LIFESAVING SOCIETY

BARRIER DEVICES POLICY

All Lifesaving Society instructors must make sure any candidate attending a course or recertification process has access to, is trained to use and uses a pocket mask or any other approved barrier device. Barrier devices should always be used in artificial respiration, cardiopulmonary resuscitation (CPR) and clearance of airway obstruction training. It is one of the Lifesaving Society's priorities to make sure candidates master barrier devices and are ready to use them in real-life situations.

RESUSCITATION TRAINING

As an expert in the lifeguarding field, the Lifesaving Society is responsible for informing candidates about infection risks related to artificial respiration.

Medical authorities indicate that infections can happen after a direct contact, such as mouth-to-mouth, hand-to-mouth, hand-to-eye or hand-to-nose. Transmitted diseases include infectious mononucleosis, hepatitis A, hepatitis B, herpes simplex, cold (rhinitis) and tuberculosis. There is yet no evidence that AIDS (acquired immune deficiency syndrome) can be transmitted by mouth-to-mouth contact.

Given these facts, the Lifesaving Society does not require candidates to have direct contact with other candidates when practicing artificial respiration to obtain their certification. In addition, instructors must let the candidates choose the person who will be playing the victim's role in the artificial respiration demonstration. Once a partner has been chosen, the candidate should demonstrate every artificial respiration step (including clearing airway) until the insufflation step. At this moment, the instructor asks questions to the candidate to make sure he/she understands each method and purpose of airtight sealing the mouth and nose for insufflations.

When resuscitation is performed on a training manikin, candidates must make insufflations directly into the manikin, either with or without a pocket mask, in order to demonstrate if they are able to correctly seal a victim's mouth and nose and completely fill lungs with air. To reduce disease or infection transmission risks, the number of candidates practicing on the same manikin is minimized. Moreover, each time a new candidate uses the manikin, the instructor must make sure it has been cleaned accordingly with medical standards described in chapter 7 of the *Canadian Lifesaving Manual*.

In order to reduce infection transmission risks, each person who suffers from a transmissible disease or who shows obvious symptoms of cold, herpes simplex, cough or respiratory infection should not have direct contact with a manikin during resuscitation practices.