LIFEGUARD TRAINING



by



Version 2019.1

Last Updated 05/25/2019

How to use this book

This book is a required component of 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 its open nature and the ability to quickly adjust 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 believe we can put together a quality training program.

To ensure accountability, we provide students with all the course completion requirements in the manual. This helps in keeping students and instructors accountable to each other. We also conduct random knowledge assessments of students after classes for additional verification of the training quality.

In addition to the after-class assessments, we conduct phone surveys of students to ensure they completed 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.

For the Lifeguard Course Participant

Students are responsible for their learning just as much as the instructor. With the exception of the answers to the tests, review questions, and lesson plans, the instructor manual and student manual are the same. This allows both the students and the instructors to be held accountable for learning. 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 happens at any 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 the lifeguard certification.

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Acknowledgments

We would like to thank the following swimming pools to allow us to use their facilities for this book:

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I would also like to thank the people who participated in this book:

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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 a 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 1: Before the Class

Pre-Screen

Before being eligible to take a lifeguard class the following requirements 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, one kick 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 instructors 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 told otherwise by the instructor. Traditionally, this course is taught as a four (4) full days course on the weekends. Please bring lunch unless directed otherwise by the instructor.

While in the water, students will practice rescue skills and should plan accordingly. Female students should wear a onepiece 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 he/she has it. That means a paper copy or a computer/tablet that has the manual. If the student is a note taker, he/she 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.

Each student is solely responsible for reading the book and knowing the content. Instructors are available to guide the students through the book. Most of the classroom time will be devoted to skill practice and making sure students 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
- Read the manual and complete all review questions
- Pass final practical scenarios
 - o 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 does not complete the training requirements. This course is designed to be completed between 28–32 hours.

Minimum time for each segment:

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

Notes:

The minimum time for each component does not add up to 28 hours. This gives 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 of this course. To request a CPR program not on this list, please contact Lifeguard University through the website (www.lifeguarduniversity.com). Review questions for CPR training have been added as a supplement in chapter 10.

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 To request a first aid program not on this list, please contact Lifeguard University through the website (<u>www.lifeguarduniversity.com</u>). Review questions for CPR training have been added as a supplement in chapter 10. 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 certification at the Professional level earned within the last 12 months.
- Have a valid first aid certification earned in last 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
		Front Approach Active Drowning Victim	
Assist from Deck		Rescue	
Assist in water		Rescue	
		Front Approach Passive Drowning	
Equipment Assist		Victim Rescue	
Throwing Assist (Optional)		Rear Approach Passive Drowning	
		Rear Approach Passive Drowning	
Walking Assist (Optional)		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)			
Spina			
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 challenging. 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 best decisions for its operations. After the completion of this class, it is important for you to complete an orientation process at your facility to 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, a lifeguard's responsibilities are divided into two categories: primary responsibilities and secondary responsibilities. Primary responsibilities include:

- Enforcing facility policies and regulations
- Educating customers 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 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 try to avoid (and spend the most time training for) are:

- 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 about 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

All of these topics will be covered in first aid.

Notes:

Please see Chapter 11 for a sample job description

The Aquatics Team

A lifeguard's primary responsibility is to prevent emergencies and 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 aquatic 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 overall safety and the staff's 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 their activities 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 practice 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.

- Seizures
- Allergic Reactions
- Dislocations and broken bones
- Hypothermia
- Hyperthermia



wikimedia.org

Duty to Act

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.

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 expectation that a lifeguard must adhere to while working. This means enforcing facility policies and regulations, educating customers about facility rules and policies, preventing injuries by reducing or eliminating dangerous behavior/hazards, and responding to emergencies-including quickly providing care.



Negligence

When a lifeguard fails to meet the standard of care, he/she and the 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 providing 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.



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, the rescuer physically or mentally is 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, their relatives, relatives of the victim, and witnesses about any incident that took place. Part of a lifeguard's job is not only to help 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, which includes platforms like Facebook, Twitter, etc. There have been many incidents 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 you to contact 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, even in cases of swimming pools belonging to same organizations as experienced by the authors. 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.



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.

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Waterfronts (both Surf and Non-Surf)

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







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.





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.

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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 have included a decision-making model used by Boystown and uses the acronym SODAS (4).

Situation-Correctly identify the situation, which 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, a decision is made. 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 exercises and come to a consensus with your partner on how you would respond to each scenario.

Decision Making Example: A customer 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 possibility of the glass breaking. When glass shards enter the water, it difficult to see and remove them. Customers can be injured by the glass as they swim.

Options:	1. Ignore the issue and hope the bottle does not break.
	2. Inform the customer of the rule, the reason behind the rule and ensure the glass bottle is removed from the deck.
	3. Suspend the customer 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 customer could get angry and not remove the bottle from the deck.
	2 (b) The customer 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 customer wants
	to talk about the rule.
	3 (a) The customer could get angry and not leave.
	3 (b) My supervisor may get angry for enforcing the rules too harshly.
	3 (c) The customer might complain about me to the manager.
Advantages:	1 (a) I can avoid a potential confrontation with the customer.
	1 (b) I will not break away from my surveillance duties.
	1 (c) The customer 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 customers observe the rule being enforced and will not bring glass containers to the
	pool.
	2 (c) Since I was assertive but understanding the customer probably did not understand the rule,
	it will make it easier for me to enforce rules with the customer 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 customer for me to watch and potentially create other hazards.
	3 (c) Other customers observe the rule being enforced and will not bring glass containers to the
	pool.
Solution: Inform the cu deck.	stomer of the rule, the reason behind the rule and ensure the glass bottle is removed from the pool

Decision-Making Exercise 1:

Situation: A child, who is wearing a life jacket and cannot swim, is jumping into the pool while being caught by her parent.

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)

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

It is important to understand what swimmers with different stages of ability and status look like as they swim, for lifeguards to be able to respond correctly to an emergency. 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 water in an effective way. Depending on their ability, some swimmers will move through the water with relative ease. The arms and legs movements are coordinated. Even a weak swimmer, who does not move through the water very quickly, is still considered a normal swimmer as long as there is some sort of coordinated movement.

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 is a small child who gets to the point where he/she can no longer reach the bottom of the pool and may need help getting to where he/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 response (5). 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.

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 (injuries), 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 in 2011 where a drowning victim was in a pool for three days before being discovered. The link is here: <u>http://hereandnow.wbur.org/2011/07/01/fall-river-drowning.</u>

RID Factor

When lifeguards fail to respond to an emergency, there is generally at least one of three factors that contribute 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 engage in secondary duties when providing pool surveillance. An example of this would be of a swimming pool running short of staff 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 get in over his/her 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 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



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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 incident (7). 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 when a lifeguard is enforcing a rule, 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 customer. A lifeguard may need to explain to the customer 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 to nine hours for adults (8). Without 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 when the temperature was increased from 70 degrees to 80 degrees (9). This means lifeguards should take care to keep their body temperature cool while in extreme heat.

Recommendations to protect lifeguards from excessive heat include:

- Use shade or umbrellas
- Drink ice water to hydrate and keep the body temperature lower
- Wear a hat
- Use a fan

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 time (7). 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 that 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, 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.

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.

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Notes:

• Supervisors should regularly check on lifeguards and provide encouragement not less than every 30 minutes when lifeguards are actively scanning the pool (7). This improves the scanning effectiveness of lifeguards.

Breaks

There is no clear consensus on how often a lifeguard should take a break from surveillance duties (7). 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 customers that need assistance.

Elevated Station

Generally, an elevated station is the best way to maintain surveillance of pool customers. 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 customer surveillance. A ground station does not allow the same range of visibility as an elevated station but does allow lifeguards the ability to enforce rules and make assists easier.

Roving Station

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 victim (12). Lifeguard stations should be planned accordingly.

Station Rotations

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



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 customer 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) with more than one lifeguard station. 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 customers 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



Lightening is more of a concern at outdoor pools than indoor pools. We are willing to submit, in general, indoor pools do not need to close due to lightening. However, both indoor and outdoor pools should take lightning and thunder storms seriously and have a contingency plan for bad weather. Some states do require indoor aquatic facilities to follow the same lightening procedures for outdoor facilities and close until adverse weather conditions have passed (13). Managers should follow their regulatory body(s) jurisdictional regulations.

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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 you follow the protocols of your local health department.



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 customers 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 hands (15)

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.



Hail

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

Notes:

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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 was 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 when a flash of lightning is observed until when thunder is heard.
- 3. Have customers collect their belongings and head for the locker rooms, or designated storm shelter
- 4. We cannot control if customers 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 customers collect their belongings and head for the locker rooms, or designated storm shelter
- 4. We cannot control if customers 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 customers. 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 these 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.





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.

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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. They do 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 follow (12). 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 employees (20)

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.



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 a minimum.

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: <u>https://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf</u>

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 customers 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 water (23). 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 addresses (24):

- 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: <u>https://www.osha.gov/Publications/OSHA3695.pdf</u>

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 have the same standard format (25).

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 that are ill should not participate in swimming activities (26).

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

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)	

Chlorine Disinfection Timetable (27)

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 a 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 aquatic 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 a 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.
- 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.
- 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 time (29).

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 increase the vigilance of lifeguards but also reduces unsafe behavior of pool customers (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 requirements (17). 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 Pool 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. Customers 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 have additional rules due to the attractions and increased risk of injury associated with customers 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 customers 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.



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.

General Rules for Water Parks

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

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 customers are the proper height to use a ride.

Maintaining Records

Record keeping is often discussed, 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

In Chapter 11, we include 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. Two examples are 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 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 customer 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 customers, 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 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 11 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 customer 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.

Rest Breaks

Through our research, we have not figured why pools have rest breaks. It is one of those things that are now legend and nobody can remember how rest breaks came to be. However, it does seem like most lifeguarded pools have some sort of rest break period. Some reasons for rest breaks include:

- Give small children time to rest.
- Allow time for kids to use the restroom and prevent water borne illnesses.
- A chance for kids to rehydrate and not drink the pool water.
- To give lifeguards a break.
- Present a time to put on sun screen.
- To sell concessions.

Regardless of the reason, a lifeguard(s) should be on deck during rest breaks. When a facility commits to providing lifeguards, that means the whole time. It does <u>not</u> mean only 45–50 minutes of every hour.

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 your 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 Drowning Victim?

A drowning occurs when a victim submerges and attempts to breath. Instead of breathing in air, they breathe in water (33). Generally, one of two things happen 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 occur, 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.
		The heart is starting to struggle and eventually stops due to the lack of
1 min 20 sec-4 min	1-3 minutes	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 selected has a diving well and a rope separating the diving well and the deep end, which lifeguard should 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 should 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)



Sample Out of Water Emergency (Single Lifeguard Facility)



Sample in Water Emergency (Two Lifeguard Facility)



Contact supervisors (chain of command).

Complete incident report (to include witness statements).

Make sure equipment is in good working order.

Primary Rescuer (Lifeguard)

Lifeguard activates the EAP.

The lifeguard surveys the scene, determines the type of injury and approaches the victim.

A primary assessment is performed and care is provided as needed.

The lifeguard performs a secondary assessment.

Care is provided as needed.

After the Emergency

Secondary Rescuer (Lifeguard)

Provide back-up coverage and clear the swimming pool.

Bring any needed rescue equipment to primary rescuer.

If needed, 911 is called.

Contact supervisors (chain of command).

Complete incident report (to include witness statements).

Make sure equipment is in good working order.

Sample in Water Emergency (Multiple Lifeguard Facility)



Contact supervisors (chain of command).

Complete incident report (to include witness statements).

Make sure equipment is in good working order.

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 location of 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.

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 direct bystanders to move to a location that does not interfere with a rescue or care being
 provided to the victim. 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 volunteer 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 customer 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 him or herself from harm immediately. Every effort should also be made to help the victim(s) get to safety as well. However, the main priority is <u>YOUR</u> safety. For example, if a victim lifeguards are providing care to attempts to harm staff or 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 another 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 create 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 be 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





Notes:

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



Notes:

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

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.



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.



Notes:

- While approaching the victim, a lifeguard 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



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 customers 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



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.





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 them self, 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 them self-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.



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.



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





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 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



Rear Approach Without a Change in Direction



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.
and the second	
	If the victim is suspected of having a spinal cord
	injury, follow the backboarding steps to remove the
	injury, follow the backboarding steps to remove the victim from the water.
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	If the victim is not suspected of having a spinal cord
	If the victim is not suspected of having a spinal cord injury, place a rescue tube underneath the victim and
	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
	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.
	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.
	If the victim is not suspected of having a spinal cord injury, follow the backboarding steps to remove the victim from the water.
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	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.



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.



Removing Victims from Water

Victim Removal from Water Deep Water (Non-Spinal Cord Injury)

If a victim is unconscious or otherwise unable to get out of the water by them self, 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.





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.

Victim Removal from Shallow Water (Non-Spinal Cord Injury)





Once the primary rescuer exits the pool, each lifeguard's "outside" hand should be holding one of the victim's wrists, while the "inside" hand holds the backboard. Once ready, the victim is removed from 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 inwater 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 males with the average age of 24 years old (35).

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

Each facility should have an individualized process for applying a backboard. There are multiple factors to consider with the biggest being the physical pool itself. Some examples include, an over flow gutter system vs a raised deck, water depth and deck space. We do not subscribe to a one size fits all mentality and have included many different alternatives to this skill. For the purposes of this course, your lifeguard instructor will teach using the main spinal cord injury removal method and modify it as needed for the training environment. In-service training at whichever pool you work is imperative so every lifeguard understand the backboarding process for the pool they work at.

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



Submerged Head, Neck, Back Injury



Head, Neck, Back Injury in Very Shallow Water



Head, Neck and Back Injuries on Land

Rescuers have a couple of 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 about a headache or neck pain. In these scenarios, a lifeguard should assume a spinal cord injury and take the appropriate steps.



Applying a Backboard on Land (Standing Take Down)

Once 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 positioned correctly on a backboard. 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.





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.



Head, Neck, Back Injury Water Removal (Head and Chin Support with No/Minimal Elevated Deck) Main Method





Once the head piece is applied, the secondary rescuer takes over in-line stabilization. Next, the primary rescuer begins strapping the victim to the board. A minimum of three straps are required starting with the chest strap.

Once the victim is secured to the backboard, remove them from the water.

Head, Neck, Back Injury Water Removal (Head Splint with No/Minimal Elevated Deck) Main Method





Notes:

- Due to the additional steps of using the head splint method, the head and chin support method is recommended in most cases.
- If you have an overflow gutter system or the water level meets the side of the pool, backboarding may be easier by placing the top of the back board on the pool's ledge. An example of that variation is above.

Head, Neck, Back Injury Water Removal (Head and Chin Support with Elevated Deck)

This procedure has all the same concepts as the method with no/minimal elevated deck. The main difference is if the deck has an elevation greater than six (6) inches, applying a backboard from the deck becomes challenging. In these cases, both rescuers are in the water. All the steps are the same.





Once the head piece is applied, the secondary rescuer takes over in-line stabilization. Next, the primary rescuer begins strapping the victim to the board. A minimum of three straps are required starting with the chest strap.

Once the victim is secured to the backboard, remove them from the water.

If needed, a rescue tube can also be placed at the foot of the board, but only AFTER the secondary rescuer takes over providing in-line stabilization.

Head, Neck, Back Injury Water Removal (Head Splint with Elevated Deck)

To prevent being overly redundant, the steps are the same as if there was no elevation to the deck. The only difference is the secondary rescuer is in the water instead of kneeling on the deck.





Deep Water Head, Neck, Back Injury Water Removal (Head and Chin Support with No/Minimal Elevated Deck)

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.





Notes:

- While strapping the victim to the backboard in deep water, throw all the straps over to one side. Then swim to the other side of the victim and strap the victim to the backboard.
- NEVER swim under the backboard.

Deep Water Head, Neck, Back Injury Water Removal (Head Splint with No/Minimal Elevated Deck)





Once the head piece is applied, the secondary rescuer takes over in-line stabilization. Next, the primary rescuer begins strapping the victim to the board. A minimum of three straps are required starting with the chest strap.

Once the victim is secured to the backboard, remove them from the water.

Notes:

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To prevent being overly redundant, the steps are the same as if there was no elevation to the deck. The only difference is the secondary rescuer is in the water instead of kneeling on the deck.

Deep Water Head, Neck, Back Injury Water Removal (Head Splint with Elevated Deck)

To prevent being overly redundant, the steps are the same as if there was no elevation to the deck. The only difference is the secondary rescuer is in the water instead of kneeling on the deck.

General Backboarding Notes



Removing a Head, Neck, Back Injury Victim from the Water

The method to remove a victim from the water when a head, neck, or back injury is suspected is the same-regardless of the method used to apply the back board. The priority is to maintain in-line stabilization throughout the removal and never lose control of the victim.



Troubleshooting Issues While Applying a Backboard

Applying a backboard can be the most difficult skill to master as a lifeguard. Even the best lifeguards can make mistakes. The best lifeguards learn how to quickly adapt to the emergency situation and make adjustments to skills. In other times, lifeguards perform the skills correctly, but the victim does not end up secured correctly. We have included common scenarios to help lifeguards when things go wrong.

If a Victim is Too Low on the Backboard



Notes:

Move the backboard not the victim. The whole movement is smooth. When done correctly, the victim will not feel the backboard move underneath them.

If the Victim's Feet Sink While on a Backboard



If the victim's feet sink, place a rescue tube or a third lifeguard at the feet to keep the foot of the backboard close to the surface. This will make the removal easier.

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 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 to 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 priority (7). An airway should be established as quickly as possible and provide 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, they 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

as an embankment, cliff or tower.

- Impaired breathing after injury
- An oddly positioned or twisted neck or back (36)

A person entering the water from a height, such

Anytime a victim is found for unknown reasons

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.

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 should then place the secured victim on a backboard to 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 injury (7).

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 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 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. Many things are required to be checked 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 for when an incident report should be completed. We suggest a very basic rule of thumb. If any type of care is 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: (71	2)-895-8587 Ema	ail: <u>stewman7@gmail.com</u>
Address: 6584 Apple Street	City: Lincoln	State: MD ZIF	P Code: <u>12344</u>
Name: N/A	Phone Number:	Email	
Address:	City:	State:	ZIP Code:

Care Provided

Was Care Provided?: <u>Yes</u> If So, By Whom?:	Samantha Turn			
Direct Pressure was applied to the injury site unt	il bleeding stopped.	<u>A 4" by 4" ga</u>	uze 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	ed: <u>N/A</u> Time Arrived: <u>N/A</u>
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)?	2 Ν/Δ

If the victim is a minor, were the minor's parents contacted (if not present)? <u>N/A</u>

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 t	he form before care can be refu	sed)

Facility Data

Number of lifeguards on duty at time of incident: 3 Number of customers 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:

Lifeguard University © 2019

Name: <u>Samantha Turn</u>	Position: Lifeguard
Signature:	Date: 10/25/14

Poorly Documented Incident Report

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

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

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

r: <u>(712)-895-8587</u> Email	: <u>stewman7@gmail.com</u>	
State: MD ZIP C	Code: 12344	
: Email		
State:	ZIP Code:	
	r: <u>(712)-895-8587</u> Email State: <u>MD</u> ZIP C :Email State:	r: <u>(712)-895-8587</u> Email: <u>stewman7@gmail.com</u> State: <u>MD</u> ZIP Code: <u>12344</u> :Email State:ZIP Code:

Care Provided

Was Care Provided?: <u>Yes</u> If So, By Whom?: <u>Samantha Turn</u>
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? <u>No</u> Time Called: <u>N/A</u> Time Arrived: <u>N/A</u>
Was the victim transported to a hospital? <u>N/A</u> 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	e form before care can be refu	ised)

Facility Data

Number of lifeguards on duty at time of incident: <u>3</u> Number of customers in facility at time of incident: <u>24</u> Weather condition at time of incident: <u>Sunny and 78 Degrees</u> Water condition at time of incident: <u>The pool was clear</u> Deck condition at time of incident: <u>The deck was clean</u>

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:

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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 who 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 generally perform the following tasks 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 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: Water Park Lifeguarding

Introduction

The waterpark course is a supplemental course for facilities with waterpark attractions. It is NOT a standalone course that can be taught on its own. The different options on how certification is completed and maintained is below:

Course Completion Requirements

- Complete ALL of the Swimming Pool Lifeguard Course requirements.
- Attend all class sessions (A minimum of 5 hours).
- Complete all required skills.
- Read the manual and complete all review questions.
- Pass final practical scenarios.
 - o Spinal Cord Injury resulting in applying a backboard on either a water slide or in a catch pool with current.
 - Pass the final written exam with a minimum of 80%.
- 20 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 **<u>MINIMUM</u>** length of this course is 5 hours. This is <u>in addition to</u> the standard swimming pool lifeguard course. Any student who does not complete this amount of training did not complete the training requirements. This course was designed to be completed between 5-7hours.

Minimum Times for each segment:

Backboarding:	2 Hours
Classroom:	.5 Hours
Rescue Skills:	.5 Hours

Notes: The minimum times for each component do not add up to 5 hours. This allows instructor's 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 5 hours long.

Process if Already Certified as a Swimming Pool Lifeguard

If you are already certified as a lifeguard but need to be certified as a water park lifeguard, the instructor can conduct a test of all the swimming pool lifeguard requirements and then teach the additional water park lifeguard requirements. The test includes the pre-screen, written test, all required skills and final scenarios. Your new certification will be good for three years and include both swimming pool and water park lifeguard certifications.

Keeping Your Certification Current

- Have a valid CPR certification 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.

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.

Water Park Lifeguard Skills:

Assists	Completed	Spinal	Completed
		Head Splint Very Shallow Water	
Walking Assist			
		Head Splint Face Up in with Current	
Two Person Seated Carry			
		Head Splint Face Down with Current	
Beach Drag			
		Applying a Backboard in Very Shallow	
		Water	
Entries		Applying a Backboard on a Waterslide	
Run Entry		Applying a Backboard with a Current	
		(Winding River or Catch Pool)	
Wave Pool Entry (Optional)		Moving a Spinal Cord Victim to	
		Designated Exit Point	
		Removing a Victim Up Stairs	
	I		

Preventing Injuries

We discussed injury prevention as part of the Swimming Pool Lifeguard Course. The same strategies apply to water parks with some additional considerations. The main injuries we are trying to prevent are still drowning and head, neck and back (spinal cord) injuries. The basic concepts of emergency action plans, rules, policies and procedures still apply. In the end, water parks, just like pools, are still giant bath tubs with filtration systems.

Signage, Rules and Regulations

Each water park will have rules and regulations specific to the facility and rules mandated by regulatory agencies. Since water parks attract larger groups of people who speak different languages, posting policies in the most common languages is highly recommended. Common signs include height requirements for attractions, water depths of each attraction and warning customers about potential injury from certain attractions if they have certain medical conditions.





Height Requirements

Generally speaking, water parks use height requirements established by manufacturers. Manufacturers normally base height requirements on the depth of the water and add six inches. For example, if the catch pool for a water slide is 36 inches deep, a manufacturer will recommend a minimum height requirement of 42 inches.

There are times facilities will put maximum height requirements for small children play areas. This is to keep older children out of an area so younger kids can play.

Safety Checks

The safety checks for water parks are the same as any other swimming pool. Each attraction should have its own safety checklist and staff should follow manufacturer's guidelines during the safety checks. Some things to be aware of:

- Light signals, public address systems, emergency ride shut offs should all be checked. Backboards should be rescue ready and rescue tubes and other equipment in working order.
- When inspecting water slides, check joints for rough spots that may prevent a smooth ride.
- Correct unsafe conditions BEFORE the facility opens and contact a supervisor if you are unable to correct an issue.
- Sometimes lifeguards are responsible for checking equipment customers use-like life jackets or inner tubes. Be sure to know what you are responsible for.



Lifeguard Rotations

Rotations vary due to the amount of staff and number of attractions. Lifeguards sometimes rotate through various attractions or are assigned specific attractions while they work. It is important to keep rotating on a regular basis to ensure proper vigilance as previously discussed in Chapter 3.

Surveillance

All the same principals of surveillance from Chapter 3 apply to water parks. However, lifeguards should pay special attention to the entries and exits of attractions. Some attractions may not allow for complete surveillance-water slides are a perfect example. The dispatching lifeguard or catch pool lifeguard may not have complete visibility and will have to work together to provide the maximum amount of coverage possible. Lifeguards should understand the surveillance challenges of each attraction.



Emergency Preparedness

Planning for emergencies is more complex than conventional swimming pools. Every staff member should be considered part of the safety team and has a role to play in an emergency. This includes administrative staff, concessions workers, security personnel, equipment attendants, and any other support staff. During emergencies, non-lifeguard personnel can provide crowd control, make announcements, keep customers from using attractions, provide first aid and direct EMS personnel to the victim. Each staff member should be trained on the Emergency Action Plan (EAP) and participate in drills. Each facility should have a facility specific EAP that explains every staff member's role and define how they should respond during an emergency. See Chapter 5 for additional information about Emergency Action Plans.

Interacting with Customers

Being a lifeguard at a water park varies in many ways. One of those ways is the number of customers. While a usual neighborhood summer swimming pool may have a few hundred customers on a given day, a water park can easily have thousands. This often means lifeguards will experience many more customer interactions and have an increased potential to provide first aid or have rescues.

Some of the increased risk for rescues is because many customers may have never been to a water park before and do not understand the rules. We have seen anecdotal information that the risk for drowning increases during a customer's

first visit. In addition, first time customers may not be used to attractions with currents or waves. Lifeguards should be prepared to provide more help to first time visitors.

We encourage water parks to have orientations for large groups-which could be recreation programs, religious groups, camps, etc. It is imperative during these orientations that staff covers all the rules and safety regulations of the facilityespecially if there are customers with limited to no swimming ability. Many water parks also provide U.S. Coast Guard approved life jackets for weaker swimmers.

It is the lifeguards' responsibility to balance the safety of customers and allow them to have fun at the same time. This requires water park lifeguards to be extra vigilant. This means scanning constantly, scanning your area for those that may need help and try to anticipate a customer's actions that may require you to help. Customers are there to have fun and lifeguards are there to address risky behavior. Essentially, Lifeguards protect customers from themselves.

Language Barriers

Water parks attract customers regionally, nationally and internationally. Language barriers are a reality lifeguards should be prepared for. It can be very frustrating to both customers and staff when there is not a clear understanding of what is being conveyed. We have included some ideas when communicating with customers that do not speak the same language.

- Translate documents into common languages. For example, if many of your customer speak Spanish, translating rules into Spanish can help lifeguards communicate rules more effectively.
- Use visual cues and speak slowly with simple words.
- Repeat simple phrases that convey your message.
- Draw pictures.
- Use a translator app. (38)

Waterpark Attractions

This course covers many of the common attractions water parks contain, but not all of them. Each water park is unique and offers different sets of attractions that make it impossible to address all of them in this book. Diving platforms, ropes, nets, swings, specialty slides are all things a water park could have. Each attraction offers different sets of safety challenges that each facility should address. Many of the lifeguard principles this course teaches applies nicely to many of the attractions not overtly discussed. However, water parks must train lifeguards with their specific safety guidelines for each attraction.



Winding (Lazy) Rivers

A winding river is normally a shallow pool around three (3) feet deep on a circular, twisting path. At certain points, water is pumped into the pool to create a steady current where customers in inner tubes float aimlessly in a circle. Lifeguards are normally stationed at various points to eliminate blind spots and at entrances/exits to help customers.

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Some common rules are:

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

- Customers may not be allowed to walk or swim in the river.
- No chains of bathers.
- Customers should stay in their tubes at all times.



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Water Slides

Water slides are normally made of fiberglass sections linked together to form long, twisting slides. Water is normally pumped from the top of the slide with customers riding the water into a catch pool at the end. Water slides vary somewhat in how they are used. Some are completely enclosed, while others are a half tube. With most water slides, the customer slides on his/her back, however, some require equipment, such as inner tubes, rafts or mats.

Regardless of the type of water slide, the general rules are the same:

- Enter, ride, and exit the slide on your back and feet-first.
- Keep hands and feet inside 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.
- Do not slow down or stop on the slide.
- Do not slide head first.
- No forming of chains.
- No diving.
- Do not cross in front of another slide while exiting the catch pool.

Normally, there is a lifeguard at the top of the water slide. Part of their role is to ensure customers follow the rules while entering the slide. They also provide spacing for customers so they do not run into each other, enforce height requirements and help set up rafts, mats, etc. if the slide requires it. Each slide is different and may require different spacing needs. The spacing between customers will also vary depending on their size. Adults normally go down a water slide faster than children and additional spacing will be needed to avoid collisions and injury.

Lifeguards in the catch pool normally have a different set of responsibilities. Their job is to ensure customers exit the slide and catch pool without injury. It is common for customers to misjudge the downward flow of the water and panic when entering the catch pool. The downward flow of water sometimes recirculates against the catch pool current and creates what is called a hydraulic. This can cause a customer to lose balance as they exit the water slide or keep a child under the water.

Drop-off Slides



The drop-off slide is a type of water slide where the customer drops a few feet from the slide into the water. All the same rules apply from a standard water slide. These types of slides are not very common. What is common is customer not being prepared for the drop off and needing help out of the catch pool.

Speed Slides



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Another variation of water slides are speed slides. A speed slide is a steep, tall, long and tall slide where customers can reach speeds up to 65 mph (39). The bottom of speed slides generally have a runout area where customers are able to slow down. For most speed slides, customers position themselves by laying on their back, feet first with legs crossed at the ankles and their arms crossed over their chest. This reduces the chance of injury and allows customers to reach high speeds.

The lifeguard positioned at the top of the slide normally dispatches customers one at a time and does not allow more than one person on the slide at a time. The lifeguard at the bottom of the slide will likely have to help customers out of the run out or catch pool. It is normal for customers to become disoriented or panic.

A slight variation of a speed slide is a free-fall slide that is generally very steep and may give customers the feeling of falling.

Potential injuries from speed slides include:

- Broken bones
- Head, Neck and Back Injuries
- Friction burns on the arms, legs and back
- Bumps and bruises

Notes: We cannot stress enough the importance of customers riding speeds slides correctly. It is also critical that lifeguards enforce height and weight requirements for speed slides.

Catch Pools

Waterslides generally end in a small pool at the end of the slide called a catch pool. The water from the slide enters the catch pool and creates a current. In many cases, the current for a catch pool is stronger than the current for a lazy river. In a single water slide catch pool, water generally flows in a circular pattern around the pool, creating a calm spot in the middle of the pool. In a multi-water slide catch pool, the calmest spot is generally between the water slides. The calm spot is called an eddy. This is where water will flow in the opposite direction of the main current. This is what creates a spot with no current. During a suspected spinal cord injury emergency, an eddy is where lifeguards will move a victim to apply a backboard.



Communication Between the Top and Bottom Lifeguards of a Waterslide

If the lifeguards can see each other, many facilities use hand signals or whistles to communicate with each other. If they cannot see each other, other methods are used. For example, radios and mechanical signals like red and green lights or flags.

Wave Pools



The most popular attraction at water parks is generally the wave pool. Wave pools generate waves of various intervals, patterns and height. At one end of the pool is a head wall, while the other end is normally a zerodepth entry. Behind the headwall, are the mechanical systems that generate the waves.

The wave pool normally operates in cycles. For example, 10 minutes on and 10 minutes off. Depending on the facility, lifeguards may have different expectations while waves are being generated or not. For example, lifeguards should stand while the wave pool is operating. Some facilities may let lifeguards sit while the waves are off. Rotations are normally timed for when the wave pool is not on.

All lifeguard chairs should have emergency stop buttons. The number of lifeguards may vary based on how many customers are using the wave pool. It is common for weak swimmers to get to a point where the water is over their head and they cannot get back to a safe depth. Many water parks allow customers to use inner tubes while in the wave pool. It can be difficult to see all customers, including the bottom of the pool, with how crowded the wave pool can get. Weak swimmers can fall off an inner tube and not be able to get back to the surface in a crowded wave pool when other swimmers and inner tubes block customers from reaching the surface.

In the shallower portions of a wave pool, a customer can be knocked down and get injured by hitting the bottom of the pool. It is important for every aquatic facility to eliminate blind spots and provide layered zone coverage to ensure all parts of the pool are visible.

Water parks also allow customers to surf or use boogie boards at certain times. During these special activities, nonsurfing customers should stay out of the wave pool. They can become a potential hazard.

Common Rules:

- No diving into waves
- Enter only at the shallow end
- Areas around ladders should be kept clear

Notes: Generally, most saves at water parks happen in the wave pool. Swimmers can be knocked over by waves, knocked out of inner tubes, etc.



Areas for Children

Areas for small children will have special pools and attraction just for them. This can include slides, fountains, swings and other climbing structures. Consistently enforcing rules helps ensure the safety off all the children-especially height and/or age limits. Older children may be too big for many of the play structures or slides and should be kept out of areas for small children.

Rescue Skills

This section of the chapter outlines rescue skills for water park lifeguards. Not all skills are required, but most are. A complete list of required skills for the water park certification can be found at the beginning of the chapter. If there are skills you would like to see in future editions or have ideas to improve current skills, please contact us through our website (www.lifeguarduniversity.com).

Entries

Run Entry

The run entry is the same as the Swimming Pool Lifeguard Course. See Chapter 6 for the complete skill sheet.

Wave Pool Entry (Compact Jump)



Troubleshooting:



In this picture, the lifeguard entered at the trough of the wave. This made the water he was entering shallow and increased the chance of injury.

Wave Pool Entry (Slide in Entry)



Wave Pool Entry (Slide in Entry) Alternative Method



Assists

Walking Assist

The walking assist is the same as the Swimming Pool Lifeguard Course. See Chapter 6 for the complete skill sheet.

Two-Person Seated Carry

The two-person seated carry is the same as the Swimming Pool Lifeguard Course. See Chapter 6 for the complete skill sheet.

Beach Drag

The beach drag is the same as the Swimming Pool Lifeguard Course. See Chapter 6 for the complete skill sheet.

Spinal Injuries

Head Splint Very Shallow Water

The head splint in very shallow water skill is the same as the Swimming Pool Lifeguard Course. See Chapter 6 for the complete skill sheet.

Head Splint Face Up with a Current



Head Splint Face Down with a Current



Applying a Backboard in Very Shallow Water

This skill is the same as the Swimming Pool Lifeguard Course. See Chapter 6 for the complete skill sheet.

Applying a Backboard on a Waterslide

The sides of the slide create a confined space that makes providing care complicated. Injuries occur when the victim does not maintain proper position on the slide. Instead, the victim twists, turns, or tumbles causing injuries (including spinal cord injuries).



Applying a Backboard on a Waterslide (Alternative Method)



Applying a Backboard with a Current-Head Splint (Winding River or Catch Pool)

Spinal cord injuries are rare and can happen at any time. In a winding river, diving, jumping, or rough play can lead to a spinal cord injury. There are additional complexities with a current that makes applying a backboard a challenge. The current can pull you or the victim in ways that may not be anticipated. Be sure to have customers or other lifeguards keep objects away while you are performing a rescue and move the victim so their head is facing up stream. Be careful when moving a victim as the current can move in unpredictable ways causing the victim to twist, tumble or other unnecessary movement. It can also lead to you or the victim to run into a wall.



Apply the head pieces, using a minimum of the head strap, and remove the victim from the water.



Notes:

Ideally, the EAP should include turning off the current before applying a backboard.

Moving a Spinal Cord Victim to Designated Exit Point

There may be times where it is necessary to backboard a victim at one point in a pool but need to move the victim to a different point to remove him/her from the water. A great example of this is in a catch pool. Lifeguards should apply a backboard in an eddy and then move the victim as necessary to remove them from the water.





Removing a Victim Up Stairs

It is not a common practice to remove a victim from a swimming pool over stairs. However, some facilities do not have an option due to deck space or some other logistical challenge. We have included this skill in those rare circumstances.



Sample Missing Child/Guardian Procedure

A missing child is generally discovered one of two ways. A parent or guardian approaches the aquatic staff and reports that they cannot find their child OR the child is discovered without a parent/guardian. We have developed a sample process for both scenarios.

When A Guardian Cannot Find His/Her Child

- 1. When a lifeguard realizes that a guardian cannot find his/her child, the staff member should approach the customer and ask to help in finding the missing child.
- The initial lifeguard will communicate to other lifeguard team members of the situation, giving a description of the lost child. This includes size, age, clothing (bathing suit), sex, name and any identifying attributes.
 - In the case of a child, the front desk staff should prevent anyone from leaving the facility until the child has found his/her guardian(s).
 - If any customer refuses to stay, write down the description of the person and attempt to obtain his/her contact information.
 - We will not physically detain anyone.
- 3. A supervisor will remain with the guardian until the child is found and try to obtain more information.
- 4. IF the child is less than 8-years old or a non-swimmer of any age, the pool will be cleared and an in-water search will begin immediately.
- 5. Once the pool is clear and an in-water search is completed, a full facility check should be done-starting with the changing rooms.
- 6. If the child is still not found, 911 should be called immediately and the property surrounding the facility should be checked for the missing child.
- 7. Be sure to fill out an incident report.

When A Child Cannot Find His/Her Guardian(s)

- 1. When a lifeguard realizes a child cannot find his parents or a child approaches staff or other customers asking for help finding his/her parents, the lifeguard should immediately approach child and ask to help
- Initial lifeguard will communicate to other lifeguard team members of the situation, giving a description of the lost child/person. This includes size, age, clothing (bathing suit), sex, age, name and any identifying attributes.
- 3. A supervisor will remain with the child until his/her guardians are found.
- 4. The supervisor on duty will make an announcement on the public-address system that a child cannot find his/her guardian.
- 5. If after 5 minutes, the guardian can still not be located, the pool will be cleared and an in-water search will begin immediately.
- 6. Once the pool is clear and an in-water search is completed, a full facility check should be done-starting with the changing rooms.
- 7. If the guardian is still not found, 911 should be called immediately and the property surrounding the facility should be checked for the guardian.
- 8. Be sure to fill out an incident report.

Chapter 10: 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 victim 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.

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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-
 - <u>s</u>. <u>O</u>.
 - <u>D</u> A
 - <u>S</u>.
- 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?

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 customers who are good swimmers, since they tend to have problems quickly but quietly.

2. If a lifeguard is asked a question during customer surveillance, he or she should-

- a. Ignore the customer.
- b. Quickly explain that you cannot look at the customer while talking, but you are still listening.
- c. Refuse to answer the customer'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 customer 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 customer 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 customers 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 customer 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 customer 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 customer 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 customer 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 customer 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

Pla 1.	ice a check r Examples o Sunburn. Nonfatal s Broken fir Unconsci	mext to the correct answer or answers. of life-threatening conditions include— Image: Laceration to the cheek. No breathing. submersion. Sprained ankle. Broken tooth. nger. Heart attack. Injuries to the head, ousness. Severe bleeding. neck or back.
2. 	Responsibi Stocking Summoni personne Taking he Providing coverage	Itities of the aquatic safety team members during an emergency may include— the first aid kit. Running a lifeguard Controlling bystanders. ing EMS challenge. Clearing the pool or facility. I. Controlling bystanders. Scheduling staff. ead counts. 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 customers 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 guickly
 - b. By moving the victim onto the backboard as guickly 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 customers, 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.
- True False If the victim of a head, neck or back injury in the water is not breathing, immediately remove the 8. victim from the water using a backboard.
- True False Do not use the rescue tube for support when performing the head and chin support on a face-9 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.
- _ Activate the facility's emergency action plan Provide emergency care as needed Remove the victim from the water
 - ____ Assess the victim's condition
- Check for consciousness and signs of life _____ Safely enter the water
- ____ Move the victim to shallow water whenever possible Perform an appropriate rescue

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.

Chapter 9: Water Park Lifeguarding

- 1. List five differences between being a lifeguard at a water park vs. a standard swimming pool.
- 2. What are some things lifeguard can do to communicate with a customer who does not speak your language?
- 3. How are height requirements for attractions generally established?
- 4. What are three common rules customers should follow when in of a lazy river?
- 5. What are five common rules of customers should follow while using a water slide?
- 6. What is the difference between a drop-off and speed slide?
- 7. What are common rules for wave pools?
- 8. When can a compact jump be used when entering a wave pool?
- 9. Where should a suspected spinal cord victim be positioned in a catch pool before a backboard is available?
- 10. A minimum of how many lifeguards are needed to apply a backboard on a water slide?
- 11. Why should safety checks be done multiple times a day?
- 12. What possible injures can a customer sustain using a free fall slide?
- 13. Where do most wave pool rescues occur?

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 his/her 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

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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

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 around
- 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.

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

especially if conditions are windy or the victim is wet.

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,

E. Stroke

D. Poisoning

- 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
 - One rescue breath about every 3 seconds f.
 - 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 E. Virus D. HIV 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

C. Exposure control plans

- 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.

B. Engineering controls

D. OSHA regulations and guidelines

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 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?

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Victims of trauma in cardiac arrest.

- 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 11: 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. We recommend not wearing jeans.

Although sometimes difficult, a prospective lifeguard should be aware of their body language and the image they are trying to project (40). 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.

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 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 personal knowledge from 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

- <u>'</u>'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: _____

Skill

Completed Notes:

Date of Test: _____

400 Yard Swim (12 Minute Time Limit) 20 Yard Swim with Brick Retrieval

3 Minutes Treading water with no hands

Assists	Drowning Victim Rescues	
	Front Approach Active Drowning Victim	
Assist from Deck	Rescue	
Assist in water	Rear Approach Active Drowning Victim	
	Front Approach Passive Drowning	
Equipment Assist	Victim Rescue	
	Rear Approach Passive Drowning	
Throwing Assist (Optional)	Victim Rescue	
Walking Assist (Optional)	Rear Approach Passive Drowning	
	Submorged Vietim Descue	
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	Two-person backboard removal from	
underneath your armpits)	water	
Front Crawl Approach (with rescue tube		
Underneath your armpits)	Small Victim Removal	
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:

- 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:

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.
- Skilled in lifeguarding surveillance and rescue techniques.

- 3. Nebraska Pool Operator's License or equivalent.
- 4. Available for the Entire Pool Season.
- 5. Previous Aquatics Management Experience (preferred).

- 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. Prepare and maintain 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. Inform 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. Determine emergency and/or weather-related pool operations. Regular drills of each emergency to be implemented as needed.
- Serve 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. Prepare all year-end reports as required by the departments of health or the Board of Directors.
- 10. Prepare, 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. Provide emergency care and treatment as required until the arrival of emergency medical services.
- 14. Present professional appearance and attitude at all times and maintains a high standard of customer service.
- 15. Assist with pool sanitation duties, general and/or daily pools, decks and grounds maintenance and pre- and postseason opening and closing activities.
- 16. Enforce 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.

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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 from 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. Assist 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. Inform 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. Provide emergency care and treatment as required until the arrival of emergency medical services.
- 8. Present professional appearance and attitude at all times and maintains a high standard of customer service.
- 9. Assist with pool sanitation duties, general and/or daily pools, decks and grounds maintenance and pre- and postseason opening and closing activities.
- 10. Enforce 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. Perform 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 from 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 customers of an aquatic facility by preventing and responding to emergencies.

Knowledge, Skills and Abilities Required:

- Ability to react calmly and effectively in emergency situations.
- Skilled in 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. Maintain constant surveillance of customers in the facility; act immediately and appropriately to secure safety of customers in the event of emergency.
- 2. Provide emergency care and treatment as required until the arrival of emergency medical services.
- 3. Present professional appearance and attitude at all times and maintain a high standard of customer service.
- 4. Assist with special events such as swimming meets, pool parties, and fund-raising events.
- 5. Assist with pool sanitation duties, general and/or daily pools, decks and grounds maintenance, and pre- and postseason opening and closing activities.
- 6. Enforce the facility rules as established by the departments of health or the Board of Directors and as directed by pool management.
- 7. Assist with pool office activities such as admissions, concessions, answering the telephone, and P.A. announcements.
- 8. Inform 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. Perform miscellaneous job-related duties as assigned.

Sample Lifeguard Employee Evaluation

Name:	Position	า:			Evaluator:				
Date:	Location:								
Rating Scale:	O - Outstanding	S - Satisfactory			U - Unacceptable				
		(Circ	le one)			If unacceptable.			
1. Attitude towards t	he position of lifeguard.	ο	S	U	Date reviewed				
2. Attitude in regard	s to the safety of customers.	ο	S	U					
3. Proper professior	nal appearance for position.	ο	S	U					
4. Level of aquatic f	itness and skill level.	ο	S	U					
5. Demonstration of	rescue techniques.	ο	S	U					
6. Demonstration of	first aid techniques.	ο	S	U					
7. Demonstration of	CPR techniques.	ο	S	U					
8. Attendance at sta	ff meetings.	ο	S	U					
9. Attendance at in-	service training sessions.	ο	S	U					
10. On-time reliabilit	ty.	ο	S	U					
11. Enforcement of	rules and regulations.	ο	S	U					
12. Maintains positiv	ve public relations.	ο	S	U					
13. Positive role mo	del for others.	ο	S	U					
14. Maturity towards	s job.	ο	S	U					
15. Knowledge of th	e chain-of-command.	ο	S	U					
16. Knowledge of E	AP	ο	S	U					
17. Completes addit	tional duties assigned.	ο	S	U					
18. Alertness toward	d possible emergencies.	ο	S	U					

Sample Lifeguard Employee Evaluation

Name of Lifeguard: ______

Period covered by this evaluation: ______ to ______ 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.					
Customer 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: ______ 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:
<u>Certifications</u>	Viewed	Photocopied	<u>Filed</u>	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

																		Ye	ar_												
	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																															
eb																															
/lar																															
\pr																															
/lay																															
un																															
ul																															
lug																															
Sep																															
, Dct																															
lov																															
Dec																															
(ey:		0	=01	f			/=W	/ork	ed		С	IS=	Call	ed I	n S	ick				N	CN	S=N	lo C	all I	No S	Sho	w				
Date	Tir	me		Init	tials	;												С	omn	nen	t										
			_																												

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:	Wor	king			
			Action	Action	Date
	Yes	No	Needed	Taken	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 customers' belongings					
All equipment used by customers stored properly					
Lifeguard stands clean and in good condition					
Deck clear of standing water					
Deck clear of glass objects					
POOL	T			1	
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				
			Action	Action	Date
	Yes	No	Needed	Taken	Fixed
LOCKER ROOMS	T				
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 alson and in good working order					
Cigne in good condition and preparity displayed					
Nolle clean and free of markings					
Trailate and tree of markings					
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				
			Action	Action	Date
	Yes	No	Needed	Taken	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 Inci	ident:		
Name of Person involved in in Name:	cident (Complete a Age:	separate form for in Gender:	cidents involving	more than one person.)
Address:	City: Sta	ate: ZIP Co	ode:	
Phone Number(s):	_ ,			
Emergency Contact Name and F	Phone Number			
Incident Data				
Description of incident:				
Description of Injury (If Necessa	ry):			
Witnesses				
Name [.]		Phone Number	Email A	ddress.
Address:		City:	State:	ZIP Code:
		-		
Name:		Phone Number:	Email A	.ddress:
Address:		City:	State:	ZIP Code:
Care Provided				
Was Care Provided?:		If So, By Whom?:		
Describe in detail the care provid	ded:			
Were emergency medical servic Was the victim transported to a l If no, did the victim stay at the fa If the victim is a minor, were the	es (EMS) personnel hospital? If s icility? minor's parents con	called? Time o, where?: tacted (if not presen	Called:	Time Arrived:
Refusal of Care: I have been advised that I may h such medical care and or advice exists and I require no further as	nave a medical cond as has been render ssistance.	ition(s) which may re red by the lifeguard s	equire an examin staff, OR I do not	ation by a doctor, and I refused believe a medical emergency
Print Namo		Signati	Iro.	Data
(If the victim is not of majority ag	e, a guardian must s	sign the form before	care can be refu	bate sed)
Facility Data Number of lifeguards on duty at Weather condition at time of inci Water condition at time of incider Deck condition at time of incider Name(s) of lifeguard(s) involved	time of incident: dent: nt: nt: in incident:	Number of c	ustomers in facilit	y at time of incident:
Additional Notes:				
Report Prepared By:				
Name:		Positi	on:	
Signature:		Date:		

Sample Witness Statement

Date of Incident:	Time o	f Incident:	Location of Incident:			
Witness Name:		_ Phone Number:				
Address:			Email Address:			
City:	State:	_ Zip Code:	-			
Description of What H	appened:					
Signed:			Date:			

Sample Minor Injury Log

Year:_____

Date	Time	Name of Victim	Lifeguard	Location of Injury on Pool Deck	Action
1					
1					
1					
1					
/					
/					
1					
1					
/					
/					
/					
/					
/					
/					
/					
/					
/					
1					
1					
1					
1					
1					
1					
1					
1					
1					

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)
, ar an ageor	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/written.

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

With future editions, we will offer a certification for shallow water training. This manual is for pools with less than six feet depth.

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 every time the swimming pools were open to the 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) lifeguards at one 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 in less than 1 minute). We did have a handful of accidents that required lifeguard intervention. This is being included to show that 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 except 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 the accident. **If** there were witnesses, have them verify the story by signing the accident form. In the event of a serious accident, ask the 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 the accident and the 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



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 the age of 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 number 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 pilot license. From 2006 to 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 over 20 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 the co-chairperson of the pool operations committee for the 2008 U.S. Olympic Trials-Swimming and chairman of the lifeguard committee in 2012 and 2016. He has also served as an expert witness in a near-drowning lawsuit.

Professionally James earned an MBA from Bellevue University and works in his family owned logistics companies where they own multiple logistics businesses and a commercial real estate business. He also used to be a registered investment advisor and help people manage stock accounts, IRAs, and college funds. He is still active in teaching new lifeguards, and chooses projects that compel 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 25 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 has also been 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 and 2016 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; she even met her husband through aquatics.

Matt Sutton graduated from the University of Nebraska, 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 the 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. He was also on the organizing committee for the 2016 U.S. Olympic Trials-Swimming. He has been a Red Cross Lifeguard Instructor for over 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, he 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 graduate both an EMT and Paramedic program. He is currently pursuing a master's degree, while still heavily involved with aquatics. Jeff always had a passion to make things better and as a result was asked to join Lifeguard University to help in its development.