



Waterfront and surf lifeguarding pose a distinct challenge compared to a pool in that a victim may be found several hundred meters or more from the shoreline. If this victim is unresponsive and not breathing/not breathing effectively, the initiation of deep water rescue breathing using an aid is necessary to give the patient the best outcome <sup>(1)</sup>.

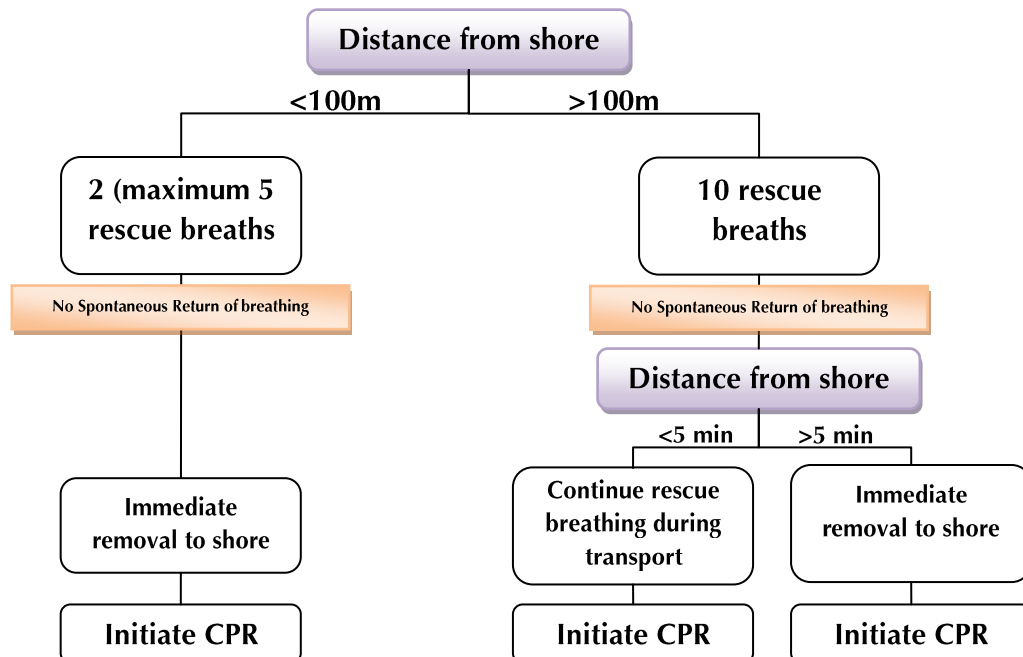
Administering rescue breaths while transporting can delay the transport time to shore. The priority of accelerated removal or ongoing resuscitation is based on the distance/travel time from shore. The following resuscitation protocol should be considered when teaching open water lifeguarding courses:

0-100 metres (from shore)

- 2 (but no more than 5) rescue breaths administered during transport if the rescuer has been trained and can deal with complications
- If no spontaneous return of breathing, removal and CPR initiation should be prioritized

100 metres or greater (from shore)

- 10 rescue breaths administered during transport if the rescuer has been trained and can deal with complications
- If no spontaneous return of breathing:
  - Removal and CPR initiation should be prioritized if estimated transport to shore time is more than 5 minutes
  - Continued rescue breaths during transport should be prioritized if estimated transport to shore time is less than 5 minutes



Whether or not a lifeguard chooses to initiate rescue breaths in deep or shallow open water is a judgement call that can be influenced by the following factors:

- The rescuer has not been trained in deep water rescue breathing (using a paddleboard or rescue tube)
- The rescuer is unable to deal with complications (such as vomiting) in the water
- The water conditions do not allow for effective rescue breathing (high or rough water)
- The application of rescue breaths significantly slows down the rescuer's arrival to a point where CPR can be initiated
- The availability of a water craft (such as a rowboat or powerboat)

Reference:

<sup>(1)</sup> *European Resuscitation Council Guidelines for Resuscitation 2010 Section 8. Cardiac arrest in special circumstances: Electrolyte abnormalities, poisoning, **drowning**, accidental hypothermia, hyperthermia, asthma, anaphylaxis, cardiac surgery, trauma, pregnancy, electrocution.*  
<http://www.elsevier.com/locate/resuscitation>

*If the victim is in deep water, open their airway and if there is no spontaneous breathing start in-water rescue breathing if trained to do so. In-water resuscitation is possible, but should ideally be performed with the support of a buoyant rescue aid. Give 10–15 rescue breaths over approximately 1 min. If normal breathing does not start spontaneously, and the victim is <5 min from land, continue rescue breaths while towing. If more than an estimated 5 min from land, give further rescue breaths over 1 min, then bring the victim to land as quickly as possible without further attempts at ventilation. Resuscitation 81 (2010) 1400–1433*