

Lifeguard Skills: Missing Person Search

When you have a missing Athlete, minutes truly matter. We want to be as efficient as possible when it comes to locating our missing Athlete.

In the event that a person becomes missing within the race course and the management is made aware of the situation, the following protocol will be implemented:

- The Meet Director or Independent Safety Officer (ISO) will call 911 and inform the Fire Department search team and EMS on site of the missing athlete.
- THREE LONG WHISTLES will be blown by the supervisor on duty to signal to the active lifeguards.
- The lifeguards who are guarding the beach will clear the beach of athletes, families and spectators. They should be removed from the venue to a nearby site and meet management is to account for all athletes. The athletes, families and spectators will then await notice if the competition is to be resumed or postponed further.
- A supervisor and or manager will secure the main entrance to the venue by blocking the entrance to the beach area and remain there until the person is found.
- Net drag search:
- Lifeguards will perform a shallow water search.
- In deep water, the Kankakee Fire Rescue team will perform a search, with lifeguards to assist if so directed, using snorkels/fins.
- A lifeguard or assigned Meet Personnel (using two person, same gender) will search the changing areas, locker rooms and Athlete designated bathrooms.
- Officials and Coaches can assist in searching adjacent areas including any playgrounds, parking areas, the adjacent Sportsmen's Club, etc.

Things to Remember:

- You have 3 minutes to search the shallow water beach area. Please move as efficiently as possible and as fast as you can while still being thorough.
- Communicate, communicate, and communicate! The more you communicate what has been searched and what needs to be searched, the more effective the search will be.

Key Places to Look:

- In the water
- On the sand
- By concessions
- In the bathroom
- At the park
- In the parking lot
- By the boats

Key Questions to Ask:

- Physical description: What does he look like, what is he wearing, how tall is he, etc.
- Name (or nicknames he answers to)
- Age
- Club

EMERGENCY CALL SCRIPT

- Call 9-1-1
- Identify yourself
- Explain the situation briefly (unconscious athlete pulled from Lake Manteno.
- Explain the purpose of the call (need ambulance, need police, need dive rescue team, etc.).
- Give the location:
 - Facility Name: Manteno Sportsmen's Club, Lake Manteno
 - 851 N. Main St., Manteno, IL 60950
 - Phone: [\(815\) 468-8635](tel:8154688635) and your mobile number
- Answer questions addressed to you.
- **Do not hang up** until EMS call-taker tells you to do so.

Extractions at the Beach

Non-Spinal Extractions

For a non-spinal unconscious extrication, simply pull the victim from the water as one would at zero depth in the pool. Get the victim out of the water as quickly as possible to be able to administer oxygen and the AED if necessary.

Non-Spinal Extrication Protocol:

- Rescue the victim: passive front or rear rescue, feet first or head first surface dives, whichever is necessary.
- Call for assistance and someone to call 9-1-1. Clear the water.
- One lifeguard will pull the victim out by placing their arms under the victim's armpits, cradling the neck and moving backwards.
- A secondary lifeguard will pick up the feet to more easily move the victim out of the water.
- Glove up.
- Begin assessment.

Things to Remember:

- The victim must be 6 feet from the edge of the water.
- Oxygen must be administered within one minute but should arrive at the scene immediately!
- Make sure to cradle the victim's neck!

Spinal Extrications

Spinal injuries are very similar at the beach as they are at the pool. The main objective is the same: to stabilize the victim and to extricate as soon as possible.

Spinal Extrication Protocol:

- Call 911.
- Clear the water.
- Use the Manual In-Line Sto to stabilize the victim.
- The secondary rescuer will bring the backboard. Place the board underneath the victim from the side.
- Slowly walk with the victim on the board towards the beach.
- Lean the board carefully against the sand in shallow water so that the victim's head is not submerged.
- Make sure the head is secured by the secondary rescuer with knees down, elbows down.
- Strap the victim in.
- Use the head splint technique to secure the head. Note: Unlike the pool, you will probably not be able to place your second hand under the board.
- Place the head restraints on the victim.
- Slowly extricate the victim from the water.
- Cover with a blanket.

Things to Remember:

- The victim must be extricated within 3 minutes.
- The victim must be 6 feet away from the water once extricated.
- Make sure to treat for shock (cover with a blanket) and monitor CAB need once out of the water.
- In the water, make sure to be talking to your victim.

Initial Assessment

1. Emergency Action Steps

- a. **Check** the scene (safe to approach), check the person by forming an initial impression, and obtain consent (consent implied if unresponsive or if a child with no parent/guardian available).
- b. **Call** 9-1-1 or send someone to call and to obtain equipment. If you designate someone to call 911 tell them to report back to you for verification. If they do not come back after several moments, send someone else to call 911.
- c. **Care** for the person.

2. Survey the Scene

- Form a general impression about what happened
- How many victims are there?
- What caused the incident?
- Are there any immediate threats to life?

3. Determine Level of Consciousness

- a. **Alert** - fully awake, but may still be confused
- b. **Verbal** – responds to verbal stimuli
- c. **Painful** – responds to pain stimuli
- d. **Unresponsive** – does not respond
- e. Check for normal breathing

4. Glove up!

5. If unresponsive, check for pulse, open airway and breathing

6. YES pulse, begin rescue breathing. NO pulse, begin CPR.

CAB

Compressions (Chest)

-after determining absence of a pulse, start chest compressions.

Airway

-opened to deliver ventilations during appropriate times during the BLS sequence.

Breathing

- Presence of a definite pulse and no obvious signs of normal breathing, begin rescue breathing.

First Aid

Responsibilities of the First Responder:

- Recognize and respond to aquatic emergencies
- Recognize when to activate the EAS
- Safely and appropriately rescue the guest
- Provide appropriate emergency care until EMS arrives and assumes care
- Work as a team player in every emergency situation
- Provide the arriving EMS professionals with critical information regarding the emergency event.

Initial Assessment:

- Survey the scene.
- Check for responsiveness
- Glove up
- Call 911 (if call is delegated, verify call was made)

Heat Related Emergencies

- A. Dehydration: Dehydration is the absence of a sufficient amount of water in your body and occurs when you use or lose more fluid than is taken in, and the body doesn't have enough water and other fluids to carry out its normal functions.
- a. Effects of dehydration
 - i. Increases the risk of more significant heat-related illness such as muscle cramps, heat exhaustion and heatstroke
 - ii. Loss of 2 percent or more of body weight through sweat may decrease athletic performance
 - o Decreased muscle strength
 - o Increased fatigue
 - o Decreased mental function (e.g., concentration)
 - o Decreased endurance
 - iii. Loss of 3 percent or more happens in most cases before first feeling thirsty
 - iv. Signs/symptoms of dehydration
 - Thirst
 - Fatigue
 - Apathy
 - Dark colored urine (should be clear or light yellow)
 - Feeling weak
 - Flushed skin
 - Muscle cramps
 - Dry lips and mouth
 - b. Replenishing electrolytes lost through sweat
 - i. Activities lasting 45-50 minutes can result in significant loss of electrolytes, such as sodium or potassium.
 - ii. Electrolyte replacement
 - o Sports beverage containing sodium
 - o Enhanced waters
 - o Chocolate milk

- Eating a normal diet (lightly salted; salt tablets not generally recommended)
 - Oranges and bananas are a good source of potassium
 - c. Sports drinks versus water
 - i. Indications for sports drinks
 - Engaged in vigorous or high-energy activity
 - Practicing or competing for more than one hour
 - Competing or practicing more than once per day
 - Dehydrated
 - ii. Sports drinks with 6-7 percent carbohydrate solution and sodium content) preferred because they:
 - Stimulate thirst
 - Promote fluid retention
 - Replace carbohydrates utilized for energy
 - Help reduce muscle cramping
- B. Hyperthermia: Heat-related emergency in which the patient has become too warm/dehydrated from spending too much time in a hot environment without taking in enough fluids. Conditions encountered (and progressively more serious) are heat cramps, heat exhaustion and heat stroke.
 - a. Differences between Heat Stroke and Heat Exhaustion:
 - i. Heat exhaustion is where the body is extremely dehydrated. The body temperature is warmer than usual, and the patient will have clammy skin from sweating. The skin may also be pale.
 - ii. Heat stroke is when the body has sweated itself out. The patient would have hot, dry, red skin. This is a life-threatening condition.
 - iii. The difference between heat stroke and heat exhaustion is body color, perspiration, and body temperature.
 - b. Heat Cramps
 - i. Signs/Symptoms
 - Heavy sweating during intense exercise
 - Muscle pain or spasms (often in quadriceps, hamstrings, calves)
 - ii. Care
 - Stop physical activity and move to a cool place
 - Drink water or a sports drink
 - Wait for cramps to resolve before resuming physical activity
 - iii. Obtain medical assistance right away if:
 - Cramps last longer than an hour
 - If athlete is on a low sodium diet
 - If athlete has heart problems
 - If referred to medical care, the athlete cannot return to activity until examined and released.

c. Heat Exhaustion

i. Signs/Symptoms

Profuse sweating	Cold, pale and clammy skin
Fast, weak pulse	Dilated pupils
Loss of Coordination	Nausea and vomiting
Muscle cramps	Tiredness or weakness
Dizziness	Headache
Fainting	

ii. Care

- Move to a cool location
- Loosen clothes
- Apply ice or cool, wet cloths to the body (neck, back, and/or stomach) or apply cool bath
- If responsive and able to drink, provide water or a sports drink
- If athlete recovers, send home with parent/guardian and athlete cannot return to the activity the same day
- If referred for medical care, the athlete cannot return to activity until examined and released.

iii. Activate Emergency Medical Assistance if:

- Vomiting is present
- Symptoms are worsening
- Symptoms last longer than an hour
- Temperature is greater than 104° F (rectal temperature if possible)
- Athlete becomes disoriented, belligerent, or if faints or becomes unresponsive
- If EMS is activated and/or sent to a physician/UC/ER, the athlete cannot return to activity until released by a physician

d. Heatstroke

i. Signs/Symptoms

High body temperature (103° F or higher, rectal temp. if possible)	
Hot, red, dry or damp skin	Fast, strong pulse
Rapid breathing	Constricted pupils
Diarrhea	Headache
Dizziness	Nausea
Losing consciousness	Confusion
Seizures	Unresponsiveness
Respiratory or cardiac arrest	

ii. Care

- **This is a medical emergency: call 911 right away, activate Emergency Medical Services**
- Move athlete to a cooler location

- Remove excess clothing
- Lower athlete's temperature with cool cloths or a cool bath
- Do not give anything to drink
- Monitor breathing and provide CPR if needed
- Monitor and treat for shock if needed, but do not cover with blankets
- Athlete cannot return to activity until examined and released by a physician, and then should return to activity gradually.

Musculoskeletal Injuries: These types of injuries are rarely life-threatening. This type of injury affects the muscles, joints, or bones.

Signs and Symptoms:

Deformity	Pain
Tenderness	Swelling
Open Wound	Inability to use the area

Care for Musculoskeletal Injuries: (RICE)

1. **Rest:** limit use of injured body part.
2. **Immobilization:** Stabilize the injured body part with an elastic bandage or a splint to limit motion, without moving the affected area.
3. **Cold:** Apply cold pack/ice wrapped in a thin, dry towel/cloth to the area to reduce swelling/pain. Apply cold for no more than 20 minutes at a time, and wait at least 20 minutes before applying cold again.
4. **Elevation:** Elevate the injured body part to help reduce swelling. Only elevate the injured body part if it is immobilized or splinted/wrapped with a compression bandage. Do not elevate if doing so causes more pain.

Bleeding Wounds:

A. Cuts and Scrapes

- a. Call 9-1-1 if:
 - i. Bleeding cannot be stopped
 - ii. Large or deeply embedded objects are in the wound
 - iii. Skin or body parts have been partially or completely torn away
 - iv. Wounds that show muscle or bone, involve joints, are deep or involve hands or feet
 - v. Large wounds
 - vi. Human or animal bites
 - vii. Any wound to the face
- b. If bleeding is minor:
 - i. Glove up! (latex-free disposable gloves)
 - ii. Cover wound with a sterile dressing and apply direct pressure with a gloved hand

- iii. If bleeding stops:
 - 1. wash with soap and water, rinse for about 5 minutes with clean, running tap water
 - 2. Apply an antibiotic ointment if no known allergy or sensitivity to the medication
 - 3. Cover with sterile dressing and bandage
- iv. If bleeding does not stop:
 - 1. Apply additional gauze layer and continue pressure (DO NOT REMOVE the first layer of dressing). If yet another layer is needed, remove the second layer (not the first) and apply the gauze (do not stack more than two layers at a time as it may blunt the application of pressure).
 - 2. Elevate the affected area above the heart if safe to do so.
 - 3. If bleeding continues, activate EMS or send to ER or Urgent Care.

B. Hemorrhage

- a. Recognizing life-threatening bleeding
 - i. Volume: when the amount of flow would roughly fill half a soda can
 - ii. Flow: blood that is flowing continuously or pumping/spurting
- b. Care
 - i. Glove up!
 - ii. Apply gauze, hemostatic dressing or any clean cloth to the wound and apply direct pressure to the wound:
 - 1. Head/Neck/Trunk – apply until bleeding stops or EMS arrives
 - 2. Arm/Leg – apply until bleeding stops, tourniquet is applied or EMS arrives
 - iii. Apply a second dressing atop the first if continued bleeding but DO NOT Remove the first dressing.
 - iv. If further dressings are needed, leave the first dressing, remove the second dressing and then can apply a new dressing. Do not use more than two layers as it may blunt the direct pressure affect.
 - v. If a tourniquet is used, a second one can be placed above the first if bleeding persists.
 - vi. Record the time the tourniquet is placed
 - vii. Do not remove the tourniquet (it should only be removed be EMS, ER or UC.

C. Embedded Objects

- a. Call 9-1-1
- b. Use latex-free gloves
- c. Leave the object in place
- d. Stabilize the object until EMS personnel arrive
- e. Place bulky, sterile dressings around the object to support the object in place

- f. Use a roller bandage to secure the dressing in place

D. Amputation

- a. Call 9-1-1, put on gloves
- b. Control bleeding with direct pressure
- c. Wrap and bandage the wound to prevent infection
- d. If bleeding is significant, give care to minimize shock
 - i. Control bleeding
 - ii. Cover person with blanket to prevent loss of body heat
 - iii. Do not give person anything to eat or drink, even if complaining of thirst
 - iv. Reassurance until EMS arrives.

E. Nosebleed

- a. Use gloves
- b. Sit person down and lean slightly forward
- c. Pinch the nose just below the bony ridge for about 10 minutes
- d. Apply a non-chemical ice pack to the bridge of the nose
- e. If bleeding does not stop
 - i. Continue pinching the nose just below the bone ridge
 - ii. Seek medical care

Shock

A. Hypovolemic: loss of blood or other body fluids

a. Signs/Symptoms

Breathing difficulties	Vomiting
Extreme thirst	Weakness
Nausea	Cold, pale skin
Disorientation	Blue tinge to lips and fingernails
Breathing rapidly	Rapid pulse

b. Care

- i. Call 9-1-1
- ii. Monitor CAB need (**C**ompression, **A**irway, **B**reathing)
- iii. Cover with blanket to avoid loss of body heat
- iv. Do not give food or drink, even if thirsty
- v. Elevate legs 12 inches
- vi. Maintain open airway

B. Anaphylactic: allergic reaction, such as to a food, bite or sting

a. Signs/Symptoms

Wheezing	Swelling
Itchy skin	Burning skin
Rapid pulse	Tightness in the chest
Blue tinge to lips/fingernails	Breathing rapidly
Rapid pulse	Change in responsiveness

b. Care

- i. Call 9-1-1

- ii. Monitor CAB need
- iii. If a stinger is present, do not pull it out. Use a credit card or other, flat, hard edge to scrape it out.
- iv. If person carries medication for emergency treatment of anaphylaxis, such as epinephrine auto-injector, assist with administration if indicated.
 1. Verify medication with the person
 2. Remove cap and any safety device on the auto-injector
 3. Locate the outside middle of the thigh
 4. Hold the leg firmly
 5. Administer the medication into the thigh at a 90 degree angle
 6. Hold in place for 3 seconds after click is heard
 7. Can be administered through clothing
 8. Massage the injection area for 10 seconds
 9. Note the time of administration and any change in their condition

Burns

First Degree (Superficial) Burns: Example: Sunburn

Signs and Symptoms:

Red skin

Care:

1. Cool affected area with cool water for up to 30 minutes

Second Degree (Partial thickness) Burns:

Signs and Symptoms:

Red skin

Blisters begin to form

Care:

1. Cool the burned area with cool water.
2. Remove any jewelry or smoldering clothing
3. Cover the burned area with dry, clean gauze without applying pressure.
4. Activate EAS

Third Degree (Full thickness) Burns:

Signs and Symptoms:

Damages all layers of skin

Multi-colored burns (black, red, gray, white)

Care:

1. Correct any immediate threats to life
2. Cover with clean, dry gauze
3. Monitor CAB need
4. Activate EAS

Fainting (Syncope): not usually harmful and person will normally recover quickly. If not or a more serious condition is suspected, EMS is indicated.

- a. Call 9-1-1 if a serious condition is suspected (has symptoms of nausea, chills, dizziness, weakness, headache, abdominal pain) or an injury occurs.
- b. Position person on their back, lying flat
- c. Loosen any tight clothing
- d. Monitor breathing
- e. Do not give anything to eat or drink until person recovers
- f. If there is vomiting, place on one side

Seizures

Seizures are involuntary changes in a patient's brain cell activity levels due to massive electrical charge. There are many different causes of seizures, but treatment is the same.

- A. Person with a diagnosed seizure disorder
 - a. May be appropriate to call their physician instead of EMS if they meet the following 3 criteria:
 - i. Single seizure which is the same as their normal seizure pattern lasting no more than 5 minutes
 - ii. No difficulty breathing
 - iii. Regains consciousness shortly after the seizure
 - b. If unsure, it is always acceptable to call 9-1-1
 - c. If no prior history of seizure, call 9-1-1
- B. Care
 - a. Put on gloves
 - b. Remove nearby objects that may cause injury
 - c. Do not hold or restrain person
 - d. Do not place anything between the person's teeth
 - e. After seizure resolves, place on their side to drain fluids from mouth
 - f. After seizure resolves, check for breathing and injuries
 - g. Comfort/stay with person until they are fully conscious or EMS arrives.

Diabetic Emergencies

- A. Hypoglycemia: not enough blood sugar
 - a. Signs/Symptoms:

Rapid pulse	Weakness	Rapid Breathing
Sweating	Numbness	Hunger
 - b. Care
 - i. Person is conscious and safely able to swallow food or fluids, and is a known diabetic, then give 15-20 grams of sugar

Glucose tablets or paste	12 oz. serving of fruit juice
Milk	Non-diet soft drink
Table sugar dissolved in glass of water	
20-25 Skittles	2 strips of fruit rolls
 - ii. If not feeling better after 5 minutes, call 9-1-1
 - iii. If unconscious:

1. Call 9-1-1
 2. **Do not** give anything to eat or drink
 3. Monitor CAB need
- B. Hyperglycemia: too much sugar
- a. Signs/symptoms:

Drowsiness	Fever
Confusion	Severe thirst
Fruity breath odor	Frequent urination
 - b. Care
 - i. Call 9-1-1
 - ii. Monitor CAB need
 - iii. Symptoms of hypoglycemia and hyperglycemia are similar. If unable to test to determine if sugar is high or low, give some sugar to see if they respond. If the sugar is high and dose of sugar as stated above is given, it will not have a major negative impact.

Asthma

- A. Signs/symptoms
- | | |
|---------------------------------|-------------------------------|
| Difficulty Breathing | Coughing |
| Wheezing | Rapid/shallow breathing |
| Skin appears pale or bluish | Dizziness or light-headedness |
| Pain in chest | Unusually moist or cool skin |
| Tingling in hands, feet or lips | Anxiety/fear |
- B. Care
- a. Call 9-1-1
 - b. If person is responsive
 - i. Place in an upright/slightly bent forward position
 - ii. Assist person with their own medications
 - iii. Monitor CAB need
 - c. If unresponsive and not breathing
 - i. Use latex-free gloves and CPR breathing barrier if available
 - ii. Commence CPR if trained, chest compressions only if untrained
 - iii. 30 chest compressions followed by two breaths, repeat, until EMS arrives or breathing spontaneously.
 - iv. When breathing spontaneously, place in recovery position on their side, and continue to monitor condition.
 - v. Provided oxygen if available.

Poisoning: Inhaled or swallowed

- a. Signs/Symptoms
- | | |
|-------------------------------|--------------------------|
| Difficulty breathing | Nausea/vomiting/diarrhea |
| Chest or abdominal pain | Change in consciousness |
| Burns around lips/tongue/skin | Burning sensation |
| Headache/Dizziness | Bloody spit |

Unusual odors/smoke/flames

- b. Care
 - i. Call 9-1-1
 - ii. Use gloves
 - iii. Move person to safety, away from source of poison
 - iv. If it is an unlabeled, swallowed poison, save a sample for analysis
 - v. Contact national Poison Help hotline at 1-800-222-1222, and you will be routed to nearest Poison Control Center
 - vi. Follow advice from the Poison Control Center
 - vii. Do not give anything to eat or drink unless directed by Poison Control Center
 - viii. Do not induce vomiting unless directed by Poison Control Center
 - ix. Monitor CAB need

Bites and Stings

A. Human and Animal Bites

- a. Signs/Symptoms
 - Bite mark
 - Pain
 - Bleeding
- b. If bleeding is severe, see Bleeding Wounds section above.
- c. If bleeding is minor:
 - i. Using gloves, apply gauze and direct pressure to control bleeding
 - ii. Wash wound with soap/water, and rinse for about 5 minutes with clean, warm, running tap water
 - iii. Apply antibiotic ointment if no allergy/sensitivity
 - iv. Cover the wound with sterile dressing and bandage
 - i. Obtain medical attention if wound becomes infected or if suspicion the animal has rabies

B. Insect Bites, Spider Bites and Stings

- a. Signs/Symptoms
 - Stinger may be present
 - Pain
 - Swelling
 - Possible allergic reactions
- b. Care
 - i. If bee sting, remove stinger by scraping away with a flat surface like a credit card
 - ii. Otherwise, try to remove with tweezers
 - iii. Wash wound
 - iv. Cover with a dressing
 - v. Apply ice or a cold pack
 - vi. Watch for signs/symptoms of severe allergic reaction

C. Tick Bites and Lyme Disease

- a. Signs/Symptoms

Tick attached to skin Redness, pain, swelling

- b. Care
 - i. Wearing gloves, grasp the tick with tweezers (fine-tipped, pointed, nonetched and nonrasped) close to the skin and pull slowly, steadily and firmly with no twisting
 - ii. Do not try to burn tick off
 - iii. Do not apply petroleum jelly or nail polish to the tick
 - iv. If tick cannot be removed or if its mouthparts remain embedded, seek medical care
 - v. Put tick in a container or jar with rubbing alcohol to kill it
 - vi. Wash bite area with soap/water
 - vii. Apply antibiotic ointment
 - viii. Direct person to see healthcare provider if rash or flu-like symptoms appear
- c. Signs/symptoms of Lyme Disease
 - i. Rash starts as small, red area at site of bite, few days or weeks after the bite
 - ii. Fair skin: center of rash area is lighter in color and outer edges red and raised (bull's-eye appearance)
 - iii. Dark skin: area may look black and blue
 - iv. Fever, headache, weakness
 - v. Flu-like joint and muscle pain
 - vi. Person should contact their healthcare provider

D. Snakebites

- a. Signs/Symptoms
 - Bite mark Pain, swelling
- b. Care
 - i. Call 9-1-1
 - ii. Wash wound
 - iii. Keep bitten part still and lower than the heart
 - iv. Apply elastic roller bandage to fit snug, but not tight
 - v. Begin wrapping at the point farthest from the heart
 - vi. Check feeling, warmth and color of limb before and after applying bandage

Severe Weather & Evacuation Plan

When lightning is first visible or thunder is first heard:

2. Clear the water, which includes bringing in all boats.
3. Do not use any elevated lifeguard stations.
4. **Direct all people to move from the beach to a location that offers protection from lightning:**
 - a. Fully-enclosed, substantial buildings that have grounded wiring and plumbing
 - b. Fully-enclosed metal vehicles (no soft-top convertibles)
 - c. Lifeguard towers that are fully-enclosed and compliant with NFPA 780 lightning guidelines (NFPA – National Fire Protection Association)
5. **Locations that do not offer protection from lightning:**
 - a. Beaches and water
 - b. Open-sided pavilions (such as picnic areas)
 - c. Restrooms, changing facilities/locker rooms and showers
 - d. Tents or umbrellas
 - e. Small personal water craft (such as jet skis, kayaks)
 - f. Boats that are not designed or retrofitted to be compliant with NFPA 780 lightning guidelines
 - g. Lifeguard stands that are not fully enclosed and compliant with NFPA 780 lightning guidelines
6. If caught outside and there is not enough time to reach a safe location:
 - a. Keep away from tall trees standing alone and any tall structures
 - b. Keep away from water and metal objects, such as metal fences, tanks, rails and pipes
 - c. Keep as low to the ground as possible:
 - i. Squat or crouch with knees drawn up
 - ii. Keep both feet together
 - iii. Hands off the ground
 - d. Avoid lying flat on the ground; minimize ground contact
7. Do not use a telephone connected to a landline, except in an emergency.
8. The beach remains closed and no one may return to the sand until 30 minutes after the LAST strike of lightning is spotted or thunder is heard.
9. Any subsequent thunder or lightning after the beginning of the 30-minute count resets the clock and another 30-minute count should begin.

10. When independently validated lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to close the beach/suspend competition if a lightning strike is noted to be within 10 miles of the event location. However, you should never depend on the reliability of these devices and, thus, hearing thunder or seeing lightning should always take precedence over information from a mobile app or lightning-detection device.
11. Rain alone is not enough to close the beach, unless it is heavy or accompanied by hail

When there is a tornado warning:

1. Clear the beach and surrounding area.
2. Move everybody into an inside area or the lowest level of a building.
3. Keep away from windows, doors and outside walls, if possible.
4. At the beach, the beach house bathrooms are probably the safest location
5. If there is a Tornado Warning in a nearby city, it is the individual's choice if they wish to leave the venue and take cover (and must notify their coach and an official), and the decision of the Meet Director/Meet Referee/Independent Safety Officer/Venue Manager whether to continue, postpone or cancel the competition.

Rain:

Rain alone is not enough to close the beach/postpone the competition unless it is heavy or accompanied by hail. Closing the beach/postponing competition is at the discretion of the Venue Manager, Head Lifeguard or the Meet Director/Meet Referee/Independent Safety Officer.

Wind:

Excess wind and rough water impede swimmer's progress, increase fatigue and make it more difficult for lifeguards, water safety personnel and officials to account for the athletes. Abandoning/postponing the competition is at the discretion of the Meet Director/Meet Referee/Independent.

Fog:

In fog, visibility is restricted, leaving lifeguards, water safety personnel and officials without the most basic tool for identifying persons in distress. Closing the beach/postponing competition is at the discretion of the Venue Manager, Head Lifeguard or the Meet Director/Meet Referee/Independent Safety Officer.

Resources

1. Emergency Action Plan, RecPlex Aquatic Center, Lake Andrea, Wisconsin.
2. American Red Cross. Lifeguarding Manual. The American National Red Cross, 2016.
3. American Red Cross. Emergency First Aid Guide. The American National Red Cross, 2016.
4. American Red Cross. First Aid/CPR/AED Participant's Manual. The American National Red Cross, 2021.
5. Brewster, B. Chris, editor. Open Water Lifesaving: The United States Lifesaving Association Manual, third edition. Pearson Education Inc. 2017.
6. Centers for Disease Control
7. National Association of State High School Association (NFHS), Sports Medicine Advisory Committee (SMAC). Guidelines on Handling Practices and Contests During Lightning or Thunder Disturbances. January 2021.