



Emergency Management Guideline

Surf Life Saving Australia

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Contents

1	BODY RETRIVAL	3
1.1	BACKGROUND	3
1.2	AIM	3
1.3	GUIDELINE	3
1.4	RECOVERY.....	3
1.4.1	On land	3
1.4.2	In Water.....	3
1.5	SAFETY	3
1.6	RECOVERY KITS	4
1.7	TRANSPORT ARRANGEMENTS.....	4
2	OFF-DUTY AMBULANCE OFFICERS ON SLSA RESCUE CRAFT	5
3	SHARPS	6
3.1	PURPOSE.....	6
3.2	BACKGROUND	6
3.3	MANAGEMENT	6
3.3.1	Education.....	6
3.3.2	Prevention and Response.....	6
3.4	NEEDLESTICK INJURY	6
3.5	THE LAW	6
3.5.1	Safe Disposal.....	6
3.5.2	Unsafe Disposal and Community Concerns.....	7
3.5.3	What to do if you Find an Unsafely Discarded Needle and Syringe	7
3.6	NEEDLE STICK INJURY	7
3.7	Further Information on Disposal	7
4	DEFIBRILLATION	8
4.1	DEFINITIONS	8
4.2	PUBLIC ACCESS DEFIBRILLATION (PAD)	8
4.3	SLSA TRAINING REQUIREMENTS	8
4.4	USE OF SLSA DEFIBRILLATORS	9
4.5	FURTHER ADVICE & INFORMATION	9
5	CORONIAL INQUESTS	10

1 BODY RETRIEVAL

1.1 BACKGROUND

The retrieval of deceased persons is an unfortunate but often necessary part of Search and Rescue (SAR) operations. Surf Life Saving Australia (SLSA) Members through their patrol duties may become involved as first responders.

Deceased persons may be located either on land or in water. A body in the water will under normal circumstances initially sink and then (over 36-72 hours) as the bodies' cells degenerate, gas will be released and the body will float. Variables include water temperature and depth. Cold water will slow down degeneration and deeper water will compress the gases.

1.2 AIM

The aim of this protocol is to ensure SLSA Members can perform the task associated with body retrieval operations in a safe and expedient manner.

1.3 GUIDELINE

The following general principles apply to body recovery operations:

- a. The body should be disturbed as little as possible;
- b. The Police Service should be notified as soon as practicable;
- c. Isolate the area;
- d. Consider:
 - i. Members of the public;
 - ii. Relatives/friends;
 - iii. The deceased person;
- e. Note locations, times and other relevant details;
- f. Keep any witnesses close to scene or take contact details;
- g. At no time should the media be advised of any details.

1.4 RECOVERY

1.4.1 On land

- a. Assess Situation;
- b. If necessary ensure body is retrieved above waterline;
- c. If body must be moved, note any details and keep as close as possible to the original site.

1.4.2 In Water

- a. Assess Situation;
- b. Recover body if possible;
- c. Minimise direct contact with body;
- d. If recovery is not possible mark or note location and if possible, maintain contact/sight of the body;
- e. Deceased should be removed on seaward side of rescue craft.

1.5 SAFETY

All normal hazards associated with SAR operations apply. It is not appropriate to risk life, injury or equipment damage in body recovery operations.

The risk of infection is increased and the use of gloves is highly recommended. Personnel involved in operational activities should be aware of the available counseling services that aid in maintaining psychological health (please refer to Trauma Counseling protocols).

1.6 RECOVERY KITS

Lifesaving operation facilities should consider maintaining a body recovery kit. This kit should include:

- a. Body bag;
- b. Arm length gloves (2 pairs);
- c. Blanket/Sheet;
- d. Plastic bags;
- e. Face masks (cloth);
- f. Disinfectant;
- g. Small anchor/buoy system.

1.7 TRANSPORT ARRANGEMENTS

The arranging of transport for the deceased person will normally be the responsibility of the Police Service. Surf Lifesaving resources may be requested to assist in this task (especially in remote areas).

2 OFF-DUTY AMBULANCE OFFICERS ON SLSA RESCUE CRAFT

This advice is in regards to Ambulance Officers, including paramedics performing duties on SLSA craft particularly Offshore and Jet Rescue Boats and Rescue Helicopters in their own time.

This guideline should not discourage ambulance officers who desire to offer their services to SLSA but it does offer guidelines to ensure that the duty of care and liability of SLSA and the individual is protected.

Should a person who is employed as an ambulance officer wish to perform volunteer ambulance duties on an SLSA craft that person is required to have written approval from one of the following:

- a. the Medical Director of the State Ambulance Service; or
- b. the State Superintendent of the State Ambulance Service; or
- c. SLSA's National Medical Officer.

That person may then undertake the Specialist Crew Certificate applicable to the craft; may carry and utilise equipment and drugs according to their Ambulance Service protocols and may perform advanced life support and emergency care skills according to their training.

If the person does not receive permission from one of the above officers, that person is not permitted to crew an SLSA craft, unless they become a member of a Surf Lifesaving Club, complete the Bronze Medallion and the appropriate SLSA crew awards. They are not permitted to carry additional equipment or drugs that are used in the line of performing their Ambulance protocols.

Breach of this Guideline is likely to negate SLSA insurances.

This guideline has been written in consultation with the Medical Directors of State Ambulance Services, the National Medical Officer and the Australian Institute of Ambulance Officers.

3 SHARPS

3.1 PURPOSE

The purpose of this guideline is to raise the awareness of sharps as an important aspect of beach safety management.

3.2 BACKGROUND

The issue of sharps on beaches has from time to time created major media and public concern. The management of this potential hazard should have an education component and a prevention and response component.

3.3 MANAGEMENT

There are two aspects to sharps management:

- a. education; and
- b. prevention and response.

3.3.1 Education

Education should be provided to the community to contain the problem and for staff to respond appropriately.

- a. Community education on the safe use and disposal of syringes in addition to education based on general drug awareness issues.
- b. Staff training on the handling and disposal of sharps.

3.3.2 Prevention and Response

- a. Provision of sharps disposal containers.
- b. Beach cleaning services (identification and removal of sharps).
- c. Access to portable sharps containers and safe handling equipment.
- d. First aid training in general hygiene requirements and treatment of needle stick injuries.

3.4 NEEDLESTICK INJURY

If a needlestick injury occurs the appropriate response is to:

- a. take action to prevent any further injuries;
- b. apply first aid;
- c. seek medical aid;
- d. report the injury; and
- e. consider the need for counselling of the injured person.

3.5 THE LAW

In Australia it is not an offence to possess sterile needles and syringes. However it is an offence to dispose of injecting equipment in an unsafe manner.

3.5.1 Safe Disposal

All used needles and syringes should be placed immediately after use in a properly sealed, rigid walled, puncture proof container and disposed of in your nearest public sharps disposal bin.

3.5.2 Unsafe Disposal and Community Concerns

Most needles and syringes are disposed of safely and appropriately. However there are some occasions when they are not and these occasions continue to cause public concern. To date there have been no documented accounts, worldwide, of any person acquiring Hepatitis B, Hepatitis C or HIV from a needle stick injury sustained in a communal or public setting.

3.5.3 What to do if you Find an Unsafely Discarded Needle and Syringe

If you find a needle and syringe:

- a. Do not put your hands in any hidden or hard to access places (eg. Drain pipes, toilets or thick bushes)
- b. Do NOT attempt to recap the needle
- c. Use a sharps container or find a rigid walled, puncture resistant, sealable container (plastic bottles are good if no disposal containers are immediately available)
- d. Find and put on latex/rubber gloves if possible
- e. Bring the container and place on ground beside to the needle/syringe.
- f. Do not hold the container upright in your hands as you are disposing of the needle/syringe
- g. Pick up the needle/syringe by the middle of the barrel keeping the sharp end facing away from you at all times.
- h. Place the needle/syringe in the container sharp end first; and securely close the lid, holding the container at the top.
- i. Remove gloves (if appropriate and wash hands with running water and soap
- j. Place the sealed container into your nearest Needle and Syringe Program (NSP) for disposal as medical waste.
- k. Other items that have come into contact with blood should be disposed of in the same container as the used needle/syringe, or placed into double plastic bags and then into rubbish, or taken to a NSP for disposal.
- l. Advise children to inform an adult if they find unsafely disposed of needles/syringes
- m. Call your appropriate state authority to report any incidence of unsafely discarded needles and syringes.

3.6 NEEDLE STICK INJURY

If you sustain a needle stick injury:

- a. stay calm and encourage the wound to bleed (gently squeeze);
- b. wash the area with cold running water and soap (if available);
- c. apply an antiseptic and band-aid;
- d. as soon as possible contact one of the following for advice on the need for HIV or Hepatitis B/C testing, counselling and possible hepatitis and tetanus inoculation:
 - i. Local doctor;
 - ii. Hospital;
 - iii. Sexual Health Clinic; and/or
 - iv. Community Health Centre.

3.7 Further Information on Disposal

Call your respective State authority for more information.

4 DEFIBRILLATION

4.1 DEFINITIONS

Defibrillation - Ventricular fibrillation is the rapid irregular and uncoordinated contraction of the heart. Defibrillation involves delivering an electrical shock to revert the heart to its normal (sinus) rhythm.

Automated External Defibrillator (AED) - An automated external defibrillator is a portable device able to recognise shockable rhythms in a casualty in cardiac arrest and deliver a shock to revert the heart back to its normal rhythm.

4.2 PUBLIC ACCESS DEFIBRILLATION (PAD)

Defibrillation technology and training has reached a level in society where it is making an extremely positive impact in the survival chain. AEDs are simple for members of the public to use and are widely available through PAD programs in public places such as airports, train stations, stadiums and shopping malls.

The types of AEDs endorsed for use in lifesaving clubs are appropriate for use in PAD programs and due to the significant opportunity to further contribute to the community, SLSA endorses the use of AEDs for public access. Public access to lifesaving club AEDs is supported by Australian Resuscitation Council (ARC) Guideline 10.1.3 Public Access Defibrillation:

“The evidence to date supports the premise that early defibrillation delivered within a PAD mode may improve survival following cardiac arrest which occurs outside of hospital and in public places. Accordingly it is acceptable that PAD programs be implemented wherever feasible adopting the following principles:

- a. Public Access Defibrillation represents an important link in the Chain of Survival for a person experiencing a sudden cardiac arrest. Any initiative in this area should promote the other links in that chain.
- b. Defibrillation should preferably be undertaken by trained lay people or health professionals. As trained personnel may not be available immediately, untrained bystanders should also have access to the use of public access defibrillators.
- c. Programs are needed to support the broader education of the Australian community in emergency response and cardiopulmonary resuscitation (CPR).
- d. Implementation of Public Access Defibrillation should be developed in partnership with local emergency medical services and provide for data collection and audit of events. “

Clubs wishing to make their AEDs available for public access should:

- a. ensure the AED is in a readily accessible location and continuously maintained;
- b. clearly identify the AED using the ARC approved AED sign (available from the ARC website www.resus.org.au);
- c. ensure any use of the AED is recorded and reported through the Incident Reporting Database.

4.3 SLSA TRAINING REQUIREMENTS

SLSA provides awareness and training of AED use to its Members through the SLSA Bronze Medallion and more advanced courses including the SLSA Defibrillation Certificate and the SLSA Advanced Resuscitation Techniques Certificate, which are aligned to appropriate units of competency.

This training ensures that SLSA:

- a. is aligned with the ARC Guidelines by providing trained members to utilise AEDs;
- b. meets the test under common law where a reasonable person would assume the care given by an emergency care provider such as a lifesaver will be of a higher standard than that provided by an untrained lay person using an AED available through a PAD program;
- c. meets its obligation as an emergency service to ensure members are trained in the safety precautions and use of equipment supplied for duties.

4.4 USE OF SLSA DEFIBRILLATORS

ARC Guideline 10.1.3 recommends that an AED should preferably be applied by a trained person. SLSA recommends that a Member trained in one of the qualifications listed above should operate the AED.

If a qualified Member is not present or preoccupied carrying out other duties, an alternative Member may use an AED as per the device's operating instructions.

An untrained Member or bystander may obtain access to and use a lifesaving club AED where no qualified Members are present.

For a list of AED models used by SLSA please refer to the SLSA Approved Gear and Equipment List.

4.5 FURTHER ADVICE & INFORMATION

Please contact the SLSA Lifesaving Department on (02) 9215 8000 or info@slsa.asn.au. Alternatively, Surf Life Saving state centres can be contacted via:

New South Wales	(02) 9471 8000
Queensland	(07) 3846 8000
Victoria	(03) 9676 6900
South Australia	(08) 8354 6900
Western Australia	(08) 9207 6666
Tasmania	(03) 6223 5555
Northern Territory	(08) 8985 6588

5 CORONIAL INQUESTS

Due to the activities and environments in which Surf Life Saving Australia (SLSA) operates, Individual Members or SLSA entities (Club, Branch, State, National) may be called on to provide expert opinion to a Coroner, legal counsel or a court of law. It is also possible that from time to time SLSA will provide evidence to Coronial Inquiries or provide services to defend the actions of the organisation or its Members.

It is important that any Member/entity providing expert opinion on any matter relating to Surf Lifesaving has appropriate technical skill and competence as well as an appropriate level of knowledge and understanding of the courts and of expert witnessing.

Should a member or officer be contacted for involvement any legal/coronial inquiry the State CEO should be informed and the relevant guidelines followed.

SLSA holds a register of expert witness within the organisation.