



SCOUTS[®]
South Africa

BADGE COURSE MANUAL

LIFESAVER INTEREST BADGE



<i>Name</i>	
<i>Troop</i>	
<i>Course Date</i>	

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LIFESAVER - BADGE REQUIREMENTS:

1. Have passed the Swimming Scoutcraft Badge or complete all the requirements for it.
2. Demonstrate:
 - a. CPR on a model both in water and on land.
 - b. How to promote warmth and circulation.
 - c. How to put the casualty in the recovery position once they start to breathe.
3. Explain:
 - a. The 7 safety Swimming Steps (trained supervisor, safe swimming area, lifeguard picket, lookout, ability groups, buddy system, and good discipline).
 - b. The order of methods to be followed in water rescue (reach, throw, row, go and tow).
4. Demonstrate:
 - a. Reaching rescues using such things as arms, legs, branches, sticks, towels, shirts, paddles, and poles.
 - b. Rescues using things that can be thrown such as lines, ring buoys and free-floating supports such as boat cushions. Throw a 20m lifeline to fall between two pegs, twice out of every three throws. The pegs must be 1,2m apart and 12m from the thrower.
5. Demonstrate twice that you can take off your clothes (shoes, socks, trousers, belt, long-sleeved shirt and jacket or sweater) in 20 seconds or less. Explain the importance of taking off clothes before a swimming rescue.
6. Swim 50m as fast as possible, dressed in shirt and shorts, with a lifeline.
7. Keeping a struggling person in sight, enter the water. Swim 10m. Make the correct approach and demonstrate:
 - a. A "shirt-tail" rescue. Carry shirt in teeth or hand. Swing one end of the shirt to the hands of the drowning person. Tow the person 10m.
 - b. A method of rescue and of release in the water with a person about the size of the rescuer. Tow the person 10m
8. Swim 50m in shirt, shorts and socks and undress in the water without touching the bottom.
9. In a pool, dive from the surface of the water to a depth of at least 1,5m and bring up a stone, brick, or iron object weighing between 2 and 3kg at least twice out of three attempts.
10. In the water, demonstrate:
 - a. Four rescue swim strokes, carrying the victim at least 15m by each method.
 - b. Three methods of release from the clutch of a drowning victim.
 - c. The victim is to be about the size of the rescuer

THE SEVEN SAFETY SWIMMING STEPS:

1. **Qualified Supervision.** A responsible adult must be in charge at all times when Scout swimming is conducted. He must be qualified with water-safety training or have trained assistants under his direction.



2. **Safe Swimming Area.** The bottom of the swimming area is examined to make sure it is safe, with no deep holes, stumps, or rocks. It is then marked off in three sections: not more than 1m deep for non-swimmers, up to just-over-head depth for beginners, and deep water for swimmers (not over 3.6m).

3. **Lifeguards.** Two older Scouts who are good swimmers are guards. They stand at the edge of the water, equipped with a lifeline, ready to assist any swimmer in trouble. In addition, if a boat is available, two older Scouts, preferably good swimmers, should man it. One should be at the oars. The other should be equipped with a reaching pole or an extra oar, and he should be in the stern, but turned around so that both he and the oarsman are facing the swimmers. The boat is stationed just outside the swimming area, with stern toward the swimmers, ready to backwater toward anyone who needs help.

4. **Lookout.** A lookout stands where he can watch all swimmers. It is best if he is high above so that his view is never blocked.



5. **Ability.** Before group swimming starts, each Scout's swimming ability is tested. The Scouts are then divided into three groups: non swimmers who are just learning; beginners who have jumped feet first into deep water and swum 7.5m, then reversed direction and swum another 7.5m to their starting point; and swimmers who have passed this test: Each group stays in its own area during the swim.

6. **Buddy System.** Each Scout is paired with another of about the same swimming ability. The two check in together on the buddy board or an equivalent, keeping within 3m of each other at all times, and checks out together. Whenever a buddy signal is sounded, buddies grasp each other by the hand and hold their arms high so that the lookout can check up on the number of buddy pairs.



7. **Good Discipline.** The adult supervisor sees to it that there is intelligent discipline -- with strict attention to the rules, but with a chance for everyone to have a good time and to become better swimmers.

PLUS

Physical Fitness. It is important that the swim supervisor be aware of the physical condition of all participants in or out of the water and take special precautions when needed. A current individual health history that includes information on heart, lung, breathing, and ear/hearing conditions is normally sufficient.

SWIMMING SAFETY:

1. Never swim by yourself, no matter how good a swimmer you are.
2. It is always much safer to swim where a lifeguard is on duty.
3. If you are in charge of small children, never take your eyes off of them around water. They can fall in and drown quickly.
4. If you are just learning to swim, stay in shallow water.
5. People who are poor swimmers, or can't swim, should not float on tubes, rafts or even try to water ski.
6. Even if you are a good swimmer, you may get a cramp or get tired. Never attempt a long swim, unless you have a boat following you.
7. If you get a cramp in your arm, leg or foot while you are swimming; **No big deal:**
 - a. Stop and stretch it. Hold your breath, reach down and work it out. You will float.
 - b. It is a technique called drown-proofing.
 - c. If you feel a cramp coming on, change the way you are swimming.
8. It is recommended that you NEVER swim at night in the ocean, a lake, river, pond or unlighted swimming pool. This is especially true in the ocean, where a lot of fish feed at night.
9. Never call for help around water unless you need it. If you need it, yell, wave your arms, etc.

COURSE LEADER'S NOTE:

You are strongly advised to attend a full First Aid course run by one of the many recognized organizations. If you join your local lifesaving club you will receive in-depth training on Mouth-to-Mouth Resuscitation (Expired Air Resuscitation), CPR and First Aid. These courses will cover in-depth methodology of EAR and CPR, including the requirements for INFANTS, which is NOT covered in these notes. It is always in your own interest to be well trained in the methods of First Aid. It is also in your own interest to attend refresher courses of all the material covered in this course as well as any First Aid course that you attend. Official First Aid course certificates are recognized for a maximum of three years.

REACH, THROW, ROW AND TOW:

Someone is drowning! What should you do? The first reaction of most people is to try to save them. How? By swimming out there and rescuing them. **NO! NO! NO!** That is not what you should do.

Lifesaving

Don't ever swim out to rescue a drowning person unless you have had a course in lifesaving. There are many water accidents each year where a rescuer also drowns.

You cannot save anyone if you drown too.

The first things you learn in lifeguard training (lifesaving classes) is **reach, throw, row and tow**.

- Reach for the victim first.
- Throw something to the victim.
- Row-use a boat if available.
- Tow as a last resort; go in after the victim, only if you have lifesaving training.

Reaching Assists

If someone is drowning near shore, hold a pole, oar, long stick, shirt, towel or anything close by for him to grab.

Wade out from shore a little if it is not very deep and the water is not very fast. Do not wade out unless you know the bottom is safe.



Many public facilities have
Torpedo Rescue Buoys
available

Throwing Assists

If someone is drowning further out, throw or push something to him. Examples: push a boat, spare tire (it floats). Ice chests or throw a plastic milk jug, life jacket etc. Anything that will float will work-anything for the victim to hang onto.

Try not to hit him when throwing him something.

If a rope is around, tie it to something that floats and throw to him. Then pull him in.

Rowing/Towing Assists

If the victim is very far out and a boat is available, row or paddle out to him. Once you get to him, DO NOT let him grab hold of the side of the boat. He could turn it over. Have him grab the back of the boat. It is best then to have him hold on and remain in the water as you paddle to shore.

If the victim must get in, be very careful not to rock the boat while standing up and help him aboard over the transom, being careful not to swamp the boat. If the boat does tip over, hang on to it. It will float. If the boat does tip over and you manage to turn it right side up, it will be filled with water. Get into the boat (it will float) and start paddling back to shore.

For a canoe rescue, the rescuer approaches victim slowly. Rescuer extends paddle to the victim. Rescuer braces on, sculls to compensate for added weight as the victim climbs aboard.

RESCUE AN UNCONSCIOUS PERSON:

With an unconscious person in the water, at least three rescuers, one to row and the others to watch the victim and help with the rescue, are necessary. Watch the victim at all times as you approach him. The further he is from the shore, the more difficult it will be to find his exact location if he submerges before you can get to him.

If you can, mark the victim's location as you approach with two objects on the shore. If the victim submerges, watch the spot where he went down. If you lose sight of him, you know he must be somewhere near the line defined by the two objects you chose. A rough cross-bearing is even better.

If the victim is floating, approach him with the boat, as you would in the case of a conscious person – stern first. Then the two rescuers can carefully haul the victim over the transom, being careful not to swamp the boat. If the victim does submerge, then a rescuer must enter the water where the victim was last seen and bring him back to the boat using techniques used in swimming rescues.

If a swimmer must enter the water, remember the following:

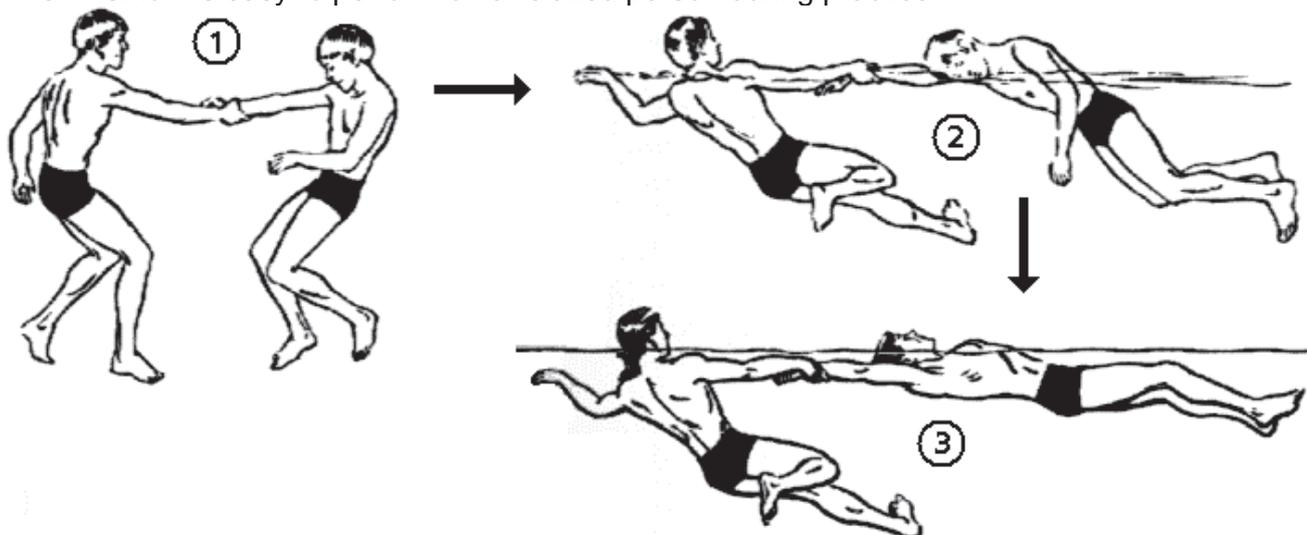
- It is difficult for anyone to make a swimming rescue while dressed, so don't try. Remove any clothes you may be wearing.
- When entering the water to perform the rescue, jump – don't dive. You can then keep the victim in sight if he is floating.
- Any object that floats well enough to support the rescuer's weight and is light enough for him to move through the water should be used. Lifejackets, inflated tubes, etc can be used. **A GO swimming rescue is very tiring and some form of floating device must be used.**
- If at all possible, the rescuer should have a line attached from the boat to him, around one shoulder and under the opposite arm. It is the responsibility of one of the rescuers on the boat to prevent the line from fouling, as the swimmer swims toward the victim.



The *wrist tow* can often be used for a completely passive or unconscious person:

- Approach with your head high and stop several feet from the victim.
- Then come within arm's length, reach across the victims opposite wrist, as if you were shaking hands, and take hold of his wrist with your palm up.
- Hold firmly and roll your wrist by turning your thumb up and over as you begin your tow.
- This will turn the victim onto his back.
- Maintain the same grip as you tow the victim to the boat with a sidestroke.
- A slight tension in your arm is necessary to keep the victims face up.
- Both your arm and that of the victim must remain straight.

The wrist tow is easy to perform on a relaxed person during practice.



If the wrist tow is unsuccessful, try the *hair tow*



or the *collar tow* after you have turned the victim face up and have him level



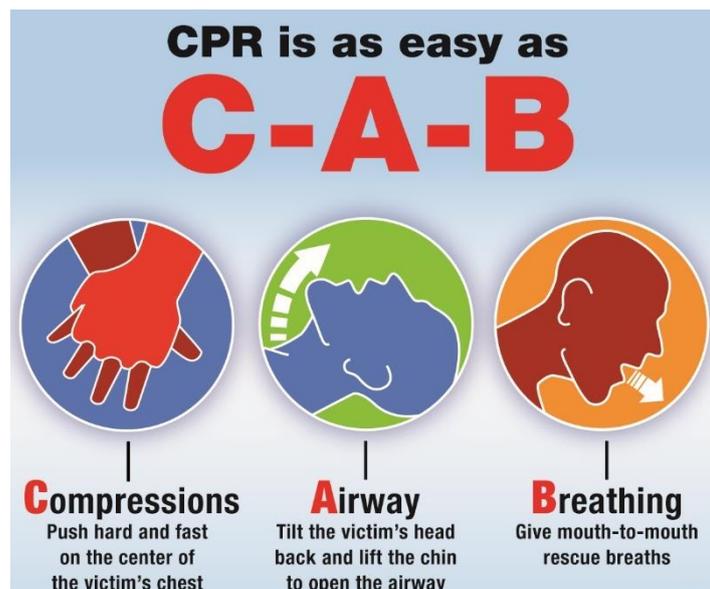
DROWNING:

Drowning is a major cause of unintentional death. Methods of preventing drowning include isolation fencing around swimming pools (gates should be self-closing and self-latching), wearing personal flotation devices (life jackets) while in, around, or on water, never swimming alone, and avoiding swimming or operating motorized watercraft while intoxicated. Outcome following drowning depends on the duration of the submersion, the water temperature, and how promptly CPR is started. Occasional case reports have documented intact neurological survival in children following prolonged submersion in icy waters.

Remove the victim rapidly and safely from the water, but do not place yourself in danger. If you have special training, you can start rescue breathing while the victim is still in the water **providing that it does not delay removing the victim from the water**. There is no evidence that water acts as an obstructive foreign body, so do not waste time trying to remove it with abdominal or chest thrusts. Start CPR and, if you are alone, continue with about 5 cycles (about 2 minutes) of chest compressions and ventilations before activating EMS. If 2 rescuers are present, send 1 rescuer to activate EMS immediately.

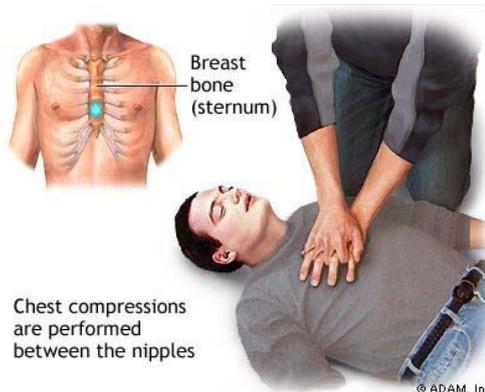
Mouth-to-mouth ventilation in the water may be helpful when administered by a trained rescuer. Chest compressions are difficult to perform in water; they may not be effective and they could potentially cause harm to both the rescuer and the victim. There is no evidence that water acts as an obstructive foreign body. Maneuvers to relieve foreign-body airway obstruction (FBAO) are not recommended for drowning victims because such maneuvers are not necessary and they can cause injury, vomiting, aspiration, and delay of CPR.

Rescuers should remove drowning victims from the water by the fastest means available and should begin resuscitation as quickly as possible. Spinal cord injury is rare among fatal drowning victims. Victims with obvious clinical signs of injury, alcohol intoxication, or a history of diving into shallow water are at a higher risk of spinal cord injury, and health care may be helpful when administered by a trained rescuer.



CARDIO-PULMONARY RESUSCITATION (CPR):

- 1) **H-H-H-H** (Hands (gloves), Hazards, Hello, Help)
 - a) Always use personal protection measures. (Gloves, CPR mouth piece)
 - b) Ensure that it is safe to approach the patient and that there are no **Hazards** that could cause danger to your or your patient.
 - c) Check first whether the patient is not just sleeping or dozing by giving them a shake of the shoulders - at the same time say "**Hello, can I help you**".
 - d) Call out loudly for **HELP**. If there are bystanders, use them to go and call for help immediately.
- 2) Start with 30 Compressions.
 - a) Push with the heel of your hand, in the middle of the chest in line with the nipples.
 - b) Push hard – at least 5cm
 - c) Push fast – at least 100 compressions per minute
- 3) Open the patient's **airway** using head tilt. (as in the first picture)
- 4) **DO NOT LIFT THE PATIENT BY THE BACK OF THE NECK**
- 5) Give **2 breathes** then carry on and do cycles of 30 compressions followed by 2 breaths.
- 6) If you are by yourself do 5 complete sets of compressions and breaths AND then go fetch help.
- 7) IF PATIENT BREATHING, *PUT INTO RECOVERY POSITION AND MONITOR*
- 8) Stay with the patient and monitor until help arrives



MOUTH TO MOUTH RESCUE BREATHING:

Mouth-to-mouth rescue breathing provides oxygen and ventilation to the victim. To provide mouth-to-mouth rescue breaths, open the victim's airway, pinch the victim's nose, and create an airtight mouth-to-mouth seal. Give 1 breath over 1 second, take a "regular" (not a deep) breath, and give a second rescue breath over 1 second .

Taking a regular rather than a deep breath prevents the rescuer from getting dizzy or lightheaded and prevents overinflation of the victim's lungs. The most common cause of ventilation difficulty is an improperly opened airway, so if the victim's chest does not rise with the first rescue breath, reposition the head by performing the head tilt– chin lift again and then give the second rescue breath. If an adult victim with spontaneous circulation (ie, strong and easily palpable pulses) requires support of ventilation, the healthcare provider should give rescue breaths at a rate of about 1 breath every 5 to 6 seconds, or about 10 to 12 breaths per minute. Each breath should be given over 1 second regardless of whether an advanced airway is in place. Each breath should cause visible chest rise.



If patient breathing, put into recovery position and monitor.

Stay and monitor the patient until help arrives.