

# BRONZE MEDALLION

## PUA21010 Certificate II in Public Safety (Aquatic Rescue)

### SAFETY & WELLBEING

#### Chapter 1

# Learning Outcomes

- Personal care and hygiene
- Workplace illness and injury
- Management and members OH&S responsibilities
- Duty of care and the workplace
- Accident causes, hazard assessment and control
- Maintaining a healthy lifestyle
- Storage of equipment
- Manual handling techniques and risks
- Sun safety

# Personal Care

## Management responsibilities

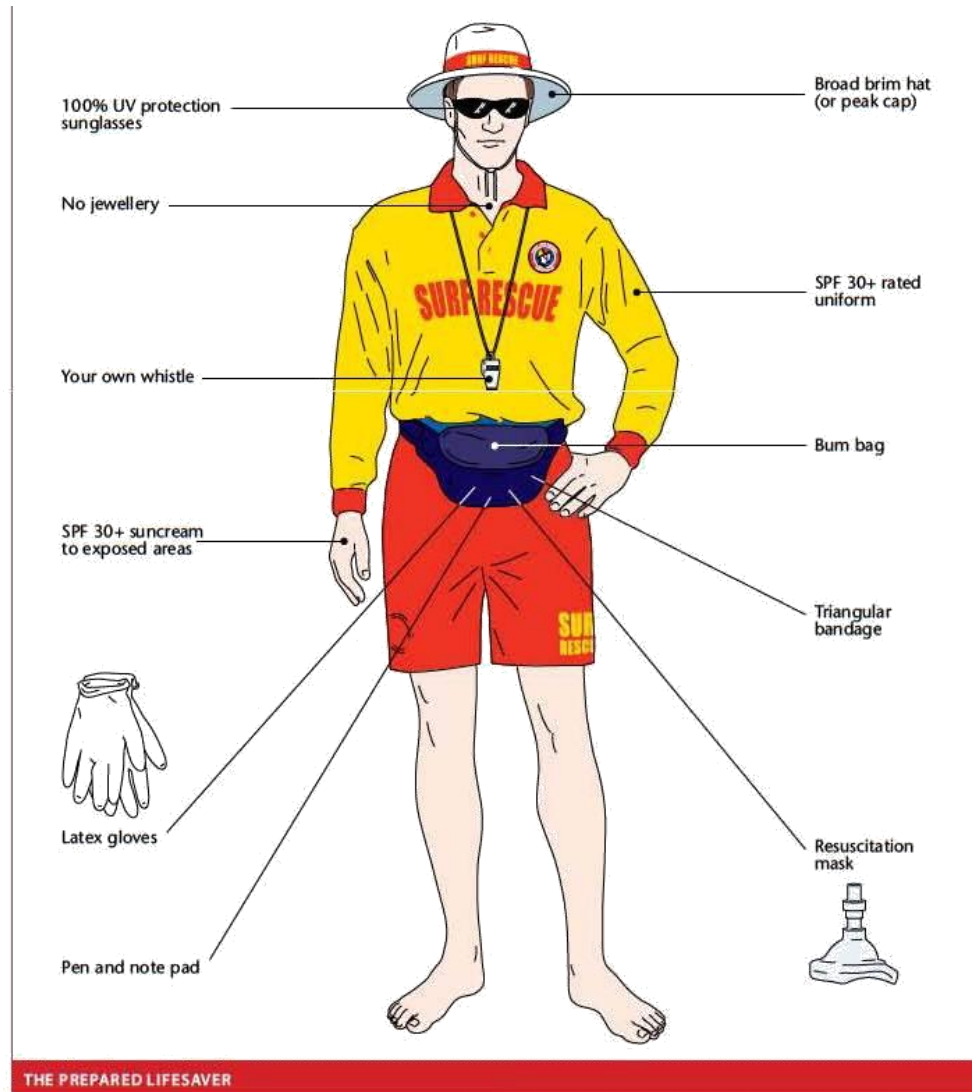
- Provide safety training and education
- Implement risk management
- Rehabilitation and “return to duty”
- Safe work environment and rules
- Provide safety equipment

## Your responsibilities

- Act responsibly & with care
- Work safely and follow directions
- Follow safe work practices and procedures
- Report any injury or illness ASAP
- Use safety equipment (PPE)
- Understand your limitations
- Do not use faulty equipment and remove from use

The surf club, the beach and its environment  
are seen as the lifesavers workplace

# Personal Hygiene



# Environmental Hygiene



- Keep premises clean
- Use sharps containers
- Maintain and clean equipment
- Follow equipment storage procedures
- Follow workplace H&S requirements

**All SLSA powercraft storage areas, first aid rooms, vehicles, craft and surf club buildings are SMOKE FREE ZONES!**

# Workplace Illness and Injury

In Australia, about 300,000 people are injured annually. Workers compensation costs about \$10 billion per year. Workplace injuries do occur in surf lifesaving.

- HUMAN COSTS
- SOCIAL COST
- ECONOMIC COST
- ORGANISATIONAL COSTS



# Occupational Health & Safety

## Laws

- Acts & Regulations
- Codes of Practice

## Duty of care

- Club management
  - Health and safety of members and visitors
  - Safe club and equipment
  - Information, training and supervision
- Members/Personnel
  - Co-operate with patrol captains and officials
  - Work and use equipment safely
  - Take care of the health and safety of others



# Accidents and illness

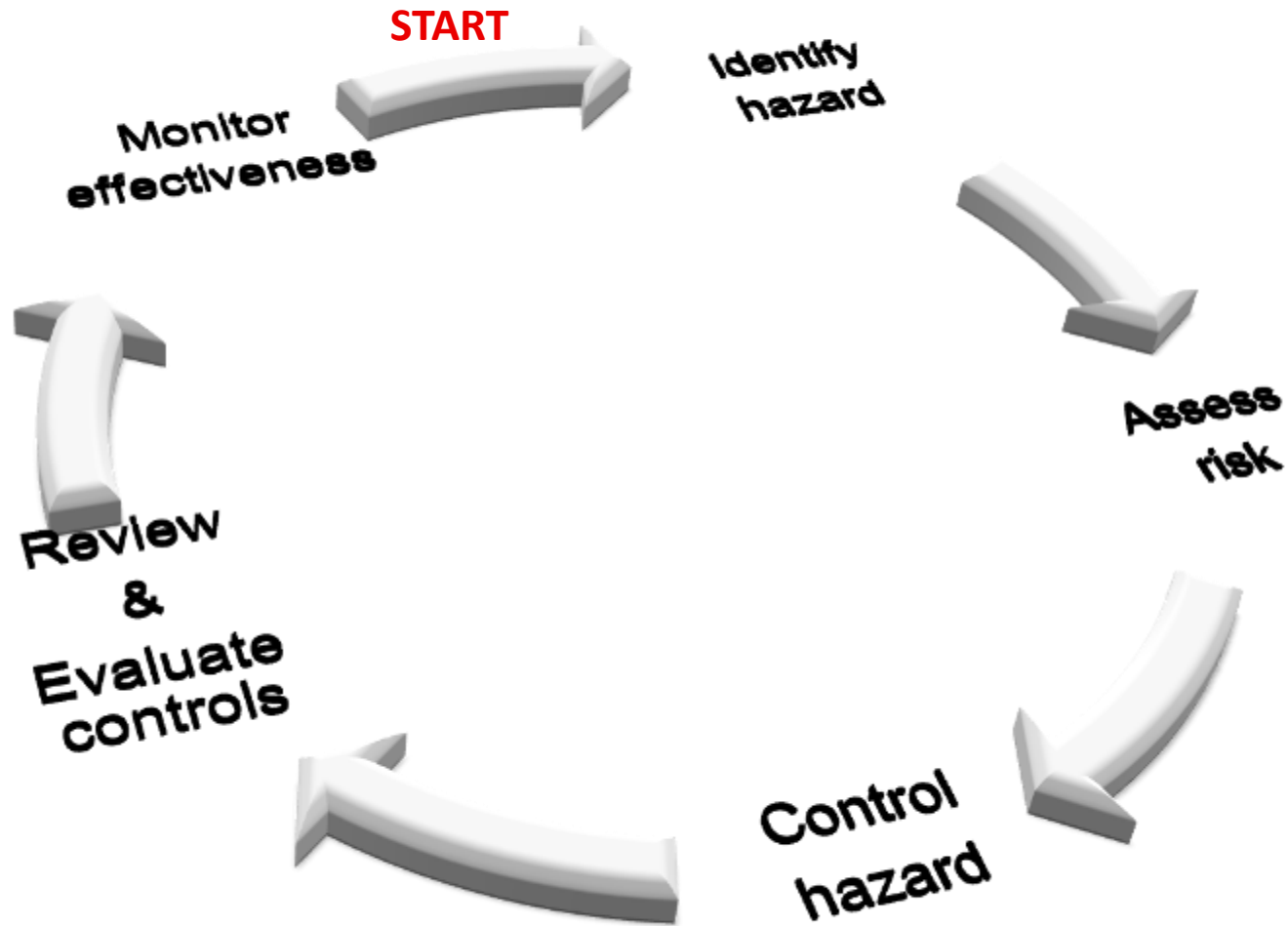
## Causes

- Untidiness/Obstructions
- Spills & slippery surfaces
- Faulty equipment
- Manual handling
- Contact with hazardous materials
  - Body fluids
  - Chemicals
  - Sharps



Australian for life. 

# Risk Management and Control



# Controlling Hazards

Table 1.3 Controlling hazards

Hazards can be controlled by utilising the following methods:

Eliminate	design out, e.g. – repairs on IRB hull to be completed by accredited repairer
Substitute	alternative product/process, e.g. – disposable resuscitation masks
Mitigation	make less severe, use alternatives, e.g. – patrol uniforms to have sun protection factor (SPF 30+)
Isolation	relocate, e.g. – rope off smashed glass on walkway
Ventilation	aerated environment, e.g. – fuel IRBs in an outside area
Work organisation	job rotation, e.g. – use of team carries versus individual lifting and carrying
Personal protective equipment	safety equipment, e.g. – pocket masks for resuscitation, hats, sunglasses

BEST

LEAST  
EFFECTIVE

# Safe Manual Handling Lifting an IRB



Health and safety is everyone's  
responsibility

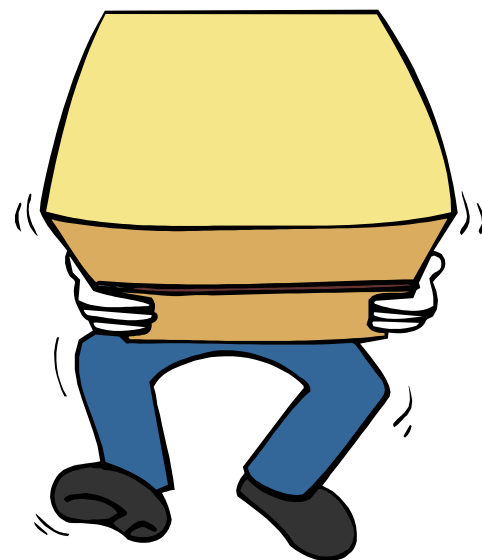
Australian for life.



# Manual Handling Guidelines

All equipment should be transported to and from the beach using 4WD'S, All -Terrain Vehicles (ATV's) or trolleys.

- IRB (Unladen): Minimum 2 people
- IRB (Fully laden): Min 4 people
- Outboard motor: Min 2 people
- Fuel tanks: Min 2 people
- Surf boat: Min 5 people (6+ fo U19's and women's crews)



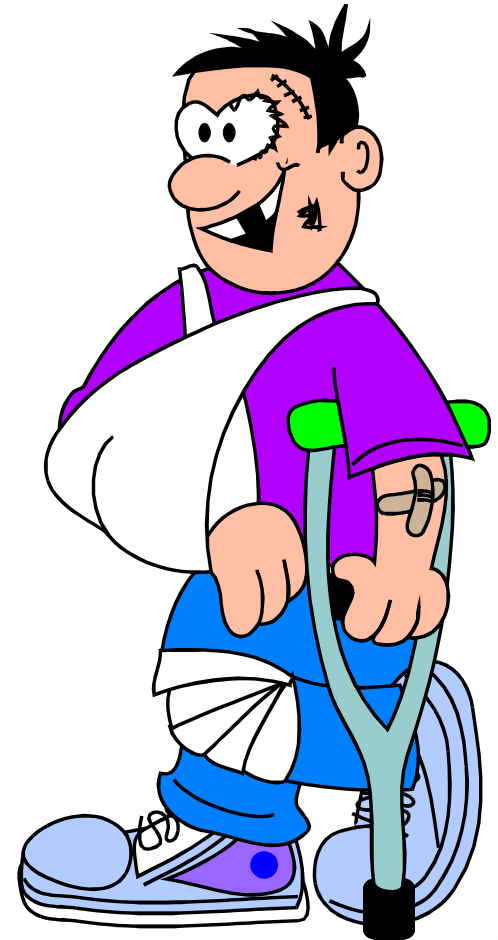
# How to Lift

- Face in direction of travel
- Feet shoulder width apart
- One member “calls” the lift



# Reporting an Injury

- Tell an appropriate person, e.g. Patrol Captain, Training Officer, Coach
- Use correct form (Incident Report Log)
- Give form to Club officer
- If appropriate complete insurance claim forms



# Incident Report Log




## SURF LIFE SAVING INCIDENT REPORT LOG

Name of Club or Service: \_\_\_\_\_  
State: \_\_\_\_\_ Local Government Area: \_\_\_\_\_

<b>Details of Incident:</b> Date: ____/____/____ Time: ____ am / pm Location of Incident: _____ Name of Victim: _____ Age: _____ DOB: ____/____/____ M / F Address: _____ Postcode: _____	<b>Venue Conditions at Time of Incident: (if relevant)</b> Wind cond.: <input type="checkbox"/> Calm <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Strong Weather conditions: <input type="checkbox"/> Fine <input type="checkbox"/> Overcast <input type="checkbox"/> Rain Sea conditions: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Water surface: <input type="checkbox"/> No chop <input type="checkbox"/> Avg chop <input type="checkbox"/> Large chop Wave type: <input type="checkbox"/> Surging <input type="checkbox"/> Spilling <input type="checkbox"/> Plunging Rip Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Fixed <input type="checkbox"/> Flash <input type="checkbox"/> Traveling
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Please fill in the below relative to the victim:**

<b>Type of Incident: (may cross more than one)</b> <input type="checkbox"/> Major First Aid <input type="checkbox"/> Minor F.A. <input type="checkbox"/> Major Rescue <input type="checkbox"/> Search and Res <input type="checkbox"/> Member Injury <input type="checkbox"/> Employee Injury <input type="checkbox"/> Minor Sting <input type="checkbox"/> Major Sting <input type="checkbox"/> Drowning <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____  <b>Victim is:</b> <input type="checkbox"/> Public <input type="checkbox"/> SLS Club Member <input type="checkbox"/> Employee <input type="checkbox"/> Other _____  <b>Nationality (victim)</b> <input type="checkbox"/> Australian <input type="checkbox"/> Other _____ <input type="checkbox"/> Tourist <input type="checkbox"/> Immigrant <input type="checkbox"/> Unknown  <b>Type of activity at time of incident:</b> <input type="checkbox"/> Swimming/wading <input type="checkbox"/> Body board <input type="checkbox"/> Walking/playing near water <input type="checkbox"/> Riding other craft <input type="checkbox"/> Rock Fishing <input type="checkbox"/> Other fishing <input type="checkbox"/> Using a motorised water craft (Rec) <input type="checkbox"/> Water skiing <input type="checkbox"/> SCUBA/Inn diving <input type="checkbox"/> Windkite surfing <input type="checkbox"/> Sailing <input type="checkbox"/> Rock walking <input type="checkbox"/> Suspected suicide  <input type="checkbox"/> Patrolling in- <input type="checkbox"/> IRB <input type="checkbox"/> PWC <input type="checkbox"/> Beach <input type="checkbox"/> AWD <input type="checkbox"/> RIB/ORB <input type="checkbox"/> Attempting a rescue <input type="checkbox"/> Training for (please be very specific) _____ <input type="checkbox"/> Carnival Official doing _____ <input type="checkbox"/> Competition in _____ <input type="checkbox"/> Driver <input type="checkbox"/> Crew <input type="checkbox"/> Patient <input type="checkbox"/> Surf Boat Crew Position _____ <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Water safety <input type="checkbox"/> Junior activities <input type="checkbox"/> Other club activity _____ <input type="checkbox"/> Other _____  <b>Experience in activity</b> <input type="checkbox"/> 3 years or greater <input type="checkbox"/> 1-3 Years <input type="checkbox"/> 1 year or less <input type="checkbox"/> No experience <input type="checkbox"/> Unknown  <b>Other contributing factors:</b> <input type="checkbox"/> Negotiating the break <input type="checkbox"/> Returning to shore <input type="checkbox"/> Dumped <input type="checkbox"/> Shore break <input type="checkbox"/> Lost control of own craft <input type="checkbox"/> Other person lost control of craft <input type="checkbox"/> Freak wave <input type="checkbox"/> Sand bank <input type="checkbox"/> Pot hole <input type="checkbox"/> Slippery rocks <input type="checkbox"/> Suspected Alcohol <input type="checkbox"/> Suspect Drugs <input type="checkbox"/> Rip type <input type="checkbox"/> Shark/ Croc <input type="checkbox"/> Slip/stp/fall <input type="checkbox"/> Assault <input type="checkbox"/> Collision with _____ <input type="checkbox"/> Mechanical Malfunction _____ <input type="checkbox"/> Other _____	<b>Description of Incident and cause -</b> (Please use the reverse if needed) _____ _____ _____  <b>Nature of injury</b> <input type="checkbox"/> Marine Sting, type _____ <input type="checkbox"/> Abrasion / graze <input type="checkbox"/> Blisters <input type="checkbox"/> Open wound / laceration / cut <input type="checkbox"/> Bruise / contusion <input type="checkbox"/> Inflammation / swelling <input type="checkbox"/> Fracture (including suspected) <input type="checkbox"/> Dislocation/subluxation <input type="checkbox"/> Sprain <input type="checkbox"/> Strain <input type="checkbox"/> Overuse injury <input type="checkbox"/> Concussion <input type="checkbox"/> Cardiac problem <input type="checkbox"/> Respiratory problem <input type="checkbox"/> Asthma <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Heat stroke / Heat exhaustion <input type="checkbox"/> Hypothermia <input type="checkbox"/> Sunburn <input type="checkbox"/> Suspected spinal <input type="checkbox"/> Other _____  <b>Body region injured: (Please Circle)</b>   <b>Description</b> <b>Initial treatment:</b> <input type="checkbox"/> None given - not required <input type="checkbox"/> None given - patient refused <input type="checkbox"/> None given - referred elsewhere <input type="checkbox"/> RICE <input type="checkbox"/> ICE <input type="checkbox"/> Splinted <input type="checkbox"/> Dressed (incl. Bandage) <input type="checkbox"/> Sting / Splint <input type="checkbox"/> Spinal collar <input type="checkbox"/> Massage / Stretching <input type="checkbox"/> Strapping/Taping only <input type="checkbox"/> Stitches <input type="checkbox"/> Medication <input type="checkbox"/> Prescription written _____  <b>CPR/ Defib / Oxygen</b> (Please fill in other side of form) <input type="checkbox"/> CPR <input type="checkbox"/> Oxygen therapy <input type="checkbox"/> Oxygen airbag <input type="checkbox"/> Defibrillation (Defib) <input type="checkbox"/> Other _____	<b>Location of incident?</b> <input type="checkbox"/> In water <input type="checkbox"/> On Beach <input type="checkbox"/> On rocks/diff <input type="checkbox"/> Other _____ and... <input type="checkbox"/> In flags <input type="checkbox"/> Outside but near flags (within 50m) <input type="checkbox"/> <1km from patrolled area <input type="checkbox"/> 1 to 5 km from patrolled area <input type="checkbox"/> > 5 km from patrolled area  <b>Who first sighted the rescue/ incident?</b> e.g. public _____  <b>Who conducted the rescue/ incident?</b> e.g. lifesaver _____  <b>Main language spoken:</b> _____ Or <input type="checkbox"/> English <input type="checkbox"/> Non English speaking <input type="checkbox"/> Don't know  <b>Referral:</b> <input type="checkbox"/> No referral <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Ambulance transport to _____ <input type="checkbox"/> Hospital <input type="checkbox"/> Xray <input type="checkbox"/> Fear Counselling <input type="checkbox"/> Professional Counselling  <b>Other services:</b> <input type="checkbox"/> Fire/ Rescue <input type="checkbox"/> Police <input type="checkbox"/> RIB ORB <input type="checkbox"/> Helicopter <input type="checkbox"/> Investigation required <input type="checkbox"/> Worker Compensation required (fill in State form requirements) <input type="checkbox"/> Other _____  <b>Treating person:</b> <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Ambulance <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Chiropractor <input type="checkbox"/> First Aid Officer <input type="checkbox"/> Lifesaving <input type="checkbox"/> Lifeguard <input type="checkbox"/> Other _____  <b>What condition was the patient in when transported?</b> <input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown  <b>Person completing form:</b> Name: _____ Position: _____ Phone: _____ Email: _____ Signature: _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Forward copy to the appropriate club or service officer

Australian for life.



# Debriefing

A process of reflection & learning from an event,  
It may include:

- Support for personnel
- Assessment of personnel
- Review of procedures
- Reporting/documentation
- Communication with media/authorities
- Follow-up with police etc.



The branch or club may have liaison or duty officer to assist with incident management

*Australian for life.* 

# Critical Incident Stress

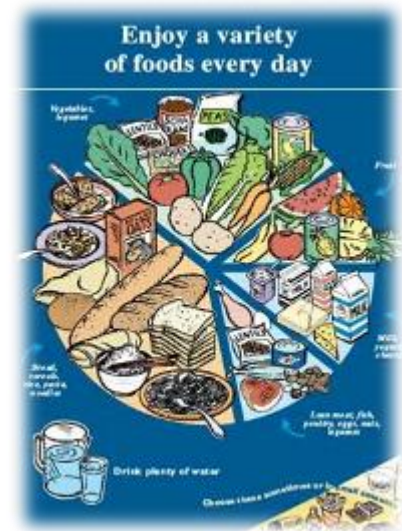
Critical incident stress is a normal reaction to a stressful event.

- May affect anyone
- Signs & symptoms may be delayed
  - Recollections, memories, dreams, flashbacks
  - Insomnia, irritability, anger, lack of concentration
  - Avoiding dealing with responses
- Counseling should be sought



# Health and Fitness

- Maintain a high level of physical fitness
- Balanced diet
- Alcohol in moderation
- Avoid smoking



Australian for life. 

# Prevention of Sun Damage

The very nature of surf lifesaving patrol activities exposes your body to the sun and associated health risks

- Limit exposure
- Wear clothing and a hat
- Use sunscreen
- Wear eye protection



SUN  
SENSE

NO SUN  
SENSE

Australian for life. 

Thank you

Australian for life. 