



World Water Safety

INTERNATIONAL LIFE SAVING FEDERATION

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MEDICAL POSITION STATEMENT - MPS 07

MEDICAL PRIORITIES IN LIFESAVING

BACKGROUND

Note: This statement is intended for those lifesavers, 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.

The primary goal of lifesavers is to prevent injury and death in and around the aquatic environment. Prevention includes warning people of hazards and providing timely rescue to prevent drowning or injury. In this environment, people are sometimes injured, requiring medical aid, including resuscitation. Medical aspects play an important role in the daily activities of lifesavers and all lifesavers should be trained to provide medical aid.

The level of medical training and equipment provided by lifesavers may vary, depending on available resources and expectations of those under their protection. Great differences exist not only internationally, but also within some countries and even some cities. In some areas, lifesavers are trained to a level of nurses or paramedics, with advanced medical equipment and drugs available. In other areas, lifesavers are trained only to the most basic level of first aid and resuscitation.

The development of the medical aspects of lifesaving is a major concern for lifesaving organisations at a local, regional, national and international level. The level of available medical care should fit within the capacities of the lifesaving organisation with respect to financial resources, communication facilities, training facilities, logistical aspects, legal aspects and quality control as well as the medical conditions of the aquatic population involved, cultural aspects and local risk assessment. Also, the integration in the local or regional emergency medical system is important.

The International Life Saving Federation Medical Commission has developed these guidelines with recommended priority levels to assist the organisers of lifesaving services in

determining what first aid and resuscitation training and equipment to provide. A more sophisticated level of medical equipment has to be based on a higher level of training and in concert with higher levels of training and equipment in the other aspects of lifesaving, such as prevention and rescue. National standardisation of equipment will facilitate the evolution towards a higher level of medical care by lifesavers

These guidelines list a step-wise system of three levels of medical care in priority order. They take into consideration whether equipment is effective in stabilising or improving the situation of the patient or is potentially harmful. The guidelines should be considered by lifesaving organisations and can be applied at a local, regional or national level. However other public and private aquatic facilities may also find these guidelines of use. The guidelines should be helpful to determine the order of priorities in which the extension of knowledge and skills should be planned and taught.

STATEMENT

All lifesaving organisations should, as a minimum, meet the first priority level; the second and third levels of medical training and equipment are encouraged. Generally, we do not recommend acquiring equipment and training in a higher priority level before all elements in the lower priority level are achieved. In other words, all aspects at the first priority level should be implemented before upgrading to the second priority level. Similarly, upgrading to the third priority level is advised only after all elements in the second priority level have been implemented. Some of the issues under communication, quality control and logistics are easily to be implemented in a dedicated organisation.

All life-saving organisations should, as a minimum, meet the first priority level. When this level is not met, the authorities have to be informed about the existence of these recommendations and an action plan should be initiated together with local, regional or national official bodies to reach to the first priority level within a period of three years.

Communication	First priority level	Second priority level	Third priority level
Sign or flag outside that shows that medical facilities are available inside	+	+	+
Signs at each beach access where medical facilities are available		+	+
Static or mobile phone at central post	+	+	+
Mobile phone or other means of communication during patrol		+	+
Integration in local / regional communication emergency network	+	+	+
Direct communication with hospital or medical adviser			+
Local / regional communication between lifesavers for educational purposes			+
Internet access			+

Critical incident debriefing	+	+	+
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Medical Training	First priority level	Second priority level	Third priority level
First aid and Basic Life Support (BLS) training for each lifeguard	+	+	+
Rescue boat BLS		+	+
In water BLS		+	+
Use of AED			+
Mouth to mask ventilation		+	+
Mechanical suctioning		+	+
Use of oxygen		+	+
Spinal immobilisation at land (without Equipment)	+	+	+
Spinal immobilisation in water (1)			+
Advanced Life Support			+
Refresher training on location each 6 months	+	+	+
Recertification each 2 years	+	+	+
Awareness of Health Risks in lifesaving	+	+	+
Marine stings (2)		+	+
Hypothermia (2)		+	+
Hyperthermia (2)		+	+
Medical Disorders			+
Psychological disorders			+
Scuba injuries (3)			+

Quality Control	First priority level	Second priority level	Third priority level
Standard of care review	+	+	+
Injury reporting and statistics	+	+	+

Equipment	First priority level	Second priority level	Third priority level
Professional Medical expertise available to the location			+
Basic first aid set (4)	+	+	+
Extended first aid set (4)		+	+
Mechanical suctioning			+
Free flow oxygen bottle static		+	+
Free flow oxygen bottle mobile			+
Non re-breathing oxygen mask (NR)		+	+
Oxygen mask for Mouth to Mask ventilation with oxygen inlet		+	+
Bag mask ventilation			+
Pulseoxymetry			+
Automated External Defibrillator static			+
Automated External Defibrillator mobile			+
Equipment for spontaneous external re-warming (2)			+
Cervical collar (1)		+	+
Spinal board (1)		+	+
Eye cleaning set		+	+
Simple treatments for stings	+	+	+
Stretcher	+	+	+
Ambulance stretcher			+
Clean water	+	+	+

- (1) Cervical spine control is in some countries a major issue because of the legal aspects. In these countries, knowledge of spinal cord management and availability of related equipment has a first priority level because of these legal aspects.
- (2) Marine stings, hypothermia and hyperthermia are often more prevalent in specific areas of the world. In these areas knowledge of treatment and availability of related equipment has a first priority level.
- (3) Diving injuries are more likely in some locations around the world in the areas assigned to lifeguards. In these areas knowledge of treatment of scuba diving accidents has a higher priority.
- (4) Many countries have regulations on the standard contents of basic and extended first-aid sets.

Logistics	First priority level	Second priority level	Third priority level
Ambulance or helicopter arrival < 15 minutes or four wheel drive ambulance at beach		+	+
Ambulance or helicopter access plans for transfer of care to an emergency medical system	+	+	+
Uniformity between equipment ambulances and lifesaving station			+

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