LIFESAVING SOCIETY
The Lifeguarding Experts

USE OF BARRIER DEVICES DURING PROGRAM INSTRUCTION

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POLICY STATEMENT

All Instructors of Lifesaving Society programs must ensure that all candidates have access to, use and are trained in the use of a pocket mask or other appropriate barrier device during instruction or simulated practice of resuscitation in or out of the water. Barrier devices must be available and used at any time during the course when it is reasonably expected that the candidate may be required to do artificial resuscitation.

BACKGROUND

It is the responsibility of those teaching Lifesaving Society programs to do everything within reason to ensure that program participants are not unduly exposed to cross-contamination from other participants. With the current concerns regarding disease transmission and the likelihood of exposure for those providing aquatic emergency care, the need for this policy and its enforcement is significant.

RATIONALE

1. The use of direct contact mouth-to-mouth artificial respiration during the instruction of Lifesaving Society programs is prohibited by the BC & Yukon Branch due to the risk of cross-contamination. With the potential for contacting lifelong, debilitating, possibly fatal, infectious diseases such as TB, hepatitis, HIV, herpes, meningitis and other viral or bacterial illnesses, all other hospital and pre-hospital care professionals have stopped performing direct mouth-to-mouth contact when providing resuscitation[1].
2. Although using a mouth-to-barrier device has been found less effective as compared with the direct mouth-to-mouth procedure, the problems of poor sealing and the resultant lower volume delivery are easily corrected through more hands-on training[2,3,4]. Practice at ventilating on manikins will give the rescuer an appreciation of ventilation volume and speed. Placing the masks or barrier devices and creating a seal on students will teach hand-hold techniques. Purposely preventing ventilation, by having fellow students close their mouths and/or airways when the rescuer is trying to blow, will give the rescuer an appreciation of airway resistance and blockage. Use of barrier devices in various positions and environments will add possible complications that the rescuer may encounter.
3. A face mask with a one-way valve, an exhalation port and oxygen inlet is recommended over face shields[4]. With the propensity for regurgitation in a near-drowned patient, masks that have inside flaps may retain emisis. These masks are more difficult to clean, so

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ventilations cannot be resumed as quickly. There is, therefore, a greater risk of hypoxia and aspiration.

4. All instructors should teach the hazards of direct-contact mouth-to-mouth and the risks of cross-contamination. Instructors should also be describing to candidates what personal protective barrier devices (masks and face shields) are available for their use.

REFERENCES

[1]Lundberg, G. MD. (ed.), (1992) Disease Transmission During Actual Performance of CPR. Journal of the American Medical Association (JAMA). Chicago, IL: American Medical Association, 268, 16, p. 2195.

[1]Lundberg, G. MD. (ed.), (1992) Disease Transmission During Actual Performance of CPR. Journal of the American Medical Association (JAMA). Chicago, IL: American Medical Association, 268, 16, p. 2195.

[2]Lundgerg, (G.MD) (ed), (1992). Masks. Journal of the American Medical Association (JAMA). Chicago, IL: American Medical Association, 268, 16, p. 2200.

[3]Cummings, R.O.MD.(1994). Mouth-to-Mask. The Textbook of Advanced Cardiac Life Support. Dallas: American Heart Association, p.2-8.

[4]Chandra, N.MD & M.F. Hazinski MSN, RN & E. Stapleton EMT-P. (1994) Face Shied. Instructor's Manual for Basic Life Support. Dallas: American Heart Association, pp. 5-1 to 5-4.