When you have a missing Athlete/Guest, minutes truly matter. We want to be as efficient as possible when it comes to locating our missing Athlete/Guest.

In the event that a person becomes missing within the race course and the management is made aware of the situation, the following protocol will be implemented:

- The Meet Director or Independent Safety Officer (ISO) will call 911 and inform the Fire Department dive and rescue search team and EMS, if they are not already on site, of the missing athlete. THREE LONG WHISTLES will be blown by the supervisor on duty to signal to the active lifeguards.
- The lifeguards who are guarding the beach will clear the beach of athletes, families and spectators. They should be removed from the venue to a nearby site and meet management is to account for all athletes. The athletes, families and spectators will then await notice if the competition is to be resumed or postponed further.
- A supervisor or manager will secure the main entrance to the venue by blocking the entrance to the beach area and remain there until the person is found.
- Net drag search:
- Lifeguards will perform a shallow water search. If available, guards will take a weighted volleyball net that is secured to poles and span the width of the zone and walk with the net tightly between them across the full length of the zone.
- Snorkel and Fin search: In deep water guards will swim the length of the zone, looking for the submerged Athlete/guest. If present the Village of Pleasant Prairie Fire Rescue team will perform a search, with lifeguards to assist if so directed
- A lifeguard or assigned Meet Personnel (using two-person, same gender) will search the changing areas, locker rooms and Athlete designated bathrooms.
- If the missing person is not found at this time, the manager will call 911 to inform the police of the missing person. Officials and Coaches can assist in searching adjacent areas including any playgrounds, parking areas, or picnic areas.

Things to Remember:

- You have 3 minutes to search the shallow water beach area. Please move as efficiently as possible and as fast as you can while still being thorough.
- Communicate, communicate, and communicate! The more you communicate what has been searched and what needs to be searched, the more effective the search will be.

Key Places to Look:

- In the water
- On the sand
- By concessions
- In the bathroom
- At the park
- In the parking lot
- By the boats

Call 9
Identif

Key Questions to Ask:

- Physical description: What does he look like, what is he wearing, how tall is he, etc.
- Name (or nicknames he answers to)
- Age
- Club

- Explain the situation briefly (unconscious athlete pulled fromLake Andrea.
- Explain the purpose of the call (need ambulance, need police, need dive rescue team, etc.).
- Give the location:
  - Facility Name: Lake Andrea, Prairie Springs Park
  - 9999 Park Drive, Pleasant Prairie, WI 53158Phone: (262) 947-0437, and give your mobile number
- Answer questions addressed to you.
- **Do not hang up** until EMS call-taker tells you to do so.

Extractions at the Beach

Non-Spinal Extrications

For a non-spinal unconscious extrication, simply pull the victim from the water as one would at zero depth in the pool. Get the victim out of the water as quickly as possible to be able to administer oxygen and the AED if necessary.

Non-Spinal Extrication Protocol:

- Rescue the victim: passive front or rear rescue, feet first or headfirst surface dives, whichever is necessary.
- Call for assistance and someone to call 9-1-1. Clear the water.
- One lifeguard will pull the victim out by placing their arms under the victim's armpits, cradling the neck and moving backwards.
- A secondary lifeguard will pick up the feet to more easily move the victim out of the water.
- Glove up.
- Begin assessment.

Things to Remember:

- The victim must be 6 feet from the edge of the water.

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Spinal Extrications

Spinal injuries are very similar at the beach as they are at the pool. The main objective is the same: to stabilize the victim and to extricate as soon as possible.

Spinal Extrication Protocol:

Things to Remember:

- The victim must be extricated within 3 minutes.
- The victim must be 6 feet away from the water once extricated.
- Make sure to treat for shock (cover with a blanket) and monitor CAB need once out of the water.
- In the water, make sure to be talking to your victim.

- Make sure the head is secured by the secondary rescuer with knees down, elbows down.
- Strap the victim in.
- Use the head splint technique to secure the head. Note: Unlike the pool, you will probably not be able to place your second hand under the board.
- Place the head restraints on the victim.
- Slowly extricate the victim from the water.
- Cover with a blanket.

2. **Survey the Scene**
   -Form a general impression about what happened
   -How many victims are there?
   -What caused the incident?
   -Are there any immediate threats to life?
3. **Determine Level of Consciousness**
   a. **Alert -** fully awake, but may still be confused
   b. **Verbal –** responds to verbal stimuli
   c. **Painful –** responds to pain stimuli
   d. **Unresponsive** – does not respond
   e. Check for normal breathing
4. **Glove up!**
5. **If unresponsive,** check for pulse, open airway and breathing
6. **YES pulse, begin rescue breathing. NO pulse, begin CPR.**



Compressions (Chest)

-after determining absence of a pulse, start chest compressions.

Airway

-opened to deliver ventilations during appropriate times during the BLS sequence.

Breathing

- Presence of a definite pulse and no obvious signs of normal breathing, begin rescue breathing.

Responsibilities of the First Responder:

- ❑ Recognize and respond to aquatic emergencies
- ❑ Recognize when to active the EAS
- ❑ Safely and appropriately rescue the guest
- ❑ Provide appropriate emergency care until EMS arrives and assumes care
- ❑ Work as a team player in every emergency situation
- ❑ Provide the arriving EMS professionals with critical information regarding the emergency event.

Initial Assessment:

- ❑ Survey the scene.
- ❑ Check for responsiveness
- ❑ Glove up
- ❑ Call 911 (if call is delegated, verify call was made)

Heat Related Emergencies

A. Dehydration: Dehydration is the absence of a sufficient amount of water in your body and occurs when you use or lose more fluid than is taken in, and the body doesn't have enough water and other fluids to carry out its normal functions.
    a. Effects of dehydration
        i. Increases the risk of more significant heat-related illnesses such as muscle cramps, heat exhaustion and heatstroke
        ii. Loss of 2 percent or more of body weight through sweat may decrease athletic performance
            - o Decreased muscle strength
            - o Increased fatigue

- Decreased mental function (e.g., concentration)
- Decreased endurance

iii. Loss of 3 percent or more happens in most cases before first feeling thirsty

iv. Signs/symptoms of dehydration

Thirst	Flushed skin
Fatigue	Muscle cramps
Apathy	Dry lips and mouth

Dark colored urine (should be clear or light yellow)
Feeling weak

b. Replenishing electrolytes lost through sweat

i. Activities lasting 45-50 minutes can result in significant loss of electrolytes, such as sodium or potassium.

ii. Electrolyte replacement

- Sports beverage containing sodium
- Enhanced waters
- Chocolate milk
- Eating a normal diet (lightly salted; salt tablets not generally recommended)
- Oranges and bananas are a good source of potassium

c. Sports drinks versus water

i. Indications for sports drinks

- Engaged in vigorous or high-energy activity
- Practicing or competing for more than one hour
- Competing or practicing more than once per day
- Dehydrated

ii. Sports drinks with 6-7 percent carbohydrate solution and sodium content) preferred because they:

- Stimulate thirst
- Promote fluid retention
- Replace carbohydrates utilized for energy
- Help reduce muscle cramping

B. <u>Hyperthermia:</u> Heat-related emergency in which the patient has become too warm/dehydrated from spending too much time in a hot environment without taking in enough fluids. Conditions encountered (and progressively more serious) are heat cramps, heat exhaustion and heat stroke.

a. Differences between Heat Stroke and Heat Exhaustion:

i. Heat exhaustion is where the body is extremely dehydrated. The body temperature is warmer than usual, and the patient will have clammy skin from sweating. The skin may also be pale.

ii. Heat stroke is when the body has sweated itself out. The patient would have hot, dry, red skin. This is a life-threatening condition.

iii. The difference between heat stroke and heat exhaustion is body color, perspiration, and body temperature.

b. Heat Cramps
    i. Signs/Symptoms
        - Heavy sweating during intense exercise
        - Muscle pain or spasms (often in quadriceps, hamstrings, calves
    ii. Care
        - Stop physical activity and move to a cool place
        - Drink water or a sports drink
        - Wait for cramps to resolve before resuming physical activity
    iii. Obtain medical assistance right away if:
        - Cramps last longer than an hour
        - If athlete is on a low sodium diet
        - If athlete has heart problems
        - If referred to medical care, the athlete cannot return to activity until examined and released.

c. Heat Exhaustion
    i. Signs/Symptoms

Profuse sweating	Cold, pale and clammy skin
Fast, weak pulse	Dilated pupils
Loss of Coordination	Nausea and vomiting
Muscle cramps	Tiredness or weakness
Dizziness	Headache
Fainting	

    ii. Care
        - Move to a cool location
        - Loosen clothes
        - Apply ice or cool, wet cloths to the body (neck, back, and/or stomach) or apply cool bath
        - If responsive and able to drink, provide water or a sports drink
        - If athlete recovers, send home with parent/guardian and athlete cannot return to the activity the same day
        - If referred for medical care, the athlete cannot return to activity until examined and released.
    iii. Activate Emergency Medical Assistance if:
        - Vomiting is present
        - Symptoms are worsening
        - Symptoms last longer than an hour
        - The temperature is greater than 104° F (rectal temperature if possible)
        - Athlete becomes disoriented, belligerent, or faints or becomes unresponsive

- If EMS is activated and/or sent to a physician/UC/ER, the athlete cannot return to activity until released by a physician

d. Heatstroke
   i. Signs/Symptoms

High body temperature (103° F or higher, rectal temp. if possible)

Hot, red, dry or damp skin	Fast, strong pulse
Rapid breathing	Constricted pupils
Diarrhea	Headache
Dizziness	Nausea
Losing consciousness	Confusion
Seizures	Unresponsiveness
Respiratory or cardiac arrest	

   ii. Care

- **This is a medical emergency: call 911 right away, activate Emergency Medical Services**
- Move athlete to a cooler location
- Remove excess clothing
- Lower athlete's temperature with cool cloths or a cool bath
- Do not give anything to drink
- Monitor breathing and provide CPR if needed
- Monitor and treat for shock if needed, but do not cover with blankets
- Athlete cannot return to activity until examined and released by a physician and then should return to activity gradually.

Musculoskeletal Injuries: These types of injuries are rarely life-threatening. This type of injury affects the muscles, joints, or bones.

<u>Signs and Symptoms:</u>

Deformity	Pain
Tenderness	Swelling
Open Wound	Inability to use the area

<u>Care for Musculoskeletal Injuries: (RICE)</u>

1. **R**est: limit use of injured body part.
2. **I**mmobilization: Stabilize the injured body part with an elastic bandage or a splint to limit motion, without moving the affected area.
3. **C**old: Apply cold pack/ice wrapped in a thin, dry towel/cloth to the area to reduce swelling/pain. Apply cold for no more than 20 minutes at a time and wait at least 20 minutes before applying cold again.

4. **E**levation: Elevate the injured body part to help reduce swelling. Only elevate the injured body part if it is immobilized or splinted/wrapped with a compression bandage. Do not elevate if doing so causes more pain.

Bleeding Wounds:

A. Cuts and Scrapes

a. Call 9-1-1 if:
   i. Bleeding cannot be stopped
   ii. Large or deeply embedded objects are in the wound
   iii. Skin or body parts have been partially or completely torn away
   iv. Wounds that show muscle or bone, involve joints, are deep or involve hands or feet
   v. Large wounds
   vi. Human or animal bites
   vii. Any wound to the face

b. If bleeding is minor:
   i. Glove up! (latex-free disposable gloves)
   ii. Cover wound with a sterile dressing and apply direct pressure with a gloved hand
   iii. If bleeding stops:
      1. wash with soap and water, rinse for about 5 minutes with clean, running tap water
      2. Apply an antibiotic ointment if no known allergy or sensitivity to the medication
      3. Cover with sterile dressing and bandage
   iv. If bleeding does not stop:
      1. Apply additional gauze layer and continue pressure (DO NOT REMOVE the first layer of dressing). If yet another layer is needed, remove the second layer (not the first) and apply the gauze (do not stack more than two layers at a time as it may blunt the application of pressure).
      2. Elevate the affected area above the heart if safe to do so.
      3. If bleeding continues, activate EMS or send to ER or Urgent Care.

B. Hemorrhage

a. Recognizing life-threatening bleeding
   i. Volume: when the amount of flow would roughly fill half a soda can
   ii. Flow: blood that is flowing continuously or pumping/spurting

b. Care
   i. Glove up!
   ii. Apply gauze, hemostatic dressing or any clean cloth to the wound and apply direct pressure to the wound:
      1. Head/Neck/Trunk – apply until bleeding stops or EMS arrives

2. Arm/Leg – apply until bleeding stops, tourniquet is applied, or EMS arrives

iii. Apply a second dressing atop the first if continued bleeding but DO NOT Remove the first dressing.
iv. If further dressings are needed, leave the first dressing, remove the second dressing and then can apply a new dressing. Do not use more than two layers as it may blunt the direct pressure effect.
v. If a tourniquet is used, a second one can be placed above the first if bleeding persists.
vi. Record the time the tourniquet is placed
vii. Do not remove the tourniquet (it should only be removed by EMS, ER or UC.

C. Embedded Objects
   a. Call 9-1-1
   b. Use latex-free gloves
   c. Leave the object in place
   d. Stabilize the object until EMS personnel arrive
   e. Place bulky, sterile dressings around the object to support the object in place
   f. Use a roller bandage to secure the dressing in place

D. Amputation
   a. Call 9-1-1, put on gloves
   b. Control bleeding with direct pressure
   c. Wrap and bandage the wound to prevent infection
   d. If bleeding is significant, give care to minimize shock
      i. Control bleeding
      ii. Cover person with blanket to prevent loss of body heat
      iii. Do not give person anything to eat or drink, even if complaining of thirst
      iv. Reassurance until EMS arrives.

E. Nosebleed
   a. Use gloves
   b. Sit person down and lean slightly forward
   c. Pinch the nose just below the bony ridge for about 10 minutes
   d. Apply a non-chemical ice pack to the bridge of the nose
   e. If bleeding does not stop
      i. Continue pinching the nose just below the bone ridge
      ii. Seek medical care

Shock

A. Hypovolemic: loss of blood or other body fluids
   a. Signs/Symptoms
      Breathing difficulties Vomiting

Extreme thirst
Nausea
Disorientation
Breathing rapidly
Weakness
Cold, pale skin
Blue tinge to lips and fingernails
Rapid pulse

b. Care
   i. Call 9-1-1
   ii. Monitor CAB need (**C**ompression, **A**irway, **B**reathing)
   iii. Cover with blanket to avoid loss of body heat
   iv. Do not give food or drink, even if thirsty
   v. Elevate legs 12 inches
   vi. Maintain open airway

B. Anaphylactic: allergic reaction, such as to a food, bite or sting
   a. Signs/Symptoms

Wheezing
Itchy skin
Rapid pulse
Blue tinge to lips/fingernails
Rapid pulse
Swelling
Burning skin
Tightness in the chest
Breathing rapidly
Change in responsiveness

   b. Care
      i. Call 9-1-1
      ii. Monitory CAB needs
      iii. If a stinger is present, do not pull it out. Use a credit card or other, flat, hard edge to scrape it out.
      iv. If a person carries medication for emergency treatment of anaphylaxis, such as epinephrine auto-injector, assist with administration if indicated.
         1. Verify medication with the person
         2. Remove cap and any safety device on the auto-injector
         3. Locate the outside middle of the thigh
         4. Hold the leg firmly
         5. Administer the medication into the thigh at a 90-degree angle
         6. Hold in place for 3 seconds after click is heard
         7. Can be administered through clothing
         8. Massage the injection area for 10 seconds
         9. Note the time of administration and any change in their condition

Burns

<u>First Degree (Superficial) Burns</u>: Example: Sunburn

<u>Signs and Symptoms</u>:

Red skin

<u>Care</u>:

1. Cool affected area with cool water for up to 30 minutes

<u>Second Degree (Partial thickness) Burns</u>:

<u>Signs and Symptoms</u>:

Red skin

Blisters begin to form

Care:

1. Cool the burned area with cool water.
2. Remove any jewelry of smoldering clothing
3. Cover the burned area with dry, clean gauze without applying pressure.
4. Activate EAS

Third Degree (Full thickness) Burns:

Signs and Symptoms:

Damages all layers of skin
Multi-colored burns (black, red, gray, white)

Care:

1. Correct any immediate threats to life
2. Cover with clean, dry gauze
3. Monitor CAB need
4. Activate EAS

Fainting (Syncope): not usually harmful and person will normally recover quickly. If not or a more serious condition is suspected, EMS is indicated.

a. Call 9-1-1 if a serious condition is suspected (has symptoms of nausea, chills, dizziness, weakness, headache, abdominal pain) or an injury occurs.
b. Position person on their back, lying flat
c. Loosen any tight clothing
d. Monitor breathing
e. Do not give anything to eat or drink until person recovers
f. If there is vomiting, place on one side

Seizures

Seizures are involuntary changes in a patient's brain cell activity levels due to massive electrical charge. There are many different causes of seizures, but treatment is the same.

A. Person with a diagnosed seizure disorder
   a. May be appropriate to call their physician instead of EMS if they meet the following 3 criteria:
      i. Single seizure which is the same as their normal seizure pattern lasting no more than 5 minutes
      ii. No difficulty breathing
      iii. Regains consciousness shortly after the seizure
   b. If unsure, it is always acceptable to call 9-1-1
   c. If no prior history of seizure, call 9-1-1
B. Care
   a. Put on gloves
   b. Remove nearby objects that may cause injury
   c. Do not hold or restrain person
   d. Do not place anything between the person's teeth

e. After seizure resolves, place on their side to drain fluids from mouth
f. After seizure resolves, check for breathing and injuries
g. Comfort/stay with person until they are fully conscious, or EMS arrives.

Diabetic Emergencies

A. Hypoglycemia: not enough blood sugar
   a. Signs/Symptoms:

Rapid pulse	Weakness	Rapid Breathing
Sweating	Numbness	Hunger

   b. Care
      i. Person is conscious and safely able to swallow food or fluids, and is a known diabetic, then give 15-20 grams of sugar

Glucose tablets or paste	12 oz. serving of fruit juice
Milk	Non-diet soft drink
Table sugar dissolved in glass of water	
20-25 Skittles	2 strips of fruit rolls

      ii. If not feeling better after 5 minutes, call 9-1-1
      iii. If unconscious:
         1. Call 9-1-1
         2. **Do not** give anything to eat or drink
         3. Monitor CAB need

B. Hyperglycemia: too much sugar
   a. Signs/symptoms:

Drowsiness	Fever
Confusion	Severe thirst
Fruity breath odor	Frequent urination

   b. Care
      i. Call 9-1-1
      ii. Monitor CAB need
      iii. Symptoms of hypoglycemia and hyperglycemia are similar. If unable to test to determine if sugar is high or low, give some sugar to see if they respond. If the sugar is high and dose of sugar as stated above is given, it will not have a major negative impact.

Asthma

A. Signs/symptoms

Difficulty Breathing	Coughing
Wheezing	Rapid/shallow breathing
Skin appears pale or bluish	Dizziness or light-headedness
Pain in chest	Unusually moist or cool skin
Tingling in hands, feet or lips	Anxiety/fear

B. Care
   a. Call 9-1-1
   b. If person is responsive

i. Place in an upright/slightly bent forward position
ii. Assist person with their own medications
iii. Monitor CAB need

c. If unresponsive and not breathing
i. Use latex-free gloves and CPR breathing barrier if available
ii. Commence CPR if trained, chest compressions only if untrained
iii. 30 chest compressions followed by two breaths, repeat, until EMS arrives or breathing spontaneously.
iv. When breathing spontaneously, place in recovery position on their side, and continue to monitor condition.
v. Provided oxygen if available.

Poisoning: Inhaled or swallowed

a. Signs/Symptoms

Difficulty breathing	Nausea/vomiting/diarrhea
Chest or abdominal pain	Change in consciousness
Burns around lips/tongue/skin	Burning sensation
Headache/Dizziness	Bloody spit
Unusual odors/smoke/flames	

b. Care
i. Call 9-1-1
ii. Use gloves
iii. Move person to safety, away from source of poison
iv. If it is an unlabeled, swallowed poison, save a sample for analysis
v. Contact national Poison Help hotline at 1-800-222-1222, and you will be routed to nearest Poison Control Center
vi. Follow advice from the Poison Control Center
vii. Do not give anything to eat or drink unless directed by Poison Control Center
viii. Do not induce vomiting unless directed by Poison Control Center
ix. Monitor CAB need

Bites and Stings

A. <u>Human and Animal Bites</u>

a. Signs/Symptoms

Bite mark	Pain	Bleeding

b. If bleeding is severe, see Bleeding Wounds section above.
c. If bleeding is minor:
i. Using gloves, apply gauze and direct pressure to control bleeding
ii. Wash wound with soap/water, and rinse for about 5 minutes with clean, warm, running tap water
iii. Apply antibiotic ointment if no allergy/sensitivity

iv. Cover the wound with sterile dressing and bandage
i. Obtain medical attention if wound becomes infected or if suspicion the animal has rabies

B. Insect Bites, Spider Bites and Stings

a. Signs/Symptoms

Stinger may be present	Pain
Swelling	Possible allergic reactions

b. Care
   i. If bee sting, remove stinger by scraping away with a flat surface like a credit card
   ii. Otherwise, try to remove with tweezers
   iii. Wash wound
   iv. Cover with a dressing
   v. Apply ice or a cold pack
   vi. Watch for signs/symptoms of severe allergic reaction

C. Tick Bites and Lyme Disease

a. Signs/Symptoms

Tick attached to skin	Redness, pain, swelling

b. Care
   i. Wearing gloves, grasp the tick with tweezers (fine-tipped, pointed, non-etched and non-rasped) close to the skin and pull slowly, steadily and firmly with no twisting
   ii. Do not try to burn tick off
   iii. Do not apply petroleum jelly or nail polish to the tick
   iv. If tick cannot be removed or if its mouthparts remain embedded, seek medical care
   v. Put tick in a container or jar with rubbing alcohol to kill it
   vi. Wash bite area with soap/water
   vii. Apply antibiotic ointment
   viii. Direct person to see healthcare provider if rash or flu-like symptoms appear
c. Signs/symptoms of Lyme Disease
   i. Rash starts as small, red area at site of bite, few days or weeks after the bite
   ii. Fair skin: center of rash area is lighter in color and outer edges red and raised (bull's-eye appearance)
   iii. Dark skin: area may look black and blue
   iv. Fever, headache, weakness
   v. Flu-like joint and muscle pain
   vi. Person should contact their healthcare provider

D. Snakebites

a. Signs/Symptoms

Bitemark	Pain, swelling

b. Care
   i. Call 9-1-1
   ii. Wash wound with soap and water
   iii. Keep affected area still and lower than the heart
   iv. Avoid walking if possible
   v. Apply elastic roller bandage to fit snug, but not tight
   vi. Begin wrapping at the point farthest from the heart
   vii. Check feeling, warmth and color of limb before and after applying bandage

Severe Weather & Evacuation Plan

Please see the Lightning EAP for greater detail of the lightning emergency action plan.

When lightning is first visible or thunder is first heard:

2. Clear the water, which includes bringing in all boats.
3. Do not use any elevated lifeguard stations.
4. **Direct all people to move from the beach to a location that offers protection from lightning**:
   a. Fully enclosed, substantial buildings that have grounded wiring and plumbing
   b. Fully enclosed metal vehicles (no soft-top convertibles)
   c. Lifeguard towers that are fully-enclosed and compliant with NFPA 780 lightning guidelines (NFPA – National Fire Protection Association)
5. **Locations that do not offer protection from lightning**:
   a. Beaches and water
   b. Open-sided pavilions (such as picnic areas)
   c. Restrooms, changing facilities/locker rooms and showers
   d. Tents or umbrellas
   e. Small personal watercraft (such as jet skis, kayaks)
   f. Boats that are not designed or retrofitted to be compliant with NFPA 780 lightning guidelines
   g. Lifeguard stands that are not fully enclosed and compliant with NFPA 780 lightning guidelines

6. If caught outside and there is not enough time to reach a safe location:
    a. Keep away from tall trees standing alone and any tall structures
    b. Keep away from water and metal objects, such as metal fences, tanks, rails and pipes
    c. Keep as low to the ground as possible:
        i. Squat or crouch with knees drawn up
        ii. Keep both feet together
        iii. Hands off the ground
    d. Avoid lying flat on the ground; minimizing ground contact
7. Do not use a telephone connected to a landline, except in an emergency.
8. The beach remains closed, and no one may return to the sand until 30 minutes after the LAST strike of lightning is spotted or thunder is heard.
9. Any subsequent thunder or lightning after the beginning of the 30-minute count resets the clock and another 30-minute count should begin.
10. When independently validated lightning-detection devices or mobile phone apps are available, this technology could be used to assist in deciding to close the beach/suspend competition if a lightning strike is noted to be within 10 miles of the event location. However, you should never depend on the reliability of these devices and, thus, hearing thunder or seeing lightning should always take precedence over information from a mobile app or lightning-detection device.
11. Rain alone is not enough to close the beach, unless it is heavy or accompanied by hail

When there is a tornado warning:

1. Clear the beach and surrounding area.
2. Move everybody into an inside area or the lowest level of a building.
3. Keep away from windows, doors and outside walls, if possible.
4. At the beach, the beach house bathrooms are probably the safest location
5. If there is a Tornado Warning in a nearby city, it is the individual's choice if they wish to leave the venue and take cover (and must notify their coach and an official), and the decision of the Meet Director/Meet Referee/Independent Safety Officer/Venue Manager whether to continue, postpone or cancel the competition.

Rain:
Rain alone is not enough to close the beach/postpone the competition unless it is heavy or accompanied by hail. Closing the beach/postponing competition is at the discretion of the Venue Manager, Head Lifeguard or the Meet Director/Meet Referee/Independent Safety Officer.

Wind:
Excess wind and rough water impede swimmer's progress, increase fatigue and make it more difficult for lifeguards, water safety personnel and officials to account for the athletes. Abandoning/postponing the competition is at the discretion of the Meet Director/Meet Referee/Independent.

Fog:
In fog, visibility is restricted, leaving lifeguards, water safety personnel and officials without the most basic tool for identifying persons in distress. Closing the beach/postponing competition is at the discretion of the Venue Manager, Head Lifeguard or the Meet Director/Meet Referee/Independent Safety Officer.

Air Quality Guide for Particle Pollution (such as from Wildfires) and ISO Recommendations for Holding Competition

Air Quality Index	Who needs to be concerned	Recommendations	Competition will be held
Good (0-50)	Great day to be active outdoors	Great day to be outdoors	Yes
Moderate (51-100)	People unusually sensitive to particulate matter (such as smoke)	Unusually sensitive: consider reducing prolonged or heavy exertion. Watch for symptoms: coughing, shortness of breath. Everyone else: none	Yes
Unhealthy for Sensitive Groups (101-150)	Sensitive groups: heart or lung disease, older adults, children, teenagers	Sensitive groups: Make outdoor activities shorter and less intense. It's OK to be active outdoors, but take more breaks. Watch for symptoms such as coughing or shortness of breath. People with asthma: Follow your asthma action plan and keep quick relief medicine handy.	Yes, but if any athletes become symptomatic, they should abandon the race. Athletes with asthma should have inhalers onsite and use them as recommended by their healthcare provider.

		People with heart disease: Symptoms such as palpitations, shortness of breath, or unusual fatigue may indicate a serious problem. If you have any of these, contact your health care provider.	
Unhealthy (151-200)	Everyone	Sensitive groups: Avoid long or intense outdoor activities. Consider rescheduling or moving activities indoors. Everyone else: Reduce long or intense activities. Take more breaks during outdoor activities	No
Very Unhealthy (201-300)	Everyone	Sensitive groups: Avoid all physical activity outdoors. Reschedule to a time when air quality is better or move activities indoors. Everyone else: Avoid long or intense activities. Consider rescheduling or moving activities indoors.	No
Hazardous 301-500	Everyone	Everyone: Avoid all physical activity outdoors. Sensitive groups: Remain indoors and keep activity levels low. Follow tips for keeping particle levels low indoors.	No

1. Obtained from airnow.gov and National Weather Service.
2. Recommendations regarding holding the competition or not come from the Independent Safety Officer.

Resources

1. Emergency Action Plan, RecPlex Aquatic Center, Lake Andrea, Wisconsin.
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Reviewed and amended.
George Geanon, Independent Safety Officer 5/7/2024, 4/3/2025