

ORGANIZATION OF BEACHES AND BATHS FOR CHILDREN AND THE WORK OF A SWIMMING INSTRUCTOR

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ANNOTATION

The article reviews the work of the instructor in swimming and rescuing in waters in natural and artificial pools and - the organization of training those who are cannot swim and creation of conditions for safety forhaving classes and different exercises in water and gradual mastering the techniques of sports and applied swimming.

Key words: pool, swimming, reservoir, epidemiological station, instructor for swimming, breathing, blood circulation

INTRODUCTION

The opening of beaches and baths in camps, children's recreation centers is allowed by the relevant commission, which includes representatives of the water rescue society. When swimming pools are located on flowing water bodies, the latter should not have any sources of pollution. Water in reservoirs used for bathing must be subjected to chemical and bacteriological examination. It is carried out by the sanitary and epidemiological station at least once a month.

Materials and methods

The main tasks of a swimming and water rescue instructor are to organize training for those who cannot swim and create conditions for the safety of conducting classes on the water.

Places reserved for beaches and baths must meet the following conditions:

- a) the area on the shore at the bathing place and in close proximity to it must meet sanitary and technical requirements;
- b) places for beaches and baths should be located upstream of port facilities, piers, moorings, ships, oil loading devices, sewage discharges, industrial waste disposal sites;
- c) the size of the reservoir should not exceed 50 m along the coast and 20-25 m deep; the bottom of the reservoir in the place reserved for swimming should smoothly, without ledges, descend from the shore to a depth of 1 m 75 cm; the maximum depth of bathing places for young children and those who cannot swim is 70 cm, for older children - 1 m 30 cm. The border is marked with buoys, milestones, poles, etc.;
- d) in a place reserved for swimming, there should not be a large amount of groundwater with a low temperature, the flow rate should not exceed 10 m per 1 min;
- e) the beach must be fenced with a picket fence from the land side, and also have shady canopies, changing cabins. At a distance of 3 m from the shore, shields are installed on which lifebuoys are hung out during swimming.

The swimming and water rescue instructor is obliged to: draw up a work plan, study the nearest body of water, a pool and its suitability for teaching children to swim, check the equipment of the rescue post, its condition; to train assistant instructors in swimming and water rescue from the asset, create conditions for the safety of conducting classes, water sports holidays, games and other events on the water, identify and compile lists of those who cannot swim and swim poorly, distribute them by age groups, draw up a bathing schedule, lessons on teaching swimming, and sectional classes, organize work according to the schedule, keep records of those who have learned to swim, children who can independently swim without regard to time 25 m freestyle are considered to be able to swim;

Teaching children how to swim, how to provide first aid to injureds on the water, as well as sports improvement should be carried out daily.

With children under 10 years old, classes should be carried out at a water temperature of at least 18 ° C. The duration of the first lesson should not exceed: for younger children - 10 minutes, for older children - 15 minutes. In the future, the duration of the lesson increases and is brought up to 30 minutes for children 7-10 years old, and up to 45 minutes for children 11 years old and older. swimming requires systematic medical supervision. The main form of organizing and conducting swimming lessons is a group lesson. It is divided into three parts: preparatory, main and final. The first part of the lesson - preparation and organization of students, explanation of new educational material, exercises on land: light jogging for 1-2 minutes, warm-up exercises such as morning exercises, preparatory exercises imitating the movements of a swimmer The main part of the lesson is exercises in the water and the gradual mastery of technique sports and applied swimming. The final part of the lesson includes: reducing physical activity, playing games and swimming. In addition to the training sessions of the main lesson, swimming training can be started with morning exercises with the inclusion of exercises that imitate the movements of a swimmer. Swimming lessons can be carried out individually, with each child individually.

RESULTS

Help with hypothermia. The sensitivity of children to cold water is not the same. Some children are able to stay in the water for a relatively long time. Others, having been in the water for only a few minutes, begin to chatter with their teeth, become covered with "goosebumps", which then becomes pale bluish, the norms for staying in the water are not the same. Explain to the children that bathing should be stopped when chills occur.

While in the water, you should, if possible, protect the back of the head, head and neck from exposure to cold, as they are especially sensitive. If after leaving the water the feeling of chills does not go away, it is necessary to do physical exercises. It is best to rub the body until redness with a woolen cloth moistened with alcohol, drink sweet hot tea or coffee and wrap yourself in warm clothes. Cold shock requires adult assistance. In this case, artificial respiration should be given to the child to prevent oxygen starvation. One of the main conditions for the prevention of hypothermia is the strict observance of the norms for the time spent in water, depending on its temperature.

If a drowning person, taken out of the water, is conscious, it is necessary to remove wet clothes from him, wipe his body, wrap him up, give some kind of tonic drink, as well as valerian tincture with lily of the valley. The issue of hospitalization is decided in each case individually and only by a health worker. Assistance taken from the water is divided into: a) assistance to injureds with respiratory and circulatory disorders; b) revival of injureds without signs of life.

The injured is laid down so that the head is lowered, and the legs are raised, the clothes are unbuttoned, ammonia is given for inhalation. At the same time, for warming, they rub the body towards the heart, do a massage of the upper and lower extremities. When cyanosis appears and increases in the injured, it is necessary to introduce oxygen or carry out artificial respiration from the lungs to the lungs ("mouth to mouth" or "mouth to nose", the injured is revived as follows:

- a) release of the oral cavity, nasopharynx, upper respiratory tract from foreign bodies, water, mucus;
- b) artificial respiration;
- c) maintaining and restoring blood circulation.

Carrying out artificial respiration is hampered by the fact that the passage of air is hindered by the presence of foreign bodies in the oral cavity and respiratory tract: sand, silt, etc. The oral cavity is cleaned with a finger wrapped in gauze or a scarf. The index finger should be held up to the epiglottis and find out if the entrance to the larynx is blocked by a foreign body. The retraction of the tongue also makes it difficult to open the airway. In this case, throw back the head and push the lower jaw of the injured. If the jaws are clenched, mouth-to-nose artificial respiration should be started, without wasting time opening the jaws, the removal of fluid from the respiratory tract and water from the stomach is best done using suction, which is part of all modern breathing apparatus. In the absence of suction, some liquid can be removed using the following technique.

Conclusion

Numerous studies have shown that chest compressions can raise blood pressure up to 100 mmHg, i.e. to the limit necessary for the life of the organism. Therefore, as soon as a cardiac arrest occurs, one should immediately start restoring breathing and cardiac activity at the scene of the incident within the first 3-4 minutes. The first is achieved using the artificial respiration technique described above, the second can be achieved by the methods of the so-called external heart massage.

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