

Lifeguard Pool Skills — Pre-reqs: lap swim, brick test, treading water

- **Assists:**
 - Simple Assist; Reaching Assist from the Deck

- **Entries:**
 - Slide-in Entry and Walking Approach; Slide-in Entry and Swimming Approach
 - Stride Jump and Swimming Approach; Compact Jump and Swimming Approach

- **Active Victim Rescues:**
 - Active Victim Front Rescue; Active Victim Rear (from back) Rescue

- **Passive Victim Rescues:**
 - Passive Victim Front Rescue; Passive Victim Rear (from back) Rescue
 - Passive Victim Submerged—Shallow Water
 - Feet-first/Head-first Surface Dive
 - Passive Victim Submerged—Deep Water

- **Extrication using a backboard (non-spinal injury) at Pool Edge:**
 - Rescuing (primary) lifeguard swims with victim toward the side of the pool
 - Secondary (assisting) lifeguard places backboard vertically on edge of pool against the wall
 - Rescuing lifeguard raises one of the victim's arms so assisting lifeguard can grasp the arm
 - Assisting lifeguard on deck firmly holds backboard with one hand and victim's forearm with other hand and angles board out slightly; rescuing lifeguard stabilizes backboard from the side.
 - If more than one assisting lifeguard is available, they should help hold and stabilize the backboard
 - Assisting lifeguard on deck pulls backboard onto the deck. Rescuing lifeguard pushes the backboard as the assisting lifeguard pulls.

- **Head Splint Technique (spinal injury):**
 - **Face-up victim** at or near the surface—Shallow Water
 - **Face-down victim** at or near the surface—Shallow Water
 - **Submerged Victim**
 - Approach victim from the side
 - In **Deep Water**, release rescue tube if victim is more than arm's reach beneath surface
 - Grasp victim's arms midway between shoulder and elbow.
 - Grasp victim's right arm with your right hand and victim's left arm with your left hand.
 - Gently move the victim's arms up alongside the head.
 - Squeeze the victim's arm against their head to help hold head in line with body.
 - Turn the victim face-up while bringing victim to the surface at an angle.
 - Victim should be face-up just before reaching the surface or at the surface.
 - ***Alternative method for manual in-line stabilization technique—head and chin support***
 - The head and chin support can be used for face-down or face-up victims in at least 3 feet of water.
 - Do not use the rescue tube for support when performing the head and chin support on a face-down victim in deep water. Once the victim is **face-up**, another lifeguard can place a rescue tube under the rescuing lifeguard's armpits to help support them and the victim.

- **Spinal Backboarding Procedure & Extrication (spinal injury) at POOL EDGE—Shallow Water:**

- Rescuing lifeguard provides **in-line stabilization** using head splint technique and swims with the victim toward side of pool. Rotate victim to **face-up** if necessary
- Use the **overarm head splint technique** to maintain in-line stabilization before reaching side of pool
- Assisting (secondary) lifeguard on deck brings **backboard to edge of water** and removes head immobilizer, then places board at an **angle** in water, submerging the head space of the board if possible
- Rescuing lifeguard now approaches board and moves to the side of it, then places **one foot** (step on) the end of the backboard to hold it down.
- Rescuing lifeguard places **victim on center of backboard** with the head on designated head space.
- With head of backboard resting on **pool edge**, assisting lifeguard stabilizes board by pressing down on it with **both elbows** and stabilizes victim by placing both hands on victim's arms and applying pressure, using the head splint. **Rescuing lifeguard can release arms.**
- **Rescue tube** may be quickly placed under **foot end of board**, if needed for support.
- Rescuing lifeguard secures **one strap** across victim's chest, under armpits, then stabilizes the victim by placing **one hand and arm on victim's chin and chest** and other hand and arm under backboard.
- Assisting lifeguard then **releases victim's arms and lowers victim's arms down** and secures victim's head to backboard using head immobilizer and strap across the forehead.
- Rescuing lifeguard moves to foot end of board while assisting lifeguard holds backboard at head of board from pool deck, then assisting lifeguard lifts head of backboard and working together, lifeguards pull and push board onto deck.

- **Spinal Backboarding Procedure & Extrication (spinal injury) at HIGH EDGE—Shallow Water:**

Both lifeguards are in the water to backboard victim.

- Rescuing lifeguard provides in-line stabilization using head splint technique and swims with victim toward side of pool
 - Rotate victim to face-up position
 - Use **overarm head splint technique** to maintain in-line stabilization before reaching side of pool
 - Assisting lifeguard on deck brings backboard to **edge of water** and removes head immobilizer, placing it within reaching distance
 - **Assisting lifeguard enters water**, submerged the backboard and positions board under victim
 - Once backboard is in place, assisting lifeguard places rescue tube **under head end** of backboard for support; assisting lifeguard maintains **stabilization of victim's head** by placing both hands on victim's arms and applying pressure, using **head splint technique**. Rescuing lifeguard can now release the arms.
 - Rescuing lifeguard secures victim to backboard by securing **chest strap high across victim's chest** and **under armpits**. Rescuing lifeguard then stabilizes victim by placing one hand and arm on victim's chin and chest and other hand and arm under backboard.
 - Assisting lifeguard then releases victim's arms and lowers arms down and secures victim's head to backboard using head immobilizer and strap across forehead.
 - Rescuing lifeguard gets out of water and grasps handholds of backboard while assisting lifeguard maintains control of backboard in the water. Working together, lifeguard pull and push backboard onto the deck.

- **Spinal Backboarding Procedure & Extrication (spinal injury) —DEEP WATER:**

- In deep water, use the same technique as shallow water but use rescue tubes to support the rescuing lifeguard as well as the backboard.



ROTATIONS

Ground-Level Station

- 1** Begin scanning your zone as you are walking toward your station. Note the swimmers, activities and the people on the deck. In a pool or waterpark setting where the water is clear, check the entire volume of water from the bottom of the pool to the surface of the water.
- 2** Walk to the side of the outgoing lifeguard and continue scanning the zone.
- 3** Exchange any important information needed without losing surveillance of the zone.
- 4** Confirm and signal that the zone is clear and transfer responsibility of the zone. The outgoing lifeguard can now begin to rotate. You now "own the zone."
- 5** The outgoing lifeguard continues searching the zone as they walk toward the next station.



Note: Surveillance of the zone must not be lost at any time during the rotation. As the responsibility for searching the zone transfers, eye contact must remain on the water.



ROTATIONS

Elevated Station

- 1** Begin scanning the zone as you are walking toward the lifeguard station. Search the entire zone and note the swimmers, activities and the people on the deck. In a pool or waterpark setting where the water is clear, check the entire volume of water from the bottom of the pool to the surface of the water.
- 2** Take a position next to the stand and begin searching the zone. After a few moments of scanning, signal the lifeguard in the stand to climb down.
- 3** Once on the deck, the outgoing lifeguard takes a position next to the stand and is responsible for surveillance of the zone. The incoming lifeguard climbs into the stand, makes any adjustments to equipment or personal items and begins scanning.
- 4** Exchange any important information as needed without losing surveillance of the zone.
- 5** Confirm and signal that the zone is clear and transfer responsibility for the zone. The outgoing lifeguard can now begin to rotate. You now “own the zone.”
- 6** The outgoing lifeguard continues searching the zone as they walk toward the next station.



Note: Surveillance of the zone must not be lost at any time during the rotation. As the responsibility for searching the zone transfers, eye contact must remain on the water.



ENTRIES

Slide-In Entry

- 1 Sit down on the edge facing the water. Place the rescue tube next to you or in the water.
- 2 Lower your body into the water feet-first.
- 3 Retrieve the rescue tube.
- 4 Place the rescue tube across your chest with the tube under your armpits, focus on the victim and begin the approach.



Stride Jump

- 1 Squeeze the rescue tube high against your chest with the tube under your armpits.
- 2 Hold the excess line to keep the line from getting caught on something when jumping into the water.
- 3 Leap into the water with one leg forward and the other leg back.
- 4 Lean slightly forward, with your chest ahead of your hips, and focus on the victim when you enter the water.
- 5 Squeeze or scissor your legs together right after they make contact with the water for upward thrust.
- 6 Focus on the victim and begin the approach.



Note: Use the stride jump only if the water is more than 5 feet deep and you are no more than 3 feet above the water. You may need to climb down from an elevated lifeguard station and travel on land before entering the water.



ENTRIES

Compact Jump

- 1 Squeeze the rescue tube high against your chest with the tube under your armpits.
- 2 Hold the excess line to keep it from getting caught on the lifeguard chair or other equipment when jumping into the water.
- 3 Jump out and away from the lifeguard chair, pool deck or pier. In a wave pool, time the jump to land on the crest (top) of a wave.
- 4 Bend your knees and keep your feet together and flat to absorb the shock if you hit the bottom. Do not point your toes or keep your legs straight or stiff.
- 5 Let the buoyancy of the rescue tube bring you back to the surface.
- 6 Focus on the victim when surfacing and begin the approach.



Note: Use the compact jump only if the water is at least 5 feet deep and you are more than 3 feet above the water. It may not be safe to enter the water from an elevated station if your zone is crowded or as a result of the design or position of the stand. You may need to climb down from an elevated lifeguard station and travel on land before entering the water.

Run-and-Swim Entry

- 1 Hold the rescue tube and the excess line and run into the water, lifting your knees high to avoid falling.
- 2 When you can no longer run, either put the rescue tube across your chest and lean forward or drop the tube to the side and start swimming, letting the rescue tube trail behind. Do not dive or plunge head-first into the water; this could cause a serious head, neck or spinal injury.





ASSISTS

Simple Assist

- 1** Approach the person who needs help.
 - In 3 or more feet of water, use a rescue tube and keep it between you and the person who needs help.
- 2** Reach across the tube, if you are using one, and grasp the person at the armpit to help them maintain their balance.
 - If the person is underwater, grasp them by the armpits with both hands and help them stand up.
- 3** Assist the person to the exit point, if necessary.





ASSISTS

Reaching Assist

- 1 Brace yourself on the deck.
- 2 Extend your arm or a rescue tube to the victim, keeping your body weight on your back foot and crouching to avoid being pulled into the water.
 - If the victim is close enough to reach without using a rescue tube, extend your arm and grasp the victim.
 - If you are using a rescue tube, extend the tube to the victim and tell them to grab it.
 - To gain more extension, you may need to remove the rescue tube shoulder strap from your shoulder. Hold the strap in one hand and extend the rescue tube to the victim with the other hand and tell the victim to grab it.
- 3 Slowly pull the victim to safety.



Note: A swimmer in distress generally is able to reach for a rescue device. However, a victim who is struggling to keep their mouth above the water's surface to breathe may not be able to grab a rescue tube. In those cases, you may need to enter the water to rescue the victim using a front or rear victim rescue.



RESCUES AT OR NEAR THE SURFACE OF THE WATER

Active Victim Front Rescue

- 1** Approach the victim from the front.
- 2** As you near the victim, grab the rescue tube from under your arms with both hands and begin to push the tube out in front of you. Continue kicking to maintain momentum.
- 3** Thrust the rescue tube slightly under water and into the victim's chest, keeping the tube between you and the victim. Encourage the victim to grab the rescue tube and hold onto it.
- 4** Keep kicking, fully extend your arms and move the victim to a safe exit point. Change direction, if needed.





RESCUES AT OR NEAR THE SURFACE OF THE WATER

Active Victim Rear Rescue

- 1** Approach the victim from behind with the rescue tube across your chest.
- 2** With both arms, reach under the victim's armpits and grasp the shoulders firmly. Tell the victim that you are there to help and continue to reassure the victim throughout the rescue.
- 3** Using your chest, squeeze the rescue tube between your chest and the victim's back.
- 4** Keep your head to one side to avoid being hit by the victim's head if it moves backwards.
- 5** Lean back and pull the victim onto the rescue tube.
- 6** Use the rescue tube to support the victim so that the victim's mouth and nose are out of the water.
- 7** Tow the victim to a safe exit point.





RESCUES AT OR NEAR THE SURFACE OF THE WATER

Passive Victim Front Rescue

- 1** Approach a face-down victim from the front with the rescue tube across your chest.
- 2** As you near the victim, reach one arm out toward the victim's opposite arm and grab the victim's wrist/forearm just above the wrist while grabbing the rescue tube with your other hand.
- 3** Grasp the victim's opposite wrist/forearm with your palm facing up on the underside of the victim's arm. Pull and twist the arm toward your opposite shoulder to turn the victim over on their back. As you pull and twist, thrust the rescue tube under the victim's back as they turn over.
- 4** Place the tube under the victim below the shoulders so that the victim's head naturally falls back to an open airway position. Keep the victim's nose and mouth out of the water.
- 5** Reach one arm over the victim's shoulder and grasp the rescue tube.
- 6** Use the other hand to stroke toward an exit point.
- 7** Remove the victim from the water, assess the victim's condition and provide appropriate care.





RESCUES AT OR NEAR THE SURFACE OF THE WATER

Passive Victim Rear Rescue

- 1** Approach the face-down victim from behind with the rescue tube across your chest.
- 2** With both arms, reach under the victim's armpits and grasp the shoulders firmly. You may be high on the victim's back when doing this.
- 3** Using your chest, squeeze the rescue tube between your chest and the victim's back.
- 4** Keep your head to one side to avoid being hit by the victim's head if it moves backwards.
- 5** Roll the victim over by dipping your shoulder and rolling onto your back so that the victim is face-up on top of the rescue tube. Place the tube under the victim below the shoulders so that the victim's head naturally falls back to an open-airway position. Keep the victim's nose and mouth out of the water.
- 6** Reach one arm over the victim's shoulder and grasp the rescue tube.
- 7** Use your other hand to stroke toward an exit point.
- 8** Remove the victim from the water, assess the victim's condition and provide appropriate care.





RESCUES AT OR NEAR THE SURFACE OF THE WATER

Passive Victim at or Near the Surface in Water ≤ 3', Face-Up

- 1** Swim or quickly walk to the victim's side. If you are using a rescue tube, let go of it, but keep the strap around your shoulder.
- 2** Reach down to grasp the victim's arms midway between the elbows and shoulders. Move the victim's arms up alongside the victim's head.
- 3** Grab the rescue tube, if you are using one, and position it under the victim's shoulders. The victim's head should naturally fall back into an open-airway position. Quickly look, listen and feel to check for breathing.
 - If an assisting lifeguard is there to assist with removing the victim, remove the victim from the water without positioning the rescue tube under the victim's shoulders.
- 4** Move the victim to a safe exit point, remove the victim from the water, assess the victim's condition and provide appropriate care.





RESCUES AT OR NEAR THE SURFACE OF THE WATER

Passive Victim at or Near the Surface in Water ≤ 3', Face-Down

- 1** Swim or quickly walk to the victim's side. If you are using a rescue tube, let go of it but keep the strap around your shoulder.
- 2** Reach down to grab the victim's arms midway between the elbows and shoulders. Move the victim's arms up alongside the victim's head.
- 3** Glide the victim forward and roll the victim face-up by pushing the victim's arm that is closest to you under the water while pulling the victim's other arm across the surface toward you.
 - If the water is too shallow to glide the victim forward without causing further injury, roll the victim to a face-up position by simultaneously lifting and rolling the victim over.
- 4** Grab the rescue tube, if you are using one, and position it under the victim's shoulders. The victim's head should naturally fall back into an open-airway position. Quickly look, listen and feel to check for breathing.
 - If an assisting lifeguard is there to assist with removing the victim, remove the victim from the water without positioning the rescue tube under the victim's shoulders.
- 5** Move the victim to a safe exit point, remove the victim from the water, assess the victim's condition and provide appropriate care.





RESCUES AT OR NEAR THE SURFACE OF THE WATER

Multiple-Victim Rescue

- 1 Approach one victim from behind.
- 2 With both arms, reach under the victim's armpits and grasp the shoulders. Squeeze the rescue tube between your chest and the victim's back, keeping your head to one side of the victim's head.
- 3 Use the rescue tube to support both victims with their mouths and noses out of the water. Talk to the victims to help reassure them.
- 4 Support both victims until other lifeguards arrive or the victims become calm enough to assist with moving to a safe exit point.



Note: Whenever possible, more than one rescuer should assist with a multiple-victim rescue.



RESCUING A SUBMERGED VICTIM

Passive Submerged Victim—Shallow Water

- 1** Swim or quickly walk to the victim's side. Let go of the rescue tube but keep the strap around your shoulders.
- 2** Submerge and reach down to grab the victim under the armpits.
- 3** Simultaneously pick up the victim, move forward and roll the victim face-up once surfaced.
- 4** Grab the rescue tube and position it under the victim's shoulders. The victim's head should fall back naturally into an open-airway position. If an assisting lifeguard is there with the backboard, skip this step and proceed to remove the victim from the water.
- 5** Move the victim to a safe exit point, remove the victim from the water, assess the victim's condition and provide appropriate care.



Tip: If the water depth is shallow enough, you can use the simple assist to lift the victim to the surface, then position them on the rescue tube (if needed) to complete the rescue.



RESCUING A SUBMERGED VICTIM

Feet-First Surface Dive

- 1** Swim to a point near the victim. Release the rescue tube but keep the strap around your shoulders.
- 2** Position your body vertically, then at the same time press both hands down to your sides and kick strongly to raise your body out of the water.
- 3** Take a breath, then let your body sink underwater as you begin to extend your arms outward with palms upward, pushing against the water to help you move downward. Keep your legs straight and together with toes pointed. Tuck your chin and turn your face to look down toward the bottom.
- 4** As downward momentum slows, repeat the motion of extending your arms outward and sweeping your hands and arms upward and overhead to go deeper.
- 5** Repeat this arm movement until you are deep enough to reach the victim.

Tip:

- Do not release all of the air in your lungs while you are submerging; instead, exhale gently. Save some air for your return to the surface.
- As you descend into deep water, be sure to equalize pressure early and often.

If you must swim underwater, such as for a deep-water line search, also perform these steps:

- 1** When deep enough, tuck your body and roll to a horizontal position.
- 2** Extend your arms and legs and swim underwater.





RESCUING A SUBMERGED VICTIM

Head-First Surface Dive

- 1** Swim to a point near the victim and release the rescue tube.
- 2** Gain momentum using a swimming stroke.
- 3** Take a breath and sweep your arms backwards to your thighs and turn them palms-down.
- 4** Tuck your chin to your chest and flex at the hip sharply while your arms reach downward toward the bottom.
- 5** Lift your legs upward, straight and together so that their weight above the water helps the descent. Get in a fully extended, streamlined body position that is almost vertical.
- 6** If you need to go deeper, such as in a diving well, do a simultaneous arm pull with both arms, then level out and swim forward underwater.



Tip:

- If the depth of the water is unknown or the water is murky, hold one or both arms extended over the head toward the bottom or use a feet-first surface dive.
- As you descend into deep water, be sure to equalize pressure early and often.



RESCUING A SUBMERGED VICTIM

Rescuing a Submerged Victim in Deep Water

- 1** Release the rescue tube, perform a feet-first surface dive and position yourself behind the victim.
- 2** Reach one arm under the victim's arm and across the victim's chest. Hold firmly onto the victim's opposite side.
- 3** Once you have hold of the victim, reach up with your free hand and grasp the towline. Pull it down and place it in the same hand that is holding the victim. Keep pulling the towline this way until nearing the surface.
- 4** As you approach the surface, grasp and position the rescue tube so it is placed on the victim's back, below their shoulders.
- 5** Upon reaching the surface, ensure that the victim is positioned on the rescue tube and the victim's head is back in an open-airway position.
- 6** Reach your free arm over the tube and under the victim's armpit. Grasp their shoulder firmly.
- 7** Tow the victim to a safe exit point. Remove the victim from the water, assess the victim's condition and provide appropriate care.





RESCUING A SUBMERGED VICTIM

Rescuing a Submerged Victim in Deep Water *continued*

Tip: Depending on the depth of the water, use one of the following techniques:

- If you must remove the strap from your shoulder to descend and reach the victim, continue to hold onto the strap so that the rescue tube can be used to help bring the victim to the surface.
- If the victim is deeper than the length of the strap and towline, release the strap and towline, grasp the victim, push off the bottom (if possible) and kick to the surface. Once at the surface, place the rescue tube in position behind the victim and continue the rescue.
- If you have released the strap of the rescue tube, it might not be within reach when you return to the surface. An additional lifeguard responding to your EAP signal should assist by placing the rescue tube in position so that you can continue the rescue. If this is not possible, you may need to move to safety without the rescue tube.





REMOVAL FROM THE WATER

Extrication Using a Backboard at the Pool Edge

- 1** The rescuing lifeguard swims with the victim toward the side of the pool. The assisting responder(s) on deck brings the backboard to the edge of the water and removes the head immobilizer.
- 2** The assisting responder(s) on deck places the board vertically in the water against the wall, submerging the head space of the board if possible. The rescuing lifeguard approaches the backboard and moves to the side of the victim.
- 3** The rescuing lifeguard raises one of the victim's arms so that the assisting responder can grasp the arm. The rescuing lifeguard then slides the rescue tube out from under the victim and toward him before contact is made with the board.
- 4** The assisting responder on deck firmly holds the backboard with one hand and the victim's forearm with the other hand and angles the board out slightly to help position the victim on the board as the rescuing lifeguard stabilizes the backboard from the side.
 - If more than one on-deck responder is available, they should help hold and stabilize the backboard.





REMOVAL FROM THE WATER

Extrication Using a Backboard at the Pool Edge *continued*

- 5** Once the victim is centered on the backboard, the assisting responder(s) signals that they are ready to remove the victim. While maintaining their hold on the victim's arm, the assisting responder(s) on deck pulls the backboard onto the deck. The rescuing lifeguard pushes the backboard as the assisting responder(s) pulls.
 - If more than one on-deck responder is available, they should help hold the backboard and pull the backboard onto the deck.



- 6** Assess the victim's condition and provide appropriate care.



REMOVAL FROM THE WATER

Extrication Using a Backboard at the Steps

Tip: Before removing a victim on a backboard using the steps, consider your own and your partner's size and strength, the number of steps, the size and weight of the victim and whether or not additional responders are available to assist with holding and lifting the board (if needed). If you do not think you can safely lift the backboard and exit the water using the steps, consider using the pool edge removal method instead.

1 The rescuing lifeguard swims with the victim toward the side of the pool. The assisting responder(s) on deck brings the backboard to the steps and removes the head immobilizer.



2 The assisting responder(s) on deck places the board in the water at an angle against the steps. The rescuing lifeguard approaches the backboard and moves to the side of the victim.

3 The rescuing lifeguard raises both of the victim's arms so that the assisting responder(s) can grasp the arm(s).



4 The assisting responder on deck firmly holds the backboard with one hand and the victim's forearm with the other hand, as the rescuing lifeguard stabilizes the backboard from the side.

- If more than one on-deck responder is available, they should help hold and stabilize the backboard.

5 Once the victim is centered on the backboard, the assisting responder(s) signals that they are ready to remove the victim. While maintaining their hold on the victim's arm, the assisting responder(s) on deck pulls the backboard at an angle up the steps and onto the deck. The rescuing lifeguard pushes the backboard as the assisting responder(s) pulls.

- If more than one on-deck responder is available, they should grasp the backboard and the victim's other forearm and help pull the backboard up the steps.



REMOVAL FROM THE WATER

Extrication Using a Backboard at the Steps *continued*

- 6 Assess the victim's condition and provide appropriate care.



Extrication Using a Backboard in Zero Depth

- 1 The rescuing lifeguard supports the victim in a face-up position with the victim's arms extended alongside the victim's head until another lifeguard arrives with the backboard.
- 2 The assisting responder removes the head-immobilizer device, enters the water, submerges the backboard and positions the board under the victim so that it extends slightly beyond the victim's head. The assisting lifeguard raises the backboard into place.
- 3 Each lifeguard moves behind the victim's head. Each lifeguard grasps one of the victim's wrists and one of the handholds of the backboard and begins to move toward the zero-depth entry.
 - If the water is deep enough, a rescue tube can be placed under the foot-end of the backboard to aid flotation.
- 4 After reaching the zero-depth entry, the lifeguards slightly lift the head-end of the backboard, carefully pulling the backboard out of the water.
- 5 Assess the victim's condition and provide appropriate care.





GIVING VENTILATIONS

Giving Ventilations

Note: Activate the EAP, size up the scene while forming an initial impression, obtain consent, use PPE, perform an initial assessment, care for any severe, life-threatening bleeding and get an AED on the scene as soon as possible.

If the victim is not breathing but has a pulse:

- 1 Position and seal the resuscitation mask.
- 2 Open the airway and blow into the mask.
 - **Adult:** Give 1 ventilation about every 5 to 6 seconds.
 - **Child or infant:** Give 1 ventilation about every 3 seconds.
 - Each ventilation should last about 1 second and make the chest clearly rise.
 - The chest should fall before the next ventilation is given.
 - Give ventilations for about 2 minutes.

Notes:

- For a child, tilt the head slightly past a neutral position. Do not tilt the head as far back as for an adult.
- For a victim with a suspected head, neck or spinal injury, use the jaw-thrust (without head extension) maneuver to open the airway to give ventilations.
- For an infant, maintain a neutral position.

- 3 Recheck for breathing and pulse about every 2 minutes.
 - Remove the mask and look, listen and feel for breathing and a pulse for at least 5 seconds but no more than 10 seconds.
- 4 Assess the victim's condition and provide appropriate care.

If unresponsive and no breathing but there is a pulse:

- Continue giving ventilations.

If unresponsive and no breathing or pulse:

- Begin CPR.





GIVING VENTILATIONS

Giving Ventilations *continued*

Do not stop giving care except in one of the following situations:

- *You see an obvious sign of life, such as normal breathing or victim movement.*
- *An AED is ready to analyze the victim's heart rhythm.*
- *Another trained responder or responders take over, such as a member of your safety team or EMS personnel, and relieve you from giving compressions or ventilations.*
- *You are alone and too exhausted to continue.*
- *The scene becomes unsafe.*



GIVING VENTILATIONS

Using a Bag-Valve-Mask Resuscitator

Notes:

- Activate the EAP, size up the scene and form an initial impression, use PPE, perform a primary assessment and get an AED on the scene as soon as possible.
- Always select the appropriately sized mask for the victim.
- Prepare the BVM for use during the primary assessment.

If the victim is not breathing but has a pulse:

- 1** Rescuer 1 kneels behind the victim's head and positions the mask over the victim's mouth and nose.
- 2** To seal the mask and open the airway, use the jaw-thrust (with head extension) maneuver.

Note: For a child, tilt the head back slightly past a neutral position. Do not tilt the head as far back as for an adult. For an infant, position the head in a neutral position.



- 3** Rescuer 2 gives ventilations.
 - Squeeze the bag slowly with both hands.
 - For an adult, give 1 ventilation about every 5 to 6 seconds.
 - For a child or infant, give 1 ventilation about every 3 seconds.
 - Each ventilation should last about 1 second and make the chest clearly rise. The chest should fall before the next breath is given.
- 4** Rescuer 2 rechecks for breathing and a pulse about every 2 minutes.
 - Remove the mask and look, listen and feel for breathing and a pulse for at least 5 seconds, but no more than 10 seconds.



GIVING VENTILATIONS

Using a Bag-Valve-Mask Resuscitator *continued*

5 Assess the victim's condition and provide appropriate care.

If unresponsive and no breathing but there is a pulse:

- Continue giving ventilations.

If unresponsive and no breathing or pulse:

- Begin CPR.

Do not stop giving care except in one of the following situations:

- *You see an obvious sign of life, such as normal breathing or victim movement.*
- *An AED is ready to analyze the victim's heart rhythm.*
- *Another trained responder or responders take over, such as a member of your safety team or EMS personnel, and relieve you from giving compressions or ventilations.*
- *You are alone and too exhausted to continue.*
- *The scene becomes unsafe.*



CHOKING

Adult and Child

Notes:

- Activate the EAP, size up the scene while forming an initial impression, obtain consent, use PPE and care for any severe, life-threatening bleeding.
- For a child, obtain consent if a parent or guardian is present.
- Stand or kneel behind the child, depending on the child's size. Use less force on a child than you would on an adult.

If the victim cannot breathe or has a weak or ineffective cough:

- 1** Give **5** back blows.
 - Position yourself slightly behind the victim.
 - Place one arm diagonally across the victim's chest and bend the victim forward at the waist. The victim's upper airway should be at least parallel to the ground.
 - Firmly strike the victim between the shoulder blades with the heel of your hand.
 - Each thrust should be a distinct attempt to dislodge the object.
- 2** Give **5** abdominal thrusts.
 - Stand behind the victim while maintaining your balance.
 - For a child, stand or kneel behind the child, depending on the child's size. Use less force on a child than you would on an adult.
 - Make a fist with one hand and place it thumb-side down against the victim's abdomen, just above the navel.
 - Cover the fist with your other hand and give quick, upward thrusts.
 - Each thrust should be a distinct attempt to dislodge the object.
- 3** Assess the victim's condition and provide appropriate care.





CHOKING

Adult and Child *continued*

Continue giving 5 back blows and 5 abdominal thrusts until:

- The object is forced out.
- The victim begins to cough, speak or breathe.
- The victim becomes unresponsive.

If the victim becomes unresponsive at any time while choking:

- Carefully lower the victim onto a firm, flat surface, send someone to get an AED, and summon EMS if you have not already done so.
- Immediately begin CPR, starting with 30 chest compressions.
- Open the mouth to look for and do a finger sweep to remove a foreign object only if you see an object.
- Give 2 ventilations.
- As long as the chest does not clearly rise, continue cycles of giving 30 chest compressions, looking for a foreign object, doing a finger sweep only if you see the object and giving ventilations.

Notes:

- *During CPR on an unresponsive choking adult or child, when opening the airway to give ventilations, look into the mouth for any visible object.*
 - *If you see an object, use a finger sweep motion to remove it.*
 - *If you do not see an object, do not do a finger sweep. Instead, continue CPR cycles.*
- *Remember to never try more than 2 ventilations during one cycle of CPR, even if the chest does not rise.*



CHOKING

Adult and Child *continued*

Use chest thrusts instead of abdominal thrusts if:

- You cannot reach far enough around the victim to give abdominal thrusts.
- The victim is obviously pregnant or known to be pregnant.

To perform chest thrusts:

- 1** Stand behind the victim and place the thumb side of your fist against the lower half of the victim's sternum and the second hand over the fist.
- 2** Give quick, inward thrusts. Look over the victim's shoulder so that their head does not hit your face when you perform the chest thrusts.
- 3** Repeat until the object is forced out; the victim begins to cough, speak, or breathe; or until the victim becomes unresponsive.





CHOKING

Infant

Note: Activate the EAP, size up the scene while forming an initial impression, obtain consent if a parent or guardian is present, use PPE, and care for any severe, life-threatening bleeding.

If the infant is awake and cannot cough, cry or breathe:

- 1** Carefully position the infant face-down along your forearm.
 - Support the infant's head and neck with your hand.
 - Lower the infant onto your thigh, keeping the infant's head lower than their body.
- 2** Give 5 back blows.
 - Give back blows with the heel of your hand between the infant's shoulder blades.
 - Each back blow should be a distinct attempt to dislodge the object.
- 3** Position the infant face-up along your forearm.
 - Position the infant between both of your forearms, supporting the infant's head and neck.
 - Turn the infant face-up.
 - Lower the infant onto your thigh with the infant's head lower than their chest.
- 4** Give 5 chest thrusts.
 - Put two or three fingers on the center of the chest, just below the nipple line and compress the chest about 1 1/2 inches.
 - Each chest thrust should be a distinct attempt to dislodge the object.
 - their chest.





CHOKING

Infant *continued*

5 Provide appropriate care.

Continue giving 5 back blows and 5 chest thrusts until:

- The object is forced out.
- The infant begins to cough forcefully or breathe.
- The infant becomes unresponsive.

If the infant becomes unresponsive at any time while choking:

- Carefully lower the infant onto a firm, flat surface, send someone to get an AED, and summon EMS if you have not already done so.
 - Immediately begin CPR, starting with 30 chest compressions.
 - Open the mouth to look for and do a finger sweep to remove a foreign object only if you see an object.
 - Give 2 ventilations.
 - As long as the chest does not clearly rise, continue cycles of giving 30 chest compressions, looking for a foreign object, do a finger sweep only if you see the object and giving ventilations.

Notes:

- *During CPR on an unresponsive infant, when opening the airway to give ventilations, look into the mouth for any visible object.*
 - *If you see an object, use a finger sweep motion to remove it.*
 - *If you do not see an object, do not do a finger sweep. Instead, continue CPR cycles.*
- *Remember to never try more than 2 ventilations during one cycle of CPR, even if the chest does not rise.*

Table 9-1: Summary of Techniques for CPR—Adult, Child and Infant

	Adult	Child	Infant
Hand position	Heel of one hand in center of chest (on lower half of sternum) with the other hand on top  		Two fingers on the center of the chest (just below the nipple line) 
Compression depth	At least 2 inches (Try to avoid greater than 2.4 inches if using a feedback device.)	About 2 inches	About 1½ inches
Ventilations	Until chest begins to rise (1 second per ventilation)		
Cycles (one rescuer)	30 chest compressions and 2 ventilations		
Cycles (two rescuers)	30 chest compressions and 2 ventilations	15 chest compressions and 2 ventilations	
Rate	Between 100 and 120 compressions per minute		

9-5 AEDS

AEDs are portable electronic devices that analyze the heart's rhythm and provide an electrical shock (Figure 9-5). Defibrillation is the delivery of an electrical shock that may help re-establish an effective rhythm. CPR can help by supplying blood that contains oxygen to the brain and other vital organs. However, the sooner an AED is used, the greater the likelihood of survival. You must assess victims quickly and be prepared to use an AED in cases of cardiac arrest.



Figure 9-5 | An AED



One-Rescuer CPR

Notes:

- Activate the EAP, size up the scene while forming an initial impression, use PPE, perform primary assessment and get an AED on the scene as soon as possible.
- Ensure the victim is on a firm, flat surface, such as the floor or a table.
- Expose the victim's chest to ensure proper hand placement and the ability to visualize chest recoil.

If the victim is not breathing and has no pulse:

1

Give 30 chest compressions.

- **Adult or child:** Place the heel of one hand in the center of the chest on the lower half of sternum with the other hand on top.
 - Keep your arms as straight as possible and shoulders directly over your hands.
- **Infant:** Place one hand on the infant's forehead. Place two or three fingers from your hand closest to the infant's feet on the center of the chest just below the nipple line. The fingers should be oriented so they are parallel not perpendicular to the sternum.
- Push hard, push fast.
 - Compress the chest at a depth of:
 - **Adult:** At least 2 inches but not more than 2.4 inches.
 - **Child:** About 2 inches.
 - **Infant:** 1½ inches.
 - Compress the chest at a rate of at least 100 per minute but no more than 120 per minute.
 - Let the chest fully recoil between each compression.





CPR

One-Rescuer CPR *continued*

2 Give 2 ventilations.

3 Perform cycles of 30 compressions and 2 ventilations.



Do not stop CPR except in one of the following situations:

- You see an obvious sign of life, such as normal breathing or victim movement.
- An AED is ready to analyze the victim's heart rhythm.
- Another trained responder or responders take over, such as a member of your safety team or EMS personnel, and relieve you from giving compressions or ventilations.
- You are alone and too exhausted to continue.
- The scene becomes unsafe.

Notes:

- *Keep your fingers off the chest when performing compressions on an adult or child by interlacing your fingers.*
- *Use your body weight, not your arms, to compress the chest.*
- *Count out loud or to yourself to help keep an even pace.*



Two-Rescuer CPR—Adult and Child

Notes:

- Activate the EAP, size up the scene while forming an initial impression, use PPE, perform a primary assessment and get an AED on the scene as soon as possible.
- Ensure the victim is on a firm, flat surface, such as the floor or a table.
- Expose the victim's chest to ensure proper hand placement and the ability to visualize chest recoil.

If the victim is not breathing and has no pulse:

- 1** Rescuer 2 finds the correct hand position to give chest compressions.
 - Place two hands on the center of the chest.
- 2** Rescuer 2 gives chest compressions.
 - Push hard, push fast.
 - Compress the chest at a depth of:
 - **Adult:** At least 2 inches but not more than 2.4 inches.
 - **Child:** About 2 inches.
 - Compress the chest at a rate of at least 100 per minute but no more than 120 per minute.
- 3** Rescuer 1 gives 2 ventilations.
- 4** Perform about 2 minutes of compressions and ventilations.
 - **Adult:** Perform cycles of 30 compressions and 2 ventilations.
 - **Child:** Perform cycles of 15 compressions and 2 ventilations.





CPR

Two-Rescuer CPR—Adult and Child *continued*

5 Rescuers change positions at least every 2 minutes (5 cycles of 30 compressions and 2 ventilations) and/or while the AED is analyzing the heart rhythm.

- Rescuer 2 calls for a position change by using the word “change” at the end of the last compression cycle:
 - **Adult:** Use the word “change” in place of the word “thirty.”
 - **Child:** Use the word “change” in place of the word “fifteen.”
- Rescuer 1 gives 2 ventilations.
- Rescuer 2 quickly moves to the victim’s head with their own mask.
- Rescuer 1 quickly moves into position at the victim’s chest and locates correct hand position on the chest.
- Changing positions should take less than 5 seconds.



6 Rescuer 1 begins chest compressions.

- Continue cycles of compressions and ventilations.

Continue CPR until:

- You see an obvious sign of life, such as normal breathing or victim movement.
- An AED is ready to analyze the victim’s heart rhythm.
- Another trained responder or responders take over, such as a member of your safety team or EMS personnel, and relieve you from giving compressions or ventilations.
- You are alone and too exhausted to continue.
- The scene becomes unsafe.

Notes:

- *Keep your fingers off the chest when performing compressions on an adult or child by interlacing your fingers.*
- *Use your body weight, not your arms, to compress the chest.*
- *Count out loud to help keep an even pace.*



Two-Rescuer CPR—Infant

Notes:

- Activate the EAP, size up the scene while forming an initial impression, use PPE, perform a primary assessment and get an AED on the scene as soon as possible.
- Ensure the victim is on a firm, flat surface, such as the floor or a table.
- Expose the victim's chest to ensure proper hand placement and the ability to visualize chest recoil.

If the victim is not breathing and has no pulse:

- 1** Rescuer 2 finds the correct hand position to give chest compressions.
 - Use the encircling thumbs technique to give chest compressions.
 - Place thumbs next to each other on the center of the chest just below the nipple line.
 - Place both hands underneath the infant's back and support the infant's back with your fingers.
 - Ensure that your hands do not compress or squeeze the side of the ribs.
 - If available, a towel or padding can be placed underneath the infant's shoulders to help maintain the head in the neutral position.
- 2** Rescuer 2 gives chest compressions.
 - Push hard, push fast.
 - Compress the chest about 1½ inches at a rate of at least 100 compressions per minute but no more than 120 per minute.
- 3** Rescuer 1 gives 2 ventilations.





CPR

Two-Rescuer CPR—Infant *continued*

4 Perform cycles of 15 compressions and 2 ventilations for about 2 minutes.

5 Rescuers change positions at least every 2 minutes and/or during the analysis of the AED.

- Rescuer 2 calls for a position change by using the word “change” in place of saying “fifteen” at the end of the last compression cycle.
- Rescuer 1 gives 2 ventilations.
- Rescuer 2 quickly moves to the victim's head with their own mask.
- Rescuer 1 quickly moves into position at the victim's chest and locates correct hand position on the chest.
- Changing positions should take less than 5 seconds.



6 Rescuer 1 begins chest compressions.

- Continue cycles of compressions and ventilations.

Continue CPR until:

- You see an obvious sign of life, such as normal breathing or victim movement.
- An AED is ready to analyze the victim's heart rhythm.
- Another trained responder or responders take over, such as a member of your safety team or EMS personnel, and relieve you from giving compressions and ventilations.
- You are alone and too exhausted to continue.
- The scene becomes unsafe.

Note:

- *Count out loud to help keep an even pace.*



USING AN AED

Using an AED

Notes:

- Activate the EAP, size up the scene while forming an initial impression, use PPE, perform a primary assessment and get an AED on the scene as soon as possible.
- Ensure the victim is on a firm, flat surface, such as the floor or a table.

If the victim is not breathing and has no pulse:

1 Turn on the AED and follow the audible and/or visual prompts.

2 Expose the victim's chest and wipe it dry if necessary.

Tip: Remove any medication patches with a gloved hand and wipe away any remaining medication residue.

3 Attach the AED pads to the victim's bare, dry chest.

- Place one pad on the victim's upper right chest and the other pad on the left side of the chest.
 - **Child:** Use pediatric AED pads, if available. If the pads risk touching each other, place one pad in the middle of the child's chest and the other pad on the child's back, between the shoulder blades.
 - **Infant:** Always place one pad on the chest and the other on the back.



4 Plug in the connector, if necessary.



USING AN AED

Using an AED *continued*

- 5** Stand clear.
 - Make sure that no one, including you, is touching the victim.
 - Say, “Everyone, stand clear!”
- 6** Analyze the heart rhythm.
 - Push the “Analyze” button, if necessary. Let the AED analyze the heart rhythm.
- 7** Deliver a shock or perform CPR based on the AED recommendation.
 - If a shock is advised:
 - Make sure no one, including you, is touching the victim.
 - Say, “Everyone clear” in a loud commanding voice.
 - Deliver the shock by pushing the “Shock” button, if necessary.
 - After delivering the shock, perform about 2 minutes of CPR, starting with chest compressions.
 - If no shock is advised:
 - Perform about 2 minutes of CPR, starting with chest compressions.
 - Continue to follow the prompts of the AED.



Notes:

- *If at any time you notice an obvious sign of life, such as normal breathing or victim movement, stop CPR and monitor the victim’s condition.*
- *The AED will not advise a shock for normal or absent heart rhythms.*
- *If two trained rescuers are present, one should perform CPR while the second rescuer operates the AED.*
- *Do not interrupt CPR (chest compressions and ventilations) until the AED pads are applied and the AED is turned on and ready to analyze unless you are the only rescuer able to operate the AED and perform CPR.*
- *If there are multiple responders, they should:*
 - *Hover with their hands a few inches above the chest during the AED analysis and the shock (if indicated) to minimize interruptions to resuming CPR.*
 - *Resume compressions immediately following the delivery of a shock or after the AED determines that no shock is advised.*
 - *Switch responsibility for compressions each time the AED performs an analysis to limit their fatigue.*
 - *Do not wait for the AED to deliver a “resume CPR” prompt before resuming compressions.*

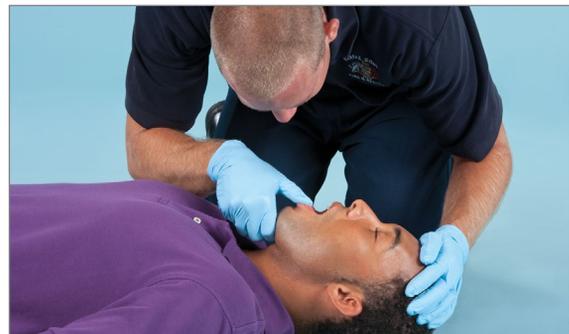


CPR WITH AIRWAY OBSTRUCTION

CPR with Airway Obstruction

If a person who is choking becomes unresponsive, summon EMS if you have not already done so, then lower them to a firm, flat surface and immediately begin CPR, starting with chest compressions.

- 1** Begin CPR starting with 30 chest compressions.
Compress the chest to a depth of:
 - **Adult:** At least 2 inches but no more than 2.4 inches
 - **Child:** About 2 inches
 - **Infant:** About 1½ inches
- 2** Before attempting ventilations, open the victim's mouth and look for the object.
 - If you see an object in the victim's mouth, carefully remove it using a finger sweep. To perform a finger sweep, slide your finger along the inside of the victim's cheek, using a hooking motion to sweep out the object.
 - Never perform a blind finger sweep.
- 3** Replace the resuscitation mask and give 2 ventilations.





CPR WITH AIRWAY OBSTRUCTION

CPR with Airway Obstruction *continued*

4

Continue to provide care by repeating this cycle until:

- The victim begins to breathe on their own.
- Another trained rescuer takes over.
- More advanced medical personnel, such as EMS personnel, take over.
- You are too exhausted to continue.
- The scene becomes unsafe.
- Your ventilations are successful; continue CPR.



Note:

Continuing cycles of 30 compressions and 2 ventilations is the most effective way to provide care. Even if ventilations fail to make the chest rise, compressions may help clear the airway by moving the blockage to the upper airway where it can be seen and removed. Continue to check the victim's mouth for an object after each set of compressions until ventilations make the chest clearly rise.



HEAD SPLINT

Face-Up Victim at or Near the Surface

- 1** Approach the victim from the side.
 - In deep water, use the rescue tube under both of your arms for support.
- 2** Grasp the victim's arms midway between their shoulder and elbow. Grasp the victim's right arm with your left hand and the victim's left arm with your right hand. Gently move the victim's arms up alongside the head.
- 3** Slowly and carefully squeeze the victim's arms against their head to help hold the head in line with the body. Do not move the victim any more than necessary.
- 4** If the victim is unresponsive, quickly look, listen and feel to check for breathing.
 - If the victim is not breathing, immediately remove the victim from the water using the passive victim extrication method and provide resuscitative care. Do not delay removing the victim from the water by using the spinal backboarding procedure.
 - If the victim is breathing, hold the victim's head in line with the body and move toward safety until the backboard arrives. In deep water, move the victim to shallow water, if possible.
- 5** Continue to check for breathing. If at any time the victim stops breathing, immediately remove the victim from the water then provide appropriate care.





HEAD SPLINT

Face-Down Victim at or Near the Surface

- 1** Approach the victim from the side.
 - In deep water, use the rescue tube under both of your arms for support.
- 2** Grasp the victim's arms midway between the shoulder and elbow. Grasp the victim's right arm with your right hand and the victim's left arm with your left hand.
- 3** Squeeze the victim's arms against their head to help hold the head in line with the body.
- 4** Glide the victim slowly forward.
 - Continue moving slowly and turn the victim until they are face-up. To do this, push the victim's arm that is closest to you under the water while pulling the victim's other arm across the surface toward you.
- 5** If the victim is unresponsive, quickly look, listen and feel to check for breathing.
 - If the victim is not breathing, immediately remove the victim from the water using the passive victim extrication method and provide resuscitative care. Do not delay removal from the water by using the spinal backboarding procedure.
 - If the victim is breathing, hold the victim's head in line with the body and move toward safety until the backboard arrives. In deep water, move the victim to shallow water, if possible.





HEAD SPLINT

Face-Down Victim at or Near the Surface *continued*

6 Switch to an overarm head splint position. Position the victim's head in the crook of your arm, with the head in line with the body.

- To switch to an overarm head splint:
 - Apply firm pressure with your outside hand to pull the victim toward your chest (hug them against your chest).
 - Release your hand that is holding the arm against your chest and reach over the victim and grab the victim's outside arm, placing it next to your other hand.
 - Release your hand that is under the victim and move it to the victim's arm that is against your chest and continue to apply pressure.

7 Continue to check for breathing. If at any time the victim stops breathing, immediately remove the victim from the water then provide appropriate care.





HEAD SPLINT

Submerged Victim

- 1 Approach the victim from the side. In deep water, release the rescue tube if the victim is more than an arm's reach beneath the surface.
- 2 Grasp the victim's arms midway between the shoulder and elbow. Grasp the victim's right arm with your right hand and the victim's left arm with your left hand. Gently move the victim's arms up alongside the head.
- 3 Squeeze the victim's arms against their head to help hold the head in line with the body.
- 4 Turn the victim face-up while bringing the victim to the surface at an angle. To turn the victim face-up, push the victim's arm that is closest to you down and away from you while pulling the victim's other arm across the surface toward you. The victim should be face-up just before reaching the surface or at the surface.
- 5 If the victim is unresponsive, quickly look, listen and feel to check for breathing.
 - If the victim is not breathing, immediately remove the victim from the water using a technique, such as the passive victim extrication method, and provide resuscitative care. Do not delay removal from the water by strapping the victim in or using the head immobilizer device.
 - If the victim is breathing, hold the victim with the head in line with the body and move toward safety until the backboard arrives. In deep water, move the victim to shallow water, if possible.





HEAD SPLINT

Submerged Victim *continued*

- 6** Switch to an over-arm head splint position Position the victim's head close to the crook of your arm with the head in line with the body. Another lifeguard can place a rescue tube under your armpits to help support you and the victim.
 - To switch to an overarm head splint:
 - Apply firm pressure with your outside hand to pull the victim toward your chest (hug them against your chest).
 - Release your hand that is holding the arm against your chest and reach over the victim and grab the victim's outside arm, placing it next to your other hand.
 - Release your hand that is under the victim and move it to the victim's arm that is against your chest and continue to apply pressure.

- 7** Continue to check for breathing. If at any time the victim stops breathing, immediately remove the victim from the water, then provide appropriate care.



HEAD SPLINT

Face-Up in Extremely Shallow Water

- 1 Approach the victim's head from behind. Grasp their right arm with your right hand and their left arm with your left hand, trapping the victim's head between their arms.
- 2 Gently move the victim's arms up alongside their head.
- 3 Squeeze the victim's arms against their head to help hold the head in line with the body. Remain positioned above and behind the victim's head.
- 4 If the victim is unresponsive, quickly look, listen and feel to check for breathing.
 - If the victim is not breathing, immediately remove the victim from the water and give the appropriate care.
 - If the victim is breathing, hold the victim in this position. Place a towel or blanket on the victim to keep them from getting chilled.



Note: If you are unable to keep the victim from getting chilled and there are enough assisting lifeguards, follow the care steps for skill sheet, *Spinal Backboarding Procedure—Speed Slide*.



HEAD SPLINT

Face-Down in Extremely Shallow Water

- 1** Approach the victim's head from the side. Grasp the victim's right arm with your right hand and the victim's left arm with your left hand, trapping the victim's head between their arms.
- 2** After the victim's head is trapped between their arms, begin to roll the victim toward you.
- 3** While rolling the victim, step from the victim's side toward the victim's head and begin to turn the victim face-up.
- 4** Lower your arm on the victim's side that is closest to you so that the victim's arms go over the top of your arm as you step toward the victim's head. Maintain arm pressure against the victim's head, since your hand rotates during this maneuver. You are now positioned above and behind the victim's head.
- 5** If the victim is unresponsive, quickly look, listen and feel to check for breathing.
 - If the victim is not breathing, immediately remove the victim from the water and give the appropriate care.
 - If the victim is breathing, hold the victim in this position. Place a towel or blanket on the victim to keep them from getting chilled.
- 6** Continue to check for breathing. If at any time the victim stops breathing, immediately remove the victim from the water then provide appropriate care.



Note: If you are unable to keep the victim from getting chilled and there are enough assisting lifeguards, follow the care steps for skill sheet, *Spinal Backboarding Procedure—Speed Slide*.



SPINAL BACKBOARDING AND EXTRICATION

Spinal Backboarding Procedure

- 1** The rescuing lifeguard provides in-line stabilization using the head splint technique and swims with the victim toward the side of the pool.
 - Rotate the victim to a face-up position if necessary.
 - Use the overarm head splint technique to maintain in-line stabilization before reaching the side of the pool.



- 2** The assisting responder(s) on deck brings the backboard to the edge of the water and removes the head immobilizer, placing it within reaching distance.

- 3** The assisting responder(s) on deck places the board at an angle in the water, submerging the head space of the board if possible.



- 4** The rescuing lifeguard now approaches the board and moves to the side of it. The rescuing lifeguard then places one foot (steps on) the end of the backboard to hold it down.

- 5** The rescuing lifeguard places the victim on the center of the backboard with the head on the designated head space.



- 6** With the head of the backboard resting on the pool edge, the assisting responder stabilizes the board by pressing down on it with both elbows and stabilizes the victim by placing both hands on the victims arms and applying pressure, using the head splint. The rescuing lifeguard can release the arms.
 - A rescue tube may be quickly placed under the foot end of the board, if needed for support.





SPINAL BACKBOARDING AND EXTRICATION

Spinal Backboarding Procedure *continued*

- 7** The rescuing lifeguard secures one strap across the victim's chest, under the armpits, and then stabilizes the victim by placing one hand and arm on the victim's chin and chest and the other hand and arm under the backboard. The assisting responder then releases the victim's arms and lowers the victim's arms down and secures the victim's head to the backboard using a head immobilizer and strap across the forehead.
 - The rescuers should place the victim's arms on the victim's torso to prevent discomfort or injury during extrication.
- 8** The rescuing lifeguard moves to the foot end of the board while the assisting responder holds the backboard at the head of the board from the pool deck.
- 9** The assisting responder lifts the head of the backboard so the runners are on the deck.
- 10** Working together, the lifeguards pull and push the backboard onto the deck, then begin to assess the victim's condition and provide the appropriate care.





SPINAL BACKBOARDING AND EXTRICATION

Spinal Backboarding Procedure—High Edges

- 1** The rescuing lifeguard provides in-line stabilization using the head splint technique and swims with the victim toward the side of the pool.
 - Rotate the victim to a face-up position if necessary.
 - Use the overarm head splint technique to maintain in-line stabilization before reaching the side of the pool.



- 2** The assisting responder(s) on deck brings the backboard to the edge of the water and removes the head immobilizer, placing it within reaching distance.

- 3** The assisting responder enters the water, submerges the backboard and positions the board under the victim so that it extends slightly beyond the victim's head. The victim's head should be centered on the backboard's head space.



- 4** Once the backboard is in place, the assisting rescuer places a rescue tube under the head end of the backboard for support and then the assisting responder maintains stabilization of the victim's head by placing both hands on the victim's arms and applying pressure, using the head splint technique. The rescuing lifeguard can release the arms.



- 5** The rescuing lifeguard secures the victim to the backboard by securing the chest strap high across the victim's chest and under the victim's armpits. The rescuing lifeguard then stabilizes the victim by placing one hand and arm on the victim's chin and chest and the other hand and arm under the backboard.



SPINAL BACKBOARDING AND EXTRICATION

Spinal Backboarding Procedure—High Edges *continued*

- 6** The assisting responder then releases the victim's arms and lowers the victim's arms down and secures the victim's head to the backboard using a head immobilizer and strap across the forehead.
- 7** The rescuing lifeguard gets out of the water and grasps the handholds of the backboard while the assisting responder maintains control of the backboard from in the water.
 - Once the rescuing lifeguard has control of the board from the pool deck, the assisting responder moves to the foot of the board.
- 8** Working together, the lifeguards pull and push the backboard onto the deck, then begin to assess the victim's condition and provide the appropriate care.

