



# QUEENSLAND

**2016/2017 Season**

## **Skills Maintenance Bulletin**



The SLSQ 2016/2017 Season Skills Maintenance Bulletin provides all members with information regarding changes which will take effect for the upcoming season. It also contains reminders where common issues or important reminders have been identified. Please ensure you have read the information contained within before attempting the skills maintenance theory paper.

## Australian Resuscitation Council (ARC) Guideline Changes

In January 2016, the ARC released several guideline changes. These changes will be implemented into SLSQ operations for the 2016/2017 Season. The changes will also be reflected in the next print run of the SLSA Public Safety and Aquatic Rescue Manual (34<sup>th</sup> Ed).

### Compression Rate

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

### Shock

It is now recommended that casualties showing signs and symptoms of shock be positioned in the supine (laying on their back with face up) position with no elevation of the legs or if unconscious, position them on their side but once again without elevating the legs. Controlling bleeding, calling an ambulance, administering oxygen (if trained to do so), maintaining body temperature and constant monitoring whilst managing the casualty remain unchanged.

### Bleeding

Previous guidelines had recommended elevation of the limb as part of the management for casualties with external bleeding. The new guidelines have removed elevation as part of the management techniques. There is no evidence that elevation of a bleeding part aids control of bleeding and there is the potential to cause more pain or injury. The ARC Guideline for bleeding now refers only to applying sustained direct pressure on or indirect pressure near the wound and if the casualty has bleeding from the lower limb or severe bleeding to lie them down. Where severe/life threatening bleeding has not been controlled by the above measures, use of a tourniquet above the bleeding point if available and trained in its use may be used as a last resort.

### Use of Oxygen in Management

- basic life support measures should never be delayed whilst waiting for oxygen or other equipment
- the short-term administration of supplemental oxygen to a breathing casualty will not cause harm in most circumstances
- in the non-breathing casualty, oxygen may be used if available by mouth-to-mask, bag-valve mask or positive pressure oxygen delivery system, if the appropriate equipment and trained personnel are available
- a casualty who requires supplemental oxygen in a first aid setting requires further assessment by a health care professional **so an ambulance must always be called**

## SLSA Clarification - Treatment of an Unconscious Casualty in the Water

SLSA has provided the following clarification as part of the ARC Guidelines Change Management process:

As per ARC Guidelines, maintaining a patient's airway must take precedence over all other injuries, including spinal injury. All patients—not just those found in the water—must be treated as per DR<sup>S</sup>ABCD.

In practice, this means that lifesavers, upon seeing a patient in the water should:

- Check for **DANGER**: to self, bystanders and patients
- Assess **RESPONSE**: is the patient conscious or unconscious?
- **SEND** for help: signal or radio for assistance
- Clear the **AIRWAY**: A conscious patient will be struggling to keep their head above water to breath and will require flotation assistance to do so. An unconscious patient will need to be immediately removed from the water for further assessment on the beach. We do not routinely use in-water rescue breathing anymore. It is difficult to perform and delays time to compressions.
- Assess **BREATHING**: The patient should be laid flat on their back to speed up the assessment process.
- Begin **COMPRESSIONS**: Effective compressions are a vital part of cardio-pulmonary resuscitation. It is via compressions to the sternum that blood is able to be circulated through the body and stave off tissue death until a normal heart rhythm can be resumed.
- Attach a **DEFIBRILLATOR**: Time to defibrillation has been shown to be closely linked to survival outcomes of patients in cardiac arrest. It should be noted that the AED often does not detect a shockable rhythm in drowning victims due to the mechanism of cardiac arrest in these cases.

## Advanced Resuscitation Techniques Award Holders – 2016/2017 Skills Maintenance Requirements

From the 1<sup>st</sup> July 2016, any member who holds the old Advanced Resuscitation Techniques Certificate (ARTC) which was aligned to HLTA404 version units of competency will need to upgrade to the new award. The new award, Advanced Resuscitation Techniques [AID] is aligned to HLTAID007 Provide advanced resuscitation.

Members who hold the old award will be able to complete an assessment only RPL to achieve the new award and unit of competency. You will be required to answer theory questions (multiple choice and short answer) as well as complete practical scenarios incorporating the use of suction, OP airways, defibrillation and oxygen whilst working as part of a team performing CPR. This assessment will need to be completed with endorsed Emergency Care Facilitators so please check with your Chief Training Officer (CTO) for available sessions.

Members who already hold the new award (and HLTAID007 unit of competency) will be able to maintain their award proficiency by completing skills maintenance through their club under the endorsed delegate system. The endorsed delegate will need to be proficient in the new Advanced Resuscitation Techniques [AID] award as well as hold the HLTAID007 unit of competency.

## Spinal Management

The latest ARC Guideline recommends that the use of semi rigid (SR) cervical collars (such as Stiffneck found in club's gear and equipment) by first aid providers is not recommended. The potential adverse effects of SR cervical collars increase with the duration of use and include:

- unnecessary movement of the head and neck with the sizing and fitting of the collar
- discomfort and pain
- restricted mouth opening and difficulty swallowing
- airway compromise should the casualty vomit
- pressure on the neck veins raising intra-cranial pressure (harmful to head injury casualty)
- hiding potential life-threatening conditions

The ARC Guidelines recommend that the initial management for suspected spinal injuries should be manual support of the head in a natural, neutral position, limiting angular movement.

Rigid backboards placed under the casualty can be used by first aiders should it be necessary to move the casualty. The benefits of stabilizing the head will be limited unless the motion of the trunk is also controlled effectively during transport. Casualties should not be left on rigid spinal boards. Healthy subjects left on spine boards develop pain in the neck, back of the head, shoulder blades and lower back. The same areas are at risk of pressure necrosis. Conscious casualties may attempt to move around in an effort to improve comfort, potentially worsening their injury. Paralysed or unconscious casualties are at higher risks of development of pressure necrosis due to their lack of pain sensation. Additionally, strapping has been shown to restrict breathing and should be loosened if compromising the casualty.

For Lifesavers, our only immediate change is to not use the semi rigid cervical collars. Please continue to manage suspected spinal injuries using inline manual stabilisation as per the 34<sup>th</sup> Edition of the Public Safety and Aquatic Education manual.

## ATV Operations – Update and Reminders

In November 2015, the QLD Department of Transport and Main Roads confirmed that SLSQ had been granted an exemption from the requirements to wear a helmet on utility off-road vehicles subject to the maintaining the following conditions:

- the vehicles having factory fitted seat belts and rollover protection
- the vehicles being used for surf lifesaving functions
- the vehicles operating within the Standard Operation Procedures of the organisation.

As part of maintaining the above conditions it is vital that only those members who are properly qualified operate the ATVs. According to SLSQ Patrol Operations Manual Section 18, Operators must:

- be a minimum of 17 years of age
- hold a current Driver's Licence - Provisional or Open. (Provisional licence holders must display 'P' plates as per Queensland Transport Regulations)
- be a financial member of an affiliated Surf Life Saving Club
- be a proficient SLSA Award holder **and**
- hold the SLSA ATV Operator Induction Certificate

## **IRB Operations**

Whilst high visibility and PFD requirements are not new for the 2016/2017 Season, members are reminded of the requirements when operating the IRB for the various roles outlined below:

### Patrol Duties

Yellow patrol wet shirt/patrol shirt and red and yellow cap tied up under the chin and a red and yellow SLSA approved level 50 PFD (AS4758)

### Designated Water Safety

Orange wet shirt and orange cap tied up under the chin and approved level 50 PFD (AS4758)

### New Award, Skills Maintenance and Competition Training

Both IRB driver and IRB crew wear a training/club cap (not a red and yellow patrol cap) tied up under the chin and an SLSA approved level 50 PFD (AS4758). It is recommended that operators wear a long sleeve high visibility garment

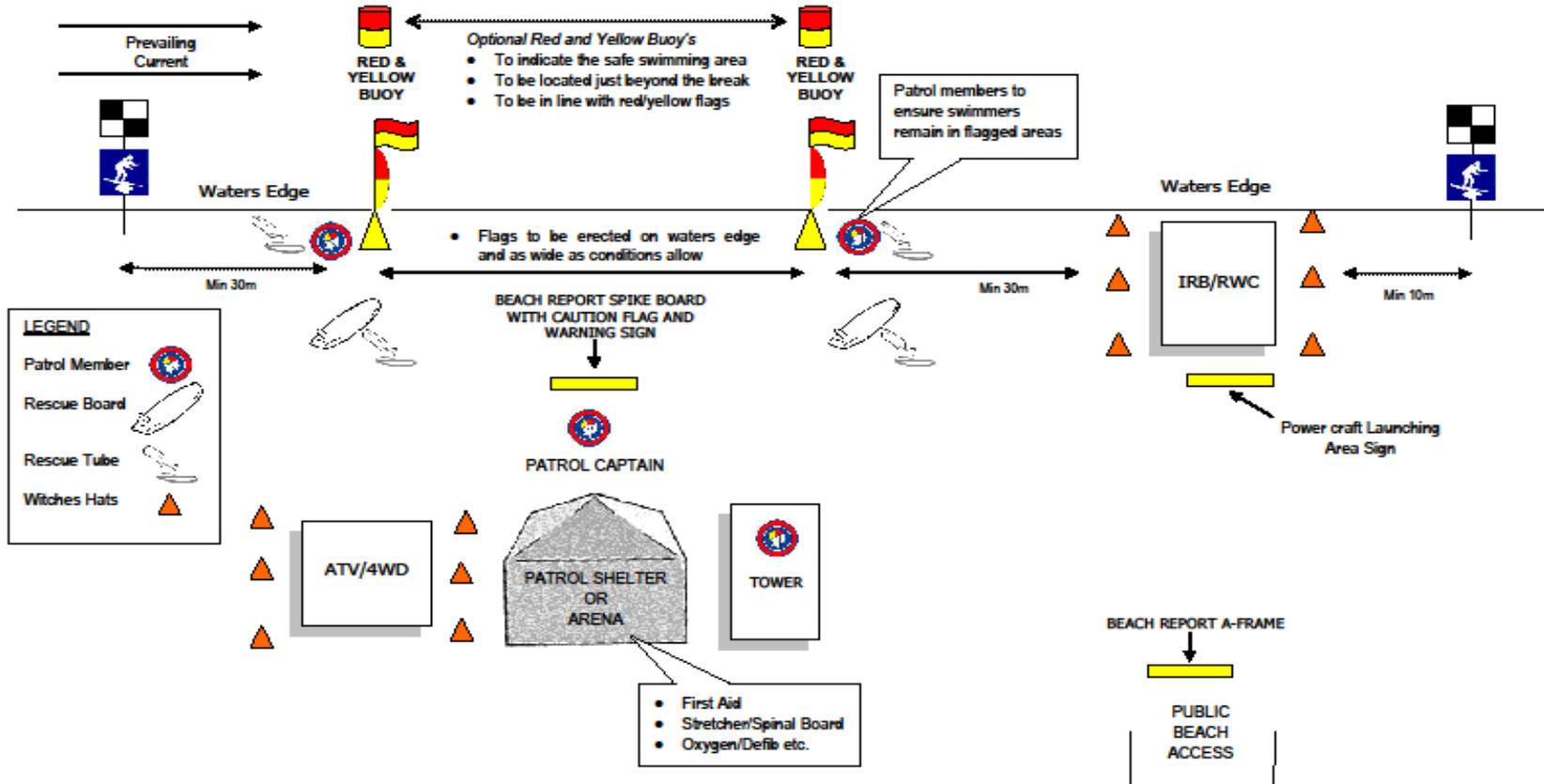
## **Introduction of Surf Helmets in Powercraft Training**

Effective from 1<sup>st</sup> May 2016, all patients in Powercraft training must wear an approved surf helmet. This includes patients for new award training and skills maintenance for IRBs, RWCs, ORB and JRB. It also includes competition training for IRBs.

Where possible, it is recommended that suitable patient substitutes (e.g Lifetek Manikins) be utilised.

## Patrol Setup Reminder

### SAMPLE PATROL SET UP



Sample Patrol Set Up- Version 1.0  
July 2016