

H.E.L.P.

High Energy Lifeguard People

Competition Strategy

First Aid

First Aid

The Event

- The pool simulation event is usually advertised as 6-10 minutes. It usually runs for about 8 minutes, and is almost always shorter than the pool sim event.
- Traditionally, the 1st guard enters at time 0, 2nd guard at one minute and 3rd and 4th guards together at 2 minutes.
- There is likely to be some sort of danger (probably not lethal – but this has been done in the past)
- For the past few years, it has been essential to get the phone in under a minute, but it may even be an advantage to wait until after a minute to call. Some marksheets allow more time to complete the call without any point-penalties.
- There is usually at least one patient that can get worse if you do the wrong thing – look out for medications!
- Simulation are often created with some sort of “key” that will solve the situation.
- There is usually at least one patient that is difficult to find. It is essential that the first guard do a perimeter search of the area.
- Many simulations have patients enter the scene part-way through the event, so be prepared.

Event Strategy

1. Order-Based Treatment

- In this basic strategy, the role of the lifeguard depends only on the order of entry
- The 1st lifeguard to enter the scene does a scene assessment and EMS call.
- When the 2nd lifeguard enters, the 1st guard directs them to the most serious patient and helps with any immediate stabilization necessary
- When the 3rd lifeguard enters, the 1st guard directs them to the 2nd most serious patient
- The 4th guard and the 1st guard then work together to ensure that the rest of the patients are corralled and treated
- Throughout the simulation, the 1st guard is responsible for controlling the scene, finding out what happened, directing lifeguards, corraling patients, moving equipment, etc.

2. Specific Victim Strategy

- The idea is to modify the basic order in order to get each guard doing their strength.
- Where possible, have one person designated for making 9-1-1 calls, finding out history, corraling patients, organizing the sim, etc. and then treating minor conscious patients and bystanders. (essentially no matter when that person enters the scene, he/she takes over the role of the 1st guard, and that guard starts treating a patient)

Competition Resources: First Aid Strategy

- Where possible, have one person (least experienced) on an unconscious no-breathing or no-pulse patient. This means that if any of the others get a patient like that they should yell for that designated person. That way, the least experienced person can focus on cleaning up primary survey and critical intervention points and one of the others can come help out with the secondary survey points.
- When possible, you want a stronger guard to treat the most serious patient - or one that requires extrication. Usually a semi-conscious patient, or one with serious injuries would be good. That way he/she can focus on that patient for the entire simulation.
- When possible, you want a good multi-tasker/communicator treating serious conscious patients. They can focus on patient assessment and treatment through most of the sim, and help out others when needed.
- Some of the roles can be flexible/interchangeable. However, in this model it is important that we free the organizing lifeguard from a major patient and get the least experienced guard on an unconscious if at all possible.
- Everyone needs to be strong and confident in the role of 1st guard at the beginning of the sim, and be able to do a different role if required.

Event Tips

The key to getting marks in first aid is to do everything that is worth lots of marks slowly and carefully. Do the little things that are worth few marks quickly and efficiently.

Remember that your judge is still deciding on marks for a minute after the simulation is over. Remember to continue making a positive impression during this time. Thank your patient and your judge.

Conscious patient:

1. Scene Assessment
2. Primary
3. Shock treatment
4. Treatment of injuries (while starting history)
5. History
6. Vitals
7. Head to Toe
8. Help another guard

One thing that you can try is to mix your first set of vitals with your initial ABC assessment. Do a full breathing and circulation check, add the eyes, and announce that you are done your first set of vitals. Just make it clear to the judge that you are doing both. This should give you higher marks for your primary, and save you time.

Unconscious patient:

1. Scene Assessment
2. Primary
3. Shock treatment
4. Treatment of injuries (while starting history)
5. Vitals

Competition Resources: First Aid Strategy

6. History
7. Head to Toe
8. Vitals

Notice that vitals comes before history for an unconscious patient. Try to get a bystander helping you if at all possible to record things, or to help treat.

1st Guard Checklist

- *Call for backup*
- *Check for Dangers*
- *Introduce self as lifeguard*
- *Ask everyone to stay still & remain calm*
- *Find out what happened*
- *Deal with dangers*
- *Find # of victims*
- *Find # of bystanders*
- *Send bystander to phone EMS*
- *Do perimeter check for victims*
- *Remove mechanism(s) of injury*
- *Prioritize victims*
- *Work with 2nd guard to stabilize any spinals*
- *Phone EMS with details*

Using Bystanders

- *Ask if any bystanders know first aid,*
- *Bring them with you to phone EMS, get them to give history of accident,*
- *Carry equipment to your other guard,*
- *Put on a blanket,*
- *Hold/stabilize an injury (give them gloves),*
- *Write down vitals & history,*
- *Ask other patients for history,*
- *Treat a simple injury (pour water, apply ice, etc.),*
- *Communicate a message to another guard,*

Scene Assessment (for each individual patient)

- *Checking for Dangers*
- *Noting blood, my gloves are on*
- *Mechanism of injury appears to be: _____*
- *Just the one patient*
- *No bystanders*

Assisted Ventilations (10 seconds) – (under 10, over 30 & distressed, for ICP)

- *What I am going to do is give you assisted ventilations.*
- *I am putting a pocket mask on your face, and am going to give you a breath every 3 seconds timed to yours.*
- *I will try not to breathe into you when you are breathing out.*
- *This may be strange at first, but it will make you feel better.*

Rapid Body Survey (10 seconds)

- *Exposing the chest, looking for escaping air or other chest trauma*
- *Checking under the back and legs for major bleeding*
- *Checking legs and arms for unstable fractures and medic alerts*

Treating for shock

Competition Resources: First Aid Strategy

- *Sizing and inserting oral airway (OR not inserting oral airway because my patient is responsive to verbal stimulus)*
- *Setting up oxygen at ____lpm*
- *The blanket is already on*
- *Reassuring my patient throughout*

Sample Vitals (60 seconds)

- *Starting first set of vitals. Noting time at _____. This is also my ABC reassessment*
- *LOC: Patient fully conscious and oriented. He has full motor control, eye opening response, and verbal abilities. that would be a 15 on the GC Scale. Correct?*
- *Pulse: Timing pulse for 10 seconds, pulse is feeling strong & regular. I got 12 beats in 10 seconds or 72 beats per minute. Correct?*
- *Respirations: Timing the number of inhalations in 15 seconds, Respirations are strong & regular. I got 3 in 15 seconds, or 12 breaths per minute. Correct?*
- *Eyes: Eyes are equal & reactive. Both are about 4mm in this light. Correct?*
- *Skin: Skin is normal colour, warm, and dry, when compared to mine. Correct?*

Sample Head to Toe (40 seconds)

- *Checking head: around eyes, cheekbone, jaw, through hair, in & behind ears.*
- *Checking neck, along spine, trachea, collarbones, and shoulders*
- *Checking sternum, ribs around the back, along spine, and kidneys*
- *Checking 4 quadrants of the abdomen, pelvis and groin*
- *Checking one leg down to the foot; pulse, cap refill, and pain response*
- *Checking second leg down to the foot; pulse, cap refill, and pain response*
- *Checking one arm down to the hand; pulse, cap refill, and pain response*
- *Checking second arm down to the hand; pulse, cap refill, and pain response*

History

- *Chief Complaint*
- *History of Chief Complaint*
- *Allergies*
- *Medications*
- *Medical History*
- *Identifying Data*

Pain Assessment

- *Position*
- *Quality*
- *Radiating*
- *Severity*
 - *Timing*

Equipment

Blanket – carry your blanket with you as you approach your patient (rather than having it inside your first aid kit. This will force you to remember it and even put it on right away.

Oxygen – have your oxygen ready to go – attach the key and turn the flow up to 15 before hand so that all you have to do it twist the key and your oxygen is flowing. Keep a pocket mask attached to the oxygen with a simple face mask available in case you need it.

Ice – this is the most often used piece of equipment, so make sure that it is right at the top of your kit and ready to go. (Have it wrapped in something ahead of time so that you are not putting it directly on skin – and so that it doesn't leak in your kit)

Competition Resources: First Aid Strategy

Triangulars – Have your triangulars folded properly so that you can get them out and use them in a hurry.