

Aqua News

Winkler Pool Management, Inc.

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Standard Operating Procedures

DROWNING DOESN'T LOOK LIKE DROWNING

Please take the time to read the attached article. It was forwarded to us by a member of one of our community pools to help parents look after their children when near the water. As lifeguards you are the professional and need to be highly aware of the actions and sounds of the people (most often children) around you. Although lengthy - take the time to read to the end. A good thing to remember - "Children playing in the water make noise. When they get quiet - get to them and find out why".

COMMUNICATION

It is very important that we follow our standard operating procedures. Many lifeguards have fallen into a pattern of "cutting corners". We are referring to being punctual (opening and closing the pool on time), ordering chlorine and communication with WPM management personnel. We encourage you to call the office: (301) 864-4900, (703) 451-4664 or (888) 616-7946, to keep us informed if you

are in need of supplies or chemicals, or to inform us if you are not going to be on time. It is better for us to be pro-active and inform the property if you are going to be late due to a bike or car breakdown, flat tire, etc., than to have the property receive a complaint from a resident attempting to use the pool. In conclusion, please notify your Area Supervisor and the office, especially if you don't speak directly with your Supervisor and have only left them a voice mail.

Thank you!

CHEMICAL READINGS

At all times when the pool is open, the minimum chemical residual required by the Health Department must be maintained (e.g. pH 7.2 - 7.8). Failure to operate within these parameters may result in a Health Department closure.

HEATWAVE

The first heatwave of the summer is always the hardest as the body takes approximately 10 days to "acclimate" itself to the higher temperatures.

Two conditions that you need to be aware of in yourself as well as in your pool patrons and fellow lifeguards are **heat exhaustion** and **heat stroke**.

Symptoms of heat exhaustion include weakness, vomiting, nausea, headache and fainting. **Victims of heat exhaustion should be taken to a cool, shaded area and given liquids to drink, if conscious.** If heat exhaustion is not treated quickly it can develop into heatstroke, a life-threatening condition.

Heatstroke is much more severe and can be fatal. Symptoms include fever, dry skin and the absence of sweating, a fast heartbeat, confusion, irritability, convulsions and shivering. In very severe cases, the victim may collapse and become comatose.

Victims of heatstroke should be cooled immediately and taken for emergency medical treatment.

The elderly, very young and those people with medical conditions are particularly susceptible to these conditions.

SUPERCHLORINATION

Every week we receive several calls concerning "accidents" or discovery of fecal matter in the pool. Here is the procedure you should follow:

1. Clear the pool of all swimmers and use your skimmer net to remove the solid waste matter from the pool and dispose of it properly in the toilet.
2. Add water to a bucket and then add a small amount of either granular or liquid chlorine (whichever your facility has on hand).
3. Pour this mixture directly over the spot where the fecal matter was located and wait a minimum of 20 minutes.
4. After 20 minutes, take a chlorine residual test to determine the free and total chlorine residuals in the pool. (Make sure to dip your test block at least six inches below the pool surface. The minimum of free chlorine residual should be between 2.0 ppm and 2.5 ppm. The total chlorine residual is a combination of the free and combined chlorine residuals. The combined chlorine residual must not exceed 0.2 ppm. Therefore, your total chlorine residual should not exceed 2.2 ppm to 2.7 ppm.
5. If the chlorine residuals are below the amounts stated above, you must repeat steps 2, 3 & 4 until the desired levels are reached.
6. Once the desired levels are reached, swimmers may be allowed to re-enter the pool.
7. Should you have any questions, please contact your supervisor.

W-4'S, I-9's, W-11's APPLICATION, ORIENTATION, etc.

For replacements, prior to issuing paychecks, we need a W-4 and an I-9 form completed orientation material, a signed employment agreement, and an application.

REPAIRS

During the next few weeks we will bring around yet another form to be filled out. It is our Recommended Repair Form. Be thinking of any repairs that will need to be, or should be, made prior to the 2014 season and inform your supervisor.

CHLORINE

Once again, please call 3 days in advance of your anticipated run out. With the increased heat, more "Rush" deliveries are being called in every day and the chlorine people are doing their best to keep up!

POST LABOR DAY

Many pools like to stay open past the traditional Labor Day closing. If representatives from your pool have mentioned this to you, be sure to tell them that, by contract, we must be notified in writing at least two weeks prior to Labor Day. Also, we will need guards both on weekends and weekdays. If you are interested in the extra cash, let us know.

LIFEGUARD OLYMPICS

This year's 23rd annual WPM Lifeguard Olympics will be held on Monday, August 4th, at **South Port Apartments** ([6112 Edsall Road](http://6112EdsallRoad.com), Alexandria, VA) at 6:30 a.m.

Let your Area Supervisor know if you are interested in participating and watch this space for further details!

Electronic Devices

When you are on duty, your primary concern is the safety of the patrons.

Therefore, the use of cell phones, i-pads, tablets, computers, electronic games or any other electronic device is strictly prohibited when on deck.

Use of these devices, under any circumstances may be cause for dismissal.

Drowning Doesn't Look Like Drowning

by Mario Vittone (May 3, 2010)
in Boating Safety, Water Safety

The new captain jumped from the deck, fully dressed, and sprinted through the water. A former lifeguard, he kept his eyes on his victim as he headed straight for the couple swimming between their anchored sportfisher and the beach. "I think he thinks you're drowning," the husband said to his wife. They had been splashing each other and she had screamed but now they were just standing, neck-deep on the sand bar. "We're fine, what is he doing?" she asked, a little annoyed. "We're fine!" the husband yelled, waving him off, but his captain kept swimming hard.

"Move!" he barked as he sprinted between the stunned owners. Directly behind them, not ten feet away, their nine-year-old daughter was drowning. Safely above the surface in the arms of the captain, she burst into tears, "Daddy!"

How did this captain know – from fifty feet away – what the father couldn't recognize from just ten? Drowning is not the violent, splashing, call for help that most people expect.

The captain was trained to recognize drowning by experts and years of experience. The

father, on the other hand, had learned what drowning looks like by watching television. If you spend time on or near the water (hint: that's all of us) then you should make sure that you and your crew knows what to look for whenever people enter the water.

Until she cried a tearful, "Daddy," she hadn't made a sound. As a former Coast Guard rescue swimmer, I wasn't surprised at all by this story. Drowning is almost always a deceptively quiet event. The waving, splashing, and yelling that dramatic conditioning (television) prepares us to look for, is rarely seen in real life.

The Instinctive Drowning Response – so named by Francesco A. Pia, Ph.D., is what people do to avoid actual or perceived suffocation in the water.

And it does not look like most people expect.

There is very little splashing, no waving, and no yelling or calls for help of any kind.

To get an idea of just how quiet and undramatic from the surface drowning can be, consider this: It is the number two cause of accidental death in children, age 15 and under (just behind vehicle accidents) – of the approximately 750 children who will drown next year, about 375 of them will do so

within 25 yards of a parent or other adult.

In ten percent of those drownings, the adult will actually watch them do it, having no idea it is happening (source: CDC). Drowning does not look like drowning – Dr. Pia, in an article in the Coast Guard's On Scene Magazine, described the instinctive drowning response like this:

1. Except in rare circumstances, drowning people are physiologically unable to call out for help. The respiratory system was designed for breathing. Speech is the secondary or overlaid function. Breathing must be fulfilled, before speech occurs.
2. Drowning people's mouths alternately sink below and reappear above the surface of the water. The mouths of drowning people are not above the surface of the water long enough for them to exhale, inhale, and call out for help. When the drowning people's mouths are above the surface, they exhale and inhale quickly as their mouths start to sink below the surface of the water.
3. Drowning people cannot wave for help. Nature instinctively forces them to extend their arms laterally and press down on the water's surface. Pressing down on the surface of the water, permits drowning people to leverage their bodies so they can lift

their mouths out of the water to breathe.

4. Throughout the Instinctive Drowning Response, drowning people cannot voluntarily control their arm movements. Physiologically, drowning people who are struggling on the surface of the water cannot stop drowning and perform voluntary movements such as waving for help, moving toward a rescuer, or reaching out for a piece of rescue equipment.

5. From beginning to end of the Instinctive Drowning Response people's bodies remain upright in the water, with no evidence of a supporting kick. Unless rescued by a trained lifeguard, these drowning people can only struggle on the surface of the water from 20 to 60 seconds before submersion occurs. (Source: On Scene Magazine: Fall 2006 (page 14))

This doesn't mean that a person that is yelling for help and thrashing isn't in real trouble – they are experiencing aquatic distress. Not always present before the instinctive drowning response, aquatic distress doesn't last long – but unlike true drowning, these victims can still assist in their own rescue. They can grab lifelines, throw rings, etc.

Look for these other signs of drowning when persons are in the water:

- Head low in the water, mouth

at water level

- Head tilted back with mouth open
- Eyes glassy and empty, unable to focus
- Eyes closed
- Hair over forehead or eyes
- Not using legs – Vertical
- Hyperventilating or gasping
- Trying to swim in a particular direction but not making headway
- Trying to roll over on the back
- Appear to be climbing an invisible ladder.