

# Lifeguard Skills: Missing Person Search

When you have a missing guest, minutes truly matter. We want to be as efficient as possible when it comes to locating our missing guest.

In the event that a person becomes missing within the race course and the management is made aware of the situation, the following protocol will be implemented:

- THREE LONG WHISTLES will be blown by the supervisor on duty to signal to the active lifeguards.
- The lifeguards who are guarding the beach will clear the beach of patrons.
- A supervisor and or manager will secure the main entrance to the facility by blocking the entrance to the beach area and remain there until the person is found.
- Net drag search:
  - Shallow water guards will take a weighted volleyball net that is secured to poles and span the width of the zone and walk with the net tightly between them across the full length of the zone.
  - Snorkel and Fin search: In deep water, guards will swim the length of the zone, looking for the submerged guest.
  - Once cleared, a guard will search the changing areas.
- If the missing person is not found at this time, the manager will call 911 to inform the police of the missing person.
- Search will continue, then police will join the search.

## Things to Remember:

- You have 3 minutes to search the water. Please move as efficiently as possible and as fast as you can while still being thorough.
- Communicate, communicate, communicate! The more you communicate what has been searched and what needs to be searched, the more effective you will be.

### Key Places to Look:

- In the water
- On the sand
- By concessions
- In the bathroom
- At the park
- In the parking lot
- By the boats

### Key Questions to Ask:

- Physical description: What does he look like, what is he wearing, how tall is he, etc.
- Name (or nicknames he answers to)
- Age
- Activities he likes: example likes the swings at the park.

Extractions at the Beach

### **Non-Spinal Extractions**

For a non-spinal unconscious extrication, simply pull the victim from the water as we would at zero depth in the pool. We want to get the victim out of the water as quickly as possible to be able to administer oxygen and the AED if necessary.

#### **Non-Spinal Extrication Protocol:**

- Rescue the victim: rear huggie, duck pluck, whichever is necessary.
- Call for help. Someone call 911 and report back to me!
- Clear the water.
- One lifeguard will pull the victim out by placing their arms under the victim's armpits, cradling the neck and moving backwards.
- A secondary lifeguard will pick up the feet to more easily move the victim out of the water.
- Glove up.
- Begin assessment.

#### **Things To Remember:**

- The victim must be 6 feet from the edge of the water.
- Oxygen must be administered within one minute but should arrive at the scene immediately!
- Make sure to cradle the victim's neck!

## Spinal Extrications

Spinal injuries are very similar at the beach as they are at the pool. The main objective is the same: to stabilize the victim and to extricate as soon as possible.

### Spinal Extrication Protocol:

- Call 911.
- Clear the water.
- Use the vice- grip to stabilize the victim.
- The secondary rescuer will bring the backboard. Place the board underneath the victim from the side.
- Slowly walk with the victim on the board towards the beach.
- Lean the board carefully against the sand in shallow water so that the victim's head is not submerged.
- Make sure the head is secured by the secondary rescuer with knees down, elbows down.
- Strap the victim in.
- Use the squeeze play to secure the head. Note: Unlike the pool, you will probably not be able to place your second hand under the board.
- Place the head restraints on the victim.
- Slowly extricate the victim from the water.
- Cover with a blanket.

### Things To Remember:

- The victim must be extricated within 3 minutes.
- The victim must be 6 feet away from the water once extricated.
- Make sure to treat for shock (cover with a blanket) and monitor ABCs once out of the water.
- In the water, make sure to be talking to your victim.

# Initial Assessment

## 1. Survey the Scene

- Form a general impression about what happened
- How many victims are there?
- What caused the incident?
- Are there any immediate threats to life?

## 2. Determine Responsiveness

- Is the patient responsive? Do they respond?
- Is the patient unresponsive? Do they not respond?
- Check for normal breathing.

## 3. Glove up!

## 4. Call 911 and report back to me!

- By making sure that the person you designate to call 911 actually does it, tell them to report back to you. If they do not come back after several moments, send someone else to call 911.

## 5. Check for pulse (CAB's).

## 6. YES pulse, begin rescue breathing. NO pulse, begin CPR.

# CAB

### Compressions

- after determining that the GID doesn't have a pulse, start chest compressions.

### Airway

- opened to deliver ventilations during appropriate times during the BLS sequence.

### Breathing

- GID has a definite pulse and no obvious signs of normal breathing begin rescue breathing.

# First Aid

## Responsibilities of the First Responder:

- Recognize and respond to aquatic emergencies
- Recognize when to activate the EAS
- Safely and appropriately rescue the guest
- Provide appropriate emergency care until EMS arrives and assumes care
- Work as a team player in every emergency situation
- Provide the arriving EMS professionals with critical information regarding the emergency event.

## Initial Assessment:

- Survey the scene.
- Check for responsiveness
- Glove up
- Call 911 (and report back to me!)

## Heat Related Emergencies

Hyperthermia: Heat-related emergency in which the patient has become too warm/dehydrated from spending too much time in a hot environment without taking in enough fluids.

### Signs and Symptoms:

Muscle cramps	Dizziness
Nausea/Vomiting	Fatigue
Diarrhea	Extreme thirst
Rapid pulse	Mental confusion

### Treatment for Heat Cramps/Heat Exhaustion:

1. Remove the guest from the heat source and begin to cool. Move to shade or air-conditioned area.
2. Remove clothing while retaining modesty.
3. Elevate legs 12 inches.
4. If the guest is not nauseas, have him slowly sip cool water.
5. If condition does not improve, activate EAS.

### Treatment for Heat Stroke:

1. Immediately remove from the heat source. You want to cool the guest down as quickly as possible.
2. Remove clothing while retaining modesty.
3. Cool the guest down with ice packs or cool wash cloths to the arm pits, groin, and back of the neck.
4. Monitor ABCs.
5. Activate EAS

### Differences between Heat Stroke and Heat Exhaustion:

- Heat exhaustion is where the body is extremely dehydrated. The body temperature is warmer than usual, and the patient will have clammy skin from sweating. The skin may also be pale.
- Heat stroke is when the body has sweated itself out. The patient would have hot, dry, red skin. This is a life-threatening condition.
- The difference between heat stroke and heat exhaustion is body color, perspiration, and body temperature.

Musculoskeletal Injuries: These types of injuries are rarely life-threatening. This type of injury affects the muscles, joints, or bones.

Signs and Symptoms:

Deformity	Pain
Tenderness	Swelling
Open Wound	Inability to use the area

Easy way to remember:

Deformity	Open Wound	Tenderness	Swelling
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Treatment for Musculoskeletal Injuries:

1. Expose the affected area.
2. Immobilize without moving the affected area.
3. Ice affected area.
4. Elevate and wrap with a compression bandage.

Soft Tissue Injuries: These are generally not life-threatening even though there is bleeding and pain.

Treatment for Soft Tissue Injuries:

1. Glove up!
2. Apply direct pressure with your gloved hand or gauze.
3. If bleeding continues, keep adding more gauze to the previous layers. DO NOT REMOVE the first layers of gauze.
4. If bleeding continues, elevate the affected area above the heart.
5. If bleeding continues, use one of the pressure points.

Embedded Objects

Treatment:

1. Glove up!
2. Leave the object in place.
3. Stabilize the object until EMS personnel arrive.

Amputation

Treatment:

1. Glove up!
2. Provide direct pressure to the wound.
3. Locate severed part. If you find it, place it in a clean moist cloth or gauze and place in a plastic bag on top of ice.
4. Active EAS.

Nosebleed

Treatment:

1. Glove up!
2. Have the guest sit down and lean slightly forward.
3. Have the guest pinch his nostrils together at the bridge of his nose.
4. Have the guest maintain this pressure for at least 5 minutes
5. Check to see if the blood clotted.
6. If bleeding continues, reapply pressure.

## **Burns**

### First Degree (Superficial) Burns:: Example: Sunburn

#### Signs and Symptoms:

Red skin

#### Treatment:

1. Cool affected area with cool water for up to 30 minutes

### Second Degree (Partial thickness) Burns:

#### Signs and Symptoms:

Red skin

Blisters begin to form

#### Treatment:

1. Cool the burned area with cool water.
2. Remove any jewelry or smoldering clothing
3. Cover the burned area with dry, clean gauze without applying pressure.
4. Activate EAS

### Third Degree (Full thickness) Burns:

#### Signs and Symptoms:

Damages all layers of skin

Multi-colored burns (black, red, gray, white)

#### Treatment:

1. Correct any immediate threats to life
2. Cover with clean, dry gauze
3. Monitor ABCs
4. Activate EAS

## **Fainting (Syncope)**

### Signs and Symptoms:

Nausea

Weakness

Chills

Headache

Dizziness

Abdominal pain

### Treatment

1. Have the guest lie down on a flat surface
2. Elevate the legs 12 inches
3. Monitor ABCs

Seizures: Seizures are involuntary changes in a patient's brain cell activity levels due to massive electrical charge. There are many different causes of seizures, but treatment is the same.

### Treatment:

1. Activate EAS
2. Remove any objects that might injure the guest.
3. Place a thin, soft object under the patient's head.
4. Once the seizure ends, maintain an open airway
5. Monitor the ABCs

### Treatment in the water:

1. Activate EAS
2. Help keep the guest above water as best as you can. This is easily done by placing the guest on a rescue tube.

3. Make sure you do not injure yourself by trying to restrain a seizing victim.
4. Monitor ABCs.

## Shock

Hypovolemic: loss of blood or other body fluids

### Signs and Symptoms

Breathing difficulties	Weakness	Disorientation
Vomiting	Nausea	
Extreme thirst	Cold pale skin	

### Treatment:

1. Monitor and assess ABCs.
2. Activate EAS
3. Maintain normal body temperature.
4. Elevate legs 12 inches.
5. Maintain an open airway.

Anaphylactic: Allergic reaction

### Signs and Symptoms:

Wheezing	Itchy skin	Rapid pulse
Swelling	Burning skin	Squeezing in chest

### Treatment:

1. Monitor and assess ABCs.
2. Activate EAS.
3. Do not pull out the stinger. Scrape it out with a credit card or other flat, hard object.
4. Help the guest administer medication if necessary.

## Diabetic Emergencies

Hypoglycemia: Not enough blood sugar.

### Signs and Symptoms:

Rapid pulse	Weakness	Rapid Breathing
Sweating	Numbness	Hunger

### Treatment:

1. Give the conscious guest foods with sugar. Preferably natural sugar like that found in juice is better than synthetic sugar that is found in candy or soda.
2. Activate EAS.
3. Monitor ABCs.

Hyperglycemia: Too much blood sugar.

### Signs and Symptoms:

Drowsiness	Fruity breath odor	Confusion
Fever	Frequent urination	Severe thirst

### Treatment:

1. Activate EAS
2. Monitor ABCs.

## Asthma

### Signs and Symptoms:

Difficulty breathing	Coughing	Rapid/Shallow breathing
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Treatment:

1. Activate EAS.
2. Move guest to upright/slightly bent forward position.
3. Assist guest with own medications.
4. Provide oxygen if available.
5. Monitor ABCs.

**Poisoning**

Inhaled Poisons

Signs and Symptoms:

Severe headache	Nausea/Vomiting
Facial burns	Burning sensation
Difficulty breathing	Coughing
Bloody spit	Dizziness

Treatment:

1. Activate EAS
2. Glove up
3. Monitor ABCs

Swallowed Poisons

Signs and Symptoms:

Nausea	Abdominal pain
Vomiting	Diarrhea
Drowsiness	Seizure
Coughing	Bloody spit

Treatment:

1. Activate EAS
2. Manage ABCs
3. Call Poison Control
4. Follow instructions from Poison Control.

# **Severe Weather & Evacuation Plan**

## **When lightning is visible or thunder is heard....**

1. Clear the water. This includes bringing in all boats.
2. Direct all people to move from the beach to the patio.
3. The beach remains closed until 30 minutes after the LAST strike of lightning is spotted or thunder is heard.
4. Please log the time of each lightning strike and what time the beach is re-opened.

**No one may return to the sand until 30 minutes following the last strike of lightning! When the beach is cleared, it is advised that patrons choose to bring all personal belongings to the patio with them.**

## **When there is a tornado warning...**

1. Take cover!
  2. At the beach, the bathrooms are probably the safest spot.
  3. If there is a Tornado Warning in a nearby city it is the patron's choice to go home and take cover or drive to the RecPlex for cover in the locker rooms.
- Tornado shelters are marked throughout the building.

## **Rain:**

We do not close for rain. Please be prepared on rainy days to guard as usual. It is not rare to have families and lap swimmers come to the beach even if it is raining.

When it rains, you will most likely be sending a lifeguard up to the pool. All other staff will be given additional tasks such as cleaning the pavilion, concessions, bathrooms, etc.

## **Fog:**

Fog can create a complication to being able to properly scan. Closing the beach due to fog is at the discretion of the Aquatics Coordinator. Fog has never really been an issue in the past; however, it does make scanning more difficult so if you feel it is too foggy to properly scan, please let the leads, supervisor, and Aquatics Director know.