

LIFEGUARDING COURSE FIRST AID STUDY GUIDE

LEGAL TERMINOLOGY

- ✓ **Standard of Care** – Guidelines and expectations for professional rescuers, which may be established in part by their training program and in part by state or local authorities.
- ✓ **Duty To Act** – Your legal responsibility to act in an emergency while on the job.
- ✓ **Abandonment** – Leaving the scene of an emergency or ceasing to provide care for a victim who requires ongoing care before someone with equal or greater training arrives and takes over.
- ✓ **Confidentiality** – The victim's right to privacy, which is protected by not sharing information about the victim.
- ✓ **Negligence** – A failure to follow the standard of care, or failure to act, which results in someone being injured or causes further harm to the victim.
- ✓ **Good Samaritan Law** – Laws that are designed to protect most professional rescuers from the risk of legal action as long as:
 - They act in good faith,
 - They act within the scope of their training
 - They are not negligent

FIRST AID TERMINOLOGY

- ✓ **E.A.P.** – Emergency Action Plan
- ✓ **E.M.S.** – Emergency Medical Services – The trained professionals who respond to 9-1-1 or Poison Control Center requests from your facility.
- ✓ **P.P.E.** – Stands for personal protective equipment. The specialized clothing, equipment, and supplies used to prevent you from coming into contact with a victim's body fluids, like the gloves, respiration masks, etc.
- ✓ **Sizing up the scene** – Checking to see if the scene is safe for you to enter for aid while also trying to find out details about the victim including any immediate danger, what happened to the victim, and if anyone else is available to help.
- ✓ **Primary Assessment** – Checking the victim for life threatening issues using the look-listen-feel approach for checking LOC and ABC (see below).
- ✓ **Secondary Assessment** – Taking a brief history of the victim from the victim or a witness that uses the SAMPLE mnemonic to gather information. See **SAMPLE** below.
- ✓ **Look-Listen-Feel** – Refers to the period where you have reached the victim and performed a maximum 10 second **primary assessment** where you check the LOC and A-B-C of the victim.

- ✓ **L.O.C.** – Level of Consciousness – the first thing checked when doing a **primary assessment**.
- ✓ **A.B.C.** – Part of the **primary assessment** which looks for Airway, breathing, circulation (includes pulse and severe bleeding) after checking for the persons LOC.
- ✓ **S.A.M.P.L.E.** – part of a secondary assessment, which gathers information which can be used to treat the victim:
 - S – Signs and symptoms
 - A – Allergies
 - M – Medications
 - P – Past medical history
 - L – Last oral intake
 - E – Events leading up to the incident
- ✓ **B.V.M.** – Bag valve mask (for CPR) – ARC states that a BVM requires 2 people to be used effectively.
- ✓ **R.I.C.E.** – Rest, Immobilize, Cold, Elevate procedure for injuries to muscles, bones, and joints.
- ✓ **C.P.R.** – Cardiopulmonary Resuscitation – A process that uses chest compressions and rescue breathing to deliver oxygen to a cardiac emergency victim until EMS arrives.
- ✓ **A.E.D.** – Automated External Defibrillator – A device used to deliver a shock to the heart in effort to restart it.
- ✓ **Cardiac Chain of Survival** – The chain of tasks that should be done in a specific order in response to a victim of a cardiac emergency to increase the chances of survival.

- Early Recognition & Access To EMS
- Early CPR
- Early Defibrillation
- Early Advanced Medical Care



- ✓ **F.A.S.T.** – The procedure for quickly assessing potential stroke victim.
 - F – Face (look for weakness, numbness, or drooping on one side of face)
 - A – Arm (person struggles to lift or control their arm)
 - S – Speech (slurred speech or incoherent speech)
 - T – Time (get EMS there the second you suspect a stroke to increase chances of survival)

ADDITIONAL TERMINOLOGY/CONCEPTS

DON'T LET THESE ONES GET YOU BY SURPRISE!

- ✓ **M.S.D.S.** – Stands for Material Safety Data Sheet – this is a list of all the chemicals that are stored and used at the facility.

- ✓ **R.I.D. Factor** – The factors that describe the main reasons a lifeguard would fail to effectively respond to a situation that requires their attention in the pool setting:
 - **Recognition** – Failure to recognize the victim (their physical/verbal signals that indicate something is wrong)
 - **Intrusion** – The secondary duties (like maintenance of equipment, cleaning, testing the water, etc.) which intrude on what they are supposed to be doing at the time, which in this case would be scanning and surveillance.
 - **Distraction** – Something distracts the lifeguarding from effectively surveillance in their zone (someone trying to talk to them, being tired or overheated, boredom, getting fixated on something in the pool rather than scanning, etc.)
- ✓ **F.I.N.D. Model** – The effective procedure for figuring out how to approach a problem or issue while on lifeguarding duty.
 - **F** – **Figure** out the problem
 - **I** – **Identify** possible solutions
 - **N** – **Name** the pros and cons for each solution
 - **D** – **Decide** which solution is best, and then act on it.

General First Aid / CPR Concepts & Review Questions:

IF YOU CANNOT ANSWER THESE QUESTIONS CORRECTLY WITHOUT ASSISTANCE, PLEASE LOOK THROUGH YOUR BOOK, THE VIDEOS, THE HANDOUTS, AND/OR ASK ME FOR HELP.

What are all the things you should look for or take into consideration when sizing up the scene?

What is the primary assessment and what are the things you are looking for when conducting it?

What is the secondary assessment, what are you looking for, and when do you do it when responding to a victim?

How does requesting consent work for adults? Children? What do you do if someone declines care?

What can you do if you cannot enter a scene to treat someone because it is unsafe?

How do you check for responsiveness? What about for a victim of a head/neck/spinal injury on the ground?

Without looking at the key at the top of the page, list all the items on the S.A.M.P.L.E. method and describe what kind of questions you would ask for each item. What is another way to get the items included in SAMPLE if the victim was unconscious?

When responding to illnesses and/or Injuries - How would you respond if the person was conscious? Unconscious? As a lone responder? With additional responders?

What are the only acceptable reasons to stop doing CPR once you have begun the process?

What is the Material Safety Data Sheet for? Why should a facility have it?

What are the four links in the cardiac chain of survival?

When doing CPR, the rescuer should be doing chest compressions at a rate of at least how many per minute?

When doing CPR, how deeply should you compress the chest on an adult? A child? An infant?

When doing CPR to an infant, where should your hands be located for 1 person? How does the technique change for 2 person CPR?

What are the ratios for compressions and breaths for adult/child/infant CPR for 1 rescuer? 2 rescuers?

If you are treating a small child or an infant with an AED and the pads are at risk of touching each other, what should you do?

When giving ventilations during rescue breathing, how often do you give a breath for an adult/child/infant? (how many seconds in between breaths?)

When giving ventilations, what is the difference in technique when delivering breaths for adults/children/infants? (How much air do you breathe out when delivering the rescue breaths?)

What do you do if you're providing care to an adult/child choking victim, and as you're treating them they become unconscious while standing?

When using an AED and the victim has too much body hair for the pads to stick, what do you have to do? What about if they're wearing jewelry that is in the area the pads will be applied? What about if they have a medical patch on their chest? What if you see they have a pacemaker?

When using an AED, when it is analyzing the heart rhythm and it indicates "no shock is advised", what is most appropriate to do next?

When assessing someone who is a choking victim, how can you tell whether someone's airway is partially or completely obstructed? What is the most common reason for airway obstruction in a victim who is not choking?

What is the most essential piece of equipment to use when delivering rescue breaths (with or without CPR) to protect you and the victim from transmitting disease?

Know what scenarios and situations require you to immediately summon EMS personnel. (What constitutes a life-threatening condition?)

What should you do if a person who you are about to hook up to an AED machine has jewelry or medicinal pads in the areas where you need to place the pads?

As soon as a second lifeguard responds to an emergency, what should the first lifeguard check to see if the second lifeguard has done before allowing them to assist in the rescue?

How do two rescuers effectively use a bag valve mask (BVM) when assisting a victim?

Common and major illnesses and injuries – Proper Response and First Aid Treatment

Know how to treat and respond to the following illnesses/injuries/emergencies:

- ✓ Bleeding – both minor and major/severe
- ✓ Burns – causes and treatments for 1st, 2nd, 3rd degree burns
Injuries to muscles, bones, and joints – Know the R.I.C.E. treatment for these injuries and the process for immobilizing someone's injured limb (arm/leg)
- ✓ Anaphylaxis (allergic reactions) – Responses, dialogue with the victim, epi-pen use
- ✓ Asthma – Treatment as well as what do you do if the person doesn't have an inhaler during an asthma attack?
- ✓ Shock - Procedure for treating it, as well as knowledge of why it happens in the first place.
- ✓ Poisoning – both ingestion and absorption based poisoning
- ✓ Heat related illnesses – Know the difference between the 3, and how they are treated.
- ✓ Cold related emergencies – Specifically know how to treat hypothermia.
- ✓ Diabetic emergencies – Type 1 vs. Type 2 treatment: what should you give them to consume?
- ✓ Seizure – Response when treating person during and after seizure, both in water and out.
- ✓ Stroke – F.A.S.T. method
- ✓ Concussion – Signs, symptoms, and proper response
- ✓ Choking – Universal sign, proper response for adult/child/infant, and what to do if they go unconscious during your treatment.
- ✓ Accidental Fecal Release (AFR) – What is the proper water treatment response for an AFR if it is solid? Liquid?

What are common signs and symptoms of sudden illnesses?

When caring for a person with a suspected head/neck/spinal injury, what order should the straps be placed?

If multiple people are injured in an incident at once, how do you determine who needs treatment first?

What are the situations where you'd have to place someone in a modified high arm in endangered spine (H.A.I.N.E.S) recovery position? Know the procedure as how to do it.

Who must you contact immediately besides EMS if someone is suspected of consuming, inhaling, or absorbing a poisonous substance?