



Member Support Guideline

Surf Life Saving Australia

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1 REHABILITATION AND RETURN TO DUTIES

1.1 OVERVIEW

Surf Life Saving Australia (SLSA) is committed to preventing illness and injuries within the organisation by providing a healthy and safe operational environment for all Members and employees. It is recognised that injury or illness may still occur and therefore all incidents will be reviewed and steps will be taken to prevent recurrence.

1.2 GUIDELINE OBJECTIVES

The objectives of this Guideline for SLSA Members and employees are to:

- a. assist an early, safe return to suitable lifesaving duties and activities following illness or injury;
- b. actively participate in and/or support any rehabilitation program commenced by the Member or employee;
- c. ensure that specialist assistance is fully utilised by providing support to the role of the treating medical practitioner;
- d. integrate the injured or ill person successfully back into surf lifesaving duties and activities at their normal/previous level; and
- e. provide suitable selected duties and a grading of identified tasks as recommended by the treating Medical Practitioner in terms of physical demands, intensity, duration and frequency where any member suffering from injury or illness is unable to return to his/her previous duties.

SLSA wishes to encourage people to return to lifesaving duties and activities, as soon as practicable after illness or injury. By supporting an effective rehabilitation program SLSA can provide support to individuals and minimise disruption to their lifestyle.

1.3 LIAISON

SLSA via the lifesaving service or State Centre shall where possible liaise with the individual involved, and where appropriate the treating medical practitioner and/or therapist and any other appropriate group(s) to establish suitable individual rehabilitation programs with short and long term goals.

1.4 RESPONSIBILITIES AND RIGHTS

- a. Responsibilities of the injured Member or employee are to:
 - i. participate in rehabilitation and minimise risk of further injury;
 - ii. provide information relevant to the injury/illness that will assist in rehabilitation and reduce the risk of further injury in a timely and accurate fashion;
 - iii. fully inform their treating Medical Practitioner of their participation in lifesaving duties and activities (including competition); and
 - iv. provide copies of any medical clearances that clearly identify a return to lifesaving duties and activities, this should clearly identify any return to competition.
- b. The injured Member or employee are entitled to:
 - i. support and confidentiality
 - ii. treatment of their injury;
 - iii. suitable duties; and
 - iv. a fair review of decisions.
- c. Management will show support and commitment to the rehabilitation guideline and assist Members or employees to reduce the risk of further injury.

1.5 SUITABLE DUTIES

Where appropriate, and where practicable, all reasonable effort will be made to have selected duties made available to Members or employees who have suffered illness or injury, unrelated to lifesaving duties.

Selected suitable duties will be utilised where possible. The guidelines for their use are outlined below. These suitable duties:

- a. are not a permanent job change;
- b. are reviewed regularly by an appropriate SLSA officer with a view to upgrading;
- c. must be meaningful;
- d. offer a graded return to normal duties;
- e. are utilised with the agreement of the treating medical practitioner;
- f. require adequate training to be provided for the selected suitable duties.

Once a stage is reached where no progress is anticipated, then the rehabilitation program is at an end. A decision must then be made as to whether the person can permanently participate in other (suitable) duties taking into account his/her ability and limitations. This applies only if the treating doctor agrees that the duties are within the physical limitations that they have specified.

SLSA accepts its primary responsibility is to prevent injury and illness to its Members and employees. The implementation of the rehabilitation processes is a Club management responsibility for Members and State responsibility for employees.

1.6 RETURN TO DUTIES

1.6.1 Injured through lifesaving duties

Any Member or employee, whose injury has been caused by a surf lifesaving activity or club/service duty, should first consult with a General Practitioner (GP) for advice on referral services. If a Member has received treatment for an injury caused within surf lifesaving and that injury affects the performance of the Member to carry out normal duties then, they will need to have a "Fit to Return to Duties" declaration form signed by their GP prior to recommencing duties as an active lifesaver/lifeguard, competitor or other strenuous activities. A copy of such declaration should be provided to the Club Captain/Lifeguard Supervisor or other appropriate officer.

1.6.2 Injuries outside surf lifesaving

It is the responsibility of every Member and employee who is on any medical restriction that they feel may impinge on their ability to carry out their duties to advise a senior Club official. It is the Club's responsibility to liaise with the Member regarding strategies for alternative duties if applicable. The Club reserves the right to ask for a "Fit to return to duties" form to be completed by the Member if they feel that the required duties may result in further injury or aggravate the injury or illness.

1.6.3 Ongoing fitness and health

If a Member or employee suffers or has suffered from any disease or any physical or mental disability (e.g. epilepsy, diabetes or any permanent disability to a limb, eye, ear) likely to affect their efficiency as a lifesaver/lifeguard, it may affect their personal safety and the safety of the public. In such situations the Member should consult their medical practitioner and Club prior to commencing any surf lifesaving activity.

Each Member and employee must declare upon annual application for membership that they are fit and must continue to be medically and physically fit and able to participate in any SLSA Activity. Members must immediately notify SLSA in writing through their Club of any change to their fitness level or ability to participate.

2 PREGNANCY & THE SURF LIFESAVER – COMPETITION & PATROLS

2.1 INTRODUCTION

Females are increasingly seeking to continue participation in both life saving duties and sporting activities throughout pregnancy. As both facets of surf life saving involve some physical effort, the effect on the mother and the unborn child (foetus), must be considered. Both the maternal and the foetal responses to exercise will be affected by the mother's fitness level before and during pregnancy, existing medical conditions, or developing pregnancy complications. Therefore exercise counselling and advice on lifesaving activities (including competition) of the pregnant lifesaver must be conducted on an individual basis. These guidelines are made in the interests of surf lifesaving, lifesaving and in particular pregnant lifesavers and their unborn children.

2.2 CONSIDERATIONS

There are four legal issues to be considered by lifesavers who wish to continue to undertake lifesaving activities whilst pregnant. The duties may vary from patrol duties to competition.

- a. The duty of care owed by the Club (or other relevant organising authority), or any member of the relevant club to a pregnant lifesaver, her foetus or a competitor.
- b. The duty of care owed by the Club (or other relevant organising authority), or any member of the relevant club to the foetus of a pregnant member
- c. The duty of care owed by a Club (or other relevant organising authority), or any member of the relevant club to the welfare of the public, whose safety is being overseen.
- d. The rights of the pregnant woman to participate to her chosen sporting or other activity. That is, a pregnant woman should NOT be discriminated against. A pregnant woman also has the right to participate in her sport or other activity without undue risk to herself or her unborn child. Should a woman continue to so participate against medical advice they do so at their own risk. Issues such as negligence and risk avoidance (disclaimers, waivers and exclusion clauses) require consideration.

2.3 COMPETITION AND THE PREGNANT SURF LIFESAVER

Surf Life Saving Australia (SLSA) has adopted the advice on competition and the athlete guidelines issued for the pregnant athlete, by the Sports Medicine Australia (SMA).

This means that the following competition events are regarded as causing an unacceptable chance of injury to the mother and foetus after the 12th week of pregnancy (calculated as 12 weeks after the date of the first day of the last menstrual cycle). SMA suggest that "in the first 12 weeks of pregnancy the pregnant uterus is protected below the level of the bony pelvis. After this time it may emerge from the pelvis and is exposed, having no bony protection." Thus, applying this principle, the following events should not be contested after the 12th week of pregnancy:

- a. Surf boat rowing;
- b. Flag events;
- c. Beach sprints;
- d. Surf board (Malibu) events;
- e. IRB racing;
- f. Any event incorporating any of the above.

2.4 PATROL OBLIGATIONS AND THE PREGNANT SURF LIFESAVER

SLSA considers that the following life saving patrol circumstance, or potential incidents constitute an unacceptable hazard to the pregnant lifesaver on patrol after the 12th week of pregnancy:

- a. effecting the rescue of those drowned, near drowned, or in danger of drowning;
- b. running long distances (over 400 metres) to effect a first aid treatment on the beach, or assist with a rescue whilst operating from the beach;

- c. running any distance with rescue equipment.

It is strongly recommended that these should not be attempted after the 12th week of pregnancy (as defined above). SLSA also considers that it may be an unacceptable risk for the person being rescued to be rescued by a pregnant lifesaver who is in their 12th week or more of pregnancy.

Note: -Pregnant lifesavers who wish to continue their patrolling duties should not be discouraged from doing so. However, they must be told by the relevant Club Official, and agree, that for the safety of themselves and their foetus that their participation in patrols is restricted to patrol duties not involving those stated in points I, ii, iii above. If a mass rescue is rescued they can perform observation duties (e.g. in the observation tower) or undertake radio duties to assist any such rescues. They must not put, or be allowed to put, their own lives at risk, or those of their foetus, trying to save others. Their own safety (and consequently that of their foetus) must be considered first.

Participation in Club swims, resuscitation, radio communications and first aid are not generally considered a hazard in pregnancy unless excessive physical effort is required greater than that recommended in the Sports Medicine Australia sports and pregnancy guidelines.

2.5 APPENDIX

2.5.1 Discrimination

The Sex Discrimination Act 1984 (Cwth) makes it unlawful for a Club, the committee of management of a Club, or a member of the committee of management, to discriminate against a person on the ground of pregnancy in the following circumstances:

- a. on the ground of an athlete's or player's pregnancy:
 - i. by refusing or failing to accept that surf life saver's application for membership; or
 - ii. in unfair terms or conditions on which the Club is prepared to admit the surf lifesaver to compete or patrol;
- b. to discriminate against a member of the Club on the ground of the Member's pregnancy:
 - iii. in the terms or conditions of membership that are afforded to the member; or
 - iv. by refusing or failing to accept the Member's application for a particular class or type of membership; or
 - v. by denying the member access, or limiting the, member's access, to any benefit provided by the club; or
 - vi. by depriving the member of membership or varying the terms of membership; or
 - vii. by subjecting the member to any other detriment.

Although the Act is aimed at a Club, the committee of management or a member of the committee of management (section 161 - vicarious liability), discrimination by an agent (e.g. coach, or member of a management committee) of the Club may be regarded in law as the act of the Club itself. Thus, it is the Club that is discriminating unlawfully.

However, if the Club can establish that it took all reasonable steps to prevent an agent of the Club from discrimination, then the club will not be liable.

2.6 FURTHER READING

- Participation of the pregnant athlete in contact and collision sports. Sports Medicine Australia Guideline Statement: May 1994.
- Advice: Royal Australian College of Obstetricians and Gynecologists, Melbourne, Victoria. December 1997.
- The Pregnant Athlete and the Law. Australian Sports Commission's Guide.

2.7 COMMONWEALTH OF AUSTRALIA – DISCRIMINATION ACT

The Sex Discrimination Act 1984 (Cwth) and most other anti-discrimination laws in the States and Territories, provide that it is unlawful for:

A club* (including its committee of management and members of such committee) to discriminate against a person, on the grounds of that persons pregnancy, in the following circumstances:

- a. by refusing or failing to accept that persons application for membership;
- b. by providing terms and conditions in order to be admitted to membership of the club
- c. by affording a member different terms and conditions of membership
- d. by refusing or failing to accept a members application for a particular class or type of membership
- e. by denying a member access, or limiting the members access to any benefit provided by the club. Note: this could include the benefits of participating in any competitions)
- f. by depriving the member membership or varying the terms of membership;
- g. by subjecting the member to any detriment (Note: this could cover denying involvement in any aspect of the clubs activities)

A club means an association (whether incorporated or unincorporated) of not less than 30 persons associated together for social, literary, cultural, political, sporting, athletic or other lawful purposes that : (a) provides and maintains its facilities, in whole or in part, from the funds of the association ; and (b) sells or supplies liquor for consumption on its premises. In some States the term “club” is defined differently.

In Queensland, under the Anti-Discrimination Act 1991, a club means an association established for a sporting, recreational, athletic or community service purpose which it carries on for profit. In Victoria under the Equal Opportunity Act 1985 a club means a social, recreational, sporting or community service or a community service organisation: -

- a. that occupies any Crown Land; or
- b. that directly receives any financial assistance from the State or a municipal council.

An employer (such as the employment of professional lifeguards) to discriminate against a person, on the grounds of that persons pregnancy, in the following circumstances:

- a. if the arrangements made for the purpose of determining who should be offered employment;
- b. in determining who should be offered employment;
- c. in the terms and conditions on which employment is offered;
- d. in the terms and conditions of employment;
- e. by denying the employee access, or limiting the employee’s access, to opportunities for promotion, transfer or training, or to any other benefits associated with the employment;
- f. by dismissing the employee;
- g. by subjecting the employee to any detriment.

A person (which includes a club or association) who (whether for payment or not), provides services, or makes facilities available to discriminate against a person on the grounds of that persons pregnancy, in the following circumstances:

- a. by refusing to provide the pregnant person with those services or to make those facilities available to that person;
- b. (Note: “services” could include competitions, first aid course etc)
- c. in the terms or conditions provided to the pregnant person with those services or facilities available to that person; or
- d. in the manner in which the pregnant person is provided with those services or makes those facilities.

In all of the above circumstances for the discrimination on the grounds of a persons pregnancy to be unlawful, the discriminator must treat the pregnant person less favorably than a person who is not pregnant would be treated in the same circumstances.

It is a defence to claim discrimination on these grounds if the discriminator can show that the condition, limitation or action imposed by them on the pregnant person is reasonable in the circumstances. (Medical reasons fall into this category.)

2.8 SPORTS MEDICINE AUSTRALIA GUIDELINE - MAY 1994 - PARTICIPATION OF THE PREGNANT ATHLETE IN CONTACT AND COLLISION SPORTS

2.8.1 Definitions

- a. A trimester of pregnancy lasts for a three-month period.
- b. A collision sport is a sport in which physical contact is a legal and essential part of the game.
- c. A contact sport is a sport in which contact occurs between players but it is not an essential part of the game and is usually illegal. Contact sports are generally less dangerous than collision sports.

2.8.2 Guidelines For Safe Participation In Contact And Collision Sports

Physiological changes throughout pregnancy expose both the mother and foetus to increased dangers during competitive contact and collision sports. In assessing the safety of sports for the pregnant athlete the following facts need to be taken into consideration:

- a. Overheating
- b. Level of Exertion
- c. Risk of Injury
- d. Health status
- e. Stage of pregnancy

2.8.2.1 Overheating

In the first trimester (three months) the foetus is particularly susceptible to sustained increases in the mother's body core temperature (38 Celsius). Although the risk is considered slight, there is concern that sustained elevations in the mother's body core temperature could have the potential to cause birth defects. This is particularly relevant in prolonged exercise events e.g., long distance running where body core temperature may be elevated for a sustained period.

Recommendation - The pregnant athlete must not train or compete during the hottest times of the day. Regular fluid consumption of 2 large glasses of cool water (500-600ml) prior to exercise and 1 large glass every 15 minutes during exercise should be rigorously adhered to.

Regular fluid consumption should also continue after exercise and be maintained throughout the day. To aid the body's cooling process light colored, open weave clothing should be worn. If exercising indoors the room should be cool and well ventilated. In team sports the sportswoman should be allowed to interchange frequently to provide regular cooling off periods.

2.8.2.2 Level of Exertion

A high level of fitness throughout pregnancy does not appear to either positively or negatively affect birth outcome. However, women are generally advised not to increase their level of exercise once pregnant.

In healthy, pregnant sportswoman the period of high intensity exertion within a complete exercise session should not exceed 15 minutes. The total duration of the session should be between 30 and 45 minutes, three to four days per week, with a maximum intensity of 140bpm.

If using the Borg Rating of Perceived Exertion Scale the intensity should be somewhat hard or 12-14 points. The pregnant sportswoman should become competent in assessing their exercise intensity.

High intensity training or competition >80% heart rate maximum (maximum heart rate is determined by 220 age) may affect foetal oxygen supply although this has not been conclusively shown in humans. There have been reports of foetal bradycardia (slowed heart rate) on cessation of maximal intensity exercise. One study reported this in 20% of women who abruptly stopped maximal intensity exercise. Birth outcomes in the studies reporting foetal bradycardia have been normal.

Recommendation - The pregnant athlete should avoid maximal intensity exercise because of the potential danger of foetal hypoxia. The competitive athlete should be able to exercise at moderate intensities of <75% heart rate maximum allowing them to maintain aerobic fitness without endangering the foetus. It is essential that the exercise program contains a thorough cool down period comprising gentle exercise.

2.8.2.3 Risk of Injury

Redistribution of body weight can alter the athlete's sense of balance and this can lead to an increase in falls. At any stage during pregnancy a blow to, or fall upon, the abdomen could damage the placenta. Damage to the placenta has many potentially disastrous consequences. Later in the pregnancy as the foetus moves higher and is unprotected by the pelvis there is greater risk of damage to the foetus itself by direct impact during sport. Additionally the athlete is at a higher risk of ligament and bone injury due to increased laxity of the joints during pregnancy.

Recommendation - It is possible to continue with some sports, however, the athlete should be aware of these physical alterations and consequent limitations and err on the side of caution while participating.

2.8.2.4 Health Status

- a. Some medical conditions will preclude sporting participation in pregnancy. The Physician or Obstetrician will assess the dangers of exercise with any of the following conditions:
 - i. Heart disease
 - ii. Respiratory disease
 - iii. Infectious disease
 - iv. Endocrine conditions
 - v. Renal disease
 - vi. Obesity or underweight
 - vii. Obstetric conditions

- b. If the athlete experiences any of the following symptoms during exercise she should stop and contact her physician immediately:
 - i. tachycardia (rapid heart beat)
 - ii. headache
 - iii. vaginal bleeding
 - iv. nausea
 - v. dizziness
 - vi. shortness of breath
 - vii. uterine contractions
 - viii. faintness
 - ix. amniotic fluid leakage
 - x. back or pelvic pain
 - xi. insufficient weight gain
 - xii. decreased foetal movements
 - xiii. sudden swelling of ankles, hands and face

2.8.2.5 Stage of Pregnancy

In the first trimester the foetus is contained in the pelvic girdle. This position affords protection for the foetus from blows to the abdomen. As pregnancy continues the foetus moves higher in the abdomen and becomes more susceptible to direct blows to the region. It is for this reason that participation is not advisable after the first trimester in sports where there is a risk of a blow to, or fall upon, the abdomen.

2.8.3 Risk Classifications And Recommendations

- a. In determining the relative risk of sports for the pregnant athlete the following classifications can be used:
 - i. Non Contact Sports - In a non contact sport the pregnant sportswoman should have virtually no risk of falling or contact with a projectile or another person (e.g., swimming, low impact aerobics, stationary cycling). The majority of non contact sports are suitable during all stages of pregnancy providing:
 - ii. the athlete is under appropriate medical supervision and
 - iii. the degree of exertion is controlled
 - b. Limited Contact Sports - In limited contact sports contact may occur minimally (either legally or illegally) or there is a small risk of falls or contact with a projectile (e.g., netball, touch football, racquet sports). If the pregnancy is progressing normally these sports are suitable during the first trimester. Ongoing consultation with the Physician or Obstetrician may make sporting participation in this group of sports possible into the second trimester.
 - c. Unlimited Contact and Collision Sports - In these sports contact or collision is frequent and may be quite forcible (e.g., soccer, baseball, football, martial arts, judo, gymnastics). There is a high risk of falls, blows to the abdomen or contact with a projectile. If the pregnancy is progressing normally participation in these sports could only be recommended during the first trimester.
 - d. Specifically Excluded Sports - This is a mixed group of sports which carry a high risk from falls, physical trauma or other risks and should not be undertaken once the sportswoman knows or suspects that she is pregnant (e.g., scuba diving, novice downhill skiing, ice skating, horse riding).

2.8.4 Summary

- a. Pregnant women are advised not to commence a new competitive sport during their pregnancy.
- b. Pregnant women should consult closely with their doctors whilst continuing with sporting participation especially if playing high risk contact or collision sports.
- c. Pregnant women should advise their coach, trainer or fitness leader of their pregnancy so that training can be modified accordingly.
- d. Pregnant women need to be aware that participation in contact or collision sports carries risks for herself and the unborn child.
- e. Under the supervision of her doctor the pregnant woman with high levels of fitness and a normal pregnancy may continue participation into the second trimester in non-contact and limited contact sports.
- f. Pregnant women should avoid overheating (body core temperature > 38 Celsius) especially in the first trimester.
- g. If any medical or obstetric complication should occur, the pregnant woman should cease participation and contact her doctor immediately.
- h. If maintaining fitness is the goal of sports participation, the pregnant woman should consider changing to lower risk activities e.g., non-contact sports like swimming and walking as the pregnancy advances.
- i. Pregnant women should not attempt to increase their level of training or exercise at any stage during pregnancy.
- j. Pregnant women should pay special attention to:

- i. a thorough warm up and cool down;
- ii. consumption of adequate fluids before, during and after participation;
- iii. regulation of intensity (heart rate) at times of maximal exertion so that it does not exceed 140 beats per minute for more than 15 minutes.

3 SEIZURES AND EPILEPSY

3.1 INTRODUCTION

Epilepsy does not preclude a person from being a surf lifesaver, however, for the safety of all concerned, Surf Life Saving Australia (SLSA) has developed clear guidelines for those who live with this condition and wish to become Members.

Many people diagnosed with a seizure disorder have reached world champion status in sport and several have captained national teams.

The statement does not present rigid rules but guidelines which may need to be varied in a rational way in different circumstances.

This statement is based on the International Life Saving Federation (ILS) position statement on Seizures and Epilepsy which includes an evidence based risk review and recommendations.

3.2 BACKGROUND

There are many types of seizures, ranging from a brief lapse of attention or muscle jerks to severe and prolonged convulsions with periods of deep unconsciousness. Seizures can vary in frequency, from less than one per year to several per day.

Epilepsy is a term applied to a large group of seizure conditions which can occur when there is a brain insult. The seizures are a result of the brain insult and may or may not recur when the cause is removed. It affects both sexes, all ages, with a prevalence of about 1 in every 200 of the population.

Persons with epilepsy or other seizure disorder are at increased risk of death from many causes. They also have an increased risk of unintended injury and specifically drowning due to loss of consciousness and inability to swim if a seizure occurs in the water.

Persons with other medical conditions that risk the possibility of blackout or decreased conscious state may also be at increased risk of drowning. This may include diabetics at risk of hypoglycaemic (low blood sugar) episodes or those diagnosed with periodically recurring cardiac arrhythmias.

For lifesavers diagnosed with a seizure disorder, it is a challenge to balance the rights of that individual to maximize their potential and quality of life, against the rights of the bathing public and employer requirements for lifeguards. The position of epilepsy-advocacy organisations is to minimise restrictions and provide evidence-based advice to high risk individuals and high risk activities.

Lifesaving duties may involve swimming, running and water rescues. There is an expectation of a reliable response and sudden incapacitation cannot be accepted. A seizure occurring in, or even near the water may result in drowning unless rescue is affected very promptly. There are workplace standards that impact decisions about lifeguard employment along with the options for the lifeguard when they develop a seizure disorder after the onset of employment. There are SLSA standards, operational and rescue capabilities that impact decisions about voluntary patrolling and participation in lifesaving competitions.

There appears to be no evidence on the effects of seizure disorders in the lifeguard population. In other helping professions such as the military and the airline industry there has been a trend to reduce restrictions placed on individuals with seizure disorders. Evidence based processes used to establish legal driving criteria can also be used to guide decision making.

The evidence indicates that risks of injury and sudden incapacity are highest in the first year after diagnosis of epilepsy and seizures of other cause. In the adult with epilepsy who is medically stable and well controlled with compliance to treatment, one year after diagnosis, the risk of sudden incapacity is similar to that of the non-epileptic population. There is significant variation between individuals and those with more frequent, unpredictable, convulsive seizures are at greater risk.

The literature is clear on a number of things:

- a. drowning is a rare cause of death in children with epilepsy if they are mentally normal and are properly supervised in the water. The domestic bath is a much more common site for death than is the ocean;
- b. individuals with well controlled epilepsy who have not had a seizure in the previous two years should not have their lives compromised in any way provided they are aware of the possibility of recurrence of their problem. Such people would most likely be under the care of a medical practitioner;
- c. people with poorly controlled epilepsy are at risk in or out of the water and should have all aquatic activities closely supervised; and
- d. flickering light is a rare trigger for epilepsy and individuals with that problem must be aware of the potential risk to them of sunlight shining on to the surf.

3.3 SECTION ONE – WITHIN SLSA

3.3.1 New Cases of Epilepsy or Other Seizure Disorder

The general rule is that persons suffering from epilepsy are medically eligible for all surf life saving awards, patrol duties and competition provided they have been free of seizures for two years. This is irrespective of whether medications are being taken or not.

Individuals with well controlled epilepsy and no unexplained or unpredictable seizure activity who are medically well, compliant with treatment, who are willing to modify risk factors and who have a medical authorization from a treating neurologist may be considered eligible for active lifesaving, patrolling and deep water competition after a seizure free period of one year.

Risk minimisation strategies for lifesavers with epilepsy should be considered, including increased surveillance, wearing of a personal flotation device where sensible to do so and a rescue/first aid management plan. Lifeguards with epilepsy should work as part of a team rather than as a solo provider and should ensure work colleagues are aware of the risk minimisation and management plan.

There is no seizure free period required for land based patrolling as a voluntary member of a patrol team or competitive participation in beach events but a management plan must be given to the patrol captain or carnival referee and the first aid coordinator, to be acted upon in the event of a seizure.

3.3.2 Cessation of Medication

When a lifesaver, acting on medical advice, stops taking anti-convulsant medication, that lifesaver should not engage in water based components of patrols, competition or any other form of ocean swimming for a period of three months.

If a seizure occurs in this time period the lifesaver needs to recommence anti-convulsant medication, be medically assessed by the treating specialist and have a further one month seizure free period before water based activities can be resumed.

3.3.3 Recurrence

Where a qualified member has a recurrence of seizures, the circumstances dictate what further action is required.

Where the seizure is the result of a clear precipitating cause that can be remediated, a further six months must elapse without seizure before patrols or competition can be resumed. Examples include:

- a. medication omitted or forgotten;
- b. inadequate sleep;
- c. physical exhaustion.

If a lifesaver with a history of epilepsy is subject to unreliable, erratic or noncompliant behaviour, SLSA may require a treating neurologist's report supporting the member's continuation as a full active member. A copy of this report must be sent to the National Medical Officer.

3.4 SECTION TWO – ADVICE TO THE PUBLIC

3.4.1 Seizures and the Surf

If an unsupervised person, child or adult, has a seizure in the water it is likely that this will be fatal. Drowning fatalities in bath tubs, swimming pools and the ocean, in persons previously diagnosed with epilepsy have been well documented. People with this condition and their families must be aware of these facts, and must bear a high level of responsibility for their personal actions.

High risk individuals with epilepsy include those with concurrent disabilities, unpredictable or frequent convulsive seizures. They should have maximal supervision and availability of rescue whilst participating in water activities. Risk is minimised by swimming in clear, shallow, still water, wearing a personal flotation device and swimming within arm's length of a capable support person.

Surf swimming and the use of boards and skis are quite different from swimming in a pool. Supervision is much more difficult in the ocean. Open water or surf retrieval and rescue, similarly, may require experience, specialized knowledge and often some risk. The recommendations for ocean swimming are therefore more stringent than for backyard or even public swimming pools.

3.4.2 Recommendations

- a. Individuals diagnosed with a seizure disorder, child or adult, should not swim or surf/paddle on craft at a beach unless they have been free of seizures for at least one year.
- b. They should not swim or surf/paddle on craft for at least three months after cessation of medications. Should a seizure occur in this time further medical assessment and advice should be sought.
- c. Where the seizure is the result of a clear precipitating cause that can be remediated, a further six months must elapse without seizure before swimming, surfing, craft paddling is resumed.
- d. They should not swim, surf or paddle alone. Companions should be aware of the potential for seizures and the possible need for rescue.
- e. They should never hyperventilate for any reason and this is especially important prior to swimming and diving.
- f. They should never engage in SCUBA diving.
- g. They should avoid activities that could lower their seizure threshold, including sleep deprivation and heavy alcohol use.
- h. Parents of children with a seizure disorder should not be afraid to go to the beach for a time of recreation and fun provided they are prepared to survey and supervise at all times. They should only venture into shallow water on a safe sand bank with gentle small waves. Direct contact with the child should be maintained at all times.
- i. Any person with epilepsy who has a history of heavy drinking, or is unreliable or noncompliant with treatment recommendations should not participate in water activities.
- j. Diabetics at risk of hypoglycaemic (low blood sugar) episodes that can potentially lead to a black out event in the water should ensure adequate carbohydrate intake and check their blood sugar level prior to entering the water.