help.
- Ask bystanders to call 111 or activate the emergency response system. Ask them to return immediately to confirm that the call has been made.

Signs of obstruction can be subtle in the case of a patient found unconscious.

- In a patient lying on their back, the tongue can fall back, obstructing the airway. Head tilt-chin lift and jaw thrust help life the tongue off the back of the throat.
- To clear an airway of vomit or other debris, roll the patient, gently turning the head and opening the mouth so fluids can drain down and out. Support the head when possible. Finger sweep the mouth to manually remove visible, solid, obstructing foreign bodies in the airway.

- If the patient loses their airway during resuscitation, roll them into recovery position and clear the airway, then return patient onto their back to continue resuscitation if necessary.
- Remove helmets if necessary to manage airway, breathing, or control bleeding.
Chest Compressions (CPR)
Perform chest compressions for all persons who are unresponsive and not breathing normally.
Palpation of a pulse is unreliable and should not be performed to confirm the need for resuscitation.
Interruptions to chest compressions should be minimised.

Locating the site for Chest Compressions
Perform chest compressions on the lower half of the sternum.
- Place the heel of your hand in the centre of the chest with the other hand on top. Place the second hand on top of the first hand. The heel of each hand should be in line with the breastbone.
- With straight locked elbows and your shoulders over the victim’s chest, press straight down, using the weight of your body to compress the chest. (1/3 of victim’s chest depth or no more than 5cm for larger patients)
- Using a smooth rhythm (50% on, 50% off), give 30 compressions at a rate of 120 per minute.
- Give two rescue breaths, with each breath given over one second.
Continue with a compression to breath ratio of 30:2 for all ages.
There is no reassessment, unless the victim recovers.

Ventilations
- Seal the patient’s nose by pinching the nostrils closed.
- Take a normal breath in, make an airtight seal on the ventilation shield, mask, or patient’s lips. Blow steadily into the patient for approximately one second, ensuring visible rise of the chest.
- Remove your mouth and let the patient exhale, as you take a fresh breath for the next ventilation.
Continue resuscitation until advanced medical help arrives, the victim recovers, it becomes too dangerous to continue or you are physically too exhausted to continue.

Breathing
Take no more than 10 seconds to assess for the presence of normal breathing.
- LOOK for movement of the chest and abdomen;
- LISTEN for air escaping from the mouth and nose; and
- FEEL for air movement at the mouth and nose.
- If the patient is unresponsive and not breathing normally, start CPR immediately.
If there are occasional gasps of breath, or you are uncertain, begin CPR.
If the patient is not responsive and not breathing normally after airway is opened and cleared, the rescuer must immediately begin CPR.
- The ratio of compressions to rescue breaths is 30:2.
- Mouth-to-mouth, mouth-to-nose, and mouth-to-mask are all viable methods of rescue breathing. Ensure correct head tilt, adequate air seal and ventilation.
- Risk of disease transmission is extremely low. Rescuers should consider using a barrier device if this is available.

Defibrillation (AED)
Time to defibrillation is a key factor influencing a patient’s survival.
A defibrillator should be applied to any patient who is unresponsive and not breathing normally as soon as it is available.
Children: Adult pads can be used on a child if no specific pediatric pads are available. Pads must not touch each other however, and can be applied.
Recovery Position

- Slide the patient’s arm nearest to you straight above his or her head.  

- Bend the patient’s far leg up so the foot is flat on the ground next to the other knee.  

- Bring the patient’s far arm across the body and either onto the far shoulder or across the chest.  

- Grasping the patient’s far hip/knee and shoulder to roll the patient onto their side.  

- The patient’s knee and elbow will make contact with the ground.  

- Be sure to check the patient’s airway is still open and that he or she is breathing.  

- Check the patient has no serious bleeding and assess circulation by checking skin colour and temperature.
CPR (Cardiopulmonary Resuscitation)

Knowledge and skills needed to perform effective CPR

CPR Key Points and Ratios

**Adult**

*CPR*
- Ratio is 30:2.
- Breaths should be given over one (1) second.
- If the rescuer is alone, go for help immediately, then return and continue.
- Rate is 100-120 beats per minute.
- The correct compression depth is approximately 1-3 of the victims chest depth.

**Child (one – eight years)**

*CPR*
- Ratio is 30:2.
- Rate is 100-120 beats per minute.
- Use one-two hands compressions on a child, in the centre of the chest between the nipples.
- The correct compression depth is approximately 1/3 of the victim’s chest depth.

**Infant (under one year)**

*CPR*
- The infant must be lying on a flat firm surface.
- Ratio is 30:2.
- When ventilating an infant, blow into the nose and mouth do not tilt the infants head back excessively.
- Rate is 120 per minute.
- Compressions are performed with only the middle and index fingers, just below the nipple line.
- The correct compression depth is approximately 1/3 of the victim’s chest depth.

**Unsuccessful CPR**

CPR success rates in New Zealand are only about 16% surviving to hospital discharge. Lifeguards need to understand that that even if they did a good job, 84 out of 100 patients won’t make it.

In those cases where the patient doesn’t survive, contact the police. Cover the patient with a blanket, and keep bystanders clear of the scene.

Be empathetic to the concerns of the family, bystanders, other lifeguards. Be sensitive to your own feelings as well.

Afterwards, don’t discuss the case with media or bystanders. Debrief with fellow lifeguards, complete necessary documentation. Arrange support for your emotional needs. SLSNZ provides counselling for lifeguards involved in stressful incidents like these. Understand there can be an immediate and a delayed stress response to critical incidents. Seek support through SLSNZ and your GP.
**DANGER**
Ensure that there is no danger to:
- YOURSELF
- BYSTANDERS
- THE PATIENT
Do not become a victim yourself.

**RESPONSIVENESS**
Check for a response to voice or touch. Manage a patient who is groaning without eye opening as if they were unconscious. Promptly stop any uncontrolled massive bleeding.

**SEND FOR HELP**
If unresponsive, CALL 111 emergency services.

**AIRWAY**
Check mouth is clear.
If obstructed roll onto side and clear.
Open the airway by tilting the head backwards.

**BREATHING**
Look, listen and feel for normal breathing.
Take no more than 10 seconds to do this.

**CHEST COMPRESSIONS (CPR)**
Perform Chest compressions of all persons who are unresponsive and not breathing normally.
Give 30 COMPRESSIONS and 2 BREATHS.
100-120 Compressions per minute.

**DEFIBRILLATION**
Time to defibrillation is a key factor influencing a patient’s survival. A defibrillator should be applied to any patient who is unresponsive and not breathing normally as soon as it is available. Follow AED voice prompts.
Bleeding

Bleeding (haemorrhage) is the loss of blood from blood vessels.

Blood may be lost from an external wound and be visible, or may be internal (unseen) into organs or body cavities, e.g., lungs or stomach.

Uncontrolled severe bleeding may lead to shock, collapse and death.

External Bleeding

Signs
- Visible bleeding from cuts and grazes.

Treatment
- Seek immediate medical assistance if:
  - Bleeding continues despite pressure on the wound, elevate and rest.
  - Victim has pale, cold, sweaty skin or weak, rapid pulse.
  - Victim has loss of normal function in the injured area.
- Apply direct pressure against the bleeding site. Use a dressing or even a gloved hand, if necessary. If the victim is conscious, he or she may be able to assist you.
  - If the dressing is soaked thorough, do not remove it. Put another on top and continue applying pressure.
  - Maintain firm pressure until bleeding stops, or you are relieved by someone of higher skill.
  - If the wound is on an arm or a leg, elevate it if possible while applying direct pressure if no orthopaedic injury is evident.
  - If there is a foreign object in the wound, only remove it if it is clearly on the surface and not sticking to the wound.
  - When a foreign object is left embedded in the wound, apply pressure around the object, not over it.
  - Monitor Airway, Breathing, Circulation.
  - Monitor for signs of shock and treat as necessary.

Internal Bleeding

Signs and Symptoms
- Broken bones.
- Bruises.
- Weak, rapid pulse.
- Cold, clammy skin.
- Pain, tenderness, swelling or dislocation at site of suspected injury.

Treatment
- Internal bleeding is an extremely serious condition, and needs treatment by qualified medical personnel.
  - Monitor Airway, Breathing, Circulation.
  - Administer oxygen if you are trained to use it.
  - Monitor for signs of shock and treat where necessary and lie patient in recovery position (side stable position) with affected side closest to the ground.
  - Seek immediate medical assistance.

Lifeguards should always wear gloves when dealing with victim’s blood. If the victim’s blood contacts the lifeguard, wash with soapy water as soon as possible. If there are any cuts on the lifeguard’s hands that come into contact with the victim’s blood, seek advice from a medical professional.

Shock

Shock is the inadequate circulation of oxygenated blood to the body, especially to the vital organs such as the brain, lungs and heart. It is a serious condition that can be fatal if left untreated, and can be caused by many common medical problems.

Some of the causes of shock are:
- Severe allergic reactions (anaphylaxis).
- Severe trauma.
- Spinal injuries.
- Poisons.
- Loss of blood.
- Exposure to extremes of heat and cold.
- Severe burns.
- Electric shock.
- Gas poisoning.
- Heart attack.
- Illness or serious infection.

Leading To
- Failure of the heart to pump sufficient blood.
- Severe blood or fluid loss so that there is insufficient blood in the system.
Enlargement of blood vessels so that there is insufficient blood to fill them.

Breathing problems, resulting in insufficient oxygen travelling through the system.

**Signs and Symptoms**

- Weakness, restlessness and anxiety.
- Cold, clammy, and often pale skin.
- Weak, rapid pulse.
- Rapid breathing.
- Feeling faint and/or sick.
- Unconsciousness may develop.

**Management and Treatment**

The primary goal for the Surf Lifeguard is to halt the progression of shock. Time is critical and treatment should begin immediately while urgent transport is being arranged. The key to managing shock is adequate ventilation and oxygen:

- Monitor Airway, Breathing, Circulation.
- Administer oxygen if you are trained to use it.
- If the victim is uninjured and you are able to, place him or her on their back, with legs elevated 30cm and the head level with the heart. However, if the patient has breathing or heart problems, ask what position is the most comfortable and help him or her to adjust accordingly.
- Loosen restrictive clothing.
- Identify and provide specific care for any other problems, e.g. bleeding.
- Protect from heat loss.
- Do not give food or fluids to victim.
- Reassure victim.
- Seek immediate medical assistance.

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**Choking**

Choking occurs when a foreign body obstructs the airway. This most commonly occurs when eating.

**Signs**

- Victim will be distressed.
- Victim may grasp his or her throat.
- Victim may make coughing, spluttering and wheezing noises, if the obstruction is not complete.
- Victim may not be able to speak or cough, if the obstruction is complete.

**Treatment**

In the first instance, ask the victim, “Are you choking?” If he or she can respond, there may be a partial obstruction. Encourage the victim to cough send for help, and call an ambulance.

If the obstruction is not corrected by the patient, leave them sitting or standing and follow the following steps:

**Back Blows**

- Lean the victim forward and support his or her chest with one hand.
- Give up to five sharp blows between the shoulder blades with the heel of your other hand. Check whether the object has been expelled between each blow.
- If the victim becomes unconscious, the rescuer must start CPR.

**Chest Thrusts**

- If back blows are unsuccessful the rescuer should prefer five chest thrusts.
- Stand behind your patient, placing your arms around them, your fist against the middle of their breastbone, and make a quick inward thrust. The Heimlich maneuver (abdominal thrusts) is never recommended.
- If the victim becomes unconscious, the rescuer must start CPR.

**Infant choking**

- Lie the infants face down on the rescuers lap.
- Support the infant’s head by holding it with your cradling arm. Be sure not to block the airway.
- With the heel of your hand, give five firm back blows between the infant’s shoulder blades.
- If object is not expelled, sandwich the infant between both your forearms, and rotate them face up so they are then supported by your other arm. Again, be sure the head is supported and your own arm is supported on your thigh.
First Aid
Knowledge and skills required to perform first aid

- Position the infant face up on the rescuer’s lap for up to five mid-sternum chest thrusts, repeating the cycle as necessary.
- Repeat this sequence of five back blows and five chest thrusts until the obstruction has been relieved or the infant becomes unconscious.
- If the infant becomes unconscious, place him or her on a firm surface and begin CPR.

Burns
A burn is the damage caused to skin or deeper body structures by heat, chemicals, electricity and even extreme cold. Burns are classified as first, second or third degree burns, depending on the depth of the burn, with deeper burns scoring higher.

Burn Types
First degree burns
The skin's surface is reddened, and the skin is not broken, e.g., sunburn.

Second degree burns
Blistering of the skin is present.

Third degree burns
Most of the skin is lost, and muscle, ligaments, and tendons are damaged.

Assessing burns
Use the acronym SCALD to assess how serious a burn is:

S Size
A burn larger than the victim's palm requires medical assistance.

C Cause
A victim with chemical/electrical burns or who has inhaled smoke/fumes requires medical assistance.

A Age of victim
Medical personnel should see a victim who is under five years of age or elderly.

L Location
Medical personnel should see a victim with burns to the head, neck, hands, feet or genital area.

D Depth
A burn that is visibly deeper than the skin also needs medical attention.

Remember: A Surf Lifeguard does not treat a burn. what you are doing is caring for the victim until medical assistance is available.

Naked Flame & Scalding
Burn Stopped
Remove victim from heat source.
Extinguish any flames and remove clothing and shoes that are not sticking to the burn. Cut around stuck clothing.

Breathing Maintained
Administer oxygen if you are trained to use it.

Body Examined
Perform secondary survey to check for other problems.

Cool
Run cold water over burn site for at least 20 minutes.

Cover
Cover burn with plastic wrap. Glad wrap is ideal.

Carry
Arrange transport to medical facility.

Do not use lotions, creams or ointments on burns, as this will make medical treatment more difficult.

Do not pop blisters and, where possible, elevate the affected limb.

Chemical Burns
- Brush off any dry powder chemicals prior to flushing with water.
- Flush affected skin under cold water for at least 15-20 minutes.

Electrical Burns
- Be sure to check for danger with electrical burns. Make sure the power is off before making contact with the patient.
- Check the patient for entry and exit burns created by the electrical current.
- Electrocutations can cause serious underlying damage to the body, so further medical assistance is required.

Sunburn
Sunburn is caused by exposure to the ultra-violet rays in natural sunlight. It is the main cause of skin damage, premature ageing and skin cancer.

Prevention
- Wear a wide-brimmed hat and protective clothing.
- Apply sunscreen frequently.
Avoid unprotected exposure to the sun, especially between 11am and 4pm.

**Signs & Symptoms**
- Redness.
- Pain.
- Blistering.
- Fever.
- Headache.
- Nausea.
- Tiredness.

**Treatment**
- Cold compress.
- Cold shower.
- Rest in a cool, shaded place.
- Give fluids by mouth.
- If serious seek medical assistance.

Remember: All Sunburn is preventable.

**Stings**

**Jellyfish**
There are a handful of jellyfish in New Zealand capable of delivering a sting. The most common are the bluebottle and Portuguese-man-o-war. Bluebottle and other jellyfish stings are not serious unless the victim develops anaphylaxis, a severe allergic reaction.

Regardless of the type of jellyfish sting inflicted, the initial treatment remains the same:
- Keep the victim at rest and under constant observation.
- Do not rub or allow rubbing of the sting area.
- Initially remove as many tentacles in the water as possible. This minimises further release of toxin.
- Pick off any remaining tentacles with fingers or tweezers.

**Treatment**
- Do not apply vinegar to stings as this may make it worse.
- Place the victim's stung area in hot water (no hotter than the victim can comfortably tolerate) for 20 minutes.
- If the local pain is un-relieved by heat, or if hot water is not available, apply cold pack or ice in a dry plastic bag.
- Seek urgent medical help if pain is not relieved or develops, the sting area is large, or the patient appears to be suffering an allergic reaction to the sting.

**Spider Bites**
The spiders most likely to be encountered in New Zealand are the Katipo and White Tail and, in some parts of the country, the Australian Red-back.

The bites of these spiders are not serious unless the victim develops anaphylaxis, a severe allergic reaction.

**Treatment**
- Wash the bite area and apply an ice pack. Do not apply ice directly to the skin.
- Cover the bite lightly and elevate the limb, if possible.
- Seek medical assistance to determine if an anti-venom treatment is required, usually through hospitals.
- After 24 hours a warm compress and simple painkillers can be used if the victim wishes.

**Anaphylaxis (Severe Allergic Reaction)**

**Signs and Symptoms**
- A ‘Medic Alert’ bracelet or necklace may be worn.
- Breathing difficulties.
- Generalised swelling, including eyelids, lips and tongue.
- Difficulty swallowing.
- Nausea and vomiting.
- Faintness or collapse.

**Treatment**
- Stop all movement immediately and lie the patient flat (do not allow them to walk or run around).
- Victim may carry medication (auto injector, or EpiPen). Assist victim to it.
Monitor Airway, Breathing, Circulation.
Administer oxygen if you are trained to use it.
Watch for signs of shock and treat as necessary.
Seek immediate medical assistance.

Fractures
Fracture is the term used for a broken bone. Two types of fractures are:

Open fractures
A wound is present at the fracture site. Often the bone will poke through the skin.

Closed fractures
A bone is fractured, but there is no visible wound on the skin.

Signs
- Pain
- Loss of Function
- Unnatural movement
- Swelling
- Deformity
- Irregularity
- Shortening
- Crepitus (Crunching Noise)
- Shock

Treatment
- Seek immediate medical assistance.
- Prevent movement of the fracture site to lessen the risk of further injury. Relieve pain and reduce possible bleeding.
- Control bleeding if present.
- Stabilise the injured limb in a natural position without using force.
- Monitor Airway, Breathing, Circulation.
- Watch for signs of shock and treat as necessary.
- If an open fracture is present, you will also need to cover the exposed bone with glad wrap or a sterile dressing to prevent infection.

Dislocations
A dislocation is the displacement of a bone end from a joint. A common dislocation occurs in the shoulder.

Signs
- Pain at joint
- Swelling
- Loss of mobility
- Deformity at affected joint

Treatment
- Seek immediate medical assistance.
- Do not attempt to replace bones in their original positions.
- Support the limb in a comfortable position and seek medical attention.
- Point the right angle of the bandage toward the elbow of the injured arm and ease it underneath the arm.
- Bring the two other points of the bandage together, tying them behind the neck.
- Secure the right angle point with a safety pin or, if not available, twist it up and tuck it into the sling.
- Monitor Airway, Breathing, Circulation.
- Watch for signs of shock and treat as necessary.

Sprains
Sprains are injuries in which ligaments are stretched and/or torn. Common sprains occur in knees and ankles, usually caused by sudden twists beyond the joint’s normal range of movement.

Signs
- Pain
- Swelling
- Loss of Power
- Discoloration, Redness

Treatment
- Treat using the acronym RICED.
- Rest Stop all exercise on the damaged joint immediately.
- Ice Use an ice pack to reduce internal bleeding and swelling and reduce pain. Crush ice, wrap in towel, and apply ice pack to injury site. The ice must be removed after 20 minutes.
- Compression Wrap crepe bandages over ice pack
firmed, but comfortably, to compress the damaged area. Leave fingers and toes exposed to check for swelling or colour change that may indicate the bandage is too tight. Numbness and/or tingling will also indicate tight bandage.

Elevation Raise the injury site to reduce circulation to the damaged area.

Diagnosis Medical personnel should see a victim to give a final diagnosis of the injury.

Chest Injuries

Chest injuries can include injuries to the ribs, back of the spine, the breastbone (sternum) and the internal organs such as the heart, lungs and major blood vessels. Any disruption to the integrity of the chest is a serious condition and requires immediate medical assistance.

Signs and Symptoms

- Bleeding from a wound or bruising.
- Deformity.
- Failure of one or both sides of the chest to move normally.
- Increased heart rate.
- Pain at injury site or when breathing.
- Breathing difficulty.
- Victim coughs up blood.
- Sucking or open wound at injury site.

Treatment

- Seek immediate medical assistance.
- If there is an impaled object, leave it in place and stabilise it as well as possible.
- If there is no impaled object and the wound is sucking, stop air entering the wound by covering it with a sterile, airtight dressing and seal on three sides, leaving one side to act as a valve to release air in the chest cavity.
- Place the victim in a semi-sitting position, slightly towards injury side or where he or she is comfortable.
- If the victim is unconscious, place him or her in the recovery position with the injured side down.
- Administer oxygen if you are trained to use it.
- Place the arm on the injured side in a broad arm sling to help support the injured area. Avoid strapping the chest tightly.
- Monitor ABCs and watch for signs of shock. Treat as necessary.

Head Injuries

Signs and Symptoms

- Altered level of consciousness.
- Wounds, fractures and bleeding to the face, head and neck.
- Discharge from the ears and/or nose.
- Vomiting and nausea.
- Blurred vision.
- Seizures.
- Drowsiness or disorientation.
- Slurred speech.

Management and Treatment

- Seek immediate medical assistance.
- Secure ABCs.
- Stabilise the cervical spine in the neutral position.
- Control bleeding.
- DO NOT block discharge from the ears or nose. Blockage will increase pressure on the patient’s brain.
- Administer oxygen if you are trained to use it.
- If the patient’s airway becomes blocked place victim into the recovery position, injury side down, but attempt to wake him or her every five minutes to check level of responsiveness.
- If unconscious commence CPR.
**Eye Injuries**
Dirt, sand or other foreign objects in the eye not only cause discomfort, but may scratch the cornea and cause inflammation and infection. It is safer for a Surf Lifeguard to arrange transportation to a doctor or a hospital (unless the object proves very easy to remove).

**Treatment**
- Prevent victim from rubbing the affected eye.
- If object is on the white of the eye or on the eyelid, flush the eye with clean cold water. With the victim positioned on his or her back and the head tilted to one side, hold the eyelids open and pour clean, cold water over the eye.
- The victim may be able to move the object to the corner.

**Spinal Injuries**
Serious injuries to the spine are usually caused by heavy falls onto the feet or head, and can result in paralysis and, sometimes, death. It must be acknowledged that in the surf environment even if a spinal injury is suspected, the airway must always take priority.

**Signs and Symptoms**
- Pain in the injured area of the spine.
- Weakness or loss of feeling in any part of the body.
- Headache.
- Dizziness.
- Abnormal blood pressure.
- Other head injuries such as bruising or abrasions to the head and neck.

Priorities in managing someone who has suffered a spinal injury remain the same as all emergency care situations, seek immediate medical assistance.
- Safety.
- Airway.
- Breathing.
- Circulation.
- Then treat and manage the spinal injury.

**Log Roll**
The log roll is a manoeuvre best performed by a trained team of four rescuers, rolling the patient from a supine position onto their side, and then flat again, so as to examine the back and/or to place or remove a spine board.
A minimum of at least two people are needed to log roll an injured person in an emergency:
- One to stabilise the neck and head, and one to stabilise the lower spine and pelvis. Additional rescuers can help stabilise the legs and torso.

Lifeguards should remember that airway integrity has a higher priority than suspected spinal injuries.
- Remove any solid material with your gloved finger.
- Place your hand closest to the patient’s head under the head and neck.
- Grasp the patient’s far arm near the elbow and pull it in to brace the patient’s side.
- Roll the patient, keeping the head and neck in line with the rest of the body without twisting.
- Roll the patient far enough to allow fluids to drain from the mouth and remove any material that remains.
of the eye by blinking rapidly.
- If the object has moved to the corner of the eye, remove it by gently wiping it with the corner of a clean cloth moistened with cold water.
- **DO NOT** attempt to remove an object stuck to part of the eye.
- If difficulty is experienced removing the foreign object, place a bandage over both eyes and seek immediate medical assistance

### Heart Attack
Heart attacks typically occur when one of the arteries supplying blood to the heart becomes blocked. This can be very painful and distressing for the victim, can lead to cardiac arrest (when the heart stops functioning properly), and can be fatal.

**Signs and Symptoms**
- Persistent central chest pain, tightening or discomfort.
- Radiating pain - may be felt in the jaw, neck or arms.
- Cool, moist and pale skin.
- Nausea.
- Shortness of breath.
- Dizziness.
- Profuse sweating.
- Extreme anxiety.

**Treatment**
- Encourage the victim to stop what they are doing and to rest in a comfortable position.
- If the victim has been prescribed medication such as a tablet or oral spray to treat episodes of chest pain or discomfort associated with angina, assist them to take this as they have been directed.
- Call an ambulance if symptoms are severe, get worse quickly or last longer than 10 minutes.
- Stay with the victim until the ambulance or on-site resuscitation team arrives.
- Give aspirin (300 mg) (CoSTR 2015: strong recommendation/high quality evidence). Dissolvable aspirin is preferred. Only withhold if the victim is known to be anaphylactic to aspirin.
- Administer oxygen if there are obvious signs of shortness of breath.
- If practical and resources allow, locate the closest AED and bring it to the victim.
- If the victim becomes unresponsive and is not breathing normally, begin CPR.

### Stroke
A stroke occurs when a blood vessel in the brain is blocked or ruptures, resulting in damage to the brain tissue.

- **F** Face: Ask the person to smile. Does one side of the face drop?
- **A** Arms: Ask the person to raise both arms. Does one arm move downward?
- **S** Speech: Ask the person to repeat a simple phrase. Is their speech slurred or strange?
- **T** Time: If you observe any of these signs, call for medical assistance immediately.

**Treatment**
- Seek immediate medical assistance. Do not wait to see if the pain or symptoms gets worse.
- Place the person in a comfortable semi-sitting position.
- Encourage the person to rest and reassure him or her. Remember to speak slowly and clearly as he or she may have difficulty understanding you.
- If the person becomes unconscious, put him or her into the recovery position.
- Administer oxygen if patient is showing signs of shock or respiratory distress.
- **DO NOT** give any fluids or food.
- Monitor ABCs and watch for signs of shock. Be prepared to begin CPR if the person stops breathing.
**Hyperthermia (hot)**


**Heat Exhaustion**

Heat Exhaustion is generally caused by physical activities in a hot, humid environment.

**Signs**
- Headache, giddiness and weakness.
- Profuse sweating.
- Thirst and loss of appetite.
- Pale, cool, sweaty skin.
- Weak, rapid pulse.

**Treatment**
- Move the victim to a cool place. Lie him or her down.
- Remove excess clothing.
- Sponge with tepid water and fan the victim lightly.
- If the victim is fully conscious, give cold water to sip.
- Monitor Airway, Breathing, Circulation.
- Watch for signs of shock and treat as necessary.

**Heat Stroke**

If untreated, Heat Exhaustion can quickly develop into Heat Stroke, which will cause death if untreated. Some individuals such as the young, elderly, or those with illnesses can be more susceptible to heat stroke.

The change to Heat Stroke is the point at which the victim ceases sweating and his or her temperature begins to climb.

**Signs**
- Mental confusion, anxiety, aggression and agitation.
- Hot, reddish, dry skin.
- Pupils, initially constricted, becoming dilated.
- Strong, but slow pulse

**Treatment**
- Move the victim to a cool place. Lie them down.
- Remove clothing, wrap the victim in wet sheets and fan the him or her. If victim starts to shiver, slow cooling.
- Cooling the patient quickly can also be achieved by applying bags of ice on the neck, armpits, and groin.
- Monitor Airway, Breathing, Circulation.
- Watch for signs of shock and treat as necessary.
- Seek immediate medical assistance.

**Hypothermia (cold)**

Hypothermia is when the body core becomes cold due to an increase in heat loss, a decrease in heat production, or both. Body temperature drops 20 to 30 times faster in water than in air of the same temperature.

**Signs**
- Feeling cold and shivering.
- Uncontrollable shivering. At a certain degree the shivering will stop.
- Skin that is cold to touch.
- Blue/Grey skin colour.
- Slow slurred speech.
- Denial of problem.
- Patient may appear clumsy, confused, drunk and/or disorientated, drowsy, exhausted.
- Unconsciousness.
- Weak, slow pulse.

**Treatment**
- Always remove victim from cold environment.
- Keep victim horizontal, try to avoid any rough handling.
- Remove all wet clothing.
- Insulate victim from the cold, however possible. Use survival blankets, dry clothes, warm hats and/or blankets.
- Put something between the victim and the ground such as a blanket, sleeping bag, or even newspaper.
- Monitor Airway, Breathing, Circulation.
- Watch for signs of shock and treat as necessary.
- Seek immediate medical assistance.

**Asthma Attack**

Asthma is an inflammatory disease of the small airways in the lungs. The airway narrowing can be caused by triggers such as pollen, dust, animal hair, change in air temperature, distress or anxiety, and exercise. When a person suffers from an asthma attack, the airways constrict and it becomes very difficult to breathe. This can be very distressing to the person, and untreated can be life threatening.

**Signs and Symptoms**
- Shortness of breath and difficulty breathing.
- Wheezing and coughing.
- Could have difficulty speaking.
- Rapid pulse.
- Pale, sweaty skin which may become blue around the lips.
- Distress or anxiety.
- Feeling tired or exhausted.
• Altered level of consciousness.

**Treatment**

• If a victim has any signs of a severe asthma attack, call an ambulance straight away and:
  - Sit the person comfortably upright. Be calm and reassuring. Do not leave the person alone.
  - Without delay give six separate puffs of a “reliever” inhaler. The medication is best given one puff at a time via a spacer device. Ask the person to take six breaths from the spacer after each puff of medication.
  - If a spacer is not available, simply use the inhaler. Use the victim’s own inhaler if possible. If not, use the first aid kit inhaler if available or borrow one from someone else.
  - If there is no or little improvement, keep giving six puffs every six minutes until the ambulance arrives.
  - No harm is likely to result from giving a “reliever” inhaler to someone without asthma.
  - If there is severe shortness of breath, give oxygen. Ensure it does not delay or impede the use of the asthma inhaler.
  - If a severe allergic reaction is suspected, follow the anaphylaxis treatment guidelines.
  - If victim is unresponsive and not breathing normally, commence CPR.

**Patient History**

Whenever there are illnesses or serious injuries present in a patient, a patient history must be completed. Where possible, question the patient. If this cannot be done, ask a family member or friend. Using the acronym SAMPLE can assist you to remember the relevant questions to ask.

S  Signs and symptoms: What are you feeling?
A  Allergies: Are you allergic to anything?
M  Medication: Are you taking any medication? If so, what is it for?
P  Past medical history: Have you ever felt like this before? If so, when?
L  Last oral intake: When was the last time you had anything to eat or drink? What was it?
E  Events leading to the problem: What were you doing when this happened?

**Seek Immediate Medical Assistance**

In this section, seeking immediate medical assistance is advised several times. If a doctor or other qualified medical practitioner is readily available, consider seeking their assistance. Otherwise, contact the Ambulance Service for assistance, and transport to a medical facility. Except for obviously minor conditions, do not provide transport in a private vehicle.

As a Surf Lifeguard, you are expected to be familiar with the emergency services in your area. In New Zealand the Ambulance Service is accessed by dialling 111 and asking the operator for the Ambulance Service.

In most regions, rescue helicopter services are accessed through the same Ambulance Control Room and calls should be directed to the Ambulance Service.

If there is any doubt about the victim’s medical condition, help should be requested immediately.

Some medical conditions can cause the victim to deteriorate rapidly. It is better to be cautious and seek expert help than to disregard signs and symptoms that may develop into life-threatening problems.

**Remember: Do not undertake the role and responsibilities of a Health Professional.**
Assessment

The Exam
The Surf Lifeguard Award Examination.
Exam

Once you have completed the questions and tasks contained in this workbook you will need to attend a Surf Lifeguard Award examination. Below are details regarding each of the four components that make up the examination.

Exam Components

Candidate Workbook Check
The candidate workbook checked MUST be completed satisfactorily, if not, the candidate must not complete the exam and all other candidate workbooks from the club must also be checked

1 Candidate Workbook  One randomly picked candidate workbook must be checked from each attending club

Pool Test
Candidates must complete this section before they progress to the beach component.

2 400 Metre Swim  Pre requisite for ‘Perform a tube rescue’ unit (TSLB01)
Releases and Tows  Perform releases and tows in an aquatic environment (TSLB03)
Tube Rescue (Pool)  Pre requisite for ‘Perform a tube rescue’ unit (TSLB01)

Theory Test
3 Theory Paper

Practical Test

4 Radio  Communicate using a two-way radio (CG03)
Signals  Demonstrate signals used by Surf Life Saving members for communication (CG01)
Resuscitation  Provide resuscitation (EMCG01)
First Aid  Provide first aid (EMCG02)
Run-Swim-Run  Manage first aid in emergency situations (EMCG03)
Tube Rescue  Pre requisite for the tube rescue unit (TSLB01)
Perform a tube rescue (TSLB01)