ELLISEDUCATION
SERVICES

EASY GUIDE

INTERNATIONAL LIFEGUARD TRAINING PROGRAM™

Ellis & Associates, Inc.
5979 Vineland Rd. Suite 105
Orlando, FL 32819
www.jellis.com
800-742-8720

Disclaimer:

The procedures presented in this manual and the course are based on the most current recommendations of responsible medical sources, including the International Liaison Committee on Resuscitation (ILCOR) Consensus Guidelines for CPR, Emergency Cardiovascular Care (ECC) and First Aid, the Occupational Safety and Health Administration (OSHA) standards 1910.151, and the Model Aquatic Health Code (MAHC). The materials have been reviewed by internal and external field experts and verified to be consistent with the most current guidelines and standards. Ellis & Associates, however, make no guarantee as to, and assume no responsibility for the correctness, sufficiency, or completeness of such recommendations or information.

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WHY PROFESSIONAL LIFEGUARDS ARE NECESSARY

Drowning: A Major Problem in America

Approximately 3500 people die each year from drowning (accidental, non-boating). This is about 10 people per day. One out of every five drowning deaths involves a child under the age of 14.

Drowning: A Major Problem Worldwide

Approximately 360,000 people drown annually around the world. This is a primary cause of death for 7% of the world's population. Half of these deaths are people under the age of 25.

Why Lifeguards?

Lifeguards are the only consistently proven means of preventing drowning incidents. The best lifeguards are those who are highly trained, professional, and accountable.

Why E&A Trained Lifeguards?

E&A lifeguards protect an estimated 100 million people annually. E&A training is comprehensive, focusing on prevention, professionalism, and accountability. This makes E&A lifeguarded facilities among the safest in the world.

LIFEGUARD PROFESSIONAL IMAGE

POLARIZED SUNGLASSES AND A VISOR/HAT:
Protection of the eyes and face from the sun

LIFEGUARD STAFF UNIFORM:
Designates the wearer as a lifeguard and provides the body with basic sun protection

RESCUE TUBE:
Facilitates safe in-water rescues and identifies the person wearing it as a lifeguard

WHISTLE:
Used to alert guests and other lifeguards

HIP PACK:
Immediately accessible storage of a Resuscitation Mask and Exam Gloves

PROTECT YOURSELF FROM DISEASE TRANSMISSION

1. Treat all body substances as if contaminated.

2. Use Personal Protective Equipment (PPE) when providing care.

3. Clean up after care and properly dispose of contaminated items.

4. Clean hands and other areas that may have been exposed to body substances.

PROPER GLOVE REMOVAL

Safely remove and dispose of soiled gloves after use.

First Gloved Hand

1. Pinch the outside of the glove near the wrist.

2. Peel downward and the glove will turn inside out. Secure this glove in your gloved hand.

Second Gloved Hand

3. Slide your finger(s) under the wrist of the remaining glove.

4. Peel downward and the glove will turn inside out over top the first glove. Dispose properly.

SUN PROTECTION

SUNGLASSES

Wear sunglasses whenever outside in sunny conditions. Look for sunglasses with polarized lenses and 99-100% UVA /UVB protection.

SUNSCREEN

Sunscreen works best when applied 20 minutes before going into the sun, and reapplied hourly. Use sunscreen that is broad spectrum (UVA/UVB), water resistant, and has an SPF of 30 or higher.

DRINK WATER

- Consume 6-8 glasses of water daily.
- In hot weather consume about 10 glasses of water to avoid dehydration.
- Dehydration causes fatigue and loss of focus.
- Thirst is the first sign of dehydration.

SHADE

Attempt to remain in a shaded location (umbrellas, structures, trees) whenever possible.

PROTECTIVE CLOTHING

Lifeguard uniforms (hats/visors, shirt, trunks) can provide protection from the sun for much of the body.

10/20 Protection™ Standard Lifeguarding

"10 Seconds to See"
You can view your entire assigned Zone of Protection® area in no more than 10 seconds.

"20 Seconds to Reach"
You can reach and render care to a guest anywhere within your assigned Zone of Protection® area in no more than 20 seconds.

Applying 10/20 Protection™ Standard Lifeguarding:

- **OBJECTIVE:** Maximum time a Guest in Distress waits for aid is 30 seconds.
- **VIGILANCE:** Using multiple scanning techniques and changing body position frequently helps avoid complacency, reduce fatigue and enable you to effectively protect guests.
- **NO COMPROMISE:** If the 10/20 Protection™ standard cannot be maintained for any reason, lifeguards and supervisors take active steps to correct.
- **DOCUMENTATION:** Reference facility created Zone of Protection® area documents and Zone Coverage® diagrams. Zone of Protection® areas are determined by regular Zone Validation® system implementation.
- **VIGILANCE AWARENESS TRAINING® PROGRAM (VAT®):** Provides lifeguards with on-going training and conditioning to optimize their ability to always maintain the 10/20 Protection™ standard.

Lifeguard Scanning

Scan Extremes of Zone

Scan from the bottom up

3 - Scan the surface

2 - Scan below the surface

1 - Scan the bottom

Change Scanning Patterns Frequently

Scan Around Objects & Guests

When Roving, Include Frequent "Look Backs" at the area behind you

If you have difficulty seeing any portion of your zone, immediately inform your supervisor.

Include in your scan the area immediately below your position

If you see something and you are not sure what it is, ***CHECK IT OUT!***

Avoiding Distractions

Take steps to cope with environmental distractions & fatigue.

Do not allow friends & family to distract you from your important responsibilities as a lifeguard.

Put away all personal electronic devices whenever working.

Cleaning tasks should not be performed by the lifeguard on duty

Operational tasks should not be performed by the lifeguard on duty.

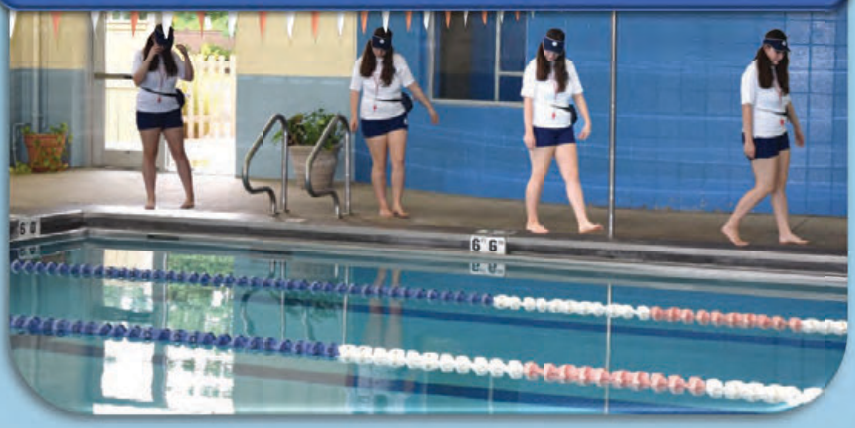
Avoid unrelated activities that are distracting and unprofessional.

Swim instruction & coaching should not be performed by the lifeguard on duty.

Lifeguard Rotation

The lifeguard team performs *Proactive Bottom Scans* before assuming and relinquishing responsibility of the Zone of Protection® area. One lifeguard is always maintaining the 10/20 Protection™ standard throughout the process.

The Incoming Lifeguard ("LG1") performs a proactive bottom scan of the entire Zone of Protection® area, actively looking around fixtures, features, corners and edges of the Zone of Protection® area to confirm the bottom is clear before taking over the position.



1

LG1 reports to the Outgoing Lifeguard ("LG2") that the bottom is clear (verbal and "thumbs up").

2

LG1 takes over 10/20 Protection™ standard scanning of the Zone of Protection® area, to allow LG2 to safely climb down from the stand.

3

Equipment is exchanged unless each guard has their own rescue tube. *At least one lifeguard has eyes on the water at all times.*

4

Equipment is exchanged again if needed and LG1 climbs up the stand. Both guards continue to scan the Zone of Protection® area.

5

Once LG1 is in position, LG2 relinquishes the Zone of Protection® area. Both guards continue to scan the Zone of Protection® area.

6

LG2 performs a proactive bottom scan, actively looking around fixtures, features, corners, and edges of the Zone of Protection® area to confirm the bottom is clear before relinquishing responsibility. When finished, LG2 signals to LG1 that the bottom is clear ('thumbs up"). LG2 may proceed to the next duty station.

Basic Lifeguard Communication

Whistles codes and Hand Signals provide a means of staff communication. Your facility may use the following or a variation to meet its operational needs:

Whistle Codes:

One Short Whistle Blast:
To gain a guest's attention.

Two Short Whistle Blasts:
To gain the attention of another lifeguard or staff member.

One or Two Long Whistle Blast(s):
To activate the Emergency Action Plan (EAP), typically used with "pointing" toward the Guest in Distress. These whistle blasts indicate an emergency situation that may require an in-water rescue and / or the assistance of others.

Common Hand Signals:

Raised Fist
Lifeguard Needs Assistance

Tapping the top of your head
Cover my Zone

Crossed Arms
Stop Dispatch

Thumbs Up
Resume Activity or Bottom's Clear

Rule Enforcement

Rule enforcement is one of the most common functions you will perform while on duty. General guidelines for rule enforcement include:

- Understand your facility rules and where they are posted
- Be polite and positive during guest interactions
- Provide consistent rule enforcement
- Use the "DEAL" Strategy when difficult situations are encountered.
- Refer problems to your supervisor

Golden Rule of Lifeguard-Guest Relations

Treat others the way you would like to be treated:

- With respect and dignity.
- With awareness and sensitivity to diverse culture and beliefs.
- Without assumptions based upon race, ethnicity, national origin, gender, sexual orientation, or religion.

Lifeguards *CARE* for Guests

Confident

- Actively participate in-service training.
- Keep your skills at a "test-ready" level.
- Take advantage of the Vigilance Awareness Training® program (VAT®) to optimize your scanning ability.
- Review documentation for each lifeguard station, including:
  - ✓ Zone of Protection® area documents
  - ✓ Zone Coverage® diagrams
  - ✓ Zone Validation® system documents
  - ✓ Emergency Action Plan (EAP)
- Know your facility's rules and policies.
- Seek and utilize supervisor feedback regarding your performance.

Attentive

- Remain vigilant at your duty station.
- Maintain the10/20 Protection™ standard of your Zone of Protection® area.
- Avoid distractions and complacency.
- Consistently enforce facility rules and policies.
- Alert supervisors to any problems encountered.

Responsive

- Quickly assess what may be wrong.
- Communicate to other staff when an emergency exists.
- Follow your Emergency Action Plan.
- Determine and utilize appropriate equipment.
- Act appropriately and decisively in an emergency.

Empathetic

- Try to understand guests needs and emotions.
- Be approachable and practice kindness.
- Communicate using courtesy and respect.
- Use words such as "please" and "thank-you".
- Smile and make eye contact when communicating.

Lifeguards *DEAL* with Difficult Situations

*D*e-escalate the situation

- Listen to guests concerns without interruption.
- Consider guests current emotional needs.
- Summarize and acknowledge guests concerns.
- Explain how you intend to address concerns.
- Remain calm.
- Be aware of your body language and expressions.
- Summon a supervisor if needed.

*E*valuate alternatives

- Consider options to help the guest.
- Involve the guest in the solution when possible.
- Agree to solutions that are consistent with your facility's policies.
- Involve a supervisor if a solution is outside of your authority.

*A*ct quickly

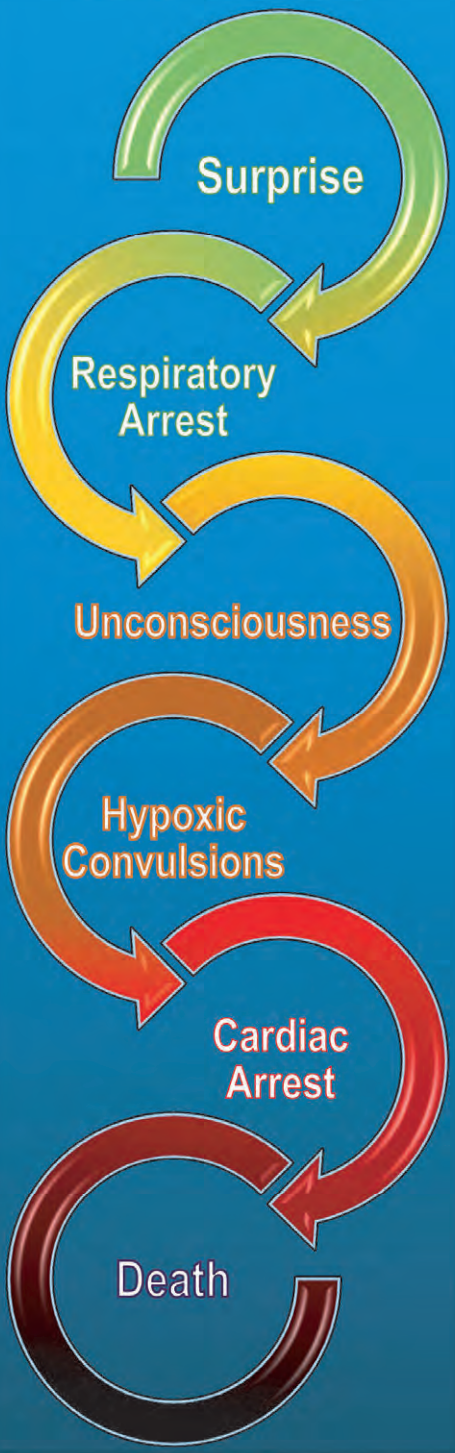
- Propose a solution based on information gathered and options considered.
- Be specific when explaining your proposal.
- Act on the solution promptly to resolve the situation.

*L*ook at outcomes

- Follow up with guests before they leave the facility if possible.
- With your supervisor, evaluate how you handled this situation:
  - Was the situation effectively de-escalated?
  - Was a satisfactory solution attained?
  - Were there other solutions that were not considered or used?
  - If this situation occurred again, would/should you do the same thing?

The Drowning Process

Primary Stages



Recognition and Intervention

Surprise

- Panic.
- Struggling to remain on surface.
- Erratic and ineffective arm and leg movements.
- Head back in effort to keep mouth above water.
- Breath holding if submerging.
- This stage may last up to 30 seconds.
- **Rescued during this stage the guest rarely needs any further care.**

Respiratory Arrest & Unconsciousness

- Carbon dioxide (CO_2) build up triggers an automatic response to breathe (agonal breath).
- If submerged, water will cross the larynx (voice box) and cause laryngeal spasm leading to respiratory arrest.
- Unconsciousness will occur shortly after respiratory arrest.
- **Rescued during this stage the guest may begin breathing once the face is removed from the water and the airway opened.**

Hypoxic Convulsions

- Lack of oxygen (hypoxia) can result in convulsions.
- Additional agonal breaths may displace lung surfactant resulting in froth/foam in the guest's mouth.
- Cardiac arrest will ultimately result if respiratory arrest is not corrected.
- **Rescued before cardiac arrest occurs, and provided with rescue breathing and supplemental oxygen, cardiac arrest may be avoided.**

Cardiac Arrest & Death

- As time passes during cardiac arrest irreversible damage can occur to organs, especially the brain.
- **Care during this stage requires quality CPR, an AED, supplemental oxygen support, and suction. The chance of full recovery at this stage is significantly less than interventions provided in earlier stages.**

RECOGNIZING A GUEST IN DISTRESS

While scanning your Zone of Protection® area look for abnormal actions, which may indicate a guest in distress, such as:

Active struggling with head back, with a look of panic, inefficient arm and leg movement.

Active bobbing while reaching out, but making little progress.

Sudden submersion following release of a flotation device, or rope.

Submersion without returning to the surface. Any facedown motionless guest.

The appearance of anything underwater that should not be there, should be checked out.

IF YOU DON'T KNOW, GO!

ACTIVATING YOUR EMERGENCY ACTION PLAN (EAP)

An Emergency Action Plan (EAP) alerts others to an emergency situation. EAPs are site-specific procedures and generally include:

Be Rescue Ready – Assume a position that allows quick and safe entry into the water.

Blow your Whistle - one or more long blasts, depending upon the emergency and the EAP used at your facility.

Point in the direction of the Guest in Distress to inform others.

Push the emergency stop button (eStop) found on attractions such as wave pools.

Enter the water safely.

NON-EMERGENCY ASSISTS

You may be able to assist guests while still maintaining the 10/20 Protection Standard. Your Emergency Action Plan may not need to be activated during an assist in situations such as:

In-water stations – Helping guests on and off tubes, guiding guests to exits, and aiding those who have trouble standing due to depth or current.

Arm Extension from the deck – When a rescue tube is not available, lay flat on the deck, extend your hand, grasp the guest, and and pull to safety.

Rescue Tube Extension – Extend the tube to the guest. Once the guest grasps the tube, pull to safety.

WATER ENTRIES

Lifeguards should enter the water in a safe manner to rescue a guest in distress. Examples of safe entries include:

Compact Jump entry – Use when entering the water from an elevated position.

High step beach entry – Run into the water with high knee action.

Ease In entry –Use when entering shallow water or when nearby guests have suspected spinal injuries.

COMPACT JUMP

The compact jump is used to safely enter the water from an elevated position.

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Hold the tube against your chest with the excess line secure.

2. Jump into the water with your legs together, knees bent, and feet flat.

3. If you submerge, the buoyancy of the tube will bring you quickly to the surface.

APPROACHING A GUEST IN DISTRESS

Choose a stroke that enables you to get to approach the guest in a safe and effective manner.

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

Modified Breaststroke Approach – Modify your breaststroke with the tube under your arms.

Modified Front Crawl Approach – Modify your front crawl stroke with the tube under your arms.

Crawl Stroke Approach -- Front crawl stroke with the tube trailing behind.

GRAB AND LIFT RESCUE

The Grab and Lift rescue is used to rescue responsive children in shallow water such as water playgrounds.

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

Approach the guest.

Grasp the guest under the arms and lift so that the guest's head is out of the water.

Move the guest to safety.

FRONT DRIVE RESCUE

The front drive is used to rescue a responsive guest who is on the surface, facing the lifeguard.

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Approach the guest.

2. Extend the tube.

3. Calm the guest. Push and kick.

4. Move the guest to safety.

FRONT HUG RESCUE

The Front Hug is used to rescue a small responsive guest who is on the surface, facing the lifeguard.

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Approach the Guest.

2. Reach under the guest's arms.

3. Hug and lift the guest.

Move the guest to safety.

REAR HUG RESCUE

The Rear Hug Rescue is used to rescue a responsive guest who is on the surface, facing away from the lifeguard.

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Approach the guest and reach under the guest's arms.

2. Wrap your arms around the guest's chest or stomach, and lift the guest.

3. Move the guest to safety

DUCK PLUCK RESCUE

The Duck Pluck Rescue is used to rescue a responsive guest who is below the surface, within arm's reach of the lifeguard.

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Approach the guest.

2. Hold the center of the tube with one hand and reach over the tube with your other hand.

3. Grasp one of the guest's arms. Lean back and pull the guest upward.

4. Push the tube into the guest's chest. Move the guest to safety.

DEEP WATER SUBMERGED RESCUE

The Deep water Submerged Rescue is used for a guest below the surface and beyond reach of the lifeguard.
For a responsive guest:

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Approach the guest, release the tube, and surface dive.

2. Grasp the guest across the chest

3. With your free hand, pull the tube strap to use the tube buoyancy to help you surface.

4. Upon surfacing place the tube in front of the guest and move to safety.

CARING FOR AN UNRESPONSIVE GUEST IN THE WATER

There are four general steps for responding to an unresponsive guest in the water.

1. Position the guest face up on the rescue tube.

2. Open the guest's airway and check for signs of normal breathing.

3. If not breathing, provide rescue breathing using a resuscitation mask.

4. Remove the guest from the water as soon as possible.

Rear Hug Rescue for an Unresponsive Guest

The Rear Hug Rescue is used to rescue an unresponsive guest who is on the surface.

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Approach the guest.

2. With the tube under your arms, reach under the guest's arms and around the guest's chest.

3. Pull the guest backward onto the tube so that the tube is below the shoulder blades. Assess breathing and provide care while moving to safety.

DUCK PLUCK RESCUE FOR AN UNRESPONSIVE GUEST

The Duck Pluck rescue is used to rescue an unresponsive guest who is below the surface, within arm's reach of the lifeguard.

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Approach the guest. Hold the center of the tube with one hand. Reach over the tube with your other hand.

2. Grasp one of the guest's arms. Lean back and pull the guest upward.

3. Rotate the guest and place the tube against the guest's back, just below the shoulder blades. Assess breathing and provide care while moving to safety.

Deep Water Submerged Rescue of an Unresponsive Guest

The Deep Water Submerged Rescue is used for an unresponsive guest below the surface, beyond reach of the lifeguard.

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Approach the guest, release the tube, and surface dive.

2. Grasp the guest across the chest

3. With your free hand, pull the tube strap to use the tube buoyancy to help you surface.

4. Upon surfacing place the tube behind the guest's back. Assess breathing and provide care while moving to safety.

ASSESSING AN UNRESPONSIVE GUEST IN THE WATER

With the unresponsive guest positioned on the rescue tube, open the guest's airway and quickly check for normal breathing.

1. Position the guest on the rescue tube with the tube just below the shoulder blades.

2. To open the guest's airway, place your fingers at the angles of the lower jaw. Lift the jaw and tilt the head back.

RESCUE BREATHING IN THE WATER

If an unresponsive guest is not breathing normally begin rescue breathing.

1. Place a resuscitation mask on the guest's face and hold it securely using the jaw thrust with head tilt.

2. Continue rescue breathing while moving the guest to safety.

Do not delay removal from the water.

RAPID EXTRICATION: CARRY-OUT TECHNIQUE

The Carry-Out Technique is a team effort using a backboard to rapidly extricate an unresponsive guest from a facility with zero-depth entry such as a wave pool or beach.

1. Response team enters the water with a backboard and communicates with the primary lifeguard.

2. The board is placed under the guest's body as the rescue tube is removed.

3. Grasp the hand holds to support the board and guest. Quickly remove the guest from the water.

RAPID EXTRICATION: POOL EDGE TECHNIQUE

The Pool Edge Technique is a team effort using a backboard to rapidly extricate an unresponsive guest from the water when the deck edge is near the water line.

1. On-deck lifeguard positions the backboard as the primary lifeguard approaches with the guest.

2. On-deck lifeguard grasps the guest's arm as the primary lifeguard removes the tube.

3. Once the guest is positioned on the backboard, the primary lifeguard moves to the foot of the board.

4. Lifeguards work together to pull and push the board, sliding it onto the deck.

POST EXTRICATION CARE

Once extricated, care must be continued until EMS personnel arrive and take over.

1. If still unresponsive, assess breathing and pulse for up to 10 seconds.

2. If the guest has a pulse but is not showing signs of normal breathing, begin rescue breathing using a resuscitation mask or BVM attached to supplemental oxygen.

3. If the pulse is absent begin CPR and apply an AED as soon as it is available.

4. If an AED calls for a shock, deliver it immediately and resume CPR.

SUSPECTING SPINAL INJURY

Signs of possible spinal injury include:

Guest struck head, neck, or back.

Guest is supporting head/neck/back.

Guest complains of discomfort in head/neck/back.

Observe serious head/neck/back wounds or deformity.

Numbness, tingling, burning sensations.

Limited ability to move.

CARING FOR SPINAL INJURY: SPINAL MOTION RESTRICTION (SMR)

There are 5 general care steps for suspected spinal injury in the water.

1. **Use an Ease In entry if the guest is nearby.**

2. **Use a Spinal Motion Restriction (SMR) technique.**

3. **Communicate with the guest throughout the process.**

4. **Assess responsiveness and breathing.**

5. **Secure the guest to a backboard and safely remove from the water.**

SMR: GUESTS FACE-UP IN SHALLOW WATER

The Underarm Vise Grip is a SMR technique used for a guest in the water.
For a guest found face-up in shallow water:

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Approach the guest and release the rescue tube. Grasp the guest's upper arms.

2. Position the guest on his back, extending the arms overhead. Squeeze the arms against the head to hold the head still.

3. Confirm responsiveness and breathing.

SMR: GUESTS FACE-DOWN IN SHALLOW WATER

The Underarm Vise Grip is a SMR technique used for a guest in the water.
For a guest found face-down in shallow water:

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Approach the guest and release the rescue tube.

2. Grasp the guest's upper arms. Extend the arms overhead and squeeze the arms against the ears to hold the head still.

3. Walk forward and slowly roll the guest face up into the underarm vise grip position.

4. Confirm responsiveness and breathing.

SMR: GUESTS STANDING OR SITTING IN SHALLOW WATER

SMR can be used for a guest found standing or sitting in shallow water that is too shallow to backboard.

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Approach the guest from behind and release the rescue tube.

2. Communicate with the guest.

3. Place your hands on the sides of the guest's head.

4. Hold the head still until EMS personnel take over care.

SMR: GUESTS ON THE SURFACE IN DEEP WATER

The Underarm Vise Grip technique can also be used for a guest found in deep water. If a guest is on the surface:

1. Approach the guest with the rescue tube under your arms.

2. If the guest is face up, use the underarm vise grip SMR technique.

3. If the guest is face down, roll the guest face up into the underarm vise grip position.

4. Confirm responsiveness and breathing. Move guest toward shallow water whenever possible.

SMR: SUBMERGED GUESTS

If a guest is submerged at or near the bottom:

ACTIVATE YOUR EAP.
ENTER THE WATER SAFELY.

1. Surface dive to a point alongside the guest and apply the vise grip.

2. Move at an angle while keeping pressure on the arms.

3. As you break the surface roll the guest face up into the underarm vise grip position.

4. If deep water, a second lifeguard can provide support as you move to safety.

SMR: SWITCHING TO AN OVERARM VISE GRIP

Before a guest can be placed on a backboard the primary lifeguard must switch from an underarm vise grip to an overarm vise grip while maintaining SMR:

1. Hold the guest to your chest with your outside hand.

2. Release the grip with your inside hand.

3. Reach across the guest's chest and grasp the guest's outside arm.

4. Release your hand that is under the guest and move it to the guest's arm against your chest.

SMR: Squeeze Play Technique During Backboarding

The Squeeze Play is a SMR technique used to replace the overarm vise grip when a head immobilizer is applied:

1. Hold the guest's cheekbones with one hand and place your forearm along the guest's sternum. Place your other hand under the board.

2. The other lifeguard releases the overarm vise grip and applies the head immobilizer.

SMR: BACKBOARDING USING THE POOL EDGE

A minimum of two lifeguards can maintain SMR and use a backboard to remove a guest at the pool edge.

1. The primary lifeguard (L1) maintains the overarm vise grip and slides the guest onto the backboard positioned by the on-deck lifeguard.

2. L2 takes over SMR and L1 secures the guest to the backboard.

3. L1 takes over SMR and L2 applies head immobilizer.

4. Lifeguards slide backboard out of the water.

SMR: Team Carry Out Backboarding

Lifeguards work as a team to backboard and carry a guest out of the water at a zero-depth facility:

1. The primary lifeguard (L1) maintains SMR as additional lifeguards submerge and raise the board under the guest.

2. L2 takes over SMR as other lifeguards hold the board and secure the straps.

3. SMR is exchanged and head immobilizer is applied.

4. Lifeguards carry the guest from the water.

SMR: BACKBOARDING IN SLIDE RUN OUTS

Lifeguards work as a team to backboard and remove a guest from a slide run-out.

1. The primary lifeguard (L1) maintains SMR at the head of the guest.

2. Additional lifeguards help logroll the guest and position the backboard.

3. SMR is maintained while the straps and head immobilizer are applied.

4. The lifeguard team removes the guest from the slide run out.

SMR: CARING FOR AN UNRESPONSIVE GUEST WITH SUSPECTED SPINAL INJURY

For an unresponsive guest with a suspected spinal injury in the water:

Assess the guest's breathing.

If not breathing, use the rapid extrication technique to remove the guest from the water.

Reassess breathing and pulse.

If rescue breathing or CPR is needed, use the jaw thrust without head tilt technique to open the airway and provide ventilations.

If vomiting occurs, log roll the guest and clear the airway.

SCENE ASSESSMENT

As you approach any scene, quickly answer these key questions:

Is the scene safe to approach? If not safe, make it safe or stay away.

What is the possible cause of the incident? Determine if it is an injury, an illness, or something else.

Is further assistance needed? If so, activate your facility's EAP.

Is personal protective equipment (PPE) needed? Take any necessary precautions when contact with bodily substances is likely.

BASIC LIFE SUPPORT (BLS) PRIORITIES

There are 4 general BLS care guidelines.

1. Perform a Primary Check to assess the guest's pulse and breathing.

2. **Provide early Cardiopulmonary Resuscitation (CPR) or Rescue Breathing** (depending on findings during the Primary Check).

3. **Provide early Automated External Defibrillation (AED).**

4. **Provide supplemental oxygen.**

BLS: PRIMARY (INITIAL) CHECK

Assessing a guest begins with the 3 steps of the primary check to determine any immediate threats to life.

1. Check for responsiveness – Tap and shout.

2. Check for normal breathing – Look for chest rise; listen and feel for breathing.

3. Check for a pulse – Carotid (neck) artery for adults and children or brachial (upper arm) artery for infants.

Steps 2 and 3 are done simultaneously and take no more than 10 seconds.

BLS: SINGLE RESCUER ADULT CPR

Provide CPR if a guest is unresponsive, not breathing or only gasping, and pulseless. For adult CPR:

1. **Place 2 hands on the center of the chest. Lock elbows and position shoulders over hands.**

Compress the chest at least 2 inches and allow complete recoil.

Compress at a rate of 100 – 120 compressions per minute.

2. **After 30 compressions give 2 ventilations**

Continue with sets of 30 compressions and 2 ventilations until an AED is available.

BLS: SINGLE RESCUER CHILD AND INFANT CPR

Provide CPR if a guest is unresponsive, pulseless and not breathing. For a child or infant:

1. **Child (age 1-puberty) - Place 1-2 hands on the center of the chest.**

Infant (birth – 1 yr) - Place 2 fingers on the center of the chest, just below the nipple line.

Compress the chest about 2 inches (child) and 1.5 inches (infant). Allow complete recoil.

Compress at a rate of 100 – 120 compressions per minute.

2. **After 30 compressions give 2 ventilations**

Continue with sets of 30 compressions and 2 ventilations until an AED is available.

BLS: MULTIPLE RESCUER CPR

As additional rescuers arrive with equipment, care can be enhanced.

Use 2-rescuer Bag-Valve-Mask (BVM) technique.

Provide Supplemental Oxygen Support (SOS).

Rotate chest compressors every two minutes to avoid fatigue.

Provide 15 compressions and 2 ventilations for children and infants.

Use the 2 thumbs technique for infants when providing chest compressions.

BLS: AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

When the AED is available turn on the device and follow the prompts:

1. Remove any clothing from the chest. Dry the chest if wet. Shave any heavy hair where the electrodes will be placed.

2. Place the electrodes according to the diagram. Stand clear and allow the AED to assess for a shockable rhythm

3. Provide a shock if indicated.

4. Resume CPR until the AED advises a need to reanalyze rhythm.

Perform CPR and follow the AED's prompts until EMS personnel arrive or the guest shows signs of life.

BLS: SUPPLEMENTAL OXYGEN SUPPORT (SOS)

Provide SOS during rescue breathing and CPR whenever it is available.

1. Attach oxygen tubing to the oxygen regulator and the resuscitation mask or BVM.

2. Open the oxygen tank.

3. Adjust the flow rate to 15 liters per minute (unless equipped with a preset flow rate).

4. Observe the BVM oxygen reservoir bag fill and refill as ventilations are delivered.

BLS: BAG-VALVE-MASK (BVM)

Using a BVM is a two - rescuer skill that provides an effective way to deliver ventilations during rescue breathing and CPR. With the BVM attached to supplemental oxygen:

1.

Lifeguard 1:
Positions the mask and opens the guest's airway.

2.

Lifeguard 2:
Squeezes the bag smoothly every 6 seconds (adult)
or every
2-3 seconds (child or infant) during rescue breathing.

VOMITING IN AN UNRESPONSIVE GUEST

If an unresponsive guest vomits you need to protect the airway.

1. Log roll the guest into the recovery position.
2. Use a finger sweep or a suction device to remove vomit.
3. Roll the guest back and attempt a ventilation.
4. If the ventilation is successful continue the care that was interrupted.

If ventilation is unsuccessful follow the procedures for an airway obstruction in an unresponsive guest.

BLS: AIRWAY OBSTRUCTION IN AN UNRESPONSIVE GUEST

If a ventilation does not make the chest rise the airway may be obstructed.

1. **Reposition the mask and readjust the airway (re-tilt head, confirm jaw thrust position).**

2. **Reattempt ventilation.**

3. **If unsuccessful, provide 30 chest compressions.**

4. **Check the mouth and remove any visible object with a finger sweep. Reattempt ventilations.**

Repeat this procedure until ventilations are successful.

BLS: AIRWAY OBSTRUCTION IN A RESPONSIVE ADULT OR CHILD

If a responsive adult or child cannot speak, cough, or cry, the airway may be obstructed. Provide the Heimlich Maneuver to clear the obstruction.

1. Verify the guest is choking.

2. Locate the navel and place your fist just above the navel

3. Grasp your fist with your other hand and provide abdominal thrusts until the object is removed.

If the guest becomes unresponsive, position the guest on the ground. Provide 30 chest compressions. Check the mouth and remove any visible object. Provide 2 ventilations. If unsuccessful, follow the procedures for an airway obstruction in an unresponsive guest.

AIRWAY OBSTRUCTION IN A RESPONSIVE INFANT

If a responsive infant cannot speak, cough, or cry, the airway may be obstructed. Follow these steps:

1. Grasp the infant's cheek bones and position the infant face down on your arm and leg.

2. Provide 5 back slaps between the shoulder blades.

3. Roll the infant face up onto your other arm and provide 5 chest compressions.

4. Look in the mouth and remove any visible object.

If the infant becomes unresponsive, position the infant on the ground. Provide 30 chest compressions. Check the mouth and remove any visible object. Provide 2 ventilations. If unsuccessful, follow the procedures for an airway obstruction in an unresponsive guest.

Basic Life Support Summary Matrix

Health Care Provider Level Care – 2020 ECC Guidelines

Care Steps	Adults (Adolescence* and older) *Onset	Children (1 year of age to adolescence*) *Onset	Infants (Newborn* - 1 year of age) *Home from the hospital
Scene safety and recognition	Determine scene safety, PPE. Check for responsiveness: "*Tap and shout*"	Determine scene safety, PPE. Check for responsiveness: "*Tap and shout*"	Determine scene safety, PPE. Check for responsiveness: "*Tap and shout*"
Patient position and airway	Place patient on back (firm, hard surface). Tilt head backward, lift chin/jaw to open the airway.	Place patient on back (firm, hard surface). Tilt head backward, lift chin/jaw to open the airway.	Place patient on back (firm, hard surface). Tilt head *slightly* backward, lift chin to open the airway (achieve neutral position).
Simultaneously Assess pulse/breathing	Look for chest rise and fall. Listen and feel for breathing. Attempt to find the *carotid pulse* in the neck for no more than 10 seconds.	Look for chest rise and fall. Listen and feel for breathing. Attempt to find the *carotid pulse* in the neck for no more than 10 seconds.	Look for chest rise and fall. Listen and feel for breathing. Attempt to find the *brachial pulse* in the arm for no more than 10 seconds.
Pulse present, Normal Breathing absent	Provide rescue breathing: 1 breath every 6 seconds with a resuscitation mask or BVM. Attach oxygen when/if available.	Provide rescue breathing: 1 breath every 2-3 seconds (training target: 1:3) with a resuscitation mask or BVM. Attach oxygen when/if available.	Provide rescue breathing: 1 breath every 2-3 seconds (training target: 1:3) with a resuscitation mask or BVM. Attach oxygen when/if available.
Pulse & Breathing absent or uncertain	Provide High Quality CPR: 30 Chest compressions. (two hands), center of chest and 2 breaths using a mask with O2 when/if available. Use AED when available.	Provide High Quality CPR: 30 Chest compressions. (1 or 2 hands), center of chest and 2 breaths using a mask with O2 when/if available. Use AED when available.	Provide High Quality CPR 30 Chest compressions. (two fingers), just below the nipple line and 2 breaths using a mask w/O2 when/if available. Use AED when available.
Multiple rescuers	CPR Ratio: 30:2 Alternate compressors every 2 min. Ventilate with Adult BVM and oxygen when/if available.	CPR Ratio: 15:2 Alternate compressors every 2 min. Ventilate with Pediatric BVM and oxygen when/if available.	CPR Ratio: 15:2 Using the two-thumb method, alternate compressors every 2 min. Ventilate with Infant BVM and oxygen when/if available.
High Quality Chest Compressions	Depth: 2 – 2.4 inches (5 – 6 cm). Rate:100 -120 compressions/min (nearly 2 compressions per second). Allow full recoil. Limit interruptions to ≤10 sec.	Depth: 1.5 – 2 inches (about 5 cm). Rate:100 -120 compressions/min (nearly 2 compressions per second). Allow full recoil. Limit interruptions to ≤10 sec.	Depth: 1.5 inches (about 4 – 5 cm). Rate:100 -120 compressions/min (nearly 2 compressions per second). Allow full recoil. Limit interruptions to ≤10 sec.
High Quality Ventilations	Duration: About 1 second. Volume: Achieve visible chest rise (Approximate range 500-600 ml)	Duration: About 1 second Volume: Achieve visible chest rise (Approximate range 90-500 ml)	Duration: About 1 second Volume: Achieve visible chest rise (Approximate range 25-90 ml)

SECONDARY CHECK

If there are no life-threats found in the Primary Check, perform a Secondary Check for injuries or illnesses.

1. Check the guest quickly from head to toe.

2. Look and feel for abnormalities using the mnemonic "DOTS" - Deformity, Open wounds, Tenderness (pain), and Swelling.

3. Ask about medical conditions, medications, allergies.

CONTROLLING EXTERNAL BLEEDING

External bleeding can usually be controlled by applying pressure. Use PPE and follow these steps:

1. Cover the exposed wound with a sterile dressing (regular gauze pad or hemostatic gauze pad) and apply pressure.

2. Using a roll of gauze, bandage the wound with overlapping turns to secure the gauze pad and maintain the pressure.

3. If blood seeps through the bandage apply additional bandages tighter over the first bandage.

If bleeding from a limb is life-threatening apply a tourniquet.

APPLYING A TOURNIQUET FOR LIFE-THREATENING BLEEDING

Apply a tourniquet if life-threatening bleeding (spurting, uncontrollable) from a limb is present.

1. Place the tourniquet about 3 inches above the wound, but not on a joint.

2. Turn the windlass until tight and bleeding stops.

3. Lock the windlass to keep the tourniquet tight.

4. Note the time the tourniquet was applied and care for shock.

FRACTURES AND DISLOCATIONS

To care for broken bones (fractures) and joint dislocations apply a splint to minimizing movement to the affected area.

Consider a rigid, soft, or anatomical splint based upon what is injured and what is available to accommodate the injury.

Do not attempt to straighten a bone or reset the bone into the joint.

Apply ice to control swelling and reduce pain.

If a bone protrudes through the skin, cover it with a dressing before splinting.

ANAPHYLAXIS AND EPINEPHRINE AUTO-INJECTORS

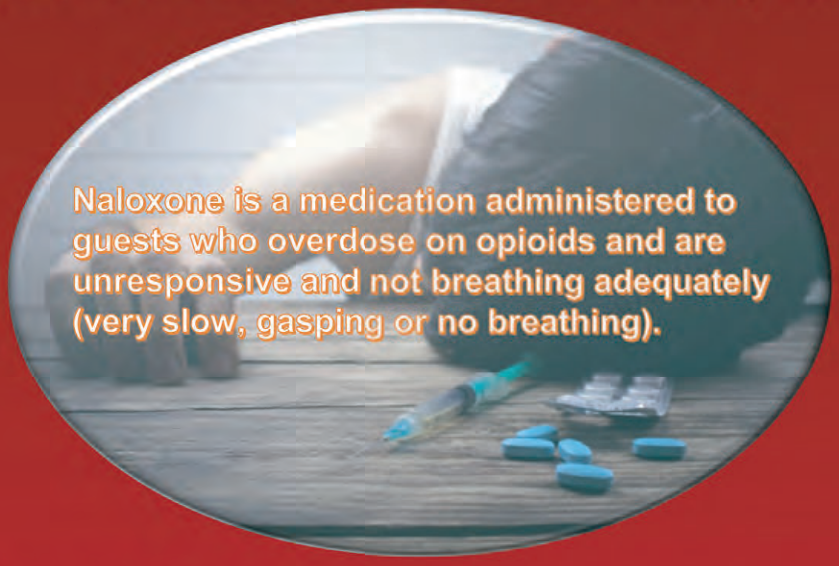
Severe allergic reactions (anaphylaxis) can be life-threatening. Guests with a known sensitivity to substances may carry a prescribed epinephrine-auto injector. To assist a guest with an auto-injector:

1. Check that the medication has a current expiration date and is clear. Remove the safety cap.

2. Place the tip of the injector on the outer thigh and push until you hear it click.

3. Hold in place for 3 seconds (EpiPen®) or 5 seconds (Auvi-Q®). Massage the injection site.

Opioid Overdose and Naloxone Auto Injectors



To assist a guest with an auto-injector:

For the nasal spray:

With the guest face up insert the nozzle into a nostril and depress the plunger with your thumb.

For the muscle auto injector:

1. **Remove the safety guard.**
2. **Place the black side of the injector near the outer thigh. Push firmly and hold in place for 5 seconds.**

In all cases:

- **Make sure EMS is contacted.**
- **Follow the instructions that came with the device for proper administration.**
- **Follow local response protocols where required.**
- **Provide BLS care as needed.**

When to provide Supplemental Oxygen Support (SOS)

Signs of hypoxia can include:

- Breathing that is excessively fast or slow, weak, or labored
- Skin that is cool or pale/blue
- Reduced level of consciousness

Confirm your observations with pulse oximetry:

- Turn on the device.
- Apply to a dry finger.
- Restrict movement for 10 seconds
- Note the blood oxygen level (%)

Interpret blood oxygen level

- Normal range for most people is 95-100%
- Normal range for COPD (e.g. emphysema) guest is 89-94%

Provide SOS when needed

- Guest shows signs of hypoxia.
- Pulse oximetry **≤ 94%** for guest with no COPD; **≤ 88%** for guest with COPD.
- Connect a non-rebreathing mask to oxygen regulator.
- Turn on oxygen and set flow rate at 15 LPM.
- Once the mask reservoir bag inflates position the mask on the guest's face.

Discontinuing SOS

Signs of hypoxia not present and blood oxygen level is within normal range.

First Aid Recognition & Care Matrix

Condition	Recognition	Care
Allergic Reaction	Red eyes, runny nose. Sneezing, coughing. Hives, rash, swelling. Breathing difficulty. Dizziness.	Determine and remove the allergen (if possible). If anaphylaxis present, assist with epinephrine auto-injector if available. Call 9-1-1. Loosen any restrictive clothing. Provide supplemental oxygen. If unresponsive but is breathing/pulse, place in the Recovery Position. Monitor and be ready to begin CPR with an AED if needed.
Bites (Animal or Human)	Bleeding from open wound.	Get guest to safety (maintain your own safety). Stop bleeding. Flush the wound if possible. Call 9-1-1 for animal bites or serious bleeding. Seek medical attention as soon as possible if 9-1-1 was not called.
Bites (Snake)	Puncture wound. Bleeding. Pain, burning.	Get the guest to safety (maintain your own safety). Wash gently. Immobilize bitten extremities. Call 9-1-1.
Bites / Stings (Insect or spider)	Redness. Swelling. Pain, cramping. Itching. Embedded tick.	Remove any embedded tick or stinger. Clean the site. Cool the site to reduce pain. Apply hydrocortisone ointment for itching. Call 9-1-1 for black widow or brown recluse spider bites.
Bites / Stings (Marine life)	Redness. Swelling. Pain. Bleeding.	Jellyfish: Remove tentacles; rinse immediately in sea water; immerse in hot water. Stingray: Control any bleeding; immerse in hot water. Shark/barracuda: Control bleeding. Call 9-1-1 / Seek medical care as soon as possible.
Burns	Red, swollen skin: 1st Degree. With blistering: 2nd Degree. Charred: 3rd Degree.	Stop the burning process: Brush off any dry chemicals and apply cool water; 1st Degree: Apply skin moisturize with aloe or similar product. 2nd & 3Rd Degree: Call 9-1-1, loosely bandage with sterile dressing.
Closed Wounds	Tender, painful, swelling. Bruising, discoloration. Stiffness, reduced mobility.	R – Rest the injured area, avoiding all unnecessary movement. I – Ice or use cold packs applied for up to 20 minutes. C – Compress with elastic bandage to help control swelling for 2 hours. E – Elevate the injured body part above the heart, if possible.
Cold Emergency (Hypothermia or frostbite)	Shivering, goose bumps. Cold, bluish skin, lips. Confusion, Exhaustion. Waxy, white fingers, toes, ears, nose.	Move guest to a warm environment. Replace any wet or cold clothing with dry, warm items. Provide a warm, sweet beverage (if able to swallow). If the guest does not improve quickly call 9-1-1. Call 9-1-1 for all frostbite.
Diabetic Event	Anxious, Confusion, loss of consciousness. Weakness, Fatigue, Hunger, thirst Abnormal breathing. Fruity breath odor.	Place the guest in a comfortable position and loosen restrictive clothing. If low blood sugar, or uncertain, provide food/drink that contains sugar. If the guest does not improve quickly or becomes unresponsive, call 9-1-1.

First Aid Recognition & Care Matrix

Condition	Recognition	Care
Emergency Moves	Guests who are unable to walk without assistance to safety in a dangerous environment.	Assist guest to walk to safety. Carry guest (piggyback, 2-person) to safety. Drag guest to safety over smooth surfaces - Drag by ankles or grasp under should blades and cradle head in arms.
Eye injuries	Vision difficulty. Burning. Bleeding.	Chemical exposure: Call 9-1-1; Flush any chemicals continuously with water until EMS personnel arrive. Loose object: Flush with water to wash object out. Blunt trauma: Close eye and apply ice to control swelling.
Fainting	Light headed, dizziness, Nausea, vomiting. Unresponsive, Injuries sustained from falling.	At onset (presyncope), encourage counter-pressure maneuvers Have the guest lie down, loosen restrictive clothing. If the situation does not self-correct quickly, call 9-1-1. Place in the Recovery Position if vomiting. Check for signs of head, neck or back injuries.
Fractures or Joint Injuries	Pain, swelling, bruising Limb immobility. Deformity, Bone visible.	Splint the injured part to minimize movement. Call 9-1-1. Use R.I.C.E. Cover any bone protruding through the skin and attempt to control bleeding around the bone.
Heart Attack	Chest discomfort that may radiate to the arms, neck, or jaw. Difficulty breathing. Fatigue.	Have guest rest in most comfortable position. Loosen restrictive clothing. Call 9-1-1. Assist guest with his/her heart medication. Provide supplemental oxygen if breathing is labored. If available, provide two chewable low dose aspirins or one regular aspirin if the guest is not taking blood thinners or allergic to aspirin. Monitor and be ready to begin CPR and attach an AED if needed.
Heat Emergency	Cramps, Fatigue, Dehydration / Extreme thirst. Pale, moist or dry skin. Seizure, Unresponsiveness. Abnormal pulse and /or breathing.	Move guest to a cool area. Remove any heavy clothing and cool the guest (fanning, wet towels, ice). If responsive, provide water or sports drink. If heat stroke and responsive, consider a cool (not freezing) bath if it can be safely done. Call 9-1-1 if unresolved or if guest is unresponsive. Place the guest in the recovery position if vomiting.
Head, Neck or Back Injury	Pain, swelling, bruising. Open wound, bleeding. Confusion, unresponsive. Immobility, deformity.	Minimize head/neck movement with spinal motion restriction (SMR). Control bleeding from open wounds. Call 9-1-1 for any injury.
Mouth Injuries	Bleeding. Swelling. Broken/lost teeth.	Control bleeding with direct pressure. Save any broken or lost teeth and get guest to dentist or call 9–1-1. Place tooth in liquid, such as: balanced salt solution, milk, guest's saliva.
Nose Bleed	Bleeding from nostrils.	Have guest sit down and lean slightly forward. Pinch the nose close to the face for about 5 minutes. If bleeding continues, re-pinch the nose. If bleeding is heavy or cannot be controlled call 9-1-1.

First Aid Recognition & Care Matrix

Condition	Recognition	Care
Open Wound Bleeding	Wounds including: ▪ Abrasion ▪ Laceration ▪ Puncture ▪ Avulsion ▪ Amputation ▪ Impaled object	Call 9-1-1- for serious wounds (e.g. amputation) or uncontrolled bleeding. Apply direct pressure to the wound with a sterile dressing. Apply a pressure bandage (apply additional if blood soaks through). If wound includes an impaled object: Hold the object still until EMS arrives. If an amputation: Control bleeding and secure the severed part. Keep part dry and cool. Catastrophic injuries (amputations, gun shots, blast injury, etc.) may require hemostatic gauze or tourniquet (extremities) to prevent excessive blood loss.
Opioid (Narcotic) Overdose	Confusion, drowsiness, unresponsive. Agitation, aggressive behavior. Slow, irregular, gasping or absent breathing. Constricted pupils.	Keep the victim of the overdose responsive with stimulus. Call 9-1-1. Assist with Naloxone nasal spray or muscle auto-injector if available. Monitor and provide rescue breathing or CPR with an AED if needed. Be prepared for aggressive or violent behavior as they come down.
Poisoning (Ingested)	Confusion, lethargic, Unresponsive. Burns on or near mouth. Nausea, vomiting.	Try to determine what was ingested. Follow your Safety Data Sheets (SDS)for any work-related chemicals. Call Poison Control (800-222-1222) for responsive guest. Call 9-1-1 first if unresponsive. Place the guest in the recovery position.
Poisoning (Inhaled)	Confusion, lethargic. Unresponsive. Nausea, vomiting. Burning sensations in airway Weak, labored breathing.	Move the guest to fresh air and try to determine what was inhaled. Follow your Safety Data Sheets (SDS)for any work-related chemicals. Call Poison Control (800-222-1222) for responsive guest. Call 9-1-1 first if unresponsive. Place the guest in the recovery position if vomiting. Provide supplemental oxygen if labored breathing.
Seizure	Muscle rigidity. Unresponsive. Convulsions.	If in the water: Open the airway and extricate as quickly as possible. If on land: Protect the guest's head with placement of towels or padding. Call 9-1-1. Place the guest in the Recovery Position and monitor once seizure ends. Protect guest privacy.
Shock	Anxious, Confusion, dizziness, unresponsive. Pale/blue, cool/moist skin. Nausea or vomiting. Abnormal breathing.	Control any bleeding from serious open wound. Position the guest on his/her back. Maintain normal body temperature. If the guest is nauseated or vomiting place in the Recovery Position.
Stroke	Severe headache. Facial droop, Slurred speech. Blurred vision. F.A.S.T.	Place in most comfortable position and loosen any restrictive clothing. Call 9-1-1.
Triage	The number of injured/ill guests is far greater than the number of rescuers (e.g. explosion, tornado).	Classify guests rapidly by priority for EMS: Immediate (Red)- Breathing difficulty; severe bleeding, unresponsive Delayed 1 hr (Yellow) - Bone and joint injuries without bleeding Walking Wounded (Green) - Can walk to safety; minor conditions Dead (Black) - No signs of life

Open Water Lifeguarding

Equipment:

Equipment unique to open water areas includes:

- Mask, Snorkel & Fins
- Rescue Board
- Water craft
- Drag net

10/3 Minute™ Protection

10 Seconds to Scan the zone:

- Scanning focuses on the surface of the water due to poor visibility beneath the surface.
- Lifeguards on shore may be supplemented by others patrolling with water craft.
- If a guest in distress is spotted, immediately respond with the same objective as the 10/20 Protection™ Standard.

3 Minute Missing Guest Search:

- If a guest is reported missing, activate your EAP and initiate a search of the designated swim area, starting with the zone where the guest was last seen.
- Complete the search of each zone in ≤3 minutes.
- Search methods may include:
  - Bottom Search – with mask, snorkel & fins, lifeguards search the bottom in a coordinated manner in deeper water.
  - Net Drag – coordinated drag of the bottom of the lake using a weighted net.