



**Date:** 20 March 2020

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**To:** All SLSNZ clubs and members

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**From:** Paul Dalton – CEO SLSNZ

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**Subject:** COVID-19 (novel coronavirus) Memo # 4

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## Essential Information for Lifeguard Patrols and Emergency Call out Squads

SLSNZ is committed to ensuring the health, safety and well-being of all our members in response to the COVID-19 pandemic. The health of our volunteers, staff, members, partners as well as community wellbeing, are our highest priority when making decisions that impact our core activities of Patrolling and Search and Rescue.

While the risk of community transmission of COVID-19 remains low-moderate, this is likely to change in the days/week ahead. We are closely monitoring and following advice from the NZ Ministry of Health (MOH) and SLSNZ's Medical Director Dr Gary Payinda to ensure we can help minimise the spread of COVID-19 to our members.

Until further notice, we expect all volunteer patrols to continue in accordance with their POM schedule, meaning until Easter 2020 for some clubs, particularly those in the Eastern and Northern Regions. Compliance with the COVID-19 Patrol Protocols, as detailed below is essential for all patrols and emergency call outs.

Volunteer patrols and emergency call outs in the Northern Region will continue to be supported by SurfCom and Duty Officers in line with current practice. All other regions should continue with support of their regional lifeguard managers. Peer support and member welfare support programmes will continue to operate where needed throughout New Zealand.

Detailed on the following pages are SLSNZ COVID-19 Operations Protocols which all clubs are expected to abide by. Additionally, Clubs should refer to SLSNZ's COVID-19 FAQs also available on the [SLSNZ COVID-19 web page](#) for information relating to other Club and/or member activities.

Until further notice from the local authorities or MOH, all public spaces will remain open.

We ask that all our clubs and members take time to review their upcoming activities and consider additional measures to safely notify all beach users of hazards and water related risks. Detailed below are important **Safety Messages** and **Checklists for Patrolling Clubs and Members**.

The MOH expect COVID-19 to become more widespread over the next few months. SLSNZ will aim to provide regular updates to all members via its web site and also via social media channels where appropriate. SLSNZ thanks you all for your assistance, support and compliance to the evolving changes as we collectively address the many and varied COVID-19 issues as they arise.

If the Ministry of Education (MoE) proceeds with the wide spread closure of schools, and if this coincides with a warm patch of weather, we recommend that clubs work directly with Regional Surf



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Life Saving staff to prepare a localised plan for delivering necessary auxiliary lifeguard services over this period.

There is no compulsion to provide additional services above and beyond existing Lifesaving Service Agreements, however your club should consider this possibility and email your Regional Lifesaving Manager advising them of what patrol services may be available should this eventuate.

1. If you club cannot supply an Auxiliary Patrol Roster kindly inform your Regional Lifesaving Manager by email.
2. Any Auxiliary Patrol Roster must have at least One Qualified Patrol Captain ,
3. An additional Senior Lifeguard
4. Two Level 2 First Aid Trained Lifeguards ( these can be sourced from points 1 and 2)
5. All Modified Standard Operating Procedures must be applied;
6. The Patrol will operate within their current Patrol Operations Manual.

For all queries relating to this Memo, please contact Ross Merrett, Safety, Welfare & Risk Manager, [ross.merrett@surflifesaving.org.nz](mailto:ross.merrett@surflifesaving.org.nz)



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## Surf Life Saving New Zealand COVID-19 Operations Protocols

### SAFETY MESSAGES

#### 1. Lifeguards providing emergency medical response/s are:

- 1.1 To prioritise their own safety (as per existing protocols).
- 1.2 Be aware they are unlikely to identify a suspected case of COVID-2019 whilst providing an emergency response.
- 1.3 However, still watch out for signs and symptoms of COVID-2019 infection in patients who may have travelled internationally or who have had close or casual contact with an infected person.
- 1.4 To encourage the person to report any signs and symptoms of COVID-2019 to [Healthline](https://www.healthline.co.nz) (0800 611 116) ASAP.

#### 2. Immediately Stop

- 2.1 CPR training/manikin use.
- 2.2 All lifeguard training
- 2.3 Using communal areas such as clubhouse kitchens. All members should bring a packed lunch.
- 2.4 Members with flu or cold like symptoms from attending patrols and any other club activities.
- 2.5 All social gatherings or overnight stays in clubs.

#### 3. Avoid

- 3.1 Using club changing rooms and showers. Where possible and practical, ask attendees to come ready to participate and to shower and change at home.
- 3.2 Unnecessary bag-valve-mask (BVM) ventilation.
- 3.3 Treating patients for minor ailments – have them self-treat and refer them to a GP for further attention if required.
- 3.4 Treating patients in first aid rooms unless absolutely necessary. Seek early self-transfer to GP where practicable, and where necessary call an ambulance as soon as possible.

#### 4. Clubs should

- 4.1 Follow the [Ministry of Health Guidelines](#) at all times.
- 4.2 Maintain accurate logs of all those attending patrol and other club operational activities
- 4.3 Ensure any member with infectious symptoms is sent home immediately, and encouraged to seek [Healthline](#) (0800 611 116)/GP advice.
- 4.4 Set up a "dirty area" outside the club building where all kit and equipment can be cleaned and sanitised before entering the building or is handled by others. Use this area to sanitise club kit before and after use.
- 4.5 Ensure that you have adequate hand washing facilities and that all arriving at the Club wash hands before undertaking any activities. If hand washing is not possible use of an alcohol based hand sanitiser is essential.  
<https://www.health.govt.nz/your-health/healthy-living/good-hygiene/hand-washing>
- 4.6 Regularly clean all hand touching points – Before, During and After Use an alcohol sanitiser based on 70% Isopropyl Alcohol or Pure 70% Liquid IPA (Available online) – Wipe table tops, working surfaces, door handles, toilet handles, seats and door locks, chair arms, all training equipment. **SANITISE EVERYTHING THAT IS TOUCHED AND SHARED.**
- 4.7 Enforce social distance of 2 metres between all members of the public at all times wherever practicable.
- 4.8 Only use your own writing materials. Ask members to bring these with them and only use their own pens/pencils, and regularly disinfect tables and radio hardware.
- 4.9

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## Checklist for Patrolling Members and providers of First Aid

1. **Use PPE (gloves)** - as per existing protocols with all patients.
2. **If treating a patient with respiratory issues (a cough or breathing difficulties), wear a face mask** in addition to the standard PPE for all patient treatment.
3. **Take a patient history including medical and travel** to establish travel and any flu like symptoms or respiratory symptoms.
4. **Be alert** for patients who meet the case definition – refer to questions in next section.
5. **If you suspect that the patient has coronavirus:**
  - a. **Withdraw** from activities immediately and notify Patrol Captain
  - b. **Notify** SLSNZ or SLSNR immediately of suspected case and follow instructions for patient and patrol members.

## Determining patients with suspected coronavirus

1. **Clinical criteria:**  
Fever OR acute respiratory infection (e.g. shortness of breath or cough) with or without fever  
**AND**
2. **Epidemiological criteria:**  
Travel overseas in the 14 days prior to the onset of illness  
**OR**  
**Close or casual contact** with a confirmed case of COVID-19 in the 14 days before the onset of illness.

**Close contact definition:** greater than 15 minutes face-to-face or the sharing of a closed space for more than two hours with a confirmed case without recommended personal protective equipment (PPE). Contact needs to have occurred during the period of 24 hours prior to onset of symptoms in the confirmed case until the confirmed case is no longer considered infectious.

**Casual contact definition:** less than 15 minutes face-to-face contact or sharing a closed space with a confirmed case for less than two hours. This includes members, other patients, or visitors who were in the same closed healthcare space as a case, but for shorter periods than those required for a close contact. Contact needs to have occurred during the period from the onset of symptoms in the confirmed case until the confirmed case is no longer considered infectious.

## Suspected case during a response - conscious and responsive

**If the patient is conscious and responsive,** triage the patient against the criteria above to understand if they are considered to be a suspected case of coronavirus.

If the patient is considered as a suspected case of coronavirus:

- Place a face mask on the patient as soon as possible, preferably on first contact.
- Isolate the patient away from other responders and members of the public.
- Withdraw from the scene

Notify Patrol Captain, Regional Lifesaving Managers, or SurfCom for *Northern Region* clubs. Northern Region Clubs – Please Follow the instructions of SurfCom

Complete hand hygiene and wash exposed skin, preferably with alcohol-based sanitiser.

## Suspected case during a response - unconscious and unresponsive

### **If the patient is unconscious and unresponsive:**

- Assess your personal safety.
- If it is considered unsafe to treat the patient, isolate the patient and contact SurfCom (0800 SAVELIFE, *if outside of Northern Region*) who will communicate with St. Johns ambulance for patient transfer.

### **If the risk of the patient being a suspected case is considered to be low:**

- Apply PPE and continue to treat patient.
- Complete hand hygiene and wash exposed skin, preferably with alcohol-based sanitiser.
- If there is a risk of contamination, consider the need to decontaminate clothing worn during treatment.

## Additional Considerations when providing emergency medical response

### **Lifeguards considering full CPR**

Some casualties (e.g. children and drowning casualties) will benefit from full CPR. It is accepted however, that the risk of COVID-19 transmission is higher with this procedure and each situation must be risk assessed on a case by case basis.

### **Consider CPR-chest compression only – your safety comes first**

- follow standard basic life support for compression only CPR
- DR – adopt PPE: gloves, face mask
- ABC – start compression only CPR

### **Remember that the pocket mask has a one-way valve**

- Follow PPE guidelines
- Avoid direct mouth to mouth contact
- Follow standard basic life support for CPR
- DR – adopt PPE: gloves, face mask
- AB – prepare pocket mask
- C – 30:2 + AED (if First responder consider oxygen if available)

### **Post incident**

- Decontaminate all equipment, change wipes for each bit of equipment
- Dispose of pocket mask, suction, AED pads etc. into the clinical waste bag
- Wipe down thoroughly all hardware – including AED, oxygen cylinder, medical bag (if used)
- Put all used wipes, gloves and other waste into a waste bag and seal before disposal.
- Put on new gloves and wipe down waste bag.
- Complete incident report ensuring that you clearly include the names of all those members involved, should testing for COVID-19 be required.
- If you believe you have made contact with a casualty that may be infected with COVID-19, self- isolate immediately and follow MOH guidelines

## Patient Transfer

Members should minimise all non-essential patient contact until arrival of the Ambulance service.

## Follow-up Support

Surf Life Saving staff will designate an Incident Manager who will liaise with the Patrol Captain and members to ensure the necessary follow up support and instructions are provided.