Lifeguard Training

by

Lifeguard University

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How to use this book

This book is a required component for the certified lifeguard course by Lifeguard University. However, any part of this book can be reproduced and used without permission, as long as, you cite this book as the source for what you reproduce. The book itself is a living document and will be changed as needed to improve the lifeguard course and provide up to date aquatics research and information. There will likely be at least one updated edition every year, if not more often.

We welcome any and all feedback and are always looking to make the program better. What makes this program unique is it's open nature and the ability to change quickly based on changes in the aquatics industry.

Headers

To make the book a little easier to navigate we have color coded headers to denote the type of topic the book is discussing:

Black Header - This is the generic header indicating a new topic
Red Header - The red header represents sample procedures and checklists
Purple Header - All activities are marked with a purple header
Blue Header - Chapters, skills and notes have blue headers

The table of contents also uses the same color coding for simplification.

For the Instructor

Delivering high quality training to students is the top priority for Lifeguard University. The sole reason this program was created was because we believed the level of lifeguard training has diminished, at least in our area. We know we can put together a quality training program.

To ensure accountability, we provide students with all the requirements in the manual. This helps keep students and instructors accountable to each other. We will also be conducting random knowledge assessments of students after class for additional verification of the training quality.

In addition to the after class survey, we will conduct phone surveys of students to ensure students did complete the course requirements. When the lead author ran the training team for the Heartland Chapter of the American Red Cross, he could quickly assess the quality of the training by random surveying and pinpoint potential quality issues in the training core.

For the Lifeguard Course Participant

Students are responsible for their learning just as much as the instructor. With the exception of the answers to tests, review questions and lesson plans, the instructor manual and student manual are the same. This allows both the student and instructor be held accountable to the requirements. For example, the minimum length for this course is 28 hours. Both students and instructors are accountable to ensure enough time is given to the course. If the course is cut short, the requirements for certification are not met. If an incident happened at your facility and through discovery it is found that the course did not last the minimum amount of time, or all skills were not mastered, Lifeguard University WILL NOT acknowledge your certification.

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Disclaimer

This manual was written for the Lifeguard University lifeguard certification program. The content is subject to change at any time without notice. Each aquatics facility and emergency is different. The guidelines in this book do not encompass all cases or procedures needed to operate a facility or respond to every emergency. They are just templates and guidelines. Lifeguard University, the authors, employees and authorized providers make no representations or warranties with respect to any implied future performance by people who completed the certified training course.

Lifeguard University only provides the first step in being a skilled lifeguard. After initial certification, aquatics facilities, lifeguard management and lifeguards are responsible for future performance.

Local Jurisdictions and Regulatory Compliance

Any information in this book does not replace or supersede local, state or federal regulations. In the case where a regulatory agency's procedures conflict with the guidelines in this manual, the regulatory agency supersedes any of the content in this book.

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Chapter 6: Rescue Skills

Chapter 1: Before the Class

Pre Screen

Before being eligible to take a lifeguard class the requirements below must be met:

- Be at least 16 years old by the end of the course
- Swim 400 continuous yards. The first 100 yards is front crawl (with rhythmic breathing to either the front or the side). The next 100 yards is breaststroke (one pull, one breath and one glide-in that order). The remaining 200 yards can be either front crawl or breaststroke. It is the student's choice.

  A video on how to swim the front crawl can be found here:
  http://www.youtube.com/watch?v=EIU6yINLBt4

  A video on how to swim the breaststroke can be found here:
  http://www.youtube.com/watch?v=HUM3Bp3n1ac

- Starting at one side of the pool, swim 20 yards and submerge AT LEAST 7 feet to retrieve a 10 lb object and swim it back to the starting point. Both hands must remain on the object on the return swim to the wall. Place the object on the side of the pool and exit the pool. The time stops when the swimmer completely exits the pool. The time limit is 90 seconds.
- Tread water in at least 7 feet of water for not less than 5 minutes with the student's hands tucked under their armpits.

Notes:

- Goggles can be worn for the 400 yard swim ONLY
- A student can only reattempt one portion of the prescreen one time before they are required to take another course.
- The instructor will verify age before the course starts. Driver's license, passport or birth certificates are the forms of age verification that will be accepted.

What to Expect During Training and What to Bring

The lesson plans are designed to give the instructor some flexibility. They are broken into 4 hour blocks, but can be modified as necessary, as long as all the objectives and time requirements are met. Students should bring a swimsuit and towel to every class, unless otherwise told by the instructor. Traditionally, this course is taught as a four (4) full days course on the weekends. Please bring lunch unless otherwise directed by the instructor.

While in the water, students will be practicing rescue skills and should plan accordingly. Female students should wear a one piece swimsuit without a "U" back. A two piece swim suit is okay, as long as, the top provides enough support (similar to a sports bra). Bikinis or any swimsuits that require strings to keep the swim suit on are not permitted. Male students should wear swim trunks-no cutoffs or shorts will be permitted.

Students should bring their manual to each class in whatever form they have it. That means a paper copy or a computer/tablet that has the manual. If the student is a note taker, they should also bring a pen and paper to take notes. Students will be assigned review questions at different times throughout the class. The review questions are homework and students are expected to complete them outside the classroom. The instructor will provide the answers during the class.

Although the manual and written test are important, and there will be classroom time, the student is solely responsible for reading the book and knowing the content. The instructor is there to guide the students through the book. Most of the classroom time will be devoted to skill practice and making sure students to properly recognize and respond to emergencies. To put it simply, the instructor will not cover every line of the book, the student is responsible for reading it.

Course Completion Requirements

- Attend all class sessions (A minimum of 28 hours)
- Complete all required skills
- Pass final practical scenarios
    - Spinal Cord Injury resulting in applying a backboard in either shallow or deep water
    - Near drowning emergency requiring the victim to be removed from that water and CPR to be administered
- Pass the final written exam with a minimum of 80%
    - 50 Questions
- Show a maturity level to effectively work as a lifeguard.
    - The instructor has the discretion to not allow a student to become certified if, in the view of the instructor, the student does not possess the maturity level to be a lifeguard.

Course Length

The **MINIMUM** length of this course is 28 hours. This includes all lifeguarding, CPR and first aid components. Any student who does not complete this amount of training did not complete the training requirements. This course was designed to be completed between 28-32 hours.

Minimum Times for each segment:

First Aid:	1.5 hours
CPR:	4 hours
Backboarding:	6 Hours
Classroom:	5 Hours
Rescue Skills:	3 hours

Notes:

The minimum times for each component do not add up to 28 hours. This allows instructors leeway on where time is spent based on class needs. The times above denote the minimum amount of time that can be spent on each area. The total class still must be at least 28 hours long.

CPR Requirements

This course does not include CPR training in the curriculum, but does require CPR certification at a healthcare provider level as part of the course. Instructors are encouraged to use CPR certification by the American Heart Association, American Red Cross, American Safety and Health Institute or National Safety Council to meet the CPR requirement for this course. If there is a CPR program that you use, that is not on the list, contact us through the website at www.lifeguarduniversity.com and we can review your request to have it on our approved list of CPR certification. We have included review questions for CPR training as a supplement.

First Aid Requirements

This course does not include first aid training in the curriculum, but does require first aid as part of the course. We do plan on including first aid in future editions of the book. Until then, instructors are encouraged to use first aid certification by the American Heart Association, American Red Cross, American Safety and Health Institute or National Safety Council to meet the first aid requirement for this course. If there is a first aid program that you use, that is not on the list, contact us through the website at www.lifeguarduniversity.com and we can review your request to have it on our approved list of CPR certification. We have included review questions for first aid training as a supplement.

Instructor per Student Ratio:

Each instructor can train a maximum of 15 students at a time. If a course has more students, a second instructor is required.

Notes:

To effectively teach this course, there should be a minimum of three students. The course can be taught with less than three students, but there must be at least two other people available (with one of them being a certified lifeguard) to complete the in-water skill sessions). The instructor cannot serve as one of the three people.

Required Equipment

- 1 printed or digital copy of this book for each student
- 1 Rescue tube for every two (2) students
- 1 Backboard for every three (3) students
- 1 Manikin for every three (3) students
- 1 AED Trainer for every two (2) students
- 1 first aid kit (2 roller gauze, 2 triangle bandages and 2 3"x3" or 4"x4" gauze pads) for every two (2) students

Keeping Your Certification Current

- Have a valid CPR at the Professional level within the preceding 12 months.
- Have a valid first aid certification within the previous 36 months
- Complete a full or review course every 36 months.

Notes:

Lifeguard University acknowledges training by the American Safety and Health Institute (ASHI), American Heart Association (AHA), American National Red Cross and the National Safety Council. Obtaining certification from any of these bodies for First Aid and CPR at the healthcare provider level will keep your lifeguard certification current.

Required Skills Checklist

This page will allow you to follow along with the required skills you will need to complete this course. Students are just as responsible for their learning as the instructor and we have made all the information available to you.

Lifeguard Skills:

Assists	Completed	**Drowning Victim Rescues**	Completed
Assist from Deck		Front Approach Active Drowning Victim Rescue	
Assist in water		Rear Approach Active Drowning Victim Rescue	
Equipment Assist		Front Approach Passive Drowning Victim Rescue	
Throwing Assist (Optional)		Rear Approach Passive Drowning Victim Rescue	
Walking Assist (Optional)		Rear Approach Passive Drowning Victim with Change in Direction	
Two Person Seated Carry (Optional)		Submerged Victim Rescue	
Beach Drag (Optional)		Multiple Victim Rescue	
		Shallow Water Passive Victim	
Entries		**Escapes**	
Stride Jump		Front Head Escape	
Compact Jump		Rear Hold Head Escape	
Slide In Entry			
Run Entry (Optional)			
Approach Strokes		**Removal From Water**	
Breast Stroke Approach (with rescue tube underneath your armpits)		Two person backboard removal from water	
Front Crawl Approach (with rescue tube underneath your armpits)		Small Victim Removal	
Front Crawl Approach (with rescue tube trailing behind)			
Spinal		**CPR Skills**	
Head Splint Face Down		In Water Ventilations (Optional)	
Head Splint Face Up			
Head and Chin Support		**Other**	
Head Splint Submerged		Station Rotations (Optional)	
Head Splint Very Shallow Water		Feet First Surface Dives	
Injuries on Land			
Applying a Backboard on Land			
Applying a Backboard in Very Shallow Water			
Applying a Backboard in Deep Water			

Chapter 2: Introduction to Lifeguarding

Becoming a Lifeguard

Choosing to be a lifeguard can be both rewarding and a challenge. This course will cover much of the basic information and skills you will need. This is only the first step. Each pool operates differently and makes decisions how to best operate. After the completion of this class, it is important for you to complete an orientation process at your facility to best understand their process before you start. Lifeguarding can be a lot of fun when done properly. Although we do not spend a lot of time discussing the benefits of being a lifeguard in this course, we have found it enjoyable enough to write about it.

Lifeguard Job Description/Expectations

Generally speaking, lifeguard responsibilities are separated into two (2) categories: primary responsibilities and secondary responsibilities. Primary responsibilities include:

- Enforcing facility policies and regulations
- Educating patrons about facility rules and policies
- Preventing injuries by reducing or eliminating dangerous behavior and hazards
- Identifying and responding to emergencies, including quickly providing care

Secondary responsibilities are other duties that do not directly involve recognizing and responding to emergencies, but are necessary functions at swimming pools. Some duties include:

- Completing maintenance logs
- Selling concessions
- Disinfecting restrooms
- Cleaning the pool deck
- Vacuuming the pool

Secondary responsibilities should never take precedence over primary responsibilities.

Preventing Injuries

A lifeguard's main function is to prevent accidents/incidents before they happen. The two main accidents we are trying to avoid (and spend the most time training for) is:

- Drowning
- Head, Neck and Back (Spinal Cord) Injuries

However, there are other life threatening emergencies that we want to prevent or know how to respond to. Some of those are:

- Cardiac Emergencies
- Breathing Emergencies
- Severe Bleeding

We may not be able to prevent a person from having a heart attack, but as part of CPR, lifeguards are trained on how to respond to those kinds of incidents.

There are also non-life threatening incidents lifeguards are trained to handle including:

- Sprains and Strains
- Cuts and Scrapes
- Muscle Cramps
- Diabetic Emergencies
- Strokes
- Seizures
- Allergic Reactions
- Dislocations and broken bones
- Hypothermia
- Hyperthermia

All of these topics will be covered in first aid

Notes:

Please see chapter 10 for a sample job description

The Aquatics Team

A lifeguard's primary responsibility is to prevent emergencies, but respond when an emergency takes place. Lifeguards are only one part of a group that makes up an aquatics team. Each facility is different based on their needs. Below we have outlined a few different positions and how they could fit into an aquatics team.

Management

Aquatics managers are tasked with the overall operations of an aquatics facility. The management can include, pool managers, aquatics directors, head lifeguards, board members, etc. In general, the role of management is:

- Complying with regulations (local, state and federal)
- Establishing facility policies and procedures
- Maintaining required records
- Maintaining a safe environment for both customers and staff
- Budgeting
- Assisting during and after an emergency.
- Addressing unsafe conditions

Beyond the administrative pieces above, aquatics supervisors are responsible for safety and the staff's overall ability to respond in an emergency. To ensure a strong lifeguard team, good aquatics supervisors work hard to shape a team that can respond quickly and effectively in an emergency. Some of the things they do include:

- Conduct regular in-service training so lifeguards are trained and are evaluated together.
- Make sure lifeguards work together as a team.
- Ensure everyone knows their role in an emergency and when to call for help.
- Regularly practices the Emergency Action Plan (EAP) so every team member performs their roles correctly.
- Makes sure the team understands what facility management expects from them and from each other.

Support Staff

In addition to lifeguards and management, many facilities also have support staff. This includes maintenance workers, custodial staff, front desk, concessions staff, swim lesson instructors and security guards. All can play a role in a facility's aquatics team and, depending on the facility, can even play a role in the facility emergency action plan (see Chapter 5). For example, at a single lifeguard facility, the front desk staff may be trained to help the lifeguard remove the victim from the water. Another example is a security guard can help with crowd control, provide first aid or escort emergency responders in and out of the facility efficiently.

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Lifeguards as Professional First Responders and Legal Considerations

Lifeguards can be considered professional rescuers, depending on the state. This happens because, in most cases, lifeguards are being compensated to provide basic emergency care to those who need help. Legal liabilities for lifeguards vary from state to state and change depending on case law. We encourage you to consult your facility counsel, insurance company and health department(s) to stay up to date on the latest laws and regulations. With that stated, we will discuss a few basic legal concepts. Keep in mind the definitions may vary from state to state.

Duty to Act

Lifeguards, in many cases, have a duty to respond to an emergency while working 1. Some of the duty comes from being compensated, but can apply to volunteers. You are encouraged to check with your insurance company or legal counsel.

Standard of Care

This is the minimum level of expectations lifeguard must adhere to when working. This means enforcing facility policies and regulations, educating patrons about facility rules and policies, preventing injuries by reducing or eliminating dangerous behavior/hazards and responding to emergencies-including quickly providing care.

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Negligence

When a lifeguard fails to meet the standard of care, the lifeguard and facility are considered negligent. Negligence can include not enforcing facility rules, not recognizing or responding to an emergency and not providing a safe environment for people to swim.

Good Samaritan Laws

States have implemented laws intended to protect people providing care to victims requiring emergency care. These laws vary from state to state and we encourage you to evaluate your state's Good Samaritan Law. In general, the laws protect rescuers who act in good faith and provide care within the scope of their training. For example, if you chose to amputate a victim's finger that is stuck in a door, you may not be protected from liability since, as a lifeguard, you have not been trained to perform such a procedure. Good Samaritan Laws may not protect someone who has a duty to act. A complete list of Good Samaritan laws by state can be found here: http://www.cprinstructor.com/legal.htm

Consent

Before proving care to a victim, a lifeguard must have permission to help the victim. For adults (over the age of majority), this is as simple as telling the victim that you are a lifeguard, explain to them about their injury and why they need help. Then ask the victim for permission to help them.

It is common at a swimming pool to have a victim too young to give consent. This is a person under the age of majority. In this case, lifeguards need to obtain permission to provide care from a parent or guardian. If a parent or guardian is not available, consent is implied. See that section for what to do next.

http://www.essentialbaby.com.au

Implied Consent

An unresponsive adult (over the age of majority) cannot verbally give permission. In this case, consent is IMPLIED. That means lifeguards can assume the victim would give permission to help if they could.

Implied consent also applies to minors (under the age of majority) who do not have a parent or legal guardian available. Since a child cannot give consent, it is assumed the parent or guardian would allow you to provide care.

Note:

If a victim refuses care while conscious, but then becomes unconscious, consent is implied. The emergency has now changed and lifeguards can act as if the victim gave consent. It does not matter that the victim refused care while they were conscious.

Refusal of Care

It is not uncommon for a victim to refuse treatment. Since many lifeguards have a duty to act, it is important to document the victim's refusal for treatment. Please follow your facility's procedures in documenting a refusal of care.

Notes:

Lifeguards do not need permission to call 911 during an emergency. If a victim refuses care and you believe the victim needs additional treatment, it is appropriate to call 911 and request additional assistance. If additional care is needed, emergency care providers will be able to assess the victim and direct the victim to seek additional treatment.

Abandonment

Once care is being provided, a rescuer cannot desert the victim in most cases. The exceptions are if the scene becomes unsafe, you physically or mentally are no longer capable of providing care or someone else with equal or greater training takes over care for the victim. It is not very common for a professional rescuer to abandon a victim. The best example we can come up with is the aftermath of Hurricane Katrina 2. These types of cases from our research are very rare.

Confidentiality and Social Media

Information about a victim should not be shared with anyone-unless they are involved in the care or follow-up investigation of the incident. This means lifeguards should refrain from conversing with co-workers, friends, your relatives, relatives of the victim and witnesses about any incident that took place. Part of a lifeguard's job is not only helping a victim in an emergency, but also to protect their privacy. HIPAA was a law enacted for the sole purpose of protecting a person's medical privacy 3.

Privacy also extends to social media to include Facebook and Twitter. There have been many cases of healthcare providers violating patient confidentiality on social media websites. A good practice would be to NOT post any information about an incident that happened while working as a lifeguard. In lieu of a workplace policy, we recommend using the National Council of State Boards of Nursing guidelines on social media that can be found here: https://www.ncsbn.org/SocialMedia_rev4-13.pdf

Documentation

Documenting an accident or incident is a very important and often overlooked part of lifeguarding. If an event ever results in legal action, the accuracy and completeness of the documentation will come into play during a legal proceeding. Every facility should have their own standard on when and how to document an incident. If your facility does not have clear guidelines, we recommend contacting your insurance company for help.

In general, a good recommendation to follow is if a customer requests a Band-Aid, and they apply it to themselves, no documentation is needed. However, if you, or another lifeguard, put the Band-Aid on the victim, the incident should be documented. Ultimately, each facility has to make a choice as to what should and should not be documented.

Types of Facilities

No two facilities operate exactly the same way. In fact, it is the experience of the authors that this includes swimming pools belonging to the same organization. For example, the YMCA or municipalities that operate multiple swimming pools may operate differently from each other. Below are different types of facilities and a brief discussion of unique features.

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Water Parks

Water parks are aquatic amusement parks with various attractions such as water slides, wave pools, lazy rivers, speed slides, toboggan-style rides, etc. Each facility is unique with their own unique rides.

Waterfronts (both surf and non-surf)

These are open water facilities and include oceans, lakes, rivers and ponds and have their own hazards. In general, water clarity is an issue and lifeguards should have additional certification/training to effectively work at a waterfront.

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Standalone Swimming Pool

This is the typical summer swimming pool that most people think of. These pools are generally outdoors and operate seasonally.

Multi-Attraction Facilities These facilities are similar to a water park. They may have a swimming pool, but they will also have other features such as water slides and activity pools.

http://neblandvm.outdoornebraska.gov

wikimedia.org

Spray/Splash Park

Spray parks are becoming increasingly popular with municipal operated pools. They replace traditional swimming pools with a series of fountains where kids can have fun and keep cool in the summer. They are generally cheaper to operate and require less maintenance than a traditional swimming pool

Decision Making

Part of what makes a lifeguard good at preventing and responding to emergencies is making good decisions. There are many different decision making models available to help people make better decisions. In fact, in many cases, people go through the decision making steps without realizing it. We included a decision making model used by Boystown and uses the uses the acronym SODAS 4.

Situation-Correctly identify the situation, this includes the root cause. For example, it is easy to think someone is breaking the rules just because it is fun to do so. It has been our experience that most people do not get up in the morning and think about how they can break rules and make a lifeguard's day miserable. Often times they do not know or understand the rules or think about the consequences of their actions. We will discuss a few examples later in the book.

Options-After identifying the situation, as lifeguards, we have multiple options on how to handle a particular situation. Some options are better than others. Many things in life are not math problems and have multiple solutions. It is good to have at least three solutions in your head before you act.

Disadvantages-Each solution will have disadvantages to them; take a minute to consider the potential negative consequences of each option.

Advantages-Along with disadvantages, each option will have potential positive consequences that will get us to the desired results. We need to consider which options have the best advantages.

Solution-After thinking about the pros and cons of each option now is the time to make a decision. When you practice good decision making, this process can, in some cases, happen very rapidly as a situation is unfolding. Much of that comes with experience and practice.

Decision Making Activity

Read the example on the next page. With a partner, take 5-10 minutes and complete the two exercise and come to a consensus with your partner on how you would respond to each scenario.

Decision Making Example: A patron is drinking water from a glass bottle they had brought to the pool. What should you do?

Situation: Glass bottles are against pool rules because of the potential of the glass breaking. If glass shards enter the water, it can be very difficult to see them to be removed and can cut other patrons who unknowingly step on the shards or swim past them.

Options:

1. Ignore the issue and hope the bottle does not break.

2. Inform the patron of the rule, the reason behind the rule and ensure the glass bottle is removed from the deck.

3. Suspend the patron from the facility for one day for breaking pool rules.

Disadvantages:

1 (a) My supervisor could see the bottle and I would be in trouble for not enforcing pool rules.

1 (b) The bottle could break and cause someone to get hurt.

1 (c) The bottle could break and cause damage to the filtration system (depending on what kind of filtration system is being used).

2 (a) The patron could get angry and not remove the bottle from the deck.

2 (b) The patron might complain about me to the manager.

2 (c) Enforcing a rule can take me away from watching the rest of the pool if the patron wants to talk about the rule.

3 (a) The patron could get angry and not leave.

3 (b) My supervisor may get angry for enforcing the rules too harshly.

3 (c) The patron might complain about me to the manager.

Advantages:

1 (a) I can avoid a potential confrontation with the patron.

1 (b) I will not break away from my surveillance duties.

1 (c) The patron will be happier since they can continue to use the glass bottle on the pool deck.

2 (a) The glass will not break on the pool deck and can remain open.

2 (b) Other patrons observe the rule being enforced and will not bring glass containers to the pool.

2 (c) Since I was assertive, but understanding the patron probably did not understand the rule, it will make it easier for me to enforce rules with the patron in the future.

3 (a) The pool will not have to close because the glass bottle did not break on the deck.

3 (b) There is one less patron for me to watch and potentially create other hazards.

3 (c) Other patrons observe the rule being enforced and will not bring glass containers to the pool.

Solution: Inform the patron of the rule, the reason behind the rule and ensure the glass bottle is removed from the pool deck.

Decision Making Exercise 1:

Situation: A parent is trying to catch a child, who is wearing a life jacket, jumping into the pool from the diving board.

Options:

1. _____

2. _____

3. _____

Disadvantages:

1 (a) _____

1 (b) _____

1 (c) _____

2 (a) _____

2 (b) _____

2 (c) _____

3 (a) _____

3 (b) _____

3 (c) _____

Advantages:

1 (a) _____

1 (b) _____

1 (c) _____

2 (a) _____

2 (b) _____

2 (c) _____

3 (a) _____

3 (b) _____

3 (c) _____

Solution:_____

Decision Making Exercise 2:

Situation: A five year-old child is not being supervised by his parent and continues to run on the pool deck after you have repeatedly asked the child not to run on the deck.

Options:

1. _____

2. _____

3. _____

Disadvantages:

1 (a) _____

1 (b) _____

1 (c) _____

2 (a) _____

2 (b) _____

2 (c) _____

3 (a) _____

3 (b) _____

3 (c) _____

Advantages:

1 (a) _____

1 (b) _____

1 (c) _____

2 (a) _____

2 (b) _____

2 (c) _____

3 (a) _____

3 (b) _____

3 (c) _____

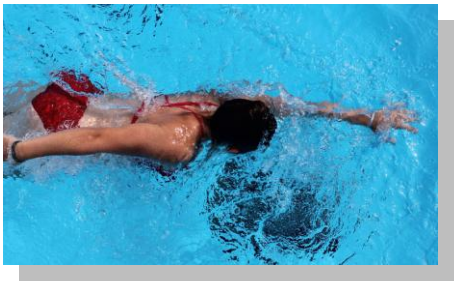
Solution:_____

Chapter 3: Surveillance and Scanning

Victim Recognition

For lifeguards to be able to respond correctly to an emergency, it is important to understand what swimmers with different stages of ability and status look like as they swim. Below is a basic breakdown of different types of swimmers and what they will look like.

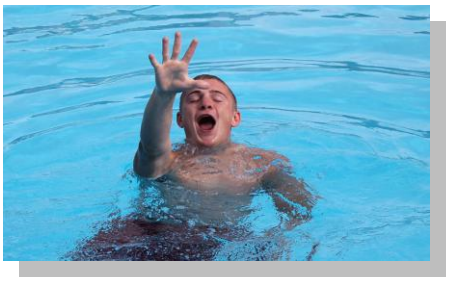
Normal Swimmer



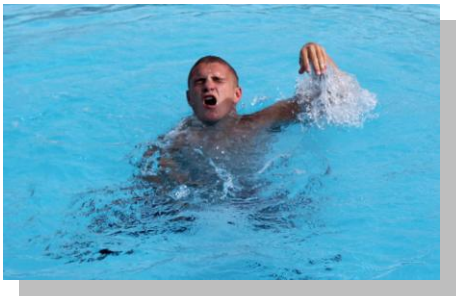
The main characteristic of a normal swimmer is the clear ability to move through the water in an effective way. Depending on ability, some swimmers will move through the water with relative ease and very coordinated arm and leg movement. Even a weak swimmer who does not move through the water very quickly is still considered a normal swimmer as long as they show some sort of coordinated movement to get him or herself through the water.

Distressed Swimmer

The main difference between a distressed swimmer and a normal swimmer is a distressed swimmer struggles to make any sort of forward movement. This could be from fatigue, medical conditions, etc. This type of swimmer may need lifeguard assistance to get safely to the side of the pool. A common distressed swimmer at facilities is a small child who gets to the point where they can no longer reach the bottom of the pool and may need help getting to where he or she can stand. Distressed swimmers can call out for help.



Active Drowning Victim



By contrast, active drowning victims cannot call out for help. An active drowning victim can be positioned at or near the surface of the water. They exhibit what is called the instinctive drowning response5. This includes:

- Arms are extended to the side and moving up and down in an attempt to keep their head above the water.
- Their body position is vertical in the water with no forward progress
- Active drowning victims can be located just below the water surface.
- The victim will struggle to keep their face above the water and will not be able to breathe.

Active drowning infants can become unconscious in as little as 20 seconds. An active drowning adult can struggle for up to a minute. In any case, the victim is not able to call out for help.

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Passive Drowning Victim

Passive drowning victims can be anywhere in the pool, face up, face down, at the surface, or below the surface. They could have been an active drowning victim that became unconscious because the lifeguards did not notice them or it could have been caused by something else like a medical problem (stroke, seizure, heart attack, etc), trauma (being jumped on by someone else in the pool), alcohol use, etc.

Although discussed in another section of the book, passive drowning victims are the reason why lifeguards need to clearly see the bottom of the pool. There was a case a few years ago where a drowning victim was in a pool for three (3) days before being discovered. The link is here: http://hereandnow.wbur.org/2011/07/01/fall-river-drowning.

RID Factor

When lifeguards fail to respond to an emergency, there is generally at least one of three factors that contributed to the lack of response. This is called the RID factor 5.

Recognition. A lifeguard failed to recognize the emergency and did not act. For example, a lifeguard does not recognize a passive drowning victim because he/she thought the victim was just playing the "let's see how long I can hold my breath" game. Another example would be not understanding the instinctive drowning response and allowing an active victim to become unconscious.

Intrusion. A lifeguard has many secondary responsibilities that may include cleaning the deck, bathrooms, selling food at the concession stand, etc. However, a lifeguard should never be engaging in secondary duties when they should be providing surveillance of the pool. An example of this would be a swimming pool is short staffed and the lifeguard responsible for surveillance at the shallow end of the pool is also selling candy at the concession stand. While selling candy, the lifeguard fails to notice a small child got in over their head, literally, and went from an active drowning victim to a passive drowning victim.

Distraction. It is easy for a lifeguard to stop paying attention and start doing other things. Some examples include texting, surfing the Internet, or socializing with customers and friends when the lifeguard should be focusing on facility surveillance.

It cannot be said enough times, a lifeguard's main focus is and should always be the preventing and responding to emergencies. If a lifeguard is not focused, it is very easy for one of these factors to contribute to a drowning death.

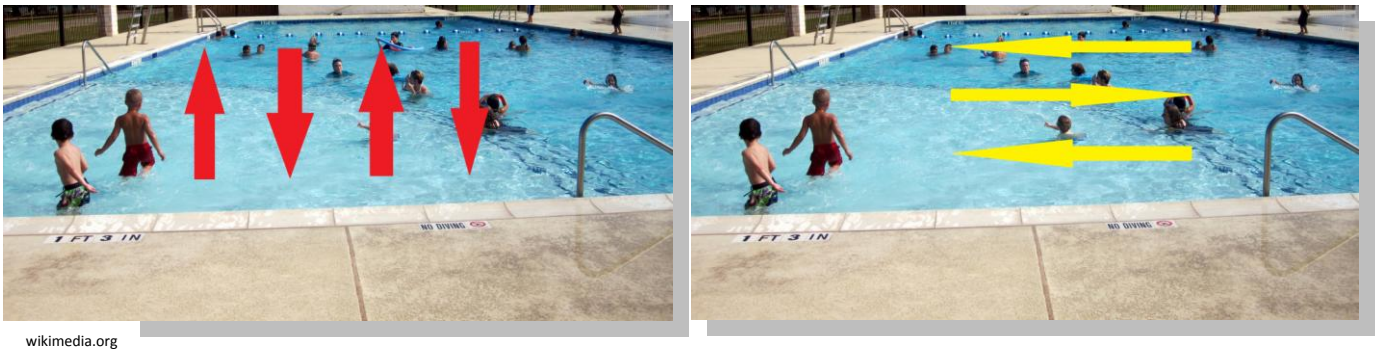
Scanning

It is not enough to know the differences in the types of swimmers. Lifeguards must always be watching for problems, or potential problems to ensure a timely response. There are multiple expert opinions on what constitutes proper scanning 6. We have compiled generally accepted practices and provided them here:

- Visual scanning should be done with maximum head movement ensuring the lifeguards can see their entire area of responsibility. This includes the bottom of the pool, as well as, the pool surface.
- Keep your scanning technique flexible and vary scanning direction every few minutes.
- Scan your entire area of responsibility. In many cases lifeguards spend most of the time scanning only what is in front of them.
- Keep distractions to a minimum.
- Do not spend as much time on good swimmers and focus on swimmers that are weaker.

If your facility does not have a surveillance/scanning procedure, we recommend using the poster created by Griffith Aquatics that can be found here:
http://griffithaquatics.com/Forms_files/Griffith%20Lifeguard%20Scanning%20Poster%20%28final%29.pdf

As a lifeguard scans, we suggest changing the direction of scanning every few minutes. An example is below



wikimedia.org

Changing posture every few minutes can also be helpful.

Notes:

- Supervisors should coach and practice scanning techniques with lifeguards on a regular basis.
- If customers in the water are similar in appearance, it can take longer to identify a potential incident7. For example, if a group of 12-year-old girls are playing in the same area, it may be difficult to identify a problem.
- The chance of finding a victim decreases as the number of people in the water increases. If a lifeguard is not able to sufficiently scan his or her entire area effectively, additional lifeguards should be added
- During an emergency, or rule enforcement, facilities should have a plan in place for back-up surveillance coverage.
- If a customer asks you a question during surveillance, lifeguards should maintain surveillance of the pool while talking to the patron. A lifeguard may need to explain to the patron they still have to watch the pool while answering their question. If a customer's question takes more than a few seconds to answer, lifeguards should direct the customer to a lifeguard not performing surveillance duties or a supervisor.
- Be sure to scan carefully when a swimming pool is crowded. A victim can be obscured by other customers and a lifeguard may only have a partial view of the victim struggling.

Vigilance

Staying focused while scanning the pool can vary based on many factors. Some of these factors include:

- Sleep
- Temperature of the Environment
- Use of Drugs and Alcohol
- Noise
- Physical Fitness and Exercise

Sleep

The sleep needs of individuals vary, but generally vary between six (6) to nine (9) hours for adults 8. Without the proper amount of sleep, a lifeguard is more prone to a lack of vigilance and may ineffectively scan the pool 7.

Temperature of the Environment

An increase in temperature can have a decreasing effect on vigilance. One study found 50% more errors and a 22% increase in response time from a temperature of 70 degrees vs. 80 degrees 9. This means lifeguards should take care to keep their body temperature cool while in extreme heat. It is highly recommended to use shade or umbrellas, drinking ice water to hydrate and keep the body temperature lower, wear a hat, use a fan, etc. Lifeguards and lifeguard supervisors should consider frequent breaks as temperatures increase to avoid fatigue, heat exhaustion, and heat stroke.

Drugs and Alcohol

Without going into great detail, every biological process is also a chemical one. Simply put, this means what we consume can alter how we behave. For example, caffeine can increase our level of alertness for a period of time7. However, there may be long-term disadvantages in consuming large amounts of caffeine on a regular basis. It is well established that alcohol lowers a person's alertness and response time. Acting as a lifeguard under the influence of drugs (including prescribed medication) or alcohol can decrease your ability to recognize and respond to an emergency.

At the writing of this book, a few states have legalized marijuana. Marijuana can also decrease alertness and impede a lifeguard's ability to function 10. This book does not take a stand on any particular drug except to say any lifeguard who has consumed a substance that impairs their ability to function as a lifeguard should not be working. For example, one of the authors had an accident and, as a result, was on painkillers for a period of time that impaired judgment. The author did not do anything illegal and was taking a prescribed medication. However, the author did not engage in lifeguarding until after he was done with the medication and was no longer impaired. With that said, chronic use of drugs can cause a decrease of alertness that becomes permanent over time.

Noise

Believe it or not, it appears noise has an impact on a lifeguard's alertness and ability to scan the water 7. We bring this up to make sure lifeguards are aware that the constant distraction of noise can cause a lifeguard not to scan the water effectively.

wikipedia.org

Physical Fitness and Exercise

Exercise can positively impact alertness 11. Regular exercise should be included as part of a lifeguard regiment to improve vigilance. This includes aerobic activity between times the lifeguard is actively scanning the pool. 15 minutes of aerobic activity can have a lasting impact of a few hours on alertness.

Notes:

- Supervisors should regularly check on lifeguards and provide encouragement not less than every 30 minutes when lifeguards are actively scanning the pool7. This improves the scanning effectiveness of lifeguards.

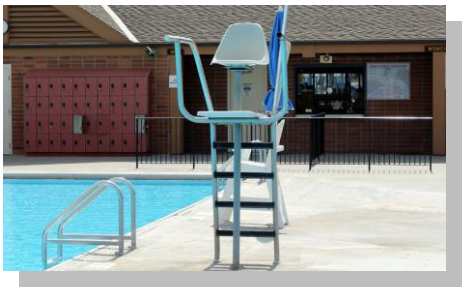
Breaks

There is no clear consensus on how often a lifeguard should take a break from surveillance duties7**.** Aquatics supervisors have to make a good judgment based on a variety of factors including air temperature, number of bathers, number of lifeguards, etc. We suggest lifeguards take a break at least once an hour.

Lifeguard Stations

To provide proper surveillance, lifeguards MUST be able to see their entire area of responsibility. There are different types of stations used to ensure that lifeguards can not only see their entire area, but also enforce rules and are able to engage patrons that need assistance.

Elevated Station

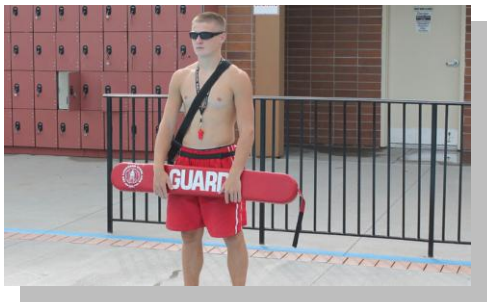


Generally, an elevated station is the best way to maintain the best surveillance of pool patrons. It provides a clear view of the area and allows a lifeguard to observe a large area. A common mistake lifeguards make is forgetting to scan the area of the pool directly below their station.

Ground Station

Similar to an elevated station, a ground station is a set point for lifeguards to maintain patron surveillance. A ground station does not allow the same range of visibility, but does allow lifeguards the ability to enforce rules and make assists easier.

Roving



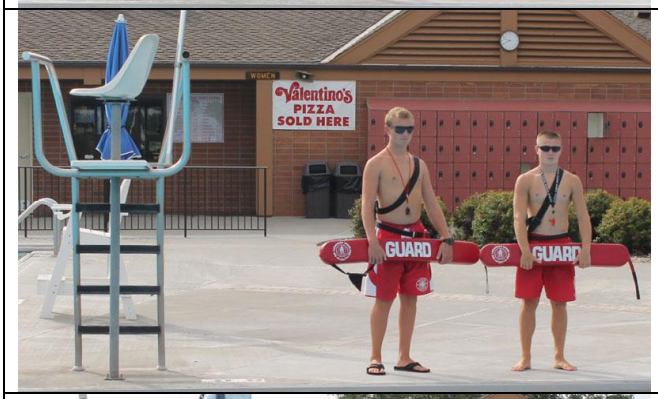
A lifeguard may be assigned a roving station that allows the lifeguard to move between two or more fixed points. It allows similar advantages as a ground station; with the added benefit of the lifeguard being able to move position based on the surveillance needs of the pool.

Notes:

- A lifeguard should not have an area of responsibility greater than a 180-degree viewing area. In short, a lifeguard should not have to turn their body to observe their area or have to look behind them to scan.
- It should take no more than 20 seconds for a lifeguard to reach a victim12. Lifeguard stations should be planned accordingly.

Station Rotations

When lifeguards are rotating from station to station, the transition must take place so bather surveillance is never compromised and one of the lifeguards is always actively scanning the pool.

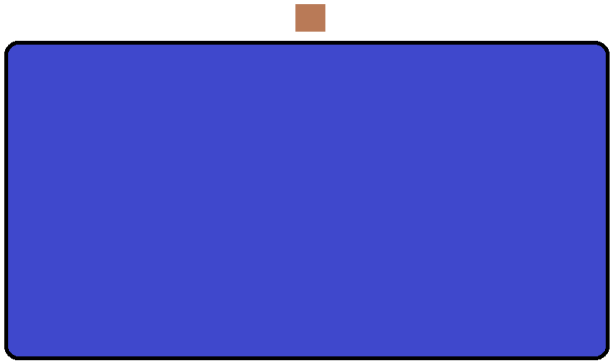
	**The relieving lifeguard takes a position where he/she can maintain surveillance until the lifeguard currently assigned the station can transition from the station**
	**Once the current lifeguard is off the station and is able to continue surveillance, the relieving lifeguard takes his/her place at the station.**
	**When the relieving lifeguard is set and able to continue scanning the area of responsibility, the first lifeguard can now move to the next station**

Notes:

During the transition, lifeguards should pass any necessary information to each other. Some examples include if a particular child is having difficulty with swimming, a certain patron is not following rules, etc.

Areas of Responsibility

A lifeguard's area of responsibility is the section of swimming pool that a lifeguard is responsible for while providing surveillance coverage.

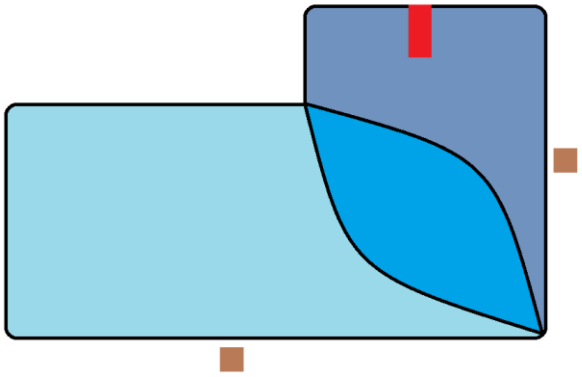


Total Coverage

Some pools only have one lifeguard on duty. This means the lifeguard provides total coverage for the pool.

Zone Coverage

In other pools, multiple lifeguards are watching the pool at the same time. In this case, the pool is divided into zones where each lifeguard is responsible for a certain section of the pool. Lifeguards can have areas of responsibility that overlap.

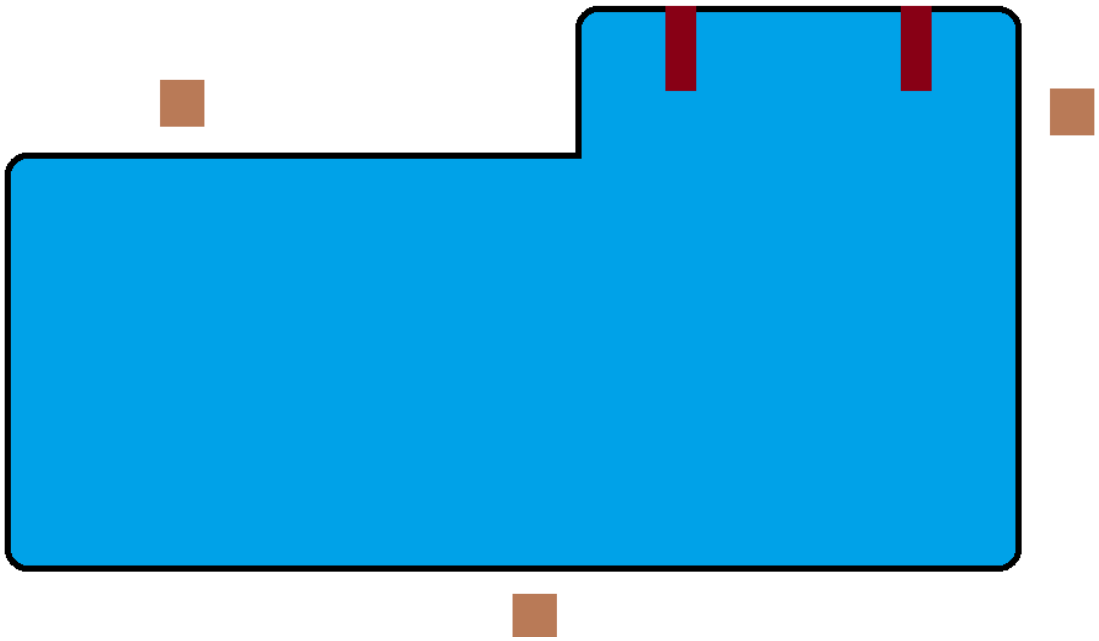


Notes:

Another type of coverage is back-up coverage. This is when lifeguards are operating in zone coverage and a lifeguard is temporarily not able to watch their zone. As a result, a designated lifeguard provides back-up coverage.

Area of Responsibility Activity 1

Identify the area of responsibilities for the three (3) lifeguard stations



Area of Responsibility Activity 2

Draw a pool that you have visited that has more than one lifeguard. Mark where you would place the lifeguards and list the reasons why. When finished, mark the area of responsibility for each lifeguard

Weather

Lifeguard University has an unadventurous view towards adverse weather conditions. The safety of patrons and staff take place over operating a facility in unsafe weather conditions. This section of the manual discusses different weather phenomenon and what to do in different weather scenarios

Lightening

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Both indoor and outdoor pools should take lightning and thunder storms seriously and have a contingency plan for bad weather. Some states even require indoor aquatic facilities to follow the same lightening procedures for outdoor facilities and close until adverse weather conditions have passed13. Managers should follow their regulatory body(s) jurisdictional regulations.

In the absence of regulations for your area, below are good guidelines from the National Lighting Safety Institute:

1. Designate a responsible person as the weather safety lookout. That person should keep an eye on the weather. Use a "weather radio" or the Weather Channel or other TV program to obtain good localized advanced weather information.
2. When thunder and/or lightning are first noticed, use the Flash-To-Bang (F-B) method to determine its' rough distance and speed. This technique measures the time from seeing lightning to hearing associated thunder. For each five seconds from F-B, lightning is one mile away. Thus, a F-B of 10 = 2 miles; 15 = 3 miles; 20 = 4 miles; etc. At a F-B count of thirty, the pool should be evacuated. People should be directed to safe shelter nearby.
3. Pool activities should remain suspended until thirty (30) minutes after the last thunder is heard. The distance from Strike A to Strike B to Strike C can be some 5-8 miles away. And it can strike much farther away. Why take a chance with lightning? 14

Notes:

During the research of this book, we were not able to find a case of electrocution at an indoor swimming pool caused by a lightning strike. With that stated, we suggest following the National Lightning Safety Institute recommendation of closing an indoor pool when lightning is present.

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Tornadoes

Tornadoes can have a devastating impact on a region and anyone in close proximity should take shelter immediately. Aquatic facilities should have a plan in case of tornadoes and follow that plan when a tornado warning is issued or a tornado is observed. A tornado plan should include the following elements:

- Evacuate the pool and surrounding area
- Move all patrons and staff to the designated tornado shelter. Often times, this is inside at the lowest point away from windows, doors and outside walls. Try to avoid glass.
- Crouch down and cover your head
- Wait for the tornado/tornado warning to pass

In the event of there is no facility in which to seek safety:

- Lay flat and face down on the lowest ground available.
- Stay away from trees and cars
- Cover your head with your hands15

Rain

Rain, even light rain, can create multiple issues for swimming pools. One issue is the rain can adjust the pool chemistry and cause the swimming pool chemistry to be outside the limits allowed by your area's regulations. Another reason is with the water droplets hitting the water surface, visibility is decreased and lifeguards may not be able to see the bottom of the pool. Aquatics managers should follow their established procedures for rain. If lifeguards cannot clearly see the bottom of the swimming pool, the facility should close until conditions improve.

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Hail

Hail can cause injuries to both staff and patrons. In the event of hail, an outdoor facility should close with everyone taking shelter to avoid being hurt

Notes:

To see how hail can affect a swimming pool, here is a link to a video

http://www.youtube.com/watch?v=daRMLyi8oO8

Wind

High winds have a similar effect to rain where it obstructs the visibility of the bottom of the pool. If the bottom of the pool cannot be seen due to high winds, the pool should be closed until conditions improve.

Fog

Fog itself may not be a reason to close a swimming pool. However, if the fog interferes with being able to see the swimming pool (including the bottom of the pool) the facility should close until the inclement weather passes.

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Indoor Pools and Weather

Fog and hail and other weather does not affect indoor pools in the same way as outdoor facilities. However, severe weather can cause power failure and other issues. Indoor facilities should have an EAP for adverse weather conditions.

Sample Program Bad Weather/Cancellation Policy

The safety of your child(ren) is of the utmost importance to us. We reserve the right to cancel swim lessons for any reason that puts the safety of your child(ren) at risk.

Inclement Weather: In the case of thunderstorms or other inclement weather, we will place a notice on the website by 8:00 am the day of the lessons, as well, as update the Facebook page and voice mail greeting to announce the cancellation.

Mechanical or other issues: We will make every effort to contact parents/guardians at the phone number provided in cases where swim lessons are cancelled for any reason other than weather.

Make-Up Days: We have purposefully created two make-up days at the end of each two (2) week session in case a swim lesson had to be canceled. The class will be made up during one of the make-up days. A refund will not be provided.

Sample Procedure for closing an indoor/outdoor pool during a lightning storm

1. Designate a weather lookout that can monitor a weather radio, weather TV program or Internet weather information to obtain up to the minute local weather information.
2. The pool should be cleared and bathers not allowed in the water if there is less than 30 seconds from a flash of lightning is observed until when the thunder is heard.
3. Have patrons collect their belongings and head for the locker rooms, or designated storm shelter
4. We cannot control if patrons chose to stay in the shelter. If they chose to leave, they can do so of their own free will.
5. The swimming pool will remain closed for thirty (30) minutes after the last thunder is heard.

Notes:

Use The Flash-To-Bang (F-B) method to determine a storm's rough distance and speed. This technique measures the time from seeing lightning to hearing associated thunder. For each five seconds from F-B, lightning is one mile away. Thus, a F-B of 10 = 2 miles; 15 = 3 miles; 20 = 4 miles; etc 16.

Attached to the procedure should be a facility map with the designated storm shelters.

Sample Procedure for Evacuating an Indoor/Outdoor Pool During a Tornado

1. Designate a weather lookout that can monitor a weather radio, weather TV program or Internet weather information to obtain up to the minute local weather information.
2. Once a storm warning has been issued, clear the pool of all bathers.
3. Have patrons collect their belongings and head for the locker rooms, or designated storm shelter
4. We cannot control if patrons chose to stay in the shelter. If they chose to leave, they can do so of their own free will.
5. Once the weather warning has expired, let customers know the weather has passed. Facility management should then make a decision on if the facility will remain open or closed.

Notes:

Every storm shelter should have a radio to monitor the status of the weather warning. This may mean there is a staff member assigned to each shelter equipped with a weather radio they take with them into the shelter.

Water Clarity

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Part of the aquatics management's job is to maintain a clean and safe environment for both lifeguards and patrons. Included in these duties is to ensure the water clarity is sufficient to see the bottom of the pool. In many states, the general regulation is the pool must be closed if the deepest point of the pool (main drain) is not clearly visible. This is not enough in a lifeguard environment. Not only should a lifeguard be able to see the bottom of the pool, but also their entire area of responsibility-both at the surface and the bottom of the pool.

If a lifeguard cannot see the bottom of the pool or their entire area of responsibility, the aquatics management has a variety of options including adding additional lifeguards, changing the location of lifeguard stations, choosing not to provide lifeguard services or closing the pool. Lifeguards should not put themselves in a situation where they cannot clearly see their entire area.

Water Visibility Obstructions

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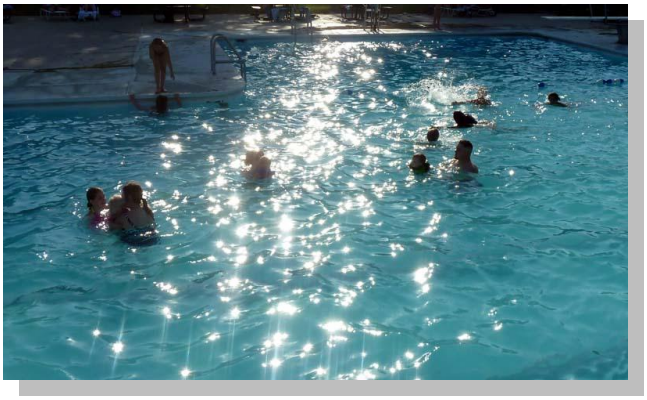
In addition to water clarity, there are a variety of factors that affect a lifeguard's ability to provide adequate surveillance. One example is play structures, which create obstructions for lifeguards to have to look around, through and below to provide proper surveillance. Another example is various blind spots caused by the shape of the pool.

There are times that Mother Nature also plays a part in disrupting surveillance duties. One example is sun glare. Anytime a lifeguard experiences sun glare or any other visual obstruction to surveillance, the lifeguard station should be adjusted to a vantage point where proper scanning/surveillance can continue unimpeded.



Chapter 4: Operations and Procedures

Rescue Equipment

Lifeguards have the benefit of having tools available to assist them in an emergency. Not only is it often safer for the rescuer, but for the victim as well. Local regulations may dictate what equipment lifeguards must have available to them. We will outline many of those tools in the following segments.

First Aid Kits

In some cases, state and local regulations dictate what is required in first aid kits. In our experience, those requirements do not adequately cover the types of first aid supplies a swimming pool actually needs. We recommend taking the requirements and then adding to them based on the common injuries at your aquatic facility.

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Rescue Tubes

Often when people think of lifeguards, they envision them holding a rescue tube. This piece of equipment is generally a piece of foam wrapped in vinyl 17 or some other material. They vary in size, but normally have at least six (6) feet of tow line and shoulder strap attached to them. Rescue tubes assist a lifeguard in rescues by being able to place the victim on the tube and keep them at the surface of the water. Lifeguards are then able to easily move the victim to safety.

Notes:

When performing surveillance duties, always have a rescue tube ready. This means holding the rescue tube across your waist (or on your lap if sitting). Any excess line should be held to prevent it getting caught in the lifeguard chair or other equipment.

Rescue Cans

Rescue cans are normally used in waterfront or beachfront areas and are not very common in swimming pool environments. They are generally smaller than a rescue tube and are a hard plastic, in contrast to the soft, pliable rescue tube.


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Shepherd's Crook

These poles have a hook at the end and are an excellent tool for lifeguards to help distressed swimmers. They normally extend between 10 and 15 feet and allow a lifeguard to extend the pole to a distressed swimmer in an effort to pull them to the side of the pool.

Ring Buoy

We are including ring buoys as rescue equipment because some local jurisdictions still require them, even if the facility provides lifeguards. Ring buoys have largely been replaced by rescue tubes and are not used as frequently. Ring buoys can be used for distressed swimmers, but does not replace lifeguard intervention for active or passive drowning victims.

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Rescue Board

Water and beachfronts sometimes use rescue boards to quickly paddle a long distance and complete a rescue. They are similar to a surfboard and allow lifeguards to place one or more victims on the board to be moved to safety.

Policies and Procedures Manual

Every facility will have a policies and procedures manual. It is the playbook for how a facility operates and will provide you with guidance while working. Common components of a policies/procedures manual include:

- General Rules/Regulations
- Administrative Policies and Procedures (calling in sick, turning in time cards, dress code, etc)
- Chain of Command
- Call List
- Emergency Action Plans
- Opening/Closing Procedures
- Bad Weather Procedures
- Operating Hours
- Schedule of Activities
- Policies for Specific Activities
- Human Resource Information (hiring, physical fitness requirements, vacation time, etc)
- Area of Responsibility
- Rotations
- Pool Rules/Procedures

This chapter will discuss many policies and procedures an aquatics facility may have in addition to providing sample templates to use. The needs of each facility are different, and we suggest taking any policy/procedure we provide and adjusting it to your needs.

Following Government Regulations (National, State and Local)

All swimming pool regulations were managed mainly by state and local regulators (often times by local health departments), until 2007. In 2007, the federal government enacted the Virginia Graeme Baker Pool & Spa Safety Act to require swimming pools to place a drain cover that prevents drowning from victims getting entrapped in the suction coming from drains of pools and spas.

Since that time, the CDC (Center for Disease Control) has created a model aquatic health code it wants ALL pools across the country to follow12. At the date of this publishing, we are not aware of any cities, counties or states that have adopted the model. However, we submit that the model, at some point, will become the standard for swimming pool regulations.

OSHA and other government agencies that govern employment laws, also regulate aquatic facilities. Examples are the EEOC (Equal Employment Opportunity Commission) and the Department of Labor. In addition, certifying agencies (like Lifeguard University) also set standards for the certification of lifeguards. This book cannot possibly address every regulatory body and regulation that each pool may be governed by. In many cases they vary from location to location. For example, OSHA does not cover workers employed by state and local governments 18

OSHA (Occupational Safety and Health Administration)

OSHA is a federal government agency that is tasked with protecting workers across the country from unsafe working conditions. The agency is part of the Department of Labor and was established in 1970. There are a couple provisions that are important for lifeguards to be aware of, which we will discuss in the following sections. First, OSHA established guidelines for employers if an employee has a reasonable expectation of coming in contact with blood or other body fluids. This is called the Blood Born Pathogen Standard 19. The other is the Hazardous Communication Standard, which outlines how information about hazardous chemicals is communicated to employees20

Blood Borne Pathogens and Exposure Control Plan

This OSHA standard outlines what employers must do to protect employees who may, by a function of their job, come in contact with blood or other bodily fluids. In short, it requires employers to have an exposure control plan if an employee comes in contact with potentially infectious bodily fluids. The plan must be updated annually. In addition to an exposure control plan, employers must have procedures for universal precautions (discussed in CPR), have processes to dispose of contaminated material, remove potential biohazards from the workplace and provide personal protective equipment (PPE) to employees whom handle bodily fluids.

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The standard also requires employers to provide vaccinations to employees with a chance of exposure within 10 days of being hired. This DOES include seasonal lifeguards 21. Employers are also required to provide follow-up medical care if an employee is exposed to an infectious disease-at no cost to the employee. OSHA requires blood borne pathogens training when an employee is hired and then annually at the very least.

Notes:

- The full regulation can be found under Title 29 of the Code of Federal regulations (29 CFR 1910.1030)
- A sample exposure control plan can be found here: https://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf

Sample Procedure for Cleaning Up Blood and Other Body Fluids

Chlorine is a common chemical used to disinfect the swimming pool. It is also very effective in cleaning any surface that may come in contact with blood or other body fluids. To disinfect a surface use the following procedure provided by the CDC (Centers for Disease Control and Prevention):

1. Block off the area of the spill from patrons until clean-up and disinfection is complete.
2. Put on disposable gloves to prevent contamination of hands.
3. Wipe up the spill using paper towels or absorbent material and place in a plastic garbage bag.
4. Gently pour bleach solution onto all contaminated areas of the surface.
5. Let the bleach solution remain on the contaminated area for 20 minutes.
6. Wipe up the remaining bleach solution.
7. All non-disposable cleaning materials used such as mops and scrub brushes should be disinfected by saturating with bleach solution and air dried.
8. Remove gloves and place in plastic garbage bag with all soiled cleaning materials.
9. Double-bag and securely tie-up plastic garbage bags and discard.
10. Thoroughly wash hands with soap and water 22.

Vomit and Blood in Pool Water

According to the CDC, the most common germs spread through swimming pools are caused by "diarrheal illnesses and skin rashes." As a result the CDC does not make any recommendations about closing the pool for blood or vomit incidents. The CDC is not aware of a person being infected with any blood borne pathogen from swimming pool water23. Local and state protocols may vary and we suggest checking the guidelines in your area.

Hazard Communication Standard

Due to the chemicals used to disinfect and maintain good water quality, the Hazard Communication Standard is something that lifeguards should be aware of. There are two main things this standard addresses24:

- It requires standards to evaluate and identify chemicals and creates safety data sheets (SDS) to communicate that information to people who may come in contact with dangerous chemicals
- Employers with dangerous chemicals in the workplace must have the chemicals labeled and provide SDS for workers who could be exposed. It also requires employers to train employees how to handle chemicals safely.

Notes:

- The full regulation can be found under Title 29 of the Code of Federal regulations (29 CFR 1910.1200)

A compliance guide that includes a sample Hazard Communication program can be found here: https://www.osha.gov/Publications/OSHA3695.pdf

SDS (Safety Data Sheets)

These forms provide information about chemicals, how to handle them, and what to do if someone is exposed to the chemicals. An SDS is required for each dangerous chemical at your facility and must be made available to everyone. Starting June 15, 2015, all SDS will have the same standard format25.

Notes:

A sample SDS sheet can be found here: https://www.osha.gov/Publications/OSHA3514.pdf

Recreational Water Illnesses (RWI)

Even though pools are required to be disinfected to prevent people from getting sick, there are bacteria resistant to chlorine. Two examples are Cryptosporidium and Giardia. Depending on the chlorine level of the pool, it can take days for chlorine to kill Cryptosporidium in pool water. Since the most common RWI are spread through diarrheal events, people with that are ill should not participate in swimming activities26.

Below is a table that shows various disinfection times based on a Chlorine level of 1ppm (parts per million) :

Chlorine Disinfection Timetable 27

Agent	Disinfectant Times for Fecal Contaminants in Chlorinated Water
E. coli 0157:H7 (Bacterium)	less than 1 minute
Hepatitis A (Virus)	approximately 16 minutes
Giardia (Parasite)	approximately 45 minutes
Cryptosporidium (Parasite)	approximately 15,300 minutes (10.6 days)

Sample Procedure for Solid Fecal Material Incident

The CDC suggests a measured response to a formed stool found in a swimming pool. Their recommendations are below:

1. Close the pool to swimmers. If you have multiple pools that use the same filtration system all pools will have to be closed to swimmers. Do not allow anyone to enter the pool(s) until the disinfection process is completed.
2. Remove as much of the fecal material as possible (for example, using a net or bucket) and dispose of it in a sanitary manner. Clean and disinfect the item used to remove the fecal material (for example, after cleaning, leave the net or bucket immersed in the pool during disinfection).
3. Raise the free chlorine to 2 parts per million (ppm), if less than 2 ppm, and ensure pH 7.5 or less and a temperature of 77°F (25°C) or higher. This chlorine concentration was selected to keep the pool closure time to approximately 30 minutes. Other concentrations or closure times can be used as long as the contact time (CT) inactivation value is achieved. The table can be found here: http://www.cdc.gov/healthywater/pdf/swimming/pools/fecal-incident-response-recommendations.pdf
4. Maintain free chlorine concentration at 2 ppm and pH 7.5 or less for at least 25 minutes before reopening the pool. State or local regulators may require higher free chlorine levels in the presence of chlorine stabilizers, which are known to slow disinfection. Ensure that the filtration system is operating while the pool reaches and maintains the proper free chlorine concentration during the disinfection process 28.

Sample Procedure for a Loose Fecal Material Incident

1. Close the pool to swimmers. If you have multiple pools that use the same filtration system all pools will have to be closed to swimmers. Do not allow anyone to enter the pool(s) until the disinfection process is completed.
2. Remove as much of the fecal material as possible (for example, using a net or bucket) and dispose of it in a sanitary manner. Clean and disinfect the item used to remove the fecal material (for example, after cleaning, leave the net or bucket immersed in the pool during disinfection).
3. If necessary, before attempting the hyperchlorination of any pool, consult an aquatics professional to determine the feasibility, the most optimal and practical methods, and needed safety considerations.
4. Raise the free chlorine concentration to 20 ppm and maintain pH 7.5 or less and a temperature at 77°F (25°C) or higher. The free chlorine and pH should remain at these levels for at least 12.75 hours. Crypto CT (Concentration X Time) inactivation values are based on killing 99.9% of Crypto. This level of Crypto inactivation cannot be reached in the presence of 50 ppm chlorine stabilizer, even after 24 hours at 40 ppm free chlorine, pH 6.5, and a temperature of (25°C). Extrapolation of these data suggest it would take approximately 30 hours to kill 99.9% of Crypto in the presence of 50 ppm or less cyanuric acid, 40 ppm free chlorine, pH 6.5, and a temperature of 77°F (25°C) or higher.
5. Confirm that the filtration system is operating while the water reaches, and is maintained, at the proper chlorine level for disinfection.
6. Backwash the filter after reaching the CT inactivation value. Be sure the effluent is discharged directly to waste and in accordance with state or local regulations. Do not return the backwash through the filter. Where appropriate, replace the filter media.
7. Allow swimmers back into the water only after the required CT inactivation value has been achieved and the free chlorine and pH levels have been returned to the normal operating range allowed by the state or local regulatory authority 28.

Sample Procedure for Removing a Dead Animal from the Pool

According to the CDC, the following steps should be taken for commonly reported animals found dead in swimming pools:

1. Close the pool to swimmers.
2. Put on disposable gloves.
3. Use a net or bucket to remove the dead animal from the pool.
4. Double bag the animal in plastic garbage bags.
5. Clean off any debris or dirt from the item used to remove the dead animal.
6. Remove gloves and place them in the garbage bags.
7. Close the garbage bags and place them in a sealed trash can to help keep wild animals away from the dead animal.
8. Wash your hands thoroughly with soap and water immediately.
9. Raise the free chlorine concentration to, or maintain it at, 2 parts per million (ppm); maintain the pH levels at 7.5 or less; keep the temperature at 77°F (25°C) or higher. The free chlorine and pH should remain at these levels for 30 minutes.
10. Confirm that the filtration system is operating properly during this time.
11. Disinfect the item used to remove the dead animal by immersing it in the pool during the 30 minute disinfection time29.

In-Service Training

For lifeguards, especially new lifeguards, in-service training is critical to ensure lifeguards have all the tools necessary to do their job. From a big picture standpoint, lifeguards must in-service to the point where they can meet or exceed the standard of care. In-Service training sessions should include:

- Facility Rules
- Federal, State, County and Local Regulations
- Rescue and CPR Skills
- Emergency Action Plans
- Surveillance Skills
- Record Keeping
- Facility Operations
- Blood Borne Pathogens
- Reports and Record Keeping
- Customer Service
- Communication

Facilities will have different in-service training schedules depending on their needs. For example, a year round facility with low employee turnover may only conduct in-service training every month. A summer pool may conduct in-service training before the swimming pool opens until the standard of care is met with weekly meetings the rest of the summer.

Drills

Regular emergency drills should be conducted at all facilities. There is research to suggest that not only does emergency drills during normal pool operating hour's increase the vigilance of lifeguards but also reduces unsafe behavior of pool patrons 30**.** Drills should include:

- Active drowning victims
- Passive drowning victims
- First aid scenarios
- CPR
- Spinal cord injuries (Head, neck and back injuries)

Common Pool Rules

Local health departments traditionally set standard rules for their areas. In addition, aquatic facilities establish additional rules to either reduce the risk of injury or address insurance requirements17. Some common pool rules are:

- Swim only when a lifeguard is on duty.
- Obey lifeguard instructions at all times.
- Swim diapers are required for small children who are not toilet trained.
- No swimming with open or infected wounds.
- No running, pushing, or rough play.
- No hyperventilating before swimming underwater or breath-holding contests.
- No sitting or playing near or with drains or suction fittings.
- Dive only in designated areas.
- No glass containers in the pool area and locker rooms.
- Food is only allowed in designated areas.
- No alcoholic beverages or drug use allowed.
- All bathers must shower, in the nude, before using aquatic facility.
- Only coast guard approved lifejackets may be worn (no water wings).
- Children under the age of 12 must be accompanied
- by an adult.

Common Rules for Equipment and Play Structures

- One person on a ladder at a time.
- No sitting or hanging on ropes or lane lines.
- Do not play or congregate around lifeguard stations.
- Starting blocks may be used at designated times under the supervision of a swim coach or swim lesson instructor.

Common Diving Board Rules

- Bathers must pass a swim test before allowed in a diving area.
- One person on the diving board at a time (this includes the ladder).
- Only one bounce allowed on the diving board.
- Dive or jump forward, straight out from the diving board.
- Swim immediately to the closest ladder or wall.
- Bathers are not allowed off the board until the person in front of them has cleared the diving area and made it to the side of the pool.

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Spas or Therapy Pools

It is not a common occurrence for lifeguards to provide surveillance for spas or therapy pools. However it is important to know the dangers of these attractions if your facility has them available to bathers. Some of the common issues are high body temperature and disease transmission.

Common Spa and Therapy Rules

- Shower in the nude with soap and water before entering the water.
- People with medical conditions such as with heart disease, diabetes, high or low blood pressure, seizures, epilepsy or other medical conditions are cautioned against using a spa or hot tub.
- Pregnant women and young children should seek their health care provider's approval before using a spa or hot tub.
- No unsupervised use by children.
- Do not use the spa or hot tub while under the influence of alcohol or other drugs.
- No diving, jumping, or rough play in the spa or hot tub.
- Do not allow anyone to sit or play near or with the drain or suction fittings.
- Secure or remove any loose or dangling items, including hair, swimwear, and jewelry.
- Limit time in the spa to 10 minutes. Patrons then may shower, cool down and return again briefly. Prolonged use may result in nausea, dizziness, fainting, or hyperthermia.
- Remove swim caps before entering the spa or hot tub.

Rules for Water Parks

Water parks will have additional rules due to the attractions and additional risks associated with patrons using a water park. Just like at swimming pools, many of the rules are traditionally posted. Some facilities also make announcements about certain rules they want emphasized.

Each attraction will have rules specific to the attraction. Common rules are height requirements, type of equipment that can be worn (for example, no lifejackets or goggles), or clothing that can be worn (for example, no sunglasses). Depth markers should also be placed in catch pools to inform patrons if they can stand once they reach the end of a water slide. Depth markers are normally a regulatory requirement and a facility cannot open without them.

General Rules for Water Parks

- Height requirement
- Age requirements
- Weight requirements
- Maximum number of bathers allowed to use an attraction.

Common Rules for Winding Rivers

- One bather per tube.
- No stacking tubes.
- Only U.S. Coast Guard Approved life jackets.
- Enter and exit the river at approved areas.
- No chains of bathers.

Common Rules for Waterslides

- Enter, ride, and exit the slide on your back and feet-first.
- Keep hands and feet inside the slide.
- No stopping in the slide.
- No metal objects to include: keys, jewelry (and watches), metal snaps, zippers or clothes pins.
- No shoes, to include aquatic shoes or socks.
- No glasses or goggles.

Notes:

Use a measuring pole or line to ensure patrons are the proper height to use a ride.

Maintaining Records

Record keeping is often discussed as important, but is often times found lacking at many facilities, especially when it comes to lawsuits and court proceedings. Often times, lawsuits happen well after employees involved in an incident have moved on and no longer work at a facility. One of the authors was an expert witness for a lawsuit where witnesses could not be found due to poor documentation. In general, a facility is as only as good as how well it maintains its records.

Aquatics management is generally responsible for record keeping which can include:

- Employee Paperwork
- Work Schedules
- Certification Expiration Dates
- Timecards
- In-Service Training Records
- Maintenance Logs
- Water Chemistry Logs
- Safety Checks
- Bather Loads/Usage
- Accident/Incident Forms

We have included in chapter 10 many examples of different forms a pool can use to meet its record keeping requirements. There are times lifeguards may be expected to help maintain some record keeping. For example, completing a safety checklist or bather load sheet.

Notes:

Lifeguards should not be checking swimming pool chemicals without being properly trained and if it is allowed by regulations. For example, in some states, only those properly licensed to operate a swimming pool can check water chemistry. A lifeguard certification is not sufficient.

Communicating with Customers

Facilities communicate with customers in various ways. Before a facility opens, the management may send fliers, letters, or other mail to discuss the facility to include a schedule and pool rules. The same information may be available on the facility's website. Once at the swimming pool, there are signs that communicate pool rules and regulations. Finally, the aquatic staff interacts with customers to make sure they act in a safe manner and to prevent injuries.

Enforcing a facility policy is inevitable in lifeguarding. We have yet to visit a facility where someone, at some point, was not following an established policy. That is when a lifeguard steps in to ensure the facility continues to operate safely by enforcing rules.

Enforcing Rules

The style to enforce rules can vary from incident to incident and person to person. For example, an 8 year old running on the deck may only require a whistle blow to get their attention followed by asking them to walk. Other times it could be a parent playing rough with their child and the parent may want to have an additional conversation about the rule being enforced. The basic steps to enforce a rule are as follows:

1. Get the attention of the customer breaking an established pool rule.
2. Ask the patron to stop breaking the rule.
3. If needed, explain why the rule is in place.
4. If you are actively providing pool surveillance, and the customer wants additional detail or asks to speak to a supervisor, contact a supervisor immediately.

Lifeguards are expected to enforce rules uniformly and consistently regardless of who is breaking the rules. It is important to be respectful and calm when enforcing a rule. Customers are there to enjoy themselves, but sometimes they need some redirection to be safe. Lifeguards should not get into arguments with customers about rules. If a conversation gets out of control, do not hesitate to call a supervisor to help handle the disagreement.

If a customer repeatedly breaks rules, or engages in continually unsafe acts, many pools have a disciplinary policy that allows lifeguards to not allow customers in the pool for a period of time. We have found this to be an effective incentive. For example, there was an incident where two brothers were repeatedly fighting over an inner tube in a wave pool. The boys were given a warning and when the older brother decided to hit his younger brother, the lifeguard had the boy sit out of the wave pool for 5 minutes, until the waves ended. The boy was warned that he would sit out longer if it happened again and when he went back to play with his brother, there was no additional issue. If a customer continues to break facility rules, a lifeguard should ask a supervisor to help or ask the customer to leave. Below is a sample disciplinary policy for customers:

Sample Customer Disciplinary Policy

1. The Facility Management has authorized the lifeguards to suspend swimming privileges of those persons who are not following the rules for a period of up to the remainder of the day.

   The lifeguards normally will follow a three-step procedure for swimmers who violate the pools rules:

   - **First Violation**-Warning
   - **Second Violation**-Staying out of the pool for up to ten minutes.
   - **Third Violation**-Suspension of swimming privileges for the remainder of the day.

2. The Facility Management has authorized the pool manager who is on duty to suspend swimming privileges for up to ten days of those persons who are not following the rules.

3. Facility Management has the discretion to expel or suspend a customer's membership at its sole discretion for failing to follow facility rules and regulations

Serious violations may result in the guard, pool manager, or facility management imposing more serious penalties than those listed in the three step procedure.

Facility Maintenance and Fixing Unsafe Conditions

Aquatic facilities must have a process(es) in place to identify hazards and address unsafe conditions-not only for patrons, but employees. In many cases, lifeguards do not directly participate in making repairs to the facility or fixing hazards. However, lifeguards should know what the processes are. Facility management normally empowers lifeguards to help identify potential issues and provides procedures for how lifeguards should respond. Below are samples of different policies/procedures that a pool may use to help address maintenance issues and hazards around the aquatics facility.

Safety Checks and Checklists

One way to identify unsafe conditions is by using a safety checklist to identify potential problems. Normally, the checks are conducted before a facility opens, various times throughout the day, at the end of the day, or a combination of all three. Items found on the safety check should be addressed right away. If it cannot be addressed right away, facility management should be made aware immediately.

Safety checklists come in many different forms and should be specific for each facility and for each attraction. For example, if a facility has a wave pool and a water slide, the checklist for each attraction should be different and specific to the attraction. We also suggest breaking the checklist into sections that identify major and minor issues. Major issues being those that directly affect the facility (or attraction) remaining open with minor ones not affecting the facility remaining open, but should still be addressed right away. See Chapter 10 for a sample safety checklist

Hazards

If a lifeguard identifies a hazard, immediate steps should be taken to address the situation. Some issues may be simple to address, for example, a loose bolt for the lifeguard chair or a patron who vomited on the pool deck. Others may be more complex. For example, the water circulation system is no longer functioning or there was a loose fecal incident. In any of these cases, facilities should have procedures to handle various different conditions. Sections with a red header provide sample procedures on different potential issues at aquatic facilities.

Threats of violence

We do not expect lifeguards to put themselves in a position to be injured due to a violent act of a customer or fellow employee. Each facility should have procedures in place to address customers or employees who become violent. As a resource, OSHA has excellent guidelines for facilities to develop procedures. They can be found here: https://www.osha.gov/SLTC/workplaceviolence/. Since we were not able to find any procedures we felt could be used as a universal template, we have chosen not to include sample templates that deal with workplace violence. However, workplace violence procedures should include: bomb threats, active shooter, sexual assault and aggravated customer scenarios.

Customers Under the Influence of Drugs and Alcohol

Drugs and alcohol can not only affect a lifeguard's ability to perform surveillance as discussed previously. They can also impair a bather and lead to accidents or injuries. Alcohol use is involved in up to 70% of water recreation related deaths in teenagers and adults 31. Facilities should train lifeguards how to recognize and handle an impaired swimmer. This is generally something a lifeguard should not handle by himself or herself and a member of the management team must be involved in dealing with a customer who is under the influence of drugs or alcohol.

We were not able to find a good basis for a template to use in these cases and encourage facilities to create their own procedure. A good place to start would be your local law enforcement. They may have procedures in place that they tell the public when dealing with someone who may be under the influence.

Chapter 5: Emergency Response

Emergency Action Plan-The Basics

Facilities must have an emergency action plan (EAP) in place to address various potential emergencies. Think of an emergency action plan as a script or playbook. It outlines the steps to follow in case of an emergency. Each facility should have an EAP specific to their needs. This includes a plan with various scenarios.

An EAP always has three basic steps that must always be followed. First, a lifeguard must recognize an emergency is taking place. Second, a lifeguard must active the EAP, which may include calling 911. Finally, the aquatics team must respond appropriately to the emergency at hand. It is that simple. The rest of the plan is the specific details of how to respond to each type of emergency. The next sections outline sample emergency action plans and procedures for various incidents.

Notes:

- An EAP should be thought of as process, it is crucial to execute every duty or step to ensure a successful outcome.
- EAP's will be different at each facility based on its layout, features, number of staff on duty, equipment available, etc.
- Practice during in-service and training sessions. Remember, in an emergency, it is your instincts that will kick in and tell your body what to do, how you practice will greatly affect how you perform in an emergency.
- Brainstorm the worst-case scenarios. Ask yourself what you would do if the worst happened. What would you do if a child jumped in the deep end and did not resurface? Or someone runs out of the locker room and tells you that someone passed out in there? Or a lap swimmer hits his or her head on the edge of the pool? By being prepared and thinking of the worst ahead of time, you can let you instincts take over and be more confident during an emergency.

When to Call Your Local Emergency Number

In an emergency, lifeguards should call for their local emergency number ANYTIME a life threatening condition arises 32. Life threatening conditions include:

- Someone who is unconscious
- Gasping for air or not breathing
- Experiencing an allergic reaction
- Having chest pain
- Uncontrollable bleeding
- Becomes suddenly ill
- Head, neck and back (spinal cord) injuries
- Drowning or near-drowning

Notes:

- Emergency phone numbers should be listed next to every phone in your facility.
- Every phone should have a script of what to say to an emergency medical dispatcher in case 911 is called.

Roles During an Emergency

The members of an aquatics team will have different roles in an emergency and are outlined below. The roles may vary from facility to facility. We are providing some basic information:

Lifeguards

In general, lifeguards are the first line of defense in an emergency. Since lifeguards provide surveillance, they are often the ones to recognize an emergency and respond first. Duties during an emergency can include:

1. Find out the seriousness of the emergency.
2. Determine if an ambulance is needed and call, or have someone call, 911.
3. Be the primary provider of first aid or CPR to the victim.
4. Bring any additional rescue equipment to lifeguard performing the rescue.
5. Help to clear the pool if needed.
6. Assist in any first aid that is needed.
7. Help with crowd control.

Aquatics Management

Depending on the facility, sometimes the management is very active as part of the emergency response, or they can take a more administrative role of following up and conducting the after accident investigation. Aquatics management can have some of the following responsibilities:

1. Find out the seriousness of the emergency.
2. Determine if an ambulance is needed and call, or have someone call, 911.
3. Bring any additional rescue equipment to the lifeguard performing the rescue.
4. Help to clear the pool if needed.
5. Assist in any first aid that is needed.
6. Help with crowd control.
7. Lead the after accident investigation.
8. Complete reports.
9. Make decisions on when the pool will reopen.

Support Staff

Facilities large enough to have support staff, may have support staff assist during an emergency. Some of those duties can include:

1. Calling 911.
2. Help with crowd control.
3. If trained, assist with first aid or CPR once the victim(s) are removed from the pool.
4. Bring additional rescue equipment that the lifeguard(s) may need.

What Happens to a Victim When They Drown?

A drowning occurs when a victim submerges and attempts to breath. Instead of breathing in air, they breathe in water33. Generally one of two things happens when the victim inhales. Either the airway (larynx) closes or water gets into their lungs. In both cases the lungs cannot get oxygen supplied to the rest of the body. In short, the victim suffocates.

Timely Response

As was discussed earlier in the book, the two main injuries lifeguards are trying to prevent are drownings and spinal cord (head, neck and back) injuries. If one of these two incidents occurs, a timely response is of the essence. Below is a timeline of an average drowning victim from beginning of an incident to when biological death occurs and the victim can no longer be successfully resuscitated.

Please keep in mind, what is laid out below is very approximate. The actual survivability of a victim can vary depending on many factors including the age of the victim, current level of health, temperature of the water, etc.

Total Time	Time	Event
20-60 Seconds	20-60 Seconds	The victim actively struggles to keep his head above the water before he becomes unconscious.
1 min 20 sec-4 min	1-3 minutes	The heart is starting to struggle and eventually stops due to the lack of oxygen.
5 min 20 sec-10 min	4-6 minutes	Brain damage is possible.
6 min 20 sec-12 min	1-2 minutes	Brain damage is very likely.
7 min 20 sec-14 min	1-2 minutes	Biological death and there is no chance to save the victim.

As you can see, there is a very wide range of survivability and it is imperative for lifeguards to respond quickly to ensure the best possible chance for a victim to survive an emergency. In a swimming pool setting, a lifeguard should be able to reach a victim within 20 seconds of recognizing an emergency. 12

Emergency Action Plan Activity

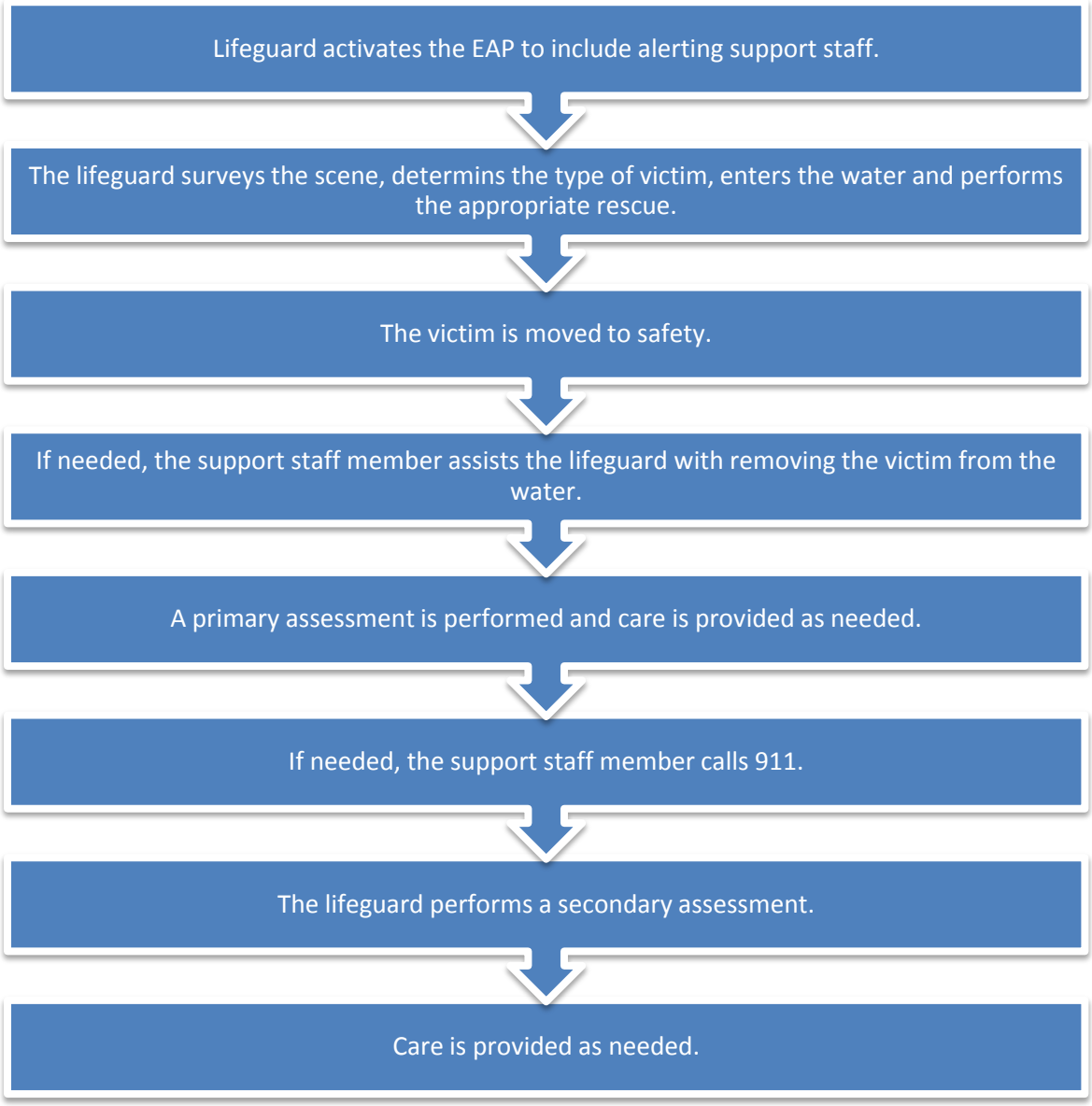
To get you thinking about emergency action plans, use the pool you drew during the area coverage activity. On the sheet below, create a sample emergency action plan for that pool including how each lifeguard would respond to an emergency.

You can use the sample emergency action plans as a guide, but you should add very specific steps based on the pool you are using. For example, if the pool you grew up in had a diving well and a rope separated the diving well and the deep end, which lifeguard would disconnect the rope so the victim can be easily swam to the shallow end during a spinal cord injury? Another example may be the specific point a victim would be removed from the water due to certain areas of the deck being too small to remove a victim.

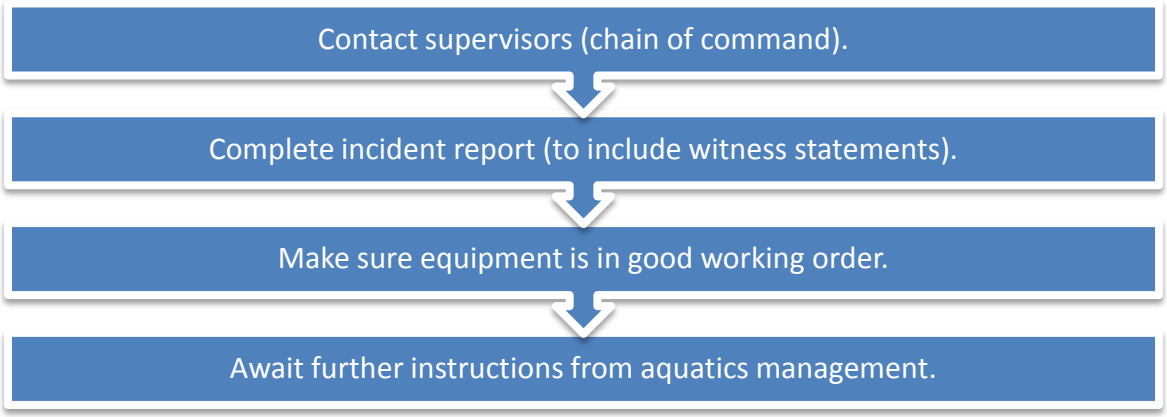
Sample Emergency Action Plans

We have compiled some sample emergency action plans for common emergencies a facility may experience. These are only basic scenarios. Facilities must establish EAPs specific to their needs and review them regularly to make sure they are up to date. Appendix B shows the sample emergency action plan we used for the 2012 U.S. Olympic Trials-Swimming in Omaha, Nebraska.

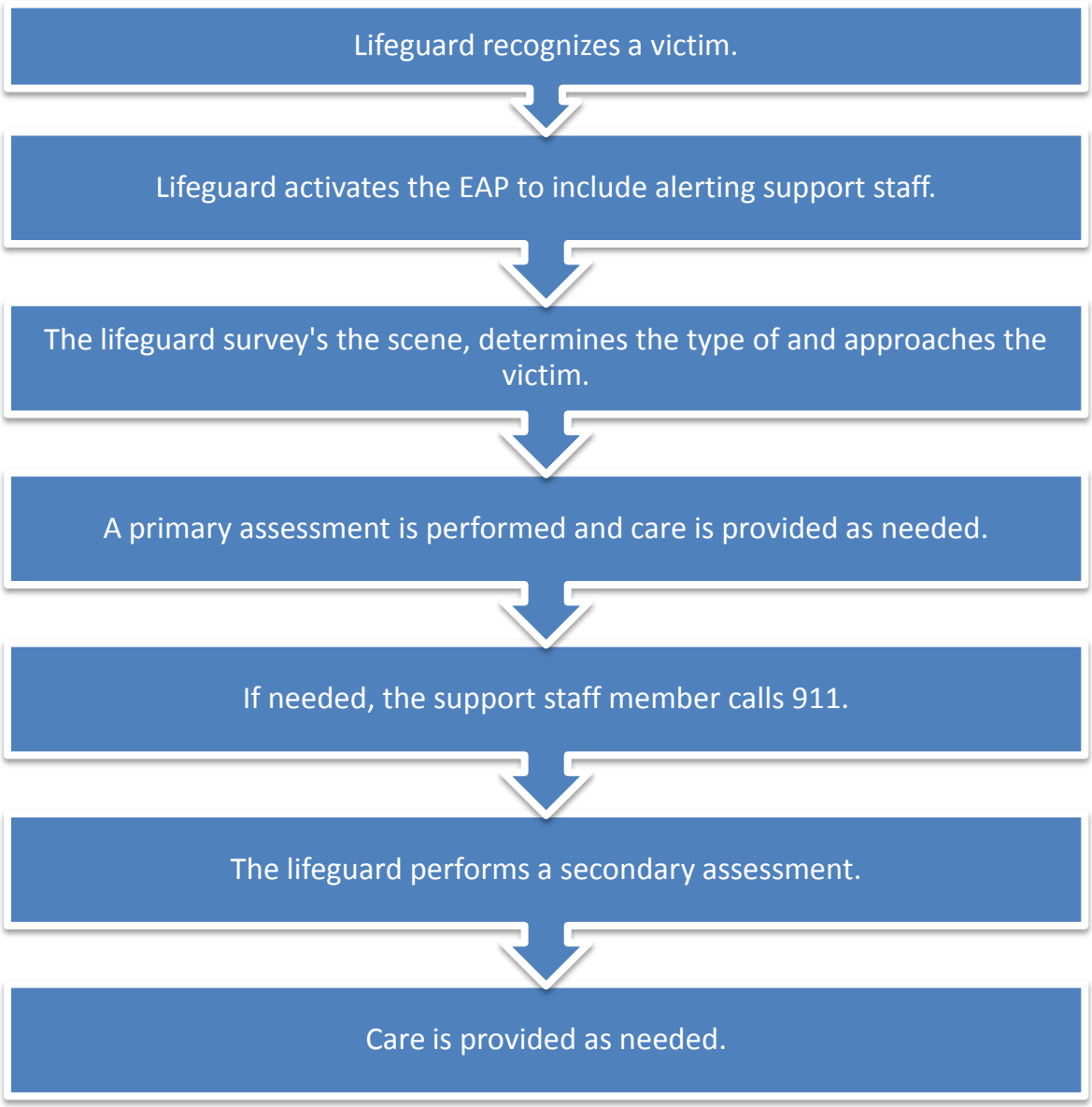
Sample In Water Emergency (Single Lifeguard Facility)



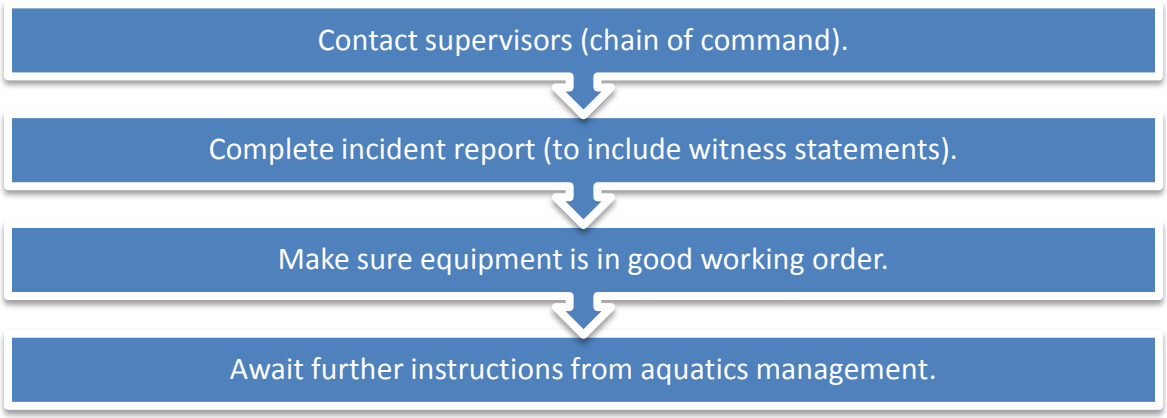
After the Emergency



Sample Out of Water Emergency (Single Lifeguard Facility)



After the Emergency



Sample In Water Emergency (Two Lifeguard Facility)

Primary Rescuer (Lifeguard)	Secondary Rescuer (Lifeguard)
Lifeguard Activates the EAP	Provide back-up coverage and clear the swimming pool.
The lifeguard surveys the scene, determines the type of victim, enters the water and performs the appropriate rescue.	Bring any needed rescue equipment to primary rescuer.
The victim is moved to safety.	

If needed, both rescuers remove the victim from the water.

A primary assessment is performed and care is provided as needed.	If needed, 911 is called.
The lifeguard performs a secondary assessment.	
Care is provided as needed.	

After the Emergency

- Contact supervisors (chain of command).
- Complete incident report (to include witness statements).
- Make sure equipment is in good working order.
- Await further instructions from aquatics management.

Sample Out of Water Emergency (Two Lifeguard Facility)

Primary Rescuer (Lifeguard)	Secondary Rescuer (Lifeguard)
Lifeguard activates the EAP.	Provide back-up coverage and clear the swimming pool.
The lifeguard surveys the scene, determines the type of and approaches the victim.	Bring any needed rescue equipment to primary rescuer.
A primary assessment is performed and care is provided as needed.	If needed, 911 is called.
The lifeguard performs a secondary assessment.	
Care is provided as needed.	

After the Emergency

- Contact supervisors (chain of command).
- Complete incident report (to include witness statements).
- Make sure equipment is in good working order.
- Await further instructions from aquatics management.

Sample In Water Emergency (Multiple Lifeguard Facility)

Primary Rescuer (Lifeguard)	Secondary Rescuer (Lifeguard)	All Other Lifeguards
Lifeguard activates the EAP.	Provide back-up coverage and clear the swimming pool.	Provide back-up coverage and clear the swimming pool.
The lifeguard surveys the scene, determines the type of victim, enters the water and performs the appropriate rescue.	Bring any needed rescue equipment to primary rescuer.	Provide crowd control and keep the area around the victim clear.
The victim is moved to safety.		
If needed, both rescuers remove the victim from the water.		
A primary assessment is performed and care is provided as needed.		If needed, 911 is called.
The lifeguard performs a secondary assessment.		Make sure there is a clear path from the entrance where first responders will arrive to the victim.
Care is provided as needed.		Have a lifeguard meet the first responders at the entrance and guide them to the victim.

After the Emergency

- Contact supervisors (chain of command).
- Complete incident report (to include witness statements).
- Make sure equipment is in good working order.
- Await further instructions from aquatics management.

Sample Out of Water Emergency (Multiple Lifeguard Facility)

Primary Rescuer (Lifeguard)	Secondary Rescuer (Lifeguard)	All Other Lifeguards
Lifeguard activates the EAP .	Provide back-up coverage and clear the swimming pool.	Provide back-up coverage and clear the swimming pool.
The lifeguard surveys the scene, determines the type of and approaches the victim.	Bring any needed rescue equipment to primary rescuer.	Provide crowd control and keep the area around the victim clear.
A primary assessment is performed and care is provided as needed.		If needed, 911 is called.
The lifeguard performs a secondary assessment.		Make sure there is a clear path from the entrance where first responders will arrive to the victim.
Care is provided as needed.		Have a lifeguard meet the first responders at the entrance and guide them to the victim.

After the Emergency

- Contact supervisors (chain of command).
- Complete incident report (to include witness statements).
- Make sure equipment is in good working order.
- Await further instructions from aquatics management.

Sample Controlling Bystanders Procedure

In an emergency, controlling a crowd of bystanders should be part of a facility's EAP. If not addressed, bystanders can interfere with a rescue or the care being provided. To provide crowd control:

- In a firm, calm voice tell bystanders to move to a location that does not interfere with a rescue or care. This also means keeping a clear path between where first responders arrive and the location of the victim(s).
- Use barriers such as ropes, chairs or cones to block areas the staff does not want bystanders to go.
- Use volunteers bystanders to help with crowd control
- If there is a public announcement system, use it to keep bystanders informed and what the staff would like them to do 17.

Notes:

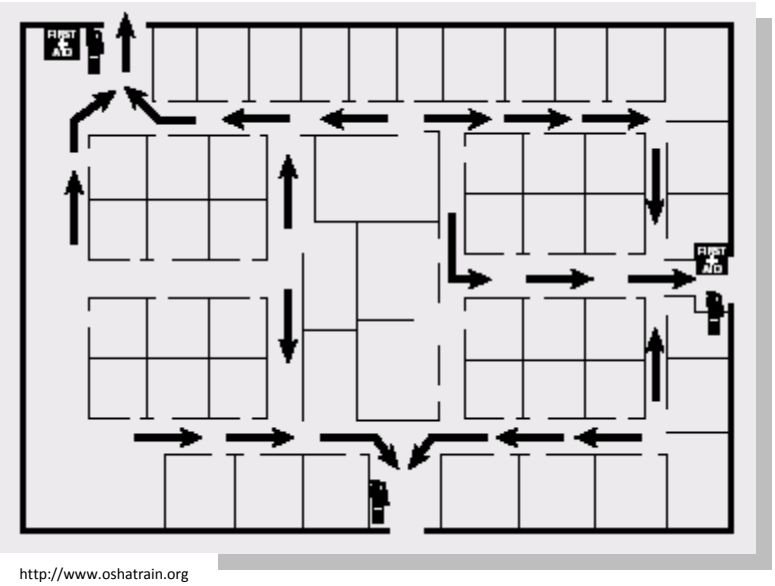
If there are not enough lifeguards to both respond to an emergency and provide patron surveillance, the swimming pool should be kept cleared of swimmers.

If the Scene Becomes Unsafe While Providing Care

If while providing care, a scene ever becomes unsafe, rescuers should remove themself from harm immediately. Every effort should also be made to help the victim(s) get to safety as well. However, the main priority is **YOUR** safety. For example, if a victim lifeguards are providing care to attempts to harm staff or other customers, lifeguards should remove themselves from harm and call law enforcement. Facilities should have procedures for this type of event.

Facility Evacuation Plans and Procedures

As part of a facility's EAP, they should also have an evacuation plan in case of fire or other emergency event. The plan should include under what conditions a facility should be evacuated, contain routes, exit points, procedures for evacuating people with disabilities or who do not speak English, and how to account for employees and customers 34. OSHA has put together an excellent tool that can be used to put together an evacuation plan. It can be found here: https://www.osha.gov/SLTC/etools/evacuation/evac.html#conditions



http://www.oshatrain.org

Chapter 6: Rescue Skills

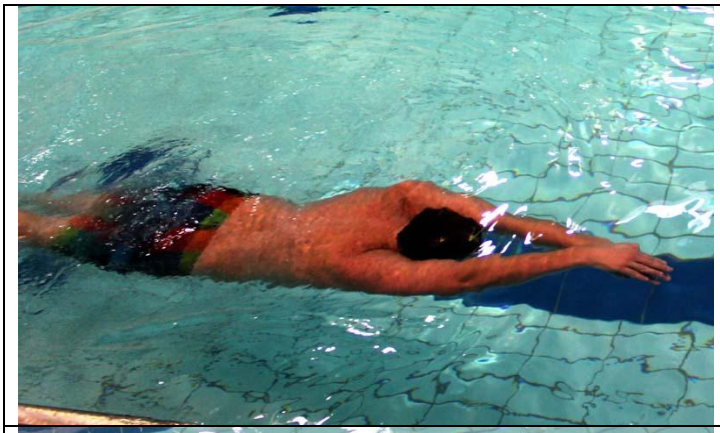
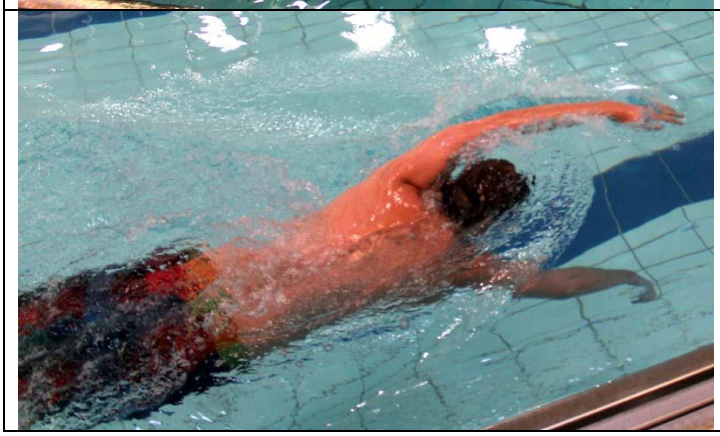
This chapter provides all the required skills for the lifeguard certification training program. Not all of the skills are required for the course completion, but most are. The additional skills, in most cases, are optional and provide different skills that may apply to some, but not all facilities. A complete list of required and optional skills can found in Chapter 1 of this book.

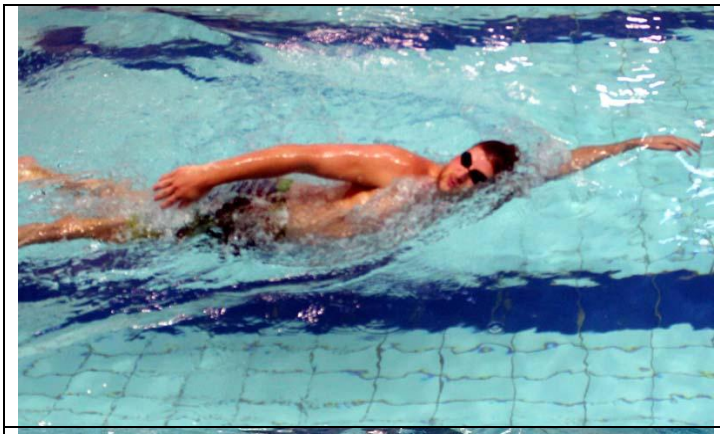
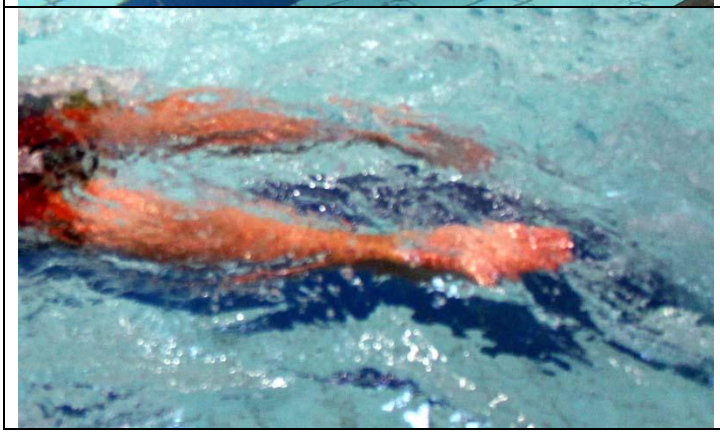
If there are skills that you would like to see included in future editions, please submit your ideas through the website at http://www.lifeguarduniversity.com. If there are modifications to current skills, we would also love to hear from you.

It is our firm belief that proficient lifeguard skills are just as important as any of the information in the book and during the class, a large amount of attention will be spent to ensure skill competency. Lifeguard instructors are empowered to only give certifications to students that not only complete the written test, but the skills as well. This means, students must show they can regularly meet or exceed skill standards during the entire course, not just during the final skill scenarios.

Prescreen Skills

Front Crawl

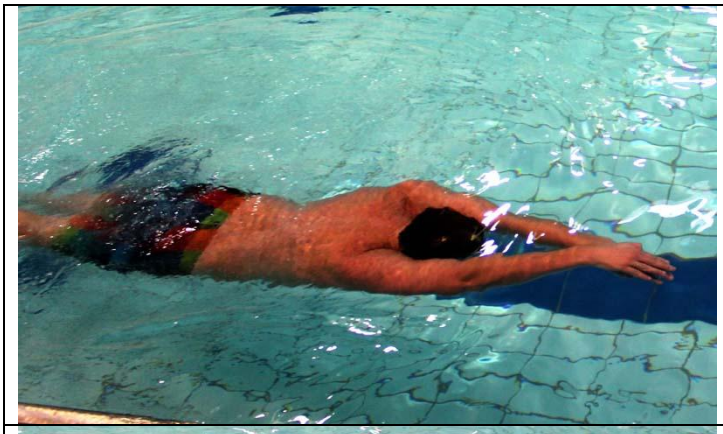
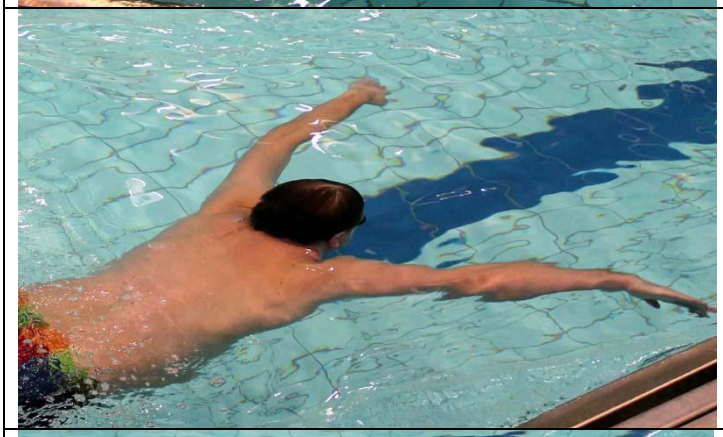
	**Start in a streamlined position**
	**Turn your palm away from yourself and then lower it in the water thumb first. The arm movement is semi circular as you move your hand towards your feet**

	**Your arm is extended past your waist and is brought out of the water and in a circular motion, (with your elbow bent) moved back to the starting position. Breathing is accomplished by rotating your body until your mouth is out of the water and a breath can be taken.**
	**As your arm outside the water passes your head, the underwater arm steps are repeated with the resting arm.**
	**For the kick, the feet move alternately in the opposite direction. The initial leg position is slightly bent as it is lifted. As you bring your leg down, the leg is straightened.**

Notes:

A video on how to swim the front crawl can be found here:
http://www.youtube.com/watch?v=EIU6yINLBt4

Breaststroke

	**Start in a streamlined position.**
	**With your palms facing out, push both hands out and bring them around like you are making a circle. Your hands should come back together in front of chest and body.**
	**As your hands start to come together, begin your kick- which is best described as kicking the way a frog would. Once your hands meet, they are thrust forward as you finish your kick back into a streamline. Breathing is done as your hands begin to finish the circle and your head is lifted straight out of the water.**

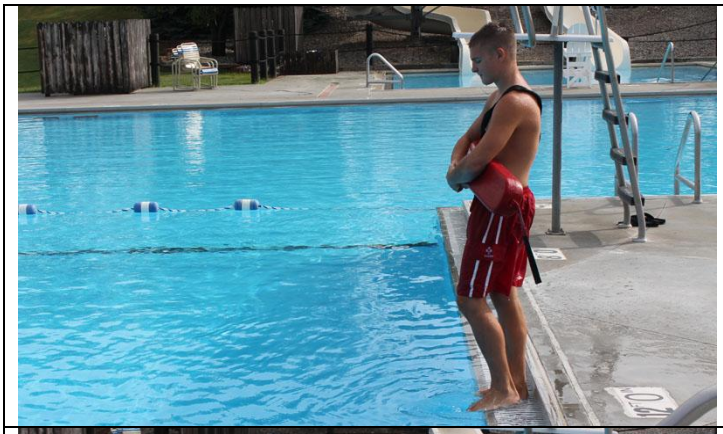
Notes:

A video on how to swim the breaststroke can be found here:
http://www.youtube.com/watch?v=HUM3Bp3n1ac

Entries

Stride Jump

A stride jump is used when lifeguards are entering the water from not more than 3 feet above the surface with AT LEAST 5 feet of water depth.

	**Begin standing on the deck with the rescue tube placed underneath your armpits with any extra strap held in your hand.**
	**Extend one of your legs out as you lean forward and walk into the pool.**
	**As your body enters the water, use a scissors kick to bring your legs together. A successful stride jump will result with your head staying above the surface of the water and never losing eye contact with the victim.**

Compact Jump

Compact jumps are the appropriate entry to use when using an elevated station and water depth is AT LEAST 5 feet deep. The other time to use a compact jump is when entering the pool from less than 3 feet from the surface If the pool depth is less than 5 feet. This entry is used assuming we will hit the bottom of the pool with our feet when we enter the water.

	**Begin standing on the deck with the rescue tube placed underneath your armpits with any extra strap held in your hand.**
	**As you jump out, bring your legs up to a seated position and keep your toes pointed straight ahead of you. Once you enter the water and make contact with the bottom of the pool, extend your legs and kick up to the surface.**

Slide In Entry

The slide in entry is generally used for head, neck and back (spinal) injuries. The concept is lifeguards want to make the least amount of surface water disruption possible to minimize the movement of a victim's spinal cord in an emergency. This skill is also used for very shallow water or if the pool is crowded and other entries are not safe.

	**Sit on the edge of the pool, slide in the water and then grab your rescue tube.**

Run Entry

This entry is used with zero depth entry pools or at a waterfront.

	**Hold the tube and any excess line with your dominant hand. Make sure to lift your knees out of the water to avoid falling over**
	**When you can no longer run (your knees can no longer be lifted out of the water, position the rescue tube underneath your armpits. Fall forward onto the tube. The tube should be positioned underneath your armpits and perform either a modified front crawl or breast stroke to reach the victim.**
	**Another option is to drop the tube once you can no longer run and let it trail behind you to reach the victim.**

Notes:

- While approaching the victim, a lifeguards should not lose sight of the victim.
- Never dive into the water while running-it could result in injury.

Approach Strokes

To reach victims, lifeguards use either a modified breast stroke or front crawl.

Breast Stroke Approach

	**The rescue tube is placed underneath your armpits as you swim a normal breaststroke-with the exception of no head submersion.**

Front Crawl Approach

	**The rescue tube is placed underneath your armpits as you swim a modified front crawl.**

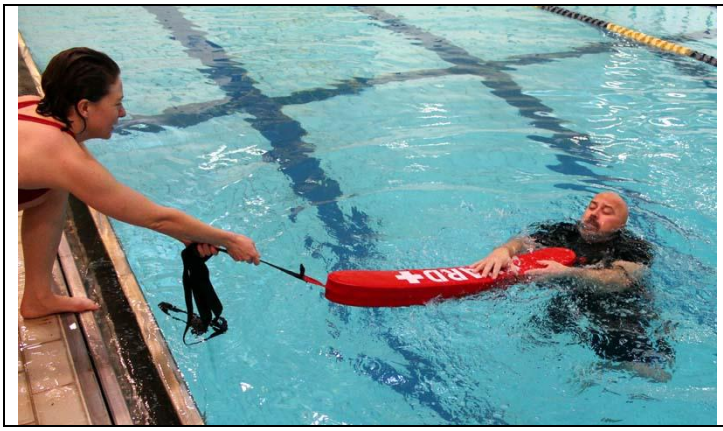
Approach with Tube Trailing Behind

	**To swim a longer distance to reach a victim, let the rescue tube trail behind you and use either breast stroke or front crawl. Within 10 yards of the victim, stop and place the rescue tube underneath your armpits before you make the appropriate rescue.**

Assists

Assists are the most common help given to patrons and are best used for distressed swimmers who need assistance. As a reminder, a distressed swimmer can call out for help and may have some ability to swim. Assists are not normally used for active or passive drowning victims.

Swim Extension from Deck

	**Remove the shoulder strap and get down on one knee. Hold the strap in one hand while extending the rescue tube to the victim with the other hand. The lifeguard should put as much weight as possible on the back leg and bring the victim to safety.**

Extension with Equipment

	**The lifeguard should position themselves to have a staggered stance with one foot in front and the other foot in back. Extend the shepherd's crook to the victim and tell the victim to grab on. Slowly bring the victim to the wall by pulling the reaching pole hand-over-hand while leaning back to prevent falling into the water.**

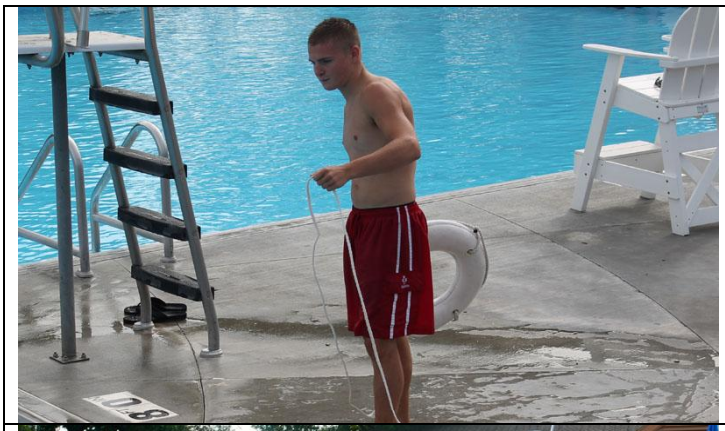
Swim Extension from in the Water

If a lifeguard cannot reach the victim from the pool deck, a swim extension rescue can be used.

	**Approach the victim from the front and extend the rescue tube. Tell the victim to grab the other end of the tube and bring them to the wall. A victim can help by kicking as the lifeguard brings the victim to the wall.**

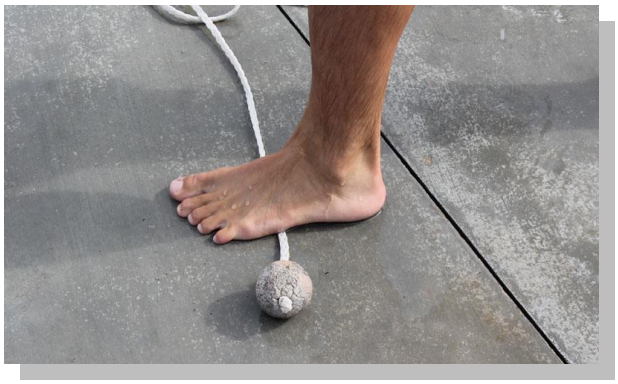
Throwing Assist (Ring Buoy)

Not all pools are required to have a ring buoy if lifeguards are present. However, a ring buoy can be effectively used to reach victims that are farther than a lifeguard's reach. Even though we have included this skill, we suggest if a victim is far enough away where a ring buoy is required, a lifeguard should just enter the water and perform a swim extension assist. The lifeguard should have the rescue tube with them anyway if performing surveillance duties.

	**Hold the ring buoy with the dominant hand-with the other hand holding the line. With the throwing hand, bring your arm up so it is parallel with the water before swinging the ring buoy behind you. As the ring buoy is brought forward (underhanded), throw the ring buoy just beyond the victim, where the line is right next to or on one of the victim's shoulders. Be sure to have a loose grasp of the line with your non-dominant hand when you throw the ring buoy. This will allow it to travel as far as necessary.**
	**Once the ring buoy has been thrown, release the remaining line in your non-dominant hand. Slowly bring in the line, hand over hand, to where the victim can grab a hold of the ring buoy.**
	**Once the victim grabs the ring buoy, reel them in. Keep your body low and lean back to avoid falling in the water.**

Notes:

- Make sure to place your foot on the end of the line for the ring buoy to prevent it from falling into the water.
- Be sure to secure the victim to the wall and help them out of the water.



Securing the Victim

	**Anytime a victim needs help making it to the side of the pool during an assist, the lifeguard makes a point to grab the victim at a wrist and hold them to the wall so they do not slip away. If a victim cannot get out by themself, lifeguards should remove the victim using the non-spinal cord victim removal procedure.**

Walking Assist

If a victim is having a hard time walking on their own, a walking assist can be used to get the victim to safety. This assist should be used on land or walking out of shallow water.

	**Stand on the side of the victim and place the victim's arm across the lifeguard's shoulder. Support the victim by placing your arm across their waist with the other hand grabbing the victim's forearm.**

Walking Assist (Two Rescuers)

	**Similar to the single lifeguard assist, place each arm across the shoulder of each lifeguard. The lifeguards then place their arm across the victim's waist, with their other hand holding the victim's forearm.**

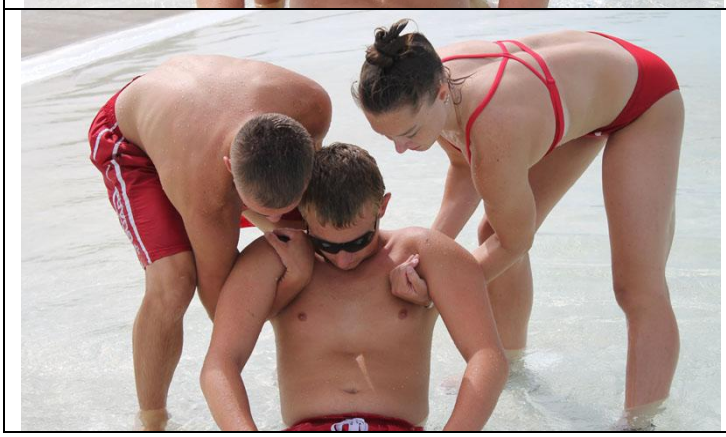
Two-Person Seated Carry

This skill is used when a victim cannot walk by themself-to include unconsciousness. Lifeguards use this skill exiting shallow water (zero depth), and on the pool deck. The two-person seated carry should never be used when a victim has a suspected spinal cord injury.

	**One lifeguard positions themselves in front of the victim grabbing the victim's legs. The second lifeguard supports the victim underneath the armpits. The two lifeguards coordinate their movement to lift the victim and move them to safety.**

Beach Drag

The beach drag is where a zero depth entry point exists. Some examples are a waterfront beach or a wave pool. This technique is used to remove someone from the water that is unconscious or unable to exit the water themselves. It is not used for a victim suffering from head, neck and back (spinal cord) injuries.

	**The lifeguard remove their rescue tube and positions his or her self behind the victim. Next, grab the victim underneath their armpits. The lifeguard should attempt to support the victim's head with their forearm as much as possible. Once set, the lifeguard walks backwards until the victim shoulders clear of the water when placed back on the ground.**
	**This skill can be used with two lifeguards where each lifeguard grabs underneath the victim's armpits and supports the victim with their other hand.**

Notes:

To prevent injury, lifeguards should use their leg strength to move the victim and avoid putting pressure on their back.

Feet First Surface Dives

To keep this course simple, we teach feet first surface dives only. All submerged victim skills will use this skill to reach the victim.

	**Once the lifeguard reaches the victim, the rescue tube is released. In almost all cases, the lifeguard should still wear their rescue tube or have the end of the strap in their hand. It really depends on the depth of the pool and or victim. The lifeguard positions themself vertically in the water and submerges.**
	**With the palms facing out and at their sides, lifeguards make an upward motion with their arms to bring their arms above their head.**
	**As momentum stops, return your arms to your sides and repeat the process until the victim is reached.**

Active Drowning Victim Rescues

Front Approach

	**Approach the victim from the front. A lifeguard then takes the rescue tube and places it underneath the victim's armpits. While keeping their arms fully extended, the lifeguard then kicks the victim to the nearest wall or designated exit point.**

Rear Approach

	**A lifeguard approaches the victim from behind and places the rescue tube at a minimum underneath the victim's back.**
	**The lifeguard pulls the victim onto the rescue tube. To prevent injury, a lifeguard should make sure their head is off to one side of the victim's to make sure they are not struck in the face by the victim when placing them on the tube.**

	**Once the victim is on the rescue tube, the lifeguard kicks to the nearest wall or designated exit point.**

Notes:

- In most cases, the ideal placement of the rescue tube is at the lower part of the victim's back. Placing the rescue tube this low does a better job of supporting the victim. It also allows the victim's feet to come up near the surface and a lifeguard has a much easier time moving a victim to the side.
- The active drowning victim skills can also be used for distressed swimmers
- Be sure to support the victim so their mouth and nose are out of the water.

Passive Drowning Victim Rescues

As a reminder, passive drowning victims can be anywhere in the pool, face up, face down, at the surface, or below the surface. They could have been an active drowning victim that became unconscious because the lifeguards did not notice them or it could have been caused by something else like a medical problem (stroke, seizure, heart attack, etc), trauma (being jumped on by someone else in the pool), alcohol use, etc. Be sure to support the victim so their mouth and nose are out of the water.

Front Approach

	**The lifeguard approaches the victim from the front. With the dominant hand, a lifeguard grabs the opposite hand of the victim.**
	**While the lifeguard begins to rotate the victim face up, the rescue tube is extended while the lifeguard pulls the victim towards him or her.**
	**The rescue tube is placed, at a minimum, past the shoulders, but ideally at the victim's lower back.**

	**The rescuer is sure to support the victim's head with their hands. The lifeguard's arms should be placed underneath the victim's armpits while kicking the victim to the nearest wall or designated exit point.**

Rear Approach

	**A lifeguard approaches the victim from behind and places the rescue tube at a minimum underneath the victim's back.**
	**The lifeguard pulls the victim onto the rescue tube. To prevent injury, a lifeguard should make sure their head is to one side of the victim's to make sure they are not struck in the face by the victim when placing them on the tube.**
	**The rescuer is sure to support the victim's head with their hands. The lifeguard's arms should be placed underneath the victim's armpits while kicking the victim to the nearest wall or designated exit point.**

Rear Approach Without a Change in Direction

	**A lifeguard approaches the victim from behind and places the rescue tube at a minimum underneath the victim's back.**
	**As the lifeguard grabs the victim, he or she rolls the victim face up while continuing to swim the in the same direction.**
	**The rescuer is sure to support the victim's head with their hands. The lifeguard's arms should be placed underneath the victim's armpits while kicking the victim to the nearest wall or designated exit point.**

Notes:

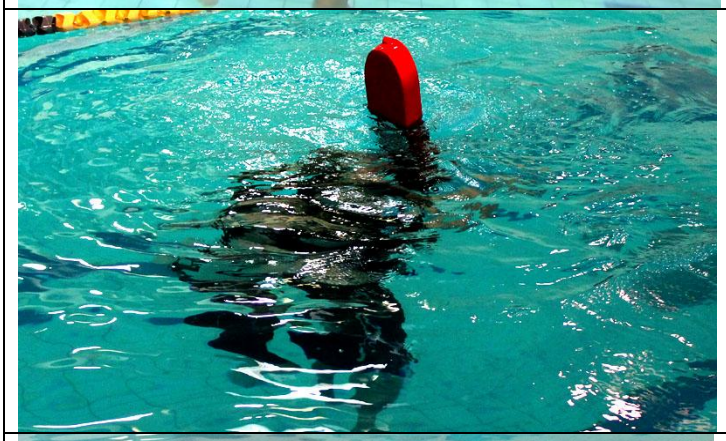
	In most cases, the ideal placement of the rescue tube is at the lower part of the victim's back. Placing the rescue tube this low does a better job of supporting the victim. It also allows the victim's feet to come up near the surface and a lifeguard has a much easier time moving a victim to the side. One way to place the victim on the rescue tube is to grab the victim underneath one armpit while placing the tube with the other arm and pulling the victim onto the rescue tube.

Shallow Water Passive Victim

	**Without taking off the rescue tube, the lifeguard submerges and grabs the victim in a head splint and brings them to the surface.**
	**If the victim is face down, roll the victim face up as they are brought to the surface.**
	**If the victim is suspected of having a spinal cord injury, follow the backboarding steps to remove the victim from the water.**
	**If the victim is not suspected of having a spinal cord injury, place a rescue tube underneath the victim and follow the steps to remove a passive drowning victim from the water.**

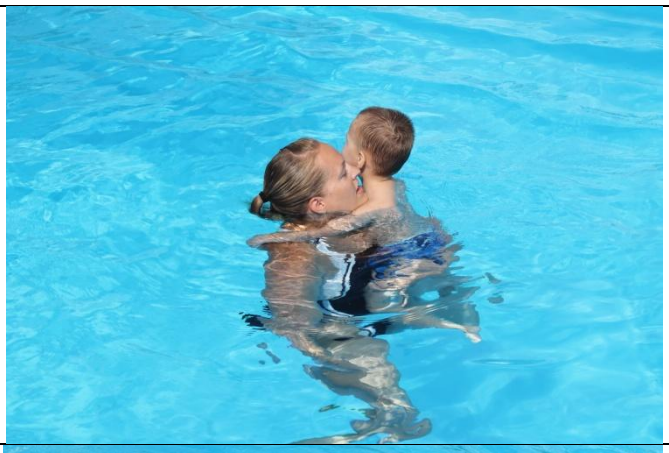
Submerged Victim

A submerged victim rescue is used anytime a victim has submerged below the water surface and lifeguards cannot reach them without submerging.

	**The rescuer starts with a feet first surface dive to reach the victim. Depending on the depth of the victim, the lifeguard may need to take off the strap and hold it in one hand to submerge. Once behind the victim, the lifeguard reaches across the victim's chest. The hand is placed underneath the armpit.**
	**Once the lifeguard has the victim secure, the rescue uses the free hand to pull on the towline. Pull the towline and place it in the same hand that is holding the victim.**
	**The lifeguard will continue to use the free hand to pull the towline and place the line in the hand holding the victim until both the rescuer and victim reach the surface.**
	**Once at the surface, the lifeguard places the rescue tube at a minimum past the victim's shoulders. The rescuer is sure to support the victim's head with their hands. The lifeguard's arms should be placed underneath the victim's armpits while kicking the victim to the nearest wall or designated exit point.**

Multiple Victims

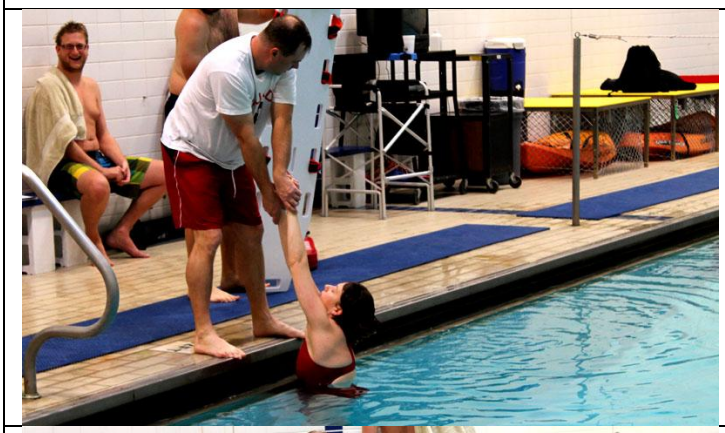
In a multiple victim scenario, ideally there should be one lifeguard to help each victim. In some cases, that is not always feasible. Two examples of when a lifeguard may see a multiple victim incident are a parent catching a child off the diving board or a swimmer gets tired and grabs another swimmer to stay at the surface of the water.

		**Approach one of the victims from behind and grab the victim's shoulder.**
		**The lifeguard places the tube between themself and the victim. In most cases, ideal placement is the victim's lower back. At a minimum, the rescue tube should be placed past the victim's shoulders.**
		**Use the rescue tube to support both victims and keep their heads out of the water. If able, kick to the wall or designated exit point. If another rescuer is available, the lifeguard should support the victims until another lifeguard can help take one of the victims.**

Removing Victims from Water

Victim Removal from Water (Non-Spinal Cord Injury)

If a victim is unconscious or otherwise unable to get out of the water by themself, lifeguards have a couple options to remove the victim. Deciding to remove a victim can depend on a variety of factors. Lifeguards should consider the victim's condition, size, how soon EMS will arrive and if anyone is available to help remove the victim from the water. If the victim needs immediate care, they should be removed from the water as soon as possible so care can be provided.

	**About 10 feet from the edge of the water, the lifeguard should start to turn the victim so they are facing the wall. The lifeguard on deck will grab the victim's right wrist with their right hand and the victim's left wrist with the lifeguard's left hand.**
	**The lifeguard who performed the rescue (or another lifeguard who is available) places the backboard in the water so the head piece lines up with the top of the victim's head.**
	**The lifeguard holding the victim rotates the victim onto the backboard at the same time as the other lifeguard starts to rotate the (feet) end of the backboard towards the surface.**

	**Once the victim is properly positioned, each lifeguard will grab the backboard with one hand, while the other hand holds the victim at the wrist. The lifeguards pull the victim out of the water making sure the backboard and victim are pulled away from the edge of the water.**

Small Person Removal

A lifeguard may not need to use a rescue tube in all cases. Sometimes a person is small enough for a lifeguard to grab them and place them on the edge of the pool. A perfect example is a small child.

	**The rescuer places one arm underneath the head and neck (unconscious victim) to support the victim or under the victim's armpits (conscious victim). The other arm is placed under the victim's knees. The lifeguard removes the victim from the water by placing them on the edge of the water.**

Notes:

- This skill should not be performed if there is a suspected spinal cord (head, neck or back) injury.
- If the victim needs to be moved or may need additional care, they should be placed on a backboard.

Head, Neck or Back (Spinal Cord) Injury In-Line Stabilization

Minimizing movement for a victim suffering a spinal cord injury is the top priority, unless the victim is not breathing and does not have a heartbeat. The techniques below minimize the movement of a victim's head, neck and back during an in-water emergency. There is not a lot of research specific to spinal cord injuries in swimming pools. However, here are a few things to keep in mind:

- Most spinal cord injuries are a direct result of diving accidents.
- Over half of the accidents happen in less than 5 feet of water.
- The victim consumed alcohol in about half the incidents.
- 86% of spinal cord injuries from swimming were male with the average age of 24 years old 35.

In short, males between 15-30, diving into shallow water and drinking about half the time suffer the most spinal cord injuries.

Face Down Shallow Water (Head Splint)

	**The lifeguard approaches the victim and places their arms over their head. This is accomplished by grabbing the victim on the upper arms, half way between the shoulder and the elbow. When done correctly, the head is secured between the arms. There should be no gap between the head and the victim's arms.**
	**Once the victim's head is secured, the lifeguard starts to move the victim forward, while rolling the victim face up.**
	**Once the victim is face up, the lifeguard should start doing a primary survey by asking the victim if they are "okay?" The lifeguard can also check for breathing, but checking for a pulse is not practical.** **If the victim is not breathing, lifeguards should remove them from the water immediately and begin CPR. If the victim is breathing, lifeguards follow the steps to place the victim on a backboard and remove them from the pool.**

Face Up Shallow Water (Head Splint)

	**The lifeguard approaches the victim and places their arms over their head. This is accomplished by grabbing the victim on the upper arms, half way between the shoulder and the elbow. When done correctly, the head is secured between the arms. There should be no gap between the head and the victim's arms.** **Once the victim is secured, the lifeguard should start doing a primary survey by asking the victim if they are "okay?" The lifeguard can also check for breathing, but checking for a pulse is not practical.**
	**If the victim is not breathing, lifeguards should remove them from the water immediately and begin CPR. If the victim is breathing, lifeguards follow the steps to place the victim on a backboard and remove them from the pool.**

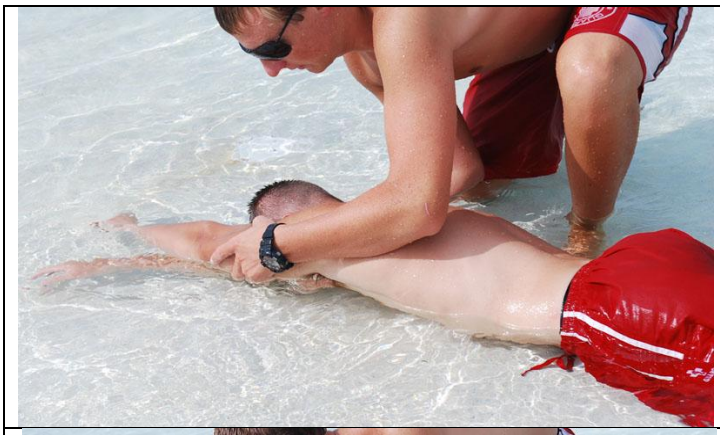
Head and Chin Support

	**The rescuer positions themself at the side of the victim, placing the hand closest to the feet on the back of the victim's head with the rescuer's forearm supporting the length of the victim's back. The hand closest to the head is positioned across the victim's chin with the forearm supporting the length of the victim's breastbone-just like supporting an infant during back blows during CPR.**
	**Once the rescuer is in position for providing stabilization, the rescuer starts to move the victim forward, while submerging and transitioning underneath the victim.**
	**Once the victim is face up, the lifeguard can perform an initial assessment and check for consciousness, breathing and circulation by placing two fingers on the victim's carotid artery.** **If the victim is not breathing, lifeguards should remove them from the water immediately and begin CPR. If the victim is breathing, lifeguards follow the steps to place the victim on a backboard and remove them from the pool.**

Submerged Head, Neck, Back Injury

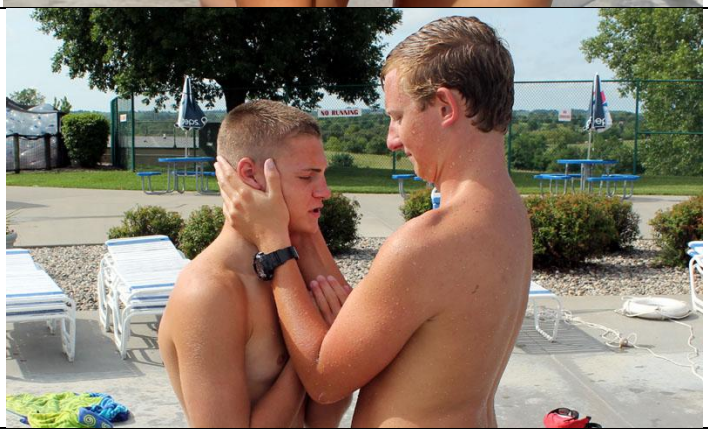
	**The rescuer starts by removing the rescue tube and does a feet first surface dive to reach the victim. While submerged, the lifeguard places the victim in a head splint and begins to kick towards the surface. The victim should be brought to the surface at an angle and following the direction of the head. For example, if the victim's head is North, then the lifeguard will bring the victim to the surface at an angle, headed North.** **If necessary, while bringing the victim up to the surface, the lifeguard rolls the victim to a face up position by the time they reach the surface.**
	**Once at the surface, a second lifeguard takes the primary rescuer's tube and places it underneath the primary lifeguard's armpits.**

Head, Neck, Back Injury in Very Shallow Water

	**A lifeguard places the victim in a head splint.**
	**Once the victim is splinted, the rescuer rolls the victim face up making sure to support the victim's head, neck and back.**
	**Once the victim is secured, the lifeguard should start doing a primary survey by asking the victim if they are "okay?" The lifeguard can also check for breathing, but checking for a pulse is not practical.** **If the victim is not breathing, lifeguards should remove them from the water immediately and begin CPR. If the victim is breathing, lifeguards follow the steps to place the victim on a backboard and remove them from the pool.**

Head, Neck and Back Injuries on Land

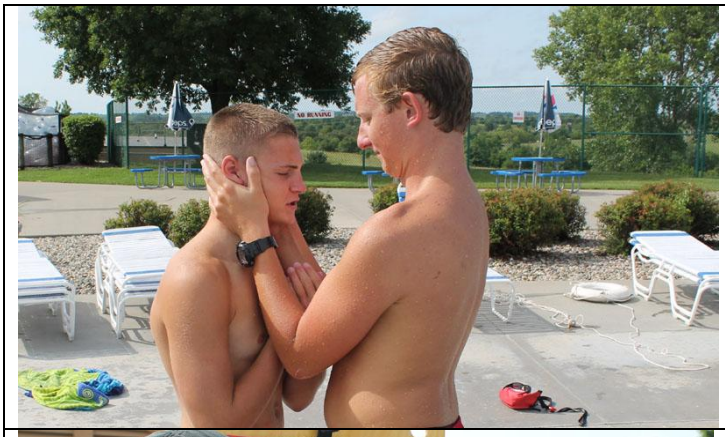
Rescuers have a couple different options to immobilize a person's head, neck or back while on land. We have provided two different options. It is not uncommon for a victim to dive into the pool, hit their head and then report to a lifeguard they have a headache or neck pain. In these scenarios, a lifeguard should assume a spinal cord injury and take the appropriate steps.

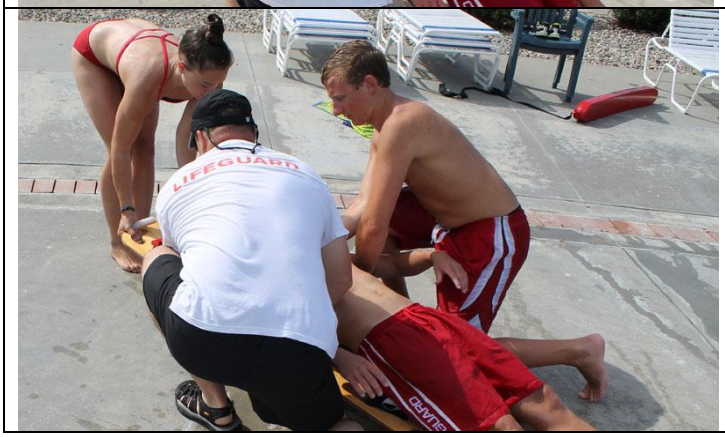
	**The lifeguard stands behind the victim and places one hand on each side of the victim's head. The lifeguard should leave the ear uncovered so the victim can hear.**
	**Another option is for the rescuer to stand in front of the victim and place one hand on each side of the victim's head. The lifeguard should leave the ear uncovered so the victim can hear.**

Applying a Backboard on Land (Standing Take Down)

Once a the aquatics team suspects a spinal cord injury, the victim should be placed on a backboard as soon as practical. One of the challenges with strapping a victim to a backboard while they are standing on land is they may not be the same height as the victim. This skill addresses that issue and allows for an efficient way to get the victim to the ground without compromising the spinal cord.

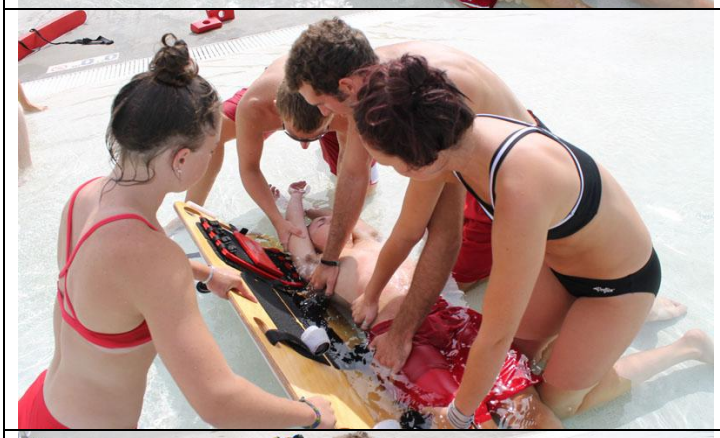
First responders are trained on adjusting a victim not position correctly on a backboard. (check the phrasing of the previous sentence) In this scenario, lifeguards should get the victim to the ground and provide care without strapping the victim to the backboard. The first responders will position the victim as they see fit before transporting the victim to a health care facility.

	**The first lifeguard positions themself in front of the victim and provides in-line stabilization.**
	**A second rescuer positions the backboard behind the victim. The third rescuer helps provide in-line stabilization by placing their outside hand on the victim's head.**
	**Both the first and third rescuer place their inside hands underneath the victim's armpit and grab the highest handle they can without moving the victim.**

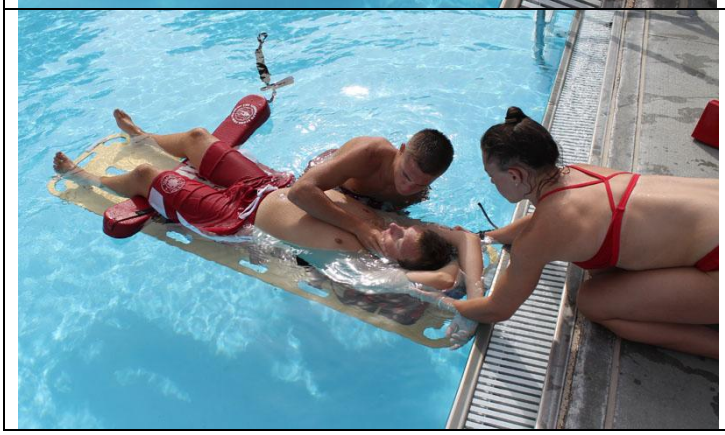
	**Once in position, the second lifeguard guides the board to the ground with the help and support of the first and third rescuer**
	**All three lifeguards work in unison to make sure the backboard and victim are lowered to the ground while minimizing any movement to the victim's spinal cord.**
	**Once the backboard is lowered, the rescuers provide care as necessary. The first step should be continuing the secondary assessment.**

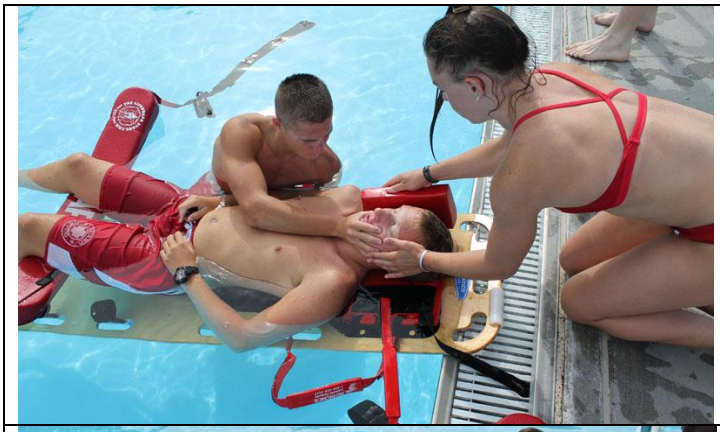
Head, Neck, Back Injury Water Removal (Very Shallow Water)

This skill is used when lifeguards cannot easily place a backboard underneath a victim. It requires at least four rescuers.

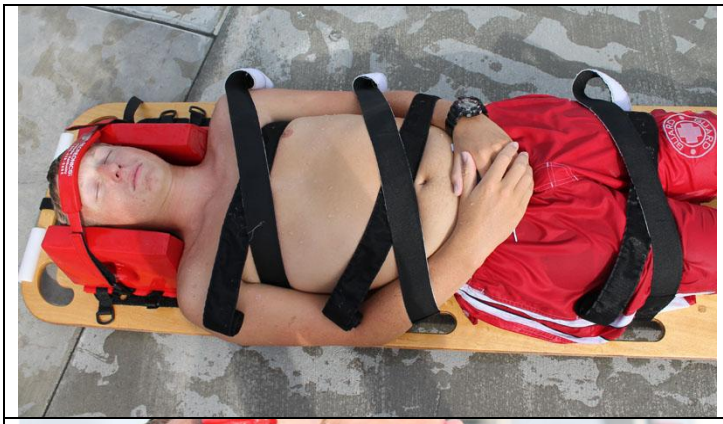
	**The first lifeguard provides in-line stabilization by using a head splint. Lifeguards two and three position themselves at the side of the victim. Lifeguard two is at the victim's chest and lifeguard three is at the victim's hips. Lifeguards two and three place their hands overlapping each other on the opposite side of the victim. Lifeguard two should have one hand on the side of the chest with the other on the hips. Lifeguard three places their hand on the victim's lower side and upper leg.**
	**The fourth lifeguard positions the backboard next to the victim with the top of the headpiece lining up with the top of the victim's head.**
	**When ready, the first lifeguard leads the other lifeguards in rolling the victim on to their side while the backboard is placed underneath the victim.**
	**Once the backboard is placed, the victim is rolled onto his or her back and strapped to the backboard.**

Head, Neck, Back Injury Water Removal (Shallow)

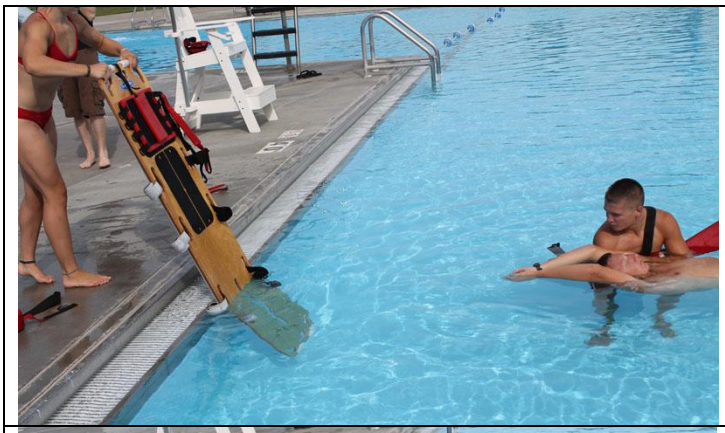
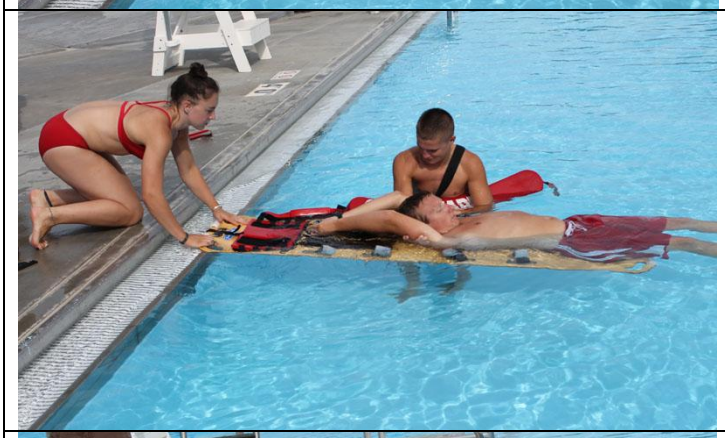
	**The first lifeguard gets the victim in a head splint position and brings the victim toward the wall or designated exit point.**
	**The second rescuer, on the pool deck, folds in the victim's arms and takes over providing a head splint.**
	**The primary lifeguard places a rescue tube underneath the victim's knees to prevent the victim from sinking.**
	**Once the rescue tube is placed, the primary rescuer places the backboard underneath the victim and provides in-line stabilization using the head splint technique.**

	**The second rescuer places both head pieces on the victim, as well as, the head straps. At a minimum, the forehead strapped must be used.**
	**The second lifeguard then takes over in-line stabilization by supporting the victim's head while the primary rescuer straps the victim to the board.** **Note:** If the pool does not have a gutter system or side to rest the backboard on, the second lifeguard supports both the victim by placing thumbs on each headpiece and the rest of the fingers underneath the board to hold the backboard out of the water. A rescue tube placed at the head of the backboard can also be used to help support the victim.
	**The primary lifeguard places one strap across the chest with the straps being placed underneath the armpits. The second strap is placed across the victim's midsection with the arms being strapped in. A third strap is place across the victim's thighs or upper legs. At this point, the lifeguard will remove the rescue tube from the back of the victim's knees** **Notes:** Some backboards come with four (4) straps. Using three (3) straps to secure the victim is required. If additional straps are available, they should be used.
	**Once the victim is secured to the backboard, the primary rescuer gets out of the water and both rescuers remove the victim from the water. To do this, each lifeguard has their inside hand holding a backboard handle while the outside hand is supporting the head piece and providing additional in-line stabilization.**

Notes:

	If the backboard is equipped with Velcro straps, the most efficient way to secure the victim is to cross the strap down the middle of the victim. If the victim is placed and secured correctly on the backboard, the victim will not slide and the head pieces will remain touching the shoulders throughout the process.
	A properly placed head piece touches the victim's shoulder. The ear hole allows the victim to hear when rescuers are talking to them.

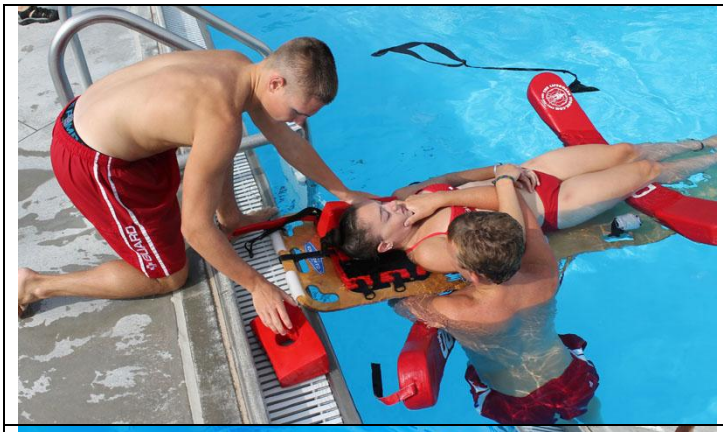
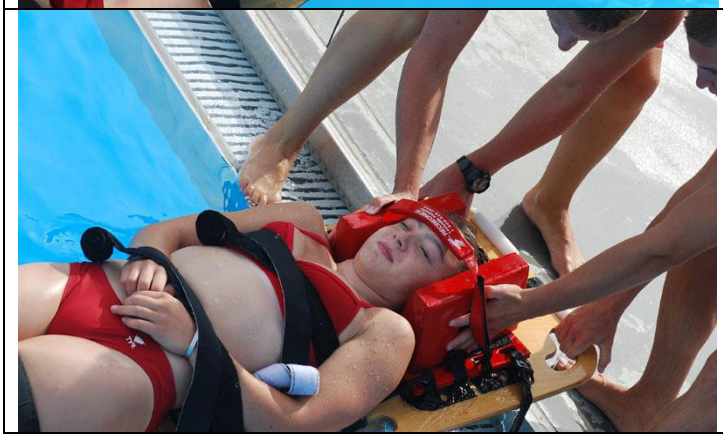
Head, Neck, Back Injury Water Removal (Shallow) Alternate Method

	**As the first rescuer brings the victim towards the wall, the secondary rescuer slides the backboard into the water with the feet end towards the victim.**
	**The primary lifeguard brings the victim onto the backboard until the victim's head is positioned properly on the head piece.**
	**Once the victim is placed on the backboard, the secondary rescuer takes over in-line stabilization and the rest of the steps of strapping the victim to the board are the same as the first method shown.**

Head, Neck, Back Injury Removal (Deep Water)

The steps to backboard a victim in water where lifeguards cannot stand are similar to shallow water backboarding. Most pools with deep water also have a shallow area. In these scenarios most facilities choose to swim the victim to the shallow part of the swimming pool to be backboarded and removed from the water. This scenario is normally only used when a victim cannot be moved to shallow water. Like in the case of a standalone diving well.

	**The first lifeguard gets the victim in a head splint position and brings the victim toward the wall or designated exit point.**
	**The second rescuer, on the pool deck, folds in the victim's arms and takes over providing a head splint. The primary lifeguard then places a rescue tube underneath the victim's knees.**
	**Once the rescue tube is placed, the primary rescuer places the backboard underneath the victim and provides in-line stabilization using the head splint technique.**

	**The second rescuer places both head pieces on the victim, as well as, the head straps. At a minimum, the forehead strapped must be used.**
	**The second lifeguard then takes over in-line stabilization by supporting the victim's head while the primary rescuer straps the victim to the board. To easily do this, the primary lifeguard throws all the straps across the victim's body and swims around the backboard to the other side.**
	**After throwing the straps across the victim, but before swimming to the other side of the backboard, the first lifeguard takes the rescue tube underneath the victim's knees and places it underneath the backboard. Next, the primary lifeguard straps the victim to the backboard. One strap goes across the chest with the straps being placed underneath the armpits. The second strap is placed across the victim's midsection with the arms being strapped in. A third strap is place across the victim's thighs or upper legs.**
	**Once the victim is secured to the backboard, the primary rescuer gets out of the water and both rescuers remove the victim from the water. To do this, each lifeguard has their inside hand holding a backboard handle while the outside hand is supporting the head piece and providing additional in-line stabilization.**

Notes:

	• If the pool does not have a gutter system or side to rest the backboard on, the second lifeguard supports both the victim by placing thumbs on each head piece and the rest of the fingers underneath the board to hold the backboard out of the water. A rescue tube placed at the head of the backboard can also be used to help support the victim. • Some backboards come with four (4) straps. Using three (3) straps to secure the victim is required. If additional straps are available, they should be used.

Head, Neck, Back Injury Water Removal (Deep) Alternate Method

	**As the first rescuer brings the victim towards the wall, the secondary rescuer slides the backboard into the water with the feet end towards the victim.**
	**The primary lifeguard brings the victim onto the backboard until the victim's head is positioned properly on the head piece.**
	**Once the victim is placed on the backboard, the secondary rescuer takes over in-line stabilization and the rest of the steps of strapping the victim to the board are the same as the first method shown.**

Escapes

Rescuing a victim in the water comes with some risk to lifeguards. If a rescue does not go very well and a victim gets a hold of a lifeguard and does not let go, lifeguards need to have tools in place to get away. This is where an escape is used. Keep in mind, if a victim is actively drowning, the last place they want to be is underneath the water. That is the safest place for a lifeguard to be and the escape route. The skills below will outline how to get away from a victim.

Front Hold Head Escape

	**If a victim grabs a lifeguard, the lifeguard takes a breath, places their hand at the victim's elbows while tucking their chin and turning their head to one side. The lifeguard then submerges to break away from the victim and swim away. The lifeguard should resurface AT LEAST an arm's length away from the victim and reattempt the rescue.**

Rear Hold Head Escape

	**When a victim grabs a lifeguard from the back, the steps are the same as if the victim grabbed the lifeguard from the front. The lifeguard takes a breath, places their hand at the victim's elbows while tucking their chin and turning their head to one side. The lifeguard then submerges to break away from the victim and swim away. The lifeguard should resurface AT LEAST an arm's length away from the victim and reattempt the rescue.**

Notes:

	If during an escape the rescue tube is between the lifeguard and the victim, the lifeguard can push the rescue tube up into the victim's chest while submerging. This keeps the victim at the surface and may help the lifeguard complete the rescue.

Chapter 7: Special Considerations for First Aid and CPR

There are a few modifications for first aid and CPR skills around swimming pools. This chapter will discuss a few of these considerations. Aquatic facilities should have procedures in place to address the modifications to standard first aid and CPR protocols to address an aquatics environment.

Airway Management

In all drowning scenarios, establishing and maintaining an open an airway is the highest priority7. An airway should be established as quickly as possible and providing early rescue breathing (even in the water), is suggested in the following scenarios:

- Shallow water
- A trained rescuer with a flotation aid in deep calm water
- Two or more trained rescuers.

During in-service training, lifeguards should practice and be proficient at in-water ventilations. Lifeguards should also practice clearing the airway of a victim, in addition to CPR skills on a regular basis to maintain proficiency. To meet the standard of care, should also regularly discuss and be able to identify the difference between a drowning victim and a possible spinal cord injury. If a spinal injury is not likely, care should be focused on airway management.

Notes:

In-water resuscitation should not be attempted in deep water by a single rescuer without a flotation aid. In those cases, a victim should be removed from the water right away.

Spinal Cord Injuries

Although first aid covers many topics, spinal cord injuries are not discussed in the detail needed for lifeguards. Signs of symptoms of spinal cord injuries include:

- Loss of movement
- Loss of sensation, including the ability to feel heat, cold and touch
- Loss of bowel or bladder control
- Exaggerated reflex activities or spasms
- Pain or an intense stinging sensation caused by damage to the nerve fibers in your spinal cord
- Difficulty breathing, coughing or clearing secretions from your lungs
- Extreme back pain or pressure in your neck, head or back
- Weakness, in coordination or paralysis in any part of your body
- Numbness, tingling or loss of sensation in your hands, fingers, feet or toes
- Difficulty with balance and walking
- Impaired breathing after injury
- An oddly positioned or twisted neck or back 36

Lifeguards should assume a victim has a spinal cord injury in the following situations:

- Any head-first entry into shallow water.
- A fall from a height greater than the victim's height.
- An injury involving a diving board or water slide.
- A person entering the water from a height, such as an embankment, cliff or tower.
- Anytime a victim is found for unknown reasons

Victims that have suffered a possible spinal cord injury should be removed from the water at first opportunity. Manual spinal immobilization should take place first. Lifeguards then place and secured the victim to a backboard and remove them from the water.

However, rescuing a victim can be made more difficult if a victim has a suspected spinal injury, but is also not breathing or lacks a pulse. In the case where a victim is in the water, not breathing and/or does not have a pulse, with a suspected spinal injury, airway management is the top priority. The guideline is to remove the victim from the water to manage the airway first. After the victim has been resuscitated, then the lifeguards would provide care to stabilize and care for a potential spinal injury7.

Notes:

Additional considerations and procedures should be in place for suspected spinal cord injuries in moving water, catch pools, very shallow water and waterslides.

Seizures in the water

A victim having a seizure in the water is a unique circumstance. Traditionally, victims should be removed from the swimming pool to provide care. In the case of a victim having a seizure, removing the victim can cause more injury than leaving them in the water until the seizure has finished. In these cases, lifeguards should place rescue tubes underneath the small of the back and at the knees of the victim and ensure the victim's head stays above water. Once the seizure had subsided, the victim can be removed from the water and the normal care steps for a seizure victim apply.

Using an AED around water

One of the reasons lifeguards should remove as many victims as possible from the pool with a backboard is for CPR procedures and using an AED. Victims should be away from the pools edge and not in contact with the swimming pool or pool deck before an AED is used to analyze and potentially defibrillate a victim. Lifeguards should always follow the manufacturer's guidelines when operating an AED. Steps should include moving the victim away from the water, remove wet clothing and drying the victim's chest. Lifeguard should make sure they and the victims are not in contact with puddles of water before the an AED is used.

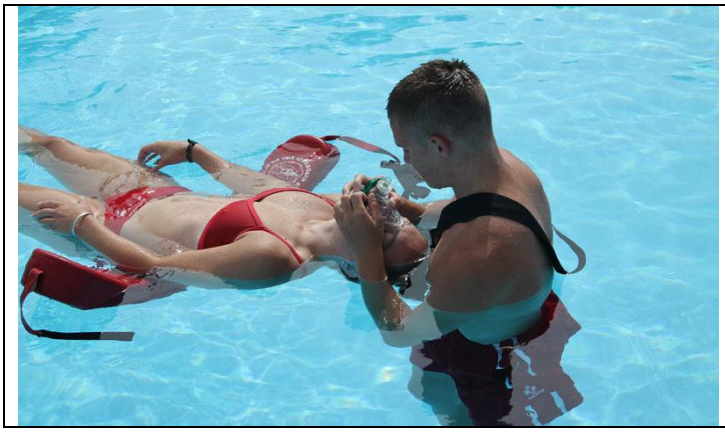
Note:

For a female victim in cardiac arrest, it is not necessary to remove the entire swim suit. To expose the chest, use scissors around the victim's belly button and cut the swim suit towards the victim's chest until it is exposed enough to dry the chest and apply the pads.

In-Water Ventilations

Quickly providing care to a victim who is in respiratory or cardiac arrest is very important. Allowing too much time to pass before care is provided can make the difference if a victim survives respiratory and cardiac arrest. As a result, we have included a skill to provide ventilations in the water prior to removing a victim. This is included based on guidelines from the 2011 United States Lifeguard Standards Coalition.

With that stated, if a facility is operating within the standard of care and has sufficient staff trained to properly remove a victim from the water, we cannot see this skill being necessary. Care can certainly be provided more effectively on land-especially for CPR. This skill is provided as being optional for the certified course, but to allow aquatics management to use the skill for in-service training. We certainly understand there may be a scenario out there that this skill may be the best alternative, we just cannot think of it-assuming the facility is operating at a high level and has adequate staff trained on how to remove a victim from the water.

	**Place the rescue tube underneath the lower part of the victim's back. Place the breathing barrier over the victim's mouth, make a seal and breath into the victim like what was learned in CPR training.**

Chapter 8: After an Emergency

After an Emergency

Once an incident/accident has been responded to, the job of a lifeguard is not over. There may be things required before a swimming pool can reopen. For example, cleaning up body fluids, making sure equipment is in working condition, or completing all required documentation. There are times that your facility may not be able to open. For example, if there is a head, neck or back injury and the victim was taken to the hospital on the facility's backboard, the facility may not be able to open without a replacement backboard.

Notes:

- We recommend writing your facility name and phone number somewhere on your backboard to make it easier to recover the backboard if a victim is taken to the hospital on it.
- Another suggestion is to find out what hospital the victim is going to. It will make it easier to find the backboard later. Generally a backboard can be recovered a few hours after the victim is taken to the hospital

When Should I Complete an Incident Report?

There is no clear cut answer to this question. Each facility should have procedures on when an incident report should be completed. We suggest a very basic rule of thumb. If any type of care was provided by the lifeguards, an incident report should be completed. For example, if a customer asks for a band-aid and they put it on themselves, no incident report is required. However, if the lifeguard applies the band-aid to the customer, an incident report should be completed.

Incident Reporting

After an emergency has happened the incident needs to be documented. Aquatics management should be involved with lifeguards to determine what happened and to interview other staff or bystanders who were involved or witnessed the emergency. We also strongly suggest pictures be taken of the area where the emergency took place as they may be helpful in determining the cause or may come up in future litigation. As you learned in first aid and CPR training, lifeguards are only a link in the chain of survival and other agencies involved will also do reporting. This may mean first responders or law enforcement, to satisfy their reporting needs, could interview lifeguards.

In any reporting, lifeguards should only list what was observed and refrain from any speculation about the incident. For example, if a victim was observed lying on the ground, holding their leg, crying, and complaining of pain on their right calf, it should be stated as such in the report. Adding a personal opinion like the victim was clearly running and not paying attention is not appropriate for a report. In the end, it may have been found that the victim was pushed to the ground and that was the cause of the calf injury.

We have included two sample incident reports, one appropriate and showing objective information being completed and another that is not completed to a satisfactory level.

Notes:

After the rescue has been conducted and advanced medical help or law enforcement personnel have taken over, the steps they took will be in their report and not necessarily needed for the report completed by the lifeguard(s).

Properly Documented Incident Report

Date of Incident: 10/25/14 Time of Incident: 10:45am

Name of Person involved in incident (Complete a separate form for incidents involving more than one person.)
Name: Ronald Stovinsky Age: 19 Gender: Male
Address: 1234 Main Street City: Lincoln State: MD ZIP Code: 12345
Phone Number(s): (402) 546-8777
Emergency Contact Name and Phone Number: Marry Ann Stovinsky (Mother) (402) 546-8798

Incident Data
Location of incident: Diving well
Description of incident: While Ronald was getting out of the water, he fell and skinned his knee on the pavement
Description of Injury (If Necessary): Ronald had an abrasion covering most of his left knee. There did not appear to be any other injuries.

Witnesses
Name: Stewy Craft Phone Number: (712)-895-8587 Email: stewman7@gmail.com
Address: 6584 Apple Street City: Lincoln State: MD ZIP Code: 12344

Name: N/A Phone Number: _____ Email _____
Address: _____ City: _____ State: _____ ZIP Code: _____

Care Provided
Was Care Provided?: Yes If So, By Whom?: Samantha Turn
Direct Pressure was applied to the injury site until bleeding stopped. A 4" by 4" gauze was placed on the abrasion and taped in place with water proof first aid tape.

Were emergency medical services (EMS) personnel called? No Time Called: N/A Time Arrived: N/A
Was the victim transported to a hospital? N/A If so, where?: _____
If no, did the victim stay at the facility?_____
If the victim is a minor, were the minor's parents contacted (if not present)? N/A

Refusal of Care:
I have been advised that I may have a medical condition(s) which may require an examination by a doctor, and I refused such medical care and or advice as has been rendered by the lifeguard staff, OR I do not believe a medical emergency exists and I require no further assistance.

Print Name N/A Signature:_____ Date:_____
(If the victim is not of majority age, a guardian must sign the form before care can be refused)

Facility Data
Number of lifeguards on duty at time of incident: 3 Number of patrons in facility at time of incident: 24
Weather condition at time of incident: Sunny and 78 Degrees
Water condition at time of incident: Chlorine was 2.5, pH was 7.5. The water was clear and the main drain was clearly visible (Picture Attached)
Deck condition at time of incident: All the deck chairs were in their correct spots, there were no obstructions in the area. The concrete was wet in the area where Ronald was injured, but there were no deficiencies in the concrete.

Name(s) of lifeguard(s) involved in incident: Samantha Turn, Bill Johnson, Stan Bowerman

Additional Notes: Ronald decided to leave the facility after the injury and care was provided.

Report Prepared By:
Name: Samantha Turn Position: Lifeguard
Signature: _____ Date: 10/25/14

Poorly Documented Incident Report

Date of Incident: 10/25/14 Time of Incident: Between 9-11am

Name of Person involved in incident (Complete a separate form for incidents involving more than one person.)
Name: Ronald Stovinsky Age:__ Gender: Male
Address: 1234 Main Street City: Lincoln State: MD ZIP Code: 12345
Phone Number(s): (402) 546-8777
Emergency Contact Name and Phone Number: Marry Ann Stovinsky (Mother) (402) 546-8798

Incident Data
Location of incident: Diving well
Description of incident: While Ronald was getting out of the water, he fell and skinned his knee on the pavement. He clearly was not paying attention to what he was doing.
Description of Injury (If Necessary): The victim skinned his knee

Witnesses
Name: Stewy Craft Phone Number: (712)-895-8587 Email: stewman7@gmail.com
Address: 6584 Apple Street _____ City: Lincoln _____ State: MD ZIP Code: 12344

Name: N/A _____ Phone Number: _____Email _____
Address: _____ City: _____ State: _____ ZIP Code: _____

Care Provided
Was Care Provided?:Yes If So, By Whom?: Samantha Turn
Direct Pressure was applied to the injury site until bleeding stopped. We stopped the bleeding and covered the wound.

Were emergency medical services (EMS) personnel called? No Time Called: N/A Time Arrived: N/A
Was the victim transported to a hospital? N/A If so, where?: _____
If no, did the victim stay at the facility?_____
If the victim is a minor, were the minor's parents contacted (if not present)? N/A

Refusal of Care:
I have been advised that I may have a medical condition(s) which may require an examination by a doctor, and I refused such medical care and or advice as has been rendered by the lifeguard staff, OR I do not believe a medical emergency exists and I require no further assistance.

Print Name N/A _____ Signature:_____ Date:_____
(If the victim is not of majority age, a guardian must sign the form before care can be refused)

Facility Data
Number of lifeguards on duty at time of incident: 3 Number of patrons in facility at time of incident: 24
Weather condition at time of incident: Sunny and 78 Degrees
Water condition at time of incident: The pool was clear
Deck condition at time of incident: The deck was clean

Name(s) of lifeguard(s) involved in incident: Samantha Turn, Bill Johnson

Additional Notes: Ronald decided to leave the facility after the injury and care was provided.

Report Prepared By:
Name: Samantha Turn _____ Position: Lifeguard
Signature: _____ Date: _____

We have highlighted the areas where the poorly documented incident report has some deficiencies. Time is important and should be as specific as possible. We encourage lifeguards to be as specific as possible about when an incident took place. This can come into play during litigation-especially if a victim was taken to the hospital. If there as a long duration between when the incident took place and when first responders were called, the facility could be liable. The description of the injury also had a personal opinion of the lifeguard that was unnecessary for the report.

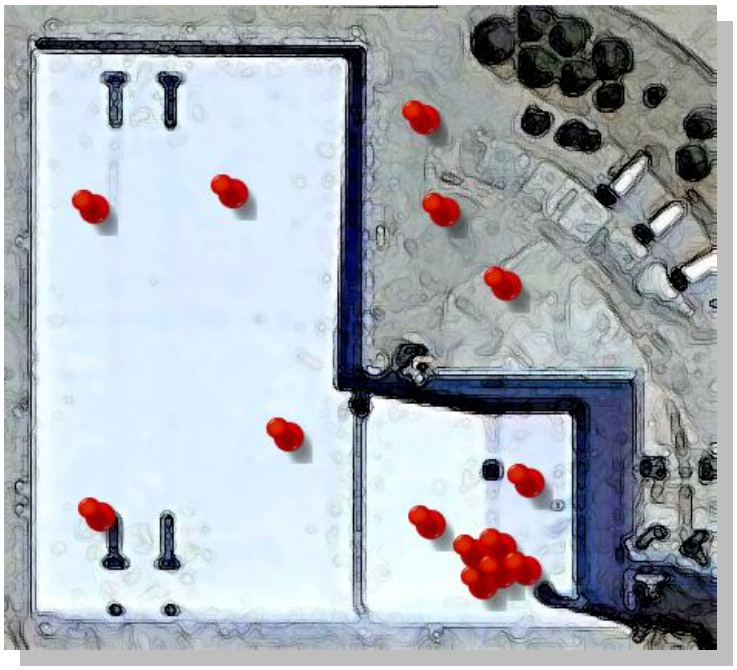
Many of the other deficiencies was a lack of detail. The sample incident was not life threatening, but still requires detailed and accurate documentation. Any time a near drowning takes place, we suggest taking a picture of main drain to prove the water quality was sufficient for the facility to be open. The incident report states that three (3) lifeguards are on duty, but only two names are listed. Who is missing? These samples should give lifeguards a good idea of what is expected when filling out an incident report. The lifeguard completing the report should also date it. That is the only way to know when the report was created.

Witness Statements

Each facility should have a form for witnesses to complete after an emergency. Witness statements should be taken from people that were involved with or observed an emergency. Aquatic facilities should have procedures in place to determine when witness statements are required and how many. For example, if 100 people observed a small child fall and scrape their knee, witness statements may not be required. However, if there was a near drowning incident and 15 people observed the rescue, a facility may ask all the witnesses to complete a witness statement. At the very least, facilities should be collecting names and contact information of any witnesses to be potentially contacted at a later time.

Mapping Accidents

An excellent tool to track potential hazards or areas where incidents are likely to occur, a facility should have a map and mark where each incident happened on the map. Below is an example:



Staff Injury or Exposure Reporting

If you or another lifeguard is injured or exposed to bodily fluids (for example blood splattered into your eyes), report it immediately to your supervisor. As discussed previously, most facilities are required to have procedures in place to deal with an injured employee, or one that has been exposed to bodily fluids. If your supervisor does not provide you with the process to seek medical care, we suggest you do so on your own and then report the incident to OSHA right away.

Discussing an Incident With the Media (or Anyone Else)

It is not uncommon for news agencies to try to interview people about an incident that happened. It is, after all, their job to report newsworthy events, both good and bad. As a professional rescuer, it is important to protect the privacy of the victim and not to divulge information about what happened. Facilities should have a protocol in place to deal with questions from the media. This includes having a designated spokesperson for the facility. If a member of the media asks you about an incident, we suggest responding this way, "I am not authorized to give out any information, please discuss your questions with the designated spokesperson." Then direct them to whomever that is. If you are not sure who that is, refer the member of the media to your supervisor.

Management's Role After an Emergency

Aquatics supervisors are generally task with the following after an emergency:

- Dealing with the media.
- Deciding if the pool will remain open.
- Ensuring the incident is reported to the proper regulatory agencies.
- Making sure all documentation is completed.
- Review the EAP and address any changes are needed.
- Conduct a staff debriefing.
- Ensure resources are available for staff susceptible to critical incident stress.

Staff Debriefing

After an incident, aquatics management should be discussing the incident with staff to review the facility's response to the incident. This is not only to rehash the incident itself, but also to address any improvement or modifications needed in the emergency action plan. The results that come out of the meeting should be topics for future in-service trainings to improve the facility's response to an emergency. The staff debriefing should not be used to assign blame for a the team's failures. In the end, the management is ultimately responsible for how well the staff handles any incident.

Critical Incident Stress

After an emergency where someone is injured or has died in relation to work at the pool or facility, staff members may encounter critical incident stress. This is a condition that may cause a person to be unable to perform their work duties. The table below is provided by OSHA and lists indicators someone is suffering from critical incident stress 37

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL
• Fatigue • Chills • Unusual thirst • Chest pain • Headaches • Dizziness	• Uncertainty • Confusion • Nightmares • Poor attention • decision making ability • Poor concentration, memory • Poor problem solving ability	• Grief • Fear • Guilt • Intense anger • Apprehension and depression • Irritability • Chronic anxiety	• Inability to rest • Withdrawal • Antisocial behavior • Increased alcohol consumption • Change in communications • Loss/increase in appetite

If a staff member is experiencing any of these indicators after a major emergency, they must contact management. After a major incident, staff will be asked to sit in on a Critical Incident Stress Debriefing to talk about how to cope with the emergency that occurred. Counselors can also be provided for those who need further stress assistance.

Chapter 9: Review Questions

Chapter 1: Before the Class

Circle the correct answer.

1. **Earning a lifeguarding certification** (means/does not mean) **someone has learned all there is to know about lifeguarding.**

Fill in the blanks.

2. **The minimum amount of time spent in the course to get a certification is _____ hours.**

Chapter 2: Introduction to Lifeguarding

Circle the correct answer.

1. **Before providing care for a conscious injured or ill victim, you must first—**
   a. Check with your supervisor to make sure it is okay to respond.
   b. Begin to write your record of what happened.
   c. Find out if you have a duty to act.
   d. Get permission from the victim.

2. **If a victim of injury or illness refuses care, you should—**
   a. Disregard their opinion and provide care anyway.
   b. Explain to the victim why they need help. If you think the victim should seek additional medical care, call for an ambulance. Make sure the incident is documented and the victim signs a treatment was refused.
   c. Interview bystanders and fill out the incident report.
   d. Tell the victim you are trained to help, your level of training and what you think may be wrong.

3. **You, the first rescuer, arrive on the scene of an injured minor whose parents are present. The 15 year old gives consent for you to treat him or her. You** (do/do not) **need consent from a parent or guardian of the teenager.**

4. **Match each term with the correct definition.**

A. Abandonment
B. Confidentiality
C. Duty to Act
D. Negligence
E. Standard of Care

___ Legal responsibility to act in an emergency while on the job.
___ The victim's right to privacy, which is protected by not sharing information learned about the victim.
___ Guidelines and expectations for professional rescuers, which may be established in part by their training program and in part by state or local authorities.
___ A failure to follow the standard of care or failure to act, which results in someone being injured or causes further harm to the victim.
___ Leaving the scene of an emergency or ceasing to provide care for a victim who requires ongoing care before someone with equal or greater training arrives and takes over.

Place a check next to the correct answer or answers.

5. **Which of the following situations would require obtaining consent from the individual or from a parent or guardian before providing care?**

___ An unconscious victim of a head injury.
___ A person who is conscious with a minor open wound.
___ A person who is currently conscious but previously was unconscious, according to his friend.
___ A child who is with his parents but is unconscious from an accident.
___ A person who can talk and can give information regarding his or her injury or illness.
___ An unconscious child at a lakefront who carpooled with another family but whose parents or guardian cannot be located.
___ A college student who is confused and was seriously injured during a nonfatal submersion.

Circle true or false.

6. True False **Good Samaritan laws protect people from legal liability resulting from a victim's injury if they act in good faith and provide care outside of their level of training.**

Fill in the blank

7. When using the SODAS decision-making model applied to lifeguarding decisions, SODAS means—

S_____.
O_____.
D_____.
A_____.
S_____.

8. The two most serious aquatic emergencies to prevent are _____ and _____, _____ and _____ (spinal cord) injuries.

Short Answer

9. List at least three responsibilities that a lifeguard should expect from management regarding safety.

10. What is a lifeguard's primary responsibility?

11. How can management ensure a good lifeguard team for their facility?

Chapter 3: Surveillance and Scanning

Circle the correct answer.

1. The guidelines for effective scanning include all of the following EXCEPT—

a. Visual scanning should be done with maximum head movement ensuring the lifeguards can see their entire area of responsibility. This includes the bottom of the pool, as well as, the pool surface.
b. Keep your scanning technique flexible and vary scanning direction every few minutes.
c. Scan your entire area of responsibility. In many cases lifeguards spend most of the time scanning only what is in front of them.
d. Keep distractions to a minimum.
e. Spend more time and attention on patrons who are good swimmers, since they tend to have problems quickly but quietly.

2. If a lifeguard is asked a question during patron surveillance, he or she should—

a. Ignore the patron.
b. Quickly explain that you cannot look at the patron while talking, but you are still listening.
c. Refuse to answer the patron's question, telling him or her to wait until you are on break.
d. Stop scanning, answer the question in less than 30 seconds and then return to surveillance duty.

3. What are the three types of coverage for a lifeguard's area of responsibility involved in patron surveillance?

a. Area coverage, overlap coverage and total coverage
b. Total coverage, back-up coverage and area coverage
c. Total coverage, back-up coverage and zone coverage
d. Zone coverage, area coverage and overlap coverage

4. When performing patron surveillance at an outdoor aquatic facility, a lifeguard should clear everyone from the water—

a. At the first sound of thunder or sighting of lightning.
b. Upon hearing a thunderstorm warning for the area on the NOAA Weather Radio All Hazards network.
c. When less than 5 seconds lapse between hearing thunder and seeing lightning.
d. When thunderhead clouds are seen overhead.

5. Match each term with the correct definition.

A. Active drowning victim
B. Distressed swimmer
C. Passive drowning victim
D. Swimmer

____ The person makes little or no forward progress in the water. The person might float, scull or tread water. Depending on the means of support, the body position might be horizontal, vertical or diagonal. The face is usually out of the water and he or she can call for help.
____ In most cases the person's arms and legs work in a coordinated and effective way. The body position is nearly horizontal, and there is some breath control. The person is able to make recognizable progress through the water.
____ The person might float face-down, at or near the surface, or might sink to the bottom.
____ The person struggles to keep the face above water in an effort to breathe. The arms are extended to the side, pressing down for support. The body position is vertical with no supporting kick. The person might continue to struggle underwater.

Circle true or false.

6. True False **Be sure to scan carefully when a swimming pool is crowded. A victim can be obscured by other customers and a lifeguard may only see partial a victim struggling.**

7. True False **Weather affects the safety of swimmers both indoors and outdoors.**

Place in sequence.

8. Place in sequence the four steps necessary to relieve a lifeguard at an elevated station.

___ Once the current lifeguard is off the station and is able to continue surveillance, the relieving lifeguard takes his/her place at the station.

___ When the relieving lifeguard is set and able to continue scanning the area of responsibility, the first lifeguard can now move to the next station

___ The relieving lifeguard takes a position where he/she can maintain surveillance until the lifeguard currently assigned the station can transition from the station

Fill in the Blanks

9. After clearing the pool due to severe weather, the National Lightning Safety Institute recommends lifeguards wait _____ minutes from the last sound of thunder or last sighting of lightning before letting patrons back into the water.

10. The RID factor is summarized as—

a. **The failure of the lifeguard to _____ the instinctive drowning response.**
b. **The _____ of secondary duties on the lifeguard's primary responsibility of patron surveillance.**
c. **_____ from surveillance duties.**

11. An active drowning victim usually stays at the _____ for only 20 to 60 seconds

Short Answer

12. A passive drowning can result from a variety of conditions that can lead to a loss of consciousness. List at least four possible conditions.

13. At a facility with play structures, effective surveillance depends upon several factors. List at least four effective surveillance factors specific to play structures.

14. What is one important reason lifeguards at an indoor facility should be aware of approaching severe weather?

15. What is a common problem facing lifeguards on surveillance duty at an outdoor aquatic facility when heavy rain or high winds occur?

Chapter 4: Operations and Procedures

Circle the correct answer.

1. **When performing patron surveillance, always keep the rescue tube ready to use and—**
   a. Hold the excess line to keep it from getting caught in the chair or other equipment.
   b. Hold the rescue tube to your side when standing or on roving patrol.
   c. Keep the strap in your hand, ready to put over your shoulder and neck.
   d. Place the rescue tube next to you when sitting in the lifeguard chair.

2. **Rules common to the use of facility equipment and play structures include all of the following EXCEPT—**
   a. Do not climb on lifeguard stands or towers.
   b. Do not sit or hang on lane lines or lifelines.
   c. Enter, ride and exit the slide head-first.
   d. One person at a time on the diving board.

3. **Which of the following rules are common for diving boards?**
   a. Only one bounce allowed on the diving board.
   b. Only one person on the diving board at a time.
   c. Swim immediately to the closest ladder or wall.
   d. All of the above.

4. **If a patron continues to break facility rules—**
   a. You may need a supervisor or manager to resolve the problem, or give a warning that continued behavior will result in the patron being asked to leave.
   b. You must immediately call the police.
   c. You should allow them to get hurt, they would not listen anyway.
   d. You should immediately have them removed from the facility.

5. **Safety checks should be conducted—**
   a. Before opening and after closing the facility.
   b. Before opening the facility and during operations.
   c. Before opening the facility, during daily operations and at closing.
   d. Several times a day when you are not on surveillance duty.

Place a check next to the correct answer or answers.

6. **The Hazard Communication Standard has rules about hazardous chemicals to prevent injury and illness caused by an exposure. According to the standard, employees have a right to know—**

____ What chemicals a facility should purchase. ____ Which chemicals employees may not have to handle.
____ Which hazardous chemicals are in the facility. ____ How to identify chemical hazards at the employee's facility.
____ What to do if they or others are exposed to such hazards.

Circle true or false.

7. True False **If a patron is visiting a facility for the first time, lifeguards should be willing to give the person a break if he or she does not follow a rule.**
8. True False **Management is required to provide all employees with information and training about the chemicals stored and used at their workplace, if their jobs involve handling such items.**
9. True False **A lifeguard who follows the OSHA Bloodborne Pathogens Standard eliminates the risk of disease spreading from one person to another from bloodborne pathogens.**

10. **Why is it important that a lifeguard enforce rules at his or her aquatic facility?**

Chapter 5: Emergency Response

Place a check next to the correct answer or answers.

1. Examples of life-threatening conditions include—

____ Sunburn.
____ Nonfatal submersion.
____ Broken finger.
____ Unconsciousness.
____ Laceration to the cheek.
____ Sprained ankle.
____ Heart attack.
____ Severe bleeding.
____ No breathing.
____ Broken tooth.
____ Injuries to the head, neck or back.

2. Responsibilities of the aquatic safety team members during an emergency may include—

____ Stocking the first aid kit.
____ Summoning EMS personnel.
____ Taking head counts.
____ Providing back-up coverage
____ Running a lifeguard challenge.
____ Controlling bystanders.
____ Controlling bystanders.
____ Clearing the pool or facility.
____ Scheduling staff.
____ Performing or assisting with a rescue.

Circle true or false.

3. True False **A drowning happens when a person suffocates in the water.**

4. True False **With guidance, bystanders can help during an emergency.**

5. True False **An EAP does not state who gets the equipment and how to get it to the injured victim because that is practiced during in-service training.**

6. True False **The EAP at a rural waterfront should factor in a longer response time than an aquatic facility in the middle of a city.**

7. True False **After a victim has received care and has been released to EMS personnel, lifeguards and other members of the safety team still have several tasks to complete.**

8. True False **The decision to reopen a facility following a significant incident may depend upon whether enough lifeguards are ready to go back to surveillance duty.**

9. True False **Following a significant incident, only lifeguards actually involved in the incident, management or a designated spokesperson should talk to the media or others about the incident.**

10. True False **To learn what the lifeguard team members should expect from one another, team members must communicate and practice the facility's EAP together.**

Circle the correct answer.

11. The aquatic safety team includes all of the following EXCEPT—

a. Concessions staff.
b. Hospital staff.
c. Lifeguards.
d. Swimming instructors.

12. What important information should be posted on or near all telephones in your aquatic facility?

a. Emergency numbers
b. Hours of operation
c. Staff work schedule
d. Facility course schedule

13. **Controlling bystanders during an emergency is a responsibility of a lifeguard or other member of the aquatic safety team. Controlling bystanders might involve—**
    a. Only assigning one lifeguard or aquatic safety team member to manage bystanders.
    b. Keeping bystanders and any children away from the water's edge if the facility is cleared.
    c. Repeating your commands and requests only if the crowd asks for an explanation.
    d. Using a firm voice to yell to the patrons to stay back.

14. **You are caring for a victim in an emergency who may have ingested drugs. The victim suddenly becomes hostile, violent and threatening. As a lifeguard, what should you do?**
    a. Attempt to restrain the victim until he or she calms down
    b. Continue to attempt to treat the victim because he or she needs your care
    c. Leave the scene, it is too dangerous to remain on site
    d. Remove yourself from harm, observe the victim and wait for law enforcement to arrive

Short answer.

15. **What is an EAP?**

16. **Following an emergency at your facility, after the victim has received care and has been released to EMS personnel, list at least five tasks you need to complete.**

Chapter 6: Swimming Pool Rescue Skills

Circle the correct answer.

1. **Under which of the following circumstances would you use a submerged victim rescue?**
   a. When the drowning victim has another victim holding onto them.
   b. When the drowning victim is below the surface and beyond your reach.
   c. When the drowning victim is far from shore.
   d. When the drowning victim is just below the surface.

2. **An active drowning victim rear rescue can be used for—**
   a. A distressed swimmer.
   b. A submerged victim.
   c. A victim just under the surface of the water.
   d. An active drowning victim or a distressed swimmer.
3. **When performing a two-person removal from the water using a backboard, how can the rescuers keep the backboard in place so that it remains in-line or parallel to the victim's body to ensure that the victim does not come off the board during removal?**
   a. By lifting the backboard from the water very quickly
   b. By moving the victim onto the backboard as quickly as possible
   c. By placing his or her foot closest to the backboard against the edge of the board
   d. By pressing down evenly with the opposite hands on the backboard

4. **Match each term with the correct definition.**

A. Compact jump
B. Run-and-swim entry
C. Slide-in entry
D. Stride jump

____ Used when the lifeguard is more than 3 feet above the water, but only if the water is at least 5 feet deep. Can also be done from a pool deck into the water.
____ Used in shallow water; crowded pools; or when a victim with a head, neck or back injury is close to the side of the pool or pier.
____ Used to enter the water from a gradual slope, such as a shoreline or wave pool.
____ Used with a rescue tube only if the water is at least 5 feet deep and the lifeguard is no more than 3 feet above the water.

Circle true or false.

5. True False **Assists are the most common help given to patrons, especially at waterparks.**

6. True False **When completing the passive submerged victim rescue in deep water, if the victim is deeper than the strap and towline can extend, release the strap and towline, grasp the victim, push off the bottom (if possible) and kick to the surface.**

7. True False **A multiple-victim rescue is controlled best by one rescuer.**

8. True False **If the victim of a head, neck or back injury in the water is not breathing, immediately remove the victim from the water using a backboard.**

9. True False **Do not use the rescue tube for support when performing the head and chin support on a face-down victim in deep water.**

10. True False **Lifeguards may have to modify the care provided to a person with a head, neck or back injury.**

11. **Place in the correct sequence the eight steps necessary to rescue a person with a head, neck or back injury in the water.**

____ Provide emergency care as needed
____ Remove the victim from the water
____ Check for consciousness and signs of life
____ Perform an appropriate rescue
____ Activate the facility's emergency action plan
____ Assess the victim's condition
____ Safely enter the water
____ Move the victim to shallow water whenever possible

Fill in the blanks.

12. An _____ should be used if a rescue tube is lost in a rescue where the victim grabs the lifeguard.

Short answer

13. List the steps to perform an escape immediately after the victim grabs a lifeguard.

14. List at least three things to consider when deciding to remove a victim from the water.

15. In what circumstances would a lifeguard use a feet-first surface dive when performing a rescue?

16. List the four options lifeguards can use to remove a victim from the water.

17. You are performing an active drowning victim rear rescue. After squeezing the rescue tube between your chest and the victim's back, why do you turn your head to one side before leaning back and pulling the victim onto the rescue tube?

18. List two reasons why properly positioning the victim on the rescue tube is important when performing a water rescue?

19. List at least five situations in which a head, neck or back injury may occur in the water.

20. When strapping a victim to a backboard, where and in what order should the three straps be placed?

21. List, in order, the steps to perform the head and chin support skill on a face down victim at or near the surface of the water.

Chapter 7: Special Considerations for First and CPR

Circle the correct answer.

1. **What steps should be taken to use an AED on a victim who has been removed from the water and who is not moving or breathing and has no pulse?**
   a. Move the victim away from the water.
   b. Dry the chest.
   c. Remove any wet clothing.
   d. Make sure the victim and rescuer are not in contact with puddles before using the AED.

Fill in the blanks.

2. **Lifeguards should always assume that a head, neck or back injury occurred in the following situations—**
   a. **Any _____ entry into shallow water.**
   b. **A fall from a height _____ than the victim's height.**
   c. **An injury involving a _____ board or water slide.**
   d. **A person entering the water from a _____, such as an embankment, cliff or tower.**

Short answer.

3. **List the signs and symptoms of a possible spinal cord injury may include—**

4. **List four specific situations in various aquatic facilities that would require special considerations for caring for a victim of a head, neck or back injury?**

5. **You are providing care for a victim of a seizure in the water. List the steps you would take to provide care for the victim.**

Chapter 8: After an Emergency

Circle true or false.

1. True False **Since accuracy is important in completing your agency's accident reports, remember to record facts, names and personal opinions and feelings when completing the forms.**

2. True False **A lifeguard may not recognize that he or she is suffering from critical incident stress following a significant incident.**

Short answer.

3. Provide two important reasons for documenting an injury or incident.

4. List the duties management is responsible for after an emergency

5. List four situations that are considered critical incidents and may lead to health problems for lifeguards.

Circle the correct answer.

6. If EMS personnel take the victim to the hospital on the facility's only backboard, the facility (may/may not) **be reopened.**

7. What is the purpose of a staff debriefing?

a. Examine what happened.
b. Assess the effectiveness of the EAP.
c. Consider new ways to Prevent similar incidents in the future.
d. Be alert for Critical Incident Stress reactions.

First Aid

Fill in the blanks.

1. **During _____, body temperatures drop below 95°F.**

2. **Always summon EMS personnel if a victim of a diabetic emergency does not feel better within about ___ minutes after taking sugar.**

3. **Insect stings can be fatal for some people who have severe _____ reactions. This reaction may result in a(n)_____ emergency.**

4. **If you suspect a person has been poisoned, call the _____ at 1-800-222-1222 or 402-955-5555.**

5. **Signs and symptoms of shock include—**
   a. **_____ or irritability.**
   b. **Altered level of _____.**
   c. **Pale or ashen, cool, moist _____.**
   d. **Nausea or _____.**
   e. **Rapid _____.**
   f. **_____ pulse.**
   g. **Excessive _____.**

6. **If a tooth is knocked out, put a sterile _____ in the space left by the tooth. Have the victim _____ down on it gently to put pressure on the dressing. Preserve the tooth by placing it in _____ and keep it with the victim. Handle the tooth by the crown (white part), not the root.**

7. **Take the following steps to care for someone suffering from a heat-related emergency—**
   a. **Move the victim to a _____ place.**
   b. **_____ tight clothing.**
   c. **_____ perspiration-soaked clothing.**
   d. **Apply cool, wet _____ to the skin.**
   e. **Fan the _____.**
   f. **If the victim is conscious, give him or her small amounts of _____ _____ to drink.**

8. **The signs and symptoms of frostbite include—**
   a. **A lack of _____ in an affected area.**
   b. **_____ that appears waxy, _____ to the touch or discolored (flushed, white, yellow or blue).**

Circle the correct answer to the question.

9. **To minimize the effects of shock, you should do all of the following EXCEPT—**
   a. Control any external bleeding.
   b. Have the victim lie down and elevate the legs about 12 inches if a head, neck or back injury or if broken bones in the hips or legs are not suspected.
   c. Give the victim warm beverages to sip.
   d. Keep the victim from getting chilled or overheated.

10. **Take all of the following steps to care for an embedded object EXCEPT—**
    a. Do not remove the object.
    b. Place a bandage over the object.
    c. Place several dressings around the object to keep it from moving.
    d. Summon EMS personnel.

11. **The victim of a heat-related emergency starts to lose consciousness. What should you do after you summon EMS personnel?**
    a. Continue to check for breathing and a pulse.
    b. Continue to cool the victim by using ice or cold packs on his or her wrists, ankles, groin and neck and in the armpits.
    c. Move them to an air conditioned room
    d. Both a and b

12. To provide care to a victim of a nosebleed, have the victim lean (forward/backward) **and pinch the nostrils together until the bleeding stops.**

13. Match each term with the correct definition.

A. Diabetic emergency **B. Fainting** **C. Seizures** **D. Poisoning** **E. Stroke**

_____ Too much or too little sugar in the blood.
_____ Weakness or numbness usually on one side of the body, slurred speech or blurred vision.
_____ Any substance that can cause injury, illness or death when introduced into the body.
_____ Suddenly losing consciousness and then reawakening.
_____ A condition recognized by uncontrolled, jerking body movements.

14. Match each term with the correct definition.

A. Abrasion **B. Laceration** **C. Avulsion** **D. Puncture**

_____ A cut in which a piece of soft tissue or even part of the body, such as a finger, is torn loose or is torn off entirely. Often, deeper tissues are damaged, causing significant bleeding.
_____ A wound in which the skin has been rubbed or scraped away. The area usually is painful.
_____ Often does not bleed a lot and can easily become infected. Bleeding can be severe with damage to major blood vessels or internal organs.
_____ Cuts bleed freely and deep cuts can bleed severely. Deep cuts can damage nerves, large blood vessels and other soft tissues.

15. Match each term with the correct definition.

A. Anatomic splints **B. Soft splints** **C. Rigid splints** **D. The ground**

_____ Boards, folded magazines or newspapers or metal strips that do not have any sharp edges.
_____ Soft materials, such as a folded blanket, towel, pillow or folded triangular bandage.
_____ A flat and level surface used to immobilize a body part.
_____ The person's body or body part used to immobilize another body part.

16. Match each term with the correct definition.

A. Heat cramps **B. Heat exhaustion** **C. Heat stroke**

_____ Signals include cool, moist, pale, ashen or flushed skin; headache, nausea, dizziness; weakness, exhaustion; and heavy sweating.
_____ Signals include red, hot, dry skin; changes in the level of consciousness; and vomiting.
_____ Signals include painful muscle spasms that usually occur in the legs and abdomen.

Circle true or false.

17. True False **If any life-threatening conditions develop when performing the secondary assessment, quickly complete the assessment and then provide the appropriate care to the victim.**

18. True False **Following a seizure, the victim may be drowsy and unresponsive for a time.**

19. True False **Most external bleeding injuries a lifeguard will encounter will be minor, such as a small cut, that can be cared for by applying an adhesive bandage.**

20. True False **During an accident, shock is a natural reaction by the body caused by a lack of oxygen.**

21. True False **When treating an eye injury, do not put direct pressure on the eye.**

22. True False **Splinting is a method of immobilizing an injured extremity and should be used only if moving or transporting a person to seek medical attention and if splinting does not cause further pain.**

23. True False **A person who has been immersed in the water can develop a cold-related illness, even when temperatures are not extreme.**

24. True False **Rapid warming of a victim of hypothermia may cause dangerous heart rhythms.**

25. True False **Temperatures do not need to be extremely cold for someone to suffer a cold-related emergency, especially if conditions are windy or the victim is wet.**

26. True False **Scalp injuries often bleed heavily. Putting pressure on the area around the wound can control the bleeding.**

27. True False **If a depression, spongy areas or bone fragments are felt when treating a scalp injury, do not put direct pressure on the wound.**

Short answer.

28. List at least five things a lifeguard should do during a secondary assessment on a conscious adult.

29. What the mnemonic SAMPLE stand for?

30. Why is looking for a medical identification tag or bracelet worn by a victim important?

31. You are providing care to a conscious child. List important things to remember when interacting with a child.

32. While one duty, you notice a co-worker, who was doing maintenance, is unconscious. As you are surveying the scene, you notice a couple bottles of chemicals have spilled and mixed on the floor. What steps should you take?

33. What are the signs that someone has become suddenly ill? List AT LEAST eight (8) signs and symptoms.

34. List the steps you would take to care for bleeding that does not stop from a major open wound after you have applied the first dressing.

35. A parent with a child comes to you when you are not on surveillance duty and asks for your help. The child has sand or some other type of small debris in her eye. What steps do you take to provide care?

36. In addition to wind and humidity, what other four conditions can contribute to heat- and cold-related emergencies?

37. List at least five signs and symptoms of hypothermia.

38. List the three steps to provide general care for any burn.

CPR

Circle the correct answer.

1. **All of the following conditions must be met in order for disease transmission to occur EXCEPT—**
   a. A pathogen is present.
   b. A person is susceptible to the pathogen.
   c. An insufficient quantity of the pathogen is present to cause disease.
   d. The pathogen passes through the correct entry site.

2. **You are cleaning up a blood spill. An untrained employee picks up gauze with blood on it. She is not wearing disposable gloves. Her action is an example of exposure through—**
   a. Direct contact.
   b. Droplet transmission.
   c. Indirect contact.
   d. Vector-borne transmission.

6. **Signs and symptoms of a heart attack include—**
   a. Chest pain that lasts less than 1 minute.
   b. Dry, red, hot skin.
   c. Inability to speak in full sentences.
   d. Nausea, shortness of breath or difficulty breathing.

7. **What is the most important action step to take to care for a person who may be experiencing a heart attack?**
   a. Check airway, breathing and circulation.
   b. Have the victim stop what he or she is doing and rest.
   c. Obtain the victim's consent.
   d. Summon EMS personnel.

8. **It is important for everyone to "stand clear" before using an AED to deliver a shock because—**
   a. The AED may not deliver the correct shock to the victim.
   b. The AED will not work unless you stand clear.
   c. The victim's arm may swing out and strike you when the shock is delivered.
   d. You or someone else could get shocked.

9. **The pads of an AED for an adult should be placed—**
   a. On the lower right chest and lower left side.
   b. On the lower right side and upper left chest.
   c. On the upper right and upper left side of the chest.
   d. On the upper right chest and lower left side.

10. **After the initial analysis, if the AED prompt indicates that "no shock is advised," the next step is to—**
    a. Begin rescue breathing.
    b. Look for movement and recheck for breathing and a pulse.
    c. Perform 5 cycles (about 2 minutes) of CPR.
    d. Restart the AED.

11. **If a lifeguard is using an AED on a victim who was removed from the water, all of the following are important EXCEPT—**
    a. Drying the victim's chest.
    b. Drying the victim's feet and legs.
    c. Making sure there are no puddles of water around you, the victim or the AED.
    d. Removing wet clothing for proper pad placement, if necessary.

12. **When using an AED on a victim with a pacemaker or implanted cardiac device—**
    a. Adjust pad placement, if necessary.
    b. Place the pad directly over the implanted cardiac device.
    c. Refrain from using an AED because it cannot be used if the victim has an implanted cardiac device.
    d. Reverse the position of the pads on the victim's chest.

13. Breathing barriers help to—

a. Maintain breathing.
b. Protect against disease transmission.
c. Restart the heart.
d. Reduce the amount of oxygen in a victim's blood.

14. The care provided to an adult who is not moving or breathing, but has a pulse (respiratory arrest), is—

e. Perform 5 abdominal thrusts, with each thrust being a distinct attempt to dislodge the object.
f. Place the adult in a modified-H.A.IN.E.S. recovery position.
g. Give rescue breaths at a rate of 1 rescue breath about every 3 seconds.
h. Give rescue breaths at a rate of 1 rescue breath about every 5 seconds.

15. You find an unconscious 6-year-old boy. After sizing up the scene and obtaining consent, you perform an initial assessment and determine that the boy is not moving or breathing, but has a pulse. At what rate do you perform rescue breathing for the child?

e. About one rescue breath every minute
f. One rescue breath about every 3 seconds
g. One rescue breath about every 5 seconds
h. One rescue breath every few minutes

16. A mother yells to you that something is wrong with her infant. You obtain consent and put on the appropriate personal protective equipment. During the initial assessment, you determine the unconscious infant has an airway obstruction. What is the proper sequence of care for an unconscious infant?

a. Give 5 back blows followed by 5 chest thrusts
b. Give 3 chest thrusts, look for an object and give 1 rescue breaths
c. Give 5 chest thrusts, immediately do a finger sweep and give 2 rescue breaths
d. Give 5 chest thrusts, look for an object and give 2 rescue breaths

17. Hepatitis B, hepatitis C and HIV (are/are not) **spread by casual contact such as shaking hands.**

18. Match each term with the correct definition.

A. Bloodborne pathogens **B. Hepatitis B** **C. Hepatitis C** **D. HIV** **E. Virus**

____ The virus attacks white blood cells and destroys the body's ability to fight infection. The virus that causes acquired immunodeficiency virus (AIDS).
____ A common form of pathogen that depends on other organisms to live and once in the body is difficult to kill.
____ Bacteria and viruses present in blood and body fluids.
____ A liver infection that can be severe or even fatal, where vaccination is the most effective means of prevention.
____ The most common chronic bloodborne infection in the United States.

19. Match each term with the correct definition.

A. BSI precautions/standard precautions **B. Engineering controls**
C. Exposure control plans **D. OSHA regulations and guidelines**
E. Work practice controls

____ Measures that isolate or remove a hazard from the workplace. The things used in the workplace to help reduce the risk of an exposure incident.
____ Practices that help reduce the likelihood of exposure by changing the way a task is carried out. The things employees do to help reduce the risk of an exposure incident.
____ A written program that outlines the protective measures an employer will take to eliminate or minimize exposure incidents.
____ Apply to employees who may come into contact with blood or other body fluids that could cause an infection and help employers meet the bloodborne pathogen standard to prevent transmission of serious diseases.
____ Approaches that consider all blood and body fluids to be infectious.

Circle true or false.

20. True False **When you give rescue breaths to a victim of a nonfatal submersion, the victim will probably vomit.**

21. True False **When providing care to an unconscious choking child, open the mouth and immediately sweep for the object after giving 5 chest thrusts.**

22. True False **A benefit of using a BVM for rescue breathing is that the rescuer can deliver a higher concentration of oxygen to a victim than when using a resuscitation mask.**

23. True False **A BVM may be used on a victim if the rescuer suspects a head, neck or back injury.**

24. True False **If the AED pads touch each other on the child's chest, the lifeguard should place one pad on the child's chest and the other pad on the child's back, between the shoulder blades.**

Fill in the blanks.

25. If a victim stops breathing during a breathing emergency, it is known as respiratory _____, or respiratory failure.

26. Rescue breathing is a technique for delivering _____ into a victim to give him or her the oxygen needed to survive.

27. Abdominal thrusts compress the abdomen, forcing the diaphragm _____, which increases pressure in the lungs and airway.

28. As the initial rescuer at the scene performing CPR on an adult, you should perform _____ chest compressions followed by ____ rescue breaths, at a rate of about ____ compressions per minute and compressing the chest at least ___ inches.

29. As the initial rescuer at the scene performing CPR on a child or infant, you should perform cycles of ___ chest compressions and ___ rescue breaths, at a depth of ___ to ___ inches for a child and ___ to ____ inches for an infant.

30. Most victims of sudden cardiac arrest need an electrical shock called _____.

31. _____ _____ is an abnormal heart rhythm characterized by a state of totally disorganized electrical activity of the heart, resulting in a quivering of the ventricles.

32. _____ _____ is an abnormal heart rhythm characterized by very rapid contraction of the ventricles.

Place a check next to the correct answer or answers.

33. An AED may be used on adult—

____ Victims of hypothermia in cardiac arrest.

____ Victims with a pacemaker who are in cardiac arrest.

____ Victims of trauma in cardiac arrest.

____ Victims in the water who are in cardiac arrest.

Short answer.

34. List the steps to follow when a you defibrillate a victim using an AED after EMS personnel have been summoned.

35. What should you do before using an AED on a victim who is wearing a nitroglycerin patch?

36. **Give two examples of correct entry sites where transmission of bloodborne pathogens could occur from occupational exposure.**

37. **List at least five types of personal protective equipment used in the facility to keep lifeguards from directly contacting infected materials.**

38. **While providing care to a victim you note that you were exposed by direct contact to the victim's blood or other potentially infectious material. What must you do immediately?**

39. **List in the correct order the steps necessary to properly complete an initial assessment.**

40. **Name three situations in which a lone responder would Care First, that is, provide 2 minutes of care, then call 9-1-1 or the local emergency number.**

41. **List at least five signs or symptoms of a heart attack.**

42. **List at least three of the most common causes of cardiac arrest in children.**

43. **You have responded to an emergency involving blood at your facility. After providing care, you are responsible for cleaning and disinfecting the area (a solid-surface floor). List the steps you would take to disinfect the area.**

44. **List the four (4) links in the cardiac chain of survival.**

45. **List at least four signs and symptoms of respiratory distress.**

46. **List at least two common causes of choking.**

47. **What is the correct sequence to perform 2-person CPR for an Adult?**

Chapter 10: Additional Resources, Forms and Procedures

Getting your First Lifeguard Job

Lifeguarding is a first job for many teenagers around the country. We have included a few simple resources to help first time lifeguards. New lifeguards should have a resume-even if they have no job experience. Instead, highlight skills, hobbies, team sports, and any other achievement that will help land that first job. The resume should also include current certifications, when they were obtained and when they will expire.

The job market can be competitive and a prospective lifeguard should create a list of pools he or she would want to work at and apply to them. Once a lifeguard gets an interview, dressing for the new job does matter-even for a lifeguard. For an interview, a job seeking lifeguard should wear business casual dress at a minimum. For example nice pants and a nice shirt-no jeans.

Although sometimes difficult, a prospective lifeguard should be aware of their body language and the image they are trying to project 38. This means try not to fidget (rub your arms, play with your hair, click a pen, etc), sit up straight and make eye contact with the interviewer. It is also helpful to practice answers to potential questions that could be asked:

- "Tell me about yourself?"
- "Why do you want to work here?"
- "What activities are you involved in?"
- "Why should we hire you?"
- "Have you ever been a lifeguard before?"
- "You find a child lying on the floor for an unknown reason, walk us through your initial response"
- "How would you handle a customer who continues to break facility rules?"

Orientation

Once you have landed your first lifeguard position, facilities should provide an orientation to familiarize you with how the facility operates. You should also be provided a policies and procedures manual. Here are some questions you should ask when you start your new job:

- Confirm you will be trained in Blood Borne pathogens (This is an OSHA requirement-do not let the facility tell you it is not needed).
- What is my work schedule?
- What hours are the facility open?
- Ask for a copy of the job description (if you do not have one already)
- Where are the restrooms?
- What is the dress code?
- Who is my supervisor?
- Who can I ask questions to?
- What are the facility rules/regulations?
- Obtain a copy of the Human Resource (HR) manual
- Get a copy of the Policies/Procedures manual

Policies and Procedures Manual

Please see chapter 4 in the manual for a complete description of the policies and procedures manual.

Forms and Procedures

We have found facilities struggle sometimes with having adequate policies and forms to operate more efficiently. The rest of this chapter provides sample forms and procedures that aquatic organizations may find helpful. They are in no particular order. If you or someone you know has a process or procedure they would like to see added to this book, please submit it at http://www.lifeguarduniversity.com. We will take any input you are willing to share.

Sample Procedure for Responding to Suspicions and Allegations of Child Abuse

Introduction

It is not the responsibility of anyone working at _____ to decide whether or not child abuse has taken place. However there is a responsibility to act on any concerns through contact with the appropriate authorities so that they can then make inquiries and take necessary action to protect the young person. This applies **BOTH** to allegations/suspicions of abuse occurring within _____ and to allegations/suspicions that abuse is taking place elsewhere.

Signs of Abuse

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries
- An injury for which an explanation seems inconsistent
- The young person describes what appears to be an abusive act involving them
- Another young person or adult expresses concern about the welfare of a young person
- Unexplained changes in a young person's behavior e.g. becoming very upset, quiet, withdrawn or displaying sudden outbursts of temper
- Inappropriate sexual awareness
- Engaging in sexually explicit behavior
- Distrust of adults, particularly those whom a close relationship would normally be expected
- Difficulty in making friends
- Being prevented from socializing with others
- Displaying variations in eating patterns including over eating or loss of appetite
- Losing weight for no apparent reason
- Becoming increasingly dirty or unkempt

If you Become Aware of Possible Abuse

It is particularly important to respond appropriately. If a young person says or indicates that they are being abused, you should:

- **Stay calm** so as not to frighten the young person.
- **Reassure** the child that they are not to blame and that it was right to tell.
- **Listen** to the child, showing that you are taking them seriously.
- **Keep questions to a minimum** so that there is a clear and accurate understanding of what has been said. The law is very strict and child abuse cases have been dismissed where it is felt that the child has been led or words and ideas have been suggested during questioning. Only ask questions to clarify.
- **Inform** the child that you have to inform other people about what they have told you. Tell the child this is to help stop the abuse continuing.
- **Safety of the child** is paramount. If the child needs urgent medical attention call an ambulance, inform the doctors of the concern, and ensure they are made aware that this is a child protection issue.
- **Record** all information.
- **Report** the incident to the your supervisor **immediately.**

Recording Information

To ensure that information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern. In recording, you should confine yourself to the facts and distinguish what is your personal knowledge and what others have told you. Do not include your own opinions.

Information should include the following:

- The child's name, age and date of birth.
- The child's home address and telephone number.
- Whether or not the person making the report is expressing their concern or someone else's.
- The nature of the allegation, including dates, times and any other relevant information.
- A description of any visible bruising or injury, location, size etc. Also any indirect signs, such as behavioural changes.
- Details of witnesses to the incidents.
- The child's account, if it can be given, of what has happened and how any bruising/injuries occurred.
- Have the parents been contacted? If so what has been said?
- Has anyone else been consulted? If so record details.
- Has anyone been alleged to be the abuser? Record detail.

Reporting the Concern

All suspicions and allegations MUST be reported appropriately. It is recognized that strong emotions can be aroused particularly in cases where sexual abuse is suspected or where there is misplaced loyalty to a colleague. It is important to understand these feelings but not allow them to interfere with your judgement about any action to take.

The _____ expects its staff to discuss any concerns they may have about the welfare of a child immediately with the person in charge and subsequently to check that appropriate action has been taken.

In Nebraska, state law requires any person that suspects a child has been abused or neglected to report it. The contact information is below:

Adult & Child Abuse & Neglect Hotline
1-800-652-1999

Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. This includes the following people:

- The parents of the child
- The person making the allegation
- Social Services/Police
- The alleged abuser (and parents if the alleged abuser is a child)
- Co-workers
- Nosy busy bodies that are no involved the suspected/alleged abuse

Internal Inquiries and Suspension

- _____'s owner will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social services inquiries.

- Irrespective of the findings of the social services or police inquiries the _____'s Owner will assess all individual cases to decide whether an employee can be reinstated and how this can be sensitively handled. This may be a difficult decision; especially where there is insufficient evidence to uphold any action by the police. In such cases _____'s Owner must reach a decision based upon the available information which could suggest that on the balance of probability, it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

Sample Pre-Employment Test

Name:_____ Date of Test: _____

Skill	Completed	Notes:
400 Yard Swim (12 Minute Time Limit)		
20 Yard Swim with Brick Retrieval		
3 Minutes Treading water with no hands		

Assists		**Drowning Victim Rescues**	
Assist from Deck		Front Approach Active Drowning Victim Rescue	
Assist in water		Rear Approach Active Drowning Victim Rescue	
Equipment Assist		Front Approach Passive Drowning Victim Rescue	
Throwing Assist (Optional)		Rear Approach Passive Drowning Victim Rescue	
Walking Assist (Optional)		Rear Approach Passive Drowning Victim with Change in Direction	
Two Person Seated Carry (Optional)		Submerged Victim Rescue	
Beach Drag (Optional)		Multiple Victim Rescue	
		Shallow Water Passive Victim	
Entries		**Escapes**	
Stride Jump		Front Head Escape	
Compact Jump		Rear Hold Head Escape	
Slide In Entry			
Run Entry (Optional)			
Approach Strokes		**Removal From Water**	
Breast Stroke Approach (with rescue tube underneath your armpits)		Two person backboard removal from water	
Front Crawl Approach (with rescue tube underneath your armpits)		Small Victim Removal	
Front Crawl Approach (with rescue tube trailing behind)			
Spinal		**CPR Skills**	
Head Splint Face Down		In Water Ventilations (Optional)	
Head Splint Face Up			
Head and Chin Support		**Other**	
Head Splint Submerged		Station Rotations (Optional)	
Head Splint Very Shallow Water		Feet First Surface Dives	
Injuries on Land			
Applying a Backboard on Land			
Applying a Backboard in Very Shallow Water			
Applying a Backboard in Deep Water			

Notes:_____

_____

Sample In-Service Training Report

Facility Name: _____

In-Service Location: _____

Date: _____ Start Time: _____ End Time: _____

In-Service Instructor: _____
Certifications: LGI___ CPRI___ FAI___ Other_____

In-Service Instructor: _____
Certifications: LGI___ CPRI___ FAI___ Other_____

In-Service Instructor: _____
Certifications: LGI___ CPRI___ FAI___ Other_____

In-Service Topics

CPR/FA (List Skills)_____
Spinal Injury Management (List Skills)_____
Rescues (List Skills)_____
Conditioning (List Skills)_____
Other_____

Participating Staff (Please Print):	Signature
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Participating Staff (Please Print):	Signature
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Sample Summer Pool Manager Job Description

Requirements:

1. Current certification as a Lifeguard from a training agency approved by the Nebraska and Douglas County Health Departments.
2. CPR certification at a healthcare provider level within the past 12 months.
3. Nebraska Pool Operator's License or equivalent.
4. Available for the Entire Pool Season.
5. Previous Aquatics Management Experience (preferred).

Responsible to:
Board of Directors-Personnel Committee

Summary:
Responsible for the complete operation and administration of the facility. Schedule may vary and applicants must be flexible to cover shifts as needed.

Knowledge, Skills and Abilities Required:

- Knowledge of principles and methods of swimming pool operations including state and local laws.
- Ability to react calmly and effectively in emergency situations.
- Skill in the application of lifeguarding surveillance and rescue techniques.
- Ability to pass pre-employment lifeguard skills evaluation.
- Knowledge of CPR and emergency medical procedures.
- Ability to follow routine verbal and written instructions.
- Knowledge of customer service standards and procedures.

Duties and Responsibilities:

1. Supervise the daily operations of the pool including staff, pool deck maintenance, office management and concessions areas.
2. Preparing and maintaining accurate records including daily sanitation logs, staff schedules, hours worked and collection of fees.
3. Serve as the primary supervisor during special events such as birthday parties, swimming activities and adult socials.
4. Informing the Board of Directors of situations that need attention, such as emergency pool closing, accidents, behavioral situations requiring the notification of law enforcement personnel, major maintenance needs, or other property issues.
5. Pre- and post-season maintenance and preparation of the entire swimming pool facility with a scheduled opening date for the last Saturday in May and a closing date on the first Monday of September. Dates are subject to change based on school year.
6. In cooperation with the Personnel Committee, contact, interview, and select all swimming pool staff.
7. Determining emergency and/or weather related pool operations. Regular drills of each emergency to be implemented as needed.
8. Serving as the general administrator for all programs, including but not limited to instructional programs, competitive programs and special events. Assign staff accordingly as instructors, coaches or aides of each activity.
9. Preparing all year-end reports as required by the departments of health or the Board of Directors.
10. Preparing, in writing, a recommendations report, including a list of possible vendors, addressing off-season repairs, renovation and/or construction needs or major property alterations etc. by September 30th. The document will be presented to the Board of Directors prior to the October executive meeting. A list of suggestions for the future to be considered by the Board of Directors should be included with this information.
11. Responsible for all mechanical, chemical and electrical systems.
12. When necessary, execute the job duties of a lifeguard.
13. Provides emergency care and treatment as required until the arrival of emergency medical services.
14. Presents professional appearance and attitude at all times, and maintains a high standard of customer service.
15. Assisting with pool sanitation duties, general and/or daily pools, decks and grounds maintenance and pre- and post- season opening and closing activities.
16. Enforcing the facility rules as established by the departments of health or the Board of Directors and as directed Board of Directors.
17. Participate in regular in-service trainings.

Sample Assistant Manager/Head Lifeguard Job Description

Requirements:

1. Current certification as a Lifeguard from a training agency approved by the Nebraska and Douglas County Health Departments.
2. CPR certification at a healthcare provider level within the past 12 months.
3. Nebraska Pool Operator's License or equivalent.
4. Previous Aquatics Management Experience (preferred).

Responsible to:
Pool Manager

Summary:
Assist with the complete operation and administration of the pool in addition to assuming the role of Pool Manager in their absence. Schedule may vary and applicants must be flexible to cover shifts as needed.

Knowledge, Skills and Abilities Required:

- Knowledge of principles and methods of swimming pool operations including state and local laws.
- Ability to react calmly and effectively in emergency situations.
- Skill in the application of lifeguarding surveillance and rescue techniques.
- Ability to pass a pre-employment lifeguard skills evaluation.
- Knowledge of CPR and emergency medical procedures.
- Ability to follow routine verbal and written instructions.
- Knowledge of customer service standards and procedures.

Duties and Responsibilities:

1. Assisting in supervising the daily operations of the pool including staff, pool deck maintenance, office management and concessions areas.
2. Assist in preparing and maintaining accurate records including daily sanitation logs, staff schedules, hours worked and collection of fees.
3. In the absence of the Pool Manager, serve as the primary supervisor at special events such as birthday parties, swimming activities and adult socials.
4. Informing the Pool Manager and/or the Board of Directors of situations that need attention such as emergency pool closing, accidents, behavioral situations requiring the notification of law enforcement personnel, major maintenance needs, or other property issues.
5. Assist the Pool Manager with all mechanical, chemical and electrical systems.
6. When necessary, execute the job duties of a lifeguard.
7. Provides emergency care and treatment as required until the arrival of emergency medical services.
8. Presents professional appearance and attitude at all times, and maintains a high standard of customer service.
9. Assisting with pool sanitation duties, general and/or daily pools, decks and grounds maintenance and pre- and post- season opening and closing activities.
10. Enforcing the facility rules as established by the departments of health or the Board of Directors and as directed Board of Directors.
11. Participate in regular in-service trainings.
12. Performs miscellaneous job-related duties as assigned.

Sample Lifeguard Job Description

Requirements:

1. Current certification as a Lifeguard from a training agency approved by the Nebraska and Douglas County Health Departments.
2. CPR certification at a healthcare provider level within the past 12 months.

Responsible to:
Pool Manager, Operators and Assistant Managers

Summary:
Under general supervision, ensures the safety of patrons of an aquatic facility by preventing and responding to emergencies.

Knowledge, Skills and Abilities Required:

- Ability to react calmly and effectively in emergency situations.
- Skill in the application of lifeguarding surveillance and rescue techniques.
- Ability to pass pre-employment lifeguard skills evaluation.
- Knowledge of CPR and emergency medical procedures.
- Ability to follow routine verbal and written instructions.
- Knowledge of customer service standards and procedures.

Duties and Responsibilities:

1. Maintains constant surveillance of patrons in the facility; acts immediately and appropriately to secure safety of patrons in the event of emergency.
2. Provides emergency care and treatment as required until the arrival of emergency medical services.
3. Presents professional appearance and attitude at all times, and maintains a high standard of customer service.
4. Assisting with special events such as swimming meets, pool parties and fund-raising events.
5. Assisting with pool sanitation duties, general and/or daily pools, decks and grounds maintenance and pre- and post- season opening and closing activities.
6. Enforcing the facility rules as established by the departments of health or the Board of Directors and as directed by pool management.
7. Assisting with pool office activities such as admissions, concessions, answering the telephone and P.A. announcements.
8. Informing the pool management of situations that need attention such as emergencies, accidents, behavioral situations requiring the notification of law enforcement personnel, major maintenance needs, or other property issues.
9. Participate in regular in-service trainings.
10. Performs miscellaneous job-related duties as assigned.

Sample Lifeguard Employee Evaluation

Name:_____ Position:_____ Evaluator:_____

Date:_____ Location:_____

Rating Scale: **O - Outstanding** **S - Satisfactory** **U - Unacceptable**

	(Circle one)			Date reviewed	If unacceptable. Date corrected
1. Attitude towards the position of lifeguard.	**O**	**S**	**U**	_____	_____
2. Attitude in regards to the safety of patrons.	**O**	**S**	**U**	_____	_____
3. Proper professional appearance for position.	**O**	**S**	**U**	_____	_____
4. Level of aquatic fitness and skill level.	**O**	**S**	**U**	_____	_____
5. Demonstration of rescue techniques.	**O**	**S**	**U**	_____	_____
6. Demonstration of first aid techniques.	**O**	**S**	**U**	_____	_____
7. Demonstration of CPR techniques.	**O**	**S**	**U**	_____	_____
8. Attendance at staff meetings.	**O**	**S**	**U**	_____	_____
9. Attendance at in-service training sessions.	**O**	**S**	**U**	_____	_____
10. On-time reliability.	**O**	**S**	**U**	_____	_____
11. Enforcement of rules and regulations.	**O**	**S**	**U**	_____	_____
12. Maintains positive public relations.	**O**	**S**	**U**	_____	_____
13. Positive role model for others.	**O**	**S**	**U**	_____	_____
14. Maturity towards job.	**O**	**S**	**U**	_____	_____
15. Knowledge of the chain-of-command.	**O**	**S**	**U**	_____	_____
16. Knowledge of EAP	**O**	**S**	**U**	_____	_____
17. Completes additional duties assigned.	**O**	**S**	**U**	_____	_____
18. Alertness toward possible emergencies.	**O**	**S**	**U**	_____	_____

Sample Lifeguard Employee Evaluation

Name of Lifeguard: _____

Period covered by this evaluation: _____ to _____

The evaluation process should result in clear understandings of strengths and weakness, and should lead to the establishment of a program so that weak areas can be improved and strengths built upon.

Performance Indicators: 1=Unsatisfactory 2=Marginal 3=Satisfactory 4=Good 5=Excellent

Performance Factors	**Qualifications**	**1**	**2**	**3**	**4**	**5**
Job Knowledge	Has an understanding of all phases of his/her work.					
Lifeguarding Skills	Demonstrates competency in lifeguarding skills and techniques.					
Development	Participation in in-service training and staff meetings.					
Cooperation & Attitude	Ability to work with others and carry out instructions.					
Attendance	Consistency in avoiding absenteeism and tardiness. Finds a substitute if absent.					
Dependability	Works conscientiously according to instructions.					
Judgment	Ability to handle emergency situation when they arise.					
Patron Relations	Is courteous, professional, alert, and tactful.					
Rules Enforcement	Applies rules and regulations with consistency.					
Initiative	Applies to act on his/her own and take the lead.					
Appearance	Is clean and wears appropriate uniform.					
Overall Work Performance	Evaluation of individual's performance during evaluation period.					

Supervisor comments:

Lifeguard comments:

Lifeguard Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Signature of lifeguard indicates that this evaluation was seen and reviewed by the lifeguard but does not imply agreement.

Sample New Employee Paperwork Checklist

Name:_____ Position:_____ Hire Date:_____

Certifications	Viewed	Photocopied	Filed	Expiration Date
1. Lifeguarding card	_____	_____	_____	_____
2. CPR-PR card	_____	_____	_____	_____
3. First Aid card	_____	_____	_____	_____
4. CPO/AFO card	_____	_____	_____	_____
5. Lifeguarding Instructor card	_____	_____	_____	_____
6. Water Safety Instructor card	_____	_____	_____	_____
7. W4			_____	
8. I9 and Related Documents		_____	_____	
9. Other_____	_____	_____	_____	_____
10. Other_____	_____	_____	_____	_____

Comments

Sample Employee Attendance Log

Name_____ Year_____

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															

Key: O=Off /=Worked CIS=Called In Sick NCNS=No Call No Show

Date	Time	Initials	Comment

Sample Lifeguard Daily Checklist

Date:_____

	Initial When Completed
Opening Procedures	9:00 AM
Put out clipboards	
Pick up trash around deck. Hose/sweep deck if necessary.	
Check and record water quality.	
Empty skimmers	
Open umbrellas	
Check, clean and maintain bathrooms:	
-Clean toilets	
-Empty trash cans	
-Toilet paper on roll	
-Paper towels on rolls	
-Soap dispenser full	
-No trash on floor	
-Clean sinks	

During the Day	12:00 PM	3:00 PM	6:00 PM
Pick up trash around deck. Hose/sweep deck if necessary.			
Check and record water quality.			
Check, clean and maintain bathrooms, if needed:			
-Clean toilets			
-Empty trash cans			
-Toilet paper on roll			
-Paper towels on rolls			
-Soap dispenser full			
-No trash on floor			
-Clean sinks			

Closing Procedures	9:00 PM
Empty trash cans & pick up paper, cans, and trash on deck	
On Monday, take garbage to street	
Tidy pool furniture	
Put down and tie umbrellas	
Put clip boards away	
Put items in lost & found	
Take pool toys out of the pool	
Maintain bathroom tidiness	
Empty skimmers	
Bathrooms to be mopped	

Sample Daily Safety Checklist

Date:_____	Working				
	Yes	*No*	Action Needed	Action Taken	Date Fixed
DECK					
Safety equipment in good condition					
Rescue tubes and straps in good condition					
Backboards with head immobilizers and straps readily accessible					
First aid station clean					
First aid equipment – AED and oxygen equipment accessible; supplies accessible and well stocked					
Telephones working properly					
Deck not slippery and in good condition					
Deck clear of patrons' belongings					
All equipment used by patrons stored properly					
Lifeguard stands clean and in good condition					
Deck clear of standing water					
Deck clear of glass objects					
POOL					
Ladders secured properly					
Ladder handles clean and rust free					
Steps not slippery and in good condition					
Ramp not slippery and in good condition					
Drain covers secured properly					
Drain covers clean					
Lifelines and buoys in order					
Water color satisfactory					
Pool free of debris					
Gutters clean					
Water temperature in pool satisfactory					
Water temperature in spa satisfactory					

	Working				
	Yes	*No*	Action Needed	Action Taken	Date Fixed
LOCKER ROOMS					
All areas clean and free of algae					
Floors clean and not slippery					
Showers in good condition (no drips)					
Soap available					
Drains clean					
Wastebaskets empty					
Drinking fountains and sinks clean and in good working order					
Signs in good condition and properly displayed					
Walls clean and free of markings					
Toilets and urinals clean					
Mirrors clean and unbroken					
No unpleasant odors					
Toilet tissue available					
Paper towels available					
Doors and windows working properly (including locks)					
No broken pins on locker keys					
All articles removed from lockers daily					
Collapsible shower seats in upright position					
Locker benches clean					
Locker rooms clear of glass objects					
CHEMICAL STORAGE AREAS					
Chemicals stored properly					
Doors labeled properly					
Signs legible and in good condition					
Doors locked					
No suspicious odors					
Emergency equipment is readily accessible and in good working condition					

	Working				
	Yes	*No*	Action Needed	Action Taken	Date Fixed
RECREATIONAL EQUIPMENT AND PLAY STRUCTURES					
Ladders to diving boards not slippery and in good condition					
Rails at diving boards clean and in good condition					
Diving boards clean and not slippery					
Diving apparatus in good condition					
Movable fulcrums locked in forward position					
Removable starting blocks stored properly					
Access to permanent starting blocks restricted					
Play structures clean, in good condition and not slippery					
Nonmoving parts on play structures secure					
Joints on play structures move freely					
Removable play structures placed far enough from the deck and from other structures					
Removable play structures tethered properly:					
• Attachment points secure					
• Hooks and connections in good condition with no sharp edges (check on consistent spacing)					
• Tethers not worn or frayed					
• Seams on play structures have no gaps or leaks					
• Water slides smooth and in good condition					
• Inflatable play structures have the correct air pressure (same- formatting consistent)					
• "Flow-through" inflatable play structures have pump attached securely, are located in a safe place and are plugged into the appropriate electrical circuit.					
Removable play structures stored properly					
Water flows properly on slides					
Landing pads under slides in good condition, securely fastened and with no gaps to cause tripping					
Equipment, such as kickboards, stored properly					

Sample Incident Report

Date of Incident: _____ Time of Incident: _____

Name of Person involved in incident (Complete a separate form for incidents involving more than one person.)
Name: _____ Age: _____ Gender: _____
Address: _____City: _____ State: _____ ZIP Code: _____
Phone Number(s): _____
Emergency Contact Name and Phone Number_____

Incident Data
Location of incident: _____
Description of incident: _____
_____
Description of Injury (If Necessary): _____
_____

Witnesses
Name: _____ Phone Number: _____Email Address:_____
Address: _____ City: _____ State: _____ ZIP Code: _____

Name: _____ Phone Number: _____Email Address:_____
Address: _____ City: _____ State: _____ ZIP Code: _____

Care Provided
Was Care Provided?:_____ If So, By Whom?:_____

Describe in detail the care provided: _____
_____
_____
Were emergency medical services (EMS) personnel called?_____ Time Called:_____ Time Arrived:_____
Was the victim transported to a hospital? _____ If so, where?: _____
If no, did the victim stay at the facility?_____
If the victim is a minor, were the minor's parents contacted (if not present)? _____

Refusal of Care:
I have been advised that I may have a medical condition(s) which may require an examination by a doctor, and I refused such medical care and or advice as has been rendered by the lifeguard staff, OR I do not believe a medical emergency exists and I require no further assistance.

Print Name_____ Signature:_____ Date:_____
(If the victim is not of majority age, a guardian must sign the form before care can be refused)

Facility Data
Number of lifeguards on duty at time of incident: _____ Number of patrons in facility at time of incident: _____
Weather condition at time of incident: _____
Water condition at time of incident:_____
Deck condition at time of incident: _____
Name(s) of lifeguard(s) involved in incident: _____

Additional Notes:_____
_____
_____

Report Prepared By:
Name: _____ Position: _____
Signature: _____ Date: _____

Sample Witness Statement

Date of Incident:_____ Time of Incident:_____ Location of Incident:_____

Witness Name:_____ Phone Number:_____

Address:_____ Email Address:_____

City:_____ State:___ Zip Code:_____

Description of What Happened:_____

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Signed:_____ Date:_____

Sample Minor Injury Log

Year:_____

Date	Time	Name of Victim	Lifeguard	Location of Injury on Pool Deck	Action
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Decision Making Exercise

Situation: _____

Options:

1. _____

2. _____

3. _____

Disadvantages:

1 (a) _____

1 (b) _____

1 (c) _____

2 (a) _____

2 (b) _____

2 (c) _____

3 (a) _____

3 (b) _____

3 (c) _____

Advantages:

1 (a) _____

1 (b) _____

1 (c) _____

2 (a) _____

2 (b) _____

2 (c) _____

3 (a) _____

3 (b) _____

3 (c) _____

Solution:_____

Sample Hepatitis B Declination Form

The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses **not to accept** the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature:_____ Date:_____

Source: https://www.osha.gov/SLTC/etools/hospital/hazards/bbp/declination.html

Appendix A: Planned additions to the book and future certifications

The current version of the book is just a starting point for a full plate of course offerings. Below are the additional chapters that are currently being planned or written.

- First Aid
- Shallow Swimming Pool Lifeguard
- Additional Skills and Considerations for Water Parks
- Additional Skills and Considerations for Non Surf Waterfronts (maybe)
- Resources for Aquatics Supervisors
- In-Service Training Plans

With future editions, we will offer certifications for shallow water and water park.

Appendix B: Emergency Action Plan Used for the 2012 U.S. Olympic Trials-Swimming

This is a simple emergency action plan that was used for the 2012 U.S. Olympic Trials-Swimming. To understand why it lacks complexity, the swimming pools were temporarily built at the Century Link Center in Omaha, Nebraska. The swimming pools were only used for three events and medical staff was present any time the swimming pools were open to athletes. All of the lifeguards were at least 21 years old and many of them worked in aquatics management at their respective facilities. All the lifeguards were volunteers and had to complete in-service training prior to volunteering.

At total of 37 volunteer lifeguards were used with no more than eight (8) were lifeguarding at any time. Since medical staff was present and literally 20 feet away from the pool deck, a lifeguard's main job was to remove a victim from the water and provide basic aid until medical staff arrived (which was generally less than 1 minute). We did have a handful of accidents that required lifeguard intervention. This is being included to show an emergency action plan does not have to be a complicated document, but has to be clear enough that everyone understands their role. We are willing to submit most emergency action plans should be more complicated than what was required for this event, but we want to caution aquatics management not to make it so complicated that lifeguards cannot remember all of the scenarios.

Lifeguard Emergency Action Plan

Definition of Roles during an emergency

Primary rescuer-closest lifeguard to the emergency.

Secondary rescuer-The lifeguard closest to the rescue equipment, that is not the primary rescuer, becomes the secondary rescuer and is responsible for providing any additional support to the primary rescuer. This includes providing a backboard, resuscitation masks, first aid kits, etc. The secondary rescuer is also responsible for alerting the lifeguard supervisor-if not already on deck.

Back-up rescuer(s)-any lifeguard not the primary or secondary rescuer

Definition of Emergencies

Life-Threatening Emergency-unconsciousness, head/neck injuries, no breathing, no pulse, uncontrollable bleeding

> **Example:** You are lifeguarding lap swim when you notice an adult stand up in the shallow end and grab his chest. As you approach the victim he goes unconscious in the water.

Major Injury-possible broken bones, serious skin trauma such **as** lacerations, punctures, contusions, etc.

> **Example:** You are lifeguarding in the deep end when you see a young girl attempt a back flip off of the diving board. As she is rotating, she hits her head on the end of the board and enters the water. She surfaces and grabs her head which is clearly bleeding.

Minor Injury-small abrasions, lacerations, contusions, sprains, strains, muscle pulls, bloody nose, asthma, etc.

> **Example:** A child is running on the pool deck and falls forward. As you rush over to the victim, you see that he has a scrape on his knee.

Additional Emergency Response Information

Restrictions To Treatment - Lifeguards shall not attempt to do something they have not been trained to perform, EVEN IF directed by EMS personnel on-site to do so.

After Accident Procedures

- An accident report must be written explaining accident. **If** there were witnesses, have them verify story, by signing accident form. In the event of a serious accident, ask witnesses to prepare written statements.
- Do not discuss the situation or circumstances surrounding any incident until you have contacted the Supervisor on duty
- Write up a more detailed explanation of accident and measures taken.
- Never talk with the media or lawyers unless first authorized by the Local Organizing Committee.

When to document:

If we provide care in any way, it must be documented. For example, if we hand out a band-aid, no care was provided and no documentation is necessary. If we put the band-aid on the victim, care is provided and MUST be documented. When in doubt, ask the Lifeguard Supervisor.

The Supervisor on duty will make the decision on whether additional care is required and who should be contacted.

EAP Flow Chart

Lifeguard recognizes emergency and activates the emergency action plan.

Primary Rescuer responds appropriately and assesses the victim.

Secondary Rescuer contacts Lifeguard Supervisor and provides additional help to Primary Rescuer.

Back-up Rescuers provide back-up pool coverage.

Minor Injuries	**Major/Life Threatening Injuries**
Oral report given to Supervisor with corrective action taken.	Pool cleared by Back-up Rescuers and Pool Marshals.
Equipment used is replaced	Supervisor contacts Medical Committee.
Primary rescuer completes written report and returns to service.	Witnesses interviewed and written report is completed .
	Equipment used is replaced.
	Lifeguards returned to service.

Whistle Blow Codes:
1 Short Whistle-Get the Attention of another Lifeguard or Supervisor
1 Long Whistle Blow-Clear the Pool
2 Short Whistle Blows-Activate the Emergency Action Plan for a Minor/Major Injury
3 Short Whistle Blows-Activate the Emergency Action Plan for a Life threatening Injury

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About the Authors

James Meyers became a lifeguard at 16 and never left-even when he tried. In his late teens he managed a seasonal, summer swimming pool. In his early 20s, he became the Aquatics Director at the Jewish Community Center in Omaha, Nebraska. There he tripled the amount of people using aquatic programs in less than a year while quadrupling the revenue. James moved on to become an Emergency Medical Technician for a few years before taking flight training and acquired his commercial pilots license. From 2006-2009 he worked for the Red Cross in Omaha running the Health and Safety programs. While at the Red Cross, he developed a non-certified program called CPR Made Simple (which was adopted nationally for a short period of time). In the over 15 years as a Red Cross Instructor and Instructor Trainer, he certified over 1,000 lifeguards and over 10,000 people in first aid and CPR.

James no longer works full-time in health and safety. However, in 2011, James and his wife partnered with another couple and started a first aid and CPR training business. He was also co-chair of the pool operations committee for the 2008 U.S. Olympic Trials-Swimming and chairman of the lifeguard committee in 2012. He has also served as an expert witness in a near-drowning lawsuit. In 2013, he joined the Board of Advisors for the Maple Street YMCA in Omaha.

Professionally, James is in the family logistics business where they own a warehouse and transportation business along with commercial real estate. To keep things interesting, he is a registered investment advisor and manages stock accounts, IRAs and college funds for customers. For fun, he is also working on an MBA.
James is still active in teaching new lifeguards, and picks and choose projects that are compelling to him. Being a part of this program is a way for him to give back to an institution (aquatics) that has been good to him for 20 years.

Lesley Sprague has been involved in aquatics for 20 years. She started as a lifeguard and worked at both pools and a camp-giving her waterfront experience. Leslie was also a Water Safety Instructor and took over a swim lesson program. Soon after running a swim lesson program, she realized the need to become a lifeguard instructor and got that certification as well. She has been a lifeguard instructor for 9 years. Lesley spent 9 years as the aquatics director of the Bellevue Lied Center where she was the sole lifeguard instructor and supervised 20-25 lifeguards and swim assistants. Lesley was a volunteer lifeguard at the 2012 U.S. Olympic Trials-Swimming that was an experience of a lifetime.

Professionally, she is an early childhood special education teacher and have brought her skills as a special educator to aquatics by teaching private swim lessons to students with severe special needs. She continues to teach private swim lessons privately as well as teach CPR/First Aid classes. Lesley is an avid swimmer and met her husband through aquatics.

Matt Sutton graduated from the University of Nebraska at Omaha with a degree in Recreation Administration. Matt's aquatics career includes working for the City of Gretna, City of Omaha, Nebraska Game and Parks at Mahoney State Park, The University of Nebraska at Omaha and Jewish Community Center. He has supervised or managed lifeguard operations for standalone swimming pools, multiple site pools and water park operations.

His volunteer work includes being a lifeguard for both the 2008 and 2012 U.S. Olympic Trials-Swimming and has been a Red Cross Lifeguard Instructor for 20 years. Matt strives to instill professional qualities of being a lifeguard to my lifeguard students and aquatics staff. Along with lifeguard operations, Matt currently specializes in aquatic facility maintenance.

Jeff Destache has been in the aquatics field for many years. At the age of 16, Jeff started out as a lifeguard. Shortly after that, he became a lifeguard instructor for the American Red Cross, where he trained and certified hundreds of lifeguards. Because of his experiences with lifeguarding, Jeff went on to complete and EMT-P program. He is currently working towards a master's degree, while still heavily involved with aquatics. Jeff always has a passion to make things better and as a result was asked to join in developing Lifeguard University.