

CASUALTIES

Bystanders

Questions to ask all bystanders:

- Are they ok?
- What's their name?
- Do they know what happened? How many people were involved?
- Do they have a mobile/know where a phone is?
- Do they have any first aid/lifesaving knowledge?

Tasks bystanders can do for you:

- Go for an ambulance or call them no. is 999 and make sure they come back.
- Perform basic first aid i.e. give someone medication/inhaler/sweets.
- Sit with and reassure casualties

Different kinds of bystanders:

1. Unhelpful bystanders will refuse to cooperate, ask them, but if they refuse, don't waste too much time on them. If they appear unresponsive they could be deaf/diabetic/hypothermic/in shock/just stupid.

2. Panicking bystanders may be unable to answer your questions due to panicking. May go into shock/hyperventilate/feel faint/have an asthma attack/slip into diabetic coma. If they can be of no use, get them to sit/lie down and reassure them.

3. Relatives/friends should be asked:

- Their name and their relative/friend's name.
- Medical history.
- Can their relative/friend swim?
- Description/last whereabouts (if they have lost someone)
- Do they have a mobile?

Allow them to stay with a casualty but not interfere.

4. Annoying bystanders will pester you and impede your progress, ask them to step away/shut up but keep an eye on them in case they become a casualty themselves.

5. Drunk/stoned bystanders should be kept away from danger and out of your way, but keep an eye on them. You can confiscate drink but they may become violent/annoying if you do. Ask them if they have a mobile.

6. Lifeguards may already be dealing with an incident, ensure they are doing it correctly. Help them to land casualties and give them/take of them any useful first aid stuff (i.e. pocket mask/gloves). Ask them about a mobile or radio and get information about the incident and the local area. Don't be afraid to tell them that they are wrong.

First Aid Kits

If you are given a first aid kit ensure you check its contents before taking it into the incident.

First aid kits can also usually be found: on walls, in car boots or with lifeguards. If you find a first aid kit, give to your captain.

Manikins

Basic sequence for all manikins:

Danger, Response, Help! Airway.
Check breathing for 10s (Help!) if no breathing 2 RESCUE BREATHS
Check for signs of circulation for 10s if yes - as below, if no - start CPR.

X = no breathing do cycles of 10 rescue breaths checking for circulation after each cycle. Tell your captain "no breathing".

X = no breathing and no signs of life, tell your captain "no circulation" and proceed to CPR.

CPR Ratios:

ADULT: cycles of 15:2 chest compressions to rescue breaths, 2 hands.

CHILD: cycles of 1:5 CPR to rescue breaths, 1 hand

BABY: cycles of 1:5 CPR to rescue breaths, two fingers. Remember you can pick up a baby and *if possible give to the captain and deal with another casualty.*

REMEMBER! If you go straight for a manikin you will be stuck with it for the whole of the incident.

People

Live, non-responsive casualty (not a spinal): Danger, response, Help! Quick body check, turn over if needed, check for breathing (10s), place in recovery position. Look for obvious medical bracelet, ask bystanders if they know person/saw what happened.

Questions for conscious casualties:

- Ask their name
- What happened?
- Medical history or medication?
- Do they know anyone else involved?
- Are they alone?
- Do they have a mobile?

Faint/in shock casualty: Treat cause of shock if possible (i.e. bleeding) ask them to lie down and elevate their legs, keep warm, reassure.

Bleeding casualty: Apply gloves if you have them. Get them to lie down and elevate the wound so it's above the heart. If it is not a leg injury, raise both legs to avoid shock/fainting. Get them to apply pressure to the bleeding. Keep warm, reassure and keep an eye on them as they may go into shock.

Diabetic: Ask them if they or anyone else has their medication with them, may be some sweets or food in a first aid kit. Once recovered can be treated as a normal bystander.

Asthmatic: Sit in W- position. Encourage them to breath more slowly, ask if they have medication (blue or white inhalers) get them to administer it.

Overdose/suicide: They will probably be covered in blood and/or vomit, WEAR GLOVES and try to clear airway, check for breathing. If not breathing do EAV through a pocket mask/hanky etc.

Angina/heart problems: Will be complaining of pain in their chest, get them to sit down in the W-position and tell to breathe deeply. Ask about medication (pills) and get them to administer it. Keep an eye on them.

Spinal injury: Will be in a funny position complaining of lack of feeling/pins and needles in back or legs, DO NOT MOVE THEM, tell them not to move, reassure them.

Hyperventilation: Will be breathing in quickly and feeling faint, may appear distressed. Get them to breathe into a paper bag and reassure. If possible leave a bystander with them.

Epilepsy: In a dry incident support the head and move any chairs/danger, when finished check breathing and place in recovery position. In water support the head and shoulders then treat as unconscious casualty.

Some general hints

Keep your captain informed at all times about the condition of your casualties.

Group casualties together when possible, but be sensible – don't move someone with a spinal injury.

Try not to get electrocuted, if you are in any doubt check before approaching the casualty or leave them alone. You will get the points for safety even if you get no points for helping them.

Remember to prioritise – Unconscious casualties are #1 priority in the dry but last priority in the wet unless you have just seen them go unconscious.

Specific advice for wet incidents

Basic sequence:

Shout for Help! (lots of times)
Shout or motion for casualties to swim towards you, if no response, try a reaching or throwing aid.
DO NOT ENTER THE WATER WITHOUT AN AID casualties will be briefed to grab you.
Shout to the casualty that you are coming to help them, encourage them to keep swimming.
Ask questions as you tow them back in.
Provide aftercare.
Group the casualties around the captain who will be on the side.

Non swimmers: Non swimmers have no sense of buoyancy, do not allow them to grab hold of you, and always use an aid. If you have a choice of aids, use the largest.

Weak swimmers: Can be towed or coaxed in but an aid is preferable. Bring them in and help them to get out.

Injured swimmers: Do not touch their injury, tow them back and try to find out as much as possible. Will need help to land and possibly first aid.

Unconscious swimmer: Try to get a response, turn over and tow back, get assistance for landing. If you have to wait get casualty into a point of support and simulate mouth-to-nose EAV in the water. Once landed turn over and do normal ABC checks. If breathing place in the recovery position. May be replaced by a manikin.

Locked swimmers: Take an aid and place it between them so that the non-swimmer grabs hold of it, get the other swimmer to swim away out of immediate danger and then ask them to follow you back to the shore.

Bystander swimmers: These are swimmers who are not injured but are just swimming up and down normally. Ask them if they saw what happened and to get out of the water. Treat as bystanders, they can also help you land people.

Tango Man: Rescue from pool floor and tow back (ensure you do a recognised tow) and land with help, will be replaced by a manikin.

Aftercare:

- Land casualties with help if needed.
- Ask them to lie down with legs raised facing away from the water.
- Ask them what happened, rescued casualties can still have valuable information.
- Ask if they feel dizzy/faint/nauseous.
- Reassure them.
- Keep them warm.