INTERNATIONAL LIFE SAVING FEDERATION

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ILS POLICY STATEMENT N° 10.

CRITICAL CPR SKILLS FOR LIFESAVERS

BACKGROUND

The very nature of lifesaving requires that lifesavers 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 lifesavers. As used in this statement, the term "lifesaver" is intended to apply to persons, both paid and volunteer, who assume a responsibility to protect, rescue, and resuscitate others in an aquatic setting, whether they are called lifesavers, lifeguards, or by some other term.

Some lifesavers are medically trained to high levels of emergency medical response, such as paramedic. These persons may be considered healthcare professionals. Other lifesavers may not be considered healthcare professionals, although this varies by country and by assignment of the lifesaver. 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.

In developing this statement, we rely greatly on the Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, an international consensus on science, published by the American Heart Association in collaboration with the International Liaison Committee on Resuscitation.

STATEMENT

- 1. Lifesavers, whether paid or volunteer, are professional rescuers with a duty or obligation to respond to medical emergencies. (American Heart Association, 2000a)
- 2. All lifesavers should be taught and maintain proficiency in CPR techniques in a course which is approved in their own country and consistent with the Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Vascular Care.
- 3. In addition to basic requirements, all CPR courses for lifesavers should include the following elements:
 - a. Lifesavers should be taught and maintain proficiency in both single rescuer and dual rescuer CPR techniques. (American Heart Association, 2000a)
 - b. Lifesavers should be taught and maintain proficiency in both head tilt-chin lift and jaw thrust methods of opening the airway. (American Heart Association, 2000b)
 - c. Lifesavers should be instructed that "compression-only" CPR is not appropriate in drowning cases because, as explained in the Guidelines 2000, "The first and most important treatment of the near-drowning victim is provision of immediate mouth-to-mouth ventilation. Prompt

initiation of rescue breathing has a positive association with survival." (American Heart Association, 2000c) Moreover, "The probability that a rescuer (lay or professional) will become infected with HBV or HIV as a result of performing CPR is minimal." (American Heart Association, 2000d)

- 4. The Medical Commission encourages the training and equipping of lifesavers with oxygen. Proper use of oxygen is associated with improved outcome in resuscitation cases. (International Life Saving Federation, 2003)
- 5. The Medical Commission encourages that airway adjunct methods, such as mouth-to-mask, be taught to lifesavers and used as appropriate. (American Heart Association, 2000a)

REFERENCES

American Heart Association (2000a). Guidelines 2000 for cardiopulmonary resuscitation and emergency cardiovascular care. Circulation, 102, 8: I-45

American Heart Association (2000b). Guidelines 2000 for cardiopulmonary resuscitation and emergency cardiovascular care. <u>Circulation</u>, 102, 8: I-33

American Heart Association (2000c). Guidelines 2000 for cardiopulmonary resuscitation and emergency cardiovascular care. <u>Circulation</u>, 102, 8: II-234

American Heart Association (2000d). Guidelines 2000 for cardiopulmonary resuscitation and emergency cardiovascular care. <u>Circulation, 102,</u> 8: I-51

International Life Saving Federation (2003). Statement on the use of oxygen by lifesavers. Leuven, Belgium: International Life Saving Federation

Policy Statement approved by the Board of Directors on 1 May 2003.