

Crewperson skills



Basic crewing position

- The crewperson should be seated on the starboard (right) side of the IRB near the bow.



- The crewperson should hold the bow rope with their left hand and hold the crewperson's handgrip with their right hand.



- The left foot should be secured into the crewperson's left foot strap. The right foot should be positioned in line with the pontoon just behind the floorboard join.



- Care should be taken to make sure the foot strap is adjusted to fit the individual. It needs to fit snug over the forefoot, while allowing the foot to flex during impact.



- The crewperson should ensure three points of contact with the IRB to maintain position and balance.



It is important to remember when proceeding through surf to not grab the front blue handle to 'punch' through a wave. This may cause injury.

Launching the IRB

- When the IRB is in the correct water depth for launching, it is the crewperson's responsibility to ensure the IRB is held securely with the nose facing straight into oncoming waves. For safety reasons the crewperson should be facing the surf. The driver will board the IRB and start the engine or start the engine from a standing position.



- The driver will tell the crewperson when to board the IRB.
- The crewperson will board the IRB using the crewpersons' boarding handgrip and bow rope. The crewperson can also board by securing the boarding handgrip with their right hand and use their left arm as a lever on the pontoon.



Proceeding through surf

- The crewperson plays a very important part in keeping the balance of the IRB when proceeding through and negotiating surf. Correct technique is required when doing through large waves. This is to reduce the risk of injury, and to make sure the IRB successfully negotiates the surf safely.



- As the IRB rises over a large broken or green wave the weight of the crewperson should be centered over the starboard (right) pontoon. On impact, the crewperson must lean forward in line with the pontoon with their chest down to help remove bow rise.



- It is very important that the crewperson maintains a strong grip with their right hand on the crewperson hand grip and their left foot secured in the foot strap. The right foot should be positioned in line with the pontoon, just behind the floor join.
- The left hand should hold the bow rope at all times. As the bow of the IRB begins to drop after the impact of a wave, the crewperson will take the shock of the impact through bending both their legs.



- As the IRB impacts a small broken or green wave the crewperson should remain seated on the starboard pontoon, keeping both legs bent while leaning forward to help remove bow rise.
- Regular communication between the crew person and driver while negotiating surf is important.

Parallel running – crewperson

- In many rescue situations we are required to move from point to point on the beach or coastline at speed. The most effective way to perform this task is to drive the IRB along the beach or coastline parallel to the beach. This is called parallel running.



- The role of the crewperson when parallel running is to keep the IRB as balanced as possible, while scanning the sea to avoid swimmers or surfers moving out through the surf line.

- When parallel running with the crewperson on the **seaward side**, balance the IRB by leaning into the wave.

SEAWARD SIDE



SEAWARD SIDE



- If the crewperson is on the **beach side** of the IRB, they may need to lean into the middle of the IRB to keep it balanced when a wave hits.



BEACH SIDE



BEACH SIDE

Returning to shore

- When returning to shore the crewperson should assist the direction of the IRB by hand signals supplemented by verbal signals. However, in all cases the final decision is the driver's.
- The crewperson should constantly scan the sea to avoid swimmers, surfers, seaweed, fishing lines and other hazards.



- When the driver gives the command "out", the crewperson should exit out of the IRB with the driver and hold the IRB facing toward the beach so any following wave will push the IRB straight up the beach.
- To remove the IRB from the water, lift the IRB by the front black handles to waist height and then drag.



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- If there are four lifeguards present, lift the IRB completely off the sand, and carry it up the beach above the water line, leaving the IRB in the draining position (facing up the beach). The IRB can be stored on the trailer for quick access to the water in an emergency.



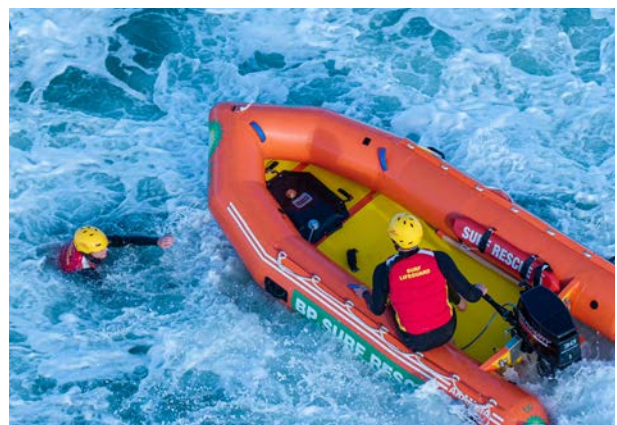
Crewperson recovery

If you are crewing the IRB and fall out, you should:

- Let go of all connections with the IRB.



- Form your body into a ball so that, if there is any contact with the IRB, your body will be knocked away without serious injury.
- The crewperson should signal to the driver using the 'OK' signal that they are ok.
- If you need to exit the IRB for a rescue e.g., rescuing a patient from rocks, the crewperson must ensure they exit on the driver's side pontoon and enter the water feet first, with a rescue tube.



Re-boarding the IRB

It is recommended when the crewperson is required to reboard an IRB, they use the following techniques.

- The crewperson should reboard an IRB on the driver's side as this allows the driver a clear vision when positioning the IRB alongside the crewperson.



- The crewperson grips the side loop rope, or black carry handle.



- The driver can also assist the crewperson boarding using their left arm.
- Using the momentum generated and the side rope, they propel themselves headfirst over the side pontoon and into the IRB.



- Once onto the pontoon the crewperson can use a foot strap to lever into the IRB.



Driver recovery

If you are crewing an IRB and the driver falls out or is knocked out of the IRB by a wave, you should:

- Switch off the engine.
- If in a dangerous position, get out of the IRB.
- If in surf conditions that are manageable, the crewperson should stabilise the IRB by holding the bow carry handle and acting as a sea anchor.
- If both driver and crewperson fall out of the IRB no attempts should be made to re-board the IRB if it is running out of control.
- However, if the engine has stopped or continues to run at idle speed only, and if the sea conditions allow and it is safe to do so, the driver and crew should re-board the IRB.

9. PERFORM RESCUES

This section outlines the key knowledge and skills needed to respond to rescue situations.



In this section:

Details the skills for single and multiple patient rescues, carries and neck/spinal injuries.

Speed is the essence in an emergency rescue, and calculated risk may be necessary. However, the risk should be reduced by sound judgement from the IRB driver.



Types of rescues

General rescue information

Both the driver and crewperson need to know what each other are doing to complete a rescue effectively and efficiently.

If a rescue is made inside the break, it should be done just after a wave hits the patient to allow maximum time to carry out the pickup before the next wave arrives. The IRB should be pointing into oncoming waves.

It is important in all rescues where the IRB is coming alongside a patient for a 'pick up' that the crewperson moves to the driver's side of the IRB smoothly, and as late as possible to maintain the balance of the IRB.



Single conscious patient

The following technique should be used by the crewperson when lifting a conscious patient into the IRB:

1. Proceed directly to the patient. Position the IRB to have the patient alongside the port (left) pontoon at the bow.
2. Once the driver has reached the patient, the driver idles the engine (in gear). If the patient is conscious and not panicking the crewperson moves slowly across to the port (left) pontoon.



3. Plant your feet under the port (left) pontoon in a wide stance (over shoulder width) lean your knees on the pontoon for support.





You could also plant your left foot under the port (left) pontoon and your right foot pushed against the starboard (right) pontoon for support.



5. The driver will then accelerate the IRB slightly forward so the patients legs rise to the surface.



4. Lift the patient aboard by grasping under the armpits or by their outstretched arms, lift the patient as high as possible.



6. The driver then grasps the patients legs with the left hand while commencing a port (left) turn that will assist to roll the patient into the IRB.



If the patient needs assistance the driver should signal 'assistance required', and use radio communication to the patrol.

Unconscious patient rescue

As with the conscious patient rescue the driver proceeds directly to the patient. The driver positions the IRB to have the patient alongside the port (left) pontoon at the bow, with the engine idling in gear.

If the patient is unconscious or is incapable of listening and responding to instructions, the following pick up technique should be used:

1. The crewperson moves across to the port (left) pontoon.



2. The crewperson will adopt the same stance as used for a conscious patient pick up.



3. Grasp the patient under the arms and lift as high as possible.



4. The driver will then assist in the same way as the conscious patient pick up.

The driver must make a clear judgment if there is enough time between waves to pick up the patient. If there is not enough time, the crewperson should secure the patient if safe to do so, while the driver ensures the IRB is kept facing straight onto the incoming waves.



5. Once the patient has been lifted into the IRB, the crewperson adopts a seated position in the bow leaning back against the pontoon. The crewperson will then check the Airway, Breathing and Circulation (ABCs).

If the patient is unconscious and breathing, the crewperson positions the patient between their legs, reclined against their body, supporting their head. Maximum head tilt should be applied.



- 6.** If a patient is unresponsive and not breathing, pull them into the boat and start rescue breaths. Chest compressions are impractical in an IRB unless it is stationary.

Deliver rescue breaths (the crewperson can hold a patient's mouth shut and blow in their nose). This is easier than mouth to mouth in situations like a water resuscitation or in a bumpy IRB returning to shore.



If it unsafe to deliver ventilations due to boat motion, then use driver/crewperson judgement and wait until you have returned to shore.



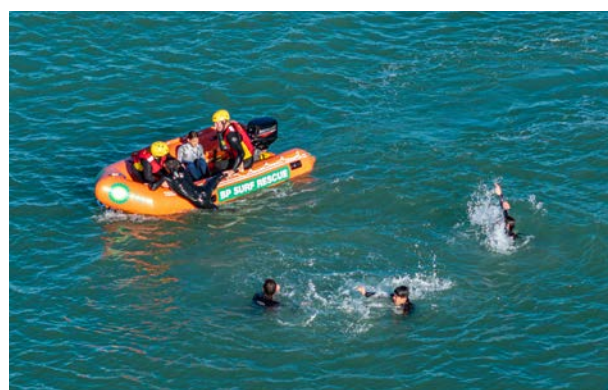
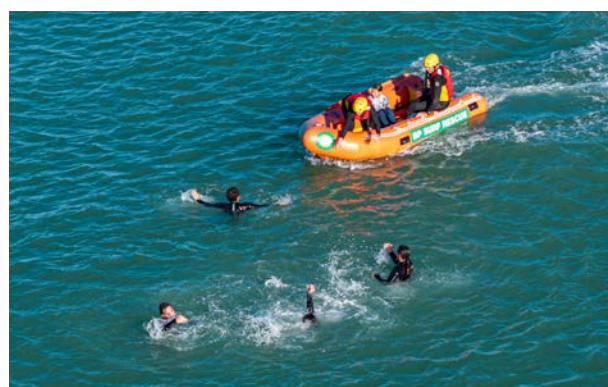
When returning to shore with an unconscious patient the driver should signal 'assistance required' to the patrol and communicate using their radio.



Multiple patient rescue

Often patients will be part of a group swept out to sea in the same rip. In this case:

- 1.** Proceed directly to the patients.



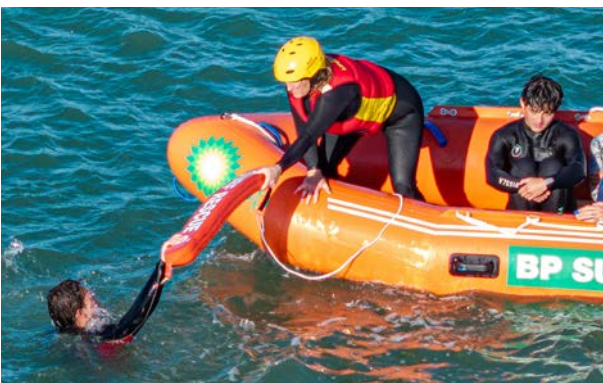
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2. If needed, signal 'assistance required' and use radio communication to the patrol.

If safe, place the engine in neutral gear while a mass rescue pick up is taking place, as patients tend to come from all directions. If safe, instruct the patients to grasp the pontoon ropes.



3. Lift most at risk patients on board first. Where rescue tubes are available, they should be thrown out to the patients.



In some situations, the crewperson may need to stay with distressed patients while the driver takes other patients back to shore.

Before taking patients back to shore, reassure all others in the water that you will be returning very soon. Repeat the operation until everyone is on shore.

Where conditions permit, the driver can also slowly drive the IRB out to a still water situation with the patients inside the IRB and hanging on to the pontoon ropes, ensuring that the patients are clear of the propeller.



Tube rescue

In situations where the patient is in broken surf near rocks or in such a position that it would be unsafe for the IRB to perform a normal pick up the following steps should be followed:

1. Continue as close as possible to the patient. The crewperson should put on the rescue tube shoulder strap and swim fins.



2. When exiting the IRB, always leave the pontoon from a seated position. Enter the water feet first, making sure that the rescue tube and rope are well clear of the IRB.



3. Leave the IRB on the port side (left), swim to the patient and secure the patient with the rescue tube.



4. The crewperson then swims the patient back to the IRB. The IRB should be idling in a safe position to allow the patient to be safely lifted aboard. If safe to do so, the driver can assist with securing the patient.



Neck and spinal injuries

Unstable cervical (neck) fractures and spinal cord injuries are very rare, but can occur after a fall from height, diving injury, wave impact or vehicle crash.

Signs and symptoms

Most patients with cervical fractures will have severe neck pain and unwillingness or inability to move their head.

- Patients with a spinal cord injury will usually show neurological signs or symptoms: numbness or weakness of the arms, legs, or torso; bowel or bladder problems such as incontinence (loss of control); or difficulty breathing. If significant neck or spinal injury is suspected, call an ambulance early.
- In all resuscitations, moving the patient to safety and stabilising the airway, breathing and circulation take priority over maintaining cervical spine precautions.
- Never force a conscious patient to lie flat on their back if doing so will compromise their airway or breathing. The supine position, where a patient is lying flat on their back,

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places the patient at higher risk of aspiration (breathing in regurgitated stomach contents), which can threaten their airway and breathing.

- Recovery position is preferable, with a pillow or towel under the head to maintain neutral cervical spine alignment.

Treatment of a suspected spinal injury

DRSABCD always comes first



- Managing the immediate emergency by moving a patient to safety, opening their airway, or performing ventilations always takes priority over managing a potential C-spine injury.
- The crewperson should inform the driver of the suspected spinal injury. They will signal lifeguards on shore for assistance and move the IRB to minimise movement for the patient during the return to shore.
- For short transports to shore, patients can be transported on their back with their head supported between the legs of the crewperson sitting at the bow of the IRB.
- The crewperson can use both hands to provide manual in-line stabilisation of the patient's head.

- On reaching the shore, where conditions permit, the patient can be removed from the IRB using a scoop stretcher (or back board, if one is not available) and enough lifeguards are present to perform a logroll. The IRB may be deflated to assist with this process) The lifeguard performing manual in-line stabilisation is also responsible for coordinating the other rescuers' movements.



- If the first aid room or ambulance meeting point is a significant distance from the shore, towing or carry the IRB with the patient inside may be the best option.
- In all cases of neck pain or suspected neck injury, care should be taken to handle the patient's head and neck gently and slowly, with the goal of maximising patient comfort and minimising unnecessary neck movement.

Patient lift and carry from the IRB (non-spinal)

1. The driver will beach the IRB as close as possible to the water's edge, and other lifeguards on patrol will assist if available.



2. The driver should support the patient so that the crewperson can position themselves to lift the patient. The crewperson should lift the patient up under the armpits and at the same time the driver should lift the patient's legs.



3. The driver will step out of the IRB followed by the crewperson. Communication is essential.



4. They may allow for a pause by resting the patient on the side pontoon half-way through this procedure.



5. The patient should then be carried up the beach with the crewperson holding the patients chin to support their head.



6. Appropriate patient care should then be administered as required.



It is important to remember that if the patient is unconscious an open airway (pistol grip) must be maintained throughout the above procedure. For suspected spinal injuries, refer to treatment of a suspected spinal injury section.