

Bronze Medallion

At-a-glance



The Lifesaving Society's Bronze Medallion Award teaches an understanding of the lifesaving principles embodied in the four components of water rescue education – judgment, knowledge, skill, and fitness. Rescuers learn tows and carries, and defence and release methods in preparation for challenging rescues of increased risk involving conscious and unconscious victims of various types. Lifesavers develop stroke efficiency and endurance in a timed swim.

Notes

- Bronze Star *or* a minimum 13 years of age is a prerequisite to Bronze Medallion.
- * Asterisk indicates instructor-evaluated item (see Foreword).

H₂O Proficiency

1. * Demonstrate accuracy in throwing buoyant aids. Throw a distance of 8 m placing the aid within 1 m of the centre of a target three times out of four.
2. * Simulate self-rescue techniques for the following circumstances:
 - Ice
 - Moving water
 - Swamped or capsized boat
3. * Starting in the water, demonstrate 20 m or yd. head-up approach, surface dive to recover a submerged victim or manikin, and return to the starting point using a control carry to support and carry the victim.
4. * Demonstrate three defences from the front, side, and rear and three releases from the front, side, and rear. Assume a ready position and communicate verbally after each defence or release.
5. * Swim head-up 6 x 25 m or yd. maintaining a consistent pace and work-to-rest ratio. Check your pulse after the last repeat.
6. * Swim 500 m or 550 yd. in 15 minutes or better using any combination of strokes of the candidate's choice.

First Aid

7. * Demonstrate single-rescuer adult and child cardiopulmonary resuscitation (CPR) on a manikin, including:
 - Complications in resuscitation (vomiting /drowning)
 - Adaptations (mouth-to-nose, stoma)
8. *a) Simulate the treatment of a conscious adult or child with an obstructed airway.
*b) Simulate the treatment of an unconscious adult or child with an obstructed airway.

9. * Demonstrate the appropriate recognition and care of a victim suffering from the following circulatory emergencies:
 - a) Shock
 - b) Heart attack or angina
 - c) External bleeding
 - d) Stroke and Transient Ischemic Attack (TIA)

Recognition & Rescue

10. *Walk around an aquatic environment scene, evaluate the ongoing activities, and where appropriate, model safe aquatic leisure choices.
11. Recover and immobilize a conscious breathing victim with a suspected cervical spinal injury in shallow water. Demonstrate recovery and immobilization with both a face-up and a face-down victim. Recruit and direct bystanders to assist.
12. *Perform a logical underwater search of a specified area to maximum depth of 3 m.
13. Perform a non-contact rescue in an aquatic situation designed to emphasize a low-risk rescue, victim care, removals with bystander assistance, and follow-up including contact with EMS.
14. Perform a rescue of a non-breathing victim located in deep water, 5 m from a point of safety. The situation involves an unsupervised environment and is designed to emphasize victim care, removals with bystander assistance, and follow-up including contact with EMS.
15. Perform a rescue of a distressed or drowning victim in open water, requiring a 20 m or yd. approach and 20 m or yd. return. The situation is designed to require either a contact or non-contact rescue with emphasis on victim recognition and appropriate care.

* One-rescuer CPR: adult & child

Demonstrate single-rescuer adult and child cardiopulmonary resuscitation (CPR) on a manikin, including:

- *Complications in resuscitation (vomiting/drowning)*
- *Adaptations (mouth-to-nose, stoma)*

Notes

- Send bystander to phone EMS. If alone with an adult victim, call EMS right away. If alone with a child, rescuer calls EMS after 2 minutes (5 cycles of 30:2) of CPR. Unconscious victims are left in the recovery position.
- Rescuers should understand the importance of early defibrillation and how to use an AED (components, activation and pad application).
- Push Hard, Push Fast: compress the chest at a rate of at least 100/minute allowing for full chest recoil. Compress at least 5 cm (2 in.) for an adult, and up to but not more than 5 cm (2 in.) for a child.
- AED pad placement: The upper-right chest pad should not go over the sternum, clavicle or nipple. The lower-left pad should wrap around the rib cage – not on the abdomen or in the arm pit.
- On a child, if the pads are going to be less than 2 inches apart, place one on the centre of the chest and the other on the back between the shoulder blades.
- Use of barrier device is recommended.

Reference:
CLM Chapter 7.2 *The ABC Priorities*;
7.4 *Rescue Breathing*;
7.5 *Cardiopulmonary Resuscitation*
Appendix B

Purpose

To restore breathing and circulation in an unconscious victim with absent or abnormal breathing.

Must See

- Assess environment for hazards
- Establish unresponsiveness
- Activate Emergency Medical Services (EMS)
- Attempt to obtain an AED and an AED-trained responder
- Position victim on back
- Open airway and quick, visual check for breathing (5 sec.)
 - If breathing, victim placed in recovery position
 - If breathing is absent or abnormal, CPR started with 30 chest compressions (or with 2 rescue breaths for drowning victims)
- Immediate application of AED by an AED trained responder (if available)
- CPR and/or AED use continued until EMS takes over treatment or the victim begins to show signs of life
- If victim shows signs of life, reassess ABCs and treat appropriately

* Obstructed airway: conscious victim

Notes

- Discuss common causes of airway obstruction.
- Supervise candidates carefully during training in obstructed airway techniques. Caution rescuers to *simulate* treatment – misplaced or excessive thrusts can be dangerous.
- Conscious victim simulates *either mild or severe* airway obstruction. To signal the type of assistance needed, teach the universal choking signal.
- Rescuer assumes severe obstruction if victim nods “yes” when asked “Are you choking?” or if victim clutches neck or victim cannot speak or breath.
- Back blows, abdominal thrusts or chest thrusts are effective for relieving severe airway obstruction in conscious adults and children. These techniques should be applied in rapid sequence until the obstruction is relieved or the victim becomes unconscious. More than one technique may be needed; there is insufficient evidence to determine which should be used first.

Some jurisdictions follow a standardized protocol. E.g., for Emergency or Standard First Aid in Quebec, abdominal thrusts or chest compressions are used; while in Ontario, 5 back blows alternate with 5 abdominal thrusts. Follow provincial protocols.

Reference:
CLM Chapter 7.2 *The ABC Priorities*;
7.3 *Coping with Complications during the ABCs*; 8.3 *Airway and Breathing Problems*

Simulate the treatment of a conscious adult or child with an obstructed airway.

Purpose

To enable lifesavers to recognize a conscious victim with an obstructed airway and to perform the appropriate lifesaving techniques.

Must See

- Assess the environment for hazards
- Assess degree of obstruction – ask “Are you choking?”
- Rescuer identifies self – ask “Can I help?”
- Selection of appropriate procedures:

Mild Obstruction

- Coughing encouraged
- Reassurance for victim

Severe Obstruction

- Shout for help
- Careful landmarking
- Appropriate obstructed airway technique(s)
- If successful, victim directed to see a physician to rule out complications from the obstruction or treatment

* Obstructed airway: unconscious victim

Item 8b

Simulate the treatment of an unconscious adult or child with an obstructed airway.

Purpose

To clear an airway obstruction and restore normal breathing in an unconscious victim.

Notes

- Whenever possible, use a manikin to practice chest compressions. If practicing this skill item on a person, rescuers *simulate* compressions to prevent injury.
- Send bystander to phone EMS. If alone with an adult victim, call EMS right away. If alone with a child, rescuer calls EMS after 2 minutes (5 cycles of 30:2) of CPR. Unconscious victims are left in the recovery position.
- Use of barrier devices is recommended.

Reference:

CLM Chapter 7.2 *The ABC Priorities*;
7.3 *Coping with Complications during the ABCs*; 8.3 *Airway and Breathing Problems*
Appendix B

Must See

- Assess the environment for hazards
- Establish unresponsiveness
- Activate Emergency Medical Services (EMS)
- Attempt to obtain AED and an AED-trained responder if available
- Position victim on back
- Open airway and quick, visual check for breathing (5 sec.)
 - If breathing, victim placed in recovery position
 - If breathing is absent or abnormal, CPR started with 30 chest compressions (or with 2 rescue breaths for drowning victims)
- Immediate application of AED by an AED-trained responder (if available)
- Attempt to ventilate
 - If unsuccessful, reposition the airway and re-attempt to ventilate
 - If unsuccessful, careful landmarking and 30 chest compressions
 - Foreign body check: look in mouth and if object can be seen, attempt to remove it
 - Attempt to ventilate: if successful continue CPR sequence
 - If unsuccessful, repeat sequence (30 compressions, check the mouth, attempt to ventilate, reposition head, re-attempt to ventilate) until successful
- CPR and/or AED use continued until EMS takes over treatment or the victim begins to show signs of life
- If victim shows signs of life, reassess ABCs and treat appropriately

* Circulatory emergencies: shock

Item 9a

Demonstrate the recognition and care of a victim suffering from shock.

Notes

- Candidates are not expected to do a complete secondary assessment.
- Monitoring of ABCs refers to ensuring that breathing and circulation are present.
- Encourage candidates to practice this skill on both conscious and unconscious victims.
- Use of barrier devices is recommended
- Recovery position is used for all victims with normal breathing and if a spinal injury is not suspected. Recovery position is designed to maintain a patent airway and reduce the risk of airway obstruction and aspiration.

Reference:
CLM Chapter 7.2 *The ABC Priorities*;
8.2 *Shock*

Purpose

To provide care and treatment to support breathing and circulation.

Must See

- Victim and scene assessment
- EMS activated
- Victim reassured
- Victim placed in position of comfort, preferably recovery position
- Victim kept warm
- ABCs monitored

* Circulatory emergencies: heart attack or angina

Item 9b

Demonstrate the recognition and care of a victim suffering from a heart attack or angina.

Purpose

To provide care and treatment to support breathing and circulation.

Notes

- A victim suffering chest pain may chew one adult strength or two children strength ASA. Victims must have their own ASA, no history of an aspirin allergy or asthma, and no signs of a recent or active gastrointestinal bleed.
- Angina – 1 nitroglycerine tablet or other form such as spray not exceeding 3 doses in 10 min. Activate EMS if pain not relieved. Medical follow-up is recommended.
- Candidates are not expected to do a complete secondary assessment.
- Monitoring of ABCs refers to ensuring that breathing and circulation are present.
- Instructors should avoid complicating the presentation and evaluation of this content.
- Use of barrier devices is recommended.

Reference:

CLM Chapter 7.2 *The ABC Priorities*;
8.4 *Circulatory Disorders*

Must See

- Victim and scene assessment
- EMS activated
- Rescuer has victim stop activity – sit or lay victim in position of greatest comfort
- Victim reassured
- ABCs monitored
- Medical history requested (for example, cardiovascular disease)
- Victim helped to take medication (nitroglycerine) if available – rescuer does not administer

* Circulatory emergencies: external bleeding

Demonstrate recognition and care of a victim suffering from external bleeding.

Purpose

To provide care and treatment to support breathing and circulation.

Notes

- Candidates should be prepared to provide their own dressing and bandage. Use of a sterile dressing may be simulated.
- May include embedded objects.
- If available, rescuers should use barrier devices such as gloves and glasses to avoid exposure to blood and other body fluids.
- Candidates are not expected to complete a secondary survey.
- Monitoring of ABCs refers to ensuring that breathing and circulation are present.
- Distal circulation check involves a check for circulation at a point distal to (away from) the injury. Have candidates perform a capillary refill test by squeezing a finger or toe and then watching for colour to return to the area.
- Use of barrier devices is recommended.

Reference:
CLM Chapter 7.2 *The ABC Priorities*;
8.5 *Bleeding*

Must See

- Victim and scene assessment
- EMS activated if necessary
- Direct pressure over wound or around wound if it contains an impaled object
- Application of dressing and bandage
- No aggravation of injury
- Distal circulation check
- Reassurance for victim and instruction to rest
- ABCs monitored

* Circulatory emergencies: stroke & TIA

Demonstrate the recognition and care of a victim suffering from a stroke or Transient Ischemic Attack (TIA).

Notes

- Basic understanding of causes of stroke:
 - Head injury
 - Blood vessel blockage or burst
 - Air embolism caused by injection or scuba diving
- Candidate should understand the variety of signs and symptoms that might be expressed (such as inability to speak, facial paralysis, limb paralysis, and dizziness).
- Candidates are not expected to do a complete secondary assessment.
- Monitoring of ABCs refers to ensuring that breathing and circulation are present.
- Instructors should avoid complicating the presentation and evaluation of this content.
- Use of barrier devices is recommended.
- Recovery position is used for all victims with normal breathing and if a spinal injury is not suspected. Recovery position is designed to maintain a patent airway and reduce the risk of airway obstruction and aspiration.

Reference:

CLM Chapter 7.2 *The ABC Priorities*;
8.4 *Circulatory Disorders*

Purpose

To provide care and treatment to support breathing and circulation.

Must See

- Victim and scene assessment
- EMS activated
- Victim placed in recovery position or position of comfort
- ABCs monitored
- Victim reassured

Rescue 2

Item 14

Perform a rescue of a non-breathing victim located in deep water, 5 m from a point of safety. The situation involves an unsupervised environment and is designed to emphasize victim care, removals with bystander assistance, and follow-up including contact with EMS.

Notes

- Victim may be located at or just below the surface.
- Realistic victim simulation will assist in accurate rescuer recognition and appropriate response.
- Rescue breathing is initiated as soon as the candidate can effectively deal with vomiting. Rescue breathing in deep water is not expected.
- Rescuers are not required to perform unassisted removals. Bystanders can be trained or untrained.
- Candidates should have a basic understanding of critical incident stress.

Reference:

CLM Chapter 4 *The Rescue of Others*;
7.2 *The ABC Priorities*; 7.4 *Rescue Breathing*;
7.5 *Cardiopulmonary Resuscitation*;
Appendix A *Stress Reaction to Rescues*
Appendix B

Purpose

To prevent loss of life in an aquatic emergency with minimum risk to the rescuer.

Must See

- Quick, accurate recognition
- Appropriate assessment of situation – call for help
- Lowest risk rescue possible under the circumstances and concern for personal safety throughout
 - Appropriate choice and use of aid
 - Safe and effective entry, approach (maintaining visual contact), reverse and ready, and carry for the circumstances
- Victim secured at nearest point of safety
- Safe and effective removal with bystander assistance
- Activate Emergency Medical Services (EMS)
- Attempt to obtain an AED and an AED-trained responder
- Appropriate care of victim: CPR (started with 2 rescue breaths) and application of AED by AED-trained responder (if available)
- CPR and/or AED use continued until rescuer relieved of responsibility or victim shows signs of life
- If victim shows signs of life, reassess ABCs and treat appropriately
- Effective use of barrier devices where appropriate