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Course Sections

II. Course Administration

- A. Course Purpose**
- B. Certification Policies**
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II. Course

- A. Pre-Requisites**
- B. Preventions**
- C. Recognition**
- D. Respond**
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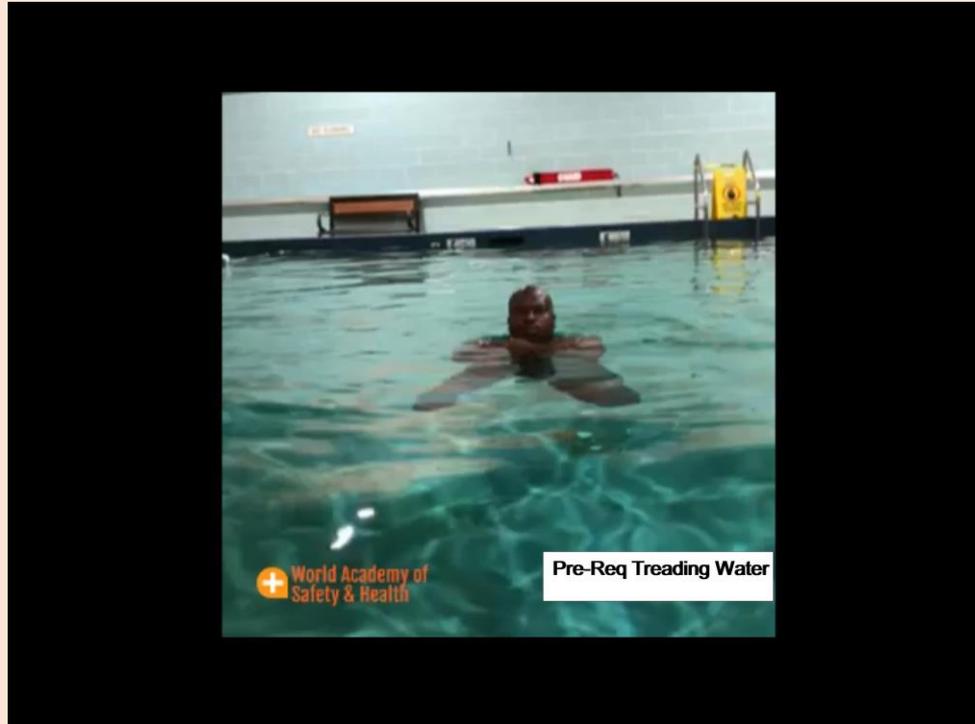
Lifeguard Pre-Requisite Skills

Pre-Requisite Swim



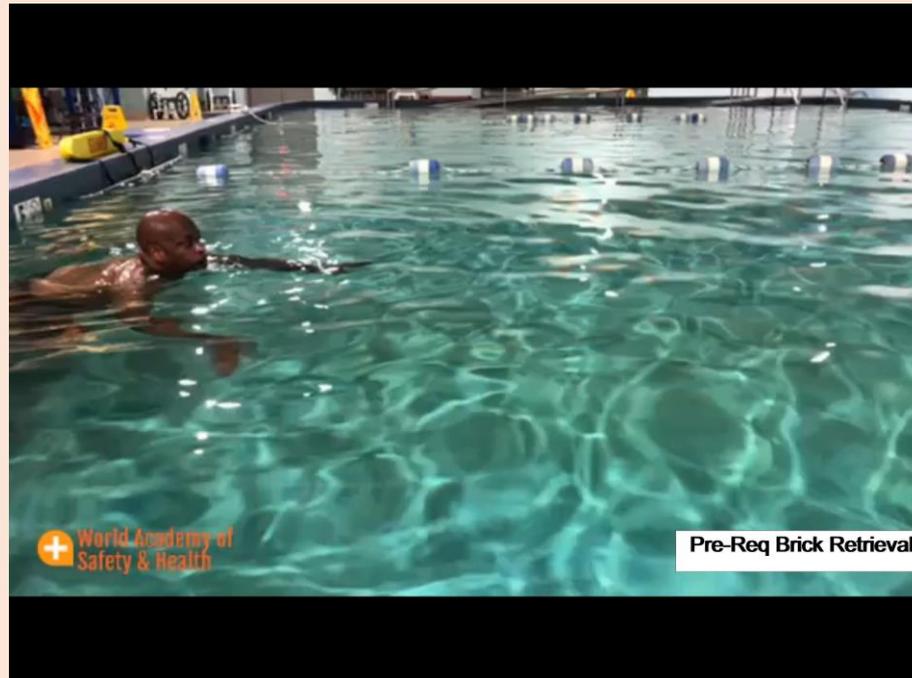
Lifeguard Pre-Requisite Skills

Pre-Requisite - Treading Water



Lifeguard Pre-Requisite Skills

Pre-Requirement - Brick Retrieval



Lifeguard Pre-Requirement Skills

Introduction to Lifeguarding

The primary responsibility of all lifeguards is the safety and well-being of patrons. Often times, other facility related duties interfere with the job of a lifeguard.

If lifeguards are the staff members who are responsible for maintenance, cleanliness, membership status checks, and other duties then those duties must be assigned to lifeguards who are not in the stand and are not responsible, at that time, for patron surveillance.

Drowning can occur quickly in even the shallowest of water. It is crucial that the lifeguard remain vigilant and alert during his or her entire shift while in the stand and responsible for patron surveillance.

In order to remain alert, the lifeguard must take care of him or herself. The heat, humidity and sun can take a toll on one's body. Lifeguards should remain hydrated; reapply sunscreen every few hours; use the umbrella if possible; and be rotated out of the sun every 20-30 minutes to perform other facility-related duties or, simply to take a break.

Lifeguards are the last line of defense in drowning prevention. This responsibility must be taken seriously by all who are employed in the aquatics industry.



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The Primary Responsibility of a Lifeguard is the Safety & Well-Being of all Patrons and Swimmers.



Introduction to Lifeguarding

Finally, it is easy to become complacent while sitting in the lifeguard tower. This is particularly true if and when a significant number of days has passed since one's facility experienced any type of emergency.

It is vital that all lifeguards continue to 'stand up in the canoe'. In other words, it is easy to sit down in a canoe and enjoy the ride. It takes tremendous focus and hard work to stand up in a moving canoe. The lifeguard must exercise this same type of focus and work hard to pay close attention to what is going on around him or her and be prepared to respond to any emergency - as all emergencies are unexpected.



Lifeguards are the last line of defense in drowning prevention.

Introduction to Lifeguarding

The Professional Lifeguard

Confident – You must rely on your training. Be confident during an emergency and use your training to properly and effectively recognize and respond to an aquatic emergency.

Highly Skilled – Practice your physical skills on a regular basis to ensure they are sharp and you are prepared to respond during an aquatic emergency.

Knowledgeable – It is crucial to have and use your knowledge to prevent, recognize and/or respond to an emergency. It is the lifeguard's responsibility to reinforce and maintain his or her level of knowledge by regularly reviewing content, participating in regular in-service training, and engaging in pre-season refreshers at your facility.

Dependable – Understand your job responsibilities, take them seriously, and be willing to work as part of a team. Be punctual and use your training to effectively respond to all emergencies.

Polite and Firm – Treat patrons with respect and be polite when enforcing rules and regulations to prevent accidents. Being polite should not be mistook for not being firm with the rules and regulations.



Introduction to Lifeguarding

The Three "R's"

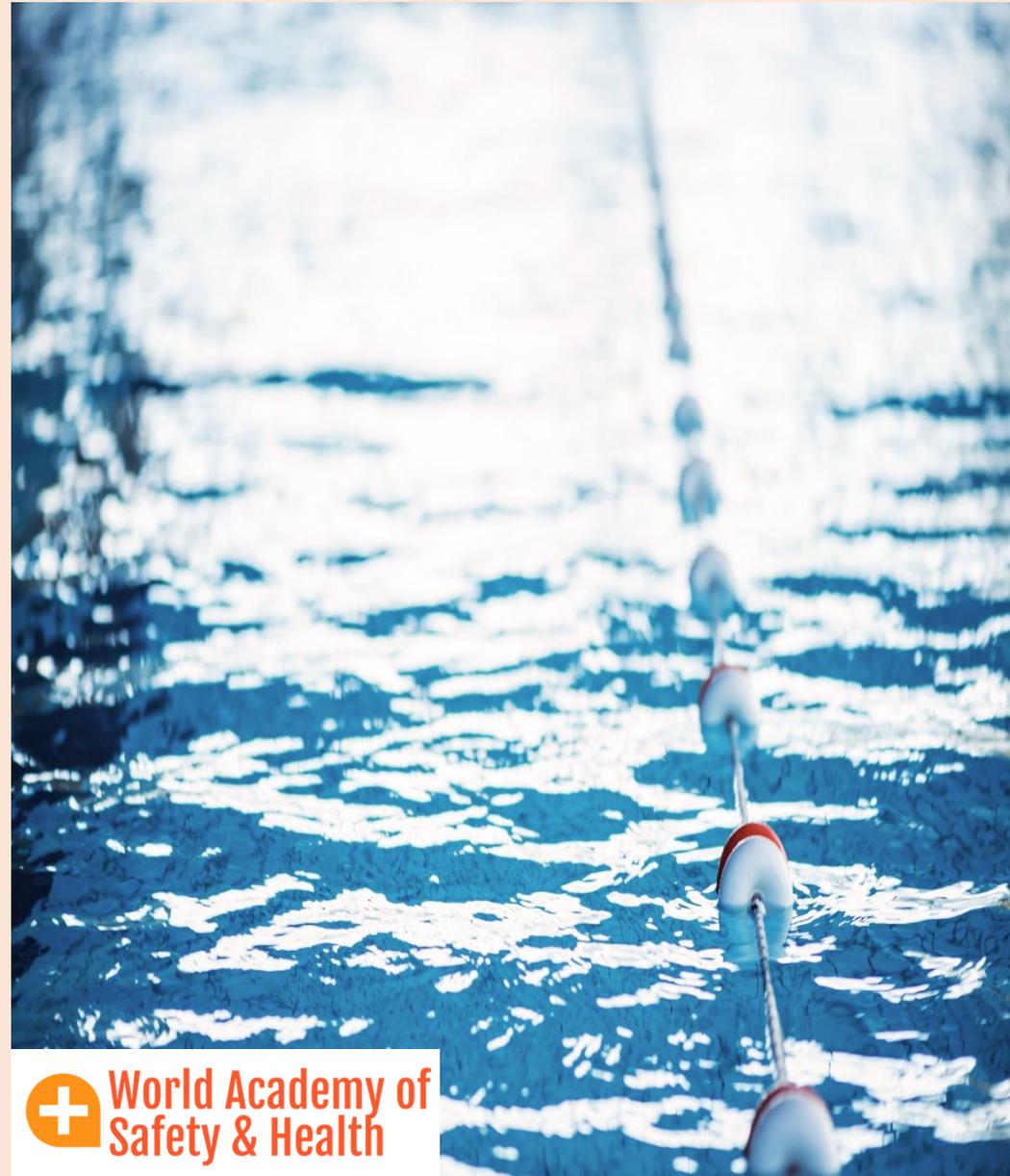
- Recognize
- Respond
- Recover

These three phases can summarize all actions a lifeguard must perform to effectively and efficiently handle an emergency. All of the actions a lifeguard should be taking during an emergency fall under the broad umbrella of the Three "R's".

The RECOGNIZE phase consists of 5 stages:

- Determining the most effective positioning of lifeguard stations to ensure proper patron surveillance can be maintained
- Using the proper positioning of lifeguard stations to determine the number of lifeguards necessary
- Establishing the zones of coverage
- Maintaining effective and constant scanning and patron surveillance
- Knowing, understanding, and being able to properly identify the signs and symptoms of a distressed swimmer

This is the most important phase of a lifeguard's job. In the absence of recognition, the victim will likely drown as there will be no emergency response.



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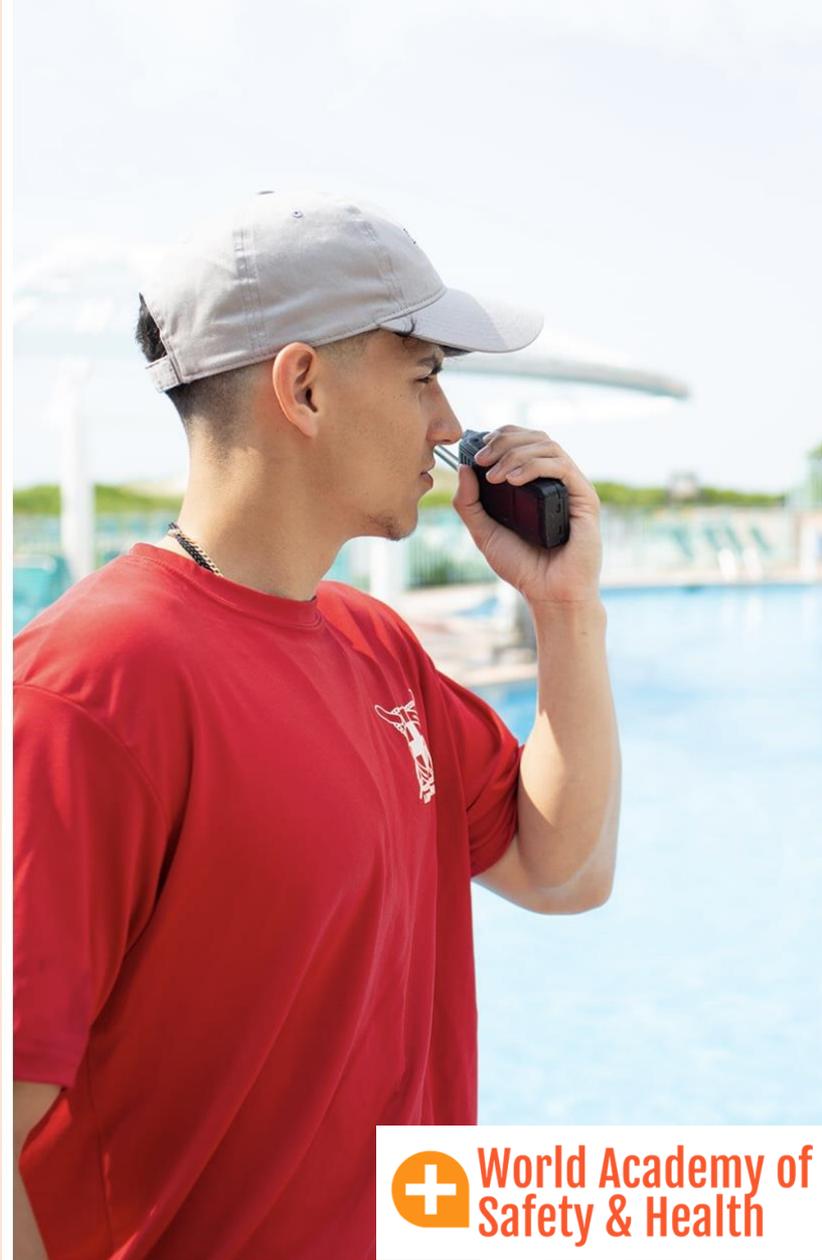


Every Lifeguard must always remember the Three "R's" – Recognize, Respond, Recover.

Introduction to Lifeguarding

Respond

- The Response phase is the second component of all rescues and assists.
- The specific lifeguard response is dictated by the type, location, and severity of the emergency situation. All lifeguards will be properly trained in how to respond to each type of emergency.
- This phase consists of 5 stages:
 - 1.) Activation of the Emergency Action Plan (EAP)
 - 2.) Decide on action/response required (i.e. assist or water entry for a rescue)
 - 3.) Execute assist or in-water rescue
 - 4.) Extract victim from water (as needed)
 - 5.) Complete required rescue report/incident report and release victim



Introduction to Lifeguarding

Recover

- The recovery phase is the phase and consists of 5 stages:

- 1.) Activation of the Emergency Recovery Procedures
- 2.) Cleaning & disinfecting contaminated equipment
- 3.) Replacing equipment that may have been damaged and/or transported with victim to hospital
- 4.) Ensuring the facility is fully staffed.
- 5.) Post-Incident Continuous Improvement Meeting(s)



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The Recovery phase occurs once the emergency situation is over. It involves ensuring the facility is prepared to reopen as evidenced by all equipment having been replaced to the point of being fully able to respond to another emergency.

Preventative Lifeguarding



Lifeguards are considered first responders. However, unlike any other first responder, a lifeguard's job is to prevent an emergency and/or accident as opposed to reacting and responding to an emergency. Do not misunderstand, when an accident or emergency does occur, the lifeguard must respond.

However, firefighters, for example, do not keep watch during their entire shift in an effort to prevent an emergency from occurring. Instead, they are called only when an emergency does occur. Lifeguards, on the other hand, keep constant watch with their primary responsibility being the prevention of an emergency.

Often times, people see the response of the fire departments, EMS, and police departments. However, the work a lifeguard does goes unnoticed.

Preventative Lifeguarding is a strategy used to limit or eliminate accidents and injuries before they occur. It can come in many forms and has several component parts to ensure it is an effective method of lifeguarding.

Preventative lifeguarding can include:

- internal department and/or organizational policies and protocols. Some examples of these policies and protocols are: pool rules, patron surveillance techniques, established and well-planned employee training and expectations, and positioning of lifeguards based upon the layout of the facility.
- Effectively communicating with patrons. During this communication, the lifeguard(s) might share and explain the facility's rules and educate patrons about safe versus unsafe or risky behaviors.
- Consistently and effectively enforcing the facility's rules and regulations.

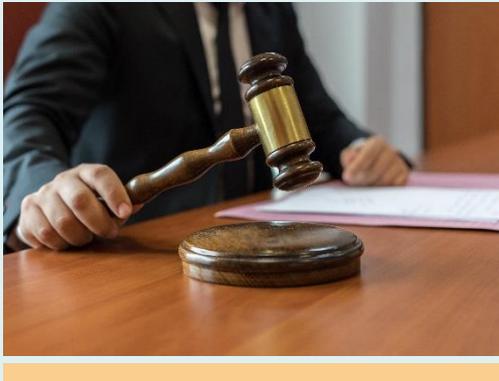
In summary, preventative lifeguarding takes into account all of the risk management policies and tools in place at a facility to limit the chances of an accident and/or emergency from occurring.

We all know that, undoubtedly, accidents will always happen but, if we as lifeguards can prevent the frequency and severity of them, patrons will be safer in our facilities.



Prevention of Emergencies is Always the Preferred Lifeguarding Method as Opposed to Responding to Emergencies.

Legal Information for Lifeguards



Good Samaritan Laws

Good Samaritan laws are designed to protect people who provide needed emergency care in good faith and with no duty to act and/or not received any type of compensation in return. Hence, in some cases and in some states, professional rescuers including lifeguards are not covered under these laws as they have a duty to act and are, typically, compensated in some way for their services.

Almost every state has these laws although, they differ slightly from one state to another. Generally speaking, for the emergency caregiver to be protected under the scope of these laws, he or she must not act outside the scope of his or her training or be negligent with the care provided.

Lifeguards, to limit their liability, should become familiar with and understand how the following legal considerations fit with the Good Samaritan laws in his or her state:



Legal Information for Lifeguards



Negligence

You must provide the care you were certified and trained to provide. You must not act beyond the scope of your training or level of certification.

Additionally, you must provide the care appropriate for the signs and symptoms being exhibited by the victim.

Abandonment

As a certified first responder, you have a legal obligation to provide appropriate care to a victim. Once care is initiated, you cannot legally discontinue care until and unless one of the following occur:

- Victim no longer requires care
- Someone of equal or higher certification takes over care
- Scene becomes too unsafe to continue

Consent

All certified first responders must obtain consent from all victims.

You should identify yourself by name and level of certification. Then ask the victim if you may assist them.

In the absence of consent, care may not legally be provided.

Legal Information for Lifeguards



Duty to Act

The Lifeguard while on Duty has a legal obligation to respond and provide the appropriate care during any emergency – land or water.



Standard of Care

Lifeguards are legally expected to provide an industry minimum standard of care to all victims.

Care that is provided should always be within the lifeguard's scope of training.



Privacy/HIPPA

Any information related to the victim's injuries, medical status or history and all other confidential victim information cannot be shared by the lifeguard with third parties.



Documentation

Record all information from the rescue and/or scene if ever needed in a court proceeding.

Legal Information for Lifeguards



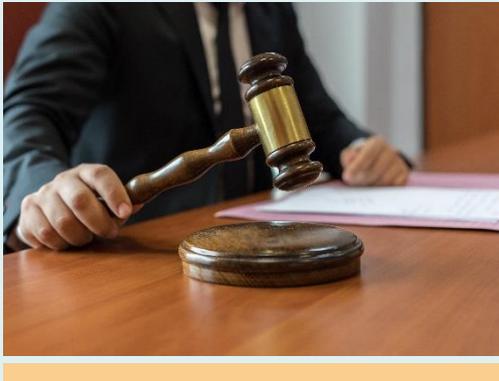
Standard of Care

Lifeguards must consider several areas related to their Standard of Care obligation:

- Initial Training & Certification
- Continuing Education
- Aquatics Industry Standards
- Legal Standards
 - Preventative Lifeguarding
 - Surveillance & Scanning
 - Response
 - Providing Emergency Care

CHAPTER 1

Legal Information for Lifeguards



In most cases, the documents lifeguards complete on a daily or regular basis are required by local or state regulation and are subject to inspection by the local health department at any time. Remember, these and all other documents you complete are also subject to subpoena.

Additional Legal Information

Your facility is likely to have a variety of forms requiring completion on a daily basis, twice daily basis, weekly basis, and/or only when an emergency occurs (as discussed earlier). No matter the form you are completing, it is important to be thorough, detail-oriented, truthful and timely. It is always best to have the information fresh in your mind when completing the report to avoid confusion and forgetfulness.



Chapter 1 Summary



Drowning Can Happen Quickly



Lifeguards Should Always be
'Standing Up in the Canoe'



Primary Responsibility of a
Lifeguard is Safety of all Patrons



Lifeguards Must Take of Their
Minds and Bodies



Earning Certification is Only Step
One. Lifeguards Should Attend
Regular Professional Development



Lifeguards Must Recognize They
Are the Last Line of Defense in
Drowning Prevention

 Quiz

Click the **Quiz** button to edit this object

Chapter 1 Quiz

All students must earn a minimum score of 80% on this and all subsequent Chapter quizzes in order to successfully complete the Lifeguarding Self-Paced Online Course

Personal Protective Equipment (PPE)



Personal Protective Equipment includes any item used and/or worn that limits one's exposure to Bloodborne Pathogens, while providing emergency care to a person. Bloodborne Pathogens are bodily fluids, including blood and spinal fluid. There are a variety of types of PPE used by lifeguards, medical professionals and other first responders. The most common piece of PPE are protective gloves. Many organizations use nitrile gloves to eliminate possible allergic reactions to latex gloves.

Throughout this course, you will learn the importance of protecting oneself – from environmental conditions like weather to panicked victims to exposure to bodily fluids.

The lifeguard must take time and the necessary steps to protect him or herself. Of course, as much as is possible, this type of preparation should occur prior to an emergency occurring. Some steps the lifeguard can take to self-protect include:

- Ensuring their hip pack and/or first aid kits contain all of the needed PPE such as masks or face shields, nitrile gloves, biohazard bags, gauze, goggles, and other protective equipment.
- Ensuring all rescue gear is functional prior to the start of his or her lifeguard shift.

Always remember to access and use your PPE even before you know you need it – the rule of thumb should always be to don the PPE in case you end up finding yourself in a scenario in which it suddenly becomes necessary.

For example, a patron approaches you not feeling well but there is no sign of bodily fluid. Prior to providing any care and/or examining the patron, the lifeguard should put on his or her gloves in case exposure to bodily fluids later becomes a concern while providing needed emergency care.

Personal Protective Equipment (PPE)

CHAPTER 2



PPE Standard Precautions for lifeguards include: gloves, hand washing after patient contact or care, and optional PPE based upon the specific situation. These optional PPE measures include: CPR masks, aprons/gowns, face and eye shields or other protection, and proper disposal of contaminated gauze, bandages and other first aid materials.

Exposure to Bloodborne Pathogens

If you believe that you or a co-worker has been exposed to any bloodborne pathogens, it is crucial that the following steps are immediately taken:

- Thoroughly wash and decontaminate the area(s), as best as possible and for at least 5 minutes, using soap and warm water.
- If any bloodborne pathogens get in, on, or round one's eyes, they must be flushed for at least 20 minutes with sterile water or saline solution.

All facilities should have a bloodborne pathogen exposure policy and procedure. This can, typically, be found in the operations manual and/or employee handbook. The exposure plan may differ slightly from one facility to another but, each should have a few of the same key components. These include:

- Seeking immediate medical care for those exposed and/or thought to have been exposed.
- Documenting and reporting the exposure with facility supervisors and management staff.

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<https://lifeguardcertifications.com/my-account/>



Personal Protective Equipment (PPE)

CHAPTER 2



Disposal and Cleaning of Contaminated Materials

It is important that proper disinfecting and disposal of contaminated and/or soiled equipment and materials be addressed in each facility's bloodborne pathogen plan.

In addition to PPE for lifeguards and staff, each facility must have controls in place for the proper disposal of biohazard materials (i.e. contaminated or soiled items). For example, there must be biohazard bags and biohazard sharps plastic container(s). These must be easily sealable and be properly labeled. The sharps container must be able to withstand the objects placed inside without being punctured or leaking. Facilities might also consider 'blood spill' kits for cleanup on or around the pool deck and other areas of the facility.

Anytime a pool facility and/or lifeguard equipment becomes contaminated during an emergency, the item(s) must be properly disinfected prior to being placed back in service. To accomplish this, utilize a 10% bleach to water solution to scrub the equipment.

The area of any spills must also be cleaned and disinfected prior to reopening or that area being utilized. To accomplish this: ensure the area is closed and not accessible to others; use the same 10% bleach to water solution to apply to the area and let stand for a few minutes prior to sweeping it all up.

Always remember, when handling contaminated or potentially contaminated equipment and materials, to wear your PPE.

Fecal Matter Cleanups

Any time there is a fecal incident in the pool or hot tub, the lifeguard(s) should, as quickly as possible, remove it using a net, a skimmer, or a bucket. Patrons should be immediately removed from this swimming area.

It is best at this point, to notify management so that the facility's pool maintenance team and/or certified pool operator can properly clean and disinfect the equipment used during the cleanup and can properly disinfect the pool water by shocking or using an alternate method.

Bathers should not be permitted back in the swimming area until the certified pool operator and facility manager approve it.

Most facilities should and do have protocols in place for lifeguards to inspect and report the status of the pool deck and equipment as well as other areas such as the pump rooms, locker rooms and bathrooms, chemical storage areas.

Anything that may cause injury and/or could be a hazard to patrons, co-workers, vendors and contractors, or others must be immediately reported to the management staff.

Patron surveillance and emergency response is only part of keeping swimmers safe. The rescue equipment must also be in good working condition and ready to be used at a moment's notice. Each time a lifeguard prepares to begin his or her shift, all of the equipment must be inspected to ensure it will properly function during an emergency.



Risk Management & Safety

Remember, the primary purpose of a lifeguard's presence is the safety and well-being of the people (patrons and co-workers) at the aquatic facility. Later, in Chapter 6, we will discuss patron surveillance and emergency response in depth. In the meantime, understand that patron surveillance, emergency response and overall patron safety are the lifeguard's only responsibilities.

The lifeguard's liability, as it pertains to safety, extends well beyond the safety of swimmers.

Inclement Weather Conditions

Weather can impact swimmers and others on or around the pool deck at both indoor and outdoor facilities.

It is never safe for any person to be on, in or near water during an electrical storm or during other adverse weather conditions. Always follow your facility's weather policy and pay close attention to the local forecast and other weather warnings.

Generally speaking, as soon as there is any sign of inclement weather (thunder, lightning or dangerous winds) moving into the area the lifeguard(s) should:

- Immediately get down from the lifeguard station or other elevated position
- Clear the water of all swimmers
- Clear the pool deck of all patrons
- Clear all other outdoor areas of the facility

At outdoor facilities, patrons should be directed to seek shelter indoors until the storm has passed. If your facility does not have an indoor area for patrons to use to seek shelter, management should consider alternate arrangements to keep patrons safe. For example, it may be possible to use the inside of adjacent businesses such as hotel lobbies, retail stores, or other large buildings during storms.

Risk Management & Safety

Additionally, first aid kits must be checked to ensure adequate inventory of all supplies. Of course, any issue with equipment and/or lack of first aid supplies must be immediately reported. The pool should not open to swimming until and unless all equipment is stocked and in good working condition.

The overall safety and the appropriate policies, protocols, inspections and checklists are, ultimately, the responsibility of the aquatics director or other facility manager. However, liability for these items and areas - the unguarded areas - will fall upon all involved including the lifeguard(s) who should have been inspecting, reporting, and documenting dangerous conditions.



Risk Management & Safety

In some cases, your facility may have a lightning detector which will alert the management staff when lightning is in the area. Sometimes, this allows the lifeguard(s) to get a head start on clearing the areas listed above prior to the arrival of the electrical storm.

Patrons should not be permitted to re-enter until thirty (30) minutes has passed since the last rumble of thunder or lightning sighting.

There are other weather conditions that may not be dangerous for patrons on or around the pool deck but, are unsafe for patrons in the pool. These include fog, heavy rain, or any other conditions that impair the lifeguards' ability to clearly see the patrons in the pool and/or impair the lifeguards' ability to clearly see the bottom of the pool. In these cases, swimmers must be cleared from the swimming area until conditions improve enough to allow patron surveillance to resume safely.

Enforcing Rules

CHAPTER 4



Lifeguards must know and understand the rules and how best to consistently and firmly enforce them. This may require a facility in-service training session where the lifeguards are presented with a variety of scenarios and are asked to role play, while being provided feedback and coaching, on how best to respond to patron(s).

If the pool is a part of a Homeowner's Association (HOA), apartment complex, or operates as a membership facility, the rules should be included with initial and annual paperwork and/or the rules language should be added to governing documents. In these types of facilities, management may consider penalties for repeated violation(s) of the rules and regulations.

Often times, people who may have demonstrated unsafe behavior in violation of the rules or the spirit of the rules may react and become confrontational. Lifeguards should be trained by the facility on how best to handle such a situation by attempting to de-escalate and contacting management immediately. Additionally, there should be language in the rules and/or governing documents that outline stiffer penalties for such confrontations and reactions to rules enforcement.

To ensure safety at swimming facilities, it is important for management and staff to:

- Establish a set of rules
- Develop lifeguards' understanding of rules
- Consistently and firmly enforce rules & educate patrons on these rules

The very first step to enforce rules at a swimming facility is to have well established rules, regulations, protocols and procedures. There should be a set of rules that are, relatively, standard from one facility to another. Then there are, typically, additional rules that are specific to each facility and its unique set of circumstances. The goal should always be to ensure patron safety.

Rules should be posted in multiple high-visibility locations. For example, all patrons should be made aware of the rules and expectations prior to entering the pool area. With this in mind, facilities should be sure to post the rules on the entrance door or gate.

Enforcing Rules

CHAPTER 4



Additionally, patrons tend to be more receptive to rules enforcement if they understand the need for the rule(s). Hence, taking the time to speak with patrons as opposed to, simply, blowing the whistle may turn out to be more productive in the long run. Remember, if you have scanning and patron surveillance responsibilities you must never leave your zone of coverage or discontinue these scanning duties to speak with a patron. Instead, the facility should employ a deck manager or other person who interacts with and educates patrons.

Aquatic and pool facility lifeguards and staff members should take the time to educate patrons. This serves multiple purposes all of which will make the lifeguard's job of rules enforcement a bit easier and the facility a bit safer. For example, if deck managers, facility managers, lifeguards (not responsible for patron surveillance), and other staff members take the time to circulate and speak with patrons informing and explaining why it is important that they adhere to the rules it may eliminate or limit violation of these rules later. This will allow the on-duty lifeguards to remain focused on scanning and patron surveillance.



Example of Pool Rules

Take a shower prior to entering the pool.

No glass, sharp metal objects, or other objects (deemed hazardous by lifeguard or management) permitted in pool area.

No running on the pool deck.

No diving.

Except for service animals, no pets permitted in the pool area.

Use of the pool while under the influence of alcohol or drugs is not permitted.

Use of the pool if one has open wounds, contagious or infectious conditions is not permitted.

Children under 16 years of age must be accompanied by an adult.

Use of the pool by children is diapers is not permitted without rubber or plastic pants over the diaper.

Smoking is not permitted.

Food and drink in the pool is not permitted.



Voluntary Hyperventilation & Breath-Holding

Voluntary breath-holding has been cited as a cause of drowning incidents at various water depths. There are a few different descriptions of this condition with some based on the outcome and others based upon the behavior that leads to the outcome ⁴. For example, one may see it referred to as underwater blackout, breath-holding blackout, and shallow water blackout. Shallow water blackout is technically defined as, “a loss of consciousness caused by cerebral hypoxia towards the end of a breath-hold dive in shallow water. It is typically caused by hyperventilating just before a dive, which lowers the carbon dioxide (CO₂) level and delays the diver’s urge to breathe” ².

Shallow water blackout is a bit misleading as the condition can occur in water of any depth. Hence, some organizations have begun to refer to the condition as hypoxic blackout ². Though the overall rate of drowning deaths has been on the decline for decades, the rate of death by drowning as a result of breath-holding behaviors have not declined ³. Lifeguards must be made aware of the dangers of breath-holding activities and hyperventilation which has been linked to hypoxic blackout because “.if lifeguards are not aware of behaviors such as intentional hyperventilation, the risks of adverse events are significantly increased” ².

It is important that voluntary breath-holding activities be prohibited at all pools and aquatic facilities. This is a rule that must be added and prominently displayed on all rules postings. Additionally, training for lifeguards on what breath-holding activities might look like on, in, and around the water must be provided as part of a facility’s regularly scheduled in-service program.



It is crucial that the Lifeguard know the signs & symptoms of a distressed or drowning swimmer, and, know how respond once a victim is recognized.

Drowning Facts

CHAPTER 5

From 2005-2014, there were an average of 3,536 fatal unintentional drownings (non-boating related) annually in the United States — about ten deaths per day.⁵

An additional 332 people died each year from drowning in boating-related incidents.⁶

About one in five people who die from drowning are children 14 and younger.⁵ For every child who dies from drowning, another five receive emergency department care for nonfatal submersion injuries.⁵

Globally, more than 40 people die by drowning every hour of every day. Drowning is one of the top 10 leading causes of death for children in every region of the world.⁵



Drowning is the 3rd leading cause of unintentional death in the world.

Drowning Facts

CHAPTER 5

What is Drowning?

1. Water is inhaled & the drowning person has an adrenaline rush as they struggle to for air.
2. The airway begins to close to prevent more water from getting into the lungs. At this stage, the victim involuntarily holds his/her breath until he/she eventually loses consciousness. This process takes between 2-3 minutes.
3. The victim loses consciousness. Effective resuscitation can still save the victim and he/she still has a chance of survival. The victim will stop breathing and his/her pulse rate slows.
4. In the absence of oxygen, the victim's body turns a shade of blue and may begin erratically jerking as if convulsing.
5. The final stage of drowning is called cerebral hypoxia and this is followed by clinical death.



RID Factor is considered a contributor to drowning incidents when a lifeguard is present.

Drowning Facts

CHAPTER 5

There are a few common causes of drowning. Of course, drowning incidents are most prevalent where no lifeguard is on duty. The RID Factor (Pia 1984) – Recognition, Intrusion, and Distraction – have been identified as causes of drowning incidents where lifeguards are present.

Recognition – *The lifeguard staff failed to recognize the signs and/or symptoms of drowning. This could be the result of a lack of knowledge about what to look for or it could be the result of the victim already being submerged. The victim could have also slipped under the water without exhibiting any signs of distress or drowning.*

Intrusion – *Other duties have interfered with the lifeguard’s primary responsibility of patron surveillance. For example, cleaning or maintenance duties were assigned and completed while the lifeguard had surveillance responsibilities. Hence, the proper scanning was not adequately completed.*

Distraction – *The lifeguard has the potential to become distracted by a multitude of things. It could be that he or she was bored, tired, engaged in conversation with a patron or colleague, or engaged in another activity that caused him or her to be distracted from scanning and patron surveillance.*

Patron Surveillance

CHAPTER 6

Zones of Coverage

Zones of coverage for lifeguard staff are designed specifically for each facility based upon that facility's unique needs, size and layout. There are several types of zone coverage yet all of the types operate using the same basic principles. These are:

- The entirety of the zone of coverage must be visible from one spot for the assigned lifeguard.
- The lifeguard must be able to scan his or her entire zone of coverage in 10 seconds or less.
- The lifeguard must be able to get the farthest area of the assigned zone in 20 seconds or less.



Patron Surveillance

CHAPTER 6

Full Coverage

Only one lifeguard is on duty. Hence, that lifeguard is responsible for patron surveillance and constant scanning of the entire coverage area. This lifeguard must recognize and respond to any and all emergencies – land or water.

Back-Up Coverage

Two or more lifeguards are on duty together. During an emergency that requires a single rescuer response, the primary rescuer (first lifeguard) responds and the second lifeguard immediately provides what we refer to as back-up coverage.

The back-up lifeguard must be prepared to provide a variety of responses during the emergency. For example, the back-up lifeguard may need to clear swimmers from the pool; provide direct response or direct assistance to the primary rescuer; and/or communicate with facility management and/or local EMS services.

Overlapped Coverage

Two or more lifeguards are on duty together with each being assigned a zone or area coverage. And, although each lifeguard has a direct responsibility for patron surveillance in a specific area, there is an area where the two zones meet or overlap. In this area, both lifeguards have scanning duties.



Scanning

CHAPTER 7

Effective surveillance occurs in three stages with the first two stages being part of the recognize phase and stage three being part of the respond phase of the

Three “R’s”. The three stages of effective surveillance are:

- 1) scanning and sizing up;
- 2) focusing and sizing up;
- 3) activating EAP

Surveillance of patrons or swimmers is a learned and developed skill. The lifeguard must know and understand effective scanning techniques, zones or areas of coverage, signs and symptoms of distress in the water, and pre-cursors or patron characteristics that often lead to future trouble in the water.

To properly and effectively **scan** and **size up**, the lifeguard must visually inspect his or her assigned area of the swimming pool while looking for the common signs and symptoms of distress or drowning. Additionally, the lifeguard must, at a minimum, be looking at the surface of the water. Though, it is recommended that the lifeguard also observe, where possible, the water column and the bottom of the swimming area.

If the lifeguard observes anything unusual, erratic or otherwise concerning he or she should **focus** on the swimmer exhibiting this behavior and/or the area of the pool where the activity is taking place and **size up** again.

The lifeguard should attempt to visually inspect what is taking place below the water’s surface in this area as well.

If the lifeguard decides, based on his or her sizing up activities, that a response is required then the facility Emergency Action Plan (EAP) should be immediately activated. EAP’s are discussed in detail in *Chapter 9*.

The process of surveillance should be repetitive and constant while the lifeguard has an area of coverage or responsibility for patron or swimmer safety.



Rotations

When we refer to lifeguard rotations, we are referring to the practice of lifeguards moving from one guard station to another and/or to the break room or to perform other facility-related duties throughout his or her shift (Note: please remember that lifeguards should never be assigned to perform any other duties while he or she is responsible for patron surveillance).

Ideally, lifeguard rotations should take place every 20 -30 minutes. The rotation cycle should also include a 10-15 minute break for every lifeguard.

Various factors impact a lifeguard's ability to maintain focus and attention on patron surveillance. These factors often include, depending upon the aquatics facility's setting, both indoor and outdoor environmental factors such as the sun's UV rays, heat, humidity, sun glare, and more. At times, these factors can contribute to lifeguard fatigue and lack of attention.

Lifeguard rotations are designed to mitigate these environmental factors while helping to ensure the lifeguard remains vigilant with his or her duties.

Steps of an Effective & Safe Rotation

The transition from one lifeguard to another must take place in a manner consistent with constant patron surveillance. At no time during the transition should patron surveillance be compromised. There must always be at least one lifeguard maintaining surveillance duties.

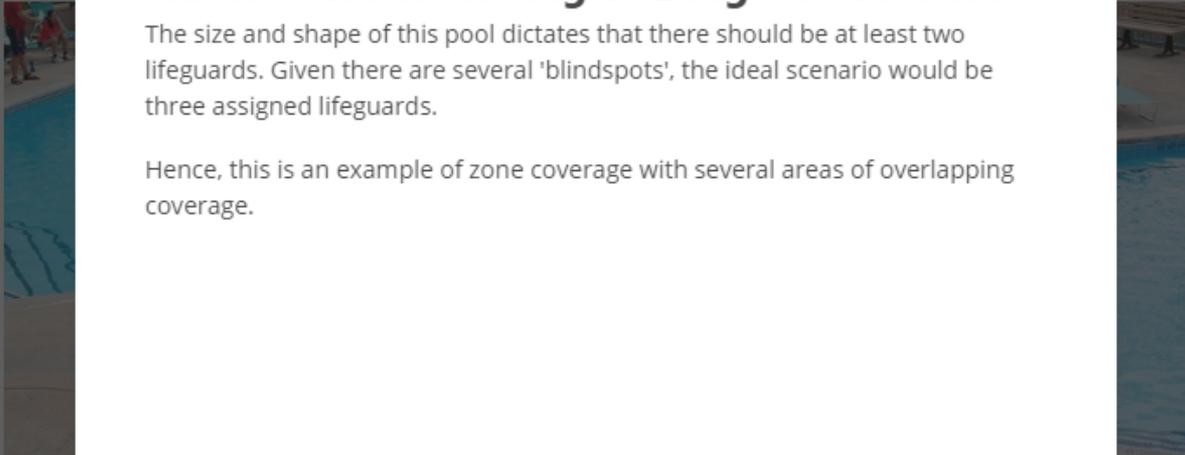
- Incoming lifeguard stands next to the lifeguard station, careful not to impede the view of the lifeguard in the stand.
- Incoming lifeguard begins patron surveillance from this standing position and communicates this to the lifeguard in the stand.
- The lifeguard in the stand passes the rescue tube to the incoming lifeguard, gathers belongings, exits the stand, and maintains a standing position on the opposite side of the stand of the incoming lifeguard.
- Outgoing lifeguard begins patron surveillance and communicates this to the incoming lifeguard.
- Incoming lifeguard gets situated in the lifeguard chair, begins patron surveillance, and communicates this to the outgoing lifeguard.
- Outgoing lifeguard is now free to move on to the next lifeguard station in the rotation cycle.



Interaction

Click the **Interaction** button to edit this object

Labeled Graphic ✕



Number & Positioning of Lifeguard Stations

The size and shape of this pool dictates that there should be at least two lifeguards. Given there are several 'blindspots', the ideal scenario would be three assigned lifeguards.

Hence, this is an example of zone coverage with several areas of overlapping coverage.



Interaction

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Hotspot Image ✕

Introduction

The green shaded area identifies the area of coverage and responsibility for Lifeguard #1.

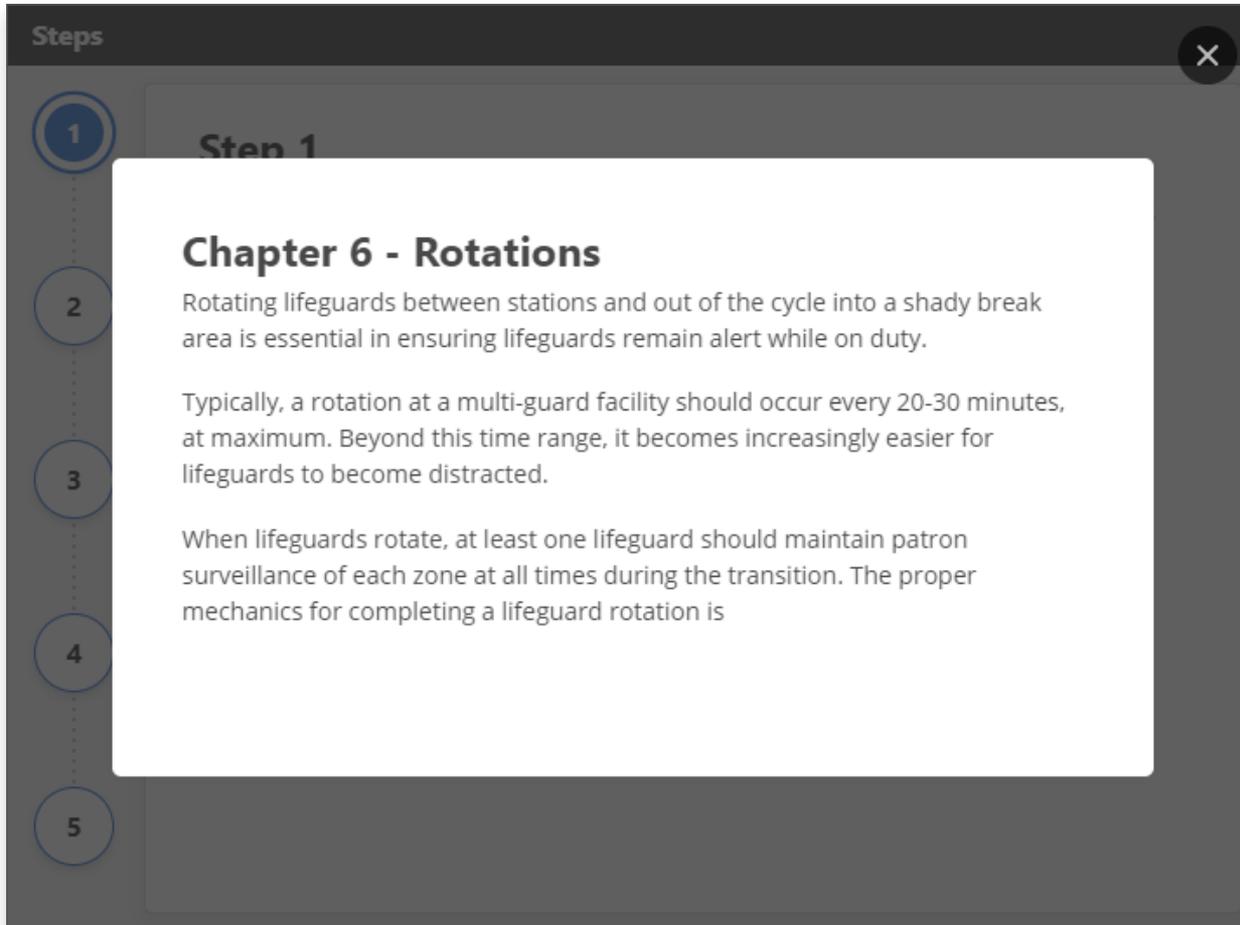
The orange shaded area identifies the area of coverage and responsibility for Lifeguard #2.

The area where the green and orange shaded area overlap identifies the area in which Lifeguard #1 and Lifeguard #2 both have scanning & surveillance responsibility.



Interaction

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The screenshot shows a software interface with a dark grey background. At the top left, the word "Steps" is written in white. On the right side, there is a close button (an 'X' in a circle). On the left side, there is a vertical list of five numbered steps (1, 2, 3, 4, 5) inside circular icons, connected by a vertical dotted line. Step 1 is highlighted. A large white rectangular text box is overlaid on the main content area, containing the following text:

Chapter 6 - Rotations

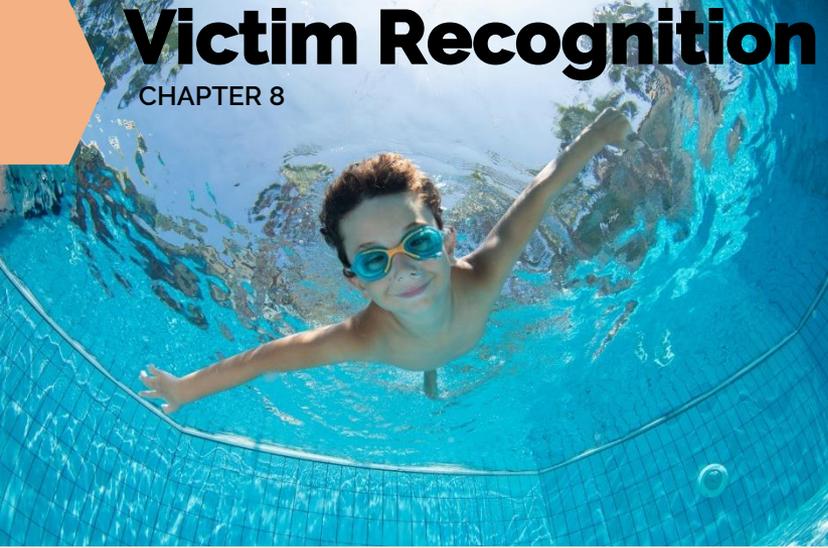
Rotating lifeguards between stations and out of the cycle into a shady break area is essential in ensuring lifeguards remain alert while on duty.

Typically, a rotation at a multi-guard facility should occur every 20-30 minutes, at maximum. Beyond this time range, it becomes increasingly easier for lifeguards to become distracted.

When lifeguards rotate, at least one lifeguard should maintain patron surveillance of each zone at all times during the transition. The proper mechanics for completing a lifeguard rotation is

Victim Recognition

CHAPTER 8



A common misconception of lifeguards is that they sit in the sun enjoying the summer days without a care in the world – the best job in the world as many people like to say. And, it is arguably, the best job one can hold. However, a lifeguard is constantly working while on duty.

Though it may appear to the ‘untrained eye’ that the lifeguard is not doing much, we know that the trained lifeguard is constantly scanning the water for signs of trouble. The untrained individuals may not understand what or why the lifeguard is watching.

The lifeguard is watching for:

- **Head low in the water** – a strong or healthy swimmer is easily able to keep his or her head high in the water and above the water’s surface. A person unable to do this may require assistance.
- **Low Stroke** – a strong or healthy swimmer is easily able to bring his or her elbows out of the water with each swim stroke. A swimmer dragging his or her elbows in the water is a sign that he or she may require assistance.
- **Little to no kick** – a strong or healthy swimmer maintains a strong kick of his or her legs. No kick and/or no breaking of the water’s surface with a kick is a sign that he or she may require assistance.

Typically, a swimmer displays a low head in the water, a low stroke, and little to no kick simultaneously. A properly trained lifeguard who knows the signs to look for when identifying a potentially distressed swimmer should be able to easily recognize a swimmer displaying these three signs of trouble.

It is crucial that the Lifeguard know the signs & symptoms of a distressed or drowning swimmer, and, know how respond once a victim is recognized.

A photograph of a swimmer in a pool, viewed from above. The swimmer is in the middle of a stroke, with their head above water and arms extended. The pool has lane lines. The text 'Victim Recognition' is overlaid on the bottom left of the image.

Victim Recognition

CHAPTER 8

Additional signs of distress in the water include:

- **Hair in Eyes** – for most swimmers, brushing his or her wet hair off or away from the face and eyes is instinctive behavior. When a swimmer makes no attempt to do this, it should be seen as a sign of distress.
- **Grasping the Water with Both Arms** – when a swimmer struggles to keep his or her head above water and begins to panic, he or she begins to rapidly slap the surface of the water or slash both arms through the water at the same time. When a lifeguard observes this type of behavior, the lifeguard must immediately respond

- **‘Climbing the Ladder’** – when a swimmer struggles to keep his or her head above water and begins to panic, he or she begins to engage in what appears to be an upward crawl in the water. This is an ineffective method to keep one’s head above water and, when observed, requires the immediate response from lifeguard(s).
- **‘Bicycle Spokes’** – a distressed swimmer, as recognized by fellow bathers, with the distressed swimmer in the middle and fellow bathers moving toward him or her from all sides to provide assistance looks like a bicycle wheel with the good Samaritans being the spokes of the wheel and the distressed swimmer being at the center of the wheel.
- **Waving of the Hands** – a swimmer who may be tired but not yet in a panic or in dire need of assistance may wave his or her hands for assistance from the lifeguard(s).
- **Unusual and/or Erratic Behavior or Activity** – any behaviors and/or activities exhibited by swimmer(s) that seem unusual or erratic should be given additional scrutiny to determine if a lifeguard response is required.

It is not always a linear progression from distressed swimmer to drowning.

There are situations in which a victim never displays the signs or symptoms of distress. Instead, they could already be submerged in the water and, therefore, the lifeguard never sees the signs of distress.



Emergency Action Plan (EAP)

CHAPTER 9

An Emergency Action Plan (EAP) is an established set of protocols and procedures designed to be activated and followed during an emergency.

EAP's are written procedures that must be presented to every staff member and practiced on a regular basis. The more familiar the lifeguard staff is with the EAP, the more efficient and effective the response will be during an actual emergency.

The EAP must be published, easily accessible and posted in visible locations for lifeguards to see. A well-designed EAP states, specifically, what each staff member should do, when he/she should do it, and exactly how to do it by outlining detailed procedures.

Activation of the EAP must occur every time there is an emergency and/or a lifeguard or other staff member recognizes an emergency and/or victim. Typically, in an aquatic environment, activation of the EAP occurs with the whistle signal being used to signify a water or land-based emergency.

EAP's are designed specifically for each facility and that facility's unique layout, staffing, equipment, level of training and more. Rarely are two EAP's exactly the same though many will have overlapping protocols.

Review and practice of the EAP must be a part of a facility's routine In-Service Training or Continuing Education for the lifeguard staff.

It is advisable for training to be coordinated together with local EMS to ensure a well thought out, medically sound, and seamless response during an emergency.

Emergency Action Plan (EAP)

CHAPTER 9

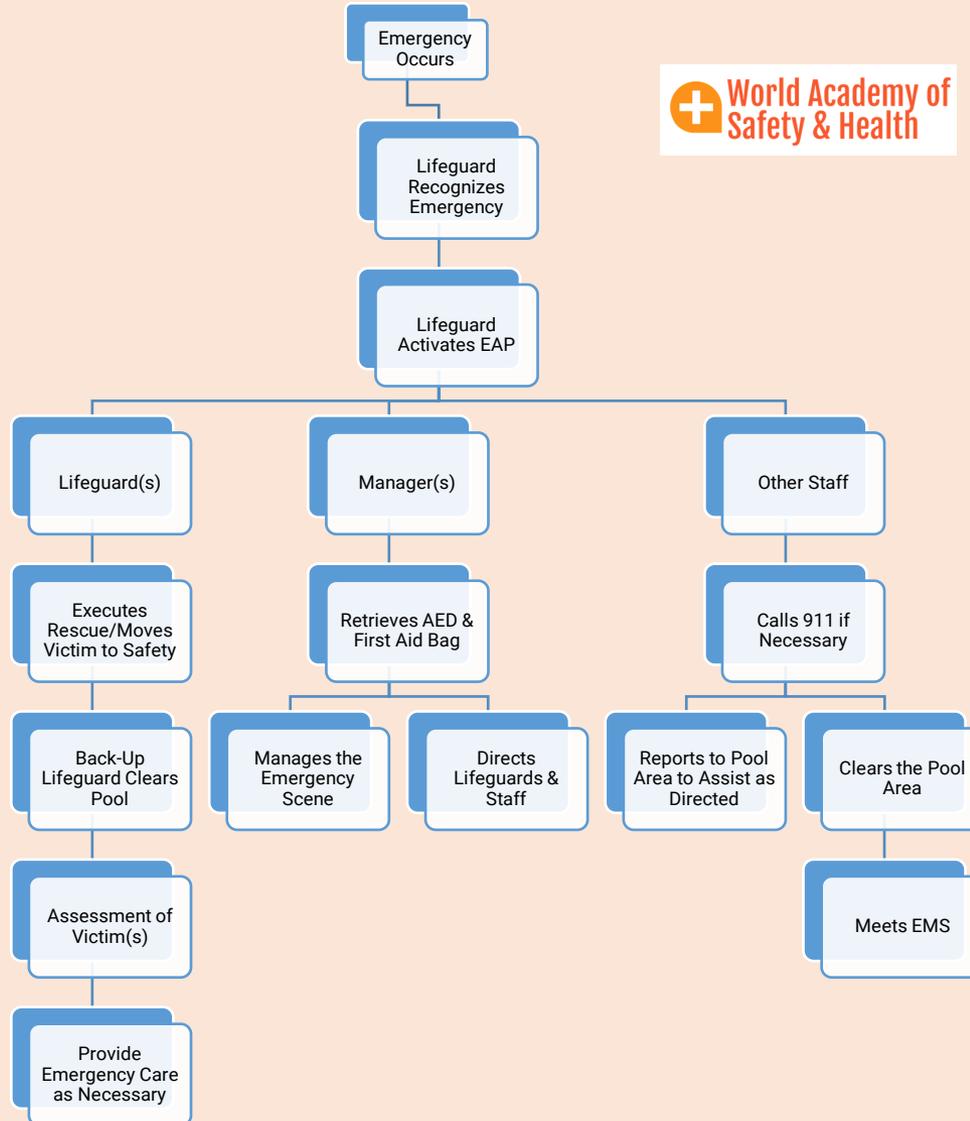


This type of training should be conducted, at minimum, once per month for all staff members.

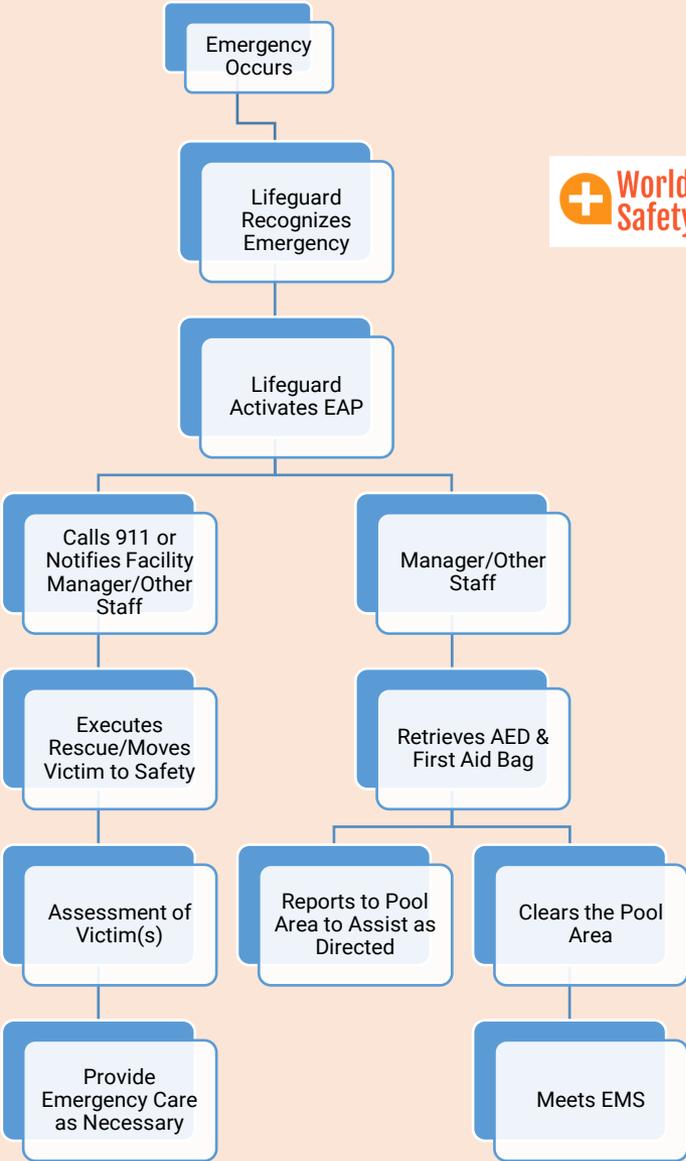
Effective communication and coordination is vital to the overall effectiveness and quality of the EAP and, in turn, the outcome for the victim(s). In many jurisdictions, the EAP is required by the health department and when the facility is inspected, the EAP will be examined.

Additionally, many insurance companies will ask for this document to ensure that the facility for whom they are providing insurance is taking proper risk management steps.

Sample Aquatics Emergency Action Plan (EAP)



Sample Aquatics Emergency Action Plan (EAP) One Lifeguard Facility



Water Emergencies

CHAPTER 10



Thinking back to the chapter on EAP's, you may recall the Three "R's" – Recognize, Respond, Recover. In order to understand and review the general steps a lifeguard must take when there is a water emergency, one must begin with recognizing there is an emergency that requires a response. Immediately after this recognition, the lifeguard must activate the facility's Emergency Action Plan (EAP) by whatever means is outlined in the plan – this is typically by using a specific whistle signal reserved for this purpose.

The lifeguard(s) then immediately moves into the respond phase and quickly assesses and decides whether to execute an assist from the pool deck or enter the water to perform a water rescue. In either case, the lifeguard makes contact with the victim, executes the assist or rescue and safely moves the victim to the side of the pool for extraction from the water. The lifeguard should then assess the victim and provide any additional emergency care necessary.

A rescue or incident report should be completed prior to releasing the victim.



There are several types of water rescues depending upon the victim's status. An in-water victim can be active, passive, and/or a spinal injury victim. Each of these scenarios requires a specific in-water response and approach by the lifeguard(s).



Assists

Assists are used to help a tired swimmer without entering the water and/or signaling a full water rescue.

Tossing Assist

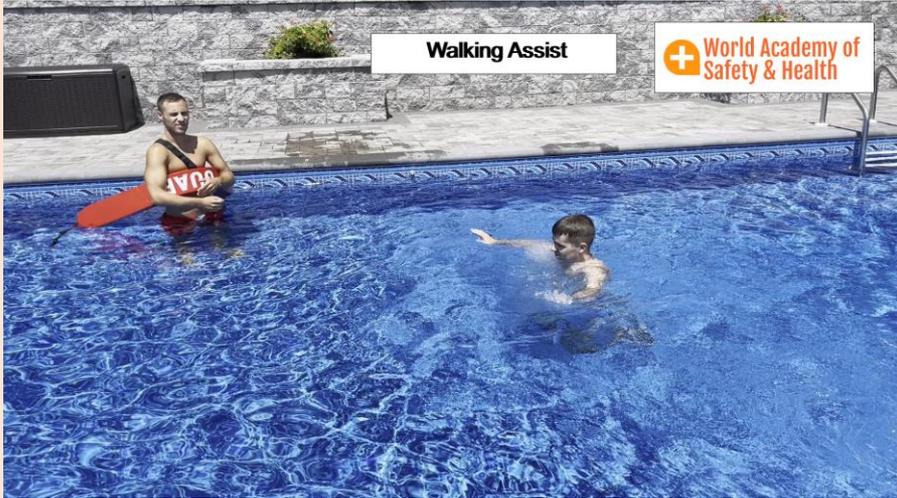
Lifeguard tosses his or her rescue tube or ring buoy to the tired or distressed swimmer. Steps to follow when using a tossing assist:

- Place the rope attached to either the rescue tube or ring buoy on the pool deck and place a foot on this rope. This ensures that the lifeguard has the ability to pull the victim to the edge of the pool once they grab the flotation device that is tossed.
- The lifeguard should toss the flotation device over the head of the victim and beyond or behind the victim. This ensures that the flotation device is not tossed short of the victim's reach. Instead, it lands behind the victim allowing the lifeguard to slowly begin pulling the throw line in a controlled manner bringing the flotation device to the victim.
- Once the victim has a firm grip on the flotation device, the lifeguard should slowly pull the throw line, without any sudden jerks of the rope, to the edge of the pool and assist the victim with an exit from the water.

Reaching Assist

Lifeguard extends the Shepherd's Crook or other telescoping reaching pole. One could also use the rescue to extend it to a tired swimmer if he or she is closer to the pool's edge. Steps to follow when using a reaching assist:

- Lifeguard should stand at the edge of the pool ensuring he or she has a strong base with feet shoulder width apart. The lifeguard should shift his or her weight back away from the pool to avoid the victim pulling on the reaching pole causing the lifeguard to be pulled into the water.
- Once the victim has a firm grip on the reaching pole, the lifeguard should begin to slowly and in a controlled manner use the pole to pull the victim to the side of the pool.



Water Entries

Scissors Jump Entry

The entry should be used when the lifeguard must enter the pool in an area of deep water directly from the pool's deck (ensure water depth is at least 5-6 feet).

The lifeguard should be wearing the rescue tube and keep it high and tight across his or her chest and under the armpits. The lifeguard should ensure his or her feet are flat on the pool deck with a slight to no bend in the knees.

Prior to initiating water entry, the lifeguard must check the entry area to ensure it is clear and safe for entry. The lifeguard should then take one long step or stride off the deck and into the pool. Once the lifeguard makes contact with the water, he or she should immediately bring his or her legs back together as if closing a pair of scissors. This action, along with the buoyancy of the rescue tube, will help bring the lifeguard back to the surface of the water. The lifeguard can now begin the approach to the victim.



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Cannon Ball Entry

This entry should be used when the lifeguard is entering the water from a height – i.e. lifeguard tower or watch station (ensure water depth is at least 5-6 feet).

The lifeguard should be wearing the rescue tube and keep it high and tight across his or her chest and under the armpits. The lifeguard should ensure his or her feet are flat on the ground/deck/lifeguard stand and that his or her knees are slightly bent as if entering a sitting position.

Prior to initiating water entry, the lifeguard must check the entry area below him or her to ensure it is clear and safe for entry. The lifeguard should then jump from his or her position into the pool as if performing a cannonball. Upon striking the water, the buoyancy of the rescue tube will help in returning the lifeguard to the water's surface to begin an approach to the victim.



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Approaching the Victim

The lifeguard should always keep the rescue tube high across the chest and under the armpits. This will allow the lifeguard to choose between the front crawl arm stroke and the breaststroke. Either of these strokes can be used with a flutter kick, breaststroke kick or a scissor kick to approach a victim. The lifeguard should keep his or her head out of the water with eyes on the victim at all times.

This placement of the rescue tube allows the lifeguard to:

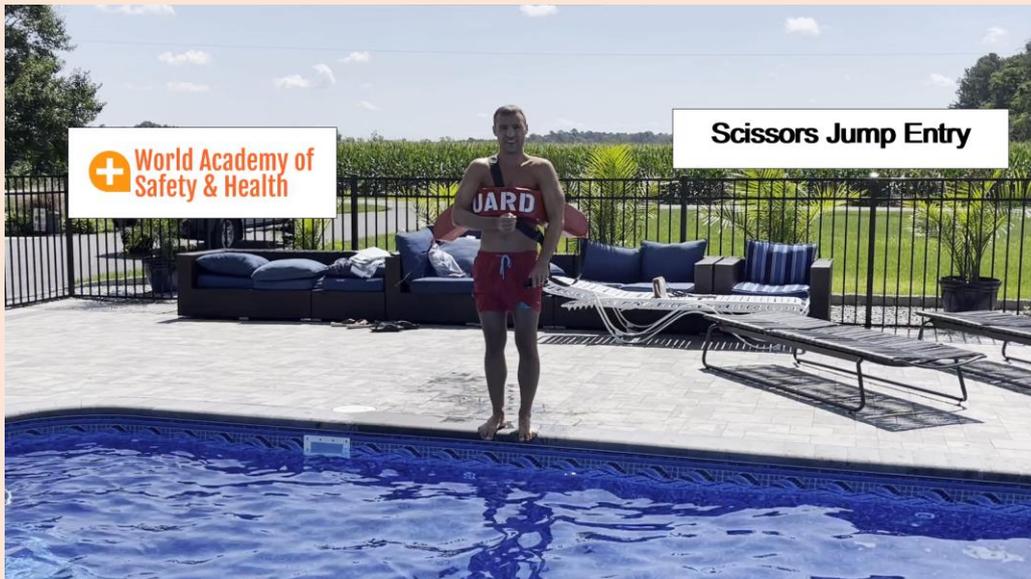
- easily keep it between him or herself and the victim to avoid being grabbed by a panicked victim.
- Approach the victim and execute the rescue in one fluid motion as the tube is already in position to execute the rescue (of a passive or active victim).



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Cannonball Jump



Scissors Jump Entry



There are several types of water rescues depending upon the victim's status. An in-water victim can be active, passive, and/or a spinal injury victim. Each of these scenarios requires a specific in-water response and approach by the lifeguard(s).

Slide-In Entry

This entry should be used in two different scenarios:

- 1.) If, during the lifeguard's check, the pool is too crowded to allow safe entry using either the cannonball or scissors jump entry.
- 2.) If the lifeguard suspects the victim may be suffering from spinal trauma.

The lifeguard should be wearing the rescue tube and holding with one hand as he or she sits on the edge of the pool deck. Once seated, the lifeguard can choose to slip the rescue tube off and leave it on the pool deck or allow it to float nearby. The lifeguard should use one hand to push him or herself away from the deck while gently entering the water feet-first.

Though this entry is most commonly used in shallow water, it can be used effectively in deep water with the lifeguard treading water or using the breaststroke to approach the victim.



Walk-In or Run-In Entry

This entry should be used in zero depth environments.

The lifeguard should be wearing the rescue tube while holding the excess towline to avoid tripping or getting this excess line caught on anything as he or she makes entry. The lifeguard should enter the water by either walking or running through the shallow water to make contact with the victim.

As previously discussed, if spinal trauma is suspected or if the lifeguard did not see what occurred and it is reasonable to think that the victim may have suffered spinal trauma then the lifeguard must enter and approach by walking as to not disturb the water and possibly cause more injury to the victim.



Water Rescues

Water rescues can come in many forms and can occur at any time. Lifeguards must always be prepared and expecting an emergency to occur.

Rescue Tube

The lifeguard rescue tube should be worn at all times when on duty and responsible for patron surveillance and, possibly, emergency response. To properly wear a rescue tube, the lifeguard should place one arm and his or her head through the strap so that the strap lays in a diagonal direction across the lifeguard's chest. Rescue tubes are available:

- in a variety of high visibility colors (i.e. red, orange, yellow, bright blue, etc...)
- in a variety of sizes with the most common being 40" and 50"
- in various buoyant materials with the most common being closed cell dense foam

Rescue tubes will:

- provide enough buoyancy for both lifeguard and victim
- help calm a panicked victim once he or she is able to grasp the rescue tube
- provide a barrier between the lifeguard and victim to prevent the lifeguard from being grabbed by a panicked victim



A lifeguard should never enter the water to execute a rescue without properly wearing the rescue tube.

Always remember, it is vital for the lifeguard to activate the EAP prior to entering the water to execute a rescue and/or make contact with any victim.

Contact and Control

Generally speaking, when a lifeguard contacts a victim, the rescue tube provides a certain level of comfort to a victim and can help to mitigate the behaviors of a panicked victim. It is important for the lifeguard to protect him or herself from a panicked victim – the rescue tube should always be kept between the lifeguard and the victim and used as a barrier to help prevent a panicked victim from being able to grab hold of an approaching lifeguard. If a victim is able to reach and grab a lifeguard, the tube should be immediately removed from the lifeguard's head and arm, pushed toward the victim, and the lifeguard should swim away from the panicked victim. Leaving the rescue tube with the panicked victim will keep him or her afloat until the lifeguard can re-approach and safely contact the victim.



Active Victim

An active victim is conscious. He or she can be a tired swimmer or a person who is actively drowning, struggling to keep his or her head above water. The victim could be swallowing water.



Active victims may exhibit any one or more of the following signs:

- Arms flailing off to the sides of the body causing splash but not effective in maintaining buoyancy.
- Gasping for air at the water's surface.
- Little to no kick.
- Unable to wave, call out, or otherwise signal that he or she is in need of assistance as he or she is entirely consumed with survival and getting air.

Active Victim Front Rescue

The active victim front rescue is the appropriate technique for a distressed or tired swimmer or a victim who might have moved beyond simply being tired or distressed but is yet to begin to panic. To perform the active victim front rescue, the lifeguard should:

- Activate EAP.
- Rescuer enters the water using either the cannonball or stride jump and approaches victim with either the front crawl or breaststroke keeping the tube high and tight across his or her chest and under his or her armpits.
- Prior to reaching the victim (and at least arm's length away from the victim), the rescuer should begin to push the rescue tube toward the victim asking him or her to grasp it with both hands.
- Rescuer should continue to push the rescue tube into the victim's chest and begin to kick to move the victim to the side of the pool for exit or assisted extraction. The victim should continue to hold on to the rescue tube with both hands/arms.



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Active Victim Rescue



Active Victim Front Rescue



Active Victim Rear Rescue

It is most appropriate to utilize the rear rescue on active drowning victims who appear to be in the panic stage. To perform the rear rescue, the lifeguard will:

- Activate EAP.
- use either the front crawl or breaststroke, with the rescue tube high and tight across the chest and under the armpits, to approach the victim.
- swim to rear of the victim just prior to being within arms-length of the victim (remember: the victim will not be able to turn or spin in the water as you approach him or her from the rear).
- swim toward the back of the victim until the rescue tube is against the victim's back just under the level of the shoulder line while remaining under the armpits of the lifeguard.
- place each arm under each corresponding arm of the victim – right arm under right arm and left arm under left arm – ensuring that the lifeguard's elbows are directly under the armpits of the victim. Lifeguard's hands can be in one of three positions:
 - placed on the front of the shoulders of the victim.
 - one of the lifeguard's hands can be placed on the front of the victim's shoulder while the other hand is released to be used to side stroke the victim the side of the pool.
 - one arm can be repositioned so that it reaches over the top of one of the victim's shoulders under extends under the victim's armpit from the front and then grabs the rescue tube from that position. The other hand can be released to side stroke the victim to the side of the pool.
- attempt to calm the victim by talking to them, telling him or her your name, explaining what is happening, and telling him or her exactly what you are going to do next.
- lean backwards while pulling the victim with you until he or she is laying on his or her back on top of the rescue tube. The rescue tube should still be high across the lifeguard's chest while the victim's back is laying on it (lifeguard may consider using a scissor kick or egg-beater kick to assist in gaining enough leverage to be able to get the victim to their back on top of the rescue tube).
- swim the victim to the side of the pool for extraction from the water.

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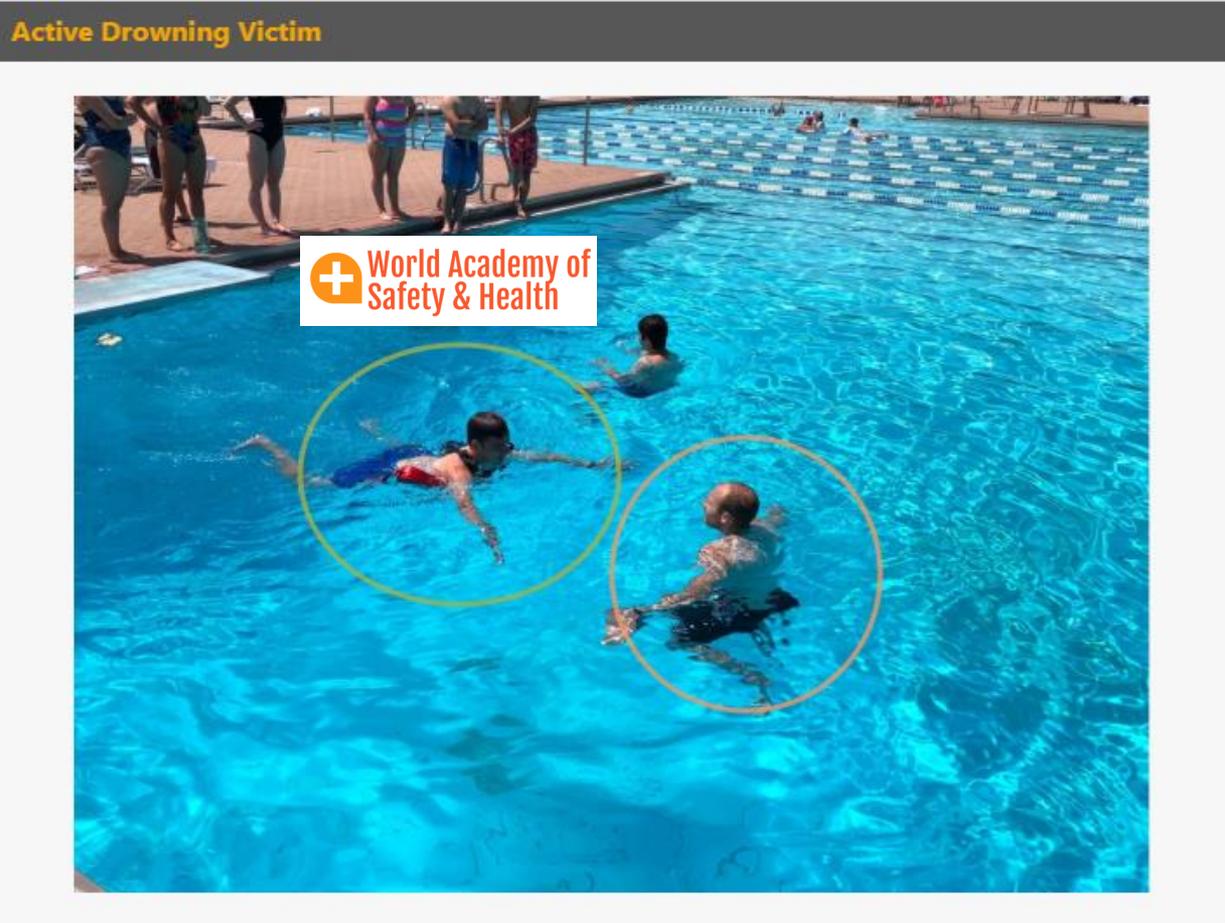


Active Victim Rear Rescue



Interaction

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Passive Victim

A passive victim is unconscious and can be face down in the water or below the surface of the water in the water column or at the bottom.

The lifeguard must remember that if he or she did not witness the victim becoming passive or submerged, the lifeguard must assume a spinal injury has occurred and treat the victim as such (see Chapter 11).

If the lifeguard witnessed the victim become passive, the he or she will use one of the entries previously discussed and approach the victim using either the front crawl or breaststroke with the rescue tube tight and high under the armpits.

Lifeguards have two options when performing a rescue on a passive victim who is not suffering from potential spinal trauma.

Passive Victim Rear Rescue

Though the rear rescue can be performed in any water depth, it is most easily performed in shallow water at a depth where the lifeguard can stand comfortably. When performing the rear rescue, the lifeguard will:

- Activate EAP.
- use either the front crawl or breaststroke, with the rescue tube tight and high under the armpits, to approach the victim.
- The lifeguard has two techniques from which to choose when performing a passive victim rescue:

Option #1

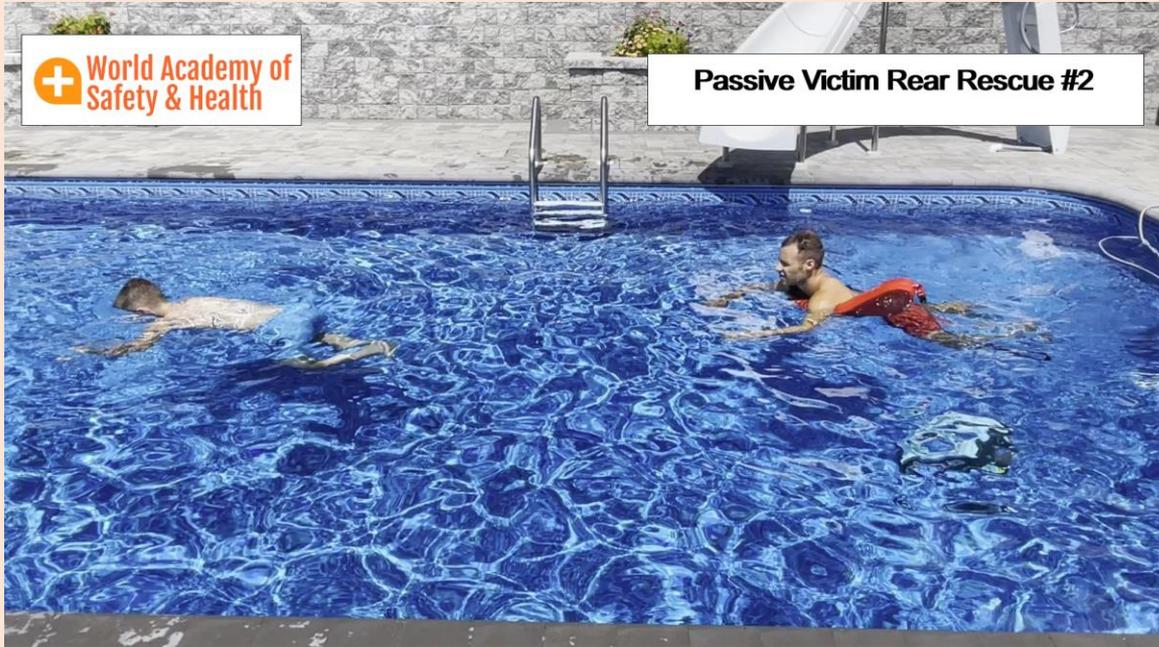
- Lifeguard shall swim, using either the breaststroke or front crawl, to a spot adjacent and close enough to the victim that the lifeguard is able to place his or her hip against the hip of the face-down victim.
- Lifeguard shall reach across the back of the face-down victim with only the lifeguard's arm that is closest to the victim. Place this arm under the victim's armpit farthest from the lifeguard.
- Lifeguard shall place the rescue tube, simultaneously with reaching across the victim's back, between the lifeguard's chest and the victim's back.
- Lifeguard shall place his or her arm that is farthest from the victim under the victim's armpit that is closest to the lifeguard.
- Lifeguard shall walk or swim, using legs only, forward with the victim in the same direction that the victim's head is pointing. At the same time, the lifeguard shall roll the victim to the face-up position without discontinuing his or her forward movement with the victim.
- The rescue tube should be situated across the victim's back just below the shoulders.

Option #2

- Lifeguard shall swim to the victim using either the breaststroke or front crawl and the rescue tube high and tight across the chest and under the armpits.
- Lifeguard shall approach the victim from the rear, swimming onto the victim's back until the rescue tube is between the lifeguard's chest and the victim's back just below the victim's shoulder line.
- Lifeguard shall place both arms under the corresponding armpits of the victim.
- Lifeguard shall swim forward, in the same direction as the victim's head is pointing, while simultaneously rolling the victim to the face-up position.

Independent of which rescue technique the lifeguard chooses to use, the victim's airway must immediately be opened and breathing checked. If needed, the lifeguard shall provide 2 initial rescue breathes while the victim is still in the water and positioned on his or her back on the rescue tube (discussed in detail later in this chapter). The victim should be extracted from the water as soon as possible and appropriate emergency care should continue on the pool deck.







Passive Victim Front Rescue



The front rescue can be an effective technique in shallow water where the lifeguard can comfortably stand. When performing the front rescue on a passive victim, the lifeguard will:

- Activate EAP.
- Lifeguard shall use either the front crawl or breaststroke with the rescue tube high and tight across the chest and under the armpits, to approach the victim.
- Lifeguard shall approach the face down victim from the top of the victim's head.
- Lifeguard shall reach his or her right arm to the victim's right wrist (or left arm to left wrist) and from the wrist, pull the victim toward you while turning the victim to a face up position. While completing this maneuver, use your opposite hand to push the rescue tube toward and under the victim's back.
- Lifeguard shall position both the victim's arms over the top of the rescue tube.
- Lifeguard shall open the victim's airway and check for breathing.
- If needed, the lifeguard shall provide 2 initial rescue breathes while the victim is still in the water and positioned on his or her back on the rescue tube (discussed in detail later in this chapter).
- The victim should be extracted from the water as soon as possible and appropriate emergency care should continue on the pool deck.

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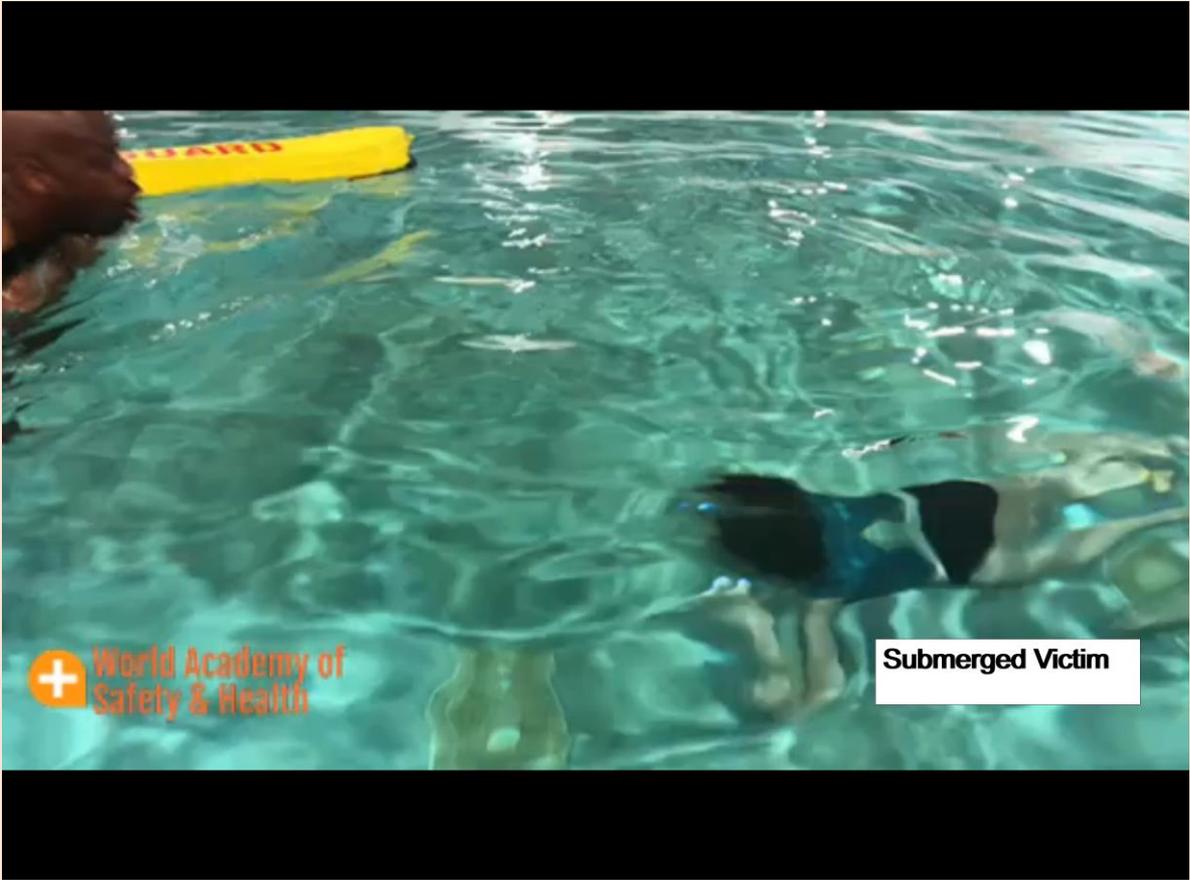
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Submerged Victim Rescue

- Activate EAP.
- Lifeguard approaches victim using either the front crawl or the breaststroke keeping the rescue tube high and tight across chest and under rescuer's armpits.
- Lifeguard should allow the rescue tube to float on the water's surface while continuing to wear the rescue tube strap as he or she approaches the victim's underwater position.
- Lifeguard shall perform either a feet-first or head-first dive to reach the victim in the water column or on the bottom of the pool.
- Lifeguard shall reach one arm under one of the victim's armpits from the rear so that the victim's back is flush against the lifeguard's chest and the lifeguard's arm is able to reach across the front of the victim's chest.
- Lifeguard may choose to push off the bottom with his or her feet and/or begin to kick to propel both victim and rescuer to the water's surface. This is likely unnecessary as the buoyancy of the rescue tube is enough to propel both victim and rescuer to the water's surface.
- Lifeguard shall simultaneously begin to reach for the rescue tube tow line with the hand of his or her free arm. Once the tow line is in hand, the rescuer should begin to feed the tow line to his or her hand that is across the victim's chest.
- Lifeguard shall slide the rescue tube between the victim's back just below his or her shoulder line and the lifeguard's chest.
- Lifeguard shall lean the victim back on the tube (just as was done for a passive victim at the water's surface).
- Lifeguard shall open and maintain an airway and provide in-water ventilations (discussed in detail later in the chapter) if necessary.





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Submerged Victim

In-Water Ventilations

There are times when a lifeguard encounters an unresponsive passive victim who is not breathing. In these cases, it is crucial to ventilate as soon as possible. If the lifeguard is not able to recognize and extract this victim within seconds, ventilations must be provided while in the water.

In-water ventilations can be provided while the passive unresponsive victim is on the rescue tube. Additionally, if the lifeguard places the victim on a backboard, ventilations can also be provided once the victim is fully immobilized on the board.

To provide ventilations to a victim in the water, the lifeguard should:

- Ensure the rescue tube is against the victim's back just below his or her shoulder line and under his or her armpits with arms draped over the tube (Figure C10.24).
- Position him or herself at the top of the victim's head with CPR pocket mask to ensure the airway is open to initiate ventilations.

Ventilations in the water can also be provided to a spinal trauma victim in much the same way as described above (See Figure C10.25). Once the victim is 'packaged' on the backboard and, at least one rescue tube, is perpendicular under the backboard, the lifeguard should position him or herself on the side of the backboard with a CPR pocket mask to ensure an open airway and to initiate ventilations.





In-Water Ventilations on Backboard

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In-Water Ventilations on Tube

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Multiple Victim

This type of rescue involves 2 or more drowning victims at the same time. Each victim could be passive or active or, simply, a distressed or tired swimmer.

The best response to multiple victims is to have a lifeguard for each victim enter the water. However, this is not always possible, particularly, at one guard facilities. When there are more victims than lifeguards to perform a rescue, the responding lifeguard(s), using the most appropriate entry and rescue technique for the circumstance, shall:

- activate EAP.
- assist the victim who is in the most danger. In other words, the lifeguard will quickly assess and decide which of the victims needs attention first.
- perform rescue on the victim in greatest need.

If the first and second victim are active, the lifeguard should:

- swim, with the first victim, to the second victim.
- assist the second victim in wrapping both his or her arms and legs around the body of the first victim so that the victims are face-to-face on the rescue tube.
- swim both victims to the side of the pool for extraction from the water.

If the first victim is passive, the lifeguard should:

- immediately open the airway, check for breathing and provide two in-water rescue breaths as needed.
- walk or swim the victim to the side of the pool for extraction from the water.
- return to assist other victims once others assume emergency care for the first victim

If it is determined that both victims have an equal need for assistance, the lifeguard shall provide assistance to the victim closest to the lifeguard first. Remember, a passive victim should always be rescued prior to an active victim.



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Multiple Victim Rescue One Lifeguard

Video D.5.c

An active victim's only objective is survival. If the victim is in the panic stage, he or she will do anything to keep his or her head above water and breath. This includes grabbing for and latching onto any stationary object and/or person in the water. This includes the rescuing lifeguard.

A lifeguard cannot allow the victim to grab him or her and possibly become a victim him or herself. Hence, it is standard practice for rescuing lifeguards to approach an active victim who has reached the panic stage from the rear as to limit the victim's ability to grab hold of the lifeguard.

There will be times, no matter the precautions a lifeguard takes, that he or she will be grabbed and possibly held underwater by a panicked active drowning victim. In these cases, it is vital that the lifeguard be very well versed in performing both rear and front victim hold escape maneuvers.

Anytime a lifeguard is grabbed by a victim, his or her initial reaction and first action must be

immediate. If not wearing a rescue tube, the lifeguard should:

- 1.) Tuck his or her chin against his or her chest
- 2.) Submerge him or herself in the water by pushing up with both hands and arms as many times as is needed to submerge. The victim will likely release his or her hold in an effort to return to the water's surface.
- 3.) Return to the surface and re-approach the victim from the rear and execute a rear rescue by placing one arm over the top of the victim's shoulder, across the victim's chest and under the opposite armpit. Use a side stroke to move the victim to safety.

If wearing a rescue tube, the lifeguard should:

- 1.) Tuck his or her chin against his or her chest
- 2.) Forcefully push up on the victim's elbows or apply pressure to the brachial pressure points to break the victim's hold.
- 3.) Submerge him or herself.
- 4.) Return to the surface and re-approach the victim from the rear and execute a rear rescue by placing one arm over the top of the victim's shoulder, across the victim's chest and under the opposite armpit. Use a side stroke to move the victim to safety.

1



2



3



4

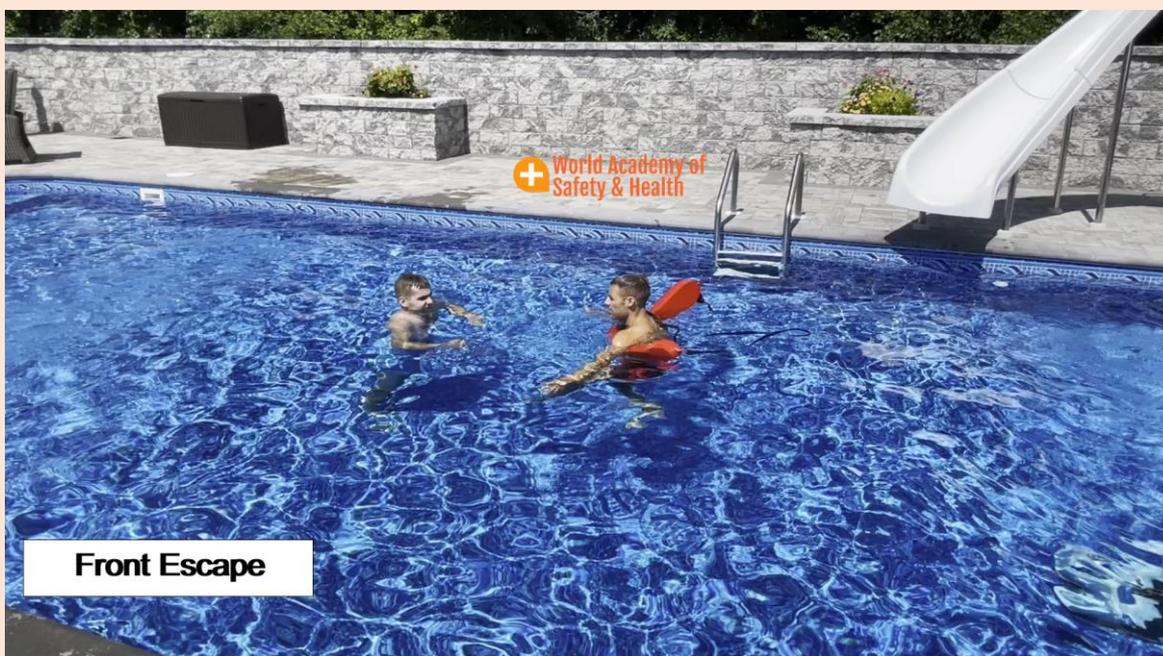


5



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Front Escape



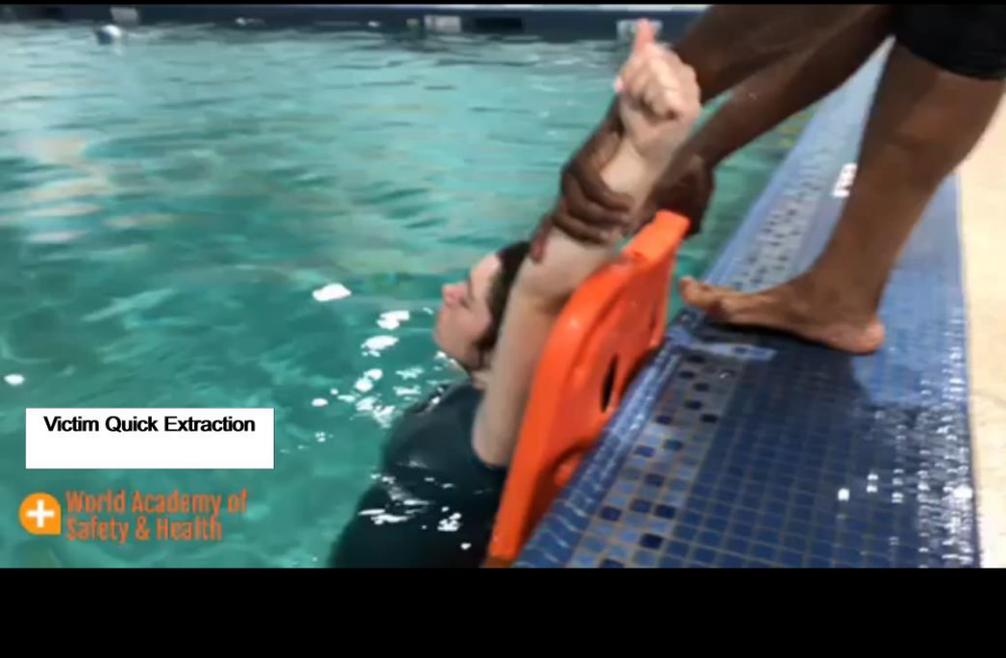
Rear Escape

Multiple Lifeguards are Available

- Primary rescuer swims the victim to the pool's edge.
- Secondary rescuer(s) prepares the backboard by removing the headgear and unbuckling the straps.
- Secondary rescuer(s) slide the backboard into the pool in a vertical position - keeping the backboard rails against the pool wall and sliding the 'foot end' of the board into the water first.
- Primary rescuer guides the victim, back first, against the backboard while simultaneously handing one of the victim's wrists to the secondary rescuer on the pool deck.
- Secondary rescuer(s) simultaneously grasps the victim's wrist and pulls the victim up onto the backboard.
- Secondary rescuer(s) will, while holding the victim's wrist, pull the backboard out of the water sliding the rails across the pool's edge.
- Primary rescuer assists with removing the victim from the pool by lifting and pushing the backboard from the feet.

One Lifeguard is Available

- Lifeguard swims the victim to the pool's edge with the victim facing the pool wall.
- Lifeguard shall place one of the victim's hands on top of the pool's edge and place the victim's second hand on top of the first hand.
- Lifeguard shall place the victim's forehead on top of his or her hands.
- Lifeguard shall firmly place his or her hand closest to the victim on the victim's hands and wrists, temporarily securing the victim's position.
- Lifeguard shall use his or her 'free' hand to assist in exiting the pool.
- Lifeguard shall use one of two methods to extract the victim from the pool:
 - 1.) Enlist the assistance of a bystander to fetch the backboard. The bystander and lifeguard utilize the same procedure as described in the 'Multiple Lifeguards are Available' section above.
 - 2.) Lifeguard shall, once on the pool deck and using his or her 'free' hand, grasps the victim by the swimsuit; pull the victim's lower body onto the pool deck while protecting the victim's head; log roll the victim fully onto the pool deck.



Spinal Trauma

CHAPTER 11



Signs & Symptoms

Spinal Trauma should be suspected in any of the following circumstances:

- Pain in Head, Neck and/or Back
- Fluids Exiting Nose, Mouth, Ears, or Eyes
- Numbness and/or Weakness
- Altered State of Consciousness
- Imbalance on Their Feet



Signs & Symptoms of a Spinal Trauma include: head, neck, back pain; numbness or weakness; inability to move as normal; altered state of consciousness; fluids coming from nose, ears, eyes, mouth; exhibits confusion, dizziness, and/or imbalance on their feet.



Do we backboard? Do we use C-collar? Do we only use manual inline stabilization?

Bottom Line

- Always use manual inline stabilization both in-water and on land for any suspected spinal trauma (techniques and procedures discussed later in this chapter).
- Only backboard a victim of suspected spinal trauma when required by local medical direction.
- Participate in additional in-service training using the equipment, facility, local protocols and facility protocols for spinal trauma victims.

Effectively managing a victim of a spinal injury can be scary. It is important that the lifeguard remember that so long as the victim has a pulse, is breathing, and is not suffering any additional immediately life-threatening injuries, lifeguards and other rescuers should take their time to ensure there are no sudden or erratic movements of the victim and that inline stabilization is constantly maintained.

Citing the latest research, many medical professionals, EMS services, Medical Directors and others in both the medical profession and emergency services now suggest not backboarding a victim when spinal trauma is suspected.

Instead, they suggest maintaining inline stabilization and applying a cervical collar to victims of spinal trauma.



Aquatic facilities should coordinate with local EMS the protocol of care for victims of spinal trauma.

Manual Inline Stabilization



Head-Chin-Chest Grip

This technique is most easily performed in water in which the lifeguard can stand-up. However, it may also be used in deep water with a few adjustments to the technique.

Activate the EAP and then approach the facedown spinal trauma victim using breaststroke or doggy paddle with the rescue tube high and tight across your chest. From here the lifeguard can choose between two different techniques to perform the Head-Chin-Chest Grip:

- Remove the rescue tube. Approach the facedown victim from the side. Place one arm on top of and straight down the victim's back (be sure to be situated close enough to the victim to allow your arm to be completely straight and not angled down the victim's back). Place your hand behind the victim's ears and grip the occipital bones.

Place your other arm under the victim's arm that is closest to you. Next, place your arm straight down the center of the victim's chest (again, be sure to be situated close enough to the victim to allow your arm to be completely straight and not angled down the victim's chest). Place your hand on the lower mandible of the victim – being careful not to cover the airway or place your hand on the throat of the victim.

Your hand should be firmly gripping the victim's lower mandible and occipital bones as to not allow movement of the head or neck. Additionally, your arm should be applying equal pressure to the victim's chest and back as to not allow movement of the victim's spine/back.

While maintaining the Head-Chin-Chest Grip described above, swim underneath the victim coming up on the opposite side of the victim. This will allow the victim to also be turned face-up and on his or her back in the water.

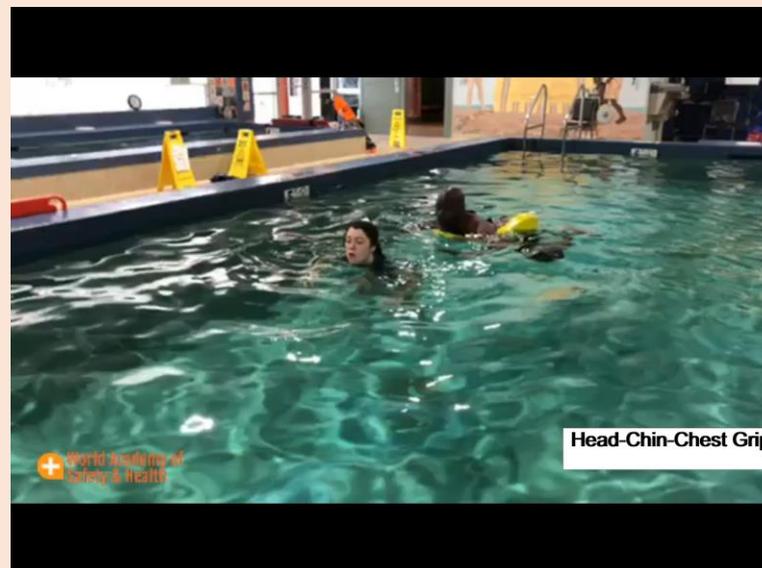
If being performed in deep water, this technique should only be used by lifeguards who are highly proficient swimmers and are able to tread water for minutes, using only their legs, while performing the technique and keeping both his or her head and the victim's head above water until back-up arrives to assist.

- Keeping the rescue tube on and high and tight across your chest, approach the victim from the rear. Align your hip with the victim's hip while facing the same direction. While using the rescue tube to float you, place your arm closest to the victim on top of and straight down the victim's back (be sure to be situated close enough to the victim to allow your arm to be completely straight and not angled down the victim's back). Place your hand behind the victim's ears and grip the occipital bones.

Place your other arm under the victim's arm that is closest to you. Next, place your arm straight down the center of the victim's chest (again, be sure to be situated close enough to the victim to allow your arm to be completely straight and not angled down the victim's chest). Place your hand on the lower mandible of the victim – being careful not to cover the airway or place your hand on the throat of the victim.

Your hands should be firmly gripping the victim's lower mandible and occipital bones as to not allow movement of the head or neck. Additionally, your arms should be applying equal pressure to the victim's chest and back as to not allow movement of the victim's spine/back.

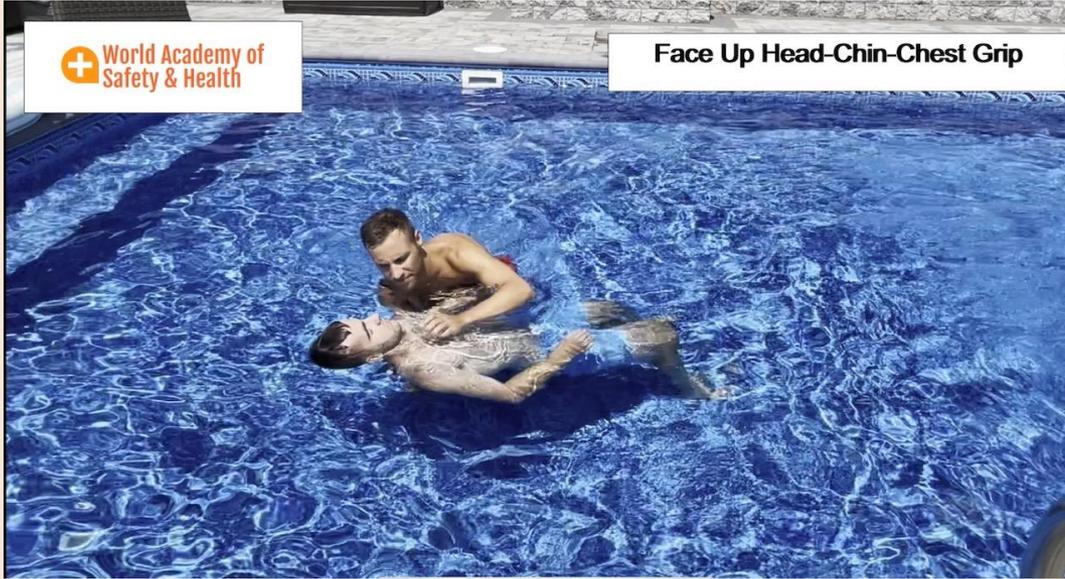
While maintaining the Head-Chin-Chest Grip described above, roll the victim to the face-up position in the water.





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Face Up Head-Chin-Chest Grip



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Face Up Head-Chin-Chest Grip





Arm Splints

This technique is most easily used in water no deeper than the lifeguard's chest.

To effectively perform this skill, the lifeguard should:

- activate the EAP.
- approach the victim by either using the breaststroke or the walking being careful to limit any disturbance in the water.
- align hip closest to the victim near the victim's hip.
- use arm closest to the victim to grasp the victim's outer arm farthest from the lifeguard near the bicep while simultaneously using arm farthest from the victim to grasp the victim's outer arm closest to the lifeguard near the bicep.
- simultaneously move the victim's arms up alongside the victim's head so that the victim's biceps are against the victim's ears.
- apply pressure to both of the victim's arms so that the head and neck are immobilized. This pressure should be firm and evenly distributed on both sides of the victim's head.
- in one fluid motion, roll the victim toward you and into the face-up position.
- slowly and smoothly walk around the pool in the direction the victim's head is pointing as you perform this entire skill and after the victim is rolled to the face-up position. This will help the victim's lower body to remain buoyant and float near the water's surface which will keep the victim's entire body more streamlined.









Seated Stable Carry

This technique is most easily used in water no deeper than the lifeguard's waist.



To effectively perform this skill, the lifeguard should:

- activate the EAP.
- approach the victim by either using the breaststroke or the walking being careful to limit any disturbance in the water.
- approach the victim from behind.
- place arm closest to the victim under the victim's armpit farthest from the lifeguard.
- place arm farthest from the victim under the victim's armpit closest to the lifeguard.
- arms should be far enough under the victim's armpits to allow the palms of the lifeguard's hands to reach the victim's ears to provide manual inline stabilization.
- once the lifeguard's arms are fully under the victim's armpits and the lifeguard's hands are providing manual inline stabilization, lifeguard should lift the victim up so that his or her back is flush against the lifeguard's chest.
- while facing the victim, a second rescuer picks up both legs of the victim from behind the knees and pushes the victim against the first rescuer's back as the first rescuer walks the victim out of the water.

This technique is easily used with a spinal trauma victim on land who is seated, standing, or laying in a prone position.

Backboarding Spinal Trauma Victim(s)

The following are generalized set of procedures for backboarding. They are designed to provide a broad understanding of the goals of backboarding in various situations and environments. Each facility's design, protocols, and techniques are different and local medical direction and EMS protocols may differ from one jurisdiction to another. For these reasons, it is vital for a lifeguard to receive additional in-service training from his or her employer based upon the employer's specific procedure and technique(s) as well as the local medical direction and local EMS protocols.

The overall goal of backboarding an in-water victim of spinal trauma is the ability to extract this person from the pool without causing additional injury. There are many techniques used to effectively backboard a victim. All techniques are based upon the same set of principles and the specific detailed steps are dependent upon the circumstance:

- Maintaining inline stabilization of the head, neck and back of the victim.
- Backboard is placed underneath the victim and raised up to the victim.
- One or more backboard straps, headgear pillows and head strap(s) are utilized.
- Extraction from the pool in a safe and effective manner.

The most desirable circumstance is having at least four trained rescuers available when handling a situation in which a spinal trauma victim must be backboarded.



One Rescuer

Rescuer

- Activate EAP
- Initiate & maintain manual inline stabilization
- Enlist help of bystander(s)
 - If no bystander available – maintain inline stabilization & await EMS

Bystander

- Retrieves backboard & spare rescue tubes
- Prepares backboard by removing head pillows and unbuckling straps
- Enters pool with backboard and approaches rescuer & victim
- Pushes backboard underneath victim using 1 of 2 methods:

Method #1

- Pushing the down in the center of the flat backboard with both hands until it is deep enough to move under the victim without it touching the victim. Guide the board up to the victim's back. The back of the victim's head should be centered in the center of the headgear pad and the victim's body should be centered and balanced

Method #2

- Grasp the backboard by the rail handles, turn it so that it enters the water from a long side edge (as opposed to entering the water with the back of the board flat against the water). Push the board under the water and victim without it touching the victim. Guide the board up to the victim's back. The back of the victim's head should be centered in the center of the headgear pad and the victim's body should be centered and balanced

Bystander(s)

- Bystander slides the spare rescue tube underneath the backboard, perpendicular to the backboard, at approximately the same level as the victim's chest.
- Bystander buckles two straps over the victim – one under the armpits and across the victim's chest and the other over top of the victim's hands at the waist level.
- Bystander places each head pillow onto the head pad.
- If multiple bystanders are available:
 - The bystander 'duties' remain the same but should be spread across the available bystanders.
 - When moving the victim, available bystanders should be positioned around the backboard so that they may all assist by grasping the hand rails.

Two Rescuers

Primary Rescuer

- Activates EAP
- Initiates manual inline stabilization

Secondary Rescuer

- retrieves backboard & spare rescue tubes
- slides the backboard into the pool keeping the backboard rails against the pool wall
- pushes the backboard down as deep as possible and, ideally, hitting the bottom of the pool

Primary Rescuer

- moves the victim to the backboard, while maintaining manual inline stabilization
- places the victim's back against the backboard

Secondary Rescuer

- lifts-up on the top edge of the board to guide the lower end of the board fully underneath the victim and the back of the victim's head is centered on the head pad
- places top edge of the backboard on the edge of the pool wall and slides it to a position of stability
- simultaneously places the head pillows on each side of the victim's head
- places the head strap across the victim's forehead

Primary Rescuer

- places the one strap under the victim's armpits
- places the next strap over top of the victim's arms at approximately the victim's waist level
- places the final strap over the victim's legs at approximately midway between the knees and ankles

Primary &
Secondary Rescuers

- ensures all straps and headgear is secure
- on the primary rescuer's count, the backboard is pulled (lifted slightly as needed) by the secondary rescuer
- primary rescuer assist with extraction by pushing (lifts slightly as needed) from the feet-end of the backboard

Three or More Rescuers - Option #1

Secondary Rescuer

- slides the backboard into the pool keeping the backboard rails against the pool wall
- pushes the backboard down as deep as possible and, ideally, hitting the bottom of the pool

Primary Rescuer

- moves the victim to the backboard, while maintaining manual inline stabilization
- places the victim's back against the backboard

Secondary Rescuer

- lifts-up on the top edge of the board to guide the lower end of the board fully underneath the victim and the back of the victim's head is centered on the head pad
- places top edge of the backboard on the edge of the pool wall and slides it to a position of stability
- simultaneously places the head pillows on each side of the victim's head
- places the head strap across the victim's forehead

Primary Rescuer

- places the one strap under the victim's armpits
- places the next strap over top of the victim's arms at approximately the victim's waist level
- places the final strap over the victim's legs at approximately midway between the knees and ankles

Primary & Secondary Rescuers

- ensures all straps and headgear is secure
- on the primary rescuer's count, the backboard is pulled (lifted slightly as needed) by the secondary rescuer
- primary rescuer assist with extraction by pushing (lifts slightly as needed) from the feet-end of the backboard

Three or More Rescuers - Option #2

Primary
Rescuer

- Moves the victim to the side of the pool as close to steps, stairs or skimmer as possible

Secondary
Rescuer

- enters the pool with the backboard
- pushes down in the center of the flat backboard with both hands until it is deep enough to move under the victim without it touching the victim
- guides the backboard up to the victim's back
- centers & balances the victim on the backboard with his or her centered on head pad
- slides spare rescue tube(s) perpendicular under the backboard

Primary
Rescuer

- Directs secondary rescuer to assist in moving the victim, while on the backboard so that the feet-end is resting on a stair, step, or in the skimmer basket

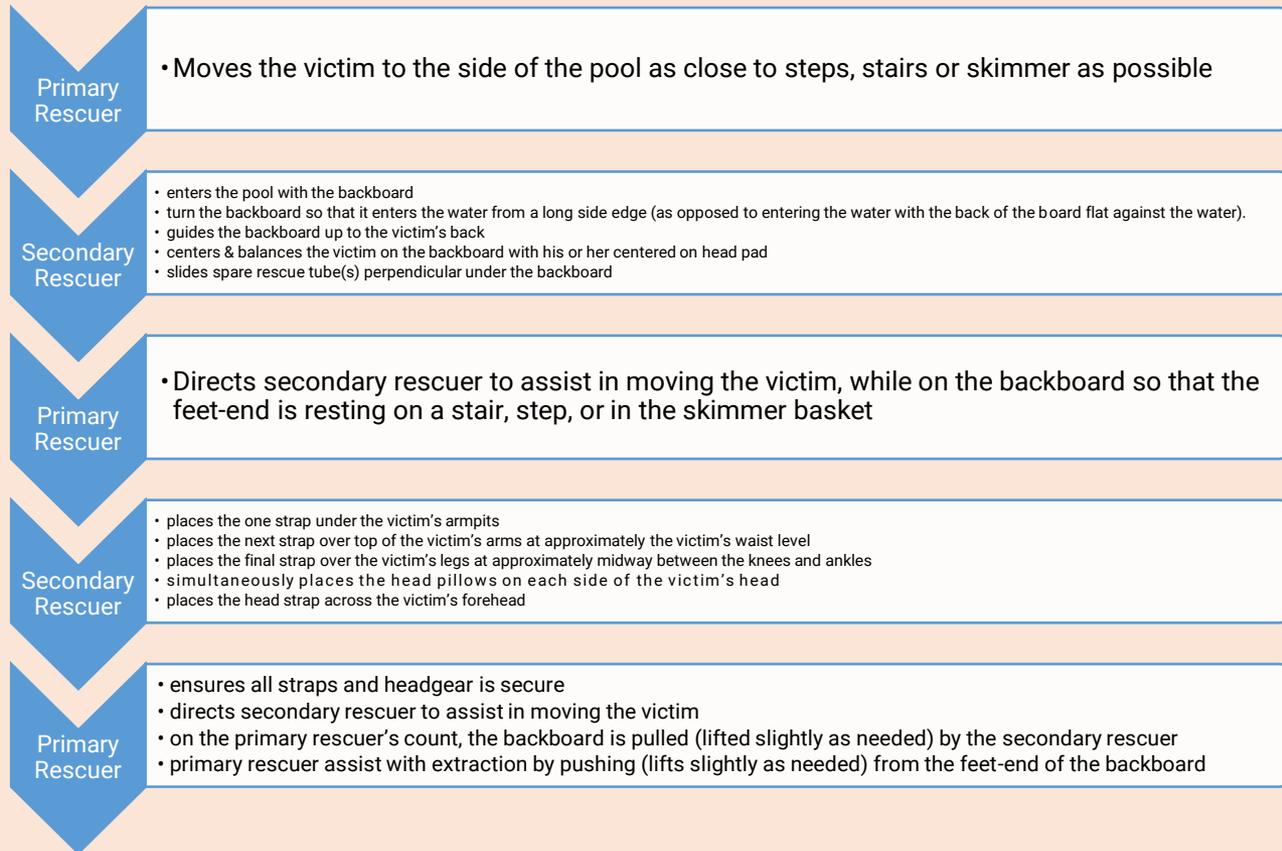
Secondary
Rescuer

- places the one strap under the victim's armpits
- places the next strap over top of the victim's arms at approximately the victim's waist level
- places the final strap over the victim's legs at approximately midway between the knees and ankles
- simultaneously places the head pillows on each side of the victim's head
- places the head strap across the victim's forehead

Primary
Rescuer

- ensures all straps and headgear is secure
- directs secondary rescuer to assist in moving the victim
- on the primary rescuer's count, the backboard is pulled (lifted slightly as needed) by the secondary rescuer
- primary rescuer assist with extraction by pushing (lifts slightly as needed) from the feet-end of the backboard

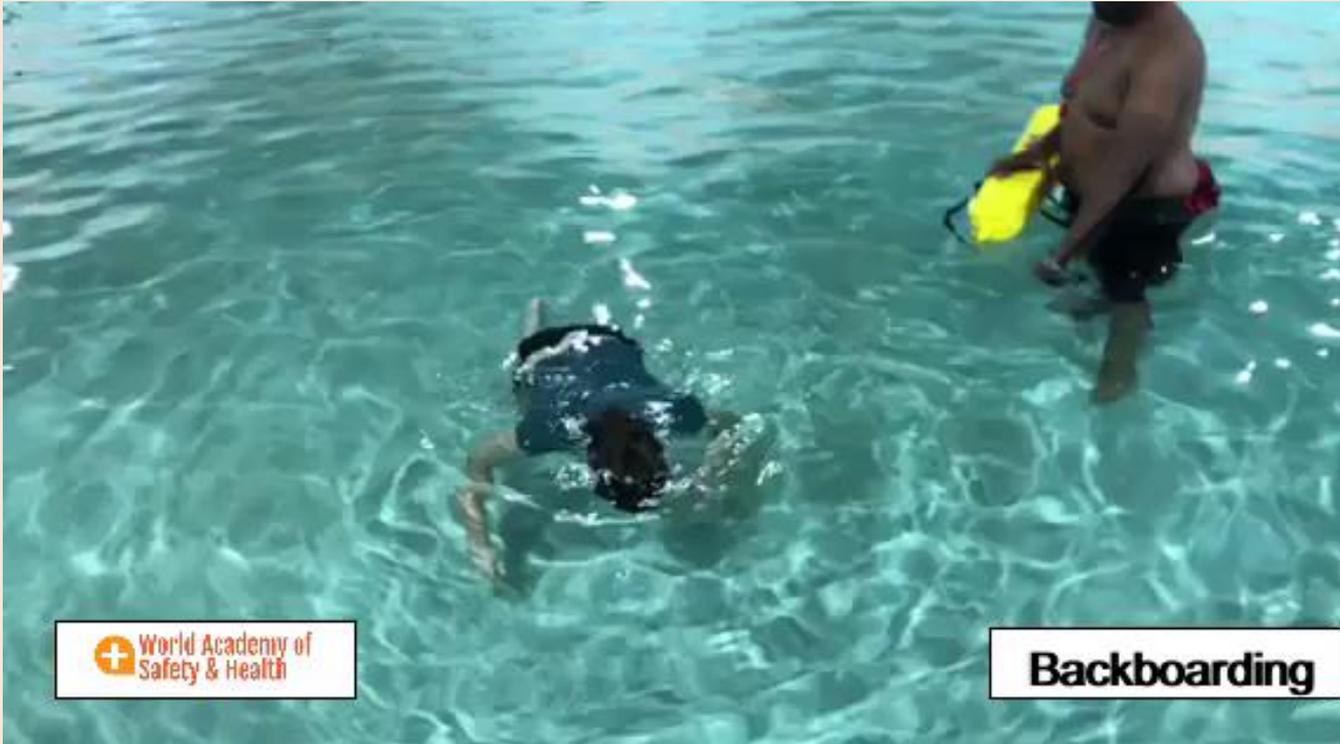
Three or More Rescuers - Option #3





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Zero Depth Backboarding

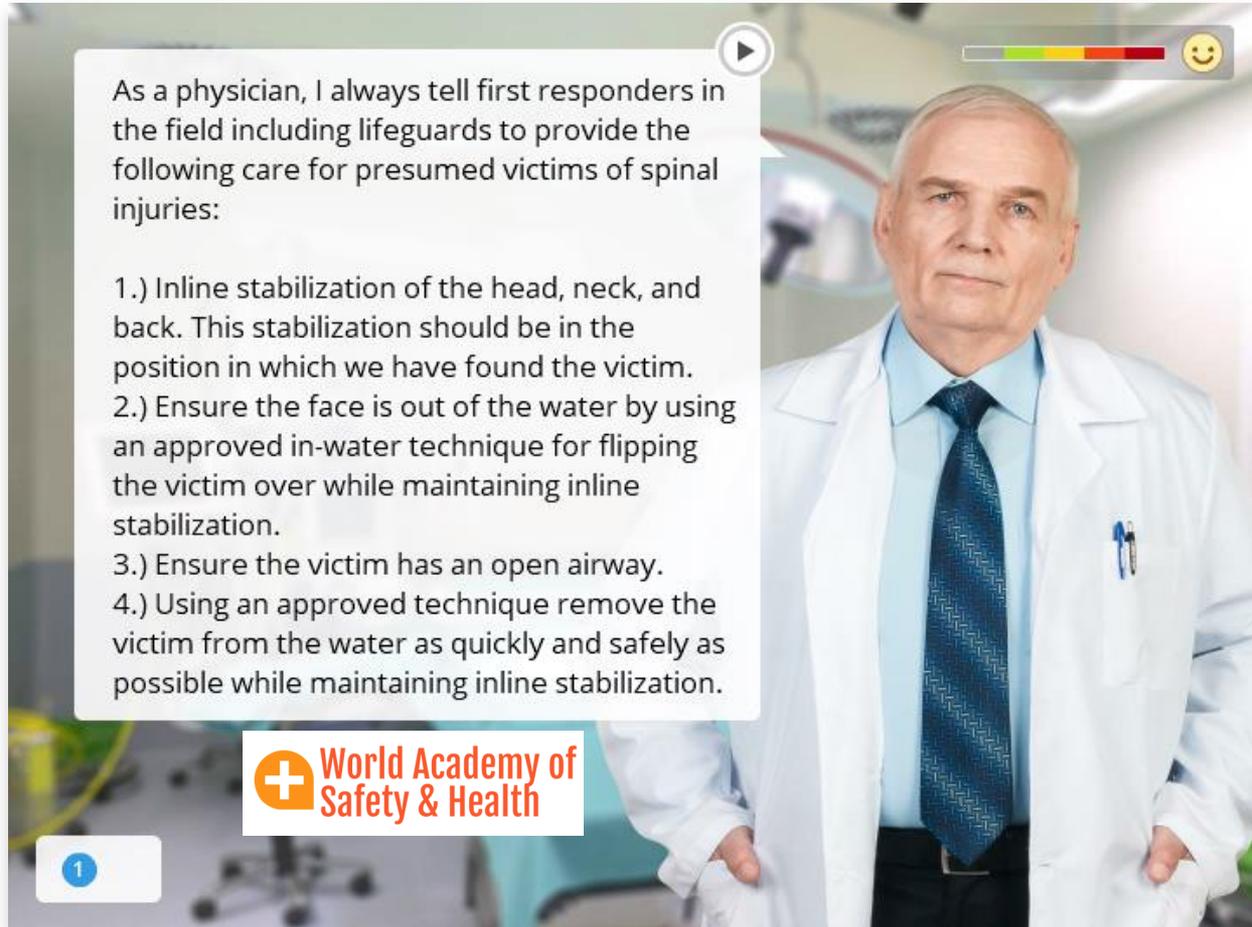


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Backboarding

Simulation

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As a physician, I always tell first responders in the field including lifeguards to provide the following care for presumed victims of spinal injuries:

- 1.) Inline stabilization of the head, neck, and back. This stabilization should be in the position in which we have found the victim.
- 2.) Ensure the face is out of the water by using an approved in-water technique for flipping the victim over while maintaining inline stabilization.
- 3.) Ensure the victim has an open airway.
- 4.) Using an approved technique remove the victim from the water as quickly and safely as possible while maintaining inline stabilization.

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In-Service Training

CHAPTER 14

It is not enough for lifeguards to complete a certification or recertification course every 1-2 years. Lifeguards must be engaged in ongoing professional development and in-service training at the aquatic facility for which he/she will be providing lifeguard coverage.

Regular and routine in-service training ensures the lifeguard(s) are physically and mentally prepared to properly respond during an emergency. In-service training topics should be varied and should also address facility-specific concerns. Above all, the rescue skills of lifeguards must remain sharp.

In-service must address, at minimum, the following:

- Learning & practicing the EAP
- Facility rules and regulations
- Preventative lifeguarding techniques
- Refreshing of skills learned in the lifeguard/CPR/AED/Ist Aid Certification Course
- Overall risk management
- Facility documentation & administrative procedures
- Review of local, state, and federal requirements of lifeguards
- Industry standards for lifeguards, staff, and aquatic facilities



Special Scenarios

CHAPTER 15

Facilities with One Lifeguard

It is vital for a lifeguard who may find him or herself working alone at a pool or facility to know how to effectively handle an emergency in the absence of trained back-up coverage. Throughout this manual and the WASH lifeguard certification program, there are skills and content knowledge included that address one lifeguard scenarios. General 'rules of thumb' for lifeguards who are working alone include:

- Always activate the EAP prior to responding to an emergency
- Enlist the help of bystanders when available
- If possible, stabilize the victim and await arrival of EMS



Facilities with Special Features

- Splash Pad
- Diving Board
- Slide
- Lazy River
- Log Roll



Special features must be inspected on a daily basis to ensure they are properly functioning and pose no risk to patrons because of operational issues or concerns. Any feature that is not functioning as it is designed and/or has other maintenance related issues should immediately be closed to the patrons. It should not be reopened until and unless the necessary repairs have been completed and inspected. Lifeguards must also remain vigilant during operational hours and report any malfunction; perceived malfunction; loose, broken, missing, or worn pieces or equipment; unusual noises or change in the manner in which the feature is operating including power surges or outages and water delivery or flow issues.

The facility should have safety checklist that is specific to each water or special feature on the property. These checklists must be completed each time the feature is inspected. They should be signed and dated by the person completing the inspection and kept on file in the management office. Of course, any issues should be immediately reported to management and the feature closed to patrons.

Additional attention should be given to how best to position lifeguard staff at the special features. At minimum, there should be at least one lifeguard at the top and the bottom of any slide feature; lifeguards are strategically placed along the entire path of any lazy river type feature; at least one lifeguard in the deep portion and at least lifeguard in the shallow portion of any feature of multiple depths; there are no blind spots in coverage areas; back-up coverage is easily attained.

Generally speaking, when considering the positioning of lifeguards, the aquatics management staff must ensure:

- At least one lifeguard with immediate and easy access to the emergency shut-off button for each special feature
- No portion the water in any of the special features is left unguarded and there are no blind spots in the water
- All lifeguards working the same special feature have a reliable and effective method of communication with one another in addition to whistle signals. Ideally, all lifeguards in the facility share the same method of communication and have the ability to communicate with any and all other staff at the facility.

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