

H.E.L.P.

High Energy Lifeguard People

Competition

Strategy

P.A.A.

Priority Action Approach

The Event

- Most organizers will shoot for 4-5 victims of each priority. This means that there are 3-4 victims on average per lifeguard. Usually, the priority one victims are evenly distributed so that there is at least one in each zone, or corner, of the area.
- About 80% of competitions have a baby on the bottom of the pool, 10% have no baby, and 10% have more than one baby.
- Having dangers in this event has become much less common, but could happen anytime. This is usually something like an electrical cord and there is almost always a solution (such as moving the cord with the wooden pole conveniently placed nearby)
- A new trend is having victims appear (or change) part-way through the event. This throws a whole new twist into the event, and is something to watch for.

Team Strategy

Most of the teamwork and communication necessary for this event has to take place **prior** to the event. If everyone has a very clear understanding of what their role is, then they can focus primarily on their individual job in the event itself. Communication during the event itself should be limited, but it is clearly important to be aware of other guards during the event as well. (ex. What if someone dies?)

1. Random Strategy

In this strategy, all the guards simply turn around and go to whatever victims they feel like. This can actually work quite well, because it is not confusing at all and requires very little planning. Using this strategy can actually limit some dumb mistakes (you won't do something dumb just because that was the plan). Obviously its drawback is that it is easy to miss victims, and it is not likely to be very efficient.

2. Specific Victim Strategy

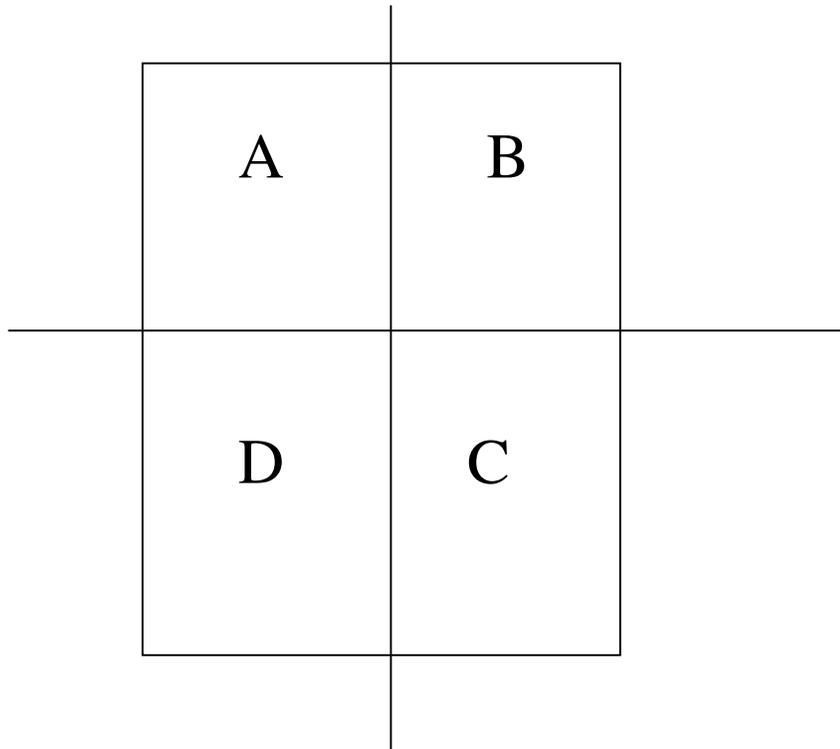
Each team member is assigned a specific type of victim. For example: 1) Baby 2) DNS 3) Spinal 4) Unconscious. Each guard will look specifically for their victim type first before going to any other victims. The advantage of this strategy is that you are less likely to totally miss priority one patients (especially the baby) as all lifeguards are forced to do more scanning and searching. You can also have each lifeguard treating a victim that they are good at. Clearly, however, this method is very inefficient, can actually delay the rescue of some patients, and doesn't work well when common victims (such as the baby) are either not present or have more than one occurrence.

3. Quadrant Strategy

For this method, each lifeguard is assigned one quadrant of the pool. Within that quadrant, each guard will identify the patients and rescue them in the most efficient order possible. Once all the patients have been rescued, the guard will do a final careful search of their quadrant to ensure that nothing was missed, and then rotate to the next quadrant to help finish any patients there. This method is clearly the most efficient, organized, and

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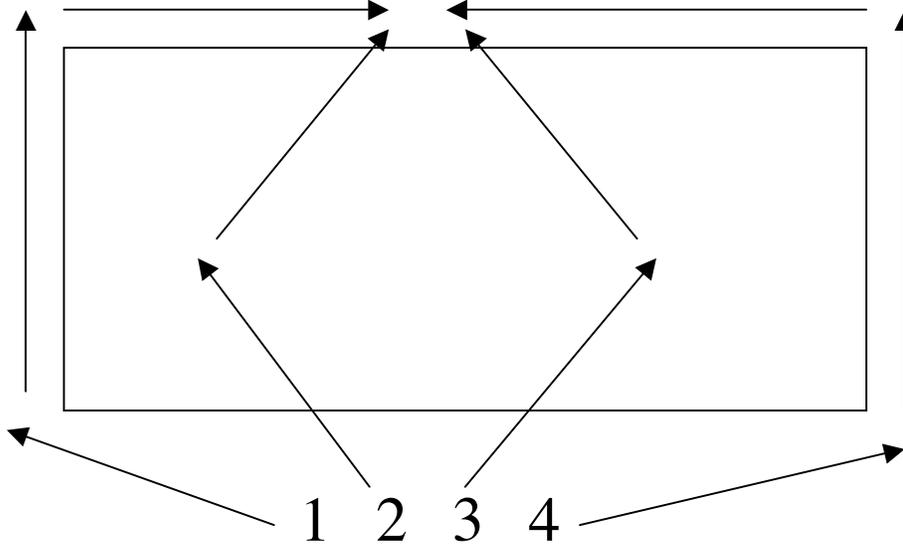
logical way to succeed at this event. It is also the most commonly used method by somewhat experienced teams. There are, however, three distinct disadvantages with this strategy. First of all, it turns the event basically into four individual events where each person is doing their own thing and not necessarily looking at the best way to solve the bigger picture. Secondly, it doesn't work very well when quadrants vary significantly in difficulty. Finally, this is the method that the organizers assume competitors will follow when designing their event. Many organizers will purposely try to make this system less likely to succeed.



4. Combined Strategy

This strategy attempts to combine the concepts of the specific victim and the quadrant strategies. In this strategy, two guards are responsible for the water area and two guards are responsible for the deck area. Instead of having strict zones within which to operate, each lifeguard has a planned direction in which to travel. (Typically something like the diagram below depending on the shape of the pool.) The advantage of this strategy is that you can use the strengths of each guard effectively (stronger swimmers in the water – stronger first aiders on the deck.) This strategy is also much more flexible – the two guards in the water can communicate on the most efficient way to rescue all the patients in the water and two guards can stay on deck to increase speed and efficiency in the event. The disadvantage of this method is that it does require some more critical thinking during the event to ensure that the entire area is covered in the most efficient manner. On the other hand, there is still the possibility that there may be one section concentrated with patients and not enough guards going in that direction.

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Another variation of this strategy would be to use three zones. The fourth lifeguard is then responsible for doing a baby search and helping out in whatever zone needs the most help. In this method, it would be essential for the person doing the baby search to be efficient and accurate in their search, and then able to help out where needed. For the other guards it would be important to communicate with the 4th guard as to where help was needed.

5. Last-minute Strategy

This strategy is, quite clearly, decided at the last minute. The idea is that the team turns around and stops. All lifeguards wait for 3-5 seconds and assess the situation before running around. Each person then communicates where they are going and starts rescuing patients. In essence it is an educated random approach. In order to make this work, you may have to have suggested direction for each guard to look when they turn around, but the idea is that this method should be as flexible as possible. This method can work very well with experienced teams that have a good understanding of each other as well as typical scenarios. The thing with this strategy is that usually the best thing to do ends up being to follow a quadrant pattern or combined approach. In other words, this strategy usually turns into one of the prior strategies after some wasted time.

Event Tips

→Clearly it is essential in this event to find the baby. In order to do this, each person must be looking in key places as they move to other patients. Going to the pool ahead of time and looking for spots where the baby would be likely to be is important. Usual spots include:

- Under Mats
- In pool equipment such as boats
- Underneath another patient, such as a DNS
- On the bottom in the corner of the deep end
- On the bottom right near the spot where you enter the event
- Underneath spray features
- In the hot tub, or underneath bubble jets
- Underneath pool ladders
- On deck behind blind spots

→A strategy that some teams have used in the past is to mark victims that have been treated. If you leave something bright (like a triangular) with each patient after you treat them, it may be easier to keep track of what has been treated. That way you don't have to run around at the end of the event asking every patient "have you been treated yet?" You can see from across the pool if a patient has been treated, and can stay with your patient to get more points.

→Some teams like to pause right when they turn around (regardless of how set their strategy is ahead of time), just to ensure that they are focused and not missing any clear dangers or patients. This can be helpful, but can also waste precious time getting to those priority one patient in under 30 seconds.

→There are usually overall marks for things such as communication and teamwork. To maximize these marks it can be helpful to shout out what you are doing as you go, even if you know it doesn't matter or nobody is listening anyways. (ex. "I found a baby!" "I'll get that patient!" etc.)

Order

The big difference in order for this event is the number of spectators. Spectators can be both a distraction and an obstacle for recognition. Therefore it should be an advantage to go as early as possible in this event.

Judging

Most judges score this event in a similar way. They give full marks simply for completing each item on their marksheet. Therefore it is usually not worth any points to overtreat a patient. Just get through as many points as you can as quickly as possible. The only difference in scoring is when the judge stops time for those precious time points. Less experienced judges tend to give the competitor the benefit of the doubt and stop time for any contact with the victim. Experienced judges are more likely to take seriously

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that time does not stop until treatment starts. For example, I have noticed a few older judges who do not stop time for a submerged victim until you actually get them to the surface.

Useful Equipment

Gloves – Some newer marksheets have overlooked points for personal protection, but often there are points for this on **each** victim. Therefore wearing gloves is extremely important. Double-gloving can come in handy if a glove rips or you need to use one for treatment. (ex. Amputation)

Pocket mask – Again, there are often points for the use of a pocket mask in PAA. Make sure that your pocket mask is easily accessible (ie. Not stuck in a fanny pack) so that you are ready to go for any unconscious victim.

Airways – There probably won't be any extra marks for putting in an airway. But if you are stuck on a non-breathing patient for awhile, this will at least give you something to do.

Goggles – It is essential to be able to see clearly underwater to search for the baby. Clear goggles that have good peripheral vision, and are easy to put on quickly, are best.

DNS Card – DNS cards are essential for quickly dealing with DNS's in PAA. However, judges are starting to look down upon their use and are adding complications. You may run into victims who can't read or whatever, so make sure that you still have a quick DNS speech ready to go.

Ice – Ice is one thing that is often worth marks in PAA for first aid patients even though supposedly you need personal protective equipment only. Ice is impossible to improvise and so it is a good idea to have some ice in your fanny pack ready to go.

Triangulars – Having triangulars with you can come in handy. They can be used to make all sorts of bandages and slings with (or use as a baby blanket). They are also easy to carry, and it doesn't really matter if you get them wet.

Sandbags – Sandbags can be useful for the guards on deck to deal with a walking-talking spinal or a 0-depth spinal. It can save a lot of trouble and time during the event. However, it can also slow you down.

Uniform – It may be helpful to wear something bright so that you can keep track of each other during the event. Something like a rashguard can also be used to help store first aid equipment.

Specific Victim Strategy

DNS

1. Rescue
2. ABC's
3. Secondary Drowning – Either ask your patient if they can read English and give them a DNS card, or simply tell them “if you have any coughing, difficulty breathing or chest pain in the next 3 days you must seek medical attention immediately.”
4. Redirection – Don't forget to tell your patient to stay out of pool so that it doesn't happen again right away.

Baby

Once you find the baby, it is important that you try not to get stuck with it in one place. If you run away while doing your assessment, then your judge will have difficulty keeping up to tell you the condition of the patient. If your baby is pulseless or obstructed, you will probably lose marks if you don't do compressions on a hard surface, but it may be worth losing these points if there are more patients to treat.

Unconscious

Any unconscious patient in the water is a P1, but an unconscious patient on land with no ABC problems may be considered a P2. Remember if you have an unconscious patient on land to roll them into 3/4 Prone, especially if you are moving on to other patients. If you can, try to get bystanders to help you out with breathing, compressions, etc. in PAA so that you don't get stuck. [Some organizers, such as Heath, don't allow this] but it can be an excellent tool to gain an advantage on other teams.

Spinal

For a spinal in the water, make sure that you do a Canadian rollover. Check breathing and pulse at the same time in the water. If your patient is breathing, then swim with your spinal patient around the shallow water to rescue any other patients. [Make sure that you stay in the water if you want to remain mobile] If there are no other patients to rescue, look at removing your patient. Either pull them out the beach or log roll them up on the edge of the pool. Try to get a PR or Minor patient to clamp your patient, and this frees you up to go to other patients.

For a walking-talking spinal, you have to do the take-down by yourself. Try doing a modified body clamp, and lowering them while trying to keep their neck straight. Once they are lowered, you need check ABC's and then figure out how to immobilize them so that you can leave. This is where it might be handy to use sandbags. But you could also try getting another patient to come and immobilize for you, or you could use your fanny pack or a triangular to tie around a Canadian.

Chest Pain

1. Primary
2. Medication
3. Watch for the patient to get worse

Diabetic

Usually the diabetic patient is simply complaining about being sick. Remember: If the patient is hungry/pale, they need sugar. There will probably be a juicebox or some other drink around to give them. If the patient is thirsty/flushed/fruity breath, then they need their insulin.

Seizure

If the patient is in the water, simply support them and check ABC's. If your patient is breathing, then swim with your patient around the shallow water to rescue any other patients. [Make sure that you stay in the water if you want to remain mobile] If there are no other patients to rescue, look at removing your patient.

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If the patient is on deck, look for a danger! It is likely to be an electrocution or something. If no danger, try to grab a mat/kickboard or something to protect the head and check ABC's as best possible.

Bleed/Break/Sprain

1. Look for dangers
2. Verbal ABC's
3. Treatment

Burn

1. Look for dangers
2. Verbal ABC's
3. Figure out what they were burned with
4. Bring the patient to side of pool and brush with water (dry chemical – brush first)

PR

1. Stop the activity
2. Give a reason
3. Be polite
4. Redirect