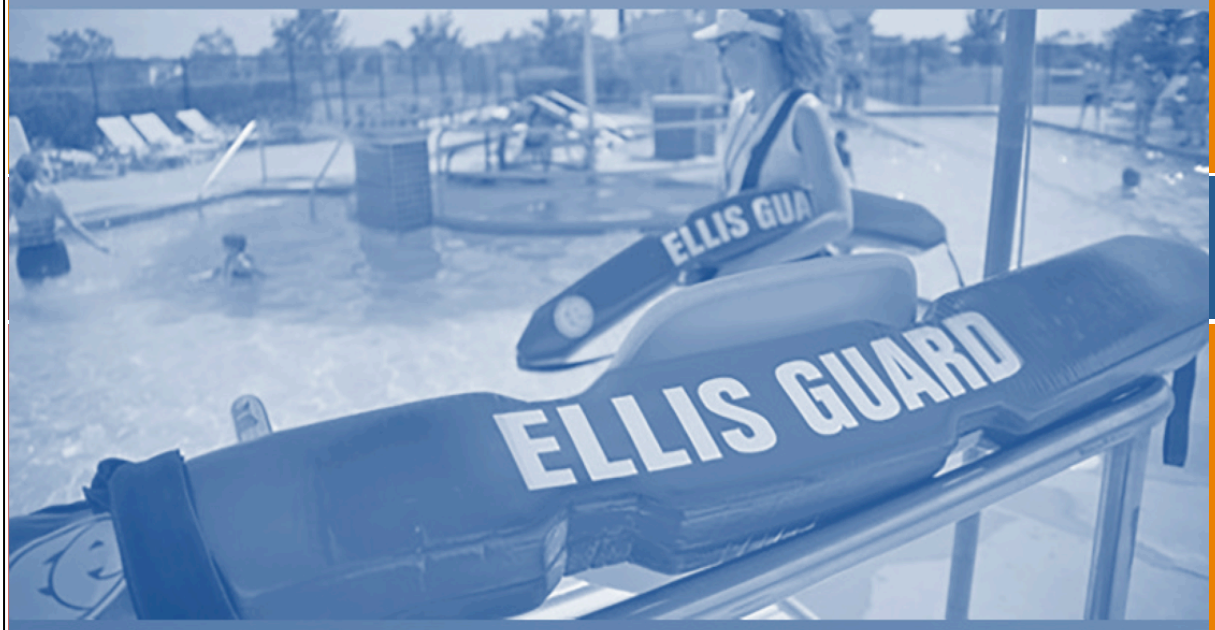
INSTRUCTOR RESOURCE DOCUMENT

ELLIS & ASSOCIATES

International LIFEGUARD TRAINING Program ™

4TH EDITION



Meets the most current
ECC, CPR, and MAHC Guidelines

2017

ELLIS & ASSOCIATES, INC.

INTERNATIONAL LIFEGUARD TRAINING PROGRAM
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ILTP® Document Review Guide

- **ILTP® Course Timing.** Provides an outline of the content/skills and approximate time for each content/skill topic for each level of ILTP® Lifeguard Training Course (Shallow Water, Pool, and Special Facilities). Use as a guide for lifeguard course planning, along with the Lesson plans contained in the online resource. Contained in this Resource Document.

- **ILTP® Instructor Administrative & Training Policies**. Outlines ILTP® Instructor responsibilities and processes for conducting lifeguard course. Contained in this Resource Document.

- **Teaching the ILTP® Course** (online resource). Provides information on how to teach each unit of the lifeguard course, as well as planning considerations. Information also includes Lesson plans for each of the main chapters of the textbook. Part of the ILTP® Instructor Pre-course materials.

- **ILTP® Lifeguard General Course Information**. This will be part of the pre-course download for lifeguards added to the roster at the time of class creation.

- **ILTP® Training Equipment and Supplies**. Provides an outline of the equipment required to conduct an ILTP® Lifeguard Course. The outline assumes a typical class of 16 original training students. Contained in this Resource Document.

- **Skills Competency Workbook** (SCW). Provided to Instructor to identify and conduct proper student learning objectives and record skill competencies.
    - SCW Instructor Workbook should be kept poolside with Instructor. Scenario prompting will guide you through the skill competency objectives (see class timing).
    - All Skill Competency Objectives are required to be presented and reviewed as provided in the SCW Workbooks prior to allowing the student to participate in Practical/Written Test Out.
    - Use the SCW Log to document successful completion of each objective (mandatory for Course Completion Credential classes; optional for Licensed courses).

- **ILTP® Final Written Exam** provides two written test banks. The exam protocol is part of the ILTP® Instructor Pre-course materials.

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ILTP® Instructor Administrative & Training Policies

Training Standards:

1. Only authorized ILTP® Instructors are eligible to teach Lifeguard courses offered through the International Lifeguard Training Program® curriculum.
2. Maximum teaching ratios for an ILTP® Lifeguard course is one (1) instructor for every sixteen (16) students.
3. The E&A 10/20 Second Protection™ Standard must be enforced by a designated lifeguard at all times students are participating in aquatic training sessions. For safety reasons, no ILTP® course instructor shall serve in the capacity of being the designated lifeguard while simultaneously performing teaching responsibilities.
4. Instructors add each lifeguard candidate to the roster in advance of the class to allow access to all mandatory training materials, including the electronic textbook and the General Course Information document.

Administrative Requirements:

A "Lead Instructor" should be designated prior to conducting an ILTP® Lifeguard training course. This individual assumes complete responsibility for administering the course by following the policies contained in this document and in the instructor agreement. Accordingly, the "Lead Instructor" shall perform the following administrative duties:

1. Assign access to the Electronic Lifeguard Textbook and the General Course Information sheet to all students three weeks prior to first class date so to allow proper time to completely review the materials. This is done by completing roster information for each candidate. ALL Lifeguard candidates enrolled in an ILTP® lifeguard training course MUST have access to the electronic lifeguard textbook, using one or all of the following: 1) Electronic Flipbook (mandatory for blended learning timed classes); 2) PDF for printing a hard copy; 3) epub for use on mobile devices; 4) or must be entered into the class roster and provided a paper copy of book.
2. Secure required equipment and supplies as necessary to complete the lesson (follow Lesson Plan guidance).
3. Assign other ILTP® Lifeguard Instructors to assist in teaching the course to comply with the maximum teaching ratios standard (1 instructor to 16 students).
4. Screen all potential lifeguard candidates in accordance with ILTP® course Prerequisite guidelines. Teach the Lifeguard course in accordance with the curriculum guidelines established by the International Lifeguard Training Program®. Complete the RCCMD to close out the class.
5. All objectives Skill Competency Workbooks must be completed prior to allow the student to participate in practical and written exams (with exception of blended timed classes where the written exam is administered prior to practical content).
6. Administer written examination, skill examinations, and the "team management "practical examination in accordance with curriculum guidelines established by the International Lifeguard Training Program™.

7. After successful completion of all course requirements the "Lead Instructor" will close out the course in the system which will then generate credentials that match the class conducted (as indicated in the close out form). Lifeguard course type and training depth are also documented.
   - E&A License Agreements must be read to the successful lifeguard candidates prior to the conclusion of the class (License courses only).
   - Remind lifeguards with Licenses that it is only valid at your facility but they may request a transfer to Course Completion certificate if they wish to utilize elsewhere.
   - Course completion certificates should be given to all participants following successful completion of a community lifeguard course completion class. Electronic originals are available in the active credential view for instructor to view.

Ellis & Associates and the International Lifeguard Training Program™ does not officially recognize any Lifeguard who successfully completes ILTP® training until the ILTP® Instructor officially closes the class by completing the RCCMD process and completing any remaining missing information on the individual credential page as necessary for each lifeguard.

Administrative Penalties:

- The "Lead Instructor" may receive written confirmation of ILTP® administrative violations when discovered by a representative of Jeff Ellis & Associates, Inc. along with instructions (when applicable) about correcting said violations. It remains the exclusive responsibility of the "Lead Instructor" to rectify these violations within ten (10) days upon receipt of such notification. Failure to comply with this procedure may result in suspension of the "Lead Instructor" teaching authorization. Said suspension will remain in effect until the violations have been rectified.
- Any Authorized ILTP® Instructor who repeatedly violates administrative policies and/or curriculum guidelines for the International Lifeguard Training Program® may have said teaching authorization permanently revoked.
- Any authorized ILTP® Instructor who violates a safety related administrative policy and/or safety related curriculum guidelines for the International Lifeguard Training Program® may have said teaching authorization permanently revoked.
- All authorized ILTP® Instructors are entitled to due process regarding suspension or permanent instructor license revocation.

INTERNATIONAL LIFEGUARD TRAINING PROGRAM

GENERAL LIFEGUARD COURSE INFORMATION SHEET

Lifeguard Candidates seeking to receive a Course Completion Certificate or an E&A Lifeguard License issued by the **International Lifeguard Training Program™** (ILTP®) *must successfully meet all* course prerequisites as outlined in the **International Lifeguard Training Program** before being allowed into the course.

- Lifeguard candidates *must attend all* training sessions to be eligible for Licensing or Course Completion.
- Lifeguard candidates *must have access* to the most current ILTP Training Standard in order to participate in all ILTP courses and receive completed training credentials.
- Candidates will be officially enrolled in an ILTP course after obtaining the ILTP Training Standard, successfully completing all course prerequisites, and paying the appropriate course tuition.
- ILTP course material fees are paid to E&A by the facility/instructor conducting the course. The facility/instructor may choose to charge a tuition fee to recover those expenses and to compensate for the time of the instructor(s) conducting this class.
    - Candidates *must pay* the appropriate course tuition fee prior to being admitted into the course, if the facility conducting the course requires one be paid to participate. A facility use fee may be assessed to candidates at some training locations. **These fees are not paid to Ellis & Associates.**

In order to assist you in preparing for this course, we have provided the suggestions for your consideration below. Please review this information and ask your course instructor for clarification of any information that you do not clearly understand.

1. Be on time to every class session. Your instructor takes attendance at the beginning of every class. Instructors will not permit you to enter the class after the scheduled starting time.

2. Learning can best be accomplished if you are comfortable during training. We suggest that you bring along suitable clothing to keep you warm. The nature of this training requires candidates to be in and out of the water several times during each class session. Bring sufficient so that you will remain warm and comfortable.

3. Candidates should bring a pen or pencil to every class session. We also recommend that you read your ILTP Training Standard and complete the end of chapter quizzes prior to attending your first class. If you are attending a "Blended Content" delivery class, you will be required to complete the Flipbook, quizzes and resources prior to the first scheduled day of the practical portion of the class. At that time, you will be required to take, and pass, the Final Written Exam in order to be admitted into the practical portion.

4. All lifeguard-training courses require that candidates participate in vigorous physical training. You must be in good physical condition to participate. If you have any health related problems that might present a health or safety hazard while participating in training, please notify your instructor prior to enrolling. You may be required to seek the opinion of your medical doctor before being permitted to enroll. *Lifeguards who receive an E&A License are required to meet a 20/25 corrected or uncorrected vision standard in order to be licensed.*

5. Possessing an ILTP Course Completion Certificate or E&A Lifeguard License does not guarantee employment.

6. The continued rescue readiness and "Skill Level Maintenance" of **ILTP Course Completion Lifeguards** is the responsibility of the lifeguard and/or the owner/operator/employer exclusively. **E&A Licensed Lifeguards** must read and clearly understand the terms and conditions of the E&A Lifeguard License prior to signing it (either by hand or electronically). The terms of the E&A Lifeguard License agreement require that **E&A Licensed Lifeguards** be accountable to their employer, for maintaining the standards outlined in the agreement. While it is not possible for **Ellis & Associates** to supervise E&A Licensed Lifeguards trained in the **International Lifeguard Training Program**, it is important for you to clearly understand your responsibility and duty while performing lifeguard services for your employer, who is a client participating in an **E&A Aquatic Risk Management Program**.

7. **Ellis & Associates** does not employ, supervise or terminate the lifeguards it trains. However, it does randomly audit the performance of **E&A Licensed Lifeguards** as part of the **E&A Aquatic Risk Management Programs** to aid employers in reducing the risk of accidents. Accordingly, your Lifeguard License may be suspended or revoked should you fail to abide by the terms and conditions described on your license.

8. Your ILTP course instructor is an official representative of Ellis & Associates.

9. For your health and safety, we suggest that you eat light energy foods and avoid anything that might make you ill during class. Training activities are demanding and therefore your diet should reflect prudent judgment with regard to your eating habits. In addition, if your class is taught out of doors, bring along suitable protection for exposure to the sun, temperature, and wind. Specifically, we recommend that you bring along polarized sunglasses, a hat or visor, shirt/sweatshirt or jacket, and sunscreen.

10. Candidates must pass a written examination with a score of 80% or higher, pass individual technical performance exams and simulation practical exams to qualify for Licensure or Course Completion. Candidates will also be judged on maturity, demeanor, and attentiveness during the class. Your course instructor has the final word in determining who passes the course and receives an E&A Lifeguard License or ILTP Course Completion Certificate.

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ILTP® Course Equipment and Supplies

General Equipment:

- 48-inch Rescue Tubes (1 for every 2 students).
- Resuscitation Masks (e.g., "Big Easy"; 1 for every student). If a means exists to sanitize between shared use, a 1:3 ratio may be used.
- Backboard with three body straps and head immobilizer (1 for every 10 students).
- Adult and Infant CPR Manikins (1 for every 4 students minimum; 1:2 strongly recommended).
- Gauze pads/rolls (1pad/roll for every 2 students).
- Epinephrine auto trainer (1 for every 4 students).

BLS / Emergency Response Equipment (1 of each per 16 students):

- Practice Trauma bag.
- Oxygen Tank, related tubing.
- BVMs (1 adult, 1 infant, 1 pediatric).
- Manual suction device.
- Non rebreathing masks (1 adult, 1 pediatric).
- Pulse Oximetry device.
- AED Trainer.
- Medical Exam Gloves (Large, non-latex, 1 box).

Pool Supplies:

- 10-pound brick for prerequisite training.
- Submersible Manikin or silhouette.
- Hip Packs (adequate number to allow for each student practicing an EAP response to have one - generally 5-6 for every 16 students).
- Clock or watch to keep track of time as needed.
- If conducting an outdoor class, precautions for sun exposure and weather, such as sunscreen, clothing, sunglasses, etc. (all students and instructors).
- If conducting an open water lifeguard course, all related equipment should be available for show during classroom section (Chapter 13) and during open water in-water demo and practice. (Sp. Fac. with open water only).

Classroom Supplies:

- Chairs and writing space (1 per student, extras).
- Props for first aid demonstrations (Instructor preference).
- Props for general activities and games (Instructor preference).
- Dry erase boards, flip charts (optional equipment).
- Cleaning / sanitation supplies for CPR manikins, equipment (to be used as needed).
- Television monitor, projector, DVD player, internet access, computers, etc. (optional equipment).

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All times indicated on this form are approximations based upon a typical class and is to be used as a guide. Instructors must cover all components and meet the objectives of the course. Actual time needed is dependent on class size, number of instructors, equipment, number of breaks, inclusion of optional activities, time needed for skill competency, etc

Approximate timing for Lifeguard Courses by Delivery

Component	Traditional Delivery Time	Blended Delivery Time	Renewal Delivery Time
Introduction	75 min	75 min	40 min
Chapter 1	60 min	Pre-course only	20 min
Chapter 2	120 min	60 min	60 min
Chapter 3	60 min	30 min	30 min
Chapter 4	45 min	Pre-course only	15 min
Chapter 5	90 min	90 min	45 min
Chapter 6	125 min	90 min	30 min
Chapter 7	105 min	45 min	30 min
Chapter 8	120 min	120 min	60 min
Chapter 9	150 min	150 min	60 min
Chapter 10	130 min	130 min	60 min
Chapter 11	50 min	40 min	30 min
Chapter 12	70 min	40 min	30 min
Chapter 13 (Special Facilities w/Open Water Only)	180 min	120 min	120 min
Main Content Subtotal:	1200 min (20 hours)	870 min (14 hours, 30 min)	510 min (8 hours, 30 min)
Shallow Water Credentials scenarios and practice	90 min	90 min	30 min
Pool Credentials Scenarios and practice	120 min	120 min	45 min
Special Facilities Credentials Scenarios and practice	180 min	180 min	45 min
Final Test out: Written / Practical	Time Varies	Time Varies (Practical only. Written Exam taken before class entry)	Time Varies

Traditional Delivery	Shallow	Pool	Sp Fac w/wave Pool	Sp Fac w/open water
Approximate total time:	22 Hours	23 hours	24 hours	26 hours

Blended Delivery*	Shallow	Pool	Sp Fac w/wave Pool	Sp Fac w/open water
Approximate total "practical" time:	16.5 Hours	17.5 hours	18.5 hours	20.5 hours

* Approximately 5.5 hours of online study prior to practical content not included in the above hours.

Renewal Course	Shallow	Pool	Sp Fac w/wave Pool	Sp Fac w/open water
Approximate total time:	9.5 Hours	10 hours	10 hours	12 hours

Unconscious In-water Guest in Distress Scenario Examples

IN-WATER UNCONSIOUS GUEST (ADULT):

An Adult Male is spotted in 10 feet of water by a lifeguard maintaining the 10/20 Protection standard. He appears motionless, face down on the surface of the water. The lifeguard (identified as primary) activates the EAP:

- Primary enters the water safely and performs an approach stroke to the GiD
- Responding on deck lifeguards ("Secondary" lifeguards) clear the zone and retrieve equipment
- Supervisor on deck directs a staff member to call EMS

PROMPT: THERE ARE NO SIGNS OF BREATHING

The Primary Lifeguard reaches the GiD, performs a Deep Water Passive Rescue, placing the GiD on the rescue tube and quickly checks for signs of obvious breathing.

- Secondary lifeguards bring the trauma bag to the extrication point, and ready the backboard to assist with extrication
- Supervisor on deck arrives to the scene to assist

The Primary Lifeguard determines that the GiD is not breathing and so begins Adult Rescue Breathing utilizing the AR Mask retrieved from his/her hip pack.

- A Secondary lifeguard enters the water to assist the Primary Lifeguard to the extrication point
- Remaining on deck lifeguards and the supervisor prepare the backboard for extrication (team has put on exam gloves)

The Primary lifeguard reaches the extrication point

- The lifeguard team works together to place the GiD on the backboard, then completes a safe extrication, resulting in the GiD being placed approximately 6 feet away from the pool side (or an otherwise safe distance from the water)

Upon extrication, the lifeguard team determines that the GiD remains unconscious with not obvious signs of normal breathing

PROMPT: THERE IS DISTINCT THUMPING FELT ON YOUR FINGERTIPS

- Primary lifeguard puts on exam gloves
- A lifeguard team member checks for a pulse at the carotid artery for 10 seconds
- Remaining lifeguard team members ready the oxygen delivery system (BVM or O2 port attached to Seal Easy Mask)
- Lifeguard team members begin Rescue Breathing with Oxygen Support, providing 1 breath every 3 seconds

PROMPT: THE CHEST DOES NOT RISE AND FALL

The First Ventilation of Rescue Breathing does not result in a visible chest rise and fall

- The lifeguard team resets the mask, re-tilts the head and tries a second ventilation

PROMPT: THE CHEST DOES NOT RISE AND FALL

The Second Ventilation does not result in a visible chest rise and fall.

- The lifeguard team begins to administer 30 chest compressions per FBAO protocol and looks in the mouth for any foreign object that may be in the mouth (finger sweeping if applicable)
- The lifeguard team provides 2 Ventilations

PROMPT: THE CHEST RISES AND FALLS

The Ventilations results in visible chest rise and fall

- The lifeguard team resumes Rescue Breathing

PROMPT: THERE IS NO DISTINCT THUMPING FELT ON YOUR

About two minutes has elapsed since the original pulse check

- A lifeguard team member checks for a pulse at the carotid artery for 10 seconds.

A pulse was not detected

- A lifeguard team member positions him/herself at the chest of the GiD and immediately begins 30 chest compressions (about 1/3 the depth of the body cavity at a rate of at least 100 compressions per minute)
- A lifeguard team member readies the AED

The AED is ready to be applied

- CPR is interrupted – the lifeguard team dries the chest and places the pads in the proper locations as indicated by the AED
- The AED directs rescuers to stand clear for the initial analysis

The AED indicates that a Shock is advised and commands that the shock button be pressed

- A lifeguard team member presses the shock button, delivering the shock
- The lifeguard who was previously performing compressions immediately resumes CPR
- Two ventilations are performed after compressions

Two minutes since the second pulse check has elapsed and the AED directs the rescuers to stand clear for the second analysis

- CPR is paused
- Lifeguard team members rotates positions so that a fresh lifeguard is ready to resume compressions

The AED directs that no shock is advised

- CPR is resumed

PROMPT: THE GUEST BEGINS TO REGAIN CONSCIOUSNESS, COLOR IS RETURNING TO THE FACE, THE CHEST IS RISING AND FALLING ON ITS OWN, CONTROLLED EYE MOVEMENT, AND SPEECH BEGIN TO OCCUR.

Guest begins coughing, regains consciousness

- The Lifeguard Team provides supplemental Oxygen via a pediatric NRB
- The Lifeguard Team monitors the GiD and evaluates for any secondary conditions
- Supervisor begins appropriate documentation

EMS Arrives and begins evaluation

Unconscious In-water Guest in Distress Scenario Examples

IN-WATER UNCONSIOUS GUEST (CHILD):

A 5 year old boy is spotted in 5 feet of water by a lifeguard maintaining the 10/20 Protection standard. He appears motionless, face down on the surface of the water. The lifeguard (identified as primary) activates the EAP:

- Primary enters the water safely and performs an approach stroke to the GiD
- Responding on deck lifeguards ("Secondary" lifeguards) clear the zone and retrieve equipment
- Supervisor on deck directs a staff member to call EMS

PROMPT: THERE ARE NO SIGNS OF BREATHING

The Primary Lifeguard reaches the GiD, performs a modified Rear Hug rescue, placing the GiD on the rescue tube and quickly checks for signs of obvious breathing.

- Secondary lifeguards bring the trauma bag to the extrication point, and ready the backboard to assist with extrication
- Supervisor on deck arrives to the scene to assist

The Primary Lifeguard determines that the GiD is not breathing and so begins Child Rescue Breathing utilizing the AR Mask retrieved from his/her hip pack.

- A Secondary lifeguard enters the water to assist the Primary Lifeguard to the extrication point
- Remaining on deck lifeguards and the supervisor prepare the backboard for extrication (team has put on exam gloves)

The Primary lifeguard reaches the extrication point

- The lifeguard team works together to place the GiD on the backboard, then completes a safe extrication, resulting in the GiD being placed approximately 6 feet away from the pool side (or an otherwise safe distance from the water)

Upon extrication, the lifeguard team determines that the GiD remains unconscious with no obvious signs of normal breathing

PROMPT: THERE IS DISTINCT THUMPING FELT ON YOUR FINGERTIPS

- Primary lifeguard puts on exam gloves
- A lifeguard team member checks for a pulse at the carotid artery for 10 seconds
- Remaining lifeguard team members ready the oxygen delivery system (BVM or O2 port attached to Seal Easy Mask)
- Lifeguard team members begin Rescue Breathing with Oxygen Support, providing 1 breath every 3 seconds

PROMPT: THE GUEST BEGINS TO VOMIT

About 21 seconds into delivery (about 7 breaths delivered) the GiD vomits (vomit is copious and thick)

- Lifeguard team members stop Rescue Breathing and immediately roll the GiD to one side (in the style of the Recovery Position)
- A lifeguard team member uses a gloved hand to clear remaining vomit from the mouth using finger sweeps and the v-vac
- The Mask used for ventilation deliver is replaced with a clean one
- The lifeguard team returns the guest to a supine position

PROMPT: THE GUEST HAS FINISHED VOMITING

About 20 seconds has elapsed since care was interrupted

- Lifeguard team members attempt to resume rescue breathing

PROMPT: THE CHEST DOES NOT RISE AND FALL

The Ventilation does not result in a visible chest rise and fall

- The lifeguard team resets the mask, re-tilts the head and tries a second ventilation

PROMPT: THE CHEST RISES AND FALLS

The Ventilations results in visible chest rise and fall

- The lifeguard team resumes Rescue Breathing

About two minutes has elapsed since the original pulse check

- A lifeguard team member checks for a pulse at the carotid artery for 10 seconds.

PROMPT: THERE IS NO DISTINCT THUMPING FELT ON YOUR **FINGERTIPS**

A pulse was not detected

- A lifeguard team member positions him/herself at the chest of the GiD and immediately begins 15 chest compressions (about 1/3 the depth of the body cavity at a rate of at least 100 compressions per minute)
- A lifeguard team member readies the AED

The AED is ready to be applied

- CPR is interrupted – the lifeguard team dries the chest and places the pads in the proper locations as indicated by the AED
- The AED directs rescuers to stand clear for the initial analysis

The AED indicates that a Shock is advised and commands that the shock button be pressed

- A lifeguard team member presses the shock button, delivering the shock
- The lifeguard who was previously performing compressions immediately resumes CPR
- Two ventilations are performed after compressions

Two minutes since the second pulse check has elapsed and the AED directs the rescuers to stand clear for the second analysis

- CPR is paused
- Lifeguard team members rotates positions so that a fresh lifeguard is ready to resume compressions

The AED directs that no shock is advised

- CPR is resumed

PROMPT: THE GUEST BEGINS TO REGAIN CONSCIOUSNESS, COLOR IS RETURNING TO THE FACE, THE CHEST IS RISING AND FALLING ON ITS OWN, CONTROLLED EYE MOVEMENT, AND SPEECH BEGIN TO OCCUR.

About 1 minute after resuming CPR, the Child begins to open his eyes and show signs of normal breathing

- CPR is stopped and the GiD is placed in the Recovery position

The Child is now conscious

- The Lifeguard Team provides supplemental Oxygen via a child NRB
- The Lifeguard Team monitors the GiD and evaluates for any secondary conditions
- Supervisor begins appropriate documentation

EMS Arrives and begins evaluation

Unconscious In-water Guest in Distress Scenario Examples

IN-WATER UNCONSIOUS GUEST (INFANT):

An infant boy is spotted in 2 feet of water by a lifeguard maintaining the 10/20 Protection standard. He appears motionless, face down on the surface of the water. The lifeguard (identified as primary) activates the EAP:

- Primary enters the water safely and performs an approaches the GiD
- Responding on deck lifeguards ("Secondary" lifeguards) clear the zone and retrieve equipment
- Supervisor on deck directs a staff member to call EMS

PROMPT: THERE ARE NO SIGNS OF BREATHING

The Primary Lifeguard reaches the GiD, placing the GiD on the rescue tube and quickly checks for signs of obvious breathing.

- Secondary lifeguards bring the trauma bag to the extrication point, and ready the backboard to assist with extrication
- Supervisor on deck arrives to the scene to assist

The Primary Lifeguard determines that the GiD is not breathing and so begins Infant Rescue Breathing utilizing the AR Mask retrieved from his/her hip pack.

- Remaining on deck lifeguards and the supervisor prepare the backboard for extrication (team has put on exam gloves)

The Primary lifeguard reaches the extrication point

- The lifeguard team works together to place the GiD on the backboard, then completes a safe extrication, resulting in the GiD being placed approximately 6 feet away from the pool side (or an otherwise safe distance from the water)

Upon extrication, the lifeguard team determines that the GiD remains unconscious with not obvious signs of normal breathing

PROMPT: THERE IS DISTINCT THUMPING FELT ON YOUR FINGERTIPS

- Primary lifeguard puts on exam gloves
- A lifeguard team member checks for a pulse at the brachial artery for 10 seconds
- Remaining lifeguard team members ready the oxygen delivery system (BVM or O2 port attached to Seal Easy Mask)

A pulse is detected

PROMPT: THE BABY BEGINS TO VOMIT

- Lifeguard team members begin Rescue Breathing with Oxygen Support, providing 1 cheek puff every 3 seconds

About 30 seconds into delivery (approximately 10 breaths delivered) the GiD vomits (vomit is copious and thick)

PROMPT: THE BABY HAS FINISHED VOMITING

- Lifeguard team members stop Rescue Breathing and immediately roll the GiD to one side (in the style of the Recovery Position)
- A lifeguard team member uses a gloved hand to clear remaining vomit from the mouth using pinkie finger sweeps.
- The Mask used for ventilation deliver is replaced with a clean one
- The lifeguard team returns the guest to a supine position

About 20 seconds has elapsed since care was interrupted

PROMPT: THE CHEST DOES NOT RISE AND FALL

- Lifeguard team members attempt to resume rescue breathing

The Ventilation does not result in a visible chest rise and fall

PROMPT: THE CHEST RISES AND FALLS

- The lifeguard team resets the mask, re-tilts the head and tries a second ventilation

The Ventilations results in visible chest rise and fall

- The lifeguard team resumes Rescue Breathing

About two minutes has elapsed since the original pulse check

PROMPT: THERE IS NO DISTINCT THUMPING FELT ON YOUR **FINGERTIPS**

- A lifeguard team member checks for a pulse at the brachial artery for 10 seconds.

A pulse was not detected

- A lifeguard team member positions him/herself to perform chest compressions (using the multiple rescuer thumb method) on the GiD and immediately begins 15 chest compressions (about 1/3 the depth of the body cavity at a rate of at least 100 compressions per minute)
- A lifeguard team member readies the AED

The AED is ready to be applied

- CPR is interrupted – the lifeguard team dries the chest and places the pads in the proper locations as indicated by the AED
- The AED directs rescuers to stand clear for the initial analysis

The AED indicates that a Shock is advised and commands that the shock button be pressed

- A lifeguard team member presses the shock button, delivering the shock
- The lifeguard who was previously performing compressions immediately resumes CPR
- Two ventilations are performed after compressions

Two minutes since the second pulse check has elapsed and the AED directs the rescuers to stand clear for the second analysis

- CPR is paused
- Lifeguard team members rotates positions so that a fresh lifeguard is ready to resume compressions

The AED directs that no shock is advised

- CPR is resumed

About 1 minute after resuming CPR, the Infant begins to open his eyes and show signs of normal breathing

PROMPT: THE GUEST BEGINS TO REGAIN CONSCIOUSNESS, COLOR IS RETURNING TO THE FACE, THE CHEST IS RISING AND FALLING ON ITS OWN, CONTROLLED EYE MOVEMENT, AND CRYING.

- CPR is stopped

The Child is now conscious

- The Lifeguard Team provides supplemental Oxygen via a pediatric NRB
- The Lifeguard Team monitors the GiD and evaluates for any secondary conditions
- Supervisor begins appropriate documentation

EMS Arrives and begins evaluation

Non-aquatic Scenario Examples

NON-AQUATIC UNCONSIOUS GUEST (INFANT):

PROMPT: THERE ARE NO SIGNS OF BREATHING

PROMPT: THERE IS DISTINCT THUMPING FELT ON YOUR FINGERTIPS

PROMPT: THE CHEST DOES NOT RISE AND FALL

PROMPT: THE CHEST DOES NOT RISE AND FALL

PROMPT: THE CHEST RISES AND FALLS

PROMPT: THERE IS NO DISTINCT THUMPING FELT ON YOUR **FINGERTIPS**

PROMPT: THE GUEST BEGINS TO REGAIN CONSCIOUSNESS, COLOR IS RETURNING TO THE FACE, THE CHEST IS RISING AND FALLING ON ITS OWN, CONTROLLED EYE MOVEMENT, AND CRYING.

An infant girl is spotted on the pool deck by a lifeguard moving from one position to another. The infant appears pale and motionless.

- Primary performs BSI precautions by putting on exam gloves and checks for responsiveness (Tickle & Shout) and breathing of the infant

No signs of normal breathing are detected during Shake & Shout.
The lifeguard (identified as primary) activates the EAP:

- The primary lifeguard checks for a pulse at the brachial artery for 10 seconds
- Responding on deck lifeguards ("Secondary" lifeguards) clear the zone and retrieve equipment
- Supervisor on deck directs a staff member to call EMS
- Supervisor on deck arrives to the scene to assist

A pulse is detected.
Primary Lifeguard begins Infant Rescue Breathing utilizing the AR Mask from his/her hip pack.

- Lifeguard team members begin Rescue Breathing with Oxygen Support, providing 1 cheek puff every 3 seconds
- Remaining lifeguard team members ready the oxygen delivery system (BVM or O2 port attached to Seal Easy Mask)

The Ventilation does not result in a visible chest rise and fall

- The lifeguard team resets the mask, re-tilts the head and tries a second ventilation

The 2nd Ventilation does not result in a visible chest rise and fall

- The lifeguard team begins and performs 30 chest compressions for a Foreign Body Airway Obstruction
- After compressions are completed, a team member performs a visual inspection of the mouth and sees several pieces of food
- With a gloved hand a team member performs a pinkie finger sweep to remove the chunks of food.

About 30 seconds has elapsed since care was interrupted

- Lifeguard team members attempt to resume rescue breathing

The Ventilation results in a visible chest rise and fall

- The lifeguard team resumes Rescue Breathing

About two minutes has elapsed since the original pulse check

- A lifeguard team member checks for a pulse at the brachial artery for 10 seconds.

A pulse was not detected

- A lifeguard team member positions him/herself to perform chest compressions (using the multiple rescuer thumb method) on the GiD and immediately begins 15 chest compressions (about 1/3 the depth of the body cavity at a rate of at least 100 compressions per minute)
- A lifeguard team member readies the AED

The AED is ready to be applied

- CPR is interrupted – the lifeguard team dries the chest and places the pads in the proper locations as indicated by the AED
- The AED directs rescuers to stand clear for the initial analysis

The AED indicates that a Shock is advised and commands that the shock button be pressed

- A lifeguard team member presses the shock button, delivering the shock
- The lifeguard who was previously performing compressions immediately resumes CPR
- Two ventilations are performed after compressions

Two minutes since the second pulse check has elapsed and the AED directs the rescuers to stand clear for the second analysis

- CPR is paused
- Lifeguard team members rotates positions so that a fresh lifeguard is ready to resume compressions

The AED directs that no shock is advised

- CPR is resumed

About 1 minute after resuming CPR, the Infant begins to open his eyes and show signs of normal breathing

- CPR is stopped , infant is held

The Infant is now conscious

- The Lifeguard Team provides supplemental Oxygen via a pediatric NRB
- The Lifeguard Team monitors the GiD and evaluates for any secondary conditions
- Supervisor begins appropriate documentation

EMS Arrives and begins evaluation

Non-aquatic Scenario Examples

NON-AQUATIC CARE - CONSCIOUS TO UNCONSCIOUS FBAO (INFANT):

A parent carries an infant boy to the lifeguard, stating that the infant is choking. The infant appears conscious and is moving, however, no noise is coming from the infant and he is pale in color with bluish lips. The lifeguard (identified as primary) activates the EAP:

- Primary performs BSI precautions by putting on exam gloves

Lifeguard immediately performs a series of back blows and chest thrusts.

- Primary lifeguard continues providing back blows between the shoulder blades using the heel of the hand and chest thrusts, at a position 1 finger width below the nipple line, on the infant.
- Responding on deck lifeguards ("Secondary" lifeguards) clear the zone, retrieve equipment, and contact EMS.

The infant becomes limp the arms of the lifeguard and no longer shows signs of consciousness.

- The primary lifeguard begins immediately performing 30 chest compressions for a Foreign Body Airway Obstruction.
- After compressions are completed, a team member performs a visual inspection of the mouth and sees several pieces of food
- With a gloved hand a team member performs a pinkie finger sweep to remove the chunks of food.
- Secondary lifeguards bring the trauma bag to the scene.
- Supervisor on deck arrives to the scene to assist

PROMPT: THE CHEST RISES AND FALLS

The lifeguard team attempts 2 ventilations to verify the airway is clear utilizing an AR Mask from a lifeguard's hip pack. Both ventilations result in chest rise and fall.

- Remaining lifeguard team members ready the oxygen delivery system (BVM or O2 port attached to Seal Easy Mask)

PROMPT: THERE IS DISTINCT THUMPING FELT ON YOUR FINGERTIPS

The lifeguard team checks for a pulse at the brachial artery for 10 seconds.

- A pulse is detected
- The lifeguard team begins Infant Rescue Breathing utilizing a BVM.
- The lifeguard team performs rescue breathing for 2 minutes.

About two minutes has elapsed since the original pulse check

- A lifeguard team member checks for a pulse at the brachial artery for 10 seconds.

PROMPT: THERE IS NO DISTINCT THUMPING FELT ON YOUR **FINGERTIPS**

A pulse was not detected

- A lifeguard team member positions him/herself to perform chest compressions (using the multiple rescuer thumb method) on the GiD and immediately begins 15 chest compressions (about 1/3 the depth of the body cavity at a rate of at least 100 compressions per minute)
- A lifeguard team member readies the AED

The AED is ready to be applied

- CPR is interrupted – the lifeguard team dries the chest and places the pads in the proper locations as indicated by the AED
- The AED directs rescuers to stand clear for the initial analysis

The AED indicates that a Shock is advised and commands that the shock button be pressed

- A lifeguard team member presses the shock button, delivering the shock
- The lifeguard who was previously performing compressions immediately resumes CPR
- Two ventilations are performed after compressions

Two minutes since the second pulse check has elapsed and the AED directs the rescuers to stand clear for the second analysis

- CPR is paused
- Lifeguard team members rotates positions so that a fresh lifeguard is ready to resume compressions

The AED directs that no shock is advised

- CPR is resumed

About 1 minute after resuming CPR, the Infant begins to open his eyes and show signs of normal breathing

- CPR is stopped , infant is held

PROMPT: THE GUEST BEGINS TO REGAIN CONSCIOUSNESS, COLOR IS RETURNING TO THE FACE, THE CHEST IS RISING AND FALLING ON ITS OWN, CONTROLLED EYE MOVEMENT, AND CRYING.

The Infant is now conscious

- The Lifeguard Team provides supplemental Oxygen via a pediatric NRB
- The Lifeguard Team monitors the GiD and evaluates for any secondary conditions
- Supervisor begins appropriate documentation

EMS Arrives and begins evaluation

Non-aquatic Scenario Examples

NON-AQUATIC CARE – A RESPONSIVE GUEST REQUIRING FIRST AID IS OBSERVED ON DECK

A young child that was running on the pool deck falls forward and uses their hands to break their fall. The child's hands are both badly scraped with the left hand bleeding heavily. The child is crying and the parents are nowhere to be found.

- The lifeguard (identified as primary) activates the EAP:
- Primary performs BSI precautions by putting on exam gloves

EAP activation results in the remaining lifeguard team to leave the office and assist.

- Responding on deck lifeguards ("Secondary" lifeguards) bring first aid equipment, retrieve equipment, and contact EMS (if appropriate)

The Primary lifeguard initiates contact with the child and communicates that they will be applying gauze to the locations that are bleeding

- Lifeguard applies gauze to each hand while applying direct pressure upon the wound and being sensitive to the patient's pain level.
- Responding lifeguard team will provide additional gauze if needed, but must perform their BSI precautions prior to assisting.
- Should the bleeding continue to soak through the previously applied gauze, the Primary lifeguard will apply additional gauze.
- Secondary lifeguards begin to locate the parents of the child via cooperation with the lifeguard supervisor
- Supervisor on deck arrives to the scene to assist

Once the parents arrive on scene, the lifeguard supervisor or other designated staff explain what has occurred and the treatment that they are providing to the child.

- If the bleeding has been controlled, the lifeguard team will release the child into the care of the child's parents.
- If the bleeding has not been controlled or is unable to be controlled, than the lifeguard team will notify 911 and provide care until they are released by local fire/rescue.

Once either the parents have taken the child with them or 911 has taken over the scene, final reviews will be performed

- Lifeguard team will ensure the location has been properly sanitized prior to reopening the area for other patrons.
- Primary Lifeguard and supporting team members will fill out documentation describing the event and the actions that took place.
- Lifeguard team debriefs with Lifeguard Supervisor or Upper Management.

Basic Life Support Protocol Matrix

Component of Care	Adults (Adolescence and older)	Children (1 year of age to Adolescence)	Infants (Less than 1 year of age, excluding newborns)
Scene Safety, Recognition	Determine scene Safety. Check for responsiveness: "Tap and shout"	Determine scene Safety. Check for responsiveness: "Tap and shout"	Determine scene Safety. Check for responsiveness: "Tap and shout"
Patient Position for Assessment and Care	Safely position patient on back. Articulate the patient's head to open the airway and allow for assessment.	Safely position patient on back. Articulate the patient's head to open the airway and allow for assessment.	Safely position patient on back. Articulate the patient's head to open the airway. Expose patient's arm to allow for assessment.
Rescuer Positioning for Assessment	Get low to the patient. Locate the carotid artery in the neck while lowering your head near the mouth of the patient.	Get low to the patient. Locate the carotid artery in the neck while lowering your head near the mouth of the patient.	Get low to the patient. Locate the brachial artery in the arm while lowering your head near the mouth of the patient.
Simultaneous Assessment: Pulse/Breathing	Look down the patient's body and listen for normal breathing while feeling for a pulse for a maximum of 10 seconds.	Look down the patient's body and listen for normal breathing while feeling for a pulse for a maximum of 10 seconds.	Look down the patient's body and listen for normal breathing while feeling for a pulse for a maximum of 10 seconds.
Pulse is definitely found, No Breathing	Begin Rescue Breathing with a mask attached to oxygen. 1 breath every 5 seconds.	Begin Rescue Breathing with a mask attached to oxygen. 1 breath every 3 seconds.	Begin Rescue Breathing with a mask attached to oxygen. 1 breath every 3 seconds.
Pulse is not found or there is uncertainty	Begin CPR. 30 Chest compressions followed by 2 breaths using a mask w/O2. Attach AED as soon as available.	Begin CPR. 30 Chest compressions followed by 2 breaths using a mask w/O2. Attach AED as soon as available.	Begin CPR. 30 Chest compressions (fingers) followed by 2 breaths using a mask w/O2. Attach AED as soon as available.
Multiple Rescuer Response	CPR Ratio: 30:2, alternating compressors every 2 min AED prompt or fatigue onset. Ventilations: BVM w/O2 can be used for delivery.	CPR Ratio: 15:2, alternating compressors every 2 min AED prompt or fatigue onset. Ventilations: BVM w/O2 can be used for delivery.	CPR Ratio: 15:2 (thumbs), alternating compressors every 2 min AED prompt or fatigue onset. Ventilations: BVM w/O2 can be used for delivery.
Chest Compressions: Quality	Depth: 2-2.4 in. (5-6cm). Rate: 110 target, at least 100 comp/min. Recoil: Allow full recoil. Interruptions in care, max 10 seconds target.	Depth: 1/3 depth of body (2in / 5cm). Rate: 110 target, at least 100 comp/min. Recoil: Allow full recoil. Interruptions in care, max 10 seconds target.	Depth: 1/3 depth of body (1.5 in / 4 cm). Rate: 110 target, at least 100 comp/min. Recoil: Allow full recoil. Interruptions in care, max 10 seconds target.
Ventilation delivery: Quality	Duration: About 1 second Volume: Adequate for chest rise and no more.	Duration: About 1 second Volume: Adequate for chest rise and no more.	Duration: About 1 second Volume: Adequate for chest rise and no more.

INTERNATIONAL LIFEGUARD TRAINING PROGRAM™

BASIC FIRST RESPONDER CARE SUMMARY MATRIX

FIRST RESPONDER (FIRST AID) CARE begins with the primary check to confirm that CIRCULATION, AIRWAY, AND BREATHING ("CABs") are present and maintained. All other conditions found will be considered secondary in treatment priority to Basic Life Support (BLS) care. Even after the Primary check, it is vital for CABs to be monitored and maintained while providing secondary first aid care. Contact EMS for any condition requiring more care than the basic scope of care included in this training, in accordance with your facility Emergency Action Plan (EAP). For condition background, signs, symptoms, and care details, please review chapter 13 in the ILTP™ Course textbook. **Effective 2011: treatment for shock no longer includes elevation of the legs; treatment for bleeding no longer includes elevation of the bleeding body part or applying pressure to the pressure points. First Aid training in the ILTP™ now includes additional procedures for eye and mouth injuries.**

PRIORITY OF CARE

SCENE SAFETY
Is the area safe to enter?
What may have been the cause/mechanism of injury/illness and what danger still exists?

PRIMARY CHECK
Assessment and Basic Life Support (BLS) care of Circulation, Airway, Breathing
CALL EMS if necessary or if unsure

SECONDARY CHECK
Assessment of conditions not immediately life threatening but may require first aid care
CALL EMS for any condition that may require further care or if unsure

Take proper Body Substance Isolation precautions before administering care

PERFOMING THE SECONDARY CHECK

Signs of Injury/Illness	•Any condition the rescuer can see, feel, or smell
Symptoms of Injury/Illness	•Any condition the guest feels and is able to describe
Physical Exam	•Head to toe exam, referencing DOTS: Deformity, Open wounds, Tenderness/pain, Swelling/discoloration
Gather Information	•Communicate with the guest/bystanders to determine details, including cause and information about the guest, such as medical history, medications, etc.
Care/Monitor/Transfer	•Provide the appropriate care for signs and symptoms found while continuing to monitor and maintain Circulation, Airway, and Breathing. Transfer care and information when EMS arrives

INTERNATIONAL LIFEGUARD TRAINING PROGRAM™

BASIC FIRST RESPONDER CARE SUMMARY MATRIX

MEDICAL EMERGENCIES – SIGNS/SYMPTOMS AND BASIC CARE SUMMARY

Heart Attack

Signs/Symptoms
- Chest Pressure/Pain that spreads to shoulders, neck, arms, or jaw
- Breathing difficulty, dizziness
- Nausea, fatigue

Care
- Activate EAP/Call EMS
- Have guest rest in most comfortable position
- Assist guest with medication such as nitroglycerin, or Asprin
- Be ready to begin BLS at anytime

Stroke

Signs/Symptoms
- Weakness or numbness on one side of the body
- Vision problems / Speech problems
- Dizziness, loss of balance
- Confusion, nausea, fatigue
- Sudden extreme headache

Care
- Activate EAP/Call EMS
- Have guest rest in most comfortable position
- Place the guest into the recovery position if nausea or vomiting occurs
- Be ready to begin BLS at anytime

Heat Emergency

Signs/Symptoms
- Muscle cramps
- Dizziness, nausea, vomiting
- Fatigue, Headache
- Extreme thirst, hot dry skin or moist skin
- Rapid pulse, confusion
- Seizure

Care
- Have guest rest in a cool location
- Remove excess clothing
- Provide cool water (if conscious and not nauseous). Gently stretch cramped muscles
- Fan and place ice packs in the armpits, groin, and neck
- CALL EMS if the guest does not improve quickly or loses consciousness

Cold Emergency

Signs/Symptoms
- Shivering
- Confusion / Sluggishness
- Cold skin

Care
- Place the guest in a warm location, resting in a comfortable position
- Replace wet clothing with dry and cover with blankets
- Provide a warm, sugary beverage (if able to drink comfortably)
- Call EMS if condition does not rapidly improve or the guest loses consciousness

Fainting

Signs/Symptoms
- Weakness, confusion, dizziness
- Head and/or abdominal pain
- "Feeling like" they may faint

Care
- Have the guest lie down if the feel faint
- If already fainted, confirm CABs and check for signs of injury from the fall and place in the recovery position
- Be ready to begin BLS at anytime
- Call EMS if the guest does not regain consciousness quickly

Seizures

Signs/Symptoms
- Report of strange sensations, confusion, dizziness
- Unusual behavior, muscle ridgidity, convulsions
- Altered levels of consciousness

Care
- Protect the guest's head and move items away from the guest to protect against injury (cushion the head with a towel)
- Place in the recovery position and monitor the airway
- Call EMS and be ready to begin BLS care

Shock Hypovolemic & Anaphylatic

Signs/Symptoms
- Anxiety, cool pale moist skin
- Rapid or difficulty breathing
- Rapid pulse, weakness
- Hives, itching, swelling

Care
- Activate EAP/Call EMS
- Place the guest on their back (no longer elevate the legs)
- Place in recovery position and maintain normal body temperature
- Provide supplemental oxygen
- Help the guest self-administer any medication for an allergic reaction

Diabetic Emgencies

Signs/Symptoms
- Diminished level of consciousness
- Weakness, hunger, thirst
- Vision and breathing difficulty
- Fruity breath odor

Care
- Activate EAP/Call EMS if the guest is unresponsive or unconscious
- For conscious guests who are able to swallow, ask them to provide any treatment needs or medication to self-administer. Offer sugary drinks if the conscious guest is unable to provide information concerning the diabetic condition

Asthma / Respritory Distress

Signs/Symptoms
- Difficulty breathing, coughing, wheezing
- Shallow breathing
- Fatigue

Care
- Have the sit in an upright or slightly bent forward position in a comfortable location
- Retrieve/assist with any self-administered medication the guest may have
- Provide supplemental oxygen
- Call EMS the guest's condition does not improve quickly

Poison, Alcohol/Drug overdose

Signs/Symptoms
- Headache, nausea, vomiting, mouth burns
- Dizziness, altered levels of consciousness, drowsy
- Smell of alcohol or of the poison

Care
- Place the guest in the recovery position and contact EMS. Call poison control at 800-222-1222 - follow their directions
- Find out what was ingested or inhaled and consult MSDS books, labels, etc for care
- Provide oxygen and be ready to begin BLS

INTERNATIONAL LIFEGUARD TRAINING PROGRAM™

BASIC FIRST RESPONDER CARE SUMMARY MATRIX

INJURIES – SIGNS/SYMPTOMS AND BASIC CARE SUMMARY

Suspected Head/Spinal Injuries (non-aquatic)

Signs/Symptoms	Care
• Altered / loss of consciousness • Pain, tenderness, deformity, bruising anywhere on head/back • Paralysis • Blood from ears or nose	• Activate EAP/Call EMS • Minimize head and body movement. Encourage the guest to remain calm and not move • Only move the guest if vomiting occurs and if so, log roll the guest into the recovery position as a single unit • Control obvious bleeding

Muscle, Bone, Joint Injuries

Signs/Symptoms	Care
• Deformity of body part, tenderness, pain, swelling • Discoloration, bruising • Crepitus • Exposed bone ends • Inability to move injured body part	• Activate EAP/Call EMS. Control bleeding • Allow the guest to position the body part in the most comfortable positon • Stabilize the injured body part using an anatomical splint or with your hands until EMS arrives • Cover open wounds with dressing • Apply ice packs

Soft Tissue Emergency: External Bleeding

Signs/Symptoms	Care
• External bleeding	• Activate EAP/EMS • Apply direct pressure with sterile gauze pads. If blood soaks through, apply more gauze on top of it • Use roll gauze to maintain pressure and cleanliness of wound • No longer elevating or finding pressure point

Soft Tissue Emergency: Impaled object/amputation

Signs/Symptoms	Care
• External bleeding • Impaled object • Amputation	• Activate EAP/EMS • Apply direct pressure with sterile gauze pads as indicated for external bleeding • If an imbedded object, leave in place and stabilize so movement is minimized • Retrieve amputated part. Place in plastic bag and keep the part cool and dry. Give to EMS

Soft Tissue Emergency: Nose Bleed

Signs/Symptoms	Care
• Blood flowing from the nose	• Have the guest sit down and lean slightly forward • Have the guest pinch their nostrils together at the bridge of the nose for up to 10 minutes • If bleeding is not controlled after 10 minutes or if there is any other injury or medical condition present (such as spinal injury or hypertension) contact EMS

Soft Tissue Emergency: Burns

Signs/Symptoms	Care
• Red swollen skin (first degree) • Blistering burn (second degree) • Full thickness damage, little pain, multicolored skin (third degree)	• Cool first and second degree burns with water, leave third degree burns dry (clean dry chemical burns before applying water) • Do not apply pressure to blisters and cover loosely with dry sterile dressing (second and third degree burns) • Remove any smoldering clothing or jewelry • Call EMS for second and third degree burns or severe first degree burns. Perform BLS if needed

Mouth Injuries

Signs/Symptoms	Care
• Bitten/cut lip or tongue • Knocked out tooth	• Apply direct pressure (see external bleeding) • Apply ice pack - contact EMS if bleeding is not controlled quickly • If a knocked out tooth, find the tooth and avoid touching the root. Place the tooth in a cup and have the guest provide saliva to keep it moist • Advise the guest to see a dentist immediately

Eye Injuries: Object in the eye/penitrating injury

Signs/Symptoms	Care
• Single or multiple objects/particles in the eye • Sharp object penetrates the eye	• Activate EAP/EMS if the guest is in pain or if the injury is severe • For particles in the eye, rinse with warm water or eye wash pulling the upper eye lid open. Use sterile gauze to remove any particle seen • For an imbedded object, stabilize object with dressings, controlling bleeding and covering the other

Eye Injuries: Blow to the eye/cut to the eye

Signs/Symptoms	Care
• Bleeding • Bruising • Eye avulsion (knocked out eyeball)	• Activate EAP/EMS if the injury is severe or if vision is compromised • For blows to the eye, apply a coldpack for 15 min • For a severe blow resulting in an avulsion, cover both eyes with loose dressing and protect the injured area with a paper cup secured to the head • For cuts with or without bleeding, cover with sterile dressing, avoiding pressure directly on the eye

Eye Injuries: Chemicals in the eye

Signs/Symptoms	Care
• Burn around the eye • Pain	• Activate EAP/EMS (vision is at risk with this injury) • Hold the eye wide open and flush with warm water for at least 20 min, continuously and gently. Irrigate from the nose side of the eye toward the outside to avoid flushing material into the other eye • Loosely bandage both eyes with wet dressings • Confirm that other burn injuries are not present, treat if found