

COVID-19 PRECAUTIONS

COVID Precautions

The Covid-19 Pandemic has prompted first responder groups, including Surf Lifeguards, to reassess the risks of resuscitation to rescuers and patients.

Ventilations, also known as rescue breaths, are critical for the resuscitation of drowned patients. However, these can be risky procedures for lifeguards in the new COVID era.

Surf Lifeguards must always assess risk for themselves. They should determine their own level of personal health risk, understand the risk of infection currently in their community, be able to estimate the level of risk the patient may pose, and balance that against the possible benefit to the patient. One rule will not fit all scenarios. Please take all reasonable steps to keep yourself safe.

Personal Protective Equipment (PPE)

Lifeguards should always carry gloves and a CPR face shield while on patrol, and use PPE and barrier devices whenever possible.

Resuscitation Breathing

Currently mouth-to-mouth ventilation is not recommended. Mouth-to-face-shield and mouth-to-mask are options that are somewhat safer, but still expose the patient and lifeguard to the risk of infection. These techniques should not be used if there is a safer alternative such as a bag-valve-mask available.

When assessing for normal breathing, to minimise potential exposure, it is recommended that the lifeguard:

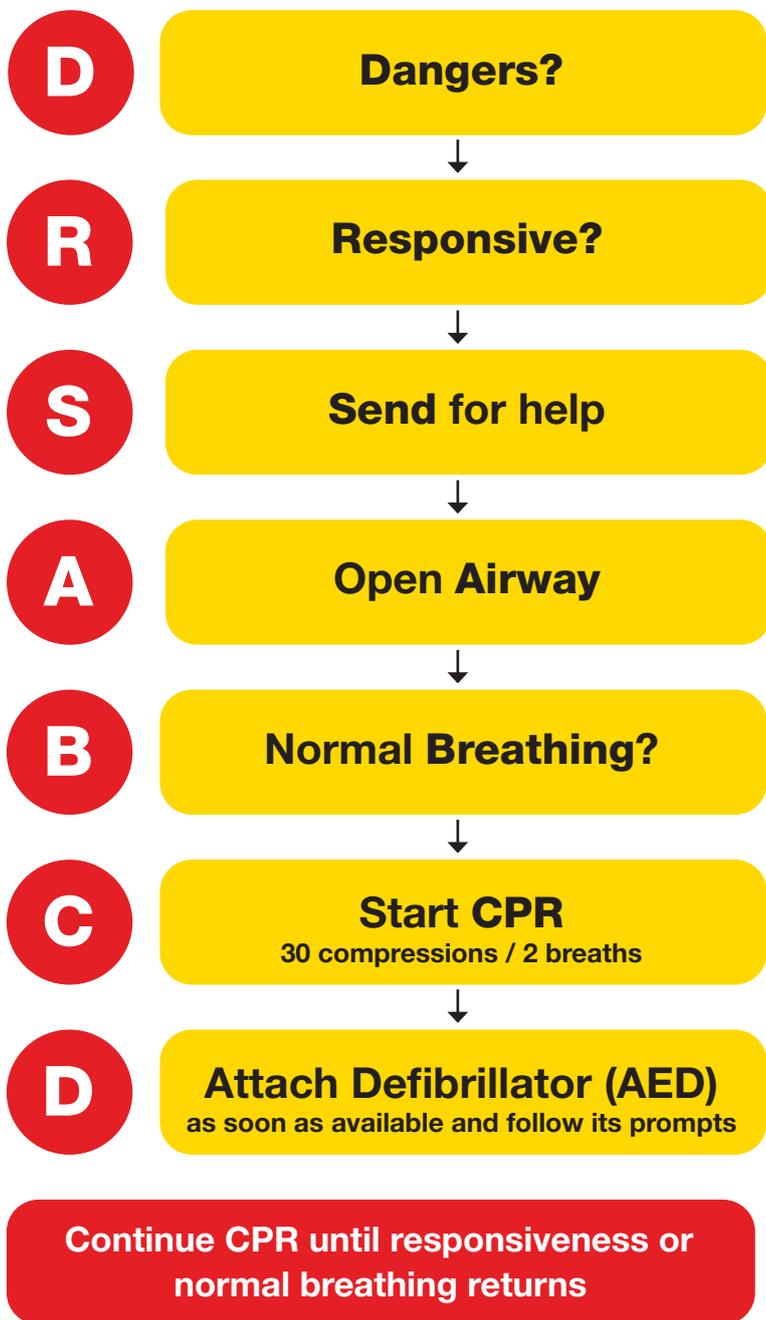
- Look for breathing without putting your face near the patient
- Feel for chest rise with your hand rather than feeling for the patient's breath upon your cheek.

If the patient is unresponsive and not breathing normally, start CPR immediately. If there are occasional breaths, or gasps of breathing, or you are uncertain if they are breathing adequately, begin CPR. It is much safer to start CPR and stop if unnecessary than to delay CPR.

To perform expired air ventilation, first ensure the airway is open using head-tilt/chin lift, and ensuring proper head position. Then seal the patient's nose by pinching the nostrils closed. Take a normal breath in, make an airtight seal on the ventilation shield, rescue mask, or the patient's lips.

Deliver each breath steadily over 1 second. Ensure visible rise of the chest with each breath. A lack of chest rise suggests a poor seal or an airway obstruction. Remove your lips and let the patient exhale, as you take a fresh breath for the next ventilation. Two breaths should take no more than 2-3 seconds. When those two breaths are in, it's right back into immediate chest compressions without any delay. Whether you are a sole rescuer, or you have a helper, focus on minimising any interruptions to chest compressions.

BASIC LIFE SUPPORT



Further Information

For more information please contact
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