Oxford College of Emory University
Division of Physical Education and Health

Course Title: Beginning Swimming, Spring, 2001
Instructor: Dr. England *Email*: penglan@emory.edu or type in Penny England for LearnLink
Phone: 4-8350
Office Hours I arrive on campus at 10:15 a.m. on Monday, Wednesday, and Friday. On Tuesday and Thursday, I arrive on campus at 9 a.m. I am usually on campus until 4 p.m. Please come visit any time I am not teaching or in a meeting. You may wish to call to make sure I'm in before you come. I have classes on MW at 8, 1, and 2-3:15. On TTH I am in class at 9:30 and 12:30. On Friday I am in class at 8 and 1.

Course Description: A course for those students who would not be able to survive if thrown into deep water. Those who can keep their head above the surface should enroll in PE 111, Advanced Beginning Swimming.

Course Objective:

To be able to relax in deep water.

Course Content:

You will learn breath control skills, treading water, the crawl stroke, the elementary back stroke, the survival stroke, and water safety principles.

Course Text:

There is no text for this course. Students will be given xeroxed information.

Evaluation:

Skills Tests
Bobbing=50 points
Tread=200 points
Survival Swim=300 points
Crawl stroke to survival swim=200 points
Crawl stroke to elementary back stroke=200 points
Front and back flips=50 points

Grading Scale:

A = 900-1000
B = 800-890
C = 700-790
D = 600-690
F = < 600

Attendance

You are expected to be an active participant in each class and to be prepared for class

(bathing suit, goggles, towel). If you do not feel well enough to participate in class

activity you should attend and take notes and make comments on activities of the day. Turn those notes in to me at the end of that class period. Anyone coming in after the roll has been taken has the responsibility of being sure the instructor has recorded his/her presence. A tardy will be given to those students coming in after roll has been taken. Three (3) tardies will be equivalent to one absence. Your absence from class affects everyone in class. **Therefore your grade is penalized if you are absent more than three times (50 points are deducted for each overcut.** Therefore, use your absences wisely. Poor attendance can negatively affect your grade.

Extra credit points may be awarded for effort and effective use of class time. Extra credit points may be awarded for quizzes on material from the web site.

Dress Code: Bathing suits and goggles are required. Shorts and cut-offs are not permitted. Students may wear additional clothing over the bathing suit. Failure to wear required attire will result in an absence. Street shoes are not permitted on the pool deck.

Equipment: Nose plugs are not permitted. Students may wish to use ear drops to aid in drying the ear canal.

Web Site: Go to the Oxford College home page. Click on Academic Life. Click on On-Line Syllabi. Click on Yes beside PE 110 under my name. You will find material which is very pertinent for learning the skills required for this class. Read it carefully and watch the underwater video demonstrations often. You can use the scroll bars under each video to capture the movement in slow motion. Please let me know if you have questions. You will have some extra credit tests on this web site material.

Agreement to Participate: All students are required to read and sign the Agreement to Participate Form prior to the first day of activity.

The Honor Code is based on the fundamental expectation that every person in Oxford College will conduct his or her life according to the dictates of the Honor Code and will refuse to tolerate actions in others which would violate the Honor Code. I expect that you will have read the Honor Code and that you will abide by its dictates. Whenever you take a skills test for this class you are under the dictates of the Honor Code. Therefore it is imperative that you read the skills tests descriptions carefully so that you can adhere to the Honor Code.

SKILLS TESTS FOR BEGINNING SWIMMING 1/2001

England

All skills tests are subject to the Oxford College Honor Code

Five Minute Bobbing: beyond the 20 mark, student must push off the bottom of the pool every submersion; student may not touch wall or rope and must clasp hands behind the back for the entire five minutes (10 points per minute=50 points).

Thirty minute Survival Float: beyond the 45 mark and inside the Ts and lane #1 and lane # 6, student must be relaxed with face submerged most of the time, raising the head only briefly to inhale; student may not touch wall or rope at any time during the thirty minutes. **This test must be performed three times. Each time is worth 100 points** (10 minutes=40 points; 15 minutes=50 points; 20 minutes=60 points; 25 minutes=80; 30 minutes=100 points).

Three minute Tread: beyond the 45 mark, student must keep the face above water most of the time for three minutes. **This test must be performed two times. Each time is worth 100 points.** (One minute=50 points; two minutes=70 points; three minutes=100 points).

Front and Back Flips: beyond the 45 mark, student must do a straight flip; student must survival float or tread water for ten seconds at the finish of each flip (25 points each flip).

Crawl stroke to survival swim: swim from the shallow end of the pool to the lifeguard ladder, then change to the survival stroke and finish the length. **This test must be performed two times. Each time is worth 100 points** (50 points for the crawl plus 50 points for the survival stroke).

Crawl stroke to elementary back stroke: swim from the deep end of the pool to the lifeguard ladder, then change to the elementary back stroke and finish the length. Do not stop until your hands have touched the shallow wall. . **This test must be performed two times. Each time is worth 100 points** (50 points for the crawl plus 50 points for the elementary back stroke).

A student may earn half credit for completing test(s) at the twenty-five mark.

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CLASS POLICIES FOR BEGINNING SWIMMING

I have access to a copy of the course syllabus and have read it. Further, the instructor has explained:

1) the course requirements, 2) the policies on attendance, and 3) the grading policies. I have had an opportunity to ask questions and I understand the three areas listed above.

WARNING OF RISK FOR SWIMMING

Every sport has certain inherent risks and, regardless of the precautions taken, it is impossible to ensure the safety of the participant. Swimming is a physical activity requiring a certain degree of physical exertion and concentration. Swimming is a reasonably safe sport as long as certain guidelines are followed. Students having a physical condition that precludes such activity should see the instructor before participating.

Many injuries may occur while participating in swimming. Some examples of possible injuries are:

1. muscle sprains and strains
2. joint injuries
3. broken bones
4. heat exhaustion and/or heat stroke
5. ear problems
6. eye injuries
7. cardiovascular incidents
8. allergies
9. drowning

These and other injuries may occur as a result of such hazards as:

1. slipping and falling
2. environmental factors
3. colliding with other people

To help reduce the likelihood of injury to yourself and other students, the following rules need to be followed while in class:

1. walk slowly on the pool deck and in the locker room--these floors are very slippery when wet.
2. use care entering and exiting the water--be considerate of others
3. wear goggles
4. always have a practice partner
5. never enter the pool unless the instructor or a lifeguard is present
6. **ALWAYS** inform the lifeguard that you are a beginner

PHYSICAL ACTIVITY SCREENING FORM

Common sense is your best guide in answering these questions. Please read them carefully and check the yes ___ or no ___ opposite the question.

Yes	No		
___	___	1.	Has a doctor ever said you have heart trouble?
___	___	2.	Do you frequently have pains in your heart or chest?
___	___	3.	Do you often feel faint or have spells of severe dizziness?
___	___	4.	Has a doctor ever said your blood pressure was too high?
___	___	5.	Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or that might be made worse with exercise?
___	___	6.	Are you taking any medication(s) which would cause a doctor to restrict your physical activity in any way?
___	___	7.	Is there any physical reason not mentioned here why you should not follow an activity program even if you wanted to?

If you answered yes to one or more questions, please consult your instructor before participating further in this class.

I have truthfully answered the above questions to the best of my ability.

Signature_____ Date_____

Name Printed _____

Personal Health | Jane E. Brody

Thanks to newly simplified techniques, saving a life with CPR can be as easy as A B C.

Cardiopulmonary resuscitation, or PR, is a potentially lifesaving first-id technique that combines mouth-mouth breathing with compres-ons to the chest to maintain circula-on in a person whose heart has opped. I took a comprehensive CPR urse more than 15 years ago.

I figured that if I ever needed to use chances are it would be for a mily member, friend or colleague. nd I simply could not imagine my-lf standing by helplessly while meone I loved, or even a stranger, ed before my eyes when I might ve been able to do something to lp.

I also knew some telling statistics. xty percent of heart attacks that sult in cardiac arrest occur in the esence of a witness who, if that rson knew CPR, might be able to ve the victim. And 60 to 70 percent deaths caused by cardiac arrest cur before the victims can reach a spital.

In Seattle, which has the nation's st record for survival after a wit-ssed cardiac arrest (25 to 30 per-nt of such victims recover), about o-thirds of adult residents have rned CPR, mostly in a three-hour rse. Many have taken periodic re-sher courses.

PR Simplified

There were 37 steps in the tech-ue I was taught, and even though months later I could remember y a handful of them, the basic nciples of CPR stayed with me. A resher course taken 12 years later ealed that CPR training had been dified and simplified in the inter-It is now as easy as A B C:

for airway: Lift the chin to open airway.

for breathing: With the airway n, blow slowly twice into the uth until the chest rises.

for circulation: Press 15 times on middle of the chest between the oles to push blood out of the heart.

he American Heart Association the American Red Cross are con-ring making it even easier to n and remember by changing the nber of compressions from 15 to nstructors point out that humans e two hands (and thus should give breaths) and have 10 fingers (for 10 compressions).

PR is done after determining that unconscious person has no pulse is not breathing. After four com-e cycles of breaths and compres-s, the rescuer again checks for a e and, if a pulse is present, checks breathing. If there is a pulse but spontaneous breathing, steps A B should be continued while the pulse is continuously monitored. If both are present, CPR can be stopped, but pulse and breathing must be rechecked often since the victim's heart may stop again before help arrives.

The rescue process must begin with a call for emergency aid — the rescuer or, preferably, another by-stander dials 911, where it is avail-able, or another emergency number — and the A-B-C steps must be re-peated until that aid arrives. CPR buys time. While even the very best CPR cannot maintain the level of circulation provided by a heart that is pumping normally, CPR provides life-sustaining amounts of oxygen and energy to the brain and other vital organs until the heart can be shocked back into action by emergen-cy personnel with a defibrillator.

In most cities, an ambulance typi-cally takes 10 minutes to get to a patient in cardiac arrest, and without CPR there is simply no hope for sur-vival. The brain begins to die within 4 minutes when circulation stops, and after 10 minutes, even if the person can be revived, brain damage would be extensive.

Existing evidence suggests that while there may be an ideal way to perform CPR, precision is much less important than simply getting down and doing it. As Dr. Richard O. Cum-mins, Seattle's director of emergency cardiac care, put it, "Any CPR is better than none," because when none is done, the chances that people will survive with an intact brain — if they survive at all — after suffering a cardiac arrest outside a hospital are almost nil.

Dr. Cummins said there was even value in just opening the person's airway by tilting the forehead back to raise the chin while the person is lying on his or her back. There is also value in doing only the chest com-pressions, he said, since when an adult collapses in cardiac arrest, there is a normal amount of oxygen in the blood, enough to last three or four minutes, and if that oxygen can be circulated through chest compres-sions until professional help arrives, it could be enough to save the person. Also, studies in dogs have shown that chest compressions can move some air in and out of the lungs.

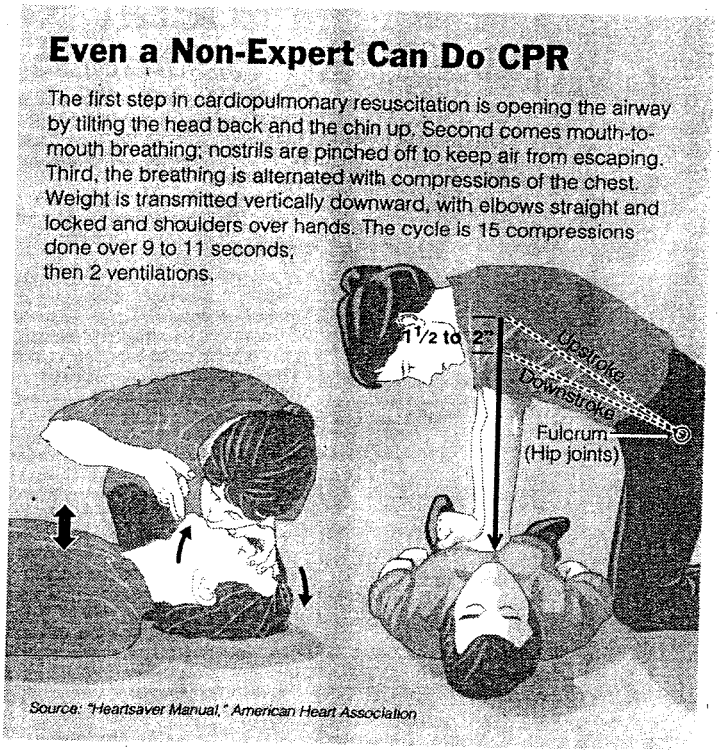
Cough CPR

People who recognize that they are in cardiac arrest and are about to lose consciousness can do a form of CPR on themselves, by coughing forcefully and continuously until the heart's rhythm can be restored by the arriving emergency personnel or in the hospital emergency room. A sur-geon who suffered a heart attack while vacationing in the Bahamas saved his own life in just this way. He realized he was in cardiac arrest and about to pass out and the ambulance came unequipped with a defibrillator that could restore his heart's rhythm. Sensing that he was about to lose consciousness, he began to cough hard and kept it up all the way to the hospital.

Dr. Cummins explained that cough CPR, like regular CPR, raises the pressure in the chest just enough to maintain some circulation of oxygen-containing blood and can get enough blood to the brain to maintain con-sciousness for a prolonged period. But cough CPR should be used only by a person about to lose conscious-ness, an indication of cardiac arrest. It can be dangerous for someone hav-ing a heart attack that does not result in cardiac arrest. Such a person should call for help and then sit qui-etly until help arrives.

Overcoming Fears

Many people hesitate to do CPR, even on members of their own fam-ilies, because they are afraid of doing it wrong or injuring the person. Al-though injuries can occur even during properly performed CPR, there is no greater damage than death, and when the choice is between a broken rib or bruised lung and loss of life, the right selection should be obvious.



The New York Times; Illustration by Al Granberg

A more prevalent concern of poten-tial rescuers these days is a fear of exposure to a serious illness like AIDS, hepatitis or tuberculosis while doing mouth-to-mouth breathing, par-ticularly if the victim is a stranger. There is to date no known instance of transmission of such infections through the performance of CPR. But if a rescuer has an open wound in or around the mouth and is hesitant to perform mouth-to-mouth breathing on a stranger, at the least the victim's airway can be opened and chest com-pressions begun.

Where to Learn CPR

While CPR ideally should be learned by every able-bodied citizen, starting in junior high school, many experts say it is a must for the family members of patients with heart dis-ease. Courses in a CPR technique to be used on children are also available in many places.

Many organizations offer adult courses, including chapters of the American Red Cross, hospitals, Y's and some affiliates of the American Heart Association. Many large com-panies periodically conduct CPR training sessions for employees.

To find a nearby course, call (800) AHA-USA1 (242-8721), which provides an automatic link to a local affiliate of the American Heart Asso-ciation. The affiliates maintain lists of CPR courses in their areas.

Beginning Swimming/MWF Calendar--England	
Dates	Class Activity
JANUARY, 2001	
Monday, 29	skill practice
Wednesday, 31	skill practice
FEBRUARY	skill practice
Friday, 2	skill practice
Monday, 5	skill practice
Wednesday, 7	skill practice
Friday, 9	no class
Monday, 12	skill practice
Wednesday, 14	skill practice
Friday, 16	skill practice
Monday, 19	skill practice
Wednesday, 21	skill practice
Friday, 23	skill practice
Monday, 26	skill practice
Wednesday, 28	skill practice
MARCH	skill practice
Friday, 2	skill practice
Monday, 5	skill practice
Wednesday, 7	skill practice
Friday, 9	skill practice
Monday-Friday, 12-16 SPRING BREAK	rest and relaxation
Monday, 19	**Skills testing begins** in the following order: bobbing, treading, survival swim, flips, crawl/survival swim,crawl/elementary bactstroke
Wednesday, 21	skills testing
Friday, 23	skills testing
Monday, 26	skills testing
Wednesday, 28	skills testing
Friday, 30	skills testing
APRIL	skills testing
Monday, 2	skills testing
Wednesday, 4	skills testing
Friday, 6	skills testing
Monday, 9	skills testing
Wednesday, 11	skills testing
Friday, 13	skills testing
Monday, 16	skills testing
Wednesday, 18	skills testing
Friday, 20	skills testing
Monday, 23	skills testing
Wednesday, 25	skills testing
Friday, 27	Course evaluation
Monday, 30	make-up testing
MAY	
Wednesday, 2	Reading Day