SKILLS MAINTENANCE 2012/13 ADVICE

THE DATES FOR ALL CLUBS SKILLS MAINTENANCE ASSESSMENTS AND TRAINING COURSES NEEDS TO BE SUBMITTED TO LSV AT LEAST 7 WORKING DAYS PRIOR TO THE COURSE. PLEASE REVIEW THE PROCESSING GUIDES IN THIS DOCUMENT. PLEASE SUBMIT DATES OF TRAINING COURSES OR SKILLS MAINTENANCE AT:

GENERAL TRAINING ADVICE 2012/13 (NON SKILLS MAINTENANCE)

ALL TRAINING COURSES REQUIRE LEARNER GUIDES AND ENROLMENT FORMS TO BE SUBMITTED TO LSV. FOR FURTHER DETAILS, PLEASE REVIEW THE RELEVANT CIRCULAR.

VICTORIAN TRAINING GUARENTEE FUNDING IS AVAILABLE TO ALL ELIGIBLE CERTIFICATE II PUBLIC SAFETY CANDIDATES THIS SEASON. AS A RESULT, CLUBS MUST COMPLETE AND RETURN CANDIDATE BOOK ONE AND TWO FOR ALL INDIVIDUALS. CLUBS RECEIVE FUNDING FOR ELIGIBLE CANDIDATES. FOR DETAILS, PLEASE REVIEW:

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INTRODUCTION

Life Saving Victoria (LSV) – Skills Maintenance Review Panel

Thanks to the members listed below who contributed to the development of this Skills Maintenance for the 2012/2013 season

Stuart Wall – Director Training & Assessment, LSV
Simon Wilson – State Training and Assessment Supervisor, LSV
Danielle Smith – State Resource Research & Development Officer
Jenelle Ryan – Manager - Training Delivery and Compliance, LSV
Robert O’Brien – State Training Membership Development Officer, LSV
Dean Hemburrow – Coordinator Volunteer Training, LSV
Carolyn Butcher – Compliance Officer, LSV
Amelia Sanchez – Administration Officer, LSV
Mark Scott – Director of Lifesaving Services, LSV
Aaron Tabone – General Manager Training, LSV

PREFACE

Skills maintenance forms a critical part of pre-season and start-of-season assessment activities, ensuring our lifesavers and lifeguards are proficient in the knowledge and skills they require to keep Victoria’s beaches safe. Indeed, the challenge of administering and conducting effective and efficient proficiency assessments is no easy feat, and I would like to take this opportunity to acknowledge the dedication and service of our Assessors and District Officers.

This handbook aims to provide the necessary information required to conduct skills maintenance assessments. Should you require further information regarding skills maintenance, please contact your Training Services on (03) 9676 6950 or training@lifesavingvictoria.com.au.

Stuart Wall
Director – Training & Assessment
WHY HAVE SKILLS MAINTENANCE ASSESSMENTS

All active lifesavers are required to complete a skills maintenance assessment to show competency in the lifesaving award/s they hold and wish to retain. Skills maintenance assessments are necessary to:

- ensure ongoing competency of members in their area of training and activity
- maintain the standards of knowledge and expertise of lifesavers
- satisfy legal and statutory requirements
- reinforce and maintain our service commitment to the bathing and beach going community

SKILLS MAINTENANCE REQUIREMENTS OVERVIEW

When a skills maintenance assessment is successfully completed after 30 June in a particular year, the assessment is current until 31 December in the following season. When completing a new award after 30 June in a particular year the award remains current until 31 December in the following season. Variations to this rule are outlined in this handbook and are in line with LSV and Surf Life Saving Australia (SLSA) requirements.

A member may be requested at anytime during the season to complete an additional skills maintenance assessment by the Club or District Officer (or their nominated representative). A member who is deemed not competent during a skills maintenance assessment anytime during the season is deemed to be not proficient until such time as another skills maintenance assessment is satisfactorily completed. While not competent, a member cannot participate in patrol activities relating to the award they are considered not proficient in. Where competency in an award is a requirement to compete in an event, the non-competent member is ineligible to compete.

Any member who did not successfully complete the appropriate skills maintenance assessment in the previous season is not permitted to patrol or compete until such time as they are deemed competent in a skills maintenance assessment.

All members must be requalified by the 31 December each year. They can only be deemed competent in a skills maintenance assessment after this date with the permission of their District Officer, Director of Training and Assessment or the General Manager of Training Services.
FURTHER INFORMATION

The National Education Committee (NEC) resolved in November 2010 that if a member remains non-proficient in any award for a period of three continuous years or more, then they are required to participate in either an in-depth skills maintenance assessment, a full assessment, or be retrained in order to be considered competent in the award. In these situations the Trainer or Assessor must conduct a gap analysis to determine what differences occur between the award as it currently stands and what skill and knowledge the award consisted of at the time the member was last deemed competent. If the gap analysis determines there is a gap in skills and/or knowledge, the candidate may be required to undertake training and assessment in the gap(s) identified. For example – a member may have obtained their Bronze Medallion when the use of oxygen therapy was not taught therefore the member would have to be trained and assessed in this skill and knowledge.

Skills maintenance assessments may be conducted after 31 December under the requirements/approval of the local District Officer, Director of Training and Assessment or General Manager Training Services, Director of Lifesaving. Any member completing their skills maintenance assessment after 31 January in any given season shall be eligible to patrol but shall not be permitted to participate in any SLSA Championship competition until 1 May later in that year (see SLSA Policy 5.4 for further details on competitor proficiency/patrol requirements).

When a skills maintenance assessment is successfully completed (or a member gains a relevant award after 30 June, in a particular year) the competency of this qualification is current until 31 December in the following season. Directors of Lifesaving or LSV staff (in consultation with the General Manager – Training Services) may include additional checks in cases where there is doubt of a member’s proficiency in aspects of another award.

A member may be requested at anytime during the season to complete an additional skills maintenance assessment by the Club, an Assessor or authorised LSV Director / Official. A member who fails a skills maintenance assessment at anytime during the season is deemed to be not competent until such time as another skills maintenance assessment is completed and the candidate deemed competent. Further, this member cannot participate in patrol activities or compete at carnivals until the deemed competent in a skills maintenance assessment.

The requirements in this handbook detail the minimum national requirements as ratified by the National Board of Lifesaving. Some additional requirements have been specified to meet the operational requirements of LSV.

**SKILLS MAINTENANCE 2012/13 ADVICE**

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https://lifesavingvictoria.wufoo.com/forms/club-training-dates/

**GENERAL TRAINING ADVICE 2012/13 (NON SKILLS MAINTENANCE)**

**ALL TRAINING COURSES REQUIRE LEARNER GUIDES AND ENROLMENT FORMS TO BE SUBMITTED TO LSV. FOR FURTHER DETAILS, PLEASE REVIEW THE RELEVANT CIRCULAR.**

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CHANGE MANAGEMENT

Several changes have been made to the National Skills Maintenance requirements in line with SLSA Award Changes. The main change Victoria has implemented is renaming proficiency Skills Maintenance. Other changes are listed below:

Change Management for the 2012/13 Season

Several changes have been made to the skills maintenance requirements in line with SLSA Award Changes. The main changes are:

- It is no longer a national requirement to undertake an annual ATV skills maintenance assessment. Instead, the ATV operator’s driver license must be checked each year for currency. Each service must manage this process. For further details of the changes to SLSA ATV Operator requirements refer to Circular 53-2011/12.
- The new Silver Medallion Aquatic Rescue award (Please note this award is currently being trialled in Victoria) includes two new signals; the ‘All Clear/OK’ signal and ‘Code X’ signal (submerged patient missing). Assessors should make candidates aware of these two new signals (these should not be included in assessments – candidates should just be made aware).

<table>
<thead>
<tr>
<th>Signal</th>
<th>Action</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submerged Patient Missing (Code X)</td>
<td>Both arms raised to form a cross above the head</td>
<td>This is the most serious signal of all. A swimmer is missing and presumed submerged. Other lifesavers on shore or the pool deck should immediately fix the position of the lifesaver and initiate an appropriate response.</td>
</tr>
<tr>
<td>All Clear/OK</td>
<td>Touch the middle of the head with the fingertips of one hand</td>
<td>The lifesaver is indicating that no help is required in performing the rescue and that the patient is stable. However, other lifesavers should continue to observe and monitor the situation as the situation can deteriorate</td>
</tr>
</tbody>
</table>

- ARC and Defibrillation awards can no longer be issued. Holders should already have been upgraded to the ARTC Award.
- IRB awareness was added to the Bronze Medallion/Cert II skills maintenance assessment in the 2011/12 Season. Members who were not deemed competent last year will need to undergo IRB awareness as described in Circular 01-11/12.

Online Theory Papers

All awards that have a theory component can have the theory component completed online during the 2012/13 season. Clubs that choose this option for their Skills Maintenance dates will have the Surfguard processing performed by LSV. Please view the below flow chart prior to determining your Clubs approach to Skills Maintenance:
OUT OF DISTRICT SKILLS MAINTENANCE ASSESSMENT

An active member should complete his or her skills maintenance assessment at a Club in his or her home district. If circumstances dictate that an active member must complete a skills maintenance assessment outside his or her home district, they must seek permission from the District Officer from the district in which he or she proposes to complete the requalification. Such permission shall not be unreasonably withheld.

When giving permission for an out of district skills maintenance assessment, the home Club will generate an assessment request (Form 14) through Surfguard and send it to the assessment with the member.

STATE SKILLS MAINTENANCE ASSESSMENT

The 2012 state skills maintenance assessment will be held at Life Saving Victoria, 200 The Boulevard, Port Melbourne. Starting time will be 5pm on Thursday the 13 December 2012. As assessments will be conducted in group starts, members must register to attend, and will be able to participate in skills maintenance assessments for all Club awards. This is the only exception to the rule for out of district assessments where no permission is required to attend.

All Assessors are asked to support this initiative by attending and helping with assessments.

ATTIRE AT SKILLS MAINTENANCE ASSESSMENTS

In general candidates should dress in such a way that they are comfortable and are able to complete the required tasks in a safe and competent manner. It should be noted that LSV does not stipulate any mandatory requirements for attire at skills maintenance assessments.

SKILLS MAINTENANCE 2012/13 ADVICE

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SPECIFIC SKILLS MAINTENANCE REQUIREMENTS

The tables below outline the skills maintenance requirements for each award. Further details regarding skills maintenance assessments follow each table.

NOTE: If a member has already completed a Skill Maintenance Assessment that required Resuscitation to be assessed i.e. Bronze Medallion, Gold Medallion they are considered to be proficient in that section of this award if deemed competent by the Assessor.

### ADVANCED RESUSCITATION TECHNIQUES CERTIFICATE (ARTC)

<table>
<thead>
<tr>
<th>Skills Maintenance Assessment Requirements</th>
<th>Frequency of Skills Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A patient assessment on a live patient and demonstration of lateral position</td>
<td></td>
</tr>
<tr>
<td>• CPR on a manikin (adult or child or infant), including resuscitation methods using a mask with oxygen and</td>
<td>Annually</td>
</tr>
<tr>
<td>defibrillator supplement.</td>
<td></td>
</tr>
<tr>
<td>• Use of Oropharyngeal Airway</td>
<td></td>
</tr>
<tr>
<td>• Suction – use of hand held device for fluid removal</td>
<td></td>
</tr>
</tbody>
</table>

#### PATIENT ASSESSMENT

A patient assessment on a live patient and demonstration of lateral position must be completed.

#### CPR ON A MANIKIN

CPR (adult or child or infant) on a manikin. This will include resuscitation and the use of a mask with oxygen and defibrillator

#### OXYGEN EQUIPMENT OPERATION

Demonstration through set up and simulated use of an airbag and mask during resuscitation on a manikin.

#### OROPHARYNGEAL AIRWAYS

Correct measurement and insertion (where possible through the use of a manikin) of an Oropharyngeal Airway. Candidates must have an understanding of when and why the airway is introduced into resuscitation.

#### SUCTION

The use of a hand held suction apparatus for the removal of fluids from the mouth.

A member may complete their Resuscitation Certificate skills maintenance assessment as part of their ARTC proficiency, if not already assessed in another award.

**THIS SKILLS MAINTENANCE ASSESSMENT MAY BE CONDUCTED BY:** Current Assessor (ARTC)
## ASSESSOR QUALIFICATIONS

<table>
<thead>
<tr>
<th>Skills Maintenance Assessment Requirements</th>
<th>Frequency of Skills Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Must hold the appropriate TAA or TAE Units of Competence</td>
<td>Annually</td>
</tr>
<tr>
<td>• Attend the State Lifesaving Conference / Regional Forum / District Meeting OR Participate in an in-service session with the local District Officer or their nominated representative OR Attend another appropriate workshop or professional development event</td>
<td></td>
</tr>
</tbody>
</table>

### COMPLETE AND SUBMIT CURRENT SEASON REGISTRATION FORM/ASSESSOR INDUCTION PACKS

Assessors who have not previously done so must complete, sign and return their Trainer/Assessor Profile, Induction Checklist and Sample Signature form.

### ATTEND THE STATE CONFERENCE/REGIONAL FORUM OR PARTICIPATE IN A PROFESSIONAL DEVELOPMENT WORKSHOP

Attend the State Conference or Regional Forum and participate in discipline specific sessions. Assessors who were unable to attend the session must participate in an in-service session.
### ATV OPERATORS

<table>
<thead>
<tr>
<th>Skills Maintenance Assessment Requirements</th>
<th>Frequency of Skills Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current, valid driver license</td>
<td>Annually</td>
</tr>
</tbody>
</table>

Award holders must hold a current Australian Driver License. A member who loses their driver licence (whether through cancellation or suspension) is considered to be not competent in this award.

Clubs should also conduct a skills maintenance assessment consisting of:

- Driving assessment with oral questioning on safety precautions etc

The new ATV Operators Certificate workbook should be provided to operators for reference and may be used as a tool to assist with competency checking.
**Skills Maintenance Assessment Requirements**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Frequency of Skills Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hold a Certificate II in Public Safety (Aquatic Rescue)</td>
<td></td>
</tr>
<tr>
<td>Signals – 10 correct</td>
<td></td>
</tr>
<tr>
<td>200m Run – 200m Swim – 200m Run (8 minutes or less)</td>
<td></td>
</tr>
<tr>
<td>Board or tube rescue (flippers optional)</td>
<td></td>
</tr>
<tr>
<td>A patient assessment on a live patient and demonstration of lateral position</td>
<td></td>
</tr>
<tr>
<td>1 and 2 person CPR on a manikin (adult or child or infant), including O₂ supplemented CPR *</td>
<td></td>
</tr>
<tr>
<td>Theory assessment paper</td>
<td></td>
</tr>
<tr>
<td>Defibrillation awareness</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td><strong>Certificate II in Public Safety (Aquatic Rescue) – COMPULSORY</strong></td>
<td></td>
</tr>
</tbody>
</table>

Members who completed a Bronze Medallion and have not upgraded to the Certificate II in Public Safety (Aquatic Rescue) must complete the “In Depth” Certificate II Proficiency Workbook. This workbook is available from LSV.

**SIGNALS**

Candidates must demonstrate 10 signals chosen at the assessor’s discretion.

**RUN SWIM RUN**

Run and swim distances for the Bronze Medallion:

- Are measured from waist deep water, e.g., the run is 200 metres from a flag, around a marker and to waist deep water, the swim is 200 metres from waist deep water around two swimming buoys and back to waist deep water
- The swim course must be around two swimming buoys

The nominal time set for a run-swim-run for the Bronze Medallion is 8 minutes or less. Water conditions on the day should be taken into consideration.

**RESCUE**

A board or tube rescue of a conscious or unconscious patient must be completed. The type of rescue (board/tube) and patient (conscious/unconscious) is at the discretion of the assessor. The assessor may request a patient assessment on the beach.

**PATIENT ASSESSMENT**

A patient assessment on a live patient and demonstration of lateral position must be completed.

**CPR ON A MANIKIN**

CPR (adult or child or infant) on a manikin must include resuscitation and the use of a mask and oxygen.
THEORY ASSESSMENT PAPER

Candidates must achieve 100% on the (20) twenty question, open book, multiple choice theory assessment issued by LSV (A copy is included in this handbook for reference). This assessment can be completed online prior to attending a skills maintenance assessment.

DEFIBRILLATION AWARENESS

Candidates must demonstrate the application of pads and safety awareness during a resuscitation scenario.

RADIO

Three questions pertaining to the use of a radio must be put to each candidate. This may include pre-operation checks; knowledge of local operating channels and uses; operating procedures; call signs; rescue techniques etc.

THIS SKILLS MAINTENANCE ASSESSMENT MAY BE CONDUCTED BY: Current Assessor (Bronze Medallion)
GOLD MEDALLION (ADVANCED LIFESAVING CERTIFICATE)

<table>
<thead>
<tr>
<th>Skills Maintenance Assessment Requirements</th>
<th>Frequency of Skills Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Signals – 10 correct</td>
<td>Bi Annually</td>
</tr>
<tr>
<td>• Pool Swim – 800 metres in 14 minutes or less in a swimming pool of not less than 25 metres</td>
<td></td>
</tr>
<tr>
<td>• Mission Test (400 Swim – 800m Run - 400m Board paddle – 800m Run) in 25 minutes or less</td>
<td></td>
</tr>
<tr>
<td>• 200m Board Rescue</td>
<td></td>
</tr>
<tr>
<td>• 100m Tube (flippers optional) Rescue</td>
<td></td>
</tr>
<tr>
<td>• Complex rescue scenario as set by the assessor</td>
<td></td>
</tr>
<tr>
<td>• Hold a Certificate II in Public Safety (Aquatic Rescue)</td>
<td></td>
</tr>
<tr>
<td>• Hold a Current Senior First Aid Certificate</td>
<td></td>
</tr>
<tr>
<td>• Hold a Current Spinal Management Certificate</td>
<td></td>
</tr>
<tr>
<td>• Hold a Current ARTC</td>
<td></td>
</tr>
<tr>
<td>• Hold a Current Silver Medallion (Basic Beach Management)</td>
<td></td>
</tr>
<tr>
<td>• IRB Awareness</td>
<td></td>
</tr>
</tbody>
</table>

Note: The Gold Medallion skills maintenance requirement includes the requirements for Bronze Medallion. Please remember to raise appropriate Form 14’s in Surfguard

POOL SWIM

Pool Swim – 800 metres in 14 minutes in a swimming pool of not less than 25 metres.

The pool swim must be completed before any other component of a Gold Medallion skills maintenance.

SIGNS

Candidates must demonstrate 10 signals chosen at the assessor’s discretion.

400M SWIM – 800M RUN – 400M BOARD PADDLE – 800M RUN

Run distances and swim distances for the Gold Medallion:

- Are measured from waist deep water, e.g. the run is 400 metres from a flag, around a marker and to waist deep water. The swim is 400 metres from waist deep water around two swimming buoys and back to waist deep water
- The swim course must be around two swimming buoys

The nominal time set for the swim-run-board paddle-run for the Gold Medallion is 25 minutes or less.

200M BOARD AND 100M TUBE (FLIPPERS OPTIONAL) RESCUE

A board and tube rescue of a conscious or unconscious patient must be completed. Type of rescue (conscious/unconscious) is at the Assessor’s discretion.
COMPLEX RESCUE SCENARIO

A Gold Medallion holder must demonstrate the ability to conduct a complex rescue scenario as set by the Assessor according to the SLSA operational procedures in the current Public Safety and aquatic Rescue Training Manual.

The rescue must consist of the following events being assessed:

1. Negotiating the surf zone
2. Securing the patient
3. Returning to shore without losing the patient
4. Calling for assistance
5. Performing emergency care as required by the patient

THEORY ASSESSMENT PAPER

Candidates must achieve 100% on the forty (40) question open book, multiple choice & short answer theory assessment issued by LSV (A copy is included in this handbook for reference).

IRB AWARENESS

Three questions related to safety around IRBs and assisting in the removal of patients from an IRB must be put to each candidate.

HOLD OTHER AWARD

Candidates must hold the Certificate II in Public Safety (Aquatic Rescue).

Members who completed their Bronze Medallion prior to the 2007-2008 season and did not upgrade to the Certificate II in Public Safety (aquatic rescue), will need to complete the “In Depth” Certificate II Proficiency Workbook. This workbook is available from LSV.

Candidates must hold the following awards: Senior First Aid, Spinal Management, ART, Silver Medallion IRB Driver and Silver Medallion Basic Beach Management.

This may be checked through Surfguard by the assessor at the skills maintenance assessment where Surfguard access is available, otherwise candidates must present the certificate or a Surfguard print out as evidence. Where a Senior First Aid Course or update has been completed with an external provider a certified copy must be submitted to the LSV office.

THIS PROFICIENCY ASSESSMENT MAY BE CONDUCTED BY: Current Assessor (Bronze Medallion) with a Gold Medallion endorsement from the Director of Training and Assessment. Endorsements are made annually.
The Lifesaving Standing Committee has agreed that not all powercraft operators/crew necessarily need to demonstrate skills in a “one off” skills maintenance assessment and that many may be deemed competent via demonstration of operational activities. Proficiency of powercraft operators/crew may be able to be assessed in numerous ways such as through the use of log books and club/service powercraft officer recommendation.

The SLSA Powercraft Code of Conduct has been updated for the 2012/13 season. Copies of the updated Code of Conduct are available on the SLSA website, and have been included in the latest versions of the IRB/RWC course resources.

An IRB declaration of hours is located in this book, and may be used as a way of tracking competency. You should use your club IRB logbook to complete this.

Hold Current Bronze Medallion

- Theory Assessment Paper
- Demonstrate effective and safe crewing practice and ability including but not limited to:
  - Parallel running,
  - Figures eight,
  - Response to signals,
  - Negotiation of surf as required.
- Demonstrate patient rescue
  OR
- 5 hours of crewing or driving in the past 12 months, logged in the club IRB log.

HOLD CURRENT BRONZE MEDALLION

Candidates must hold a current Bronze Medallion for this award to remain current.

THEORY ASSESSMENT PAPER

Candidates must achieve 100% on the five (5) question open book multiple choice & short answer theory assessment issued by LSV (A copy is included in this handbook for reference).

SUBMISSION OF PERSONAL LOG OR PRACTICAL ASSESSMENT

Demonstrate effective and safe crewing practice and ability including but not limited to:

<table>
<thead>
<tr>
<th>1. Parallel running</th>
<th>2. Figures eight</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Response to signals</td>
<td>4. Negotiate surf as required</td>
</tr>
<tr>
<td>5. Demonstrate patient rescue</td>
<td></td>
</tr>
</tbody>
</table>

THIS PROFICIENCY ASSESSMENT MAY BE CONDUCTED BY: Current Assessor (IRB). Log book only assessments:
Current Assessor (BM)
## PAIN MANAGEMENT AWARD

<table>
<thead>
<tr>
<th>Skills Maintenance Assessment Requirements</th>
<th>Frequency of Skills Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstration of set up and simulated use</td>
<td>Every Two Years</td>
</tr>
<tr>
<td>Knowledge of local security and state documentation requirements</td>
<td></td>
</tr>
</tbody>
</table>

THIS SKILLS MAINTENANCE ASSESSMENT MAY BE CONDUCTED BY: Current Assessor/Facilitator Pain Management (Methoxyflurane)
### RADIO OPERATOR’S CERTIFICATE

<table>
<thead>
<tr>
<th>Skills Maintenance Assessment Requirements</th>
<th>Frequency of Skills Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>For those who hold the stand alone Radio Operators Certificate (i.e. who do not have their Bronze Medallion/CERT II Public Safety (Aquatic Rescue)), at least three questions on the use of a radio must be asked of each candidate. This may include pre operation checks, knowledge of local operating channels and uses; operating procedures, call signs, rescue techniques etc. For those who use this award as part of their operation within a SurfCom, additional assessment may be included at a local level.</td>
<td>Annually</td>
</tr>
</tbody>
</table>

### THEORY ASSESSMENT PAPER

LSV has provided ten (10) sample questions that assessors may use to assist in asking these questions. (A copy has been included in this handbook for reference.)
PATIENT ASSESSMENT

A patient assessment on a live patient and demonstration of lateral position must be completed.

CPR ON A MANIKIN

CPR (adult or child or infant) on a manikin. Must include resuscitation and the use of a mask and oxygen.

**THIS SKILLS MAINTENANCE ASSESSMENT MAY BE CONDUCTED BY:** Current Assessor (Bronze Medallion, Resuscitation, First Aid, ARTC)
### SENIOR FIRST AID CERTIFICATE (SFA)

<table>
<thead>
<tr>
<th>Skills Maintenance Assessment Requirements</th>
<th>Frequency of Skills Maintenance</th>
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<tbody>
<tr>
<td>• Maintain current CPR Certification throughout three year period (Be deemed competent annually)</td>
<td>Every Three Years</td>
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<tr>
<td>• Complete approved Senior First-Aid Course or update every three years</td>
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### MAINTAIN CURRENT CPR CERTIFICATION

CPR currency may be maintained by being deemed competent in new awards or by being deemed competent as part of a skills maintenance assessment in the following awards:

- Bronze Medallion
- Advanced Resuscitation Techniques Certificate
- Resuscitation (CPR) Certificate.

### COMPLETE APPROVED SENIOR FIRST AID COURSE OR UPDATE EVERY THREE YEARS

An approved full or update course must be completed every three years. To check whether other courses are approved please contact the Life Saving Victoria Training Services Department on (03) 9676 6950 or training@lifesavingvictoria.com.au.

**THIS SKILLS MAINTENANCE ASSESSMENT MAY BE CONDUCTED BY: Current Assessor (First Aid)**
<table>
<thead>
<tr>
<th>Skills Maintenance Assessment Requirements</th>
<th>Frequency of Skills Maintenance</th>
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<tr>
<td>No skills maintenance assessment is required for holders of the Silver Medallion (Basic Beach Management), though members should ensure they keep up to date with changes to Club and state policies and procedures. Proficiency in prerequisites for the awards to remain current.</td>
<td>Nil</td>
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</table>

PLEASE NOTE: VICTORIA IS STILL TRIALLING THE SILVER MEDALLION BASIC BEACH MANAGEMENT COURSE – THE COURSE FROM PREVIOUS YEARS IS TO BE TRAINED.
The Lifesaving Standing Committee has agreed that not all powercraft operators/crew necessarily need to demonstrate skills in a “one off” skills maintenance assessment and that many may be deemed competent via demonstration of operational activities. **Proficiency of powercraft operators/crew may be able to be assessed in numerous ways such as through the use of log books and club/service powercraft officer recommendation.**

The SLSA Powercraft Code of Conduct has been updated for the 2012/13 season. Copies of the updated Code of Conduct are available on the SLSA website, and have been included in the latest versions of the IRB/RWC course resources.

An IRB declaration of hours is located in this book, and may be used as a way of tracking competency. You should use your club IRB logbook to complete this.

- Hold current Bronze Medallion
- Hold current IRB Crew Certificate (IRB Driver only)
- Present current Recreational Boating License
- Theory Assessment Paper
- Practical demonstration

OR

5 hours of driving in the past 12 months, logged in the club IRB log.

**Notes:**
- RWC operators must be able to reboard the craft from deep water
- RWC assessments require state approval, please refer assessment enquires to: Greg Scott, Manager – Lifesaving Operations
- Candidates that did not complete the IRB up skill in the 2011/12 season, must do so prior to the 2012/13 season

### Hold Current Bronze Medallion

Candidates must hold a current Bronze Medallion for this award to remain current.

### Hold Current IRB Crew Certificate (IRB Drivers Only)

Candidates must hold a current IRB Crew Certificate for this award to remain current.

### Present Current Recreational Boating Licence

Candidates must have their current Recreational Boating Licence sighted by an Assessor.

### Theory Assessment Paper

Candidates must achieve 100% on the ten (10) question open book, multiple choice & short answer theory assessment issued by LSV. This assessment includes the questions for the IRB Crew proficiency and therefore a
separate IRB Crew theory assessment does not need to be completed (A copy is included in this handbook for reference). This theory paper can be completed online prior to attending a skills maintenance assessment.

**SUBMISSION OF PERSONAL LOG OR PRACTICAL ASSESSMENT**

IRB Drivers and RWC Operator must sit a practical assessment as an IRB Driver consisting of the following:

| 1. Parallel running                     | 2. Figures eight                      |
| 3. Response to signals                  | 4. Negotiate of surf as required      |
| 5. Demonstrate ability to conduct a patient rescue | 6. Demonstrate ability to carry out a patient lift, exit carry and lay |

**THIS PROFICIENCY ASSESSMENT MAY BE CONDUCTED BY:** Current Assessor (IRB)
SPINAL MANAGEMENT CERTIFICATE

<table>
<thead>
<tr>
<th>Skills Maintenance Assessment Requirements</th>
<th>Frequency of Skills Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Application of a cervical collar on a patient. This may occur during scenarios, clearly identifying how to correctly measure and apply a cervical collar</td>
<td>Annually</td>
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<tr>
<td>• Successful contribution to the group scenario</td>
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</table>

APPLY A SPINAL COLLAR

Each candidate must correctly size and apply a spinal collar. Where a candidate is the lead in a spinal scenario they do not need to apply a collar as a separate activity.

PARTICIPATE IN A SPINAL SCENARIO

Each candidate must play a significant role in the management of a patient with a suspected spinal injury. The assessor must be confident that each candidate participating in the scenario has demonstrated a current understanding of spinal management. It is encouraged that where an assessor is unsure, they ask the candidate to take the lead in another scenario.

Note: The use of head blocks is no longer part of SLS spinal protocols and will no longer be included in assessment or skills maintenance assessment for this award.

THIS PROFICIENCY ASSESSMENT MAY BE CONDUCTED BY: Current Assessor (Spinal Management), Facilitator (Spinal Management)
### SURF RESCUE CERTIFICATE

<table>
<thead>
<tr>
<th>Skills Maintenance Assessment Requirements</th>
<th>Frequency of Skills Maintenance</th>
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<tbody>
<tr>
<td>• Signals – 10 correct</td>
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<tr>
<td>• 100m Run – 100m Swim – 100m Run (5 minutes or less)</td>
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<tr>
<td>• Board or tube rescue (flippers optional)</td>
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<tr>
<td>• A patient assessment on a live patient and demonstration of lateral position</td>
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<tr>
<td>• CPR on a manikin (adult or child or infant)</td>
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<tr>
<td>• Theory Assessment Paper; This is separate to the BM paper</td>
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</table>

### SIGNALS

Candidates must demonstrate 10 signals chosen at the Assessor’s discretion.

### RUN SWIM RUN

Run distances and swim distances for the Surf Rescue Certificate:

- Are taken from waist deep water, e.g. the run is 100 metres from a flag, around a marker and to waist deep water, the swim is 100 metres from waist deep water around two swimming buoys and back to waist deep water
- The swim course must be around two swimming buoys

The nominal time set for a run-swim-run for the Surf Rescue Certificate is 5 minutes or less, though water conditions on the day should be taken into consideration.

### RESCUE

A board or tube rescue of a conscious or unconscious patient must be completed. The type of rescue (board/tube) and patient (conscious/unconscious) is at the discretion of the assessor. The assessor may request a patient assessment on the beach.

### PATIENT ASSESSMENT

A patient assessment on a live patient and demonstration of lateral position must be completed.

### CPR ON A MANIKIN

CPR (adult or child or infant) on a manikin. This must include resuscitation with the use of a mask and oxygen.

### THEORY ASSESSMENT PAPER

Candidates must achieve 100% on the fifteen (15) question, open book, multiple choice theory assessment issued by LSV. (A copy is included in this handbook for reference). This assessment can be completed online prior to attending a skills maintenance assessment.

**THIS SKILLS MAINTENANCE ASSESSMENT MAY BE CONDUCTED BY:** Current Assessor (Bronze Medallion)
SAMPLE SKILLS MAINTENANCE ASSESSMENT RESOURCES

Copies of the Proficiency Cards, Open Book Theory Assessments and the IRB Hours Declarations are supplied. These are available through your local District Officer or may be downloaded from the proficiency section of the LSV website www.lifesavingvictoria.com.au.

RADIO OFFICERS CERTIFICATE

1. Briefly describe the main differences between a repeater (duplex) network and a simplex network;

2. When using Life Saving Victoria’s radio network, the correct procedure to clear the channel when a patrol requires urgent assistance is;

3. What is the LSV Comms Primary Emergency telephone number?

4. In a rescue or emergency situation, Life Saving uses the “Four P’s”. List them and add a brief description for each.

5. Radio Communication Terminology : - SEND means;

6. On Pressing your button to transmit on your radio, the correct calling procedure is;

7. Radio Communication Terminology : - WILCO means;

8. When speaking on a radio, it should be held approximately?

9. After pressing the push to talk button on your radio, how long should you wait before you start speaking?

10. What is your local repeater channel you should be using for radio communication to LSV COMMS?
## Proficiency Card 12-13

### Surname

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### IRB Crew & IRB Driver

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### Rescue Certificate

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</table>
1. What is the best way to control most bleeding?
   a. Apply direct pressure
   b. Raise the legs, apply tourniquet
   c. Lie patient down, apply ice to the wound
   d. Raise the legs, place patient in a comfortable position

2. If you recognize the signs of operational stress in yourself, a fellow team member or club member you should?
   a. head to the pub for a couple of beers to relax
   b. seek support from peers and report the signs and symptoms to your patrol captain or senior club official
   c. don’t tell anyone as you or your fellow club member will no longer be allowed to patrol
   d. tell everyone so that they can be nice to them

3. Three safety precautions when using oxygen are:
   a. Never use oxygen near an open flame, near cigarettes or never use grease or oil on oxygen equipment
   b. Never use oxygen on a breathing patient, on children or near cigarettes
   c. Never use oxygen near an open flame, near cigarettes or on children
   d. Never use oxygen near cigarettes, on patients with asthma, or on children

4. If a radio is accidentally dropped in water and is found to be damaged, before sending it to be serviced, the correct procedure is:
   a. check for water penetration, turn radio off, remove battery, wipe the radio with a cloth and dry in the sun
   b. check for damage to antenna, turn radio off, remove battery, submerge the radio in fresh water and dry with a cloth
   c. turn radio off, remove from bag or case, remove battery, submerge the radio in fresh water and air dry
   d. turn radio off, check for water penetration, remove battery, spray the radio with water repellent and air dry

This theory assessment is open book.
Candidates must answer all questions correctly to be deemed proficient.

All questions relate to information contained in the 33rd Edition Public Safety and Aquatic Rescue Training Manual and/or Bronze/SRC Learner Guide

Please speak to your assessor if you believe that you may have a learning difficulty that affects your ability to answer these questions.
5. What is one of the purposes for using the SLSA emergency call of “rescue, rescue, rescue”?
   a. To notify clubs that your rescue is complete
   b. To sign on with the Surf Rescue Communication Centre
   c. To make sure that all police in the area are listening
   d. To clear the network of routine traffic

6. Oxygen will benefit a patient suffering:
   a. shock
   b. blood loss
   c. chest pain
   d. all of the above

7. UHF is the main means of radio communication within SLSA as the UHF band because it:
   a. Is easier to operate
   b. Gives clear voice reproduction
   c. Is cheaper and can be easily purchased around Australia
   d. Was the only system available at the time

8. Lifting and transporting a laden IRB requires:
   a. A minimum of 2 people and transported on a trailer by an all terrain vehicle (ATV) to and from the beach
   b. A minimum of two people and transported on a trolley to and from the IRB
   c. A minimum of four people and transported on a trailer by and ATV to and from the beach
   d. Nothing, it is to be leave for the next patrol

9. Lifesavers should present themselves in a manner that is hygienic and shows pride in their organisation.
   This can be achieved by:
   a. Maintaining personal hygiene and wearing a clean uniform
   b. Not brushing teeth
   c. Wearing a dirty uniform
   d. Not showering

10. Volunteer members have a responsibility to
    a. Use all safety equipment correctly and for the job it is supplied
    b. Use patrol equipment at the surf club when they want to in designated areas
    c. Leave faulty equipment out for use
    d. Only report injuries and illnesses that require hospitalisation

11. Should the IRB be running out of control you should:
    a. Make an attempt to board
    b. Make no attempt to board
    c. Tape it and but in on u tube
    d. Call the water police

12. A Reflective Beach is classified as a beach that is?
    a. A Low Danger beach with no sand bar
    b. A High Danger beach with strong rips
    c. A Moderate – High Danger Beach with a heavy shore break
    d. A Dangerous beach with rocks, rips and heavy surf

13. A casualty has stepped on a stingray and has been spiked in the ankle. You should:
    a. Apply a constrictive bandage
    b. Apply ice to reduce pain
    c. Immerse in hot water
    d. Run the foot under running water
14. After you have cleared the patient’s airway and found that the patient is NOT breathing, what is your next action according to the DRSABCD principle?
   a. Place patient in lateral position
   b. Initiate 2 Rescue Breaths
   c. Give 30 compressions
   d. Check pulse

15. Which of the following is a common sign of drowning?
   a. ‘Climbing the ladder’
   b. Splashing
   c. Hair in eyes
   d. All of the above

16. Inshore drift currents:
   a. Contain water meeting its own level travelling seaward
   b. Are made by large sets of waves coming onto the shore and doubling up
   c. Are troughs that run parallel to the shore and are a problem to unsuspecting bathers and small children
   d. Can be escaped from by swimming 45 degrees to the rip, and after clearing the rip, swimming back to shore

17. A strong swimmer caught in a rip should:
   a. Not panic, ride the rip out, swim parallel to the shore for 30 to 40 metres
   b. Not panic, swim at a 45 degree angle across the rip
   c. Ride the rip out, swim around until a Lifesaver sees them
   d. Ride the rip out, then swim to the nearest sandbar

18. What is the name given to a wave that occurs when the crest of the wave tumbles down the face of the wave?
   a. Spilling
   b. Surging
   c. Plunging
   d. Dissipative

19. Waves are formed by:
   a. Tidal movement
   b. The wind
   c. Seaweed
   d. Water seeking its own level

20. ‘RICER’ is a basic treatment for:
   a. Compound fractures
   b. Cramps
   c. Muscle and ligament injuries
   d. Shoulder dislocation
# GOLD MEDALLION REQUALIFICATION CARD 12-13

**SURNAME** | **GIVEN NAMES** | **CLUB/GROUP** | **DOB** | **MEMBERSHIP CLASSIFICATION**
---|---|---|---|---

<table>
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<th><strong>Activity</strong></th>
<th><strong>Signature</strong></th>
<th><strong>Date</strong></th>
<th><strong>C/NYC</strong></th>
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<tr>
<td>POOL SWIM</td>
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<tr>
<td>Evidence of Current Basic Beach Management</td>
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<tr>
<td><strong>THEORY</strong></td>
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<tr>
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<td>Candidate holds Cert III in Public Safety Confirmed via Surf救 or printout or Cert II workbook presented to assessor or Assessment Only Paper – Work Effectively in a Public Safety Organisation” or “In-Depth” proficiency completed</td>
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This card shall be completed and returned to the assessor in charge on the day of the final assessment for award processing. *(IRB DRIVER ONLY)*

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1. All members have responsibilities to ensure an inclusive and supportive environment that promotes diversity under the Member Safety and Wellbeing policy. Which of the following are responsibilities of members under the policy?
   a. Showing respect to other members;
   b. Keeping themselves safe;
   c. Co-operating in providing a discrimination, child abuse and harassment free SLSA environment
   d. All of the above

2. What does ‘S’ stand for in DRSABCD?
   a. Start CPR
   b. Stop people going near the patient
   c. Send for help
   d. See if the patient is conscious

3. What is the rate of CPR?
   a. 30 compressions and 2 breaths 5 times a minute
   b. 15 compressions and 2 breaths 5 times a minute
   c. 5 compressions and 1 breath 5 times every two minutes
   d. 30 compressions and 2 breaths 5 times every two minutes

4. What should you do if a patient regurgitates during rescue breathing?
   a. Ignore it and keep going
   b. Roll patient on their side and check airways and breathing
   c. Blow more air in to patient
   d. Stop rescue breathing and just do CPR

5. When should you stop performing CPR?
   a. When the patient recovers
   b. When someone takes over or they are taken into care by a medical professional
   c. Until the rescuer cannot physically continue
   d. All of the above

6. When performing CPR on a pregnant woman it is necessary to adjust the woman’s position to which of the following?
   a. The lateral position
   b. Supine with both legs raised
   c. Supine with left lateral tilt achieved by placing padding under her right buttock
   d. Supine with left lateral tilt achieved by placing padding under her left buttock
7. When using an OP airway, which of the following is true?
   a. OP airways can be inserted into any patient
   b. OP airways are only used on deeply unconscious patients
   c. OP airways should not be used when there is a large amount of vomit
   d. Both b and c

8. What is the purpose of OP airways?
   a. It is more reliable and it is used to replace other airway management strategies
   b. It is a tool to assist in the management of a patient’s airways
   c. It stops the patient from regurgitating
   d. It helps the patient breath on their own

9. In lifesaving, can we use a defibrillator on children?
   a. No
   b. Yes if the child is over the age of 5
   c. Yes if the child is over 5 and the joules delivered by the defib have been adjusted for the appropriate age
   d. Yes if the child is one or over and if possible the joules setting has been reduced otherwise the adult setting is used.

10. A casualty recovers after receiving CPR and defibrillation, what happens with the defibrillation pads?
    a. The defib pads are removed and the defib unit is packed up
    b. The defib pads are removed and new ones placed on the patient
    c. The defib pads are left on the patient just in case the patient deteriorates
    d. The defib pads are removed and given to the ambulance officers when they arrive

11. When using a defibrillator there are a number of safety measures. Which of the following demonstrates measures to be considered?
    a. Patient must be unresponsive and not breathing, the patient must be in a dry stable environment and no one should touch the patient while administering shock
    b. The patient must be at the water’s edge when delivering a shock
    c. The patient must be conscious and breathing
    d. The patient can wear wet clothing over chest area and pads can be placed underneath.

12. When conducting a head to toe examination of a casualty, what is the order of assessment?
    a. Head, collarbones, abdomen, neck, chest, pelvis, legs, arms, feet, hands
    b. Neck, Head, chest, pelvis, abdomen, arms, legs, back
    c. Head, neck, collarbones, chest, abdomen, pelvis, legs and feet, arms, back
    d. Abdomen, chest, collarbone, neck, head, pelvis, legs and feet, arms

13. What are some of the major causes of shock?
    a. Allergic reactions
    b. Blood loss
    c. Spinal injuries
    d. All of the above

14. What is the medical definition of shock?
    a. When someone gets a surprise
    b. When there is insufficient blood being circulated around the body
    c. When someone sees something they don’t like the look of
    d. When there is too much blood being circulated around the body

15. What are some of the signs and symptoms of shock?
    a. Pale, cold, sweaty skin
    b. Warm, pink and dry skin
    c. Rapid breathing
    d. Both a and c
16. SLSA have outlined a number of strategic priorities, which of the following identifies one of those?
   a. Preventing deaths and injuries in the water
   b. Stand on the beach and look cool
   c. Hang out with your friends and do what you like
   d. Prevent people from having fun at the beach

17. The International Life Saving Federation has identified 4 factors that lead to drowning, identify 1 of those factors:
   a. People like to go to the beach
   b. Lack of knowledge, disregard or misunderstanding of the hazard
   c. People are well supervised
   d. People understand the hazard

18. In lifesaving there are 4 important concepts that we should use in our practice, what are they in order?
   a. Prevention, Rescue, Recognise, Recover
   b. Prevention, Recognition, Rescue, Recovery
   c. Recover, Rescue, Prevent, Recognise
   d. Recognise, Rescue, Recover, Prevent

19. A patient who is drowning shows different signs to one who is distressed and can be more difficult to recognise. Which of the following might you see from someone who is drowning?
   a. Vigorous arm movements either to the sides or in front in an effort to keep their head above the surface
   b. Head tilted back, face toward shore and non-supportive leg action
   c. Someone calling for help and trying to swim to safety
   d. Both a and b

20. When watching your beach, which of the following are considered to be high risk groups that need to be watched with special attention?
   a. Age extremities (very old and very young)
   b. Overweight people
   c. Recent Immigrants and tourists
   d. All of the above

21. A mass rescue is when more than one person requires help at the same time and at the same location. Which of the following could lead to a mass rescue?
   a. A flash rip current occurs
   b. Swimmers get out of the water for a rest
   c. When swimmers are suddenly washed off a sandbank into deep water
   d. Both a and c

22. After being involved in an emergency incident, it is possible for you to suffer critical incident stress. What are some possible signs and symptoms?
   a. Distressing dreams
   b. Sleeping difficulties
   c. Irritability or outbursts of anger
   d. All of the above

23. If you recognise the signs of operational stress in yourself or a fellow club member you should:
   a. Head to the pub for a couple of beers to relax
   b. Seek support from peers and report the signs and symptoms to your patrol captain or senior club official
   c. Not tell anyone as you or your fellow club members will no longer be allowed to patrol
   d. Tell everyone so that they can be nice to the affected person

24. You have called your Base Station and been requested to “Stand by”. Do you?
   a. Turn the radio off
   b. Call your Patrol Captain/Lifeguard Supervisor
   c. Retransmit your message
   d. Wait until advised to proceed
25. The treatment of a major fracture to a limb includes:
   a. Immobilising the injured limb in as natural a position as possible
   b. A compression bandage layered away from the heart over the site to restrict swelling
   c. Always splinting to another limb
   d. Elevation of the limb and giving pain relieving medication

26. The four “Ps” used during communication in an emergency situation are:
   a. Position, people, progress, particulars
   b. Particulars, problem, people, progress
   c. Position, problem, people, progress
   d. Particulars, position, people, problem

27. If a tourniquet must be used, when should it be released?
   a. 10 minutes
   b. 15 minutes
   c. 20 minutes
   d. Never

28. Management of amputation requires treatment of the:
   a. Severed part only
   b. Severed part first and then the patient
   c. Airway
   d. Patient first and then the severed part

29. If you find an unconscious patient with a suspected spinal injury you should:
   a. Place patient on back, manage head tilt and jaw lift
   b. Roll patient onto their side and administer oxygen
   c. Roll patient onto side and administer DRABC
   d. Leave patient in position they are found unless movement is required, monitored and medical aid sought

30. Before you sign off to LSV Comms. you should:
   a. Make sure you have all the sign off information as required
   b. Guess how many preventative actions you have had then halve it for the number of rescues
   c. Ring LSV Comms. to see if they are ready to sign off
   d. Check that the IRB is operational

31. You need to contact LSV Comms. with the appropriate details:
   a. After completing a rescue
   b. Following a minor first aid
   c. After a major first aid
   d. Both a and c

32. If a patient has been stung by a bee, treatment of the patient would include:
   a. Applying a cold compress over the affected area
   b. Removing the sting, apply a cold compress and re-assure the patient
   c. Rest and applying a pressure immobilisation bandage
   d. Removing the sting if possible and bathe with hot water

33. What is the treatment for a soft tissue injury?
   a. Rest, ice, compression, elevation, referral
   b. Heat and gentle stretching
   c. Light exercise and compression
   d. Pain relief and medical attention

34. While waiting for assistance, treatment for a patient suffering heat exhaustion is:
   a. Resting them in a cool shaded place
   b. Providing sips of cool water
   c. Cooling the victim’s body
   d. All of the above
35. When using the air bag oxygen resuscitator with air bag and either operator is unhappy with its functioning you should:
   a. Use more force compressing the airbag
   b. Change to rescue breathing until the equipment is functioning properly
   c. Stop resuscitation and wait for medical aid
   d. Turn the patient into the lateral position and check the airbag

36. Oxygen therapy should be administered to an unconscious breathing patient:
   a. In the lateral position
   b. On the patients back
   c. In the most comfortable position
   d. With the patients head raised slightly

37. Blood escaping from an artery:
   a. Oozes from the wound
   b. Flows from the wound at a steady rate
   c. Spurts from the wound with each contraction of the heart
   d. Is likely to stop bleeding of its own accord

38. Triage is defined as organising:
   a. Personnel and equipment to handle an emergency
   b. Medical assistance by having an ambulance at the scene to transport the patient
   c. A defibrillator to be used in conjunction with oxygen and CPR
   d. Casualties in order of priority on the basis of injury or illness

39. The treatment for a conscious patient who has suffered a stroke includes:
   a. Make patient comfortable, leaning forward pinching the nostrils and encourage breathing in short breaths to alleviate pain
   b. Loosen clothing, place patient on their back with head and shoulders slightly raised and a blanket under the knees
   c. Place the patient on their side, manage any injuries and seek medical aid
   d. DRSABCD, reassure the patient, support head and shoulders, loosen tight clothing, ensure airway is clear and open, monitor and record vital signs

40. Which of the following needs to be sent to hospital as soon as possible?
   a. Any patient who has lost consciousness
   b. Any patient who has a persistent cough or an abnormal colour
   c. Any person who has required either initial rescue breathing or CPR
   d. All of the above
This Proficiency Theory Assessment Paper is to be used by both IRB Crew and IRB Drivers.

IRB Crew Candidates must complete questions 1-5
IRB Driver Candidates must complete the entire paper

Do not mark this paper; write all answers on the reverse side of your Requalification Card.

This theory paper is open book.

Please speak to your assessor if you believe that you may have a learning difficulty that affects your ability to answer these questions.

Q.1  When do you wear a PFD in an IRB?
   a)  Never
   b)  When it is cold
   c)  When out of view of a manned Life Saving Facility or as per Club policy
   d)  When you hear the emergency evacuation alarm

Q.2  Where is your right leg when using the lock in position?
   a)  Straight in the foot strap
   b)  Bent under the spray dodger
   c)  Next to your left leg
   d)  Where ever it’s comfortable

Q.3  Where would you locate the roll over rope on the IRB?
   a)  On the bow near the d-ring
   b)  On the starboard pontoon
   c)  With the rescue tube
   d)  On the port pontoon towards the rear reflector tape

Q.4  What are the recommended minimum numbers of people required to lift the following:
   a)  Unladen IRB; _______________________
   b)  Fully laden IRB; _______________________
   c)  Outboard motor; _______________________
   d)  Fuel tanks; _______________________

Q.5  Which waves do you use the lock in position on?
   a)  Surging
   b)  Breaking
   c)  Plunging
   d)  All of the above

IRB Crew candidates stop here

Q.6  What are the two points on the IRB to which you are allowed to attach the tow rope?
   a)  Front carry handle or bow handle
   b)  Front carry handle or Transom eyelets
   c)  Transom eyelets or Crew persons bow rope handle
   d)  Crew persons bow rope handle or side carry handle

Q.7  What pressure do you pump up the IRB?
   a)  2 psi
   b)  50 psi
   c)  5 psi
   d)  As per the manufactures specifications
Q.8 LSV Comms must be notified of IRB operations prior to the commencement of all;
   a) Routine patrols
   b) Search and rescue operations
   c) Water safety
   d) All of the above

Q.9 When searching an area with no inshore drift current and the conditions are calm, what internationally recognised search pattern would be appropriate to use?
   a) Square
   b) Creeping
   c) Zig Zag
   d) Triangulate

Q.10 How do we treat Hypothermia in an IRB?
   a) Given a warm meal
   b) Held by the crew person in the “cuddle position”
   c) Give a glass of brandy
   d) Rub their feet and arms to warm

This proficiency Theory Assessment Paper is to be used by both IRB Crew and IRB Drivers.

IRB Crew Certificate Candidates must complete questions 1 – 5

IRB Driver Candidates must complete the entire paper
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This summary of hours was compiled by ______________________________________________________

This is an accurate representation of hours completed by the members listed above.

Signed: ___________________________________________ Position: __________________________________

Endorsed by:

Signed: ___________________________________________ Position: __________________________________

*This must be endorsed by the Club Captain, Chief Instructor, President, Treasurer or Secretary*
Do not mark this paper; write all answers on the reverse side of your Requalification Card.

This theory paper is open book. The pass mark is 100%

Please speak to your assessor if you believe that you may have a learning difficulty that affects your ability to answer these questions.

1. What is the best way to control most bleeding?
   a. Lie patient down, apply ice to the wound
   b. Raise the legs, apply tourniquet
   c. Apply direct pressure
   d. Raise the legs, place patient in a comfortable position

2. If you recognize the signs of operational stress in yourself, a fellow team member or club member you should?
   a. head to the pub for a couple of beers to relax
   b. tell everyone so that they can be nice to them
   c. don’t tell anyone as you or your fellow club member will no longer be allowed to patrol
   d. seek support from peers and report the signs and symptoms to your patrol captain or senior club official

3. What is the first thing you do for a conscious causality with a partially blocked airway?
   a. Give the patient up to 5 sharp back blows
   b. Encourage the patient to cough
   c. Commence CPR
   d. Perform up to 5 chest thrusts

4. Any incident involving a club member or a member of the public must be recorded.
   a. Records are written in ink
   b. Records are signed and dated by appropriate people
   c. Records are kept confidential
   d. All of the above

5. Burns can be caused by:
   a. Heat
   b. Cold
   c. Chemicals
   d. All of the above

6. Blood escaping from an artery is?
   a. Bright red and oozing
   b. Dark red and oozing
   c. Bright red and spurting
   d. Dark red and spurting

7. A strong swimmer caught in a rip should not panic but should
   a. Ride the rip out
   b. Swim at a 45° angle across the rip
   c. Swim to the nearest sandbar
   d. Swim 30 to 40 metres parallel to the shore

8. Lifting and transporting a laden IRB requires:
   a. A minimum of 2 people and transported on a trailer by an all terrain vehicle (ATV) to and from the beach
   b. A minimum of four people and transported on a trailer by and ATV to and from the beach
   c. A minimum of two people and transported on a trolley to and from the IRB
   d. Nothing, it is to be leave for the next patrol
9. Lifesavers should present themselves in a manner that is hygienic and shows pride in their organisation. This can be achieved by:
   a. maintaining personal hygiene and wearing a clean uniform
   b. not brushing teeth
   c. wearing a dirty uniform
   d. not showering

10. Volunteer members have a responsibility to
   a. Leave faulty equipment out for use
   b. Use patrol equipment at the surf club when they want to in designated areas
   c. Use all safety equipment correctly and for the job it is supplied
   d. Only report injuries and illnesses that require hospitalisation

11. A young surfer is hit in the head with a surfboard and appears disorientated and confused, you should:
   a. Commence CPR
   b. Closely observe the casualty and refer to medical advice
   c. Apply ice to the head and advise the casualty to sit down
   d. Apply a pressure bandage to the head

12. A Reflective Beach is classified as a beach that is?
   a. A Moderate – High Danger Beach with a heavy shore break
   b. A High Danger beach with strong rips
   c. A Low Danger beach with no sand bar
   d. A Dangerous beach with rocks, rips and heavy surf

13. A casualty has stepped on a stingray and has been spiked in the ankle. You should:
   a. Immerse in hot water
   b. Apply ice to reduce pain
   c. Apply a constrictive bandage
   d. Run the foot under running water

14. After you have cleared the patient's airway and found that the patient is NOT breathing, what is your next action according to the DRSABCD principle?
   a. Place patient in lateral position
   b. Give 30 compressions
   c. Initiate 2 Rescue Breaths
   d. Check pulse

15. ‘RICE’ is a basic treatment for:
   a. Compound fractures
   b. Muscle and ligament injuries
   c. Cramps
   d. Shoulder dislocation
FREQUENTLY ASKED QUESTIONS (FAQ)

Q: Why can’t I raise a member in a skills maintenance assessment?
A: There may be several reasons:
   • The member does not hold the prerequisites required to obtain the competency being raised. For example, a current Bronze Medallion is required before an IRB Crew certificate can be raised.
   • Silver Medallion IRB Driver - the member would need to have entered their Marine License details into SurfGuard.
   • The member is already in an assessment for the skills maintenance assessment.

Q: Why haven’t I received a medal/certificate for my skills maintenance assessment?
A: Medals and Certificates are not issued when a proficiency assessment is processed. If validation of a current award is required, contact LSV to request an endorsed letter for your qualification.

Q: How long after an assessment has been completed should I expect the skills maintenance assessment to be processed?
A: Once the completed paperwork is received at LSV then processing of the skills maintenance assessment will occur no longer than 21 days after the received date.

Q: Can I view my SLSA Assessments online?
A: Each SLSA club member can view their awards at any time. To access your award details register online at http://www.lifesavingonline.com.au
LSV SKILLS MAINTENANCE PROCESSING GUIDE

CLUB

1. Register the assessment online at: https://lifesavingvictoria.wufoo.com/forms/club-training-dates/
2. Order any materials for the Skills Maintenance Assessment from LSV or download from the LSV website
3. Create Form 14 either at least seven working days prior to the skills maintenance assessment (NEVER IN DAYS FOLLOWING ASSESSMENT)
4. ‘Submit’ Form 14 in Surfguard.
5. After assessment is completed receive a copy of the completed and signed Form 14 from Assessor.
6. Receive evidence (proficiency cards) from assessor
7. Process assessment results in Surfguard
8. Retain evidence from skills maintenance assessment and file with club copy of form 14 at the club where the assessment was completed.

ASSESSOR

1. Receive 3 copies of Form 14 raised by the club for the skills maintenance assessment that you are assessing.
2. After assessment, complete the competencies by validating and signing all three Form 14s for the assessment you have conducted.
3. Hand one copy of completed Form 14 AND evidence (proficiency cards) from the assessment to the club.
4. Email one copy of completed Form 14 to LSV
5. Post or email one copy of completed Form 14 to DO

DISTRICT OFFICER

1. Ensure assessors and materials for assessment are available for the assessment.
2. ‘Approve Candidates’ on receipt of District Officer’s copy of completed Form 14 which is validated and signed by Assessor
3. File DO copy of Form 14
SKILLS MAINTENANCE PROCESSING GUIDE

STEP BY STEP

1. CLUB – once a date has been selected to run a Skills Maintenance Assessment, register the assessment online at: https://lifesavingvictoria.wufoo.com/forms/club-training-dates/
2. CLUB – Order any materials for the Skills Maintenance Assessment from LSV or download from the LSV website
3. CLUB - Create Form 14 either before assessment or on date of proficiency (NEVER IN DAYS FOLLOWING ASSESSMENT).
4. CLUB - ‘Submit’ Form 14 in Surfguard.
5. ASSESSOR - Receive 3 copies of Form 14 raised by the club for the Skills Maintenance Assessment that you are assessing.
6. ASSESSOR - After assessment, complete the competencies by validating and signing all three Form 14s for the assessment you have conducted.
7. ASSESSOR – Hand evidence (proficiency cards) to the CLUB.
8. ASSESSOR - Hand one copy of completed Form 14 AND evidence (proficiency cards) from the assessment to the CLUB.
10. ASSESSOR - Post or email one copy of completed Form 14 to LSV.
11. ASSESSOR - Post or email one copy of completed Form 14 to DO.
13. CLUB - Retain evidence from proficiency and file with club copy of form 14 at the club where the assessment was completed.
12. DISTRICT OFFICER - Approve Candidates’ on receipt of District Officer’s copy of completed Form 14 which is validated and signed by Assessor.
13. DISTRICT OFFICER - File DO copy of Form 14.
14. LSV – confirm assessment results correctly entered in Surfguard and Archive.
SECTION TWO – GENERAL TRAINING SEASON 2012/13

VICTORIAN TRAINING GUARANTEE

Through Skills Victoria, the Victorian Training Guarantee is making vocational education and training more accessible to people who do not hold a post-school qualification, or who want to gain a higher level qualification than they already have.

As a result of this Government funding, Life Saving Victoria (LSV) is able to offer government-subsidised training places in Certificate II in Public Safety (Aquatic Rescue) to people who meet the eligibility criteria.

Skills Victoria requires specific documentation from candidates so Candidate Books have been prepared to ensure that all required information is obtained (Candidate books are available free of charge from LSV Client Services – please register your course and then order course books). The Candidate Books are formatted in two easy to follow parts:

- Part I – Enrolment and Evidence of Eligibility
- Part II – Evidence of Participation.

The Candidate Books provide prompts to ensure that the books are completed in their entirety including:

- Evidence of Eligibility where required is attached
- Declarations (if applicable), pre-training documents and training plans are signed by the student or their guardian.
- Declarations (if applicable), training plans and assessments are signed by authorised Life Saving Victoria personnel where specified.

If a candidate is not eligible to claim funding, the Candidate Book indicates where to stop filling out forms.

Once Candidate Book (Part I – Enrolment and Evidence of Eligibility) is complete, and prior to course commencement, it must be sent to the LSV State Centre by the course trainer for record keeping purposes.

At the conclusion of the course, Candidate Book (Part II – Evidence of Participation) must also be sent to LSV State Centre by the course assessor for record keeping purposes.

Where incomplete Candidate Books are submitted to LSV State Centre, the award will not be processed and the books returned to the course assessor for completion of the missing components. Once completed the books must then be resubmitted to LSV State Centre for completion of award processing.

The flow chart, below, assists with determining eligibility of candidates:
Eligibility for Victorian Training Guarantee Funding 2012/13
Certificate II Public Safety

Is the student an Australian citizen, permanent resident or holder of Special Category Visa (sub-class 444)*?

Y

Is the student an Asylum Seeker (confirmed by the Asylum Seeker Resource Centre) or a Victim of Human Trafficking (confirmed by the Australian Red Cross) Must be accompanied by a Referral Form

Y

Is the student under 20 years of age?**

Y

Is this enrolment higher than any qualification held currently?****

Y

Has the student commenced two (non Foundation)**** Government subsidised qualifications this year?

Y

Is the student currently enrolled in two (non Foundation) Government subsidised courses?

N

N

N

N

N

ELIGIBLE

*The Special Category (subclass 444) visa is a temporary visa automatically granted to New Zealand citizens who arrive in Australia who do not hold a permanent visa.

**Age determined as at 1 January 2012

***Qualifications gained at Secondary School do not exempt the applicant from funding

****Foundation Skills courses are listed by Skills Victoria. To find out if the course you have already enrolled in or commenced this year is a Foundation Skills course, please contact the Compliance Officer at LSV

Not currently eligible for any additional subsidised courses (during 2012/13 season)
The below flowchart highlights the process for hosting Certificate II Public Safety courses:

1. Register course dates via online registration form
2. Order Candidate Book One and Two from LSV and raise Form 14
3. Candidate Book One returned to LSV prior to or at start of course
4. Candidate Book two completed on course and returned to LSV, with Form 14
5. DO retains their copy of the Form 14
6. LSV processes candidate awards and submits application for funding
LEARNER GUIDES

Helping to simplify meeting regulatory requirements when conducting nationally accredited courses, LSV has amended course Learner Guides to provide all the information that a course candidate must be advised of prior to course commencement. This includes the addition of an enrolment form and accompanying Vocational Education and Training Code of Practice.

For the 2012/13 season, Learner Guides are available free of charge from LSV (order from Client Services). These are also available for download from the LSV website.

Learning Activities and the assessment portfolios will need to be completed prior to the complete Learner guide and the Form 14 being sent to LSV State Centre by the course assessor for record keeping purposes.

Where incomplete Learner Guides are submitted to LSV State Centre, the awards will not be processed and the Guides returned to the course assessor for completion of missing components.

Once completed the books must then be resubmitted to LSV State Centre.