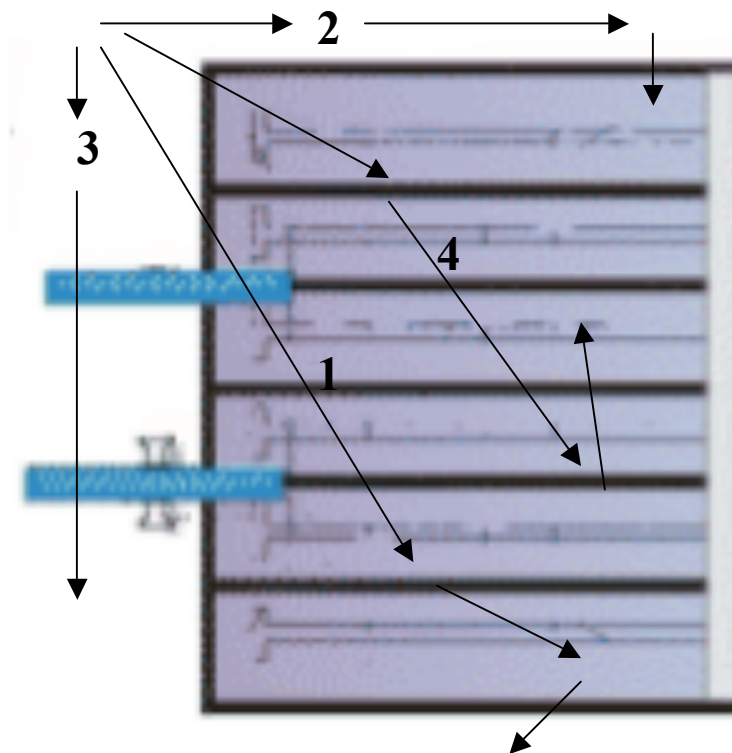


## Priority Action Approach

1. Lauralee (with fins)
2. Joel
3. Sayuri
4. Lars



# **Finding the Baby**

*The baby is only worth a lot points if you a)find it near the beginning and b)don't waste time that could be spent on other things. However, even if you find it in the last few seconds it is good for a few overall marks, a confidence boost, and a crowd-pleaser.*

## **Spots to look:**

- ☐ 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

### **Event Tips**

→ 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 that time does not stop until treatment starts. For example, I have noticed a few 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.

**If the patient in 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

**Sample Minor Treatment (Bleed)**

- *Hi my name is Joel – I'm a lifeguard*
- *What happened? [response]*
- *Patient is conscious, no d-spine*
- *Can you take a deep breath?*
- *Patient has good airway , breathing, and I feel a strong pulse.*
- *Hold your arm tight, elevate it over your head, and put this ice on.*
- *You're going to be ok – I'll be back*