

2024 June 14

Emergency Training

Building confidence and competence

“A team is not a group of people who work together. A team is a group of people who trust each other.”

- Simon Sinek

Introduction

Presentation Guide

- 1. Areas of concern*
 - 2. Supportive procedures*
 - 3. Emergency skills and drills*
 - 4. Developments*
-



Common areas of concern

1

Influx of first time guards

Following the pandemic, new guards joined the team. They have a willingness to learn and improve, but come with limited experience in working with a team, and emergency situations.

2

'Green' Team Leaders

Many senior staff moved on during the pandemic. To fill their shoes, staff members who had little experience in aquatics prior to the pandemic stepped up to become trusted senior staff members. Many held a shared vision for how their team should look, but didn't always have the skills to lead and coach their team to carry out the vision.

3

Team morale and trust

During emergency practice, Team Leads are frustrated with new staff who are not effectively executing their emergency responses. New staff are not confident in their own skills either. Supervisors notice errors in basic first aid and emergency response, with little improvement after verbal correction.



Supportive procedures

Concrete Practices and Procedures

Procedure Manual

The procedure manual should be a comprehensive document covering all facility expectations. If there is a standard for your team, document it and make it accessible.

A manual provides transparency and enables staff to work autonomously while maintaining consistency in the facility's standards and practices. It serves as a reference for any questions regarding how, when, where, or why tasks should be performed, allowing staff to support each other and uphold expectations effectively.

Additional Resources available

- Customer code of conduct and suspension binder
- Health and Safety binder
- Hazard Assessments
- Equipment Manuals
- Staff Communication binder



CITY OF
FORT SASKATCHEWAN
HARBOUR POOL

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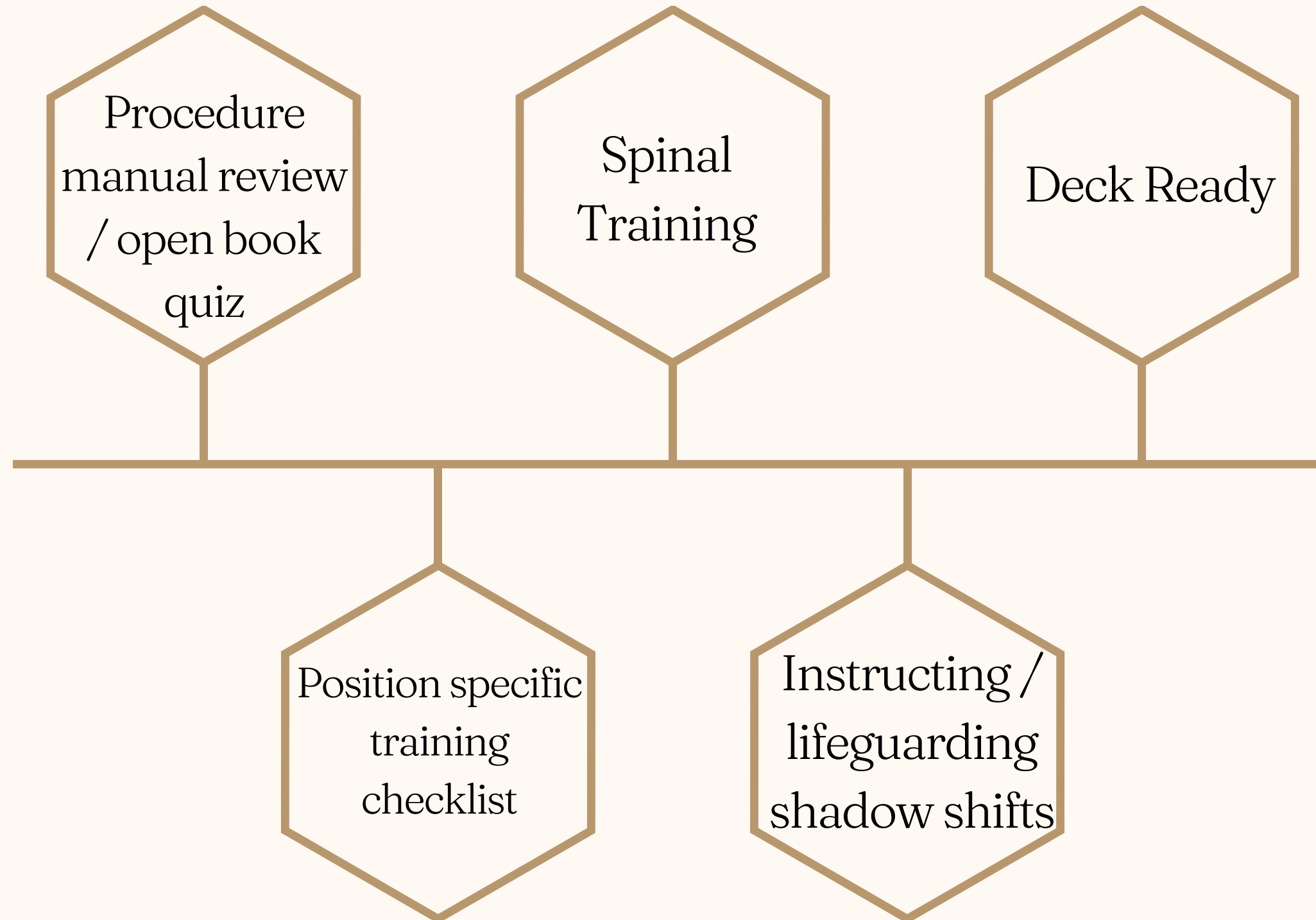
7 Health & Safety

8/9 Equipment
Cleaning & Setup

Supportive procedures

Onboarding

Do new staff know expectations before assuming responsibility on deck?



EMERGENCY PROCEDURES	Initials	Date
Emergency Procedures Read and Understood		
Victim Assessment		
<p>Location of Emergency Equipment</p> <ul style="list-style-type: none"> • Spine boards – on deck, one by WHP and two in the bay area (adult and pediatric board) – all identical set up, use with Velcro straps and head pieces • Trauma kits and evacuation kits – on deck in bay area and by WHP • Mini first aid kits (fanny packs, cashier kit) hook on lower cash station and in staff area. Each I/G has their own fanny pack and must keep in their own locker and fully stocked • Oxygen – on deck, first aid room • Air horn –bin by deep end, cash desk, water test room, guard chair • Reaching and throwing assists – deep end hook, # wall, guard chair, tower and bay • AED – on deck by WHP in cabinet • Pulse Oximeter—in first aid room and in trauma bags • Splints-in first aid room (cupboard and beside O2 tank) Demo and have staff demo how to use 		
<p>Minor Emergencies (General and Specific Procedures)</p> <ul style="list-style-type: none"> • Give first aid incident- ex. Bleeding nose from falling and banging nose on the edge of the pool • Have staff to fill out first aid form for the incident • TL/HIG signature and where to hand them in • Staff also fill these out for minor emergencies • Go through minor emergencies in detail • Location-First Aid room, computer desk drawer 		
<p>Major Emergencies</p> <ul style="list-style-type: none"> • Area of responsibility • Emergency phone calls • Pool clear / crowd control • Evacuation Procedure • Shelter in Place-Severe weather, chemical release • CO2 leak –mechanical room, CO2 room-show location of alarms/sensors, show location of shut off • Fire Alarm • Head injury / Spinals / Dryland spinals • Must complete training in the water using specific checklist as per procedure • Off deck emergency • Scuba injury • Power failure • Natural gas leak • Staff Injury and Reporting • Fall Arrest Emergency-show binder with forms • Confined/Restricted Space-show binder with forms • Anti-Entrapment Emergency • General Administration • Location of forms (First Aid Room, AOS Office Windows, trauma kits, phones, etc) • Have staff fill out major accident form-in trauma kits and by phones 		

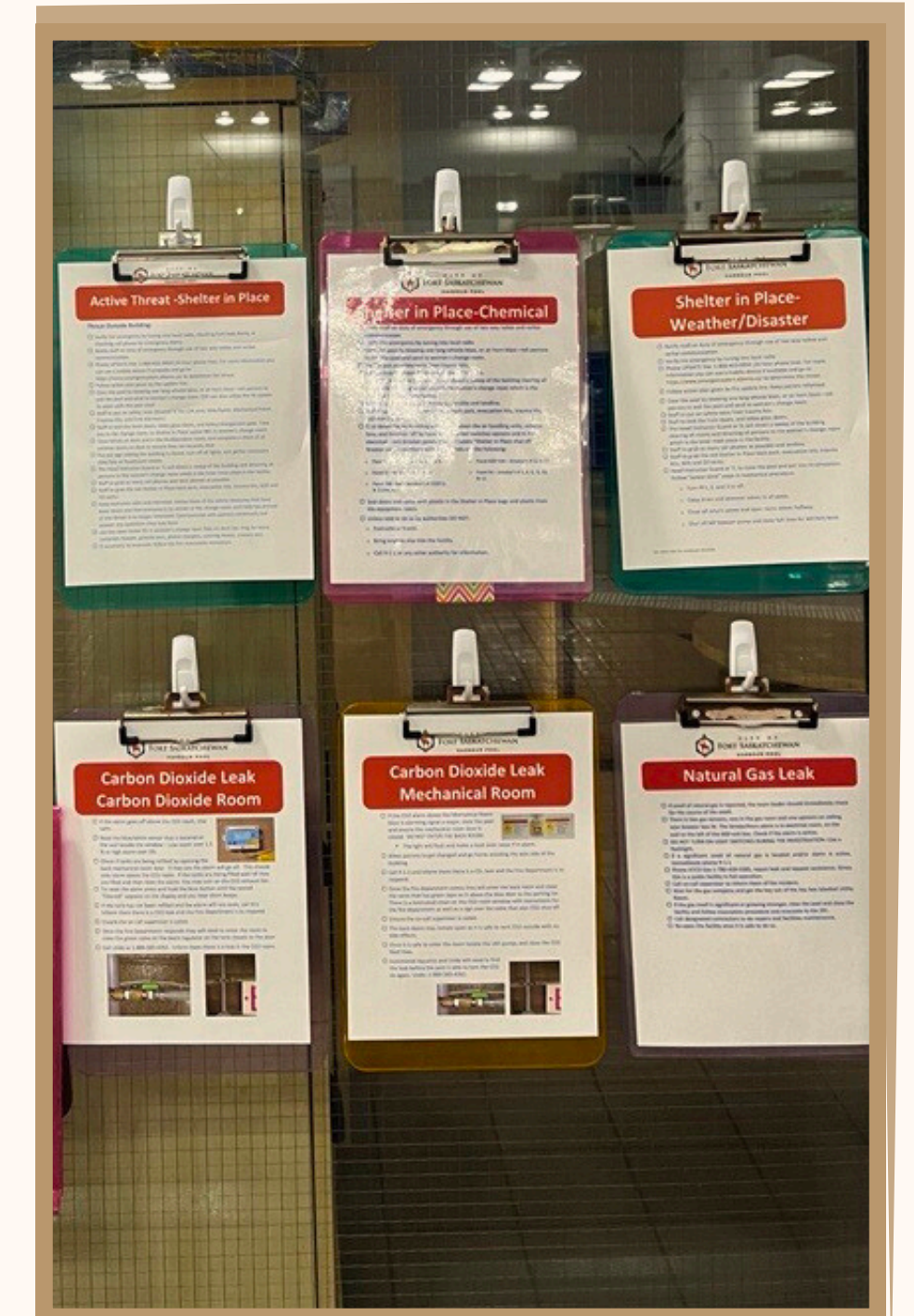
Supportive procedures

Emergency Stations

Right outside a deck entrance point. Have information and quick resources needed for a facility emergency: Emergency phone, reflective vest, flashlight, emergency checklists, and major emergency forms. CSRs have their own first aid kits, flashlights, vests, and mini checklists available.

Emergency forms

1. Minor first aid forms: follow OHS guidelines for required info, in a layout that works for the team.
2. Major first aid forms: include further detail taken from First Aid manuals and secondary assessment prompts
3. Critical Incident forms: completed after an incident is concluded, provide prompts for incident follow up, statement of events, and facility map.



Critical Incident Checklist

Updated October 2019

Note: All documents must be completed in **blue** or **black** pen. Any errors can be crossed out once, then initialed. No white out.

Aquatic Staff Responsibilities:

** (Please initial once completed) **

- _____ 1. Inform supervisor of circumstances. Ensure Aquatic Operations Supervisor or On-Call Staff member will be in attendance.
- _____ 2. Record all information on the Major Incident forms including victim's condition when leaving the facility. Photocopy Incident form for the EMS Personnel; do NOT give them the original. The victim's name and address is very important. Ask other patrons who the victim is if he/she is unconscious.
Collect witness names and phone numbers.
- _____ 3. All involved staff will independently document critical details of the incident. All reports are to be dated & signed with time noted. See guidelines on following page.
- _____ 4. Fill out the incident details on the pool map, found on the last page of this document.
- _____ 5. Take any pictures of the facility that may need to be documented and save to the computer. Check facility for any deficiencies. Note equipment in use, lighting, etc.
- _____ 6. Put all completed reports, accident forms, pictures, and pool diagrams in a sealed envelope and place them in the Aquatics Operations Supervisors mail tray.
- _____ 7. Ensure facility is clear of all patrons, closed and locked, and that signage is up.

* Ensure all staff present understand that the City insists on **complete confidentiality**. They must not share details or opinions about the incidents with co-workers, family, or the public until advised otherwise by Aquatic Operation Supervisor and the RCMP.

* Ensure no statements are provided to the public or the media. Only a designated representative from City Hall can offer statements following an incident. Direct all outside inquiries to Aquatic Operations Supervisor or Supervisor Designate.

* All staff are to remain on site until the Aquatic Operations Supervisor or On-Call staff member speaks to them.

Guidelines for Written Incidents

Reports for Major Accidents

Updated January 2019

- Written report should include a copy of the pool map that is individually filled out. Map is located on the last page of this report.
- Reports are to be written in paragraph form, independently from your team mates. Please use attached pages to write your report. The points below are to help ensure that you include all appropriate information. **Your report should reflect only the details that you recall.** Put as much detail in your report as possible.
- To assist you in writing the report think in terms of "I saw, I heard, I did". Be sure to include what you saw others do/say, and who they were.
- Reports are to be signed & dated and include the time report was written.

Report should include information on as many of the following points as possible:

- Time of incident
- Who were you working with?
- CSR, Lifeguards (include TL), Leadership, Aqua Instructor
- Where were they at the time of the incident? (I.e. Water, guarding, in back room)
- Your shift for the day
- How long were you on deck at time of incident?
- Guard rotations (i.e. 15min, 20 min rotations)
- Activity scheduled during incident (I.e. Lessons, public, school)
- Location of incident
- # of people in pool & general location
- Where were you, what were you doing, what drew your attention to the incident, how did you respond?
- What equipment was used in the rescue?
- Length of time that CPR, Oxygen, and AED were administered, if applicable
- Note any details that made your action response more difficult
- Parents/ family/ friends/teacher or aids available & on scene
- Noise level
- Music on/off?

Really practice for Real

Calls for real

Empower staff to 'call 9-1-1'. Designating a supervisor and their associated phone number to be an emergency operator adds in critical actions for staff to consider: what phone are they using? Do they know the address? Do they know the number they are calling from if using a facility phone? This removes the responder from the immediate situation for an accurate period of time.

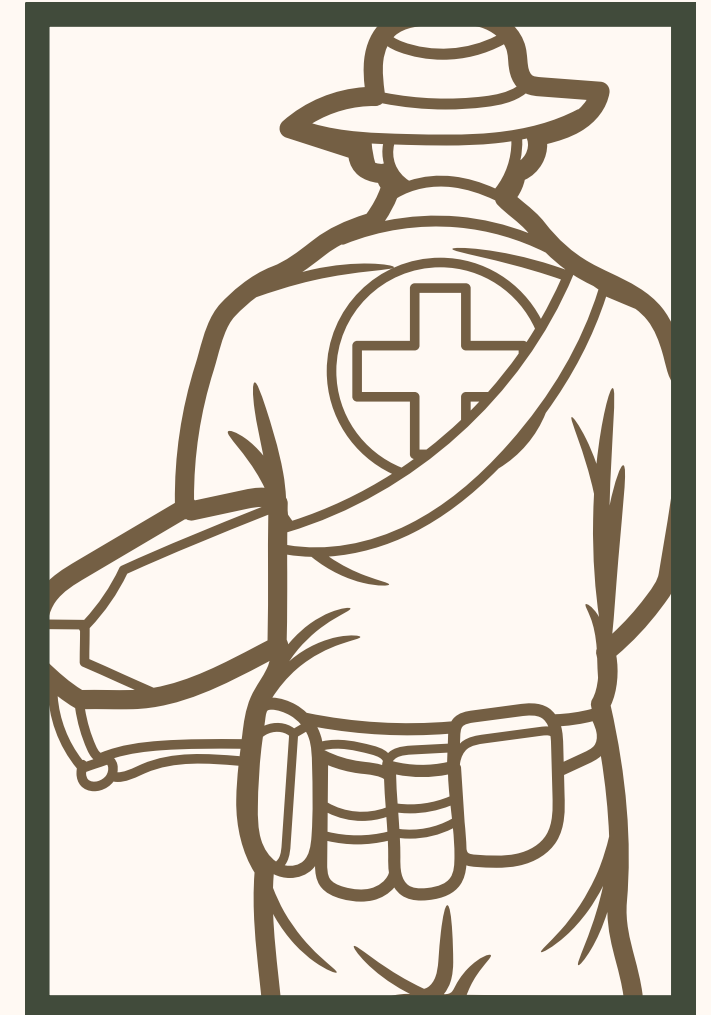
Follow the same structured steps and expectations for contacting the on-call staff member to report an incident.

Equipment for real

Resetting trauma bags, AED, and emergency equipment to be positioned in the location the 'real' ones are kept in. This practice not only ensures good habits and accurate timing but also helps identify efficiencies in the placement of emergency equipment.

Procedures for real

Taking time to fill out all required forms, ensuring staff understand the implications behind each one. If staff need to provide information to EMS, simulate those conversations. Provide an estimated time of arrival for EMS and carry out the scenario for that duration to ensure preparedness.



Really practice for Real

Drills for real

In 2001, a study on lifeguard vigilance was conducted by Jeff Ellis and Poseidon Technologies. Their study of over 500 tests on varying facilities, concluded that lifeguards took an average of 1 minute and 14 seconds to detect submerged manikins, compared to the expected 20 seconds. There were several implications as a result of this, one of which being the adoption of DROP (Drowning Recognition and Observation Procedure) drills.

A DROP drill is an unannounced training exercise involving a manikin or other object placed at the bottom of a pool to simulate a drowning victim. It is expected that the guard on duty can detect and respond to the object within 10-20 seconds. These drills are recommended to be conducted every 40 hours of duty, and help assess and improve lifeguard vigilance, response times, and the effectiveness of existing safety protocols. Regular documentation and analysis of these drills ensure continuous improvement in lifeguard performance and pool safety.



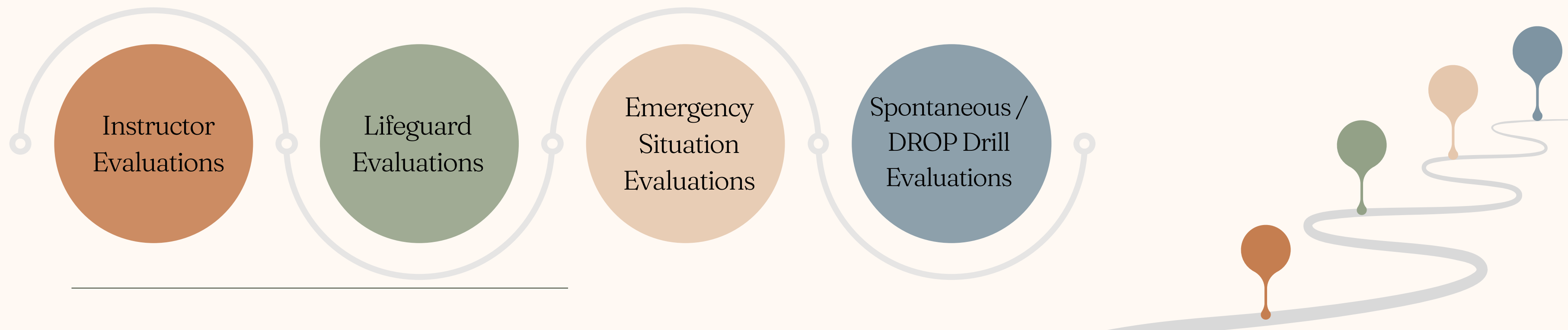
Expectations + Measurement x Feedback =
Accountability

Evaluation Framework


Having a standardized framework for drills and situations promotes accountability in guards by actualizing the importance of their role in maintaining a safe facility. It gives staff something they can see and hold to reflect their responsibility; moving away from only offering verbal feedback as we are so used to doing in courses and sits.

All evaluation criteria will have been thoroughly covered during onboarding, detailed in the procedure manual, and reinforced through in-person training sessions. Staff can access reference materials at any time and face no surprises during evaluations.

Feedback from supervisors, coupled with self-assessment, creates a continuous feedback loop that drives their ongoing improvement.



Evaluation Framework



Instructor
Evaluations

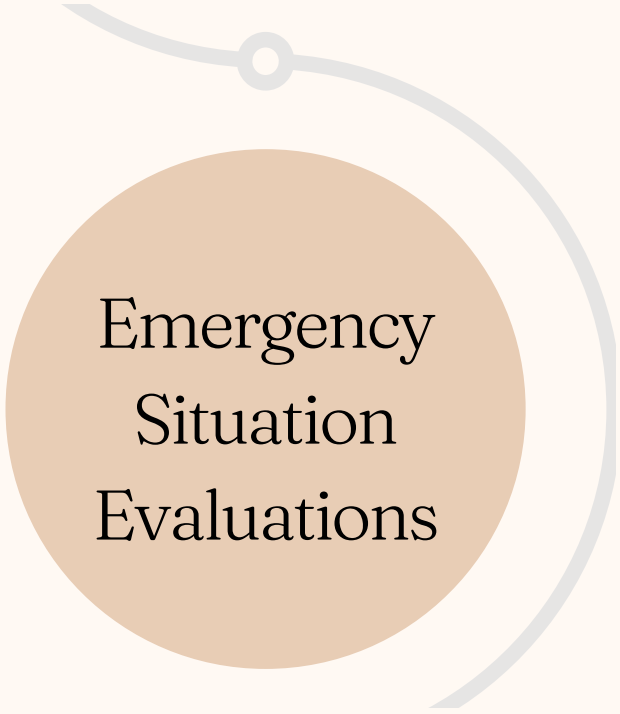
Yes/No/Needs Improvement

- Communication and Feedback
- Leadership
- Safety
- Instructing
- Administration

Lifeguard
Evaluations

Yes/No/Needs Improvement

- Preparedness and Team Commitment
- Positioning and Rotations
- Scanning and Safety Supervision
- Communication and Active Incident Prevention
- Conflict Resolution and Facility Safety knowledge



Emergency
Situation
Evaluations

Evaluation Framework

Do staff understand what the expectations are, and what the repercussions are if they are not meeting the set standards?

EMERGENCY SITUATION INSERVICES

Emergency situation inservices occur a minimum of 2 times a year. These inservices ensure that all staff are adequately trained and confident in their skills.

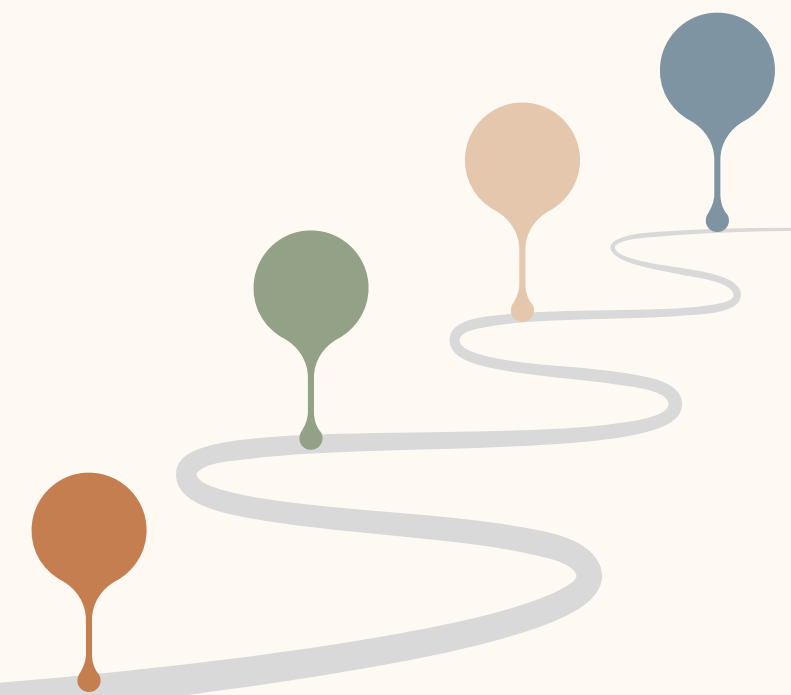
The Full-Time supervisors evaluate the team's emergency response and hold them responsible to expectations set out by Harbour Pool and the Lifesaving Society. Feedback is given to staff on their response, and additional training is provided if deficiencies are noted in the team or individuals' ability to carry out rescues.

Staff are evaluated on Harbour Pool procedures using procedure manual information, and training packages. They are also evaluated to the Lifesaving Society standard using Award Guides, First Aid Manuals, and Policy and Procedures documents.

If staff fail to meet performance criteria as outlined in resources above, they will receive an individual form outlining why they did not meet the standard and will begin the remediation process.

Remediation steps:

1. If staff fail to meet either Harbour Pool or Lifesaving Society standards during an emergency situations session, they will be required to attend an additional session the following week.
2. At the second emergency situations session:
 - a. If staff are successful in their rescues, no further remediation is required.
 - b. If staff fail to meet the Lifesaving Society standards, they will be removed from the schedule and will not be reinstated until they complete an Intermediate First Aid Recertification.
 - c. If staff fail to meet the Harbour Pool standards, they will be removed from the schedule and will not be reinstated until they participate in (and pass) an oral examination with a Full Time supervisor, in which they will be required to verbally walk through the steps of a specific emergency scenario.





Unconscious, Non-Breathing
Casualty
Harbour Pool Standard

MUST SEES	NOTES	PERFORMANCE
Emergency communicated non-verbally <ul style="list-style-type: none"> • One long whistle / horn blast • Signal echoed 		<input type="checkbox"/>
Emergency communicated verbally <ul style="list-style-type: none"> • Radios used effectively • Communication effective between staff 		<input type="checkbox"/>
Patrons directed appropriately <ul style="list-style-type: none"> • Pool cleared • Patrons directed to appropriate location 		<input type="checkbox"/>
Deck secured		<input type="checkbox"/>
Emergency equipment used appropriately <ul style="list-style-type: none"> • Oxygen administered during CPR 		<input type="checkbox"/>
EMS activated <ul style="list-style-type: none"> • Relevant information communicated effectively 		<input type="checkbox"/>
On-call supervisor contacted <ul style="list-style-type: none"> • Relevant information communicated effectively 		<input type="checkbox"/>
Emergency follow-up procedures completed <ul style="list-style-type: none"> • Major First Aid Form • Critical Incident Checklist 		<input type="checkbox"/>

Emergency Skills and Drills

Unconscious, Non-Breathing Casualty Lifesaving Society Standard

MUST SEES	NOTES	PERFORMANCE
Perform scene assessment		<input type="checkbox"/>
Assess level of consciousness		<input type="checkbox"/>
Activate Emergency Medical System (EMS)		<input type="checkbox"/>
Attempt to obtain AED		<input type="checkbox"/>
Position casualty (turn onto back if necessary)		<input type="checkbox"/>
Open airway and perform a quick visual check for breathing for 5 seconds: <ul style="list-style-type: none"> • If breathing is absent or abnormal and the AED is not present, immediately start CPR with compressions (30 compressions: 2 rescue breaths) • If breathing is absent or abnormal, and it is suspected that the casualty was drowning, and the AED is not present, immediately start CPR with rescue breaths (2 rescue breaths: 30 compressions) • If breathing is absent or abnormal and the AED is present, immediately initiate the AED protocol 		<input type="checkbox"/>
CPR and/or AED continued until EMS takes over treatment or the casualty shows obvious signs of life		<input type="checkbox"/>
If casualty shows obvious signs of life, reassess ABCs and treat appropriately		<input type="checkbox"/>
Apply principles of Self Protection		<input type="checkbox"/>

MUST SEES	NOTES	PERFORMANCE
AED Protocol <ul style="list-style-type: none"> • Turn on the power and follow the prompts • Expose and prepare the chest (shave and dry chest if necessary) • Position pads on casualty appropriately • Do not touch casualty during analysis and shock prompts • Appropriate response to all voice prompts and/or machine indicators • When a shock is advised, makes sure all rescuers and bystanders are clear before administering the shock • Initiate 2 minutes of CPR immediately after a “shock” or “no shock” prompt • If casualty shows obvious signs of life, reassess ABCs and treat appropriately • Do not turn off or disconnect the AED until EMS takes over 		<input type="checkbox"/>

Evaluation Framework

Spontaneous /
DROP Drill
Evaluations

Regular, structured drills help identify potential risks and inefficiencies in emergency responses before they manifest in real situations. A robust evaluation framework for DROP drills fosters accountability, enhances vigilance, and ensures that lifeguards are well-prepared to handle real-life emergencies efficiently and effectively.



Emergency Skills and Drills

Drop Drill self-evaluation - Rescuer

Date: _____ Type of Swim: _____

Guard 1: _____ Guard 2: _____

Guard 3: _____ Guard 4: _____

Guard 5: _____ Guard 6: _____

Additional Guards in facility (position/duties): _____

CSR's On Duty: _____

Time item was recognized:

Signal to team: Yes No Needs improvement

Time: _____

Quick and effective entry: Yes No Needs improvement

Time: _____

Object recovered: Yes No Needs improvement

Time: _____

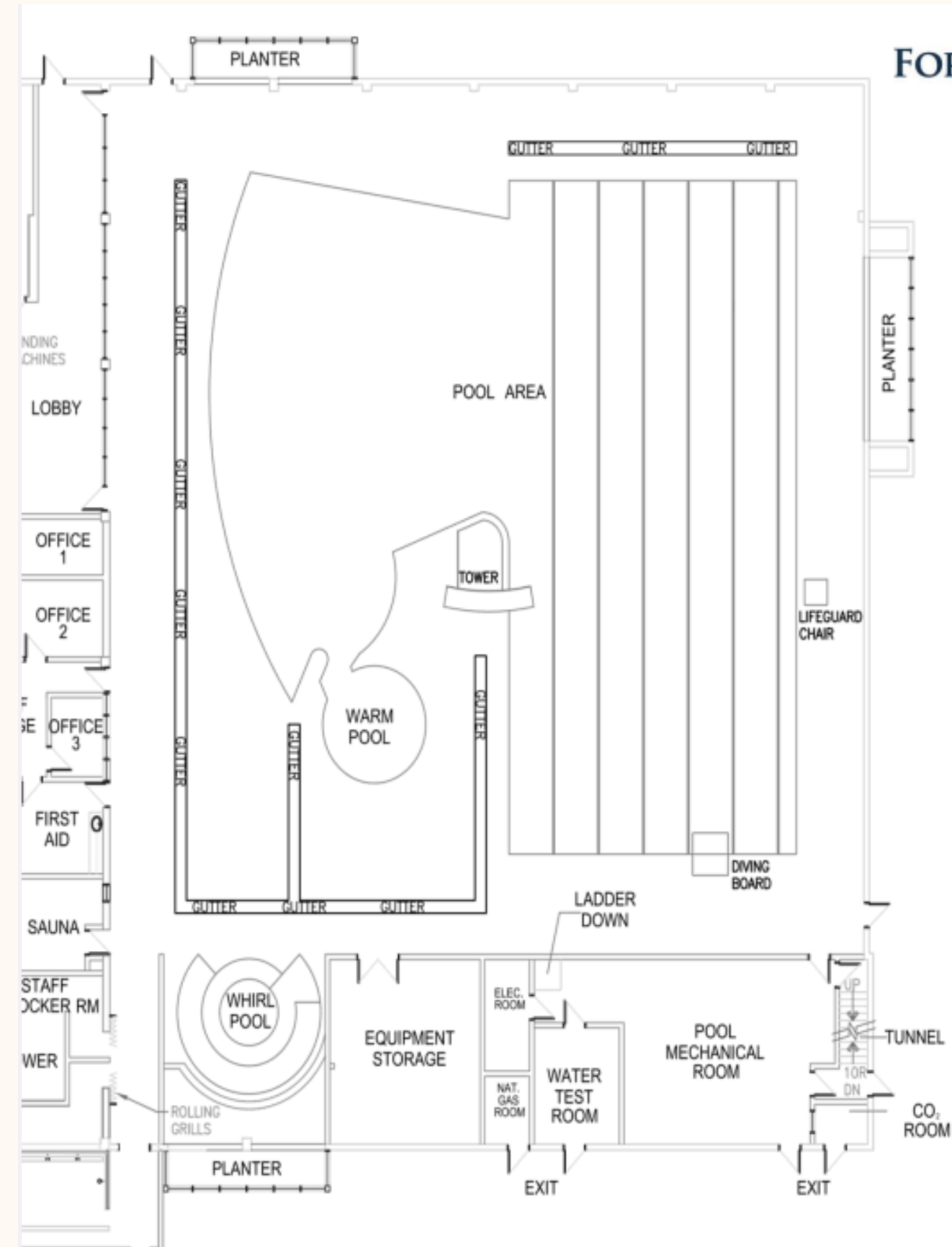
Object Carry: Yes No Needs improvement N/A

Time: _____

Object removed effectively: Yes No Needs improvement

Time: _____

Comments on rescue: _____



CITY OF FORT SASKATCHEWAN HARBOUR POOL

Please identify on the map using the following legend:

- your roving pattern
- your scanning pattern (different color)
- Any areas of glare: ☼
- Any blind spots: ■
- Your position at time of recognition: ○
- Your entry location: △
- Object location: X
- Where object was removed: ✓

Please list any additional distractions/factors during this rescue:

Personal guarding goal going forward:

DROP Drill Remediation

Guard: _____
Date: _____
Supervisor: _____
Date/Time of Drill: _____
Location of DROP: _____

Reason for failure: Failed to ID Failed to Retrieve Failed to Remove Not Rescue Ready
This is Guard's: 1st Strike 2nd Strike 3rd Strike

Remediation Policy: If a guard cannot identify the silhouette on the bottom of the pool within 30 seconds, to meet the standards, the guard must undergo additional training before being allowed to resume duties as a lifeguard. Management staff should also evaluate the location of the drop to confirm the lifeguard was in the best position to see the silhouette.

Action Towards Remediation

• First Strike:

Guard to watch Aquatics Safety video and discuss proper scanning practices with a member of the FT team before next shift.

Date Watched video _____ FT Initials _____
Date Met with FT _____ FT Initials _____
Next Shift Date _____ Next DROP Drill _____

• Second Strike:

Guard attends an additional training session – including focused training on proper scanning techniques. Guard will then demonstrate these techniques to a member of the FT team before next shift.

Dates of Training _____ FT Initials _____
Date Demonstrated to FT _____ FT Initials _____
Next Shift Date _____ Next DROP Drill _____

• Third Strike:

Guard is to be relieved of their duties. Guard must undergo a paid for recertification of NL in order to work as a lifeguard at the facility. During this time, they may work in other non-lifeguarding roles within the facility.

Date Dismissed: _____ FT Initials _____
Job Reassignment: _____
Reinstatement Date: _____ Recertification Verified: Yes No
FT Initials _____

"Coming together is a beginning, staying together is progress, and working together is success."

- Henry Ford

What we saw



Emerg Sits

The team overall had nerves initially, but the team leads especially were excited to have something concrete for the team to be evaluated on.

It ended up being a learning opportunity in humility, particularly for some of our team leads, and confidence builders for others.

The situations that have been conducted in the last year, we have encountered an increase in communication during emergencies, especially with high priority items that have traditionally led to a failed situation. Mistakes are typically not happening twice.

Developments

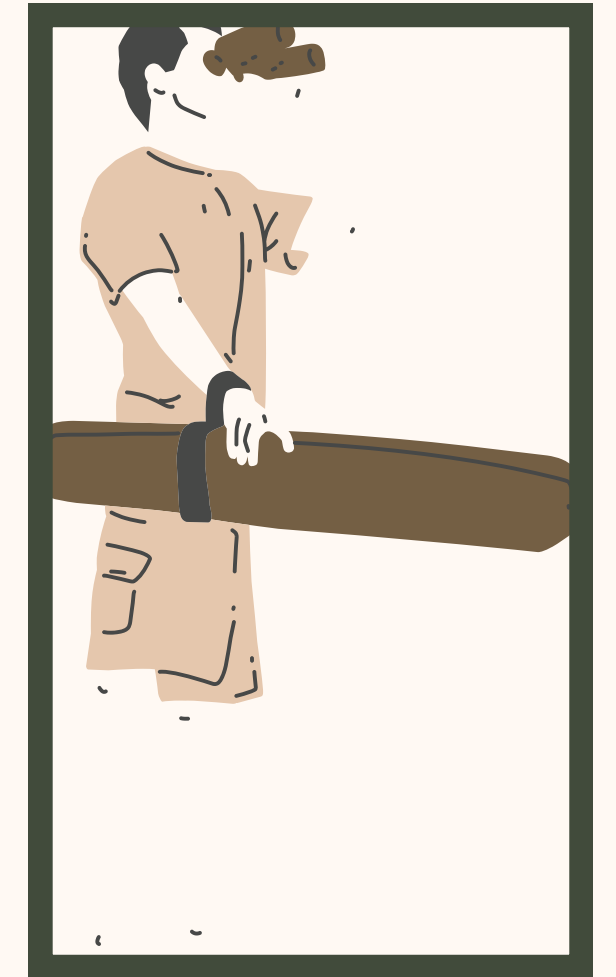
Drop Drills

Aside from the increased scanning and blind spot awareness we observed in our guard / SEE audits and evaluations, our team has also improved when it comes to anticipating emergencies. In the past year, anytime there has been a medical emergency that requires intervention or EMS, staff have been there and supporting the individual before the emergency is fully manifested into a major emergency.

“I was worried I wouldn’t be able to recognize it, but it is a big confidence boost when you do”

*“I know for sure I would be able to recognize if there was somebody on the bottom of the pool, and that I **would be able to see it within 10-20 seconds**”*

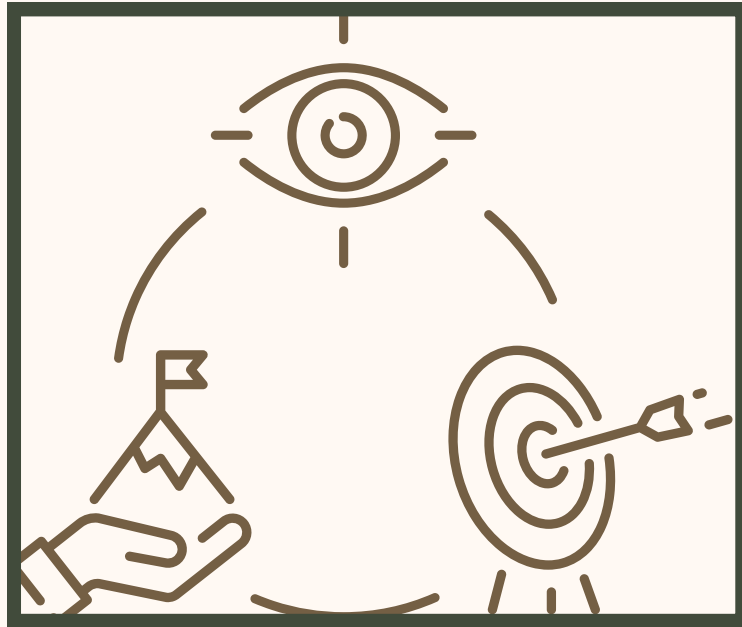
“It felt at first like it was singling out individuals, but quickly realized it is good for being a whole team drill - with the whistle, echo, quick response from off-deck guard.. it’s not just about the person who has to jump in”



Our Vision

Carrying out consistent procedures, utilizing evaluation and assessment tools, and maintaining a continuous feedback loop has equipped our staff with essential tools. These practices enable them to better support one another, fostering confidence not only in their teammates but also in their own abilities. As supervisors, we can see and document our team's competence, evident in their ability to handle challenging scenarios effectively.

Our vision of creating a successful, self-sufficient team has come to life through the effective coaching, providing of strong tools, and training. By empowering our staff, we ensure that they are fully capable of handling their day-to-day responsibilities independently, reflecting the strength and preparedness we strive to achieve in our emergency procedures.



“Dream Big. Start Small. But Most of All,
Start”

- Simon Sinek

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Facility Resources

