

Emergency Action Plan



Willis R. Casey Aquatic Center

H. Larry Brown, Aquatics Director
(Revised Fall 2004)

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Emergency Action Plan (EAP) for Aquatic Instructors at the Willis R. Casey Aquatic Center

As an Aquatics Instructor in the Department of Physical Education at NC State University or as a member of the N. C. State Swimming & Diving Team coaching staff you are ultimately responsible for the safety of the students in your care even though lifeguards have a responsibility to respond to all emergencies. Therefore, it is imperative that you understand and can effectively implement the procedures of the Emergency Action Plan (EAP). An EAP training workshop will be conducted during the fall semester of each academic year to enhance your skills in providing appropriate care for your students and to coordinate your efforts with those of our lifeguard staff. Also, each aquatic instructor and coach is required to complete the webassign assignment for the “Emergency Action Plan for Aquatic Instructors.” To complete this assignment, go to <http://webassign.ncsu.edu> and login.

Student Awareness

Although students do not have a duty to act for emergencies that occur in their classes, their assistance is valuable and their voluntary role, as directed by the aquatics instructor or coach, may include that of [activation of the emergency transmitter](#), notifying other faculty, coaches or lifeguards that assistance is needed, transporting emergency equipment (i.e. oxygen kit, AED, first aid kit, spine board, etc.), and escorting EMS from the east entrance of the Aquatics Center to the location where aid is being given. An overview of the Emergency Action Plan should be part of each aquatic instructor and/or coach’s orientation to his/her students at the start of the semester by going over the information with the students in class or having the students view the information at <http://www.ncsu.edu/aquatics/eap.html>. This overview should include that of [activation of the emergency transmitter](#), notifying other faculty, coaches or lifeguards that assistance is needed, transporting emergency equipment (i.e. oxygen kit, AED, first aid kit, spine board, etc.), and escorting EMS from the east entrance of the Aquatics Center to the location where aid is being given.

Training Readiness

Rescuing and providing aid to your students can be stressful and demanding. Therefore, you should be over-trained to the point where your response during an emergency is automatic and appropriate. It will require you to practice often, so that your emergency response is a natural reaction. Each instructor or coach must ask himself or herself the question “Am I trained so that I am confident that I will react properly? If not, the instructor should practice until he/she is. In addition to responding appropriately, it is necessary that all incidents and rescues, active or passive, be recorded on an Incident Report Form.

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Emergency Equipment & Its Location

- **Whistle:** Each instructor, coach and lifeguard should have a whistle readily available. Although a whistle will be [attached to each lifeguard stand](#), each instructor, coach and lifeguard should provide his/her own whistle, and utilize the following signals while on duty:
 - **One long whistle blast:** to clear the pool (i.e. electrical storm or closing of pool at the end of the day).
 - **Multiple long whistle blasts:** to alert other rescuers that an accident has happened and a rescue is necessary.
- **Two-Way Radios:** In addition to using the whistle to attract the attention of other aquatic staff and lifeguards, the two-way radio can be used to obtain assistance from the Aquatics Director and from the Facilities staff.



During each lifeguard shift, there should be a [2-way radio](#) located on each lifeguard stand in the pool being used for recreational swimming and a 2-way radio that is carried by the roving lifeguard. If the roving lifeguard is in the water participating in drills to improve skills and/or fitness, the 2-way radio should be on the secondary lifeguard stand during that time period. The 2-way radios are to be used for necessary aquatic business but not to be used for chatting. **The two-way radios should be turned on and the channel selector should be turned to [channel 12](#), sub channel 24.** A radio check should be conducted at the beginning of each shift to ensure that communications are properly established among all lifeguards on the shift. **Please do not pick up the radio by the antenna.** The following call numbers will be used for communicating on the 2-way radios:

- *CG2 or Carmichael 2 is Larry Brown - Aquatics Director*
- *801 Lifeguard Stand # 1 on the northwest side of the 50-meter pool*
- *802 Lifeguard Stand # 2 on the northeast side of the 50-meter pool*
- *803 Lifeguard Stand # 3 on the southwest side of the 50-meter pool*
- *804 Lifeguard Stand # 4 on the northwest side of the 25-yard pool*
- *805 Lifeguard Stand # 5 on the east side of the 25-yard pool*
- *806 Roving Lifeguard*
- *807 Shift Supervisor for LGs*

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To communicate with another person, first state the call number of the person you are calling followed by “This is “your own call number”, over”. The term “over” means that you expect communication from the person you are talking to. When you finish your communication with the person you are talking to and you do not desire further communication from them, end your message with “out” instead of “over”. For example, if the Aquatics Director (CG2) was calling the roving lifeguard (806), he would say, “806, this is CG2, over.” “This is 806, over.” “806, what is the temperature reading in the 25-yard pool? over.” “CG2, this is 806, the temperature in the 25-yard pool is 85 degrees. Over.”806, this is CG2, thanks for your help, out.”

The Carmichael Gymnasium Student Staff is found on channel #3 of the ten-channel radio located on the desk in the lifeguard office. Their call numbers are as follows:

- **101** is the Facility Manager – student supervising entry into Carmichael Gymnasium. The Facility manager should be informed when the pool has been closed at the end of the day!
 - **102** is the Main Entrance. This student checks Ids and can set and cut-off the main alarm system to the pool.
 - **103** is the student checking IDs at lobby entrance where the old building attaches to the new addition.
 - **104** is the student checking Ids at the third floor entrance.
- **Emergency Transmitter**: Each instructor, coach, and lifeguard should know the location and condition of the rescue equipment. An emergency transmitter located on the right side hand railing of each lifeguard stand. Pressing the button on the emergency transmitter for one to two seconds notifies Campus Police that there is an emergency in the Aquatics Center that needs EMS help. When the transmitter activates Campus Police it will also cause the red lights mounted on the outside wall of the Aquatics Director’s office to blink. The transmitters are tested monthly to ensure that are functioning properly. As an Aquatics instructor or coach, you should inform your students about these emergency transmitters so that they can assist you with the EAP as needed. Every student should know the location of the emergency transmitters and how to activate the emergency transmitter. The emergency transmitter should be activated immediately upon determining that EMS is needed. This implies that the emergency transmitter should be activated before making a rescue for a passive patron, as the passive patron will definitely need the care provided by EMS.



(location of transmitter)



(press for 1 to 2 secs)



(observe light to ensure activation)

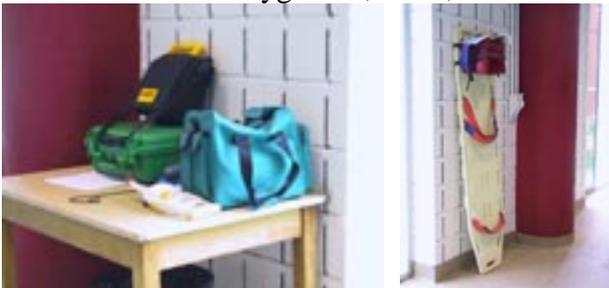
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Inadvertent Activation of the Emergency Transmitter: If you inadvertently press the button on the emergency transmitter, contact the lifeguard immediately and explained what happened. The lifeguard will then contact the Aquatics Director. If the Aquatics Director is not in his office, the lifeguard should immediately pick up the [emergency telephone](#) located on the pool deck at the bottom of the steps to the Aquatics Director’s office (this phone is in the red box mounted on the wall). When the phone is lifted from the receiver hook, public safety will answer. The lifeguard will tell the Public Safety Officer his/her name, that he/she is a lifeguard at the pool, that the emergency transmitter was inadvertently activated, and there is not an emergency in the pool. The lifeguard will then go to the Aquatics Director’s office and locate the keypad mounted on the wall behind the computer monitor and press “1, 2, 3, 4, #” to [reset the alarm](#). A voicemail message, explaining the incident, should be left for the Aquatics Director.

- **Rescue Tube:** There is a rescue located at each lifeguard stand. Each lifeguard on deck will carry a rescue tube with the loop end of the strap diagonally around his/her torso, loose strap folded ready for deployment. The rescue tube is for aquatic rescues.



- **Oxygen Kit, AED, First Aid Bag, and Spine Board:** The oxygen kit, the automated external defibrillator (AED), and the first aid bag are located at the pool where lifeguards are on duty for recreational swimming. If recreational swimming is being held in the 50-meter pool this equipment will be on the small table next to lifeguard stand 801. If recreational swimming is being conducted in the 25-yard pool the rescue equipment will be on the bench next to lifeguard stand 804. The spine boards with straps, cervical collar, and head restraint are located next to lifeguard stand 801 at the 50-meter pool and at the base of the three-meter platform at the 25-yard pool. Each lifeguard always carries a two-way radio for communications with other lifeguards, the Aquatics Director, and with Facilities. Disposable gloves are located in the oxygen kit, AED, and in the first aid bag.



(O2 kit, AED, F.A. kit)



(spine board)



(radio, rescue tube, extra whistle)

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Level of Training

All instructors, coaches and lifeguards must maintain a high level of competency in performing the [initial assessment](#) which includes surveying the scene, body substance isolation procedures, in-line immobilization skills, lifeguarding skills, CPR skills, oxygen administration, and the use of an Automated External Defibrillator (AED). All rescuers should always ensure the scene is safe before attempting a rescue or giving aid. Also, appropriate body substance isolation precautions should be utilized. The first aid bag contains equipment for isolation and clean-up of contamination materials. *The rescuers should identify themselves, describe the first aid they desire to give to the patient, and receive consent (expressed or implied) before administering any form of first aid.* Whenever a N. C. State Lifeguard is not on duty, it is the ultimate responsibility of the aquatics instructor or coach to ensure that he/she is trained and that enough trained personnel in on deck to handle emergencies that may occur.

- **In-line Immobilization:** Since diving from the deck, starting block, or from a diving board is not permitted during recreational swim hours, the risk of a head and/or spinal injury occurring at the Willis R. Casey Aquatic Center is minimal. However, aquatic faculty and coaches are responsible to ensure that participants in their programs dive in areas of the pool that are deep enough to prevent swimmers from contacting the bottom of the pool or from diving into corners of the pool. All diving skills taught in Physical Education aquatic classes should be performed in the diving well of the 25-yard pool and not in swimming lanes where in-experienced students may dive too deep and hit the bottom. Also, it is the responsibility of diving instructors and coaches to ensure that students are adequately trained and prepared for the dives they are attempting to prevent contact with the diving boards.
- All aquatic diving instructors and diving coaches are expected to meet the minimal level of training for spinal injuries as specified in the Position Statement on Diving Safety edited by Janet Gabriel of U. S. Diving. **This means that every coach associated with an U.S. Diving program must be safety certified through classes and testing on the latest knowledge and techniques in courses that include both written and physical demonstrations of deep-water rescue with suspected spinal chord injuries in addition to remaining current on their CPR and First Aid certifications through the Red Cross or other nationally recognized organizations.** The Emergency Action Plan workshop offered annually through the Willis R. Casey Aquatics Centers trains participants regarding activation of the Emergency Action Plan but does not provide in-depth training in spinal management, first aid, cardio-pulmonary resuscitation (cpr), automated external defibrillation (aed), or oxygen administration. Additional training is needed to receive or maintain certification in these areas.
- Whenever a N. C. State Lifeguard is not on duty, diving activities may not be conducted unless the aquatics instructor or coach has completed all aspects of the current Emergency Action Plan Workshop and has also maintained certification in spinal injuries, first aid, and cpr. [Return to Top](#)

Whenever an injury occurs during a diving activity, head / neck or spinal injury is possible. The physical exam, mechanism of injury (how the injury occurred), and level of consciousness will give clues to the lifeguard whether to suspect head, neck, and/or spinal injury. *If the attending instructor, coach, or lifeguard answers YES to any of the following questions, the patient must be immobilized. If the answers are NO to all questions, the patient does not require spinal immobilization at the Willis R. Casey Aquatic Center.*

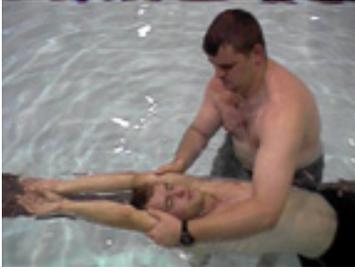
1. Does the patient complain of point tenderness to palpation of the cervical or thoracic spine?
2. Does the patient have obvious deformity noted upon the palpation of the cervical or thoracic spine?
3. Does the mechanism of injury suggest that the patient has a high probability of a cervical spine injury?
4. Is the patient NOT awake, alert, and oriented to person, place, and time?
5. Is the patient under the influence of alcohol or drug use?
6. Does the patient have a significant distracting injury?
7. Does the patient have blood or clear fluids coming from of the orifices of the head?

The above questions are taken from the Wake County Patient Care Protocols and Procedures effective August 1, 1998.

Use the head splint method or the head and chin support method of in-line immobilization to prevent further injury while giving aid and maintaining the ABCs (airway, breathing, circulation) for the patron with possible head, neck, and/or spinal injury and while waiting to board the patron. At least two trained rescuers trained in boarding procedures should be present to board the patron. Since the emergency transmitter should have been activated when the emergency was recognized, EMS will probably be on the scene by the time lifeguards are ready to board the patron.

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Basic steps involved in care of spinal injuries include:



(in-line immobilization)
(maintain ABCs)



(slide board under patron)
(maintain ABCs)



(in-line immobilization)
(maintain ABCs)



(fasten upper strap)
(maintain ABCs)



(fasten middle strap)
(maintain ABCs)



(fasten lower strap)
(maintain ABCs)



(secure head & provide oxygen)
(maintain ABCs)

In all spinal emergencies the main emphasis is on in-line immobilization while maintaining the ABCs. It is possible to administer supplemental oxygen while the lifeguards are maintaining in-line immobilization to a patron that is still in the water boarded or un-boarded on a spine board. If boarding procedures are not needed to facilitate rendering aid maintaining the ABCs, it is best to maintain in-line immobilization without boarding the patient and wait for EMS to board the victim unless there are at least two rescuers trained in boarding procedures. Attempting to board a patient with less than two trained rescuers could further complicate the spinal injury.

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- **Oxygen Administration:** It is extremely important that supplemental oxygen be administered in all respiratory, cardiac, medical, and trauma emergencies. **When in doubt, administer oxygen!**

For the Breathing Patron: High flow oxygen at a flow rate of 15 liters per minute should be given via the **non-rebreather mask** to any **breathing** patron experiencing respiratory or cardiac distress and to any other **breathing** patron that is experiencing a medical or trauma emergency.



(set variable control knob to 15 lpm)



(oxygen for breathing patrons)



(non-rebreather mask for breathing patron)

Always use the **non-rebreather mask** to deliver **oxygen to breathing patrons**. Turn on oxygen; ensure the oxygen tubing is connected to the oxygen outlet barb, set variable control to 15 lpm, prime (inflate reservoir bag) and place mask over the patrons face. Adjust fit by adjusting width of nose tabs and mask straps. Monitor the reservoir bag as the patient breathes. If the bag completely collapses as the patient breathes in, increase the flow rate until the bag partially collapses but does not fully collapse during inspiration. If the patron stops breathing and no pulse is detectable then change to the MTV-100 regulator. Please note that continuous flow oxygen should be turned off if using the MTV-100 regulator or utilizing an AED.

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For the Non-Breathing Patron: *Patrons in respiratory arrest (patron is not breathing) should be ventilated with supplemental oxygen with the flow-restrictive positive pressure regulator (MTV-100 regulator).* If the flow-restrictive, positive pressure regulator is not available, the patient in respiratory arrest should be ventilated with high flow oxygen, 15 liters per minute, via a pocket mask with the rescuer's exhalation providing the force needed to ventilate the patient (Watch the chest rise!).



(the MTV-100 regulator)



(used for non-breathing patrons)

Always use the **MTV-100 flow restrictive positive pressure regulator** to deliver **oxygen to non-breathing patrons**. Turn on oxygen, ensure that the variable control is set to zero, place mask over the patron's face, open the **airway and** slowly press the red button and watch the chest rise. The MTV-100 regulator will slowly inflate the patron's lungs with oxygen pressure from the cylinder without over-expanding the lungs. Release the button when the lungs are ventilated (watch the chest rise). This method of rescue breathing is not only easier than using a pocket mask but also delivers 100% oxygen to the patient. Since it delivers oxygen upon demand (when the red button is pressed) and is not free flowing it is well suited for use with an AED.



(Oxygen kit with cylinder, non-rebreather mask (on bottom left of picture) for breathing patrons, and the MTV-100 regulator (on bottom right of picture) for non-breathing patrons.) [Return to Top](#)

- **Automated External Defibrillator:** An AED should be used when a pulse is undetectable in a patient.



A wet patient must be on a spine board with drain holes and the chest must be dried off with towels. The AED will indicate a shock is needed if the heart is in V-Tach or V-Fib. Two-way radios, cell phones, and free flowing oxygen should be at least six feet away or, preferably, turned off while utilizing the AED. If the heart completely stopped (asystole) or has a normal rhythm, no shock will be indicated. If no shock is indicated and the patron's heart is in asystole, follow the audio and visual prompts from the AED. If CPR is indicated by the AED prompts, administer **CPR with supplemental oxygen** using the MTV-100 regulator to increase the oxygen in the blood flow to the vital organs during compressions. This will increase the probability of a successful conversion. The MTV-100 flow restrictive positive pressure regulator works well in conjunction with the AED as the oxygen is not free flowing but is only delivered to the patient when the button on the regulator is pressed.

Documentation

All incidents and rescues, active or passive, must be recorded on the Incident Report Form. This will form a permanent record that can be used to provide a record for liability issues, to de-brief an incident, and to improve the performance in case of future incidents. Both the lifeguard and the aquatics instructor should jointly complete the incident form for incidents that occur in Physical Education classes and by the lifeguard and coach for injuries that occur during practices or meets. This document should be given to the Aquatics Director after it is completed and signed. If the Aquatics Director is not in his office, it should be taped to his desk in front of the keyboard of his computer.

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Emergency Action Plan Flow Chart

Emergency Incident

Aquatic Staff's Awareness

Primary rescuer's whistle **Alerts Second rescuer** whistle **Alerts 3rd / 4th Rescuer**
Reaction

Non-primary rescuer with 2 – way radio alerts Aquatics Director & 101

Passive	Active	Passive	Active
1- activate EMS & rescue 2- equipment rescue 3- remove from water (spinal?) 4- start life support using oxygen 5- utilize AED	1- equipment 2- remove from water 3- assessment & administer O2 4- activate EMS if necessary;	1- confirm EMS activation via red strobe light 2- delivers O2, AED, 1 st aid equip to pool side; clear pool if no other rescuers on duty 3- assist with basic life support	1- deliver O2, AED, 1 st aid equipment to pool side 2- clear pool to lobby if needed and able 3- assist with basic life support 4- escorts EMS upon arrival at east door of 25-yd pool 5- contact Aquatics Director EMT's Take Over; Contact Aquatics Director by radio, cell phone(548-1270); pager (310-1303)
Basic Life Support Continues/ Advanced Life Support Begins			

INCIDENT REPORT FOR ALL INJURIES & RESCUES!!

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Incident Report Form

Date of Report: _____ Date of Incident: _____ Time of Incident: _____

Injured Party Personal Data:

Name: _____ Age: _____ Gender: Male ____ Female ____

Address: _____ City: _____ State: _____ Zip: _____

University Status: Student: _____ Faculty: _____ Staff: _____ Other: _____

Phone Numbers: Home: _____ Work: _____ Cell _____

Family Contact (Name, Relationship & Phone #): _____ () _____

Incident Data:

Location of Incident: Deck: ____ 25 yd. Pool: ____ 50 meter Pool: ____ Sun Deck: ____

Description of Incident:

Was Injury Sustained? Yes: ____ No: ____

If Yes, Describe Injury:

Care Provided:

Describe Care Given:

Primary Survey (Airway, Breathing, Circulation, Severe Bleeding, Spinal Mgmt)(AED, Oxygen, In-Line Stabilization):

Did Victim Refuse First Aid Attention By Staff ? Yes: ____ No: ____

Victim's Signature for Refusal of Care: _____ Witness _____

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Primary Guard Who Provided Care: _____ Shift Supervisor _____

Name(s) of Other Lifeguards Involved: _____

EMS activated? Yes: ____ No: ____ Emergency transmitter ? ____ Pool Phone? ____

Time of Activation _____ Time of arrival of Public Safety _____ Time of arrival of EMS _____

Name of EMT/Paramedic Taking Over Care _____ Time of Taking Over Care _____

Was The Victim Transported To An Emergency Facility ? Yes: ____ No: ____

Where ? _____

Witnesses:

1. Name: _____

Address: _____ City: _____ State: ____ Zip: _____

University Status: Student: ____ Faculty: ____ Staff: ____

Phone Numbers: Home: _____ Work: _____

2. Name: _____

Address: _____ City: _____ State: ____ Zip: _____

University Status: Student: ____ Faculty: ____ Staff: ____

Phone Numbers: Home: _____ Work: _____

If Victim Was Not Transported To An Emergency Facility, Did Person Return To Activity? ____

Victim's Signature: _____

Facility Data:

Number of Guards on Duty at the Time of Incident: _____ ~ Number of Patrons in Pool : _____

Condition of The Water at the Time of Incident ? _____

Report Prepared By: _____ **Time:** _____

Contact Larry Brown/ Aquatics Director: Radio; Home (919) 542-5343; Page: 310-1303 – Time _____

If not serious by radio or voicemail – Time: _____

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Fire Drill

In case of a [fire drill or fire alarm](#), have all patrons **exit the natatorium using the front doors to the 25-yard pool and/or the doors on the wet classroom side of the 50-meter pool.**

Lightning Policy

Both the 25-yard pool and the 50-meter pool have ground fault wiring and theoretically would be safe even if lightning struck the pools. However, since the policy for the last decade has been to evacuate the pools during storms, the following procedure will be used: Pools will stay open unless close-range lightning (i.e. less than two seconds between flash & thunder) is observed. This means the lightning struck approximately 2200 feet away from the natatorium. Under these conditions swimmers are to be evacuated from the pools and moved away from windows and doors leading to the outside. Conditions will be re-evaluated every 10 minutes. The natatorium is NOT closed unless the gym is closing or if it is the normal time for pool closing.

Adverse Weather Conditions

Adverse weather may necessitate closing the pool early or not opening the pool on time. **Calling 515-7488 will play a recording that gives general information regarding the times of operation for the Physical Education Department programs including the pool.** Any change in times of operation will be announced on this recording. **The adverse weather number for the university for NC State is 513-8888.** Call this number to inquire if the University is closed or is opening or closing at other than normal times.

Potentially High Risk Groups

Aquatics instructors, coaches, and lifeguards should be aware of groups that are at higher risk than normal in the aquatic setting. These include students that are learning new dives or attempting high difficulty dives, children, older adults, individuals with medical problems, individuals that are starting a rigorous exercise program, swimmers that hyperventilate in order to increase their breath-holding time, swimmers employing hypoxic training as a training technique to increase their tolerance to carbon dioxide, and swimmers trying to extend their ability range.

Divers, new or experienced, are at a higher risk of injury when attempting to learn new dives or when performing dives of high difficulty. Instructors and coaches must be alert for potential injuries during these times as divers are more likely to be injured.

The Willis R. Casey Aquatic Center is a minimum of four (4) feet in depth. Because of this depth, it is imperative small children are monitored constantly and are in immediate contact with their parents. [Return to Top](#)

All of the systems in the body tend to become weaker with aging. Therefore, sudden illness medical problems are more likely to occur and can occur without warning. Instructors and lifeguards should constantly monitor these individuals to see warning signs in their behavior and activity level.

Many individuals with medical problems will use the pool for exercise and therapy because of the many advantages of the aquatic environment, i.e., cooling effect of water, effects of gravity negated, mobility of extremities with little effort, etc. It is important for both the lifeguard and aquatic instructor to realize that swimmers may have problems that you might be unaware of. Instructors and lifeguards should constantly monitor swimmers to see warning signs in their behavior and activity level change that may indicate problems.

Individuals starting an exercise program are at higher risk for problems to occur than those individuals that have been exercising on a regular basis. Ensure that students in your classes begin their exercise program on a gradual basis instead of trying to do too much when starting out.

Many swimmers will try to extend their breath-holding time underwater by hyperventilating. This is especially true in classes that teach skills requiring breath-holding underwater. The strongest stimulus to breathe in normal healthy individuals is the build-up of carbon dioxide. Hyperventilation dramatically lowers the amount of carbon dioxide in the body while increase the oxygen content very little. Hyperventilation is not permitted by anyone using the Willis R. Casey Aquatics Center. Despite the information found in some textbooks indicating that hyperventilation up to three breaths is safe, hyperventilation is not safe and can cause the swimmer to pass out (called shallow water blackout) due to the oxygen levels in the body becoming depleted before the carbon dioxide content reaching a level to initiate breathing. For a more detailed explanation please contact the Aquatics Director.

The increase of carbon dioxide in the body increases one's desire to breathe. Since breathing takes valuable time in the sprint races, many well-conditioned swimmers use hypoxic training as a method to increase their tolerance to the build-up of carbon dioxide in the body. Hypoxic training is effective but is also dangerous. It is possible to increase one's tolerance to the build-up of carbon dioxide to the point where the swimmer will not feel the urge to breathe from the build-up of carbon dioxide but will pass through that stage and the body will deplete its oxygen levels to a point where the swimmer will pass out without warning.

Some swimmers place themselves at risk trying to increase their ability range. This is especially true of students in beginning swimming classes that are trying to achieve swimming a given distance by the end of the semester. Though monitored extensively in their instructional classes, these individuals will often times come to the pool during recreational swimming and go in deeper water and try to extend their range. These students are normally easily identified by their lack of stroke proficiency and comfort. These students should be closely monitored when swimming in deep water.

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Overview of the Emergency Action Plan

The most important part of the Emergency Action Plan is recognition. When you teaching a class or monitoring or supervising any aquatic activity it is important to pay close attention to the patrons in the water to ensure their safety. You must be ready to react to what might happen if an emergency occurs. Instructors and coaches ensure that their students understand the Emergency Action Plan and know where the emergency equipment is located in case they are asked to retrieve it. The lifeguards, instructors, and coaches should always know the location of emergency equipment used in the pool area. Make sure to activate an emergency transmitter on one of the lifeguard stands if EMS is needed. If an emergency transmitter is **accidentally activated**, contact Coach Brown or a lifeguard so that they can contact public safety immediately so that EMS will not be called. When giving aid, always use the proper BSI precautions and ask for consent before touching a patron. Consider the mechanism of injury when assessing a patient. If trauma was involved and if there could be a possible head / neck injury, maintain **in-line immobilization** as you provide aid to the patient. In all accidents that occur at the pool, you should administer oxygen to the patron. Oxygen is administered using the **non-rebreather mask set at 15 lpm for**



breathing patrons or using the **MTV-100 (flow-restrictive, positive**



pressure) regulator for patrons that are not breathing.



If a patron does not have a pulse, an AED should be used. If an AED has not arrived at the scene when you recognize that a patron does not have a pulse, begin CPR using supplemental oxygen via the MTV-100 (flow restrictive, positive pressure) regulator until an AED arrives. Connect and turn on the AED and then follow its prompts. Remember, if the AED gives the prompt “no shock advised,” check the patron for a pulse and if there is no pulse continue CPR using supplemental oxygen via the MTV-100 (flow restrictive, positive pressure) regulator. During an emergency, while the primary rescuer is performing a rescue, the secondary rescuers should check that EMS has been summoned by making sure that the red light on the outside of the Aquatics Director’s office is flashing. Lifeguards and the aquatic instructor should jointly fill out the incident report form for all accidents occurring during a class. After filling out the document it should be given to the Aquatic Director and, if he is not available, it should be taped to the keyboard of his computer. If EMS has been summoned, have someone meet EMS at the **front doors (east side)** to the 25-yard pool where EMS will arrive so that they can guide EMS to the injured person.

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If the fire alarm goes off, make sure to have all the patrons exit either out the front doors to the 25-yard pool or out the doors on the wet classroom side of the 50-meter pool, whichever is closest.

During a thunderstorm, if there is any close-range lightning (two seconds between flash and thunder) the patrons will need to clear the pool and moved away from all windows and exterior doors. Conditions will then need to be re-evaluated every ten minutes.

Always remember that the aquatics instructor or coach has ultimate responsibility for their students. The lifeguard though is bound by duty to respond as well to all emergencies at the Aquatics Center. In most cases it will be the lifeguard who is better prepared to handle the emergency and should be the primary rescuer. If the aquatics instructor or coach insists on being the primary rescuer (normally, they will want the lifeguard to take over) the lifeguard will monitor and ensure that the EAP is being implemented properly. If the aquatics instructor is not following the Emergency Action Plan, the lifeguard will then ask the aquatics instructor to assist using proper aid. Most aquatics instructors will be happy to defer the rescue responsibility to the lifeguard. The Aquatics Director recommends that all aquatics instructors and coaches have a lifeguard on duty in the Willis R. Casey Aquatics Center while supervising any aquatic activity to help in case of emergencies with implementation of the Emergency Action Plan.

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