

Bronze Medallion

SNB Central Venue Assessment Guidelines

Central Venue Guidelines—Dry assessment

Overview

The Dry assessment for BZ contains the following Assessment Tasks:

- Assessment Task 1 – Signals
- Assessment Task 2 – Radio
- Assessment Task 3 – First Aid
- Assessment Task 4 – Resuscitation

The Assessment Tasks are to be assessed in accordance with the relevant pages from the BZ Delivery & Assessment Guide. These pages have been reproduced below (pages 6 to 8) of these Guidelines). The comments below provide some additional guidance as to how each of these Assessment Tasks will be assessed. Refer to the Delivery and Assessment Guide Sheets for each Assessment task that candidates must demonstrate or respond to.

Assessment Task 1 – Signals

(Page 43-44 of Delivery & Assessment Guide)

- Flag signals and alarm signals may be assessed via verbal questioning – refer to the supplementary questions in the Delivery & Assessment Guide for this Assessment Task.

Assessment Task 2 – Radio

(Page 46-47 of Delivery & Assessment Guide)

- The Radio task should be assessed with a maximum of 6 candidates per Assessor.
- The task must be assessed using actual radios - verbal questioning is NOT sufficient evidence of competency.
- Candidates should have a **basic** knowledge of SNB radio protocols, including channel numbers, radio pro-words and call-signs – refer to the current Public Safety and Aquatic Rescue Manual (PSAR) and the Standard Operating Procedures.

Assessment Task 3 – First Aid

(Page 49-50 of Delivery & Assessment Guide)

- The First Aid task should be assessed with a maximum of 6 Candidates per Assessor.
- Candidates must demonstrate appropriate patient management using another candidate as a patient and the equipment available in the training First Aid Kit as appropriate.
- Verbal questioning may be a component but alone is NOT sufficient to demonstrate competency.
- Candidates to demonstrate a Secondary Assessment (body check)
- Candidates will be asked to take and record a patient’s vital signs and complete the appropriate documentation (Patient Handover Form and/or Incident Report Form)
- Candidates should not be over assessed. To be competent a candidate is only required to demonstrate the material contained in the Manual.

Assessment Task 4 – Resuscitation

(Page 52-53 of Delivery & Assessment Guide)

This task is split in four components:

1. One-person primary assessment (DRSABCD) and recovery position on a live patient.
2. CPR on an adult manikin.
3. Multi-candidate resuscitation involving the use of the AED and oxygen.
4. CPR on an infant manikin.

Candidates should not be over assessed. To be deemed competent, Candidates are only required to demonstrate the procedures set out in the Learner Guides and Manual.

1 - Primary Assessment

- Assessors should advise candidates ahead of starting if the patient is an aquatic (drowning) or non-aquatic victim.
- Candidates must demonstrate the DRSABCD primary assessment. Assessors should instruct candidates in advance to:
 - Mimic rescue breathing in a realistic fashion, preferably by blowing down the patient's cheek
 - Rest hands on the chest (or within 5cm) without ANY downwards pressure during 'compressions', and count compressions out loud instead of faked up-and-down actions
- Candidates must demonstrate the **Recovery Position**.

2 - Manikin CPR

- Each candidate **MUST** demonstrate **at least 2 minutes** of uninterrupted, effective, single person CPR on an adult manikin using a mouth-to-mask rescue breathing technique (5-6 cycles of both compressions and rescue breaths).

3 - Oxygen & AED

- This component can be assessed with 4 candidates all participating at the same time (it can physically be done with 3, but this is a challenge at BRZ level and not required).
- Candidates **MUST** demonstrate AED application and use of supplementary oxygen in conjunction with their CPR efforts (no use of Bag-Valve-Mask or OP airways required).
- Candidates **MUST** be questioned on safety precautions of the oxy-viva unit and the AED and be able to demonstrate turning on both units.
- Candidates **MUST** demonstrate **at least 5 minutes** of uninterrupted CPR working as a team.
- Candidates are expected to rotate roles as they expect to do in a real life situation (also allows Assessors to observe Candidates).
- There is **no** requirement for Candidates to rotate in a specific direction or manner and Candidates must not be deemed NYC if the teamwork is effective. It is recommended that Candidates rotate when the AED assesses a Patient's heart rhythm and team members rotate positions in the same direction each time.
- Each candidate must be given ample opportunity to demonstrate their competence in all of the required skills and knowledge.

4 - Infant Manikin CPR

- Each candidate **MUST** demonstrate at least 2 minutes of uninterrupted, effective, single person CPR on infant manikin using a mouth-to-mask rescue breathing technique (5-6 cycles of both compressions and rescue breaths).

With regard to checking for response of an infant, if a candidate does not know this they should NOT be found NYC. The following information has been provided to us by Dr Natalie Hood (SLSA Honorary Medical Advisor).

- Picking up the baby to see if the head and body have some muscle tone and spontaneous movement. As a lifeless rag doll baby needs further assessment and care.
- Flicking or rubbing the feet, or gently but firmly rubbing the baby's flanks with a towel, bedding or clothing. These methods are the suggested form of stimulation in International Resuscitation Council textbooks including the American Academy of Paediatrics. This method is recommended to their own staff.

At the training and assessment level a quick flick or rub of the feet or rubbing the flank would be an acceptable method of checking for a response in an infant.

Central Venue Guidelines—Wet Assessment

Overview

The Wet assessment for BZ contains the following Assessment Tasks:

- Assessment Task 6 – Run-Swim-Run
- Assessment Task 7 – Rescues and Carries
- Assessment Task 8 – Patrol Activity

The Assessment Tasks are to be assessed in accordance with the relevant pages from the BZ Medallion Delivery & Assessment Guide. The comments below provide some additional guidance as to how each of these Assessment Tasks will be assessed.

ALL Candidates must wear caps and hi-vis rash vest for ALL Assessment Tasks in the Wet Assessment.

Assessment Task 6 – Run-Swim-Run

(Page 56 of Delivery & Assessment Guide)

- No more than 20 Candidates in the water for the run-swim-run at any one time (for safety reasons).
- The nominal 8 minutes may be adjusted according to the conditions ONLY in consultation with the Assessor-in-Charge.

Assessment Task 7 – Rescues and Carries

(Page 57-58 of Delivery & Assessment Guide)

This task is split into 4 components:

1. Board Rescue
2. Tube Rescue
3. Perform effective and safe carries
4. Spinal Board carries

1- Board Rescue

- Board rescue must require the candidate to paddle a rescue board either behind the break or approximately 100m offshore.
- A candidate that loses the board on the way out to a rescue should be deemed NYC. A candidate that loses rescue board whilst returning to shore with a patient *is unlikely to, but may*, be deemed competent, depending on their care of the patient and ability to return them to shore unaided.
- Signals to be used only if required (ie signal for assistance only when the Candidate and/or their Patient genuinely requires assistance).

2- Tube Rescue

- Verbal questioning of candidates during this task MUST cover release and escape methods.
- Signals to be used only if required.
- Candidates may use swim fins

3- Perform effective and safe carries

- The carries to be performed are set out in the current PSAR Manual (Two person – trunk and legs, two person –seat carry, two person -drag).
- Position the patient out of danger appropriate for the assessment.
- Demonstrate safe lifting techniques (to protect back and other injuries).
- Effective Teamwork.

4- Spinal Board Carries

- This Assessment Activity should be assessed with a minimum of 5 and a maximum of 7 Candidates.
- The Spinal board should include a demonstration of both dry-land and shallow-water patient presentations and shall include a “log roll” and safe removal of the spinal board
- At no point should candidates be required to demonstrate CPR on a spinal patient.
- To ensure that candidates are assessed consistently, the recommended order for this Assessment Task is as follows:
 - Patient ‘walk up’ on dry land – conscious, breathing patient unable to lower themselves to the ground.
 - Lower patient safely to ground and stabilise.
 - NB: Candidates should secure and lower the patient holding the spinal board as per the current PSAR Manual.
 - Once patient has been stabilised, demonstrate:
 - (1) action to be taken if patient vomits; and
 - (2) positioning of patient that is unconscious and breathing; and
 - (3) performing a roll and removing the spinal board safely
 - Shallow water patient – patient floating face down. Roll the Patient face up, place the patient on spinal board whilst in water and then safely remove patient from water.
 - Candidates are assessed based on their teamwork. Each group of Candidates is not required to demonstrate the above more than twice as a group unless the Assessor identifies issues or believes that one or more Candidates have not been involved enough to demonstrate competency.
- Common issues that have resulted in Candidates being deemed NYC are as follows:
 - Not maintaining effective control of the patient’s head.
 - The patient’s slips down or off the spinal board when being lowered, carried or rolled over.
 - Not rolling the patient far enough over when the Patient vomits, or when the Patient is breathing but unconscious.
 - Excessive twisting of the patient’s spine when recovering the patient from the water.
 - Taking too long to remove the patient’s face from the water.

Assessment Task 8 – Patrol Activity

(Page 59-61 of Delivery & Assessment Guide)

- Patrol Scenarios will be conducted with a **maximum** of 6 candidates in a group at any one time.
- The Patrol Scenarios enable candidates to demonstrate their skills and knowledge in a team environment.
- Each group will be required to manage **one** scenario from the list of Scenarios below – the Scenario will be selected by the Assessor and Candidates will not be told which Scenario has been selected.
- Competition of an incident report is a required element of the assessment task. A laminated copy and marker pen will be provided in the CV assessment kit.
- In relation to equipment:
 - A first aid kit (contents as per Dry assessment) should be available for use during the assessment
 - A complete oxygen unit must be present, in working order including Oxygen in the bottle, should be available for use during the assessment
 - An AED training unit is **not** required on the beach for the Patrol Scenario. Candidates are not to simulate the use of the AED, however the candidates **MUST** call it for if the Scenario requires.
 - In addition to the gear listed for Wet assessment, Candidates may carry and use bum-bags or kit-belts (use is encouraged but not compulsory).
- The Patrol Scenario is assessed as a team activity. **Candidates are expected to work together** to manage the entire Scenario, and their performance will be assessed accordingly.
- Determining Candidates’ competency is based on demonstrating effective team work within the scenario.

- Assessors may determine that an individual candidate was not involved in the activity enough to demonstrate competence. Assessors may extend the scenario to ensure all candidates demonstrate evidence of competency. This may involve rotating candidates to various roles/positions. Candidates will be required to participate in Patrol Scenarios until either competence has been demonstrated or Assessors have seen enough activity to deem the candidates NYC.
- As Candidates are assessed on their performance as a patrol team, in most situations the entire Group will be deemed Competent or Not Yet Competent.

Guidelines for individuals acting as Patrol Captains

- An Assessor, Trainer or suitably qualified Club Member (such as a Patrol Captain that has an understanding of the Assessment Activity) must take on the role of Patrol Captain for this activity.
- Candidates are not permitted to act as Patrol Captain as they are not expected or required to demonstrate the skills and knowledge expected of a Patrol Captain for a BZ assessment.
- The role of a Patrol Captain in the patrol scenario is primarily to manage and coordinate the Candidates during the assessment task.
- The Patrol Captain may allocate specific roles to the candidates, however they must not:
 - coach Candidates in relation to the skills and knowledge that the Candidates are expected to demonstrate (for example, by explaining a required first aid treatment or calling out the actions to be taken during a resuscitation); or
 - be involved in treating the patients.
- The Assessor will brief the Patrol Captain and ensure that they understand their role. If necessary, the Assessor may request that another individual acts as Patrol Captain.

Candidate briefing

- Each Patrol Scenario will be assessed by two or three Assessors.
- The Assessors will select one of following 10 scenarios. Candidates will not be told which scenario has been selected.
- One Assessor will then brief the Candidates and another Assessor will brief the Patients.
- The Candidate briefing (2 minutes) should cover the following:
 - Patrol Captain's role
 - Patrol area
 - When the Patrol Scenario will commence
 - Use signals only as required
 - Calling for an AED when required, but no need to simulate use of AED
 - Rest hands on the chest (or within 5cm) without ANY downwards pressure during 'compressions', and count compressions out loud instead of faked up-and-down actions
 - Turning on the oxygen using correct setting
 - Holding resuscitation mask above Patients face with oxygen line held underneath
 - Use contents of First Aid Kit as required
 - Assessors may request that Candidates rotate roles or become more actively involved
 - Continue to treat all patients until Assessors state that patrol scenario has ended
 - Patrol group to complete Incident report logs as necessary at the end of the scenario
- Candidates will then be given time to check equipment and allocate roles (maximum 5 minutes)

Assessment Decisions

After the patrol scenario has been completed, the Assessors will discuss the Candidates' performance and reach a decision (unless there are issues this should only take 2 -3 minutes). One of the Assessors will then inform the Candidates of the Assessment Decision, followed by what the Candidates did well and any areas for improvement / opportunities for further training.

If Candidates are deemed NYC, the Assessor will explain why the Assessment Decision was reached and provide feedback to the Trainer(s) in addition to completing an Assessment Feedback Form 205 (TA205).

List of Scenarios

The scenarios are designed for a **maximum** of 6 candidates. Each scenario includes **only one** resuscitation, **at least one** board or tube rescue and **at least** one first aid. All effort should be made in coordinating the assessment to ensure that there are groups of 6 for Assessment Task 8.

Patrol Teams may be formed by combining Candidates from different Clubs – from an assessment perspective, this is reasonable as all Candidates should have been trained using the current PSAR Manual and these Assessment Guidelines. If groups present with 3-4 candidates, scenarios may need to be stripped down (by removing a first aid and/or a 2nd rescue, but not the resuscitation).

Note: Page reference numbers: PSAR 34th Edition (Revised July 2016)

<p>Scenario 1</p> <ul style="list-style-type: none"> • Semi-conscious board rescue (50m+ offshore). • Person complains to Patrol of chest pain whilst walking. Allow time for patrol to treat patient for chest pain before Patient collapses & requires CPR. • Jogger, suffers breathing difficulties, does have asthma, but does not have puffer with them. 	<p>Rescue</p> <p>Chest Pains - CPR</p> <p>Asthma (P. 96-97)</p>
<p>Scenario 2</p> <ul style="list-style-type: none"> • Person comes up very concerned about someone who cannot swim (30m+ offshore in flags), and requests rescue. On return to the beach Patient is experiencing respiratory impairment as a result of submersion in water (Collapses and requires CPR). • A beachgoer has been knocked over by people playing soccer on the beach. Has a very sore ankle. 	<p>Rescue</p> <p>Submersion - CPR</p> <p>People Management – Friend to be reassured</p> <p>Possible Fracture – can't move foot, very painful (P. 105-106)</p>
<p>Scenario 3</p> <ul style="list-style-type: none"> • Two swimmers signal for assistance after being hit by wave (40m+ offshore). First patient OK, 2nd patient been drinking and semi-conscious – will collapse on beach and require CPR. • A swimmer close to the shore has dislocated their shoulder. 	<p>Rescues</p> <p>Altered State of Consciousness – CPR</p> <p>People Management - Tired Swimmer</p> <p>Dislocation (P.106-107)</p>
<p>Scenario 4</p> <ul style="list-style-type: none"> • Swimmer has been hit by surfer, calls for assistance (50m+ offshore). Suffering fin chop to the lower leg, only notices blood on return to beach. • A patient talking with friends collapses behind Patrol – requires CPR. • Patient steps on needle and panics. 	<p>Rescue</p> <p>First Aid - Fin Chop (P. 94)</p> <p>Collapse - CPR</p> <p>First Aid - Needle Stick injury (P.95)</p>
<p>Scenario 5</p> <ul style="list-style-type: none"> • Exhausted, panicking swimmer caught in rip (30m offshore) collapses on shore—requires CPR as result of submersion in water. • Patient has stepped on glass, small cut to the bottom of the foot. • Father of patient 1, has slurred speech & complains of weakness to arms, and loss of coordination to limb. 	<p>Rescue</p> <p>Submersion - CPR</p> <p>First Aid – Glass in foot (P. 94)</p> <p>First Aid – Stroke (P. 98-99)</p>

<p>Scenario 6</p> <ul style="list-style-type: none"> Two swimmers are caught in a rip (30m offshore). One patient suffers chest pain (Angina) and will go unconscious and stops breathing after returning to the patrol area (requires CPR). Person approaches the patrol following exercise, suffers bleeding nose. 	<p>Rescues</p> <p>Exhausted Swimmer - CPR</p> <p>First Aid - Tired Swimmer</p> <p>First Aid - Nose Bleed (P.94)</p>
<p>Scenario 7</p> <ul style="list-style-type: none"> A board rider requires rescue after losing his board (50m+) offshore and is hypothermic. Swimmer has fin chop to right forearm from lost board. Person sitting behind patrol with friend suddenly collapses – CPR required. 	<p>Rescue</p> <p>First Aid – Hypothermia (P.102-103)</p> <p>First Aid – Fin Chop (P.94)</p> <p>Collapse - CPR</p>
<p>Scenario 8</p> <ul style="list-style-type: none"> Swimmer caught in rip requires rescue (30+ meters) on return to shore will feel light-headed. Goes unconscious and non-breathing. One person was collecting marine creatures around the rocks has been bitten by a blue ring octopus and feels dizzy (requires PIT). One person has been stung by blue bottles. 	<p>Rescue</p> <p>First Aid – Unconscious, non breathing</p> <p>First Aid – Blue Ringed Octopus (P.110 & 115)</p> <p>First Aid – Blue Bottle Stings (non-allergic) (P. 108, 109 & 111)</p>
<p>Scenario 9</p> <ul style="list-style-type: none"> One person is caught in a rip 50+meters signals assistance required. On return to the beach complains of discomfort in the centre of the chest collapses and requires CPR. Two sunbakers on beach one alerts patrol that their friend is feeling sick after eating some Asian food. Friend is known to have Anaphylaxis but does not have EpiPen with them. Patient requires an EpiPen – auto injection. Jogger has muscle cramp in one leg 	<p>Rescue</p> <p>Chest Pain – CPR</p> <p>First Aid – Anaphylaxis (P.97)</p> <p>First Aid – Cramp (P. 108)</p>
<p>Scenario 10</p> <ul style="list-style-type: none"> Annoying swimmer in and out of flags Two swimmers need rescuing approx. 50 metres from shore. One collapses at the shoreline and needs CPR. Friend faints from emotional shock. Jogger comes to patrol complaining of feeling dizzy and nauseous. Forgot their water bottle. Hot and Sweaty 	<p>Rescues</p> <p>Collapse– CPR</p> <p>First Aid –Fainting (P.99)</p> <p>First Aid – Heat Exhaustion (P103)</p>