



New Jersey Department of Environmental Protection  
State Parks, Forests & Historic Sites  
State Park Service  
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# LIFEGUARD MANUAL

## ADMINISTRATION & PROCEDURES

2023

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## Chapter 1 – LIFEGUARD RECRUITMENT

### I. Recruiting Returning Lifeguards

A. All lifeguards should leave an email address and phone number prior to termination. This will enable each area to contact that lifeguard in January. The previous summer's lifeguards should be contacted with an email that includes the following:

1. An offer of employment as a lifeguard for the upcoming season.
2. Pay Scale.
3. Upcoming season information and test dates if available.

B. Each returning lifeguard should be contacted again at the beginning of March with an email that includes test dates and an application.

C. Before sending emails offering a returning guard summer employment, be sure to review their previous year's evaluation.

### II. Recruiting New Lifeguards

A. Recruitment posters and brochures should be sent to swim coaches, athletic directors and guidance counselors in December. Sample flyer page 63.

B. Lifeguard job information must be available to all employees answering phones in the area office. This information will include the date, time, location, components of the employment test and starting salary. In addition, it should be made clear to all applicants under 18 years of age that a permission slip must be signed by a parent or legal guardian prior to taking the lifeguard employment test. They should also be informed that wetsuits are not permitted. This will make it easy for office personnel to give lifeguard information over the telephone. This information should be in the office and at [www.njparksandforests.org](http://www.njparksandforests.org) starting January 1.

C. Office personnel should record names, email addresses and telephone numbers of all the interested parties. An application, permission slip and other pertinent information should be sent to all interested candidates. These candidates should be contacted again about two weeks prior to the lifeguard test to be reminded of the test.

## Chapter 2 – EMPLOYMENT TEST AND HIRING PROCEDURES

All lifeguards and lifeguard officers must pass the NJ State Park Service Lifeguard Employment. There is a test prior to performing lifeguard functions each season.

### I. Components of Test and Passing Scores

#### A. 500 Meter Swim

##### 1. Open Water Test (Given when pool is not available)

Applicant starts on beach and runs into waist-deep water then swims to and touches a marker 250 meters from the water line and returns to the starting point. Passing time is 10 minutes or less.

##### 2. Pool Test

Applicant starts in the pool (diving is not permitted) and swims 20 lengths in a 25-meter pool or 3 yards short of 22 lengths in a 25-yard pool. Flip turns are allowed. Passing time is 10 minutes or less.

#### B. 400 Meter Run

Candidate will run 400 meters with sneakers on a track or other hard surface. Passing time is 1 minute 40 seconds or less.

### II. Testing Criteria

A. Test will be organized and administered by Water Safety Supervisor (WSS) or a Regional Superintendent designee.

B. The two parts of the test must be taken and passed simultaneously.

C. If one part of the test is failed the whole test must be retaken.

D. Rest time and changing time between events is a maximum of 10 minutes. Events will be timed by WSS or Superintendents.

F. No wetsuits can be worn during the test.

G. Returning guards will staff boats with rescue buoys and kayaks with rescue buoys for safety during tests in open water.

H. Heats for open water testing should contain a number of applicants that can be safely covered by boats and kayaks.

I. All candidates under 18 years of age must have an official State Park Service permission slip signed by a parent or legal guardian to take the employment test. Candidates over 18 must have acceptable proof of age. Sample form page 64.

J. Employment test record forms (page 80) will be completed by WSS and forwarded to the appropriate Superintendent.

K. No exceptions.

### III. Hiring Procedures

These procedures are for both new and returning lifeguards.

A. Applicants must be interviewed by the Superintendent.

B. Applicants hired must be given a lifeguard physical form with accompanying directions about how it should be completed. This physical form may not be photocopied and must have the physician's seal or stamp affixed. If these conditions are not met, the form will be considered invalid. All Lifeguards must have lifeguard physical form completed by an M.D., D.O., nurse practitioner, or physician assistant prior to performing lifeguard functions for the public. Training and maintenance functions are permitted before physical form is completed. This form should be kept in the personnel file at the area office. Sample form on page 65.

C. Lifeguard must be notified of training requirements, scheduled classes, and the manual test.

D. Lifeguards must obtain online working papers if they are under the age of 18.

E. Hepatitis B Immunization Form (page 66) must be sent to the Trenton Lifeguard coordinator. All lifeguards regardless of whether they filled out this form in the past must complete the form. If the Lifeguard is a minor, a parent or legal guardian must sign.

F. Online employment package must be complete to receive a start date. Area Superintendent and/or Agency Services Representative will facilitate this process.

## Chapter 3 – LIFEGUARD IN TRAINING PROGRAM

This program is for parks that cannot get enough lifeguards to complete their staff because the applicants cannot pass the lifeguard employment test. This program is not for returning guards who are out of shape and cannot pass the test.

1. The objective of the program is to hire candidates who fail the lifeguard employment test but show potential to pass. When hired, these candidates will be called “Lifeguard in Training”.
2. Returning lifeguards will train people hired for the lifeguard in training program.
3. The “Lifeguard in Training” will follow a structured program of stretching, running, swimming and stroke instruction.
4. The program will be used when it appears the lifeguard staff will not be filled. If it is early in the spring, pool time must be acquired.
5. This program will not work if an area does not recruit applicants.
6. The “Lifeguard in Training” will be hired at a pay rate as per the current pay scale.
7. The “Lifeguard in Training” must meet and/or carry out the following criteria:
  - A. Failed lifeguard employment test but shows potential to pass. Swim time is no more than 12 minutes and run time is no more than 2 minutes.
  - B. Willing to work up to 15 hours a week on swimming, running and endurance.
  - C. Show progress each week to a maximum of 3 weeks. If employee does not pass the test after 3 weeks, he/she will be terminated.
  - D. Successful completion of employment test will result in employment as a lifeguard and employee will enter State Park Service Lifeguard Training Program.
  - E. Will not be issued or wear a lifeguard uniform.
  - F. Will not perform any lifeguard duties or sit on a lifeguard stand.
  - G. Will adhere to a work schedule agreed to by head lifeguard and Superintendent. Preferably during slow times of the day.
8. When training “Lifeguard in Training”, make sure the public is adequately protected. A guard must be in the stand when training takes place in the water and kayaks should be used on buoy swims. Do not compromise the trainee’s or the public’s safety.
9. If the guards working with the “Lifeguard in Training” do not have a positive attitude and are not supported and encouraged by their peers, the program will fail!

## Chapter 4 – LIFEGUARD TRAINING

This chapter will outline the training that must be completed by returning guards and new guards prior to and during the recreational bathing season. The training program is required by the New Jersey Department of Health and Senior Services and approved by the United States Lifesaving Association (USLA). Training of lifeguard procedures, water skills, physical training, and other related material will be carried out by lifeguard officers in consultation with the Regional Water Safety Supervisor (WSS).

### I. Training Returning Guards-Lifeguard Skills

A. Essential skills and procedures must be reviewed by all returning lifeguards and officers prior to working as a lifeguard.

This training will be referred to as primary training and must include a minimum of 16 hours. The material to be covered in primary training is listed below and must be done to the satisfaction of a lifeguard officer. Training sessions will be planned prior to opening day by lifeguard officers and the WSS.

Primary training:

1. Rescue Procedures and All Related Procedures (Hand Signals, Telephone, Etc.)
2. Torpedo Buoy Rescues
  - a. Conscious Victim
  - b. Unconscious Victim (on surface and submerged), discuss in water rescue breathing
  - c. Multiple Victims
3. Kayak/Rescue Board Rescues
  - a. Conscious Victim
  - b. Unconscious Victim discuss in water rescue breathing
  - c. Multiple Victims
4. Non-equipment Rescue techniques as listed on lifeguard training record
5. Removal of victim from shallow water to beach
6. Mask, Fins and Snorkel
7. Sighted submersion

8. Water Search for a lost person not sighted by a lifeguard
9. Spinal Injuries
  - a. Backboard and related equipment
  - b. Skills needed to care for spinal injury in deep and shallow water
10. Scanning
  - a. Discuss what to look for
  - b. Previous experiences
  - c. Correcting problems observed
11. Personal Watercraft (Designated personnel at Island Beach State Park)
  - a. Handling and safety
  - b. Off beach use
  - c. Rescues
12. All-Terrain Vehicle (Designated personnel at Island Beach State Park)
  - a. Handling and safety
  - b. Off beach use
  - c. Recommended uses
13. Off Beach Rescue Team Procedures (Designated personnel at Island Beach)
14. Review of Area (Facilities, Signs, Park Communications, Etc.)

B. A returning lifeguard is required to pass a written test on the lifeguard manual before working as a lifeguard.

1. The manual test will be given by the WSS or their designee. Care must be taken to insure the validity of these tests.
2. Any cheating on the manual test will result in the dismissal of all persons involved.
3. The passing grade on the Lifeguard Manual Test is 90. Incorrect answers must be corrected.

C. Returning guards must be certified in Advanced First Aid, Basic Life Support and Emergency Oxygen certifications from the Health and Safety Institute certifications. (HSI), OR current State or NREMT EMT with BLS.



1. Health and Safety Institute: First Aid, BLS and Emergency Oxygen student handbooks or digital resources must be read and reviewed by returning guards prior to working as a lifeguard.

D. Remainder of skills to be reviewed by returning guards (secondary training).

The secondary material is not part of the standard operating procedure and does not have to be reviewed prior to working as a lifeguard. The material should be reviewed during the first three (3) weeks of employment. The material should be reviewed before 10 a.m. or during the day provided the bathing area is properly supervised. This secondary material will be done to the satisfaction of a lifeguard officer. Secondary material to be reviewed is listed below:

1. Boat handling and rescues. (Island Beach State Park Only)

E. Renewal of Health and Safety Institute BLS and Advanced First Aid by returning guards:

1. Superintendents should find out expiration dates on certification cards of returning guards prior to their working as a lifeguard.
2. Advanced First Aid, BLS and Emergency Oxygen recertification courses will be scheduled as close to a guard's expiration date as possible. HSI Advanced First Aid, BLS and Emergency Oxygen are valid for 2 years. HSI Bloodborne Pathogen training is valid for 1 year.
3. A current State or NREMT EMT with BLS certification will be accepted in place of the above listed trainings.
4. Arrangements for recertification courses will be made by the Superintendent with WSS and Regional First Aid/CPR Trainer.
5. A lifeguard officer should see that the training materials are read by lifeguards prior to taking the course.
6. Bloodborne pathogen training and oxygen administration instruction will be included in the BLS class.

## II. Training New Lifeguards – Lifeguard Skills

When training new lifeguards, one must remember this may be their first job and they are unfamiliar with the State Park Service and the job of lifeguarding. Everything must be taught thoroughly. New lifeguards must complete a course consisting of a total of not less than 40 hours in open water lifesaving which meets the curriculum requirement of the United States Lifesaving Association before assuming lifeguard duties. This shall not include the minimum training hours required for medical aid or CPR or “shadowing” trained guards.

- A. The following skills, materials and procedures are to be accomplished with a new lifeguard as soon as possible (primary training).

These skills may be learned while the beach is open under the direct supervision of returning guards with at least. A new lifeguard cannot work without direct supervision of experienced guards until primary training is completed to the satisfaction of a lifeguard officer and the lifeguard has passed the manual test. Training periods should be prior to 10 a.m. or during the day provided the bathing area is properly supervised. A good method for training new guards is to have them learn lifeguard skills and practice these skills at their area for a few weeks and then have a day of training and skill testing with a maximum of 10 new guards under the direction of the WSS and a lifeguard officer. Primary training material is listed below.

1. General introduction to assigned area, chain of command, lifeguard training program and Lifeguard Manual.
2. Reading
  - a. The Open Water Lifesaving – The United States Lifesaving Association Manual (3rd Edition), B. Chris Brewster (Ed.), Pearson Education, Inc., 2017
  - b. Lifeguard Manual and Seasonal Employee Manual
  - c. The passing grade on the Lifeguard Manual Test is 90. Incorrect answers must be corrected.
3. Communications
  - a. Hand signals
  - b. Whistle signals
  - c. Summoning aid: i.e., State Park Police, area office, other lifeguards, ambulances, etc. in accordance with emergency procedures
  - d. Telephone and radio procedures
4. Rules and Regulations
  - a. Beach and bathing area
  - b. Personnel
  - c. Uniform
5. Torpedo buoy rescues
  - a. Conscious Victim
  - b. Unconscious Victim (on surface and submerged) discuss rescue breathing
  - c. Multiple Victims

- d. Leaving stand and entry into water
6. Kayak/Rescue Board Handling
    - a. Paddling
    - b. Turning
    - c. Stopping
    - d. Careful Usage
  7. Kayak/Rescue Board Rescues
    - a. Conscious Victim
    - b. Unconscious Victim discuss rescue breathing
    - c. Multiple Victim
  8. Rescue procedures
- Set up situations relative to your bathing area with one stand, two stands, deep water patrol, etc., and have guards carry out their responsibility at different positions for simulated rescues.
9. Masks, Fins and Snorkel
  10. Sighted submersion by a lifeguard
  11. Water Search for a lost person not sighted by a lifeguard
  12. Backboard skills
    - a. Used as a stretcher
    - b. Used with related equipment in caring for a spinal injury in the water and on the beach
  13. Personal Watercraft (Designated personnel at Island Beach State Park)
    - a. Handling and safety
    - b. Off beach use
    - c. Rescues
  14. All-Terrain Vehicle (Designated personnel at Island Beach State Park)
    - a. Handling and safety

- b. Off beach use
- c. Recommended uses

15. Scanning

- a. Discuss how to scan and what to look for
- b. Practice scanning on the stand and on deep water patrol under direct supervision of an experienced guard
- c. Enforcing rules and regulations while scanning

16. Public Relations

- a. Discuss being polite
- b. Serving the public
- c. Getting compliments, not complaints

17. Non-equipment Rescue Techniques listed on training record (I-K)

a. Remainder of material to be learned by new guards after they have completed primary training satisfactorily. The remaining material to be accomplished with the new guards will be referred to as secondary training. Secondary training must be completed to the satisfaction of a lifeguard officer or WSS Secondary training for new guards is listed below:

- 1. Boat handling (Island Beach State Park Only)
- 2. Boat rescues (Island Beach State Park Only)

b. Advanced First Aid, BLS, Emergency Oxygen and AED training for new guards.

1. New guards will take Health And Safety Institute Basic Lifesaving Skills (5 hours), Emergency Oxygen (2 hours), Bloodborne Pathogens (1 hour) and Advanced First Aid including Appendix 1, 2, 3 and 4 (21 hours) as soon as possible, and before being given any beach assignment.

2. Classes for Health and Safety Institute Basic Lifesaving Skills, Emergency Oxygen, Bloodborne Pathogen and Advanced First Aid training will be scheduled by the Superintendent with the WSS and Regional First Aid/CPR Trainer.

3. A lifeguard officer will see that new guards read the ASHI textbooks and/or materials prior to their class.

4. A new lifeguard will not be given a beach assignment or perform CPR or First Aid until properly certified.

### III. In-service Training of All Lifeguards After Primary and Secondary Training Is Satisfactorily Completed Shall Be as Follows:

- A. Additional training in skills that a lifeguard officer and/or WSS feel are required for individuals or entire lifeguard staff.
- B. According to training assignments issued each week by the WSS. Training assignments will start being issued approximately three (3) weeks into the season. Sample page 68.
  1. Training assignments will be completed between before 9:55 a.m. each day or during low usage periods when the bathing area is properly supervised.
  2. Superintendents should periodically verify that training assignments are being accomplished by the lifeguards.

### IV. Physical Training of All Lifeguards

- A. It is the responsibility of the lifeguard officer to see that physical training is carried out by each lifeguard according to the physical training requirements outlined in the lifeguard manual.
- B. Physical training should be completed before 10:00 a.m. or on a lifeguard's first break from scanning provided the bathing area is properly supervised.
- C. Physical training as a group can be done prior to 10:00 a.m. provided no skill training is necessary.
- D. Additional physical training may be accomplished during low usage or on other breaks provided the bathing area is properly supervised.
  1. If a lifeguard works less than 5 days per week, a minimum of 2 physical training requirements per day worked must be completed.

## Chapter 5 – LIFEGUARD STAFFING

### I. Determining the Number of Lifeguards at Each Public Recreational Bathing Area Administered by the State Park Service

The WSS, area Superintendent and the Regional Superintendent will determine the number of lifeguards needed to staff an area based on the criteria described below.

A. The length of the beachfront that is protected by lifeguards. SPS policy calls for one lifeguard stand for approximately every 200 feet or less of freshwater beachfront and 300 feet or less of ocean beachfront that is guarded. (The length of the beach guarded is the designated swim area in that park).

#### B. Bathing Area

1. Depth and slope
2. The distance from the shore to the outside boundary

C. Usage of the area based on number of buses and past attendance figures to forecast days of:

1. Maximum usage and the number of lifeguards stands, and guarding positions needed.
2. Moderate usage and the number of lifeguards stands, and guarding positions needed.
3. Low usage and the number of lifeguards stands, and guarding positions needed.

D. Allowance for days off based on a 40-hour work week for each guard.

E. Time necessary for training requirements.

F. The lifeguard officer(s) should be considered a lifeguard when determining the number of lifeguards needed to staff an area.

G. Time necessary for breaks and lunches.

### II. Lifeguard Work Assignments and Position Rotations

The work assignments and rotations discussed in this section are a guide for utilizing the lifeguard staff efficiently. The work assignments and rotations below are based on the number of lifeguards needed to supervise the public. When usage is low and the bathing area is properly supervised, lifeguards not needed may use time to train or clean and maintain first aid rooms, locker rooms and other lifeguard related equipment. It is important to remember supervising bathers is a lifeguard's first priority, and other assignments are accomplished only during low usage.

A. Recommended work assignments and rotation – Area specific circumstances may require variations in rotation schedules and must be discussed with the WSS prior to implementation.

1. Two (2) lifeguard rotation needed to supervise bathers
  - a. One stand open with one or two lifeguards. When one guard is in the stand, the other guard must be in the vicinity of the beach and bathing area in the event help is needed.
  - b. Two lifeguards are used only during very low usage periods.
2. Three (3) lifeguard rotation needed to supervise bathers.
  - a. One stand open with two lifeguards
  - b. One lifeguard will be covering first aid room, training, on break or deep-water patrol
  - c. Thirty-minute rotation
3. Four (4) lifeguard rotation needed to supervise bathers
  - a. One stand open with two lifeguards and one lifeguard on deep-water patrol OR
  - b. Two lifeguards on stand one, one lifeguard on stand two and no deep-water patrol
  - c. One guard covering first aid room, training or on break
  - d. Thirty-minute rotation
4. Five (5) lifeguard rotation needed to supervise bathers
  - a. Two stands open, two lifeguards on stand one, one lifeguard on stand two, one lifeguard on deep water patrol OR
  - b. Two lifeguards on stand one, two lifeguards on stand two
  - c. One lifeguard covering first aid room, training or on break
  - d. Twenty-minute rotation
5. Six (6) lifeguard rotation needed to supervise bathers
  - a. Two stands open, two lifeguards on stand one, two lifeguards on stand two
  - b. One lifeguard on deep-water patrol
  - c. One lifeguard covering first aid room, training or on break
  - d. Twenty-minute rotation
6. Seven (7) lifeguard rotation needed to supervise bathers
  - a. Two stands open, two lifeguards on stand one, two lifeguards on stand two

- b. One lifeguard on deep-water patrol
  - c. One lifeguard covering first aid room. One lifeguard on break or training
  - e. Thirty-minute rotation
7. Eight (8) lifeguard rotation needed to supervise bathers
- a. Two stands open, two lifeguards on stand one, two lifeguards on stand two
  - b. Two lifeguards on deep-water patrol
  - c. One lifeguard covering first aid
  - d. One lifeguard on break or training
  - e. Thirty-minute rotation
8. Nine (9) lifeguard rotation needed to supervise bathers
- a. Three stands open, two lifeguards on stand one, two lifeguards on stand two, one lifeguard on stand three
  - b. Two lifeguards on deep-water patrol
  - c. One lifeguard covering First Aid Room d. One lifeguard on break or training
  - e. Twenty-minute rotation
9. Ten (10) lifeguard rotation to supervise bathers
- a. Three stands open, two lifeguards on stand one, two lifeguards on stand two, one lifeguard on stand three
  - b. Three lifeguards on deep-water patrol or two lifeguards on deep-water with two lifeguards on stand three
  - c. One lifeguard covering First Aid Room d. One lifeguard on break or training
  - e. Twenty-minute rotation
- B. Other information pertinent to work assignment rotation.
1. Shallow water patrol should be used when needed as determined by a lifeguard officer. The guard on shallow water patrol should first come from a two-person stand. When this is not possible, the guard may come from deep water patrol. Shallow water patrol is useful when there are problems or potential problems in shallow water or along the shoreline.



2. Lifeguard officers are included in work assignment rotation.
3. Level of training and skill of the lifeguard is considered when making work assignment rotation for the day.
4. The work assignment rotation is assigned by a lifeguard officer.
5. Thirty-minute rotations are preferred to twenty-minute rotations.
6. Lunch break is 30 minutes and should not be extended by other breaks immediately before or after. No break will exceed 30 minutes.
7. All State Park Service bathing areas are not the same. If a work assignment rotation other than the ones listed above is appropriate, it must be discussed with the WSS and the Superintendent. The Superintendent is the final authority.
8. Work assignment rotations are only listed for up to 10 lifeguards and 3 lifeguards stands. For more stands and lifeguards, work rotations should use the same logic and patterns as described in section.

C. Island Beach will have a separate work assignment rotation.

### III. Scheduling Lifeguards

Scheduling of lifeguards will be done by a lifeguard officer monthly, and then confirmed by the officer approximately three days prior to the start of each workweek. The schedule should be approved by the Superintendent and reviewed by the WSS. Any changes needed in the schedule should be submitted in writing to the Superintendent as soon as possible by a lifeguard officer. If there is a scheduling problem that cannot be solved internally, it should be discussed with the WSS for possible assistance from other areas in the region. When scheduling lifeguards, the following criteria must be taken into consideration:

- A. History of past attendance and buses scheduled. Using this information, the Superintendent, lifeguard officer and WSS will forecast the days of low, moderate and heavy usage then schedule the appropriate number of guards. Example: Staffing is least on Mondays and most on Sundays.
- B. Number of guards available to work.
- C. Level of training of each guard.
- D. Days guards will be training and not available to supervise the bathing area.
- E. All lifeguard personnel are limited to 40 hours per week unless overtime is approved by the area Superintendent.
- F. A lifeguard officer or designee must be present when the area is open to public recreational bathing.

G. At least two guards must be currently certified in professional CPR. At least one guard must be certified in First Aid.

I. Work assignment rotations are outlined in part II of this chapter. It is preferable to schedule several guards to permit 30-minute rotations. This is not always possible due to availability of guards, absenteeism, etc.

#### IV. Lifeguard Workday

- A. Lifeguards will begin and end their work day as per area schedule and designated location.
- B. A lifeguard officer's day sometimes begins earlier than lifeguard staff. as determined by the Superintendent to:
  - 1. Meet with Superintendent
  - 2. Accomplish record keeping and other administrative duties.

## Chapter 6 – RECORDS AND DOCUMENTS

The records and documents discussed in this chapter are important for the support and credibility of the entire State Park Service Lifeguard Program. These are legal documents. Therefore, it is necessary that the Superintendent, with the assistance of the WSS, check that these records are kept up-to-date and accurate by the lifeguard officer. All entries into lifeguard records must be made with a non-erasable pen. According to NJAC 8:26 – 8.9 record keeping: accurate and complete records shall be maintained and kept on the premises and shall be available upon request of the authorized agent or health authority. Such records shall be kept for a minimum of one year, except those records related to deaths, all injuries to the head, neck and spinal cord and any injury rendering a person unconscious shall be kept for 10 years, and shall include:

1. Water analysis results;
2. Sanitary survey records;
3. New Jersey Department of Health Public Health and Food Protection Program Checklist for Public Recreational Bathing Facilities
4. Daily number of bathers;
5. Copies of all necessary credentials of personnel associated with the public recreational bathing operation(s);
6. Accidents requiring external emergency services, including the patient's name, time, date, description of occurrence, treatment, action taken and name of person on duty supervising the facility;
7. Deaths and/or drownings. The record shall include the name of the person, the date and a description of the occurrence
8. Inspection logs of recreational equipment

### I. Types of Records and How to Maintain Them

This section will outline the records to be kept by the lifeguard officer, how to complete them and their distribution upon completion. A computer disk of most blank records and forms will be distributed by the Regional Office prior to opening day.

#### A. Daily Records

1. Daily records are to be completed every day between Memorial Day Weekend and Labor Day. A record should also be completed on days the bathing area is closed so there is a record of the closure. A lifeguard officer or his designee should complete the record. All sections of the record are to be filled out. Comments and notes should be objective and provide information on the day's activities and incidents.

2. Activity Report shall include the following information:

- a. First Aid: Total number of first aid/incident reports for the day
  - b. Assist: Total number of persons a lifeguard is in physical contact with to ensure the bather's safety.
  - c. Rescues: Total persons who are judged to be in imminent peril and brought to safety by a lifeguard. Usually involves physical contact. Does not include people who are given oral instructions to move to a safer location.
  - d. Drownings: Total number of unintentional deaths caused as the result of respiratory impairment from submersion/immersion in the water.
  - e. CPR and Rescue Breathing: Total persons who received CPR or Rescue Breathing
  - f. Ambulance Call: Anytime an ambulance is called
  - g. Lost Children: Incidents in which people separated from children, parents, or other companions are assisted in finding the lost person(s).
  - h. Objectionable behavior: Total people contacted concerning a violation of a law, rule or regulations. For example: a patron who is drunk and not taking direction from lifeguard staff, disorderly persons, etc.
  - i. Preventative Actions: when a lifeguard directs a patron or advises them of a bathing area rule that ensures the bather's safety. Example: Directing a poor swimmer to shallow water or advising a patron that tubes are not allowed. A lifeguard officer should get the number of preventative actions from each guard at the end of the day and total them up.
3. During the bathing season, the daily record should be kept in a 3-ring binder at a desk where a lifeguard officer does the record keeping.
  4. The daily records should be submitted to the Superintendent at the conclusion of the bathing season.
  5. When a lifeguard is involved with a serious incident, the Superintendent will request State Park Police to investigate and prepare the necessary reports. Statements from involved lifeguard personnel will be taken as needed.
  6. Every Thursday, the oxygen regulator and AED should be checked along with the pressure of the oxygen cylinder in use. This information should be recorded, along with the status of the oxygen cylinder not in use, in the daily report, and the AED log shall be completed.
  7. Sample Freshwater Record page 69 and Sample Ocean record page 71

## B. Year End Lifeguard Activity Record

1. The daily activity record (Rescues, First Aids, etc.) on the Daily Record are to be totaled for the entire season by a lifeguard officer on Labor Day.
2. The season totals will be recorded on the Year End Activity Report.
3. This form will be submitted to the Superintendent at the conclusion of the bathing season.
4. The Superintendent will submit a copy of this form to the Regional Water Safety Supervisor by September 15th.
5. The Regional Water Safety Supervisor will submit a regional lifeguard activity report to the Trenton Lifeguard Coordinator by October 1st, in order to prepare a statewide report for the United States Lifesaving Association.
6. Sample form page 72.

## C. Lifeguard Skills Training Record

1. Each lifeguard and lifeguard officer will have a skills training record.
2. Skills training records must be kept up to date by the lifeguard officer.
3. When a skill is worked on, the corresponding box should be marked with the date of training.
4. When a skill has been practiced for an adequate length of time and completed to the satisfaction of a lifeguard officer, the satisfactory box for that skill should be dated and initialed by that lifeguard officer.
5. Information on testing and certifications should be completed as soon as possible on the training record.
6. The training record should be taken into consideration when:
  - a. Scheduling lifeguards
  - b. Making work rotation assignments for the day
7. During the season, the training records should be secured at the record keeping desk.
8. At the conclusion of the bathing season this record must be submitted to the Superintendent to be filed in the lifeguard's personnel file.
9. Sample form for Lake And Ocean Page 72

## D. Lifeguard Physical Training Record

1. Every lifeguard and lifeguard officer will have a physical training record.
2. Physical training records must be kept current by a lifeguard officer.
3. When a physical training requirement is completed, the date should be recorded in the appropriate box.
4. The comment boxes are also to explain why a lifeguard did not complete their physical training in each given week. A lifeguard officer must complete this box.  
Examples:
  - a. Guard only worked 2 days
  - b. Bathing area closed 3 days due to high bacteria
5. Guards who do not work a five-day week must complete two activities for each day worked.
6. During the bathing season, this record must be secured at the record keeping desk.
7. At the conclusion of the bathing season, physical training records must be submitted to the Superintendent to be filed in the lifeguard's personnel file.
8. Sample form page 75

#### F. First Aid/Incident Reports

1. First Aid Reports must be completed by the lifeguard administering the first aid. This form must be filled out. It is a legal record of your action.
2. Completed first aid reports must be kept on file in the first aid room.
3. Blank first aid reports and a pen must be kept in the first aid kit on the lifeguard stand.
4. Completed first aid reports must be submitted to the Superintendent at the conclusion of the season for review, analysis and filing purposes.
5. Sample form page 76

#### G. Lifeguard Evaluation

1. Each lifeguard will be evaluated by a lifeguard officer shortly before a guard leaves for the season using the evaluation form.
2. All evaluations will be reviewed by the Superintendent prior to presenting the evaluation to the lifeguard.
3. The evaluation will be presented to and discussed with the guard by the lifeguard officer and/or the Superintendent. The evaluation will be signed at this time.

4. A lifeguard's evaluation, when signed, will be submitted to the Superintendent to be filed in the lifeguard's personnel file.
5. Sample form page 77.
6. Each item on the evaluation form is defined below:

- a. General Ability

**Promptness** -Lifeguard is ready to start work at 9:30 a.m.

-Lifeguard completes tasks in a reasonable period of time.

**Takes Order** -Self-explanatory

**Appearance** -Lifeguard maintains uniform regulations and a neat appearance.

**Compatibility with other Lifeguards**

-Lifeguard assists other guards in training and with other related lifeguard responsibilities. Lifeguard cooperates with fellow lifeguards to provide an efficient beach operation.

**Tact with impartiality**

**Punctuality on Rotation**

-Lifeguard arrives at their work assignment on time.

- b. Guarding Ability

**Familiarity and Utilization of Equipment**

-Lifeguard deals with patrons politely, impartially, calmly and with sound reasoning to accomplish an efficient beach operation.

**Confidence** - Lifeguard's ability to understand and execute all skills, procedures and enforcement of rules and regulations.

**Reliability** -Lifeguard carries out assignments in a reasonable length of time without unnecessary supervision.

**Attendance** -Lifeguard can be relied on to fulfill their weekly schedule.

- Lifeguard's ability to use lifesaving and first aid equipment. Comments should be made on specific pieces of equipment.



### **Attentiveness on Duty**

-Lifeguard is responsive to whistles and signals from other guards.  
Lifeguard has their mind on the job.

**Scanning** -Lifeguard watches their assigned section with the ability to detect distressed bathers and regulation violations.

### **Reaction to Emergency**

-Lifeguard reacts quickly, calmly and properly to a beach or bathing area emergency.

**Rescue Ability**-Lifeguard can successfully affect a water rescue in an actual situation.

### **Procedural Understanding**

-Lifeguard consistently follows procedures in various situations.

#### c. Physical Fitness

**Progress** -Lifeguard's physical condition at the end of season as compared to the beginning of the season.

**Participation** - A lifeguard completes the required program is satisfactory.

**Endurance** -Self-explanatory

### **Swimming Ability**

-Swim time for 500 meters is between 9 minutes and 10 minutes.  
Swimming ability is satisfactory.

### **Motivation to Keep Fit**

-Lifeguard completes required physical fitness activities during the season without excessive supervision.

## H. Lifeguard Officer Evaluation

1. Lifeguard officer evaluation will be completed by the Superintendent in cooperation with the WSS in a narrative report.
2. The lifeguard officer evaluation is based on:

- a. Supervisory abilities necessary to achieve an efficient public recreational area.
- b. Duties outlined in the Lifeguard Manual, this manual and other documents associated with the State Park Service Lifeguard Program.
- c. Lifeguarding ability.

I. Employment Test Record

- 1. This record must be completed for each person taking the lifeguard test.
- 2. This form must be completed by the WSS.
- 3. Permission slip for applicants under 18 must be attached to employment test record.
- 4. WSS will give the employment test record to the assigned Superintendent. The Superintendent will file this record in the lifeguard's personnel file.
- 5. Sample form page 78.

J. Bi-weekly Hourly Time Report

- 1. Bi-weeklies are to be completed for each lifeguard by a lifeguard officer.
- 2. Bi-weeklies must be completed daily.
- 3. Bi-weeklies must be submitted to the Superintendent on a timely basis.
- 4. The following project activity codes should be used by lifeguard

personnel: V47K - Lifeguarding

V76A - Training (physical and skill) Received

V76E - Training Given

V47X - Maintenance – Building and Grounds

V48A - Maintenance – Equipment

V22K - Managerial – general administration

V76P - Travel Time

- 5. Sample form page 80.

#### K. Death and/or Serious Injury in the Bathing Area Report

1. This report must be completed by a Park Superintendent when there is a death or serious injury in the bathing area during operating hours. Serious injuries are defined as head, neck, spinal cord and any injury which renders a person unconscious.
2. The report will be completed and faxed by the Park Superintendent to the New Jersey Department of Health and Senior Services and to all others listed on the report within 24 hours of the incident.
3. Appropriate lifeguard personnel will provide the Park Superintendent with necessary information or statements for the report.
4. This report must be kept on file for 10 years.
5. Sample form page 81-82.
6. If counseling is required for any lifeguards contact Regional Superintendent.

#### L. First Aid Equipment and Supplies Forms

1. First Aid Equipment and Supplies should be checked daily and inventoried before the season by a lifeguard officer and every 2 weeks thereafter.
  - a. Items shall be checked to ensure they are not expired, or appear to be old, yellowed, dirty, or not useable. Such items shall be disposed of immediately.
  - b. Any deficiencies that cannot be corrected by officer should be brought to the attention of the Superintendent first and then the WSS if necessary.
2. The inventoried forms should be filed in the daily report binder under the corresponding date.
3. Sample form page 82-84.

#### M. Lifeguard Equipment and Supplies

1. Lifeguard equipment and supplies should be checked daily and inventoried before the season by a lifeguard officer and every 2 weeks thereafter.
  - a. Items shall be checked to ensure they are not expired, or appear to be old, yellowed, dirty, or not useable. Such items shall be disposed of immediately.
  - b. Any deficiencies that cannot be corrected by officer should be brought to the attention of the Superintendent first and then the WSS if necessary.
2. The inventoried list should be filed in the daily report binder under the corresponding date.
3. Sample form page 84.

N. Personal Watercraft Maintenance Log (Island Beach State Park Only)

1. Must be filled out by assigned lifeguard officer for each PWC at the start of each day.
2. Form must be filed with the daily lifeguard reports on the last day of each month.
3. Sample form page 86

II. Documents

A. The following documents should be available for all lifeguard personnel to easily reference:

1. Bathing area diagram, sample page 87.
2. New Jersey State Sanitary Code Chapter 9, Public Recreational Bathing, NJAC 8:26
3. This manual

B. The following documents must be made available to all lifeguards:

1. A copy of the State Park Service Seasonal Employee Manual.
2. A copy of the State Park Service Lifeguard Manual is available at [www.njparksandforests.org](http://www.njparksandforests.org). A hard copy must be in the Lifeguard office.

C. Lifeguard Officers and Superintendents should have and use the following documents:

1. This manual
2. Lifeguard Manual
3. New Jersey State Sanitary Code, Chapter 9, Public Recreational Bathing, NJAC 8:26.
4. Bathing area diagram (sample 88)

D. Aquatics supervision plan for each bathing area should be on file in the area office as required by NJAC 8:26. The aquatics supervision plan must be kept in one file. A new file is needed each year.

The Aquatics Supervision Plan must contain:

1. This manual
2. Area Emergency Plan
3. Seasonal Employee Manual
4. Lifeguard Manual

5. Beach and Bathing Area Diagrams

6. Pre-operational Assessment (NJAC 8:26 –7.15)

E. Health and Safety Institute Advanced First Aid, BLS, Emergency Oxygen and Bloodborne Pathogens certification cards.

1. Valid HSI Advanced First Aid, BLS, Emergency Oxygen and Bloodborne Pathogens certification cards, OR current State or NREMT EMT with BLS for all lifeguard personnel must be photocopied and kept in a 3-ring binder at the record keeping desk.
2. As new guards get certified and returning guards are recertified, the new cards must be copied and filed in a binder at the records desk.
3. When a guard has successfully completed an HSI, Advanced First Aid and Bloodborne Pathogen training and is waiting for the card, the date of completion should be recorded on the Skills Training Record. The Regional First Aid Trainer should supply a copy of the HSI class roster to show that guards have successfully completed training until official certification cards have arrived. This roster must be filed with photocopied certification cards. When all certification cards are received and copied the roster may then be discarded.
4. Copies of the lifeguard's Advanced First Aid, Emergency Oxygen, Bloodborne Pathogens and BLS OR current State or NREMT EMT with BLS training cards should be filed in the lifeguard's personnel file at the conclusion of the season.
5. First Aid Trainers will keep copies of all HSI training rosters of Lifeguards who have completed HSI Advanced First Aid, Emergency Oxygen, BLS and Bloodborne Pathogens training in a regional file. HSI Dashboard certifications shall be kept current at all times.
6. After Bloodborne Pathogens training is complete, trainer shall complete the Bloodborne Pathogens Exposure Control Plan for each area. A copy shall be kept on file. Sample page for photocopies of cards page 95.

F. USLA Lifeguard Training Certification

1. Each swim area will submit a roster of it's lifeguard staff to the Regional Water Safety Supervisory by June 30. The roster must include name, date of birth, sex and class of lifeguard. This roster will be signed by the Regional Water Safety Supervisor or Island Beach Lifeguard Supervisor then forwarded to the Lifeguard coordinator for their signature.
2. Sample Roster Page 89.
3. The Lifeguard Coordinator will return signed rosters to the Water Safety Supervisor. WSS will file roster at each swim area with copies of HSI certifications for Health Department inspections.

4. If additional lifeguards are hired and trained later in the summer an addendum to the roster (identical to the original) with just the new names must be processed the same as the original roster.

5. Lifeguard class on the roster is determined as follows:

a. Class P – first year lifeguard

b. Class B – second and third year lifeguard

c. Class A – fourth year and above lifeguard

6. The Lifeguard Coordinator will complete the USLA certification application and send the signed rosters and addendums with payment to:

United States Lifesaving Association

New Jersey Certification

PO Box 1

Avon, NJ 07717

Or via email [njuslacertification@gmail.com](mailto:njuslacertification@gmail.com)

## Chapter 7 – EQUIPMENT, SUPPLIES AND UNIFORMS

### I. Equipment and Supplies

- A. Written report to the Superintendent is required for any damaged or missing equipment/ supplies.
- B. If a problem with equipment or supplies cannot be resolved with the Superintendent, the matter must be brought to the attention of the WSS or the Regional Office.
- C. All lifeguard equipment and supplies must be packed properly for the next season. They should be stored in an area where damage and theft are unlikely.
- D. Lifeguard equipment, First Aid equipment and other supply requirements for the next season must be submitted to the Regional Office by September 10th.
- E. The Regional Office will handle distribution of supplies and equipment.
- F. Bases of lifeguard stands made from treated lumber must be painted. Areas of body contact must be non-treated lumber. (This includes seats, foot platform, ladder, armrests, etc.)
- G. Pictures of Lifeguard Stand design (91). Contact High Point State Park for detailed plans for freshwater stands.

### II. Uniforms

- A. Uniforms are issued in accordance with the New Jersey Department of Health and Senior Services Sanitary Code and the State Park Service Lifeguard Manual.
- B. All State issued uniform items are considered “expendable” with the exception of the rain parka.
  - 1. The penalty for returnable items not returned or expendable items that must be replaced is the current full price of that item. Price information may be obtained from the WSS or the Regional Office. Returnable items or money must be accounted for by the Superintendent.
  - 2. All money collected will be in check form and made payable to: Treasurer, State of New Jersey.
- C. Uniform requirements for the next season must be submitted to the Regional Office by September 15th. Regional office will submit regional uniform request to Lifeguard coordinator by Oct. 10th. Sample form page 93.
- D. The Regional Office will handle distribution of uniforms.
- E. Lifeguards may purchase sweat suits and hats through the area office. The area office will obtain needed sweat suits and hats through the Regional Office. Lifeguards will pay the price determined at the beginning of each season. Money will be deposited in the State Park Service revolving account.

F. Enforcement of all uniform policies is the responsibility of the Superintendent with support and assistance of lifeguard officers and WSS.

### III. Beach Wheelchair

A. Use and sign-out process are described in the lifeguard manual. The use and sign-out procedures are in the lifeguard manuals even if the lifeguards do not handle the sign-out. The reason is that lifeguards will get questions about wheelchairs, and they may have to correct improper use.

B. The manufacturer's brochure must be on file in the area office. The brochure contains requirements for assembly, safety, operation, maintenance and repair (such as fixing a flat).

C. Signs denoting the availability of the beach wheelchair must be affixed to the handicap parking signposts near the bathing area.

D. Sample beach wheelchair sign-out sheet is on page 94.



## Chapter 8 – SEASONAL OPENING AND CLOSING AND TEMPORARY CLOSING

### I. Opening Procedures

The Superintendent should verify the following are accomplished prior to opening the bathing area for the season:

- A. Bathing area, lifeguard stands, and ropes are set up according to bathing area diagram, Health Department Codes and State Park Service policy.
- B. Bathing area and beach are checked for any hazards that may have developed over the winter and take appropriate corrective actions.
- C. Returning lifeguards have completed primary training for returning lifeguards (page 8) and achieved a manual test score of 90 prior to their performance of lifeguard functions.
- D. There are enough qualified lifeguard personnel employed to open and comply with New Jersey Department of Health and Senior Services regulations and State Park Service policies.
- E. Returning guards have valid HSI Advanced First Aid, Emergency Oxygen, BLS and Bloodborne Pathogens certifications OR NREMT EMT with BLS. Photocopies of cards or other verification of training must be available for inspection.
- F. All lifeguards have medical physical form completed.
- G. Necessary equipment and supplies must be working and ready to be used.
- H. All signs are in place as required by State Park Service Policy and the New Jersey Public Recreational Bathing Code. NJAC 8:26 – 5.10 a, 5.11 (Tyvek Sign “For Everyone’s Health”) and 5.14 (Beach supervisor is the Park Superintendent with their office phone number on sign).
- I. Ambulance, Poison Control and other important phone numbers must be posted alongside lifeguard phones.
- J. Handouts with directions to the hospital should be available to patrons who need further medical treatment but don’t require an ambulance.
- K. All necessary record forms are available.
- L. All required documents are in place.
- M. A Pre- Operational Assessment for bathing beaches, including PRB checklist see NJAC 8:26 – 7.15 (deals with water pollution and water quality).

N. Any problems opening a bathing area must be discussed with the Superintendent in consultation with the WSS and Regional Superintendent.

## II. Closing Procedures

The Superintendent should verify the following are accomplished when the bathing area is closed for the season:

- A. Bathing area ropes, lifeguard stands, signs and all other evidence of a supervised bathing area are to be removed immediately after Labor Day.
- B. All necessary forms and records are submitted and filed as outlined in Chapter 6.
- C. Equipment and supplies are inventoried, inspected and stored in a safe place. Be sure all water is drained from kayaks.
- D. Aquatics supervision plan for the year must be filed.

## III. Temporary Closing of Bathing Area Between Memorial Day Weekend and Labor Day

During the posted Bathing Hours Reasons:

- A. High bacteria (as regulated by NJDOHSS).
- B. Less than two lifeguards available that are fully trained.
- C. Other reasons as determined by the chain-of-command in the State Park Service.
- D. Lightning – these procedures are outlined in the lifeguard manual.

Only the Superintendent has the authority to close a public recreational bathing area to the public. This decision will be made, whenever practical, after consultation with the lifeguard officers and WSS. When closed for a short duration, lifeguard staff shall provide assistance to keep the public from the area. If closure is greater than 24 hours and lifeguards are not available to direct the public, the bathing area shall be secured with appropriate barricades, signage, etc. Lifeguard staff shall be advised of reasons for bathing area closure in order to correctly respond to public inquiries.

Area Superintendents must notify their Regional Office and the Trenton Office of details pertaining to all temporary closings as per the established protocols, and closures shall be posted on social media.

## Chapter 9 – COMMUNICATIONS

### I. Communication Between Lifeguard Officer and Superintendent

A. Superintendent and lifeguard officer should have weekly meetings to discuss the following:

1. Lifeguard schedule
2. Training
  - a. Lifeguard skills
  - b. Physical training
3. Lifeguard Personnel
4. Equipment and supplies
  - a. Repairs necessary
  - b. Material or assistance needed to make repairs
  - c. Missing equipment or supplies
5. Records should be reviewed and discussed.
  - a. Daily records
  - b. Training records
6. General operation of bathing area and beach.
7. Interaction between guards and the public.

B. Superintendent and lifeguard officer must meet promptly to discuss and resolve:

1. A problem with a lifeguard that may require disciplinary action.
2. A serious incident in the bathing area or on the beach.
3. A safety hazard on the beach or in the bathing area.
4. An immediate staffing problem that will not allow the bathing area to open or a problem that would require a reduced bathing capacity for the day.

5. Any problem that prevents the lifeguards from doing their job.

## II. Communications Between the Superintendent and the Lifeguards

Early in the season, a meeting with all the lifeguards and the Superintendent will be convened to discuss and reinforce:

- A. Importance of the job of a lifeguard and the relationship to goals and objectives of the State Park Service.
- B. Area rules and regulations.
- C. NJ Department of Health regulations.
- D. Lifeguard rules and regulations
- E. Seasonal Employee Manual
- F. Legal aspect of a lifeguard's job
- G. Lifeguard must report to work promptly and or report lateness or absence to park office prior to that time. Park office is only to be notified by a phone call- not email, texting, etc.
- H. Training will take place before 9:55 a.m. or during a lifeguard's first break from scanning. Additional training will take place at other times when the bathing area is properly supervised.
- I. Explain rotations and breaks
- J. Disciplinary policy
- K. Evaluation process for rehire
- L. Chain of command
- M. Public Relations
- N. Any other appropriate information

## III. Communication with the Regional Office

- A. The WSS is a seasonal staff member of the Regional Office reporting to the Regional Superintendent.

- B. The role of the WSS is to provide support and expertise for the efficient operation of all public recreational bathing areas within the Region.
- C. The WSS must ensure that lifeguard training procedures and standards are consistent throughout the region.
- D. WSS will make frequent visits to each bathing area and will assist with problems, training, scheduling and other aspects of the lifeguard program.
- E. WSS will observe lifeguard training and overall bathing operations to ensure that it conforms to State Park Service policies.
- F. WSS will advise lifeguard officer and/or Superintendent of any deficiencies observed so they can be corrected.
- G. If a lifeguard needs the assistance of the WSS immediately, this contact can be made through the area Superintendent.

## Chapter 10 – FLOTATION DEVICES FOR PERSONS WITH DISABILITIES

It is recognized that persons with disabilities may need to use medically approved devices in our swimming areas. The Park Superintendent or their designee may approve use of non-Coast Guard approved flotation devices at freshwater bathing areas or flotation devices other than approved body boards and rafts at Island Beach State Park as follows:

I. The Park Superintendent or their designee may approve non-Coast Guard flotation devices at state operated freshwater bathing areas based on the following:

A. The device must be manufactured specifically to provide support to persons with disabilities. The device should be attached to, or worn by, the individual using it as per manufacturer's instructions. Adult supervision is required for individuals under 18. The following items will not be permitted:

1. Any item that is free floating, including "noodles", etc.
2. Any item that is manufactured as a pool toy
3. Any item that is inflatable

II. The Park Superintendent or their designee may approve the use of US Coast Guard approved flotation devices at state operated ocean beaches, provided that there is an adult to assist and is in immediate physical proximity to the individual at all times. Restrictions may be placed on water entry based on conditions.

III. Once approved, the Superintendent should notify the lifeguards that a specific flotation device is permitted for the individual.

## Chapter 11 – WATER SAMPLING AT BATHING BEACHES

- I. Lake bathing areas shall be sampled one week prior to opening the beach and at one-week intervals during the bathing season.
- II. Island Beach shall be sampled in accordance with the Cooperative Coastal Monitoring Program administered by DEP.
- III. Sampling techniques for the bathing areas.
  - A. Water samples shall be taken in an area with a stabilized water depth between the sampler's lower thighs and chest with the optimum depth being at the sampler's waist.
  - B. The sample container shall be placed approximately 8 to 12 inches below the water surface with the lid and stopper still attached.
  - C. With the collector's arms extended to the front, the container shall be held near its base and downward at a 45-degree angle. The cap shall be removed, and the container filled in one slow sweeping motion (downward or horizontally, not upward). The mouth of the container shall be kept ahead of the collector's hand and the container recapped while it is still submerged. The cap shall remain submerged during the sample collection and care shall be taken not to touch the inner surfaces of the cap.
- IV. When a sample fails (greater than 320 Escherichia coli (e-coli) CFU/100ml) the area must be re-sampled. On failure of resample the bathing area must be closed to the public until there is a satisfactory sample.
- V. Upon an unsatisfactory sample or closure the Regional Office, Trenton Lifeguard Coordinator and the NJ Department of Health and Senior Services must be notified.

## Chapter 12- HARMFUL ALGAL BLOOMS (HABs)

### I. What are they?

- A. Freshwater Harmful Algal Blooms (HABs), in rivers, streams or lakes, are caused by cyanobacteria.
- B. Cyanobacteria are also known as blue-green algae but are not true algae.
- C. May form dense blooms under suitable environmental conditions in such as elevated temperatures, high levels of nutrients, and calm water.
- D. Cyanobacteria can produce toxins that are dangerous for humans, pets, livestock and wildlife.
- E. The toxins produced by the cyanobacteria are referred to as cyanotoxins.
- F. Cyanobacteria that don't produce toxins can still cause allergenic/irritative skin effects.
- G. Contact or ingestion may cause illness.

### II. What do they look like?

- A. May look like blue or green spilled paint, pea soup or parallel streaks.

(Information flyer with photos of HABs will be posted in each First Aid room)

### III. What to do if you suspect a HAB?

1. Avoid It & Report It!
2. Notify Park superintendent and close swim area IMMEDIATELY. Superintendent will report to DEP Hotline, health dept. and submit HAB report to Bureau of Freshwater Biological Monitoring (BFBM)
3. Inform patrons swim area will be closed until water is tested and cleared for public health and safety.

Suggested announcement:

Attention: There is a suspected Harmful Algae Bloom present. Please exit the water to avoid contact and remain out of the water until further notice. We recommend rinsing off at the bathhouse before you leave.

4. Place barricades once all patrons have exited the water.
5. Do not tell patrons they will receive a refund as HABs are a natural event not within our control.



6. Lifeguards must also avoid contact with the water and must rinse if exposed.

7. At least one lifeguard must remain on the beach to keep people and pets out of the water.
8. Staff will post yellow warning signs for HABs. These signs will be provided by the park superintendent. HAB handouts will also be provided to patrons.
9. Document time, location and description of HAB. Use photos on HAB flyer as a reference. Take a photo of the suspected bloom, if possible.
10. Perform test for toxins with provided Algal Toxin Test Strip Kit according to instruction manual. Cyanobacteria that do not produce toxins can still cause allergenic/irritative skin effects, so swim area must remain closed pending further testing.
11. Superintendent will collect additional samples with amber glass bottles for lab analysis by BFBM.
12. Two clean subsequent samples on consecutive days are required to reopen.

For more information visit the NJDEP Bureau of Freshwater and Biological Monitoring (BFBM) Freshwater HAB website: [www.state.nj.us/dep/wms/bfbm/CyanoHABHome.html](http://www.state.nj.us/dep/wms/bfbm/CyanoHABHome.html)

-Or scan the QR Code with your smart phone-



## CHAPTER 13- HEPATITIS B VACCINATION AND PATHOGEN EXPOSURE ADMINISTRATION

### I. Hepatitis B Vaccination Procedures

#### A. Lifeguard paperwork required

1. As part of the employment paperwork, Superintendents must let lifeguards know that they may be exposed to bloodborne pathogens and can receive a free Hepatitis B vaccination. A free titer (antibody test) is available if the lifeguard has already received vaccination.
2. All lifeguards must complete the Hepatitis B vaccination form (Pg. 66) every year with their employment paperwork. If the lifeguard is a minor the form must be completed and signed by a parent or guardian.
3. If lifeguard refuses the vaccination, he or she may request one at a later date.

#### B. Processing Hepatitis B forms and administering vaccine

1. Forms are separated into 4 piles and 4 lists. List and Pile 1). Guards requesting vaccination  
2). Guards requesting Titer 3). Refusals and 4). Guards who have already had received vaccination.
2. A copy of forms must be kept in a confidential file at park offices. Original forms separated by option 1 to 4 must be sent to the OFFICE OF OCCUPATIONAL HEALTH AND SAFETY (OOHS) PO Box 416 Trenton, NJ 08625
3. A copy of Hepatitis B form lists #1, #2, #3 and #4 must be sent to Regional Superintendent highlighting lifeguards requesting vaccination.
4. For lifeguards requesting titers, lab slips, and locations will be sent to park superintendent from OOHS. Superintendents will send lifeguards with lab slips to the nearest lab location as soon as possible for titer.
5. OOHS will contact Regional Superintendent. The Regional Superintendent will contact park superintendents with dates and times for vaccination. Regional superintendent will arrange transportation.
6. OOHS will inform the Trenton Lifeguard Coordinator of any lifeguards who do not report for immunization injections 1, 2, or 3. The lifeguards will be rescheduled, or they will have to submit a new Hepatitis B Immunization forms indicating immunization refusal.
7. The lifeguard is responsible to schedule the third injection and supply their own transportation. There is no cost for the injection. Injection 3 is five months after injection 2. Usually, the 3rd injection is scheduled in January. He/she must call OOHS at 609-292-1408.

8. Lifeguards may elect to have their own physician administer 3rd injection at the Lifeguard's expense. In this case documentation must be sent to:

OOHS, PO Box 416, Trenton, NJ 08625

## II. Bloodborne Pathogens

OOHS Bloodborne Pathogen Exposure Control Plan for State Lifeguards is located in the Appendix (Page 48)

OSHA Bloodborne Pathogen Regulation 29 CFR 1910. 1030 may be referenced at

[www.state.nj.us/health/eoh/peoshweb/bbpsib.pdf](http://www.state.nj.us/health/eoh/peoshweb/bbpsib.pdf).

### A. Training

1. All lifeguards will be trained in accordance with Bloodborne Pathogen Exposure Control Plan and Red Cross Bloodborne Pathogen training every year.

2. Documentation of Bloodborne Pathogen training will be kept on files at each on the Bloodborne Pathogen Exposure Control Plan CPR/FIRST Aid Training Form (Pg. 95).

### B. Reporting Exposure Incidents

An exposure is defined as any contact with bodily fluids of another person that may enter the body through needle stick, open sore, or mucous membranes such as eyes or oral cavity. Contact with saliva, urine, feces, vomit, or sputum visibly contaminated with blood is considered an exposure. If such an exposure occurs, the following steps must be taken:

1. When a lifeguard reports a Bloodborne Pathogen exposure to the superintendent, the superintendent must immediately send the lifeguard to an approved hospital or medical facility for treatment. Inform the lifeguard to tell the medical facility that this is Workmen's Compensation.

2. Superintendent will report exposure within 8 hours, Monday through Friday between 8:00am to 5:00pm to: DEP Division of Human Resources 609-984-3412, or Monday through Friday between 5:00pm and 8:00am as well as weekends and holidays to: DEP communications Center 877-927-6337

3. Superintendents must complete RM-2 and fax it Monday through Friday from 8:00 am to 5:00 pm to: DEP Division of Human Resources/Leave Management 609-292-6424, or Monday through Friday between 5:00pm and 8:00am as well as weekends and holidays NJ DOL PEOSH 609-292-3749.

4. Injury and Illness Incident Report must also be completed.

5. Lifeguards that had an exposure must supply OOHS with the following documentation from their medical provider and submit by mail to OOHS at PO Box 416 Trenton, NJ 08625.

a. Employee has been informed of any medical testing results

b. Employee has been educated about medical conditions that can result from exposure.

# APPENDIX



**State of New Jersey**  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OFFICE OF OCCUPATIONAL HEALTH AND SAFETY  
P.O. BOX 420  
MAIL CODE 428-02  
Trenton, NJ 08625-0402  
TEL (609) 292-1408  
FAX (609) 984-2488

**DEP Lifeguards**  
**Bloodborne Pathogens Exposure Control Plan (ECP)**  
PEOSH Regulation 29 CFR 1910.1030  
(Updated 4/1/2021)

**A. Job Classification & Risks**

**1. Job Classification**

As part of their job duties DEP Lifeguards perform various lifeguard functions including scanning, rescue, search and CPR, First Aid, oxygen administration, and automatic external defibrillator use. The exposure determination of this job classification (DEP Lifeguards) has been made without regard to the use of personal protective equipment (PPE).

**2. Risks**

As a result of the above job duties, DEP Lifeguards are at an increased risk for exposure to blood or other potentially infectious materials (OPIM) that contain bloodborne pathogens such as the human immunodeficiency virus (HIV), the hepatitis B virus (HBV), and the hepatitis C virus (HCV). The PEOSH Bloodborne Pathogens Standard, 29 CFR 1910.1030, requires employees potentially exposed to blood or OPIM to have an exposure control plan to follow to eliminate or reduce their likelihood of infection.

- *Other Potentially Infectious Materials (OPIM):* are defined as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, unfixed tissues or organs and any body fluids visibly contaminated with blood.
- *Bloodborne Pathogens:* are defined as microorganisms that are present in human blood and can cause disease in humans.

**B. Common Types of Bloodborne Pathogens**

1. **HIV/AIDS:** HIV is the human immunodeficiency virus and can lead to acquired immune deficiency syndrome, or AIDS. HIV damages a person's body by destroying specific blood cells that are important in assisting the body in fighting diseases. Some

symptoms include, but are not limited to: fatigue and weight loss, skin lesions, white coating on the tongue, pneumonia, and swollen lymph glands.

2. **HBV:** Hepatitis B virus attacks the liver. Most healthy adults are able to fight off and clear the virus from their blood. Hepatitis B could range in severity from a mild illness lasting a few weeks (acute) to a serious and lifelong illness (chronic). Some symptoms include, but are not limited to: fever, fatigue, loss of appetite, dark urine, abdominal pain, clay-colored bowel movements, joint pain, and jaundice. The virus is viable outside the body for 7 to 9 days. Treatment depends on the level of damage to the liver. There are some drug therapy options as well as liver transplant. There is currently a vaccine for HBV.
3. **HCV:** Hepatitis C is caused by the Hepatitis C virus and is the most common chronic bloodborne infection in the United States. A large majority of chronic HCV infected persons have evidence of active liver disease. There are often no symptoms, but some individuals may experience fatigue, poor appetite, fever, and vomiting as a result of Hepatitis C virus. There is currently no vaccine for HCV.

| Disease             | Cases Reported in NJ in 2013 |
|---------------------|------------------------------|
| HIV/AIDS            | 1,902                        |
| Hepatitis B Acute   | 65                           |
| Hepatitis B Chronic | 303                          |
| Hepatitis C Acute   | 106                          |
| Hepatitis C Chronic | 6,580                        |

*Statistics provided by New Jersey Department of Health 2013*

4. Additional bloodborne pathogens that may be present in blood or OPIM include, but are not limited to:
  - ❖ Syphilis
  - ❖ Malaria
  - ❖ Babesiosis
  - ❖ Brucellosis
  - ❖ Leptospirosis
  - ❖ Arboviral infections (especially Colorado tick fever)
  - ❖ Relapsing fever
  - ❖ Creutzfeld-Jakob disease
  - ❖ Human T-lymphotropic Virus Type I
  - ❖ Viral hemorrhagic fever

**NOTE:** For additional information related to the bloodborne pathogens listed above please visit the Center for Disease Control and Prevention's website ([www.cdc.gov](http://www.cdc.gov)).

## C. Work Practices

### 1. General Work Practices

The general work practices and awareness a DEP Lifeguard must follow are listed below;

#### a. Universal Precautions

Universal precautions must **always** be used whenever contact with bodily fluids is anticipated. Universal precautions require the employer and employee to assume that all human blood and human body fluids are infectious for HIV, HBV, HCV, and other bloodborne pathogens.

#### b. Hand Washing

The employee must wash his/her hands immediately following removal of disposable gloves and after an exposure. If soap and water are not available, other hand washing methods such as antiseptic hand cleansers and moist towelettes must be used. However, this is a temporary measure and the hands **must** still be washed with soap and water as soon as possible.

#### c. Work Area Hygiene and Restrictions

There shall be no eating, drinking, smoking, applying cosmetics or lip balm, and handling of contact lenses until hands are completely washed.

#### d. Recognizing Labels

Containers for regulated medical waste, freezers and refrigerators containing blood or OPIM, equipment and other containers that may come in contact with blood or OPIM must have a warning label attached. The label must include the universal biohazard sign (shown below) and shall be fluorescent orange or orange-red with contrasting colors for the lettering and symbol.



Either the background or the symbol can be orange-red or fluorescent orange. There are printable small labels located on our website under helpful links [http://dep-inet2/programs/oohs/biohazard\\_label.htm](http://dep-inet2/programs/oohs/biohazard_label.htm)



e. **Personal Protective Equipment**

- i. Personal protective equipment (PPE) including the use of disposable gloves and a resuscitation device shall be standard practice whenever emergency services are rendered to reduce the potential for exposure whenever contact with blood and/or OPIM is anticipated. Proper PPE, including gloves and safety glasses, must be used at all times when handling any contaminated materials or disinfecting non-disposable equipment. Contaminated sharp objects that may puncture the skin shall only be handled using mechanical means such as brooms, tongs or forceps.

- Disposable Exam Gloves (Nitrile);
- Elbow Length Neoprene or Rubber Gloves (if and when decontaminating equipment of blood or OPIM);
- Safety Glasses;
- Non-vented or Indirect-vented Goggles (if and when decontaminating equipment of blood or OPIM); and
- Resuscitation (Barrier) Devices (e.g. CPR masks, Bag-Valve Masks (BVM) while performing CPR).

This PPE needs to be at the ready (meaning on his/her person or nearby). Resuscitation devices such as CPR masks can be kept on the DEP Lifeguard's person along with 1-2 pairs of disposable gloves.

- ii. If an employee is allergic to latex or nylon then hypoallergenic, powderless gloves or similar alternatives will be provided. However, it is recommended that a latex glove be placed over the hypoallergenic glove to afford the most protection against bloodborne pathogens.

All PPE should be examined before use and punctured or torn PPE must not be used.

- iii. Common practices for disposable PPE the DEP Lifeguard shall follow are below;

- Punctured, torn and worn PPE must not be used;
- Disposable PPE shall be discarded at the site;
- Disposable PPE shall not be reused;
- It is the supervisor's responsibility to ensure that all employees have access to proper PPE and alternative hand washing methods.

- iv. The purchasing, distribution and replacement of the needed PPE is the responsibility of the user's Bureau, Element or Unit. The Office of

Occupational Health and Safety only assesses and categorizes the required PPE for that Bureau, Element or Unit.

**2. Specific Work Practices**

The following are specific work practices a DEP Lifeguard must follow:

**a. Personal Protective Equipment**

As noted above in section (C), paragraph (1)(e), there are general PPE needed by a DEP Lifeguard. In the chart below are the specific PPE and supplies a DEP Lifeguard will need. These PPE and products (along with their appropriate ratings + specifications) shall be either assigned or made easily available to the employee to reduce the chance of exposure and should be worn when necessary. See chart below:

| Assigned  |   |
|---|---|
|   | Rating if Applicable                                |
| Safety glasses for outdoor use  | Sun (UV) protection & Z87+                          |
| Goggles (non-vented or indirect-vented)   | Splash/Droplets: Z87+ D3 (plus D5 D5 if non-vented) |
| Box of powder-free nitrile exam grade disposal gloves, Elbow Length Neoprene or Rubber Gloves (if disinfecting equipment) |   |
| Antibacterial hand gel or wipes   |   |
| Resuscitation Device (CPR mask or Bag-valve Mask)   |   |

**b. Disinfecting non-disposable contaminated materials (e.g. backboards)**

Non-disposable contaminated materials, including tools used to handle sharp objects, must be washed with soap and water, rinsed and sanitized using a diluted bleach solution. With covered hands (nitrile, neoprene or rubber gloves elbow length) and covered eyes (non-vented or indirect-vented goggles for maximum splash protection) follow the steps below to disinfect:

- a. Clean the contaminated surface with soap and water to remove organic matter; and
- b. Sanitize using a diluted bleach solution. The concentration of the solution should be ¼ cup of bleach to one gallon of water. The amount of disinfectant to use depends on the surface being cleaned and the amount of contamination. Rougher surfaces and higher amounts of contamination

require more disinfectant and longer contact times. Use of hot water increases the disinfectant properties of the solution. The disinfectant **shall not** be rinsed after applied, but instead should be left to air dry.

**c. Handling of contaminated non-saturated personal clothing**

Uniforms, with any amount of another person's blood or OPIM on it, must be discarded and replaced with new materials. **At no time should the clothing be cleaned at the employee's home.** The procedure for this is as follows:

- i. With gloved hands (disposable nitrile exam grade) remove contaminated uniform and dispose of on site, if possible.
- ii. With gloved hands (disposable nitrile exam grade) place the clothing in a trash bag and put an orange colored biohazard sticker, ([http://dep.inet2/programs/oohs/biohazard\\_label.htm](http://dep.inet2/programs/oohs/biohazard_label.htm)), on the bag. The bag can then be brought to a dry cleaner. You must inform the cleaner that the clothing has blood on it. Some cleaners are not capable of cleaning contaminated clothing according to the Center for Disease Control (CDC) requirements and are not trained in bloodborne pathogen handling. In addition, the employee must also ask the cleaner to heat press the garment to further reduce the contaminant level.
- iii. Employers are not responsible for the cost of dry cleaning contaminated work uniforms per the PEOSH Bloodborne Pathogens standard since work uniforms are not relied upon as PPE against blood or OPIM. Employees are responsible for paying for the dry cleaning of normal work (personal) clothing per the PEOSH Personal Protective Equipment (PPE) regulation since personal clothing is not considered to be PPE [29 CFR 1910.132(h)(4)(ii) and 29 CFR 1910.132(h)(4)(iii)]. Moreover, the PEOSH Bloodborne Pathogens regulation states employers are only responsible for laundering PPE [29 CFR 1910.1030(d)(3)(i) and 29 CFR 1910.1030(d)(3)(iv)].

**d. Disposal of regulated waste**

State Park Police shall be contacted to dispose of any regulated medical waste that is generated if these materials are not removed by an emergency medical service when the victim is removed from the site.

Regulated medical waste is defined as materials that are completely saturated with blood. At no time should such items be discarded in regular waste receptacles.

e. Disposing of syringes found at the work area

All syringes found in the park must be properly disposed of.

State Park Police are responsible for removing any syringes found at the park location. If a syringe is found, the DEP Lifeguard is to notify the Park Superintendent or the State Park Police immediately for proper removal and disposal.

**NOTE:** DEP Lifeguards are not required to handle nor dispose of illegally dumped medical waste found at the work location. DEP Lifeguards are not responsible for the disposal of syringes found with illegally dumped medical waste. If such an event occurs the incident shall be reported to the DEP Communications Center should be contacted at 1-(877)-WARN-DEP.

f. Emergency medical rescue (providing first-aid and/or CPR)

- i. DEP Lifeguards current in their first-aid and CPR certification shall administer basic first-aid and/or CPR within the scope of their training;
- ii. Disposable nitrile exam grade gloves and eye protection (safety glasses or goggles) shall be donned whenever administering first-aid and/or CPR;
- iii. Barrier devices such as CPR pocket masks or bag-valve masks (BVMs) shall be used to provide CPR.



### Quick-Reference of Specific Work Practices for DEP Lifeguards

| Work Activity  | PPE  | Work Practices  |
|--|--|---|
| Disinfecting non-disposable contaminated materials                                     | Nitrile or Elbow Length Neoprene or Rubber Gloves, Goggles                 | Wash tools and hard-surfaced PPE with soap and water solution to remove organic material. Then rinse with water. Then disinfect using hot water and diluted bleach solution (1/4 cup of bleach to one gallon of water). Then allow to air dry. Remove gloves and let air dry and wash hands*. |
| Handling of contaminated non-saturated personal clothing                               | Disposable Nitrile Exam Grade Gloves                                       | With gloved hands, remove clothes place in a leak-proof-bag with a biohazard label. Remove gloves and wash hands.* Then take to a dry cleaner capable of laundering blood contaminated clothing for cleaning and heat pressing.   |
| Responding to an injury while awaiting an ambulance and/or performing lifeguard rescue | Disposable Nitrile Exam Grade Gloves; Resuscitation Device; Safety Glasses | With gloved hands, perform required first aid. If CPR is necessary, use resuscitation (barrier) device. Use safety glasses if there is risk of a splash (use goggles for maximum splash protection). Dispose of saturated PPE in ambulance. Wash hands and face after the event*.             |

\*Immediately wash hands with soap and water. If hand-washing facilities are not readily available, then use hand sanitizer and antibacterial gel. The sanitizer and gel are a temporary measure. Hands must still be washed with soap and water as soon as feasible (e.g. clean with sanitizer and gel in the interim while you find hand-washing facilities).

#### **D. Training Requirements**

Training must be provided to new employees initially and then annually to all employees who may be exposed or potentially exposed to blood or OPIM resulting from the performance of their job duties. In order to comply with the training requirements of this standard, the training program shall consist of the following:

1. Official American Red Cross (or equivalent) First-Aid and CPR training course;
2. Information on the epidemiology and symptoms of bloodborne diseases;
3. Explanation of the limitations of work practices and PPE;
4. Information on the types, selection, proper use, location, removal, handling, decontamination and disposal of PPE;
5. Information on Hepatitis B vaccination including its safety, benefits, efficacy, method of administration, and availability;

6. Information on exposure reporting procedures;
7. Presentation and explanation of the employer's exposure control plan;
8. Information on warning labels, signs and color-coding.

A trainer must be available to discuss the specific worksites and provide an opportunity for interactive questions and answers. Employees must be informed of the availability of 29 CFR 1910.1030 Bloodborne Pathogen Standard and this Exposure Control Plan.

Documentation of training must be received by the State Park Service. In the event this information is not received, the DEP Lifeguard will not be permitted to perform their job duties. The regional lifeguard trainer is to submit a class roster with their initials next to the names of those lifeguards that passed the training class. This roster should be titled "**Bloodborne Pathogens Exposure Control Plan, CPR/First Aid**" training (see 1<sup>st</sup> attachment). It should be submitted to Lou Tallone, State Park Service, Mail Code 501-04 P.O. Box 420 Trenton NJ 08625. Lou Tallone shall then forward a copy to the Office of Occupational Health & Safety and the Office of Training & Development.

#### **E. Vaccination**

According to the requirements of the standard, the department will make available a free Hepatitis B vaccination series, pursuant to 1910.1030(f)1(ii)(D) and following recommendations of the U.S. Public Health Service, to all eligible DEP Employees after they have received training and within 10 days after their initial assignment.

This vaccination is not mandatory. However, each employee needs to complete a "**Vaccination Declaration Form**", that will indicate the employee's intention to accept or decline participation in Hepatitis B immunization program (attached). The completed form needs to be submitted to OOHS. Those participating should notify their supervisor since injection doses will be administered during work hours. Employees who initially refuse the vaccination can receive the vaccine later but will need to submit an updated Vaccination Declaration Form documenting this change.

The vaccination is prepared from recombinant yeast cultures, rather than human blood products. As a result, there is no risk of contracting Hepatitis B Virus from the vaccine. Common side effects have included soreness, swelling and redness at injection site, headache and fever which generally resolve within 1-2 days. As with any immunization, there is the possibility of more serious side effects such as severe hives, swelling of face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness (CDC 2/2021).

The vaccination series is scheduled by the Office of Occupational Health and Safety (OOHS) as follows:

### Schedule

|                      |   |                                       |
|----------------------|---|---------------------------------------|
| Initial dose:        | Day One                                     | Zero (0) day                          |
| <sup>2nd</sup> dose: | One (1) month after the initial injection   | One (1) month after the initial dose  |
| <sup>3rd</sup> dose: | Five (5) months after the initial injection | Six (6) months after the initial dose |

**To ensure immunity, all three doses are required.**

If employee has completed the immunization series in the past, written documentation of the 3-doses needs to be submitted to OOHS. The documents need to include employee name, date of birth, name of person or facility administering the shot(s) and date each shot was administered.

If documentation shows an interruption in the series, (received only the initial and/or second dose) dosing can resume from where the series left off and continue without the need for repeating the series.

If the employee has received the immunization, but cannot provide documentation of all 3-doses, the series will be repeat. The vaccine will not be harmful to those who are already immune to the Hepatitis B virus.

When the third (3<sup>rd</sup>) dose is administered through DEP, the employee could be offered a post vaccination antibody titer, that must be drawn (collected) 1 to 2 months after the 3<sup>rd</sup> dose.

## **F. Reporting and Exposure Incidents**

An **exposure** is defined as any contact with bodily fluids of other persons that may enter the body through a needle-stick, open cuts, sores, wounds, or mucous membranes, such as the eyes or the oral cavity. These fluids include blood, vaginal secretions, semen, synovial fluid, cerebrospinal fluid, or peritoneal fluid. Contact with the saliva, urine, feces, vomit or sputum visibly contaminated with blood is also considered an exposure. If such an exposure occurs, the following steps must be taken:

1. Immediately wash the affected area with soap and water. The sooner the contaminant can be washed off the less chance there is for an infection. An antiseptic may be applied if available.
2. Immediately report the incident to your supervisor. The supervisor must contact one of the following offices, depending on the day and time, within 8 hours of exposure:
  - **DEP Division of Human Resources, Employee Services Unit**  
Monday – Friday, 8:00am – 4:00pm  
(609) 292-2156

If the exposure event occurs after hours, on a weekend, or during a holiday, the supervisor must be notified and the incident must be reported to the DEP Communications Center within 8 hours of exposure:

- **DEP Communications Center**  
After hours Monday – Friday; 4:00pm – 8:00am, Weekends, and Holidays  
1- (877) WARNDEP or 1- (877) 927-6337

After contacting these locations a copy of the “Employer’s First Report of Accidental Injury or Occupational Disease” (RM-2) must be faxed to the following locations:

- **DEP Division of Human Resources** at (609) 292-0964
  - **NJ DOL PEOSH** (if the exposure results in an in-patient hospitalization) at (609) 292-3749
3. Immediately go to the nearest hospital for a confidential medical evaluation and the initiation of any required emergency post prophylaxis treatment (as determined by the attending healthcare professional). Tell the hospital that the exposure was an **on-the-job injury** and they are to treat it as a workers’ compensation case. **Do not provide personal insurance information.**
  4. The supervisor must notify the Location-Specific PEOSH Recordkeeper for that work location that an on-the-job injury has occurred. This person will then determine if the incident is recordable and if a PEOSH form 301, “Injury and Illness Incident Report,” must also be completed.

**NOTE:** It is the supervisor’s responsibility to take the necessary action to ensure the safety and health of the employee.

## G. Recordkeeping

The employer must preserve and maintain for each employee his or her hepatitis B vaccination status and training records.

The regulation requires that employees that have had an exposure submit the following documentation from their medical provider to OOHS after treatment is completed:

1. That the employee has been informed of the results of any testing.
2. That the employee has been told about the medical conditions that can result from exposure to blood or OPIM.

Medical records are maintained by OOHS for the duration of employment of the employee plus 30 years and are kept confidential and separate from the employee’s personnel file. Training records must be kept for 3 years.



**NOTE:** All medical information must be kept confidential.

**NOTE:** Employee input regarding more effective PPE or other potential exposure situations should be directed to OOHS for further discussion.



Phil Murphy  
Governor

## State of New Jersey

Shawn LaTourette  
Acting Commissioner

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Office of Occupational Health and Safety  
PO Box 420, Mail Code 428-02  
Trenton, NJ 08625  
Phone (609) 940-4095  
Fax (609) 984-2488

### Bloodborne Pathogen Exposure Control Plan, CPR/First Aid Training

I, a lifeguard for State Park Service, received the following information concerning bloodborne pathogens in my Lifeguard Training class:

- A copy or the access links of the regulation, 29 CFR 1910.1030.
- An explanation of the Lifeguard Exposure Control Plan and how to access a copy of it.
- An explanation of the epidemiology, symptoms and transmission of bloodborne diseases.
- An explanation of activities that may expose me to blood or OPIM.
- An explanation of how to protect myself from exposure.
- Information on types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment (PPE).
- An explanation of why the PPE was selected.
- Information about the hepatitis B vaccine, including its efficacy, safety method of administration, benefits of vaccination, and how it is offered free of charge.
- Information of action to take and who to contact in emergencies involving blood or OPIM.
- An explanation of procedures to follow if an exposure incident occurs, including how to report it and the medical follow-up that is available.
- Information on the post-exposure follow-up that the employee is required to provide to the employer.
- An explanation of the signs and labels and/or color coding.
- An opportunity for interactive questions and answers with the person conducting the training.

Work Location: \_\_\_\_\_ Date: \_\_\_\_\_

| Lifeguard Name (Print) | Lifeguard Signature |
|------------------------|---------------------|
|                        |                     |
|                        |                     |
|                        |                     |
|                        |                     |
|                        |                     |
|                        |                     |
|                        |                     |
|                        |                     |
|                        |                     |
|                        |                     |

I, the trainer for these lifeguards, certify that the above topics were covered in the training class.

\_\_\_\_\_



Phil Murphy  
Governor

# State of New Jersey

Shawn LaTourette  
Acting Commissioner

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Office of Occupational Health and Safety  
PO Box 420, Mail Code 428-02  
Trenton, NJ 08625  
Phone (609) 940-4095  
Fax (609) 984-2488

MARCH 14, 2021

## VACCINATION DECLARATION FORM Hepatitis B Immunization

Free immunization is offered and recommended to those employees who may come in contact with blood or other potentially infectious materials (OPIM) as part of their job duties.

The immunization procedure consists of a series of three 1.0 ml intramuscular injections of Recombinant Hepatitis B Vaccine (Recombivax) to be given at initial (0), one (1), and six (6) month intervals from the initial dose. Depending on your job duties, completion of the series may be followed by a blood titer to ensure development of immunity.

Common side effects have included soreness, swelling and redness at injection site, headache and fever which generally resolve in 1-2 days. As with any immunization, there is the possibility of more serious side effects such as severe hives, swelling of face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness (CDC, 2/2021). Read the accompanying CDC *Hepatitis B Vaccine Information Statement (VIS)* dated 8/15/19 for more information regarding the hepatitis B vaccine.

If you cannot provide documentation of having received 3 doses of Hepatitis B vaccine in the past, the complete 3-dose vaccination series will be repeated. If documentation shows an interruption in the series (e.g., received only the first and/or second dose), dosing can resume from where the series left-off and continue without the need for repeating the entire series. Documentation must include: Employee name, date of birth, name of person or faculty administering the shot(s), and date each shot was administered.

I have read and understand the Hepatitis B immunization procedure.

Please check one of the following:

- I wish to participate and have no documentation of receiving the vaccine in the past.
- I wish to participate and have attached documentation of an incomplete series (received only the first and/or second dose).
- I have already completed the immunization and have attached required documentation (proof of all 3 doses).
- I refuse to participate in the immunization program. (Must read the refusal statement below)

|                                   |
|-----------------------------------|
| OOHS Use Only                     |
| HEP B Dose Documentation Status   |
| ____ Acceptable                   |
| ____ Not Acceptable Initial _____ |

### Hepatitis B Vaccination Refusal

I understand due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and decide I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me, and will need to submit an updated Vaccine Declaration Form.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Work Location Date

\_\_\_\_\_  
Best Phone # to Reach You

\_\_\_\_\_  
Employee Signature \*

\_\_\_\_\_  
\*Signature of parent/guardian required  
if employee is < 18 years of age

\_\_\_\_\_  
Date

# Become a Lifeguard at New Jersey' State Parks

Nationally certified, professional Lifeguards are ready to train you to join our team. No experience necessary. If you're at least 16 years old, mature, responsible, and have good swimming skills, apply today.

You'll be tested, trained, and receive United States Lifesaving Association (USLA) certification at our expense. We offer a competitive starting salary and opportunities for advancement.

## Don't wait- give us a call today.

Lifeguard positions available Memorial Day through Labor Day at the following areas:

### SOUTHERN REGION

**Atison Recreation Area**  
(Wharton State Forest)  
744 Route 206  
Shamong, NJ 08088  
(609) 268-0444

**Bass River State Forest**  
762 Stage Rd  
Tuckerton, NJ 08087  
(609) 296-1114

**Belleplain State Park**  
County Route 550  
P.O. Box 450  
Woodbine, NJ 08270  
(609) 861-2404

**Parvin State Park**  
701 Almond Road  
Pittsgrove, NJ 08318-3928  
(856) 358-8616

### CENTRAL REGION

**Cheesequake State Park**  
300 Gordon Road  
Matawan, NJ 07747  
(732) 566-2161

**Island Beach State Park (Ocean)**  
P.O. Box 37  
Seaside Park, NJ 08752  
(732) 793-0506

**Round Valley Recreation Area**  
1220 Lebanon-Stanton Road  
Lebanon, NJ 08833-3115  
(908) 236-6355

**Spruce Run Recreation Area**  
68 Van Syckel's Road  
Clinton, NJ 08809  
(908) 638-8572

### NORTHERN REGION

**High Point State Park**  
1480 Route 23  
Sussex, NJ 07461  
(973) 875-4800

**Hopatcong State Park**  
PO Box 8519  
Landing, NJ 07850-8519  
(973) 398-7010

**Ringwood State Park**  
1304 Sloatsburg Rd.  
Ringwood, NJ 07456-1701  
(973) 962-7031

**Stokes State Forest**  
1 Coursen Road  
Branchville, NJ 07826  
(973) 948-3820

### For additional information or to obtain an application contact:

NJ Department of Environmental Protection  
Division of Parks and Forestry  
State Park Service  
PO Box 404  
Trenton, NJ 08625-0404  
Phone: (609) 984-6085 Fax: (609) 984-0503  
Email: [Gerry.davles@dep.state.nj.us](mailto:Gerry.davles@dep.state.nj.us)

**Swartswood State Park**  
P O Box 123  
Swartswood, NJ 07877-0123  
(973) 383-5230

**Wawayanda State Park**  
885 Warwick Turnpike  
Hewitt, NJ 07421  
(973) 853-4462

**New Jersey Department of Environmental Protection**

**Division of Parks and Forestry**

**STATE PARK SERVICE**

**PERMISSION FOR LIFEGUARD APPLICANTS UNDER 18 YEARS OF AGE  
TO TAKE THE LIFEGUARD EMPLOYMENT TEST**

Freshwater and Ocean Test

The physical fitness test consists of:

1. Swim 500 meters in an indoor pool in 10 minutes or less, using a swimming stroke performed on the front only.
2. Run 400 meters on a track or parking lot in 1 minute 40 seconds or less.

I, \_\_\_\_\_ grant my child \_\_\_\_\_

(Print Parent or Legal Guardian Name)

(Print Name of Child)

permission to take the New Jersey State Park Service Pre-Employment Lifeguard Test. I am not aware of or been informed by a physician of any medical or physical disability that would prevent my child from completing this test.

(Signature of Parent or Legal Guardian)

(Date)

New Jersey Department of Environmental Protection  
Division of Parks and Forestry  
State Park Service

**Lifeguard Medical Certification Form**

\_\_\_\_\_ is medically qualified to perform the duties of a lifeguard for the  
*(Name)*

New Jersey State Park Service for the \_\_\_\_\_ season.  
*(Year)*

LIFEGUARD DUTIES INCLUDE:

- Hearing
- Observation of Bathers
- CPR
- First Aid Swimming
- Running Rowing
- Paddling Kayaks
- Free Diving to Depths of 15 Feet
- Water Rescue with Rescue Buoy, Kayak, Boat

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of M.D. or D.O.)*

**THE PHYSICIAN'S STAMP OR SEAL MUST BE AFFIXED TO THIS FORM TO BE VALID**

**NOTE:** Employee must personally deliver this original form to the area  
Superintendent prior to the start of employment.



# State of New Jersey

Department of Environmental Protection

Northern Region Office  
PO Box 1100  
Andover, NJ 07821  
Tel: 973-786-5210  
FAX: 973-786-6356

**TO:** Lifeguard Officers

**FROM:** Art Clarke, Water Safety Supervisor  
Northern Region Office

**DATE:** August 2, 2009

**SUBJECT:** Training Assignments for the Week of August 8, 2009

Saturday, August 8, 2009 - 9:40 a.m. Sighted Submersion Drill

Sunday, August 9, 2009 - 9:40 a.m. Water Search for a 4 Year Old Child

The following pages should be read and discussed during the week:

American Red Cross CPR/AED for Professional Rescuers and Health Care Providers. Read the entire book. It is short.

These assignments should be done with all lifeguards in addition to any other skills the Lifeguard Officer thinks is necessary to teach or review.

c: Regional Superintendent  
Superintendents

**New Jersey Division of Parks and Forestry  
State Park Service  
Daily Lifeguard Record**

**Date** Tuesday, August 4, 2009

**Area** Stokes State Forest

(Day and Date)

| Lifeguard Name | Time    |         |
|----------------|---------|---------|
|                | In      | Out     |
| Rick Smith     | 9:30 AM | 6:00 PM |
| Lisa Hall      | 9:30 AM | 6:00 PM |
| Mike Hart      | 9:30 AM | 6:00 PM |
| Lance Gallo    | 9:30 AM | 6:00 PM |
|                |         |         |
|                |         |         |
|                |         |         |
|                |         |         |
|                |         |         |
|                |         |         |
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|                |         |         |
|                |         |         |
|                |         |         |
|                |         |         |
|                |         |         |
|                |         |         |



**Weather Readings**

Water Temperature: 75 degrees  
Air Temperature: 70 degrees AM  
85 degrees PM  
Weather Conditions: Clear AM  
Partly Sunny PM

**Number of Bathers in Water**

45 11:00 AM  
100 2:00 PM  
90 4:00 PM

**Activity Report**

First Aid: 3  
Assist: 1  
Rescues: 0  
Drownings: 0  
CPR and Rescue Breathing: 0  
Ambulance Call: 0  
Lost Children: 1  
Objectionable Behavior: 0  
Preventative Actions: 10  
Name of Recorder Rick Smith

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**NOTES, COMMENTS, ETC.COMMENTS MUST BE FACTUAL, NOT OPINION**  
**Examples: Lisa Hall has to care for a lost child for 1 1/2 hours.**

Closed for thunderstorm 2:00 PM. Reopened at 4:00 PM

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New Jersey Division of Parks and Forestry State Park Service

ISLAND BEACH STATE PARK

Daily Lifeguard Record

Date: 7/6/13

Flag Code: YELLOW

Park Attendance: 5000

Weather Readings

Water Temperature 68 10:00 AM, 70 2:00 PM
Air Temperature 75 AM, 80 PM
Tide 9:28 AM High, 3:43 PM Low
Wind Direction CALM AM, SE PM
Wind Velocity CALM AM, 10 PM
Weather Conditions SUNNY AM, PARTLY SUNNY PM
Surf Condition CALM AM, 2FT PM

Activity Report:

First Aid 8
Assist 1
Rescues - Rip Current 1
Rescues - Other Rescues 0
Drownings 0
CPR & Rescue Breathing 0
Ambulance Call 1
Lost Children 3
Objectionable Behavior 0
Prevention Actions 60

Number of Bathers in Water

100 10:00 AM, 500 2:00 PM, 290 5:00PM

Miscellaneous Activities/Comments

FACTS, NOT OPINION

New Jersey Division of Parks and Forestry  
State Park Service

**Year End Lifeguard Activity Report**

Date: \_\_\_\_\_

Area: \_\_\_\_\_

First Aids .

Assists .

Rip Current Rescues:(IBSP) .

All Other Rescues .

Drownings .

CPR or Rescue Breathing .

Ambulance Calls .

Lost Child/Person .

\*Objectionable Behavior .

Preventative Actions \_\_\_\_\_

Lifeguard Officer

Superintendent

\*Objectionable Behavior is defined as "an extraordinary problem with getting someone to obey the regulations.

New Jersey Division of Parks and Forestry  
State Park Service  
Lake: Life Guard Training Record

Last Name: REILLY First Name: JOSEPH

Position: LG 4 Date Hired: 5/10/13 Date Terminated: 9/10/13

EMPLOYMENT TEST:

1) 500m Swim  
DATE: 5/10/13 TIME: 8:10  
7/8/13 8:03  
8/10/13 8:05

2) 400m Run  
5/10/13 1:20

MEDICAL PHYSICAL DATE: 5/16/13

WRITTEN TEST: SCORE 92  
Lifeguard Manual

CERTIFICATION EXP. DATE  
Red Cross Standard First Aid 5/15/14  
Red Cross CPR/AED (BLS) For Professional Rescuers 5/15/14  
Red Cross Oxygen Admin. For Professional Rescuer 5/15/14  
Red Cross Blood Borne Pathogens 5/15/14  
Other: \_\_\_\_\_

| PRIMARY SKILLS                 | 5/20 | 6/21 | Satisfactory Date |
|--------------------------------|------|------|-------------------|
| Torp Rescue Conscious Victim   | 5/20 | 6/21 | 5/20 AC           |
| Torp Rescue                    | 5/20 | 6/21 | 5/20 AC           |
| Unconscious Victim             | 5/20 | 6/21 | 5/20 AC           |
| Torp Rescue                    | 5/20 | 6/21 | 5/20 AC           |
| Multiple Victims               | 5/20 | 6/21 | 5/20 AC           |
| Mask, Finks, Snorkel           | 5/20 | 6/21 | 5/20 AC           |
| Rescue Procedure               | 5/20 | 6/21 | 5/20 AC           |
| Removal of Victim from Water   | 5/20 | 6/21 | 5/20 AC           |
| Chair Carry                    | 5/20 | 6/21 | 5/20 AC           |
| Removal of Victim from Water-1 | 5/20 | 6/21 | 5/20 AC           |
| Man Assist/Conscious           | 5/20 | 6/21 | 5/20 AC           |
| Removal of Victim from Water-1 | 5/20 | 6/21 | 5/20 AC           |
| Man Drag                       | 5/20 | 6/21 | 5/20 AC           |
| Sighted Submersion             | 5/20 | 6/11 | 5/20 AC           |
| Scanning                       | 5/20 | 7/11 | 5/20 AC           |
| Spinal Injury                  | 5/20 | 7/11 | 5/20 AC           |
| Deep Water                     | 5/20 | 7/11 | 5/20 AC           |
| Spinal Injury                  | 5/20 | 7/11 | 5/20 AC           |
| 6 inches of Water              | 5/20 | 7/11 | 5/20 AC           |
| Standing Backboard             | 5/20 | 7/11 | 5/20 AC           |
| Water Search for Lost Person   | 5/20 | 6/10 | 5/20 AC           |
| Kayak Handling                 | 5/20 | 6/25 | 5/20 AC           |
| Kayak                          | 5/20 | 6/25 | 5/20 AC           |
| Conscious Victim               | 5/20 | 6/25 | 5/20 AC           |
| Kayak                          | 5/20 | 6/25 | 5/20 AC           |
| Unconscious Victim             | 5/20 | 6/25 | 5/20 AC           |
| Kayak                          | 5/20 | 6/25 | 5/20 AC           |
| Multiple Victims               | 5/20 | 6/25 | 5/20 AC           |

Lake: Life Guard Training Record (Page 2)  
NON-EQUIPMENT RESCUES

| APPROACHES       |      | Satisfactory date |
|------------------|------|-------------------|
| Front            | 5/20 | 5/20 AC           |
| Dive to Rear     | 5/20 | 5/20 AC           |
| Swim to Rear     | 5/20 | 5/20 AC           |
| Submerged Victim | 5/20 | 5/20 AC           |

| CARRIES & TOWS                    |      | Satisfactory date |
|-----------------------------------|------|-------------------|
| Single Armpit                     | 5/20 | 5/20 AC           |
| Double Armpit                     | 5/20 | 5/20 AC           |
| Wrist Tow                         | 5/20 | 5/20 AC           |
| Cross Chest<br>w/Armpit Level off | 5/20 | 5/20 AC           |

| ASSISTS                          |      | Satisfactory date |
|----------------------------------|------|-------------------|
| Single Armpit (Front<br>& Back)  | 5/20 | 5/20 AC           |
| Armpit Assist by 2<br>Lifeguards | 5/20 | 5/20 AC           |

| DEFENSE             |      | Satisfactory date |
|---------------------|------|-------------------|
| Block (1 or 2 Hand) | 5/20 | 5/20 AC           |

| ESCAPE & RESCUE           |      | Satisfactory date |
|---------------------------|------|-------------------|
| Front Head Hold           | 5/20 | 5/20 AC           |
| Rear Head Hold            | 5/20 | 5/20 AC           |
| Wrist Grip                | 5/20 | 5/20 AC           |
| Mult. Drowning<br>Release | 5/20 | 5/20 AC           |

SECONDARY SKILLS

| BOAT SKILLS   |     | Satisfactory date |
|---------------|-----|-------------------|
| Boat Handling | N/A |                   |
| Boat Rescues  | N/A |                   |

| REVIEW WORK |     | Satisfactory date |
|-------------|-----|-------------------|
| CPR         | 7/2 | 8/3               |
| First Aid   | 7/2 | 8/3               |

New Jersey Division of Parks and Forestry  
 State Park Service  
 Ocean: Life Guard Training Record

Primary Skills \* Non-equipment

|  |           |      |                                     |       |
|--|-----------|------|-------------------------------------|-------|
| Torp Rescue Conscious Victim                             | 5/20/7/1  | 5/20 | Approach Front                      | 5/100 |
| Torp Rescue Unconscious Victim                           | 5/20/7/1  | 5/20 | Approach Dive to Rear               | 5/100 |
| Torp Rescue Multiple Victims                             | 5/20/7/1  | 5/20 | Approach Swim to Rear               | 5/100 |
| Mask, Fins, Snorkel                                      | 5/20/7/1  | 5/20 | Approach Submerged Victims          | 5/100 |
| ATV Safety-IBSP  | 5/20/6/10 | 5/20 | Carries & Tows Single Armpit        | 5/100 |
| Rescue Procedures  | 5/20/7/1  | 5/20 | Carries & Tows Double Armpit        | 5/100 |
| Removal of Victim from Water-Chair Carry                 | 5/20/7/1  | 5/20 | Carries & Tows Wrist Tow            | 5/100 |
| Removal of Victim from water 1 Man Conscious/Unconscious | 5/20/7/1  | 5/20 | Cross Chest with Armpit Level Off   | 5/100 |
| Sighted Submersion                                       | 5/20/6/11 | 5/20 | Single Armpit Assist (Front & Back) | 5/100 |
| Scanning   | 5/20/7/1  | 5/20 | Armpit Assist by 2 Lifeguards       | 5/100 |
| Spinal Injury Deep Water                                 | 5/20/7/6  | 5/20 | Defense Block (1 or 2 hands)        | 5/100 |
| Spinal Injury 6 in. of Water                             | 5/20/7/6  | 5/20 | Escape & Rescue Front Head Hold     | 5/100 |
| Standing Backboard                                       | 5/20/7/6  | 5/20 | Escape & Rescue Rear Head Hold      | 5/100 |
| Water Search for lost person                             | 5/20/6/11 | 5/20 | Escape & Rescue Wrist Grip          | 5/100 |
| Kayak Handling   | 5/20/7/2  | 5/20 | Multiple Drowning Release           | 5/100 |
| Kayak Conscious Victim                                   | 5/20/7/2  | 5/20 | Boat Handling                       | 6/11  |
| Kayak Unconscious Victim                                 | 5/20/7/2  | 5/20 | Boat Rescue                         | 6/11  |
| Kayak Rescue Multiple Victims                            | 5/20/7/2  | 5/20 | First Aid Review                    | 7/60  |
| Rescue Board-IBSP Handling                               | 5/20/7/2  | 5/20 | CPR Review                          | 7/60  |
| Rescue Board-IBSP Conscious Victim                       | 5/20/7/2  | 5/20 |                                     |       |
| Rescue Board-IBSP Unconscious Victim                     | 5/20/7/2  | 5/20 |                                     |       |
| Rescue Board-IBSP Multiple Victims                       | 5/20/7/2  | 5/20 |                                     |       |

Note "60" = Satisfactory Date

Last Name: SMITH  
 First Name: KAREN  
 Position: LGS  
 Date Hired: 5/10/13  
 Date Terminated: 9/20/13

EMPLOYMENT TEST:

|              | DATE    | TIME |
|--------------|---------|------|
| 1) 500m Swim | 5/10/13 | 8:12 |
|              | 7/12/13 | 8:00 |
| 2) 400m Run  | 8/6/13  | 8:10 |
|              | 5/10/13 | 1:13 |

MEDICAL PHYSICAL DATE: 5/19/13

WRITTEN TEST: SCORE 94

Lifeguard Manual CERTIFICATION EXP. DATE 6/10/15

Red Cross Standard First Aid 6/10/14

Red Cross CPR/AED (BLS) For Professional Rescuers 6/10/14

Red Cross Oxygen Admin. 6/10/14

Bloodborne Pathogens: 6/10/14

Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

New Jersey  
 Division of parks and forestry  
 State park service

Lifeguard Physical Training

BILL WRIGHT

Name

SWARTSWOOD

Area

2013

Year

| Saturday Begins<br>New Week | Dates of<br>500 Meter |      | Dates of<br>1 Mile |      | Dates of<br>1,000 Meters |      | Reason Training is<br>Not Completed | Initial<br>P/T<br>Officer |
|-----------------------------|-----------------------|------|--------------------|------|--------------------------|------|-------------------------------------|---------------------------|
|                             | Swim                  | Swim | Run                | Run  | Paddle                   | Row* |                                     |                           |
| 1                           | 5/28                  | 5/28 | 5/30               | 5/30 | 6/1                      | 6/1  | ONLY WORKED<br>2 DAYS               | AC                        |
| 2                           | 6/4                   | 6/4  | 6/5                | 6/5  |                          |      |                                     | AC                        |
| 3                           |                       |      |                    |      |                          |      |                                     |                           |
| 4                           |                       |      |                    |      |                          |      |                                     |                           |
| 5                           |                       |      |                    |      |                          |      |                                     |                           |
| 6                           |                       |      |                    |      |                          |      |                                     |                           |
| 7                           |                       |      |                    |      |                          |      |                                     |                           |
| 8                           |                       |      |                    |      |                          |      |                                     |                           |
| 9                           |                       |      |                    |      |                          |      |                                     |                           |
| 10                          |                       |      |                    |      |                          |      |                                     |                           |
| 11                          |                       |      |                    |      |                          |      |                                     |                           |
| 12                          |                       |      |                    |      |                          |      |                                     |                           |
| 13                          |                       |      |                    |      |                          |      |                                     |                           |
| 14                          |                       |      |                    |      |                          |      |                                     |                           |

\*Lake Areas will substitute the row with an additional 500 meter swim or a 1,000 meter paddle



New Jersey Division of Parks and Forestry  
State Park Service

First Aid/ Incident Report

Name: JONES JAMES Age: 12 Sex: M Date: 7/2/13  
Address: 115<sup>th</sup> ST NEWARK NJ Telephone # 973 458-0211  
Guardian/Witness: NANCY JONES  
Complaint: CUT RIGHT FOOT (LACERATION)  
Circumstances: RUNNING ON BEACH  
Time: 11 AM or PM Location: BY STAND 2  
Medical conditions, Allergies, etc: NONE  
Injury Suspected: CUT ON FOOT  
Treatment: CLEANED CUT AND BANDAGED FOOT  
Recommendation: SEE DOCTOR  
Comments:

Guardian/Witness Signature: N Jones  
Attendant's Signature: J. Reilly  
Lifeguard's Signature: J. Reilly

**New Jersey Division of Parks and Forestry  
State Park Service**

**Lifeguard Evaluation Sheet**

**Area** Hopatcong State Park                      **Date** 7/30/2010

**Name** Diane Smith

**Topic of Evaluation**

| <u>General Ability</u>    | <u>Rating</u> | <u>Comments</u>            |
|---------------------------|---------------|----------------------------|
| Promptness                | 3             |                            |
| Takes Orders              | 3             |                            |
| Ambition                  | 3             |                            |
| Appearance                | 3             |                            |
| Compatibility with Guards | 3             |                            |
| Tact with Visitors        | 2             |                            |
| Confidence                | 2             | Reluctant to Enforce Rules |
| Reliability               | 4             |                            |
| Attendance                | 5             | Never Absent               |
| Punctuality on Rotation   | 4             |                            |

| <u>Guarding Ability</u>                  |   |   |
|--|---|---|
| Familiarity and Utilization of Equipment | 3 | See attached paper.                     |
| Attentiveness on Duty                    | 4 |   |
| Scanning                                 | 3 |   |
| Reaction to Emergency                    | 4 |   |
| Rescue Ability                           | 4 | Did well in drills, but no real rescue. |
| Procedural Understanding                 | 3 |   |

| <u>Physical Fitness</u>                   |   |
|---|---|
| Progress During Season                    | 4 |
| Participation in Physical Fitness Program | 3 |
| Endurance                                 | 3 |
| Swimming Ability                          | 5 |
| Motivation to Keep Fit                    | 4 |

**Number of Years Expected to Return:**    2

**Lifeguard Title:** Lifeguard 3

**Recommended for Rehire:**            Yes     No

|                    |          |                           |
|--------------------|----------|---------------------------|
| <b>Rating Key:</b> | <b>1</b> | <b>Unsatisfactory</b>     |
|                    | <b>2</b> | <b>Needs Improvement</b>  |
|                    | <b>3</b> | <b>Satisfactory</b>       |
|                    | <b>4</b> | <b>Above Satisfactory</b> |
|                    | <b>5</b> | <b>Outstanding</b>        |

## Lifeguard Evaluation Sheet (Back)

**General Comments (Rater):**

Diane is a good lifeguard, but often ignores some of the less important aspects of her job.

**Rater Signature** \_\_\_\_\_

**Rater Title** Lifeguard Lieutenant

**Superintendent's Comments (Reviewer):**

**Superintendent Signature** \_\_\_\_\_

**I have had the opportunity to review my final rating.**

**Ratee Signature**

**Title** Lifeguard 3

New Jersey Division of Parks and Forestry  
State Park Service

**Lifeguard Employment Test - Score Sheet**

**Use ball point pen. DO NOT use pencil.**

**Test Area:** Ramapo College Pool

**Name:** Diane Smith

**Area:** Hopatcong State Park

**Date:** 5/3/06

**PHASE ONE** (500 Meter Swim - maximum 10 minutes)

**Time:** 9:14

**Timer Initials:** AC

**Remarks:**

**PHASE TWO** (400 Meter Run - maximum 1 minute 40 seconds)

**Time:** 1:37

**Timer Initials:**

**Remarks:**

**PHASE THREE** (Interview and Recommendation)

**Hire**

**Not Hired**

**Referred to Another Area**

**Remarks:** EMT, College Sophomore

**Uniform Sizes:**

|                 |       |
|-----------------|-------|
| <b>T-shirt</b>  | Large |
| <b>Swimsuit</b> | 36    |

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**Signature of Testing Office**

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

**BIWEEKLY HOURLY TIME REPORT  
(SEASONAL)**

(\*SEE REVERSE SIDE FOR INSTRUCTIONS)

Revised  Supplementary

Date of Revision \_\_\_\_\_

|                                    |                           |                            |  |                           |
|------------------------------------|---------------------------|----------------------------|--|---------------------------|
| Last Name<br><b>CLARKE</b>         |                           |                            |  | First Initial<br><b>A</b> |
| Organization<br><b>46BF0103120</b> | Payroll No.<br><b>516</b> | Unit<br><b>XIXIXIXIXIX</b> | Social Security No.*<br><b>XIXIXIXIXIX</b> |                           |

|               |           |           |
|---------------|-----------|-----------|
| Period Ending |           |           |
| MO.           | DAY       | YR.       |
| <b>06</b>     | <b>10</b> | <b>13</b> |

| JOB NUMBER         | Enter Date →<br>ACTIVITY CODE | 5/25 | 26   | 27   | 28    | 29   | 30    | 31   | 1/1  | 2    | 3    | 4     | 5    | 6     | 7    | TOTALS |
|--------------------|-------------------------------|------|------|------|-------|------|-------|------|------|------|------|-------|------|-------|------|--------|
|                    |                               | Sat. | Sun. | Mon. | Tues. | Wed. | Thur. | Fri. | Sat. | Sun. | Mon. | Tues. | Wed. | Thur. | Fri. |        |
| 36BF0000           | V 4,7, X                      | 3    | 3    |      | 4     | 4    |       |      | 3    | 3    | 4    | 4     |      |       |      | 28     |
| 36BF0000           | V 7,6, P                      | 3    | 3    |      |       |      |       | 2    | 3    | 3    | 2    | 2     | 2    |       |      | 20     |
| 36BF0000           | V 2,2, N                      |      |      |      | 2     | 2    |       | 2    |      | 2    | 2    | 2     | 2    |       |      | 14     |
| 36BF0000           | V 7,6, A                      | 2    | 2    |      | 2     | 2    |       | 4    | 2    |      |      |       | 4    |       |      | 18     |
|                    | V                             |      |      |      |       |      |       |      |      |      |      |       |      |       |      |        |
|                    | V                             |      |      |      |       |      |       |      |      |      |      |       |      |       |      |        |
|                    | V                             |      |      |      |       |      |       |      |      |      |      |       |      |       |      |        |
|                    | V                             |      |      |      |       |      |       |      |      |      |      |       |      |       |      |        |
|                    | V                             |      |      |      |       |      |       |      |      |      |      |       |      |       |      |        |
|                    | V                             |      |      |      |       |      |       |      |      |      |      |       |      |       |      |        |
|                    | V                             |      |      |      |       |      |       |      |      |      |      |       |      |       |      |        |
|                    | V                             |      |      |      |       |      |       |      |      |      |      |       |      |       |      |        |
|                    | V                             |      |      |      |       |      |       |      |      |      |      |       |      |       |      |        |
|                    | V                             |      |      |      |       |      |       |      |      |      |      |       |      |       |      |        |
|                    | V                             |      |      |      |       |      |       |      |      |      |      |       |      |       |      |        |
| ENTER DAILY TOTALS |                               | 8    | 8    |      | 8     | 8    |       | 8    | 8    | 8    | 8    | 8     | 8    |       |      | 80     |

**EMPLOYEE'S CERTIFICATION**

I certify that this is a true report of my attendance and/or travel for the period indicated. I certify that time recorded is in accordance with applicable DEPE Policy and Procedure.

*Arthur Clarke*  
Signature

**SUPERVISOR'S CERTIFICATION**

I have reviewed this time report and certify that it is a true and accurate record of this employee's activity during the period indicated.

PRINT *Rebecca Fitzgerald*  
Name

*Rebecca Fitzgerald*  
Signature

Supt.

New Jersey Division of Parks and Forestry  
State Park Service

Designated Bathing Area  
Death or Serious Injury Report

AREA: \_\_\_\_\_

DATE OF OCCURRENCE: \_\_\_\_\_ TIME: \_\_\_\_\_

VICTIM NAME: \_\_\_\_\_

VICTIM ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

NAME OF LIFEGUARDS ATTENDING TO VICTIM AND ON DUTY AT THE TIME OF OCCURRENCE:

WITNESSES (INCLUDE NAMES AND ADDRESSES):

RESCUE-EXACT LOCATION: \_\_\_\_\_

APPROXIMATE DEPTH OF WATER (IF APPLICABLE): \_\_\_\_\_

WATER TEMP. SURFACE: \_\_\_\_\_ WATER TEMP. BOTTOM \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_ UNDERWATER VISIBILITY: \_\_\_\_\_

WATER SURFACE CONDITIONS: \_\_\_\_\_

BRIEF DESCRIPTION OF INCIDENT:

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY SUPERINTENDENT : \_\_\_\_\_ DATE: \_\_\_\_\_

(See Reverse Side)

**(BACK)**

**DESIGNATED SWIMMING AREA  
DEATH OR SERIOUS INJURY REPORT**

**This report MUST be emailed by the AREA SUPERINTENDENT to: SPS ASSISTANT DIRECTOR, DEPARTMENT OF HEALTH & SENIOR SERVICES (DHSS), SPS LIFEGUARD COORINATOR, & YOUR REGIONAL SUPERINTENDENT AS SOON AS POSSIBLE, within 24 hours of the incident at the latest:**

**DEPARTMENT OF HEALTH & SENIOR SERVICES  
DIVISION OF LOCAL AND COMMUNITY HEALTH SERVICES  
PHONE NUMBER: (609) 826-4941  
FAX NUMBER: (609) 826-4992 Loel.Muetter@doh.nj.gov**

**STATE PARK SERVICE, ASSISTANT DIRECTOR  
FAX NUMBER: (609) 984-0503 Mark.Texel@dep.nj.gov**

**STATE PARK SERVICE, LIFEGUARD COORINATOR  
Rebecca.Fitzgerald@dep.nj.gov**

**SOUTHERN REGIONAL OFFICE, REGIONAL SUPERINTENDENT  
Mark.Texel@dep.nj.gov**

**CENTRAL REGIONAL OFFICE, REGIONAL SUPERINTENDENT  
Jenny.Felton@dep.nj.gov**

**NORTHERN REGIONAL OFFICE, REGIONAL SUPERINTENDENT  
Joshua.Osowski@dep.nj.gov**

**In addition to the faxes, DEPARTMENT OF HEALTH & SENIOR SERVICES, SPS ASSISTANT DIRECTOR, and REGIONAL SUPERINTENDENT MUST be notified by telephone, AS SOON AS POSSIBLE, within 24 hours of the incident at the latest. When speaking with the DEPARTMENT OF HEALTH & SENIOR SERVICES confirm their receipt of your report and schedule a time for them to meet/interview you and all staff involved with incident, on-site or by telephone.**

**NJ STATE PARK SERVICE  
LIFEGUARD FIRST AID EQUIPMENT INVENTORY AND REQUEST**

| <b>ITEM</b>                                     | <b>FIRST AID ROOM</b> | <b>IN STORAGE</b> | <b>MINIMUM NEEDED</b> | <b>REQUEST</b> |
|---|-----------------------|-------------------|-----------------------|----------------|
| BACKBOARD                                       |                       |                   |                       |                |
| BACKBOARD STRAP (5 PER BOARD) OR 1 SPIDER STRAP |                       |                   |                       |                |
| CERVICAL COLLARS                                |                       |                   |                       |                |
| PEDIATRIC ADJUSTABLE                            |                       |                   |                       |                |
| ADULT ADJUSTABLE                                |                       |                   |                       |                |
| HEAD IMMOBILIZER                                |                       |                   |                       |                |
| AED (weekly check required, see AED log)        |                       |                   |                       |                |
| AED Pads Adult (unexpired)                      |                       |                   |                       |                |
| AED Pads Child (unexpired)                      |                       |                   |                       |                |
| EXAMINATION LIGHT                               |                       |                   |                       |                |
| EXAMINATION TABLE OR CHAIR                      |                       |                   |                       |                |
| FIRST AID KITS (EMPTY)                          |                       |                   |                       |                |
| INSTRUMENT TRAY (WITH COVER)                    |                       |                   |                       |                |
| POCKET MASKS ** ADULT OXYGEN INLET              |                       |                   |                       |                |
| POCKET MASKS ** CHILD OXYGEN INLET              |                       |                   |                       |                |
| PRIVACY SCREEN                                  |                       |                   |                       |                |
| WOOL BLANKETS                                   |                       |                   |                       |                |
| BAG VALVE MASK – CHILD                          |                       |                   |                       |                |
| BAG VALVE MASK – ADULT                          |                       |                   |                       |                |
| OXYGEN REGULATOR                                |                       |                   |                       |                |
| OXYGEN D CYLINDERS                              |                       |                   |                       |                |
| NASAL CANNULA – CHILD                           |                       |                   |                       |                |
| NASAL CANNULA – ADULT                           |                       |                   |                       |                |
| OXYGEN REBREATHING MASK – CHILD                 |                       |                   |                       |                |
| OXYGEN REBREATHING MASK – ADULT                 |                       |                   |                       |                |
| SET OF NASAL AIRWAYS                            |                       |                   |                       |                |
| SET OF ORAL AIRWAYS                             |                       |                   |                       |                |
| MANUAL HAND HELD SUCTION UNIT                   |                       |                   |                       |                |
| HSI ADVANCED FIRST AID MANUAL                   |                       |                   |                       |                |
| HSI BLS MANUAL                                  |                       |                   |                       |                |
| HSI EMERGENCY OXYGEN MANUAL                     |                       |                   |                       |                |
| RED CROSS LIFEGUARDING BOOKS                    |                       |                   |                       |                |
| OPEN WATER LIFESAVING USLA MANUAL               |                       |                   |                       |                |

\*BRAND LAERDAL

\*\* REQUIRED BY NJ DEPARTMENT OF HEALTH & SENIOR SERVICES

AREA

SUPT/HEAD LIFEGUARD

DATE



**NJ STATE PARK SERVICE  
LIFEGUARD FIRST AID SUPPLIES INVENTORY AND REQUEST**

| ITEM   | FIRST AID ROOM | IN STORAGE | MINIMUM NEEDED | REQUEST |
|--|----------------|------------|----------------|---------|
| ALCOHOL WIPES ( FOR CLEANING INSTRUMENTS) 1 BOX *  |                |            |                |         |
| BLEACH (FOR CLEANING INSTRUMENTS & FIRST AID ROOM) |                |            |                |         |
| BAND AID PLASTIC STRIPS 1" 100/BOX*                |                |            |                |         |
| BAND AID PLASTIC STRIPS EX. LG. 50/BOX*            |                |            |                |         |
| DISPOSABLE FACE SHIELD (5)*                        |                |            |                |         |
| DISPOSABLE PROTECTIVE GOWN (5)*                    |                |            |                |         |
| GAUZE STERI PADS 2" X 2" 100/BOX*                  |                |            |                |         |
| GAUZE STERI PADS 3" X 3" 100/BOX*                  |                |            |                |         |
| GAUZE STERI PADS 4" X 4" 100/BOX*                  |                |            |                |         |
| GAUZE-3" ROLL SOFT KLING N/S 12/BG.*               |                |            |                |         |
| EYE DRESSING PACKET*                               |                |            |                |         |
| TRIANGULAR BANDAGE 4 UNITS*                        |                |            |                |         |
| ADHESIVE TAPE 1"(1)*                               |                |            |                |         |
| ADHESIVE TAPE 2" 1 UNIT*                           |                |            |                |         |
| SCISSORS, BANDAGE 1 UNIT*                          |                |            |                |         |
| SCISSORS, STRAIGHT 1 UNIT*                         |                |            |                |         |
| TWEEZERS (SPLINTER FORCEPS) 1 UNIT*                |                |            |                |         |
| SAM SPLINTS  |                |            |                |         |
| GLOVES, NITRILE N/S MEDIUM 100/BOX*                |                |            |                |         |
| GLOVES, NITRILE N/S LARGE 100/BOX*                 |                |            |                |         |
| COLD PACKS 16/CASE*                                |                |            |                |         |
| LIQUID SOAP (ANTI-BACTERIAL) 16 OZ. BTL.           |                |            |                |         |
| FACIAL TISSUE BOXES                                |                |            |                |         |
| DRINKING CUPS BOXES                                |                |            |                |         |

\*REQUIRED BY NJ DEPARTMENT OF HEALTH & SENIOR SERVICES

AREA

SUPT/HEAD LIFEGUARD

DATE

NJ DIVISION OF PARKS AND FORESTRY  
STATE PARK SERVICE

LIFEGUARD EQUIPMENT  
INVENTORY AND REQUEST

| ITEM                                       | FIRST AID ROOM | IN STORAGE | REQUEST |
|--|----------------|------------|---------|
| AIR HORNS                                  |                |            |         |
| AIR HORN CANISTERS                         |                |            |         |
| BATHING AREA LINE FLOATS                   |                |            |         |
| BEACH UMBRELLAS                            |                |            |         |
| BIMINI CANOPIES                            |                |            |         |
| BINOCULARS                                 |                |            |         |
| BOAT WARNING BUOYS                         |                |            |         |
| BULL HORNS                                 |                |            |         |
| LANYARDS (ELASTIC)                         |                |            |         |
| WHISTLES                                   |                |            |         |
| LIFEGUARD STANDS                           |                |            |         |
| LIFEGUARD STAND CUSHIONS                   |                |            |         |
| LINE CLIPS                                 |                |            |         |
| LINE SPLICING FIDS                         |                |            |         |
| MASK                                       |                |            |         |
| MOORING BUOYS                              |                |            |         |
| OARS – 8 FOOT                              |                |            |         |
| OARS – 9 FOOT                              |                |            |         |
| POLYETHYLENE HOLLOW LINE 1,000’ 3/8 OR 1/4 |                |            |         |
| POLYETHYLENE HOLLOW LINE 500’ 3/8 OR 1/4   |                |            |         |
| RESCUE BOATS (IBSP)                        |                |            |         |
| RESCUE BOARD (IBSP)                        |                |            |         |
| SNORKELS                                   |                |            |         |
| SWIM FINS – SMALL                          |                |            |         |
| SWIM FINS – MEDIUM                         |                |            |         |
| SWIM FINS – LARGE                          |                |            |         |
| SWIM FINS – EXTRA LARGE                    |                |            |         |
| THERMOMETERS                               |                |            |         |
| TORPEDO ( RESCUE) BUOYS*                   |                |            |         |
| KAYAK                                      |                |            |         |
| KAYAK PADDLE                               |                |            |         |
| KAYAK BACKREST                             |                |            |         |
| KAYAK LEG STRAPS – (IBSP)                  |                |            |         |
| USCG LIFE JACKET (PFD)                     |                |            |         |
| LINE BOXES – IBSP                          |                |            |         |
| BOAT ROLLER – IBSP                         |                |            |         |
| ROLLEZE – IBSP                             |                |            |         |
| JETTY CLEATS – IBSP                        |                |            |         |

\*REQUIRED BY NJ DEPARTMENT OF HEALTH & SENIOR SERVICES

AREA

SUPT/HEAD LIFEGUARD

DATE

New Jersey Division of Parks and Forestry State Park Service

Island Beach State Park

Personal Watercraft Maintenance Log Checklist

Month:

Year:

| Day | Gas | Oil / Lubricate |  |  |  |  |  |  | Tow Rope Knife |  |  | Fire Extinguisher | Inspection Completed (Initial) |
|-----|-----|-----------------|--|--|--|--|--|--|----------------|--|--|-------------------|--------------------------------|
| 1   |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 2   |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 3   |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 4   |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 5   |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 6   |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 7   |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 8   |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 9   |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 10  |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 11  |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 12  |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 13  |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 14  |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 15  |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 16  |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 17  |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |
| 18  |     |                 |  |  |  |  |  |  |                |  |  |                   |                                |

|    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# HOPATCONG STATE PARK

NO  
BOATS  
BOUY



NO  
BOATS  
BOUY



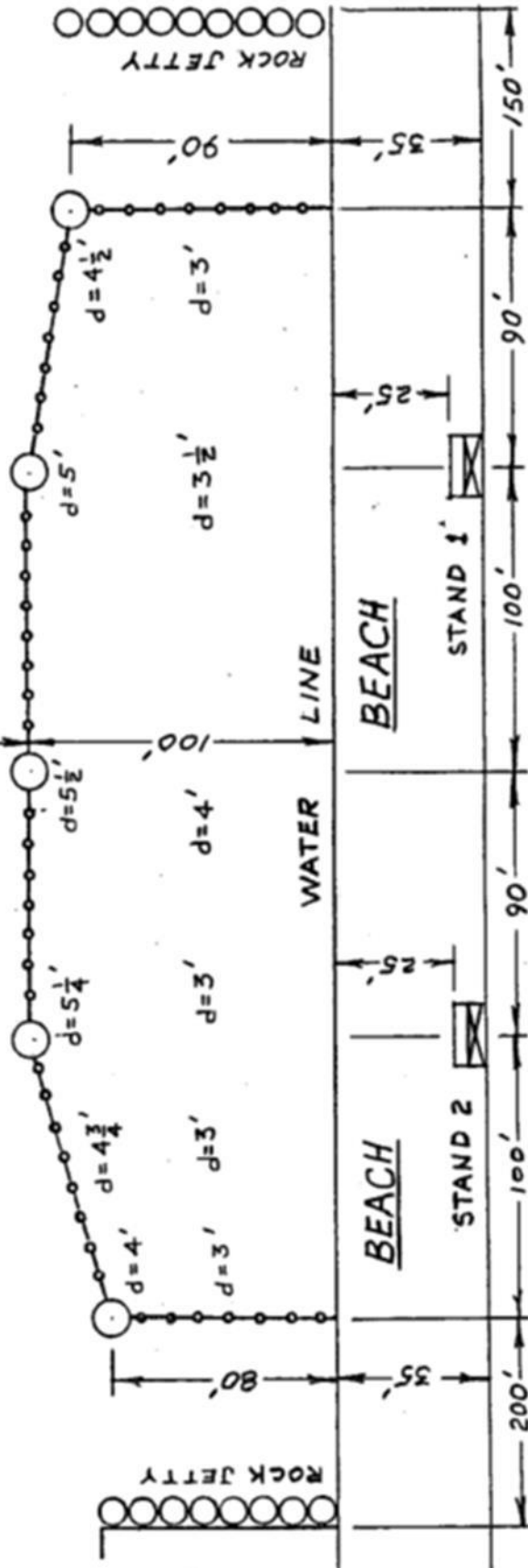
NO  
BOATS  
BOUY



NEUTRAL ZONE

NEUTRAL ZONE

NO  
BOATS  
BOUY



GRASS AREA

BATHING AREA

d = depth in feet  
 Depths are approximate and vary with level of lake  
 ○ = Mooring buoy with anchor  
 ○-○-○ = line with floats



# State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

P.O. BOX 402

Trenton, NJ 08625-0402

TEL: # (609) 292-2885

FAX # (609) 292-7695

CHRIS CHRISTIE  
*Governor*

BOB MARTIN  
*Commissioner*

KIM GUADAGNO  
*Lt. Governor*

## STATE PARK SERVICE NORTHERN REGION OFFICE

2 AIRPORT ROAD

P.O. BOX 1100

ANDOVER, NJ 07821

Tel. (973) 786-5210

Fax: 973-786-6356

Beach: Ringwood State Park  
New Jersey State Park Service

Lifeguard Coordinator: Jeremy Schaffer

Address: 501 E. State St.  
PO BOX 404  
Trenton, NJ 08625

Telephone: 609-633-7576

Email: jeremy.schaffer@dep.state.nj.us

### 2011 Ringwood State Park Lifeguard Roster

|                 |          |        |         |
|-----------------|----------|--------|---------|
| Valerie Bednarz | 11/15/89 | Female | Class A |
| Erica Clark     | 3/5/86   | Female | Class A |
| Isabella Costa  | 08/11/90 | Female | Class A |
| Filip Deptula   | 5/1/93   | Male   | Class P |
| Jakub Deptula   | 02/09/92 | Male   | Class B |
| John Rafferty   | 03/08/91 | Male   | Class A |

I attest that the above lifeguards are employees of NJ State Parks and are being trained according to the required training plan of the NJ State Parks, which has been approved by the United States Lifesaving Association (USLA) New Jersey Certification Office and in compliance with the guidelines set forth by such.

Lifeguard Supervisor: \_\_\_\_\_

Lifeguard Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

# HSI CERTS REQUIRED



**American Red Cross**

**Certificate of Completion**

**Jennifer Hayes**  
has successfully completed requirements for

Administering Emergency Oxygen - valid 2 Years  
Bloodborne Pathogens Training - valid 1 Year  
CPR/AED for Professional Rescuers and Health Care Providers - valid 2 Years  
Asthma Inhaler and Anaphylaxis/Epinephrine Auto-Injector - valid 2 Years

conducted by  
American Red Cross

Date Completed: 07/22/2015  
Instructors: Jack Card



Certificate ID: GS2DAV

To verify, scan code or visit:  
[redcross.org/confirm](http://redcross.org/confirm)


**Certificate of Completion**  
**Jennifer Hayes**  
has completed the requirements for  
**First Aid**  
conducted by  
**American Red Cross**  
Date completed: 07/23/2015  
Validity period: 2 Years  
Certificate ID: GS2HIA



**American Red Cross**



Scan code or visit:  
[redcross.org/confirm](http://redcross.org/confirm)



**United States Lifesaving Association**  
**Jennifer Hayes**

---

is registered as an  
**USLA-Nj Open Water Lifeguard**  
**2015**


Class **P** Session \_\_\_\_\_

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**High Point**  
Beach Patrol

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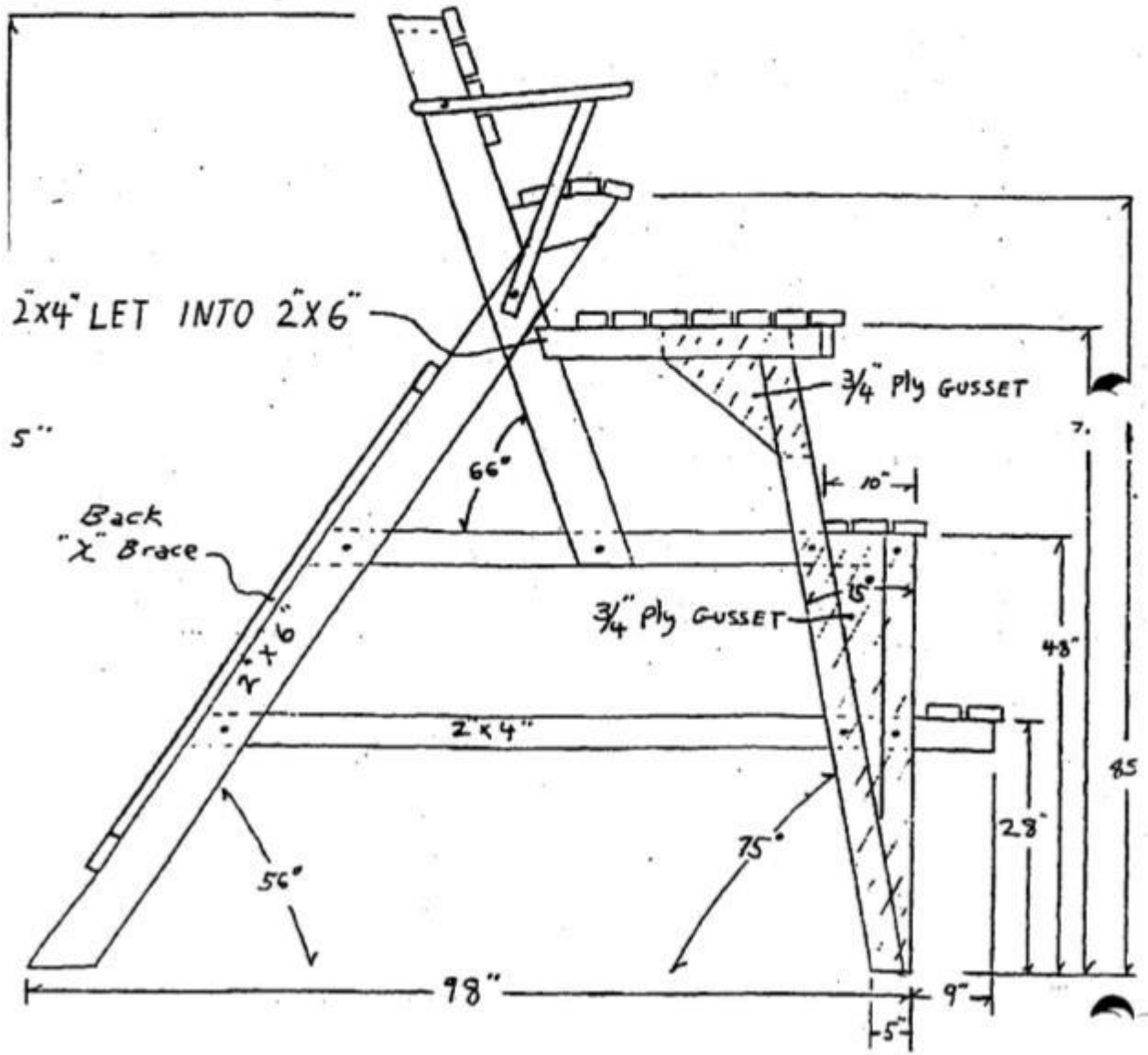
**USLA-New Jersey Certification Office**



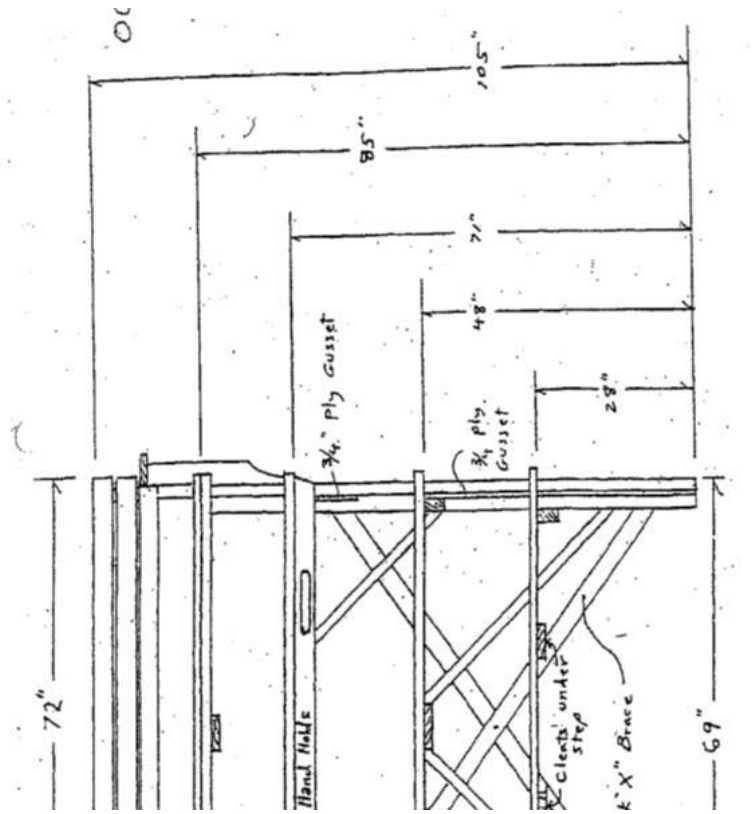
# OCEAN STAND

Side

$$\frac{3}{4}'' = 1'$$







**\*\*\* If you are interested in obtaining the plans for the freshwater lifeguard stand please contact Supt. Rebecca Fitzgerald at the High Point State Park office**

# Lifeguard Uniform Inventory and Request

Online spreadsheet will be maintained

| North           | Qty On Hand | Qty to Start Season | Qty to Order | Qty to Ship | Qty to/from other |
|-----------------|-------------|---------------------|--------------|-------------|-------------------|
| S Tshirt        |             |                     |              |             |                   |
| M Tshirt        |             |                     |              |             |                   |
| L Tshirt        |             |                     |              |             |                   |
| XL Tshirt       |             |                     |              |             |                   |
| XXL Tshirt      |             |                     |              |             |                   |
|                 |             |                     |              |             |                   |
| S Long Sleeve   |             |                     |              |             |                   |
| M Long Sleeve   |             |                     |              |             |                   |
| L Long Sleeve   |             |                     |              |             |                   |
| XL Long Sleeve  |             |                     |              |             |                   |
| XXL Long Sleeve |             |                     |              |             |                   |
|                 |             |                     |              |             |                   |
| Women's 28      |             |                     |              |             |                   |
| Women's 30      |             |                     |              |             |                   |
| Women's 32      |             |                     |              |             |                   |
| Women's 34      |             |                     |              |             |                   |
| Women's 36      |             |                     |              |             |                   |
| Women's 38      |             |                     |              |             |                   |
| Women's 40      |             |                     |              |             |                   |
|                 |             |                     |              |             |                   |
| S shorts        |             |                     |              |             |                   |
| M shorts        |             |                     |              |             |                   |
| L Shorts        |             |                     |              |             |                   |
| XL Shorts       |             |                     |              |             |                   |
| XXL Shorts      |             |                     |              |             |                   |
|                 |             |                     |              |             |                   |
| S women shorts  |             |                     |              |             |                   |
| M women shorts  |             |                     |              |             |                   |
| L women shorts  |             |                     |              |             |                   |
| XL women short  |             |                     |              |             |                   |
|                 |             |                     |              |             |                   |
| S Sweatpants    |             |                     |              |             |                   |

|                                    |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| <b>M Sweatpants</b>                |  |  |  |  |  |
| <b>L Sweatpants</b>                |  |  |  |  |  |
| <b>XL Sweatpants</b>               |  |  |  |  |  |
| <b>XXL Sweatpants</b>              |  |  |  |  |  |
|                                    |  |  |  |  |  |
| <b>S Hoodie</b>                    |  |  |  |  |  |
| <b>M Hoodie</b>                    |  |  |  |  |  |
| <b>L Hoodie</b>                    |  |  |  |  |  |
| <b>XL Hoodie</b>                   |  |  |  |  |  |
| <b>XXL Hoodie</b>                  |  |  |  |  |  |
|                                    |  |  |  |  |  |
| <b>Wide Hats</b>                   |  |  |  |  |  |
| <b>Baseball Hat</b>                |  |  |  |  |  |
| <b>Whistles</b>                    |  |  |  |  |  |
| <b>Lanyards</b>                    |  |  |  |  |  |
| <b>Glasses</b>                     |  |  |  |  |  |
| <b>Sunscreen</b>                   |  |  |  |  |  |
| <b>Rain Jackets</b>                |  |  |  |  |  |
|                                    |  |  |  |  |  |
|                                    |  |  |  |  |  |
| <b>S Tshirt - First-Aid</b>        |  |  |  |  |  |
| <b>M Tshirt - First-Aid</b>        |  |  |  |  |  |
| <b>L Tshirt - First-Aid</b>        |  |  |  |  |  |
| <b>XL Tshirt - First-Aid</b>       |  |  |  |  |  |
| <b>XXL Tshirt - First-Aid</b>      |  |  |  |  |  |
|                                    |  |  |  |  |  |
| <b>S Long Sleeve - First-Aid</b>   |  |  |  |  |  |
| <b>M Long Sleeve - First-Aid</b>   |  |  |  |  |  |
| <b>L Long Sleeve - First-Aid</b>   |  |  |  |  |  |
| <b>XL Long Sleeve - First-Aid</b>  |  |  |  |  |  |
| <b>XXL Long Sleeve - First-Aid</b> |  |  |  |  |  |

|                         |  |  |  |  |  |
|-------------------------|--|--|--|--|--|
|                         |  |  |  |  |  |
| <b>S shorts - EMT</b>   |  |  |  |  |  |
| <b>M shorts - EMT</b>   |  |  |  |  |  |
| <b>L Shorts - EMT</b>   |  |  |  |  |  |
| <b>XL Shorts - EMT</b>  |  |  |  |  |  |
| <b>XXL Shorts - EMT</b> |  |  |  |  |  |
|                         |  |  |  |  |  |
| <b>WSS Polo S</b>       |  |  |  |  |  |
| <b>WSS Polo M</b>       |  |  |  |  |  |
| <b>WSS Polo L</b>       |  |  |  |  |  |
| <b>WSS Polo XL</b>      |  |  |  |  |  |







**New Jersey Department of Health  
Public Health and Food Protection Program  
CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES**

|  |                        |  |
|--|------------------------|--|
| Municipality                                 | Local Health Authority | Date   |
| Name of Public Recreational Bathing Facility |                        |  |
| Dates of Operation                           |                        | Type of PRB Facility   |
| PRB Facility Location                        | Phone Number           | Special Exempt<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both |
| Owners Name and Address                      |                        | Phone Number   |
| Certified Laboratory                         | Phone Number           | Date of Last Sample  |
| Trained Pool Operator                        | Email Address          | Phone Number   |

**Codes:    X-Compliant    P-Pending    N/A-Not Applicable**

**PAPERWORK**

|                                       |  |                                      |  |
|---------------------------------------|--|--------------------------------------|--|
| TPO Certification No. and Exp. Date   |  | Log Book                             |  |
| Lifeguard Certifications Current      |  | Bonding and Grounding (5-year cert.) |  |
| Pro CPR Certifications Current        |  | Bonding and Grounding (Town)         |  |
| Aquatics Facility Plan                |  | CB-20 completed and submitted        |  |
| Water Sample(s) Results               |  | MSDS sheets for all chemicals        |  |
| Sanitary Surveys (N.J.A.C. 8:26-7.15) |  | Physical Hazards inspection          |  |

**GENERAL LAYOUT**

|  |  |   |  |
|--|--|---|--|
| Emergency Phone Numbers  |  | No Lifeguard on Duty Sign   |  |
| Pool/Natural Waters Rules Sign   |  | Adult Supervision Sign  |  |
| No Diving Signs  |  | Special Exempt Signs  |  |
| Caution Chemical Sign  |  | Spa Clock   |  |
| No Smoking Sign (Chem. Room)   |  | Spa Rules   |  |
| Depth Markings   |  | Diving Rules  |  |
| Entrance(s) Secure   |  | Cliff Jumps < 15'   |  |
| Floats and Fixed Platforms Permitted with LHA Approval                       |  | Equipment for continuous disinfect all types pool water and meet N.J.A.C. 8:26-3.22 |  |
| Diving stands, boards, ladders, stairs, all equipment maintained             |  | Pool chemicals stored, handled and used per manufacturer's instructions             |  |
| Water slides conform to CPSC and approved by LHA and/or NJDCA                |  | Anti-entrapment drain covers installed, all documentation on site                   |  |
| Rope drops, cliff jumping, and aquatic play equipment meet N.J.A.C. 5:14A-12 |  | Pool Floor (Clean and Visible)  |  |
| Surface area (Pool sq')  |  | Turnover Rate(s) (Pool)   |  |
| Volume (Pool)  |  | Pump Maximum Flow Rate(Pool)  |  |



|  |  |   |  |
|--|--|---|--|
| Name of Public Recreational Bathing Facility                           |  |   |  |
| <b>Codes:    X-Compliant    P-Pending    N/A-Not Applicable</b>        |  |   |  |
| <b>EQUIPMENT</b>   |  |   |  |
| Facility Phone   |  | Vacuum Equipment  |  |
| Guard (Uniform/Whistle)  |  | Skimmer Net   |  |
| DPD Test Kit   |  | # of Returns  |  |
| First Aid Kit  |  | Sight glass   |  |
| Rescue Tube(s)/LG  |  | Entrapment Issues   |  |
| Backboard  |  | Spa Requirements  |  |
| Straps   |  | Wading Pool Requirements  |  |
| Head Immobilizer   |  | Circulation System  |  |
| Shepherd Hooks   |  | Flow Meters   |  |
| Reaching Poles/Assist  |  | Continual Disinfection Device                                       |  |
| Safety Rope and Floats   |  | Secure Fencing  |  |
| Ring Buoys   |  | Self Close/Self Latching Gates                                      |  |
| Thermometer  |  | Diving Boards   |  |
| Goggles and Gloves   |  | Water Clarity   |  |
| Emergency numbers posted   |  | Lifeguard platforms or stands                                       |  |
| Paddle Rescue Device   |  | Emergency care room (500+)  |  |
| <b>GENERAL SANITATION AND MAINTENANCE</b>                              |  |   |  |
| Bathrooms (Cleaned and Stocked)  |  | Only unbreakable mirrors provided                                   |  |
| Separate BR facilities (each sex)                                      |  | Sanitary sewage and filter backwash waters handled properly         |  |
| Sanitary facilities maintained and constructed of impervious materials |  | Solid waste stored in watertight containers with tight-fitting lids |  |
| Floors have slip-resistant surface                                     |  | Potable water supply source and of safe and sanitary quality        |  |
| Suitable receptacles provided for paper towels and waste materials     |  | All buildings rodent and insect proofed                             |  |
| Soap dispenser provided, hot and cold water                            |  | Premises maintained to prevent the breeding and harborage of vermin |  |
| <b>CHEMICALS / DISINFECTANTS (POOLS)</b>                               |  |   |  |
| Free Chlorine (10 ppm max)   |  | pH (7.2 – 7.8)  |  |
| Total Chlorine (ppm)   |  | Total Alkalinity (60 – 180 ppm)                                     |  |
| Combined Chlorine ( $\leq .2$ )  |  | Calcium Hardness (ppm)  |  |
| Other Disinfectant   |  | Cyanuric Acid (10 - 100ppm) Outdoor                                 |  |

Name of Public Recreational Bathing Facility

**Codes:    X-Compliant    P-Pending    N/A-Not Applicable**

**SUPERVISION**

|                                   |  |                                    |  |
|-----------------------------------|--|------------------------------------|--|
| Operations supervised by an adult |  | Aquatics Facility plan executed    |  |
| Standard first aid and Pro CPR    |  | All lifeguards identifiable        |  |
| Pools have TPO, TPO onsite weekly |  | Lifeguards equipped with a whistle |  |
| Adequate number of Lifeguards     |  | Emergency Drills documented        |  |

**BATHING WATER QUALITY**

|   |  |  |  |
|---|--|--|--|
| Pool water approved water source            |  | Pool chemistry monitored (2 hrs)             |  |
| Water samples collected weekly              |  | Deaths/serious injuries reported             |  |
| 1 <sup>st</sup> sample failed warning signs |  | 2 <sup>nd</sup> sample failure closure signs |  |

**COMMENTS**

*I verify that the statements made in this form are true and accurate and this Public Recreational Bathing facility meets the requirements of N.J.A.C. 8:26 et seq. I understand that all the information provided, if falsified, can be used against me in court, by the authorities.*

|                        |                   |
|------------------------|-------------------|
| Signature of Owner/TPO | Title or Position |
|------------------------|-------------------|



New Jersey Department of Environmental Protection  
State Parks, Forests & Historic Sites  
State Park Service  
PO Box 420  
Mail Code 501-04  
Trenton, NJ 08625



I certify that I have read and understand the New Jersey State Park Service Lifeguard Manual for Administration and Procedures dated May 2023.

**Name:**

**Signature:**

**Date:**

**SPS Area:**