Remember, the woman delivers the baby, so be patient and let it happen naturally. The baby will be slippery, so take care to avoid dropping the newborn. After delivery, ensure that you clear the newborn's nasal passages and mouth thoroughly, wrap the newborn in a clean, warm blanket or towel and place him or her next to the mother.

Notes:

- *Do not let the woman get up or leave to find a restroom (most women at this moment feel a desire to use the restroom).*
- *Be sure to allow the woman's knees to be spread apart to avoid causing complications or harm to the baby.*
- *Do not place your fingers in the woman's vagina for any reason.*
- *Do not pull on the baby.*

Continue to meet the needs of the newborn while caring for the mother. Help the mother to begin nursing the newborn, if possible. This will stimulate the uterus to contract and help to slow the bleeding. The placenta still will be in the uterus, attached to the newborn by the umbilical cord. Contractions of the uterus usually will expel the placenta within 30 minutes. Do not pull on the umbilical cord. Catch the placenta in a clean towel or container. It is not necessary to separate the placenta from the newborn. Follow local protocols and medical direction for guidance on cutting the cord.

WRAP-UP

As a professional lifeguard, you may need to care for patrons with a variety of injuries and illnesses. An important part of your job is to provide these victims with effective care. Remember to follow the general procedures for injury or sudden illness on land until EMS personnel arrive and take over. This includes performing a primary assessment and, if you do not find a life-threatening emergency, performing a secondary assessment. You must know how to check a conscious person from head to toe, take a brief SAMPLE history and provide the victim with whatever first aid is needed.

SECONDARY ASSESSMENT—**USING SAMPLE TO TAKE A BRIEF HISTORY**

Notes:

- ***When talking to children, get to eye level with the child, talk slowly and in a friendly manner, use simple words and ask questions a child can easily answer.***
- ***If the child's parents are nearby, ask for consent. If a parent or guardian is not available, consent is implied.***

Take a brief history using SAMPLE:

1. Signs and symptoms:
   - What happened?
   - Where do you feel any pain or discomfort?
   - Do you have any numbness or loss of sensation? If so, where?
2. Allergies:
   - Do you have any allergies to medications or food? If so, what type of reactions have you experienced when you were exposed?
3. Medications:
   - Do you have any medical conditions or are you taking any medications? If so, what conditions do you have or what medications are you taking?
   - Have you taken any medications in the past 12 hours?
4. Pertinent past medical history:
   - Have you recently been ill?
   - Do you have any medical conditions?
   - Have you experienced any recent falls, accidents or blows to the head?
   - Have you had surgery, been in a traumatic accident or had a medical emergency?
5. Last oral intake:
   - When did you last eat or drink?
   - What did you last eat or drink?
6. Events leading up to the incident:
   - What were you doing before the incident occurred?
   - What were you doing when the incident occurred?

CHECKING A CONSCIOUS PERSON

Notes:

- ***When checking an adult or child, explain what you are about to do.***
- ***If a child or an infant becomes extremely upset, conduct the check from toe to head.***
- ***Look for a medical ID tag, necklace or bracelet on the victim's wrist, neck or ankle.***
- ***Do not ask the victim to move any area of the body that causes discomfort or pain, or if you suspect a head, neck or spinal injury.***

1. Check the head.
   - Look at the scalp, face, ears, eyes, nose and mouth for cuts, bumps, bruises and depressions.
   - Note if the victim has any changes in LOC, such as dizziness, or feels light-headed.

2. Check skin appearance and temperature.
   - Feel the victim's forehead with the back of your hand and note if the skin is cold or hot.
   - Look at the color of the victim's face and lips.
   - Look at the victim's skin and note if it is moist or dry; or if it is red, pale, flushed or ashen.

3. Check the neck.
   - Ask the victim to move his or her head from side to side if there is no discomfort and if an injury to the neck is not suspected.
   - Note pain, discomfort or inability to move.

4. Check the shoulders.
   - Ask the victim to shrug his or her shoulders.

5. Check the chest and abdomen.
   - Ask the victim to take a deep breath and blow air out.
   - Listen for difficulty or changes in breathing.
   - Ask the victim if he or she is experiencing pain during breathing.

6 Check the arms.

- Check one arm at a time.
- Ask the victim to move his or her hand and fingers and to bend the arm.

7 Check the legs.

- Check one leg at a time.
- Ask the victim to move his or her foot and toes and to bend the leg.

8 Provide care for any conditions found.

9 Have the victim rest in a comfortable position if he or she can move all body parts without pain or discomfort and has no other apparent signs or symptoms of injury or illness. Continue to watch for changes in consciousness and breathing.

CONTROLLING EXTERNAL BLEEDING

Note: ***Always follow standard precautions when providing care. Activate the EAP and summon EMS personnel, if necessary. You can ask the victim to apply direct pressure with the dressing while you put on your gloves, if necessary.***

To control external bleeding:

1. Cover the wound with a dressing, such as a sterile gauze pad.

2. Apply direct pressure firmly against the wound until bleeding stops.

3. Cover the dressing with a roller bandage and secure it directly over the wound.

4. Check for circulation beyond the injury (check for pulse, skin temperature and feeling).

If the bleeding does not stop:

- Apply additional dressings and bandages on top of the first ones and continue to apply direct pressure.
- Take steps to minimize shock.
- Summon EMS personnel.
- Follow local protocols when considering other methods of bleeding control, such as applying a tourniquet.

SPLINTING

Note: ***Splint only if necessary to move the victim before EMS personnel arrive.***

Arm Injuries

1. Leave the arm in the position in which it was found or in the position in which the victim is holding it.

2. Place a triangular bandage under the injured arm and over the uninjured shoulder to form a sling.

3. Tie the ends of the sling at the side of the neck. Place gauze pads under the knots to make it more comfortable for the victim.

4. Secure the arm to the chest with a folded triangular bandage.

SPLINTING *continued*

Leg Injuries

1 Place several folded triangular bandages above and below the injured body area.

2 Place the uninjured leg next to the injured leg.

3 Tie triangular bandages securely with knots.

Foot Injuries

Note: ***Do not remove the victim's shoes.***

1 Place several folded triangular bandages above and below the injured area.

2 Gently wrap a soft object (pillow or folded blanket) around the injured area.

3 Tie bandages securely with knots.

Rib and Breastbone Injuries

1 Place a pillow or folded towel between the victim's injured ribs and arm.

2 Bind the arm to the body to help support the injured area.

Hand and Finger Injuries

1 For a hand injury, place a bulky dressing in the palm of the victim's hand and wrap with a roller bandage.

2 For a possible fractured or dislocated finger, tape the injured finger to the finger next to it.

CHAPTER 11

Caring for Head, Neck and Spinal Injuries

Every year, approximately 12,000 spinal cord injuries are reported in the United States. Nearly 8 percent of these injuries occur during sports and recreation, some from head-first entries into shallow water.

Although most head, neck and spinal injuries occur during unsupervised activities, they do sometimes happen while a lifeguard is on duty. These injuries are rare, but when they do occur, they can result in lifelong disability or even death. Prompt and effective care is required. As a professional lifeguard, you must be aware of the causes of head, neck and spinal injuries. You also must know how to recognize them and provide appropriate care. ■

CAUSES OF HEAD, NECK AND SPINAL INJURIES

Head, neck and spinal injuries rarely happen during supervised diving into deep water. In pools, head, neck and spinal injuries most often occur at the shallow end, in a corner or where the bottom slopes from shallow to deep water. They also occur when someone strikes a floating object, like an inner tube or person, while diving. Head, neck or spinal injuries also happen out of the water, for example, when a person trips or falls on a pool deck or in a locker room.

At lakes, rivers and oceans, head, neck and spinal injuries usually occur in areas where depths change with the tide or current. At beaches, these injuries happen mainly when someone plunges head-first into shallow water or a breaking wave. These injuries also result from collisions with an underwater hazard, such as a rock, tree stump or sandbar.

Head, neck or spinal injuries often are caused by *high-impact/high-risk* activities. In aquatic environments, examples of these activities include:

- Entering head-first into shallow water.
- Falling from greater than a standing height.
- Entering the water from a height, such as a diving board, water slide, an embankment, cliff or tower.
- Striking a submerged or floating object.
- Receiving a blow to the head.
- Colliding with another swimmer.
- Striking the water with high impact, such as falling while water skiing or surfing.

Signs and Symptoms

You should suspect a possible head, neck or spinal injury only if the activity was high-impact or high-risk *and* signs or symptoms of injury are present.

The signs and symptoms of possible head, neck or spinal injury include:

- Unusual bumps, bruises or depressions on the head, neck or back.
- Heavy external bleeding of the head, neck or back.
- Bruising of the head, especially around the eyes and behind the ears.
- Blood or other fluids in the ears or nose.
- Seizures.
- Changes in level of consciousness.
- Impaired breathing or vision.
- Nausea or vomiting.
- Partial or complete loss of movement of any body area.
- Loss of balance.
- Victim holds his or her head, neck or back.
- Behavior resembling intoxication.
- Severe pain or pressure in the head, neck or back.
- Back pain, weakness, tingling or loss of sensation in the hands, fingers, feet or toes.
- Persistent headache.

CARING FOR HEAD, NECK AND SPINAL INJURIES

For a victim of a suspected head, neck or spinal injury, your objective is to minimize movement of the head, neck and spine. You must use specific rescue techniques to stabilize and restrict motion of the victim's head, neck and spine, regardless of whether the victim is on land or water. You must also be familiar with and train using your facility's equipment. Skill sheets that describe the steps to care for head, neck and spinal injuries are located at the end of the chapter.

If the victim is in the water and is breathing, you, along with at least one assisting lifeguard, will immobilize him or her using a backboard equipped with straps and a head-immobilizer device. If the victim is not breathing, immediately remove the victim from the water using a technique, such as the two-person-removal-from-the-water, and provide resuscitative care. Whether on land or in the water, higher priority is given to airway management, giving ventilations or performing CPR than to spinal immobilization.

The care that you provide to a victim with an injury to the head, neck or spine depends on:

- The victim's condition, including whether he or she is conscious and breathing.
- The location of the victim (shallow or deep water, at the surface of the water, submerged or not in the water).
- The availability of additional help, such as other lifeguards, bystanders, fire fighters, police or emergency medical services (EMS) personnel.
- The facility's specific procedures.
- The air and water temperature.

Caring for Head, Neck and Spinal Injuries in the Water

If you suspect a head, neck or spinal injury and the victim is in the water, follow these general rescue procedures:

1. Activate the facility's emergency action plan (EAP). Facilities may have a distinct signal to begin a suspected head, neck or spine injury rescue.
2. Safely enter the water. If the victim is near a pool wall or pier, minimize water movement by using a slide-in entry rather than a compact or stride jump. If you use a running entry, slow down before reaching the victim.
3. Perform a rescue providing in-line stabilization appropriate for the victim's location and whether the victim is face-up or face-down.
4. Move the victim to safety. If in deep water, move to shallow water if possible.
5. Check for consciousness and breathing (Figure 11-1).
    - If the victim is breathing, proceed with the spinal backboarding procedure (See page 250).
    - If the victim is not breathing, immediately remove the victim from the water using a technique, such as the two-person-removal-from-the-water, and provide resuscitative care.

Figure 11-1

Check for consciousness and breathing while maintaining in-line stabilization.