

6. APPENDICES

APPENDIX A: HAZCHEM CODE

The Lifeguard should be aware of containers that may be washed up on the beach and the need to approach such containers with care.

Chemical container should have an identification label; it will be helpful to pass onto the Emergency Services as much information from this label as possible. The label is designed to give the following information

- A - the Hazchem code number indicating the method of dealing with the spillage
- B - the name of the substance and its United Nations code number
- C - the hazard diamond appropriate to the substance
- D - the 24 hour emergency telephone number of the manufacturer
- E - the symbol or housework of the manufacturer



The Hazchem code tells you what action to take, is a combination of a number (1234) and a letter (PRSTWXYZ). The number informs the Fire Service of the fire fighting agent appropriate to the substance. The letter indicates the level of breathing apparatus and whether the substance should be allowed in drains and watercourse. The letter STYZ printed in reverse indicates that breathing apparatus is not required except in fire situations.

In some cases the letter E appears. This means that only essential personnel should be allowed near the container. The area surrounding the incident may have to be evacuated, depending on the advice of the senior fire officer or the produce expert.

HAZCHEM CARD

This is a pocket size guidance card, mainly for the use of the Fire Service, to interpret the Hazchem code number shown on the identification labels. It indicates the fire fighting action that needs to be taken in case of an emergency and includes;

- How to protect yourself
- How to contain spillage's
- If there is a risk of explosion
- If the vicinity of the incident needs to be evacuated.

IN ALL CASES WHERE A SUSPICIOUS CONTAINER IS FOUND IMMEDIATE CONTACT WITH THE EMERGENCY SERVICES SHOULD BE MADE

APPENDIX B: STRANDED MARINE ANIMALS

Stranded animals along our coasts are all too common. It can be an extremely distressing to both the public and the lifeguard if a marine mammal gets into difficulty. Knowing a few simple procedures may save time and the life of these often endangered animals.

SEALS

Regularly come out of the sea to rest. Pups are often left alone on the shore by adults feeding out at sea. Adults and pups can be safely watched from a distance but don't approach too close, as the parents will be scared off and may abandon the pups. If you think that a seal is sick, injured or really is abandoned.

- Telephone for help
- Keep people and their dogs well away, until help arrives
- Do not get close to injured seals or pups, they can bite.

DOLPHINS

Breathe air and, when stranded on the shore, need to be kept cool with water. If a stranded dolphin is found telephone for help immediately. While help is on its way;

- Calmly approach the animal but be careful – dolphins can make sudden movements
- If you can find assistance, roll the animal gently onto its front and keep the skin wet with seawater.
- Do not pull on its fins or flukes and be very careful not to get water down the blow hole
- Try to keep crowds back to reduce stress
- Do not attempt to drag the animal.

SEND FOR HELP

As soon as possible send for help. Make sure that the caller can give an accurate location and description of the animal. Do not put yourself at risk.

The RSPCA emergency number for stranded animals can be called 24 hours a day on;

08705 555999

APPENDIX C: PROTECTION FROM THE ENVIRONMENT

SUN PROTECTION

Exposure to ultraviolet rays (UV rays) in natural sunlight is the main cause of;

- Sunburn
- General skin damage
- Premature ageing
- Skin cancer

The very nature of Lifeguarding means that you are exposing your body to the sun and the associated health risks. Two thirds of total sunlight is received in the two hours either side of midday (11am -3pm summertime).

SIMPLE HINTS TO REMEMBER

- Apply sunscreen at least 15 minutes before going out into the sun. Especially for the face, neck and other areas of the skin that cannot be covered with clothing
- Reapply the sunscreen regularly, particularly after swimming. Remember that UV rays penetrate at least 20cm into the water. Water also reflects UV rays back onto the skin increasing the intensity of the sunlight.
- Seek shade whenever possible, particularly between 11am and 3pm in summertime.
- Use sunscreen in association with shade and clothing, not instead of them.

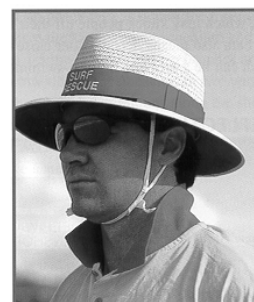
HOW TO REDUCE SUN EXPOSURE

SLIP on tightly knit, opaque clothing. Long arm and legs have better cover. Rash vests are advised for use in the sea. Most Australian types have SPF factor stated since UV rays penetrate at least 20cm into the water.

SLOP on waterproof sunscreen of minimum SPF15 and reapply several times a day. Apply to dry skin 15-30 minutes before exposure.

SLAP on a wide brimmed hat (nearly 50% reduction in UV rays), or use umbrella shade or visor with legionnaire-style side flaps.

WRAP on sunglasses



SKIN HAZARDS

Skin cancer incidence is increasing in the UK. Lifeguards are highly exposed and melanoma is the deadliest of all skin cancers. The main threat is from ultraviolet light both UV-A &-B. Any tanning harms the skin at cellular level. DNA damage is believed to cause cancer.

SKIN CANCER SYMPTOMS

The following are some types of skin cancer that should be evaluated by a doctor;

- An existing mole which enlarges irregularly or takes on a notched border
- Red, blue or white areas in a mole
- Itching or bleeding in a mole
- The appearance of a new mole in an adult
- A scaly or crusty raised area
- Raised hard red bumps with a translucent quality in their surface

Sunscreens alone avoid sunburn and reduce the damage caused by sun exposure. SPF15 means you can stay in the sun 15 times longer than without it. Damage is less with a sunscreen - but occurs.

80% of UV rays penetrate clouds

EYE HAZARDS

Eyesight may be seriously damaged by sun exposure;

- Cataracts- clouding of eye lens; later effect may lead to blindness
- Macular Degeneration- loss of central vision; as above
- Pterygium- years of exposure to sun, wind & dust; needing surgery
- Photokeratitis- damage to the cornea from intense UV over-exposure, it can be very painful; recovery in several days, needing eye bandages

KEEPING WARM ON BEACHES

C	Clean	Have clean clothes that can trap the air. Dirt can block these spaces.
O	Overheat	Open or remove clothes while exercising to prevent perspiration build up. A large amount of heat is needed to dry clothes: frequent cause of hypothermia. Clothes need to wick this moisture away.
L	Loose, Layered, Light	Several light coverings are more efficient than heavy clothes in not restricting blood circulation. The more layers the more air spaces are trapped
D	Dry	Outer clothing layers should be waterproof, inner layers should "breathe" to let internal moisture escape. Wet clothing wastes energy

WETSUITS

These provide warmth even if ripped, uniform buoyancy and impact protection. A layer of water is trapped, and kept near the skin within the neoprene's foam. They should fit well and not constrict blood flow. They should breathe as well.

Some UK areas need to use dry suits, but these should be used with caution especially in waves as residual air can enter the feet causing inversion. They should not be used unless combined with some form of chest buoyancy aid. Too much buoyancy however prevents duck diving to avoid breaking waves.

APPENDIX D: STRESS

DURING AN INCIDENT

New lifeguards often worry that they may not be able to cope in a real emergency, some managers have doubts about a lifeguard's ability until the lifeguard has successfully performed their first real rescue.

The body will automatically respond to a stressful situation by releasing the hormones Adrenaline, Noradrenaline and Cortisol which prepare you for "Flight or Fight" by;

- Increased heart rate
- Increased respiration
- Increased blood circulation to the muscles
- Increase in blood sugar level for energy
- Widen of the pupils (to let in more light)
- Increase in mental awareness
- Increase in sweating to reduce body temperature

This is why "Fools rush in" where the more experienced lifeguard will take slow deep breaths to calm down and take time to assess the situation. With the normal rush comes the sensation of time standing still or the perception of events happening in slow motion which maybe recalled later. There is also this effect when you perceive an incident but it is not one, or they were playing, the hormones have been released, you are ready to respond but have nothing to do but calm yourself down by taking a couple of slow deep breaths.

AFTER THE INCIDENT

Following aftercare of the patient there should be aftercare of the rescuer/s, this does not always happen. After an incident, depending on the type and outcome, the lifeguard may experience;

- Enjoyment - feeling good about a successful rescue.
- Satisfaction - in a job done well
- Doubts - about the action taken. Could you have done more?
- Confusion - about the events, it happened so quickly.
- Fear - of having taken the wrong action, and being blamed.
- Shame / Guilt - for not reacting quickly or taking the wrong action
- Helplessness - for not responding or not being able to help
- Sadness - for unsuccessful outcomes, death, serious injury
- Anger / Frustration - for what happened "it could have been prevented", at the action of other, the team, bystanders, Emergency Services.

As soon as possible after an incident there should be a team debrief to allow feeling to be released and help the lifeguards get over the event, individual counselling may need to follow.

DELAYED REACTION

It is common for reactions to an incident to be delayed and signs of stress to be felt or witnessed once everything has returned to normal. Symptoms and signs to look for;

- Tension and irritability
- Muscle tension giving rise to backache, neckache, headaches
- Withdrawn into isolation
- Tearfulness
- Flashbacks of the incident.
- Nightmares and restless nights
- Excessive sweating
- Hands shaking
- Upset stomach, nausea, diarrhoea
- Increase in alcohol and drug intake
- Loss of memory and / or concentration

COPING WITH STRESS

It is important for feelings to be released. Exercise and / or relaxation can relieve stress. Taking part in a sport you enjoy will take your mind off it and help you relax, under going meditation and / or Yoga sessions will help with relaxation.

Talking to a friend, colleague, and supervisor, sharing the experience. Writing down the experience and feeling, listing all the positive actions will help create talking points and give a clearer picture of the event.

POST TRAUMATIC STRESS DISORDER (PTSD)

If the following symptoms are experienced the lifeguard may have PTSD;

- Reliving the incident
- Avoiding situations and people involved with the incident
- Being hyperactive
- Symptoms which occur after 30 days and last for a minimum of a month

It is important to see a doctor and / or a counsellor for help.

The SLSA of GB can provide the service of a Trauma Counsellor, for details contact SLSA of GB HQ

APPENDIX E: DISPOSAL OF SHARPS

During the course of the lifeguard duties it is possible to come across discarded Hypodermic needles and syringes. Remember that they may have been use for recognised medical conditions or used otherwise.

A sharp may be defined as any of the following

- Hypodermic needles and syringes
- Used drug ampoules and other glass products
- Disposable razors or other blades
- Any item that can cause a wound should be considered

DISPOSAL

- Protective gloves SHOULD be worn to minimise the risk of blood borne infections.
- Sharps should be placed into an approved sharps container. Immediately they are found, take the container to the sharp.
- Never probe, or allow others to probe, inside a Sharps Container to find out how full it is. Sharps Containers MUST NOT be used as a general rubbish bin.
- Containers should be changed when $\frac{3}{4}$ full. Do not over fill. Arrangements need to be made with the local Health Authority for their safe disposal and incineration. DO NOT PLACE OUT FOR NORMAL COLLECTION OF WASTE.

ACCIDENTAL NEEDLE INJURY

In the event of an injury occurring, the following procedures should be adopted.

Non Infected Needle - A needle which is sterile, and has NOT been used.

- Encourage needle injury to bleed.
- Wash injury under running water
- Dry skin thoroughly and cover wound with suitable dressing.
- Complete an Incident Report Form on return to station.

Infected Needle - A needle which has BEEN USED to inject.

- Encourage needle injury to bleed
- Wash injury under running water
- Dry skin thoroughly and cover wound with suitable dressing
- Inform the Senior Lifeguard that an infected needle stick injury has occurred, including the following.
- Location of Incident, Approximate Time

This information should be entered on the Incident Report Form and a copy held for reference. Immediately attend the nearest A&E Department and provide the Medical Staff with as much information as possible.

APPENDIX F: NATIONAL BEACH INCIDENT REPORTING SCHEME

The Lifeguard often sees the completion of incident forms as a laborious and time-consuming chore. However, the chain that starts off with this simple task can lead to;

- an increase in lifeguard cover where 'black spots' are shown to occur
- an increase in equipment and the provision of training
- the involvement of the volunteer lifeguard network to a greater extent which has a long term benefit to the local clubs and community
- recognition for the role of the lifeguard in the Search and Rescue network

The NaRS (BL) award requires you to demonstrate that you can fill out one of these forms for a mock incident. Spend some time learning about report writing and form completion. It is a vital step in the 'professionalism' of Beach Lifeguarding and an important skill to master in Beach Management.

The Surf Life Saving Association of Great Britain has for many years collated and published incident statistics along with many other organisations involved in SAR. This has often resulted in a confusing mixture of reports in varying formats. The inception of the RNLI SEAREM database was designed to alleviate this by providing a central focal point for the collating of all 'SEA Related EMergency Statistics'.

Under the new National Rescue Standard for Beach Lifeguards, a joint initiative has been set up between the SLSA of GB, ILAM and the RNLI, where the SLSA has introduced a National Incident Reporting Scheme for Beach Lifeguards. A database has been written that will collate and download the statistics directly to the RNLI SEAREM database. Monthly return forms, together with individual 'incident report forms' (in duplicate) are available and will be distributed free of charge to Clubs and Local Authorities wishing to register as part of this scheme.

In return for adopting this new scheme the SLSA will offer Local Authorities and Clubs access to this database for their own reporting purposes or they will carry out the statistical analysis and present the data in graphic form on their behalf.

This new exciting initiative will provide the vital statistics needed to gauge an over-view of the excellent work the lifeguards do around the coast of Britain and will truly be a NATIONAL Beach Incident Reporting Scheme.



National Aquatic Rescue Standard

Lifeguard Incident Reporting Scheme

A scheme linked directly to the SEAREM database providing a National Incident Reporting System for Local Authorities, volunteer Life Saving and Lifeguard clubs around the coast of the United Kingdom

The **SEAREM** (SEA Related Emergencies) database is managed by the RNLI. Its aims are ;

- To provide a central point from where information, in a standard form, relating to incidents at sea (and on the coast) can be collated
- Assist in making more effective use of the SAR assets around the coast
- Improve the analysis of the causes and trends of incidents
- Assist with identification of problem areas
- Improve the targeting and promotion of sea safety campaigns

GUIDELINES FOR COMPLETION

Lifeguard Incident Report Form

When to complete an incident form – **ONLY** complete a form for rescues and major first aid cases. In all other cases please use the normal reporting method of your Club/ Local Authority.

U.I.I.N. (Unique Incident Identification Number)

To be added by the lifeguard **ONLY** IF provided by the Coastguard. SLSA HQ to add if no number present.

Fatalities

If any fatalities should occur, please forward further details to the SLSA of GB

Monthly Return Form

Please complete the monthly return form using the daily totals for the incidents set out below;

- | | |
|-------------------------|--|
| Rescue - | Where a person requires assistance to return to shore (or place of safety) and whom without assistance would have suffered distress, injury or drowned |
| First Aid - | Any incident where a patient is administered some form of minor first aid |
| Medivac - | Any first aid incident where a patient is taken to hospital by any means |
| Search - | Any organised search for a missing person (or group of people) either at sea, or on land. Includes body recovery. |
| Callout/ Alarm - | Any response at the request of another SAR organisation, to an emergency occurring during or outside normal operation hours |
| Other - | Any additional incident that does not fit the categories listed above. |



INCIDENT REPORT FORM



National Aquatic Rescue Standard

Lifeguard Incident Report Form

Club/Authority _____ Site: _____ U.I.I.N. (if applicable) _____ / _____

Date/Time y__m__d__t__ (Local) Name of reporting Lifeguard _____

TIDE Incoming Outgoing Not Applicable Signature _____

NATURE OF INCIDENT
 Rescue First Aid / Medivac Search Callout / Alarm False Alarm

LOCATION In Flagged Patrol Area Out of Patrol Area (specify) _____

EQUIPMENT USED
 IRB Tube (RFD) Board / Ski Public Equipment None Other _____

DETAILS OF ACTIVITY / TYPE OF CASUALTY
 Swimming Surfing Bodyboarding Canoeing Shore fishing Sub Aqua Diving
 River / Estuary crossing Dinghy sailing / Yachting Sailboarding Powerboating
 PWC (Jet ski) Inflatable toy / Airbed Falling / Jumping Other _____

DEFINITIVE NATURE OF INCIDENT (What caused the incident?)
 Rips / Holes Strong surf Exhaustion Strong winds Cramp Sting Injury / fall
 Inappropriate clothing Cut off by tide Equipment failure Inappropriate equipment

Other / Comments: _____

ENVIRONMENTAL CONDITIONS

WEATHER / Vis.	SEA STATE / Beaufort	SHORE WAVES	WIND CONDITIONS	BEACH STATUS
<input type="checkbox"/> Clear	<input type="checkbox"/> Glassy (0 - 1)	<input type="checkbox"/> 0 - 0.5m	<input type="checkbox"/> Calm (0 - 2)	<input type="checkbox"/> Empty
<input type="checkbox"/> Scattered Cloud	<input type="checkbox"/> Slight Chop (2 - 3)	<input type="checkbox"/> 0.5 - 1.0m	<input type="checkbox"/> Moderate Onshore (3 - 5)	<input type="checkbox"/> Quiet
<input type="checkbox"/> Overcast	<input type="checkbox"/> Choppy (4 - 5)	<input type="checkbox"/> 1 - 2m	<input type="checkbox"/> Moderate Offshore (3 - 5)	<input type="checkbox"/> Busy
<input type="checkbox"/> Showers / Rain	<input type="checkbox"/> Rough (6 - 7)	<input type="checkbox"/> 2 - 4m	<input type="checkbox"/> Strong Onshore (6 +)	<input type="checkbox"/> Very Busy
<input type="checkbox"/> Fog / Mist	<input type="checkbox"/> Very Rough (8 +)	<input type="checkbox"/> 4m +	<input type="checkbox"/> Strong Offshore (6 +)	

DETAILS OF PATIENT(S) NUMBER OF PATIENTS* / FATALITIES
*Delete as applicable

Name (of primary patient) _____ Address _____ Post Town _____	M	Child (0-12)	Teenage (13-19)	Adult (20+)
	F	[]	[]	[]

AGENCIES INVOLVED Lifeguard (vol.) LG (paid) Coastguard Aux. CG RNLI ILB RNLI AL
 Police S.A.R. Helo Fire / River Rescue Ambulance Air Ambulance Other _____

PATIENT CONDITION

A Abrasions/Bruises B Burns F Fractures H Haemorrhage L Lacerations P Pain S Swelling		LEVEL OF CONSCIOUSNESS <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal CIRCULATION <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	AIRWAY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal TEMPERATURE <input type="checkbox"/> Overheated <input type="checkbox"/> Normal <input type="checkbox"/> Hypothermic	BREATHING <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
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TREATMENT _____

DISPOSAL
 No Further Action Refused Treatment Additional Comments _____
 Assisted from beach Other _____
 SAR / Ambulance transported _____

Please email/fax/post copy to your Regional Administrator or SLSA of GB monthly
 Tel: 07000 SLSA GB (757242)



Minor First Aid Report

Report Number _____

Lifeguard Area _____		Lifeguard Unit _____	
Date: __/__/__	Time: __:__(24 hr)	Volunteer <input type="checkbox"/>	First Aider <input type="checkbox"/> Paid LG <input type="checkbox"/>
Nature of Injury		Stings	
Abrasion <input type="checkbox"/> Small Cut <input type="checkbox"/> Burn <input type="checkbox"/> Blister <input type="checkbox"/> Splinter <input type="checkbox"/> Sprain / Strain <input type="checkbox"/> Sand in Eyes <input type="checkbox"/> Contusion <input type="checkbox"/> Break/Loss of Nail <input type="checkbox"/> Minor Puncture <input type="checkbox"/> Other (give details) _____		Weeverfish <input type="checkbox"/> Jellyfish <input type="checkbox"/> Bee <input type="checkbox"/> Wasp <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/>	
First Aid Treatment Given			
Advice (if any) _____			
Patients Full Name _____			
Post Town _____		Post Code _____	
Country _____			
Child (0-12) <input type="checkbox"/>		Teenager (13-17) <input type="checkbox"/>	
Adult (18-59) <input type="checkbox"/>		Senior (60+) <input type="checkbox"/>	
		Male <input type="checkbox"/>	
		Female <input type="checkbox"/>	
Patient Release: No Further Action <input type="checkbox"/> Advised to Attend Doctor <input type="checkbox"/> Declined Treatment <input type="checkbox"/>			
Lifeguard Name: _____ Lifeguard Signature: _____ Volunteer <input type="checkbox"/>			
ⓘ Data Protection Act 1998. Your personal information will be held by the RNLI. It will be held in compliance with data protection legislation and will be used for the purpose of identifying lifeguard training needs and insurance liability. Where necessary it may be disclosed to Local Authorities and Lifesaving Organisations.			

This form is to be returned to RNLI HEADQUARTERS



Missing Persons Report Found

Report Number _____

Lifeguard Area: _____		Lifeguard Unit: _____		U.I.N. : (if applicable) _____	
Date: __/__/__		Time Reported To Lifeguard: __:__(24 hr)			
PERSON DETAILS					
Full Name _____				Male <input type="checkbox"/>	
Post Town _____		Post Code _____		Female <input type="checkbox"/>	
Age <input type="text"/>	Time Last Seen __/__/__		Place Last Seen _____		
NARRATIVE OF INCIDENT			PERSON DESCRIPTION		
			Hair Colour:		Height:
DETAILS OF PERSON REUNITED WITH					
Time missing person found __/__/__ (24 hr)		Time reunited __/__/__ (24 hr)			
Location _____					
Name of person reunited with _____			Relationship _____		
Signature _____					
Lifeguard Name _____		Lifeguard Signature _____		Volunteer <input type="checkbox"/>	
ⓘ Data Protection Act 1998. Your personal information will be held by the RNLI. It will be held in compliance with data protection legislation and will be used for the purpose of identifying lifeguard training needs and insurance liability. Where necessary it may be disclosed to Local Authorities and Lifesaving Organisations.					

This form is to be returned to RNLI HEADQUARTERS

MONTHLY RETURN FORM



National Aquatic Rescue Standard

Monthly Incident Return Form

Club/Authority _____ Name of reporting Lifeguard / Manager _____

Site: _____ Month: _____

Signature _____

NATURE OF INCIDENT

DATE	Rescues						Advice	First Aid	Medivac	Search (Lost Persons)						Other	Totals
	M			F						M			F				
	A	T	C	A	T	C				A	T	C	A	T	C		
1																	
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Please email/fax/post copy to your Regional Administrator or SLSA of GB monthly Tel: 07000 SLSAGB (757242)

APPENDIX G - REFERENCE SOURCES

SLSA Surf Lifesaving 'Blue' Training Manual 29th Ed & 30th Revised Edition – *Surf Life Saving Australia*

SLSA IRB 'Green' Manual 3rd Edition – *Surf Life Saving Australia*

Safety on Beaches - *Royal Society for the Prevention of Accidents and the Royal Life Saving Society* (ISBN 0 907082 95 5)

Guidelines for the Establishment of Beach Lifeguard Units as Search and Rescue Declared Facilities – *HM Coastguard, SLSA of GB, RLSS (UK), Beach Safety Advisory Committee (Devon & Cornwall) and principal maritime Local Authorities*

First Aid Manual - *St. John Ambulance, St. Andrews Ambulance Association and British Red Cross. 8th edition* (ISBN 0 7513 3704-8)

United States Lifesaving Association Manual of Open Water Lifesaving. *Chris Brewster. 1995.* Brady Prentice-Hall (ISBN 0-8359-4919-2)

Swiftwater Rescue; A Manual for the Rescue Professional. Slim Ray **1997.** CFS Press, 68 Finalee Ave, Ashville, NC 28803: (ISBN 0-9649585-0-3)

Water Rescue Basic Skills for Emergency Responders. *Commander David S. Smith US CG (ret), Sara J. Smith. 1994.* Mosby Lifeline (ISBN 0-8016-6343-1)

HMCG VHF Basic BLU Operator Course – UK Coastguard Agency

RYA VHF Radiotelephony for Yachtsmen
 RYA Radio Operators Assessment
 RYA Safety Boat Handbook
 RYA Weather
 RYA I.R. for Prevention of Collision at Sea
 RYA Dayskipper/ Yachtmaster Notes
 RYA Advanced Powerboat Syllabus

Note: Technical updates will be published from time to time and will be available through Club Secretaries, your Region's Representatives on the Lifesaving Commission or from the SLSA of GB web site

www.surflifesavers.org.uk