



World Water Safety

INTERNATIONAL LIFE SAVING FEDERATION

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MEDICAL POSITION STATEMENT - MPS 11

CRITICAL CPR SKILLS FOR LIFEGUARDS

NOTE: This statement is intended for those lifeguards, acting in a professional or volunteer capacity, who are trained in the techniques of water rescue and resuscitation and who assume a duty to safeguard members of the public at aquatic sites. They may be called lifeguards, lifesavers or both. This statement is not directed at members of the public trained in water safety and rescue techniques, but without a duty to respond, who may also be known, in some areas of the world, as lifesavers.

BACKGROUND

The very nature of lifesaving requires that lifeguards be trained and prepared to administer resuscitation to drowning victims and others, including cardiopulmonary resuscitation. For this reason, there is a need to set minimum recommended standards for cardiopulmonary resuscitation for lifeguards.

Some lifeguards are medically trained to high levels of emergency medical response, such as paramedic. These persons may be considered healthcare professionals. Other lifeguards may not be considered healthcare professionals, although this varies by country and by assignment of the lifeguard. The goal of this statement is to set a minimum recommended standard for resuscitation training. Exceeding these minimum standards in a manner that is consistent with recognized medical practices, local priorities, protocols, community expectations, and regulations is encouraged, as it can be expected to improve patient outcome.

The commission also recognizes that lifeguards in many low and middle income settings may operate without formal national certification or training in CPR. Furthermore, there is evidence that there are cultural considerations to the initiation of CPR in resource deficit settings and differences in the causes of cardiac arrest that should be considered. Initiating CPR without the availability of an ambulance, hospital, AED, or resuscitation equipment may not be practical.

In developing this statement, we rely greatly on the recommendations of the International Liaison Committee on Resuscitation. ^[1]

STATEMENT

1. Lifeguards, whether paid or volunteer, are professional rescuers with a duty or obligation to respond to medical emergencies. As such, they should be trained to the equivalent of Healthcare Provider CPR, which includes specific training on adults, children, and infants.
2. All lifeguards should be taught and maintain proficiency in CPR techniques in a course which is approved in their own country or region and adopted from the most current ILCOR guidelines.
3. In addition to basic requirements, all CPR courses for lifeguards should emphasize the following:
 - a. Recurrent CPR training in the specific environment in which they operate at a frequency greater than once per year. Frequent good quality CPR training has been shown to lead to higher skill retention.
 - b. CPR training in ventilations with compressions. “Compression-only CPR” is not appropriate in drowning. CPR for the drowned person should include both compressions and ventilations.
4. The use of AED’s is addressed in a separate Medical Position Statement. ^[2]
5. The Medical Commission encourages the training and equipping of lifeguards with oxygen. Proper use of oxygen will likely lead to an improved outcome in drowning resuscitation cases and is addressed in a separate Medical Position Statement. ^[3]
6. The Medical Commission encourages that airway adjunct methods, such as mouth-to-mask, be taught to lifeguards and used as appropriate.
7. The techniques for performing chest compressions and ventilations should meet the standards set forth by ILCOR in all settings, including in low and middle income countries or resource deficit settings where no national or regional guidelines exist. Considerations for the initiation and termination of CPR should be based on the available resources, ethical/cultural needs, and medico-legal requirements of that specific area.
8. Where appropriate, team based training and scenario training should be conducted with available educational resources.

LEVEL OF EVIDENCE

This document is based on expert consensus.

POTENTIAL CONFLICT OF INTEREST STATEMENT

None of the participants in the consensus process leading to this position statement has a conflict of interest with the stakeholder industry, technology, persons or organizations that are identified and/or impacted by the position statement.

REFERENCES

1. International Liaison Committee on Resuscitation (ILCOR) <http://www.ilcor.org/home/>
2. International Lifesaving Federation Medical Position Statement MPS-04 Automatic external defibrillation use by lifesavers and lifeguards. <http://www.ilsf.org/about/position-statements>
3. International Lifesaving Federation Medical Position Statement MPS-09 The use of supplemental oxygen by lifeguards. <http://www.ilsf.org/about/position-statements>

APPROVAL

Policy Statement approved by the Board of Directors on 01/05/2003 and 03/09/2016.