

## COVID-19 and Staff Training

COVID-19 Information Bulletin – May 10, 2020

### Information

This information bulletin is intended to provide guidance to owners and operators of aquatic facilities concerning staff training for the progressive reopening of aquatic facilities during the COVID-19 pandemic.

The guidance contained should be adapted to meet local conditions of the disease spread and resource availability. The Lifesaving Society will continue to reassess the public health risk based on the best available evidence as the situation evolves. These recommendations will be updated if additional information becomes available.

The recommendations for staff training are intended to address the initial phase of a progressive approach to returning aquatic facilities to a complete operating schedule.

The objectives of the recommendations for staff training for a progressive reopening of aquatic facilities are twofold:

- To minimize the risk of COVID-19 transmission at public aquatic facilities between aquatic staff and the public.
- To ensure that lifeguards and all aquatic staff are able to provide effective safety supervision and follow safe response protocols to incidents in the pool during a progressive approach to returning aquatic facilities to a complete operating schedule.

### Rationale for Staff Training Guidelines

Employers are responsible for the health and safety of their staff, therefore, protocols should be in place prior to reopening facilities to minimize the risk of COVID-19 transmission. Staff should be trained and competent in the new protocols. All training should be logged including content, trainer, and participant names. Aquatic staff must be ready to provide effective safety supervision to the public participating in aquatic activities and minimize the risk of COVID-19 transmission.

Employers should consider the emotional and mental stress that staff may be experiencing and ensure that training provides the opportunity for staff to ask questions and express concerns. This will assist in reassuring

staff that they are returning to a work environment with layers of safety in place for both staff and participants.

## General Strategies

Owners and operators of aquatic facilities should provide staff training prior to opening aquatic facilities. The training, at minimum, should include:

1. COVID-19 Aquatic Policy and Procedures Update
2. First Aid and Resuscitation Protocols Update
3. PPE (Personal Protection Equipment) Equipment for Aquatic and Facility Staff Update

### 1. COVID-19 Aquatic Policy and Procedures Update

#### Facility operations

Owner/operator should review their facility's operating procedures and guidelines to ensure they address the following:

- Prior to entering the facility, all staff and the public should be screened for COVID-19 (temperature above 37.8 C or 100 F and COVID assessment available from your local public health unit) and informed of responsibilities regarding physical distancing for all activities and facility amenities.
- Inform and educate the public concerning one-way traffic measures around the facility, such as, entering and exiting showers, changerooms or toilet facilities.
- Inform and educate the public concerning measures established to ensure physical distancing for recreation equipment such as rope swings or slides.
- Inform and educate program participants about not sharing personal equipment such as water bottles, towels, goggles, etc.

In addition, owner/operators should take steps to update staff protocols regarding:

- Rescues to ensure lifeguard interventions minimize the possibility of COVID-19 transmission.
- Additional safety education protocols and changes made to facility rules.

- Owner/operators may use a blended learning approach to train your staff. Prior to in-person training on-line learning for COVID-19 specific protocols developed to manage your facility and its operations can be used.
- Practice physical distancing while providing safety education and rule enforcement.
- An important reminder for staff is that when providing information and enforcing rules not all patrons will be initially accepting of the new protocols for the facility. All staff should be reminded of the need for tact and of policies concerning customer service and safely managing difficult patrons.

After updating relevant procedures and guidelines, staff should receive training. This training should focus on the following:

- Facility requirements for physical distancing and disinfection protocols.
- In-water rescues and lifeguard Interventions protocols with respect to transmission mitigation.
- First aid and resuscitation protocols with respect to transmission mitigation.
- Operators should provide at least the following PPE equipment for staff: BVM or pocket mask (preferably with HEPA filters), protective eyewear, gloves, and hand sanitizer.
  - Staff on deck may wear a mask and gloves. During an in-water emergency, masks should be removed before entering the swimming pool.
  - Staff on lifeguard towers may wear gloves and have other PPE equipment readily available.
- No person-to-person contact should occur during first aid or resuscitation skill assessments or practice situations. Manikins should be used for in water and CPR skill assessment.
- In-water rescue-breathing or victim assessments will not be used at this time.
- Disinfect all training equipment before and after training.
- Wherever possible, provide surveillance and scanning from an elevated platform to promote physical distancing. After each rotation, lifeguards should disinfect the platform's railings and

common surfaces. These supplies may be kept at each lifeguard station.

- Lifeguards should be provided with a rescue aid for the duration of their shift at the pool.

### **Emergency procedures**

Owners/operators may use a blended learning approach to train returning staff to limit in-person training to the extent possible. Prior to in-person training the use online learning for COVID-19 specific protocols can be developed to manage their facilities and their operations. During in water sessions, staff should demonstrate an understanding of in water emergency response protocols and an ability to perform these to National Lifeguard standards. Principles of these protocols include:

- At all times, rescuers should use the lowest risk rescue possible given the situation. Rescues that allow for a quick response and recovery while maintaining physical distancing should be encouraged.
- For all rescues minimize the number of rescuers who have direct contact with victims.
- For in-water rescuers, whenever possible approach the victim to avoid face-to-face proximity.
- Staff providing first aid should be equipped with the appropriate PPE required to safely manage victim care and provide the required follow-up (at least a BVM or pocket mask, eye protection, gloves, and hand sanitizer).
- The designate permits the in-water rescuer(s) time to dry off and don PPE before continuing victim care.
- At each focal point (e.g., first aid station) provide a dry container including hand sanitizer and PPE for at least two rescuers.
- Following rescues, all rescuers should practice hand hygiene and if appropriate shower with soap, change their clothes, bag clothes worn during the rescue (to be washed).
- Disinfect or replace all equipment used by staff after care has been provided.

### **Safety supervision**

Owner/operators may need to adjust their safety supervision plans for their facility. Additional on deck staff may be required to provide screening

of bathers, touch point cleaning, additional on deck supervisor, and overall safety supervision of activities in the swimming pool.

Whenever possible lifeguard towers should be utilized for the safety supervision of recreational swimming. They offer a good view of the swimming pool and ensure physical distancing. Supervisory staff should confirm that any adjustments to lifeguard positioning maintains swimming pool safety supervision standards.

## **2. First Aid and Resuscitation**

### **First aid**

The following guidelines are COVID-19 adaptations of assessment and treatment actions that can be performed in conjunction with any specific intervention required by the victim's condition.

#### **Scene and risk assessment**

- Ensure scene is safe
- Minimize the number of rescuer contacts with victim (where possible maintain physical distancing of at least 2 m)
- Don appropriate PPE (protect self/partner/other responders)
- Manage/mitigate any hazards/risks
- Victim health history
- Mechanism of Injury
- Continuous and dynamic scene assessment

#### **Primary assessment**

- PPE
- ABCs
- EMS
- Treat for shock
- Preparing for transport

#### **Secondary assessment**

*Promote self-treatment or treatment by a family member*

- Vital signs
- Head-to-toe exam

- Treatment

### **Respiratory hygiene measures for victims**

- When victim is conscious have victim turn face away from rescuer
- Ensure that all victims cover their nose and mouth with a tissue or elbow when coughing or sneezing

### **First aid for children and minors**

- Wherever possible initiate first aid for children and minors by asking parents or caregivers to provide aid

### **Resuscitation**

The need for resuscitation during a rescue in a public swimming pool is rare. Nevertheless, the outcome of such an incident depends on two highly variable factors: how quickly the person is removed from the water, and how quickly effective resuscitation is performed. At this time lifeguards face a decision about how to balance their own safety with providing lifesaving care. Lifeguards have an obligation to help those in need as long as it does not risk harm to themselves. The following should be considered by staff:

- Bathers have undergone an active screening prior to entry.
- Individuals with moderate or severe infections are unlikely to be participating in water-related activities.
- Proper personal equipment, hand hygiene and screening at sites can help decrease the risk to rescuers.
- The provision and use of proper PPE, hand hygiene, and modified rescue/ first aid protocols can help decrease the risk to rescuers.
- Rescuers should always assess the risk of providing care. This includes an assessment of their own health status – staff with underlying medical conditions are more likely to experience complications from COVID-19, and during times with high infection rates should consider doing other duties that do not involve direct public interaction.

### **General recommendations**

- Rescuers should don gloves for all first aid interventions or during (or at the latest, immediately after) removing a victim from the water. It would be reasonable for rescuers to wear face masks with eye protection when performing first aid if available.

- If using Bag Valve Mask (BVM) or face masks, a viral filter can be used to decrease possible exposure.
- Rescuers should minimize the number of people in direct contact with the victim. Follow up procedures should be limited, where possible, to one rescuer. In addition, a minimum 2 metre radius should be kept clear around the rescuer and victim as an added physical distancing precaution, and enhanced access for EMS should they be required.
- Rescuers should properly discard of all PPE after the rescue and wash their hands before continuing with their duties.

### **Resuscitation (CPR) for a drowning victim**

Rescuers should follow the current established protocols for responding to an unconscious, non-breathing drowning victim with the following exceptions:

- In-water ventilations should not be performed.
- Mouth-to-mouth ventilations should not be performed.
- CPR with ventilations via a BVM or face mask is the preferred technique for all drowning resuscitations. To minimize exposure, the order of preferred ventilation technique is:
  - 2-rescuer Bag-valve-mask (BVM) technique (rescuer holding the mask maintains a tight seal during ventilations & compressions). HEPA filters should reduce the risk of contamination.
  - If no BVM is available, or the rescuer is not trained in the proper use of a BVM, rescuers may consider mouth-to-mask ventilations, however, due to the close proximity to victim's airway there is an increased risk of pathogen transmission. The rescuer giving the breaths, should maintain a tight seal during ventilations & compressions. One-way valves with HEPA filters should reduce the risk of contamination.
  - If there is only one rescuer responding, the pocket mask should have a head strap and be tightly placed on the victim's face to create a seal.
  - If family members or close contacts are nearby and trained, it is reasonable to see if they would be willing to provide the ventilations.

- If there is insufficient PPE, rescuers should do compression-only CPR.

### **CPR resuscitation for a non-drowning victim**

- If the cause of the victim's cardiac arrest is not drowning, it is reasonable for the rescuer to do Compression-only CPR for adults with early AED use where possible. During compression-only CPR, rescuers may use a face shield or another protective covering over the victim's mouth/nose to decrease the possibility contaminating rescue environment.
- If the victim is a child, CPR with ventilations is preferred for all cardiac arrests and should use the same precautions as for a drowning victim (above).

### **Other first aid interventions**

- Rescuers should adhere to general precautions such as gloves, face mask with eye protection and good hand washing for all first aid interventions.
- If victims can tolerate a mask, they should be encouraged to wear a mask. Masks that cover the mouth and nose of a victim may create significant anxiety which the rescuer should be aware of and attempt to manage when on scene. Operators should stock additional masks for this purpose.

## **3. Personal Protective Equipment (PPE) for Aquatic Staff**

Rescues and Lifeguard Interventions may provide a source of COVID-19 transmission. Infection prevention and control (IPC) during rescues is essential to prevent or limit transmission. To limit this transmission, staff should be directed to follow these guidelines:

- Staff should be trained in the appropriate use and fitting of PPE. They should be equipped with the appropriate PPE to safely manage victim-care and provide the required follow-up. Non-medical masks are appropriate for aquatic staff use while providing victim care.
- In water rescuers should be given time to dry off and don PPE before assisting with victim care.
- Limit access to the designated first aid area to essential personnel.



- Lifeguards stationed in lifeguard towers may not be required to wear a mask because of the physical distancing the station provide. Staff stationed on deck may be required to wear a mask because of their proximity to bathers. Masks may be removed when initiating any in water rescues. They should be reapplied on deck when providing direct first aid care for the victim.
- Gloves may be worn by staff stationed on deck and in lifeguard towers.