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This procedure is to be used in conjunction with the Emergency Action Plan (EAP). The following emergency situations are covered in the building Emergency Action Plan located in the Health & Safety Manual:
- Outbreak of fire
- Bomb threat
- Structural failure
- Emission of gases / toxic gases.
Responsibilities:

It is the responsibility of the Assistant Director of Sport - Operations to ensure that this procedure is implemented.

Detail:

Pool Normal Operating Plan

Plan of pool

Key:
- ![Pool phone](image)
- ![Fire Alarms](image)
- ![Rescue Equipment](image)
- ![First Aid Equipment](image)
- ![Space Blankets](image)
- ![Fire Exits](image)
Pool Dimensions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Length</td>
<td>25m</td>
</tr>
<tr>
<td>Width</td>
<td>9m</td>
</tr>
<tr>
<td>Shallowest depth</td>
<td>1m</td>
</tr>
<tr>
<td>Deepest depth</td>
<td>3.2m</td>
</tr>
<tr>
<td>Number of lanes</td>
<td>4 lanes</td>
</tr>
<tr>
<td>Surface water area</td>
<td>225m²</td>
</tr>
<tr>
<td>Ideal water temperature</td>
<td>28°C (83°F) – 29°C (84°F)</td>
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</table>

Maximum bather loads & Lifeguard Ratio’s
The following table, based on the available water surface area should be used as a starting point for calculating maximum bather loads for each pool.

Bather Loads for Specific Sessions:

<table>
<thead>
<tr>
<th>Unprogrammed Swimming</th>
<th>Max swimmers</th>
<th>Total Bathers</th>
<th>No. of Lifeguard's</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Quiet</td>
</tr>
<tr>
<td>General Swimming</td>
<td>81</td>
<td>81</td>
<td>1</td>
</tr>
<tr>
<td>Pool Surround</td>
<td></td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>

The above table should be used as a starting point when planning minimum numbers of lifeguards for unprogrammed sessions. A risk assessment must be completed and it may be appropriate to increase minimum numbers of lifeguards after consideration of the following factors:
- features of the pool design affecting lifeguard vision or access
- glare and reflection
- water turbulence
- crowded conditions (considering specific areas of the pool(s) in addition to total number of bathers)
- Pool equipment
- distractions from poolside activities, e.g. radios, ball games
- whether a lifeguard will be able to scan their zone of supervision within 10 seconds and be close enough to get to an incident within 20 seconds
- Where only one Lifeguard is on duty on poolside, a 2nd Lifeguard must be designated as ‘on call’ to respond immediately to the alarm and assist with any emergency.
Supervision of programmed activities
Where the risk is limited due to the nature of the activity and the degree of control exercised, the Teacher or Coach may provide the safety cover for their group. The following requirements must be satisfied:

The Teacher / Coach should:
- be teaching from the poolside, not in the water
- hold an appropriate teaching qualification
- be teaching a number of pupils within the relevant governing body maximum teacher:pupil ratios
- hold a current rescue qualification (e.g. ASA National Rescue Award for Swimming Teachers & Coaches (NRASTC) or Pool Lifeguard Qualification (NPLQ / NARS))
- have received induction training including PSOP, a test of rescue skills and CPR skills relevant to the age group they are teaching, wherever possible
- successfully complete refresher training and competency assessment including PSOP, a test of rescue skills and CPR skills relevant to the age group they are teaching at least once per term
- conform to the uniform policy.

The following must also be adhered to:
- A lifeguard must be designated as ‘on call’ to respond immediately to activation of the pool assistance alarm and assist with any emergency
- It should be noted that some sessions, which would normally be considered ‘programmed’ may on occasion become ‘un-programmed’
  - A common example might be at the end of a lesson when an unstructured ‘fun time’ or ‘fun session’ is provided
  - During these times, the session must be supervised in accordance with un-programmed supervision standards.

The following activities are classed as ‘programmed’ sessions:
- Swimming Lessons
- Swimming Club
- Canoeing Lessons
- Water Polo
- Lifeguard Training
- Sub-Aqua

Where a programmed session falls into one of the ‘high risk’ activities listed below, a specific risk assessment must be completed to assess the level of supervision required. This risk assessment must include reference to the relevant governing body recommendations.
The Assistant Director of Sport - Operations must ensure a risk assessment of significant hazards and identify appropriate control measures are carried out to include:

- Pool design, structures and features, including access to the pool
- Age, number and behaviour of bathers, users particularly at risk
- Hazards associated with each session type taking place in the pool
- Hazards to staff who are lifeguarding and hazards created by Lifeguards
- Inadequate or inappropriate supervision
- Prior health problems (e.g. heart trouble, impaired hearing or sight, epilepsy)
- Alcohol or food before swimming
- Youth and inexperience (half of those who drown are under the age of 15)
- Weak or non-swimmers straying out of their depth
- Unauthorised access to pools intended to be out of use
- Diving into insufficient depth of water (leading to head or spine injury)
- Unruly behaviour and misuse of equipment
- Unclear pool water, preventing casualties from being seen
- Absence of, or inadequate response by, lifeguards in an emergency.
**Child Admissions policy**

- **Children under the age of 8 years** must be accompanied by a parent or legal guardian or person aged at least 18 years.
  - This person may supervise a maximum of two under 8s.
  - This person must directly & adequately supervise under 8s at all times, in the water.
- Weak & non-swimmers will be asked to keep to areas of the pool with water depth less than 1.1m
  - Signs indicating this are displayed on Poolside to reinforce this and guide customers.
- Babies, small children or toddlers must not be left unsupervised in carriers or pushchairs on the side of the pool.
- Swim nappies must be worn by all children who are incontinent or not dry throughout the day:
  - These may be purchased at Reception.
  - Standard nappies are not suitable or appropriate.
- Children under the age of 8 may accompany adults in opposite sex changing and toilet areas:
  - Children over the age of 8 should not enter opposite sex changing or toilet areas.

**Unsupervised Child System of Work**

- The Reception Staff are responsible for ensuring all Children under the age of 8 are flagged up and only allowed admission with a parent or legal guardian or person aged at least 18 years.

- The parent or legal guardian or person aged at least 18 years will be advised of the admissions policy and asked to confirm they understand it. No children under the age of 8 years old must be left in the water unaccompanied.

- If any of the Lifeguard team suspects that any child appears to be under 8 years old and is unaccompanied in the water they will ask the age of the child and if under 8 ensure the responsible adult supervising them does so in the water.

- Lifeguards must seat any unaccompanied children on Poolside until such time as the accompanying adult returns to them or until another member of Staff arrives.

- Signage is displayed to this fact both at Reception and in the Changing Rooms.

- If the accompanying, adult following an initial warning, fails to provide appropriate supervision for that child the Duty Manager must be called to Poolside immediately to investigate. The Duty Manager will record in the Admissions Policy Log the customers’ name, the detail of what was discussed and the outcome reached.

- The Admissions Policy Log will be reviewed by the Management Team on a monthly basis in order to identify persistent offenders (more than 3 entries in any one 4 week period). Offenders identified as a result of this process will be referred to the Community Services Manager.

- The Community Services Manager will decide what action will be taken. The ultimate sanction may result in a ban being imposed. If a ban is introduced, Management, Reception and Pool Staff will be informed to ensure re-admission does not take place until after the ban has been lifted.
The following Child Admission Policy must be displayed at Reception & entrance to Poolside.

**General Admissions Policy**
- Persons who appear to be intoxicated by *alcohol or drugs* or not well enough to enter the water must be refused admission
- Food & Drink must not be brought onto or consumed on the poolside
- Plastic water bottles may be brought onto poolside for swimmers during coaching sessions, Lifeguards and Teachers to avoid dehydration
- Current or **recent illness** including respiratory problems, infections, digestive upsets and rashes are indications against participation
- Any person with a recent history of *diarrhoea* (i.e. within the last 14 days) should not be permitted to swim.

**Epilepsy**
- Where a customer has *epilepsy which is totally controlled by medication* and has been completely free from seizures for at least one year, no special precautions are necessary
- Customers with **uncontrolled epilepsy** and parents of children with uncontrolled epilepsy should seek their GP's approval for swimming and other forms of sports participation taking into account the following:
  - the type, severity and frequency of seizures
  - the presence or absence of warning signs
  - known trigger factors, (eg cold water, stress, excitement, noise or dazzling lights on the water surface)
- Swimming should only take place when:
  - accompanied by a person aged 18+ or parent having knowledge of the condition and able to recognise an attack
  - restricted to the companion's standing depth.
- Swimming should **not** take place if:
  - a person with uncontrolled epilepsy feels unwell
  - during ‘busy’ conditions in the pool.
People with Disabilities

- Customers who have **health problems or disability** may appear to pose a risk.
- Many persons will have been referred by a doctor for exercise and are often able to swim safely
- If in any doubt in their ability to safely participate in pool activities customers should seek advice from their GP

Dealing with the public

Communicating with customers

To supervise a pool properly requires being able to communicate with users, other Lifeguards and the management team.

Lifeguards posture, appearance, facial expressions and gestures communicate all kinds of messages. A friendly, firm and professional manner will get the most positive response.

In dealing with customers, especially where there is a potential discipline problem, the following should be considered:

- smile and appear approachable
- establish eye contact
- be courteous but firm
- give reasons for any warning or instruction
- avoid anger or inappropriate language
- never try to intimidate pool users
- above all, always remain calm and in control
- adhere to the Customer Charter.

Hand signals usually need to be followed by an explanation and **Whistles** are only effective if used in accordance with training.

Whistles

In order to raise the alarm on poolside to alert the bathers, all lifeguards must carry a whistle with them at all times. A whistle can also be used as an authoritative tool to solicit attention from bathers who may be acting in a dangerous manner that is a risk to themselves and / or other bathers. Lifeguards are reminded that risk prevention (i.e. intervening before a dangerous incident may occur) is level in importance as lifesaving itself.
The use of the whistle should be as follows:

- **One short blast:** Draws the attention of a bather
- **Two short blasts:** Draws the attention of another lifeguard
- **Three short blasts:** Indicates that a lifeguard is taking emergency action
- **One long blast:** Signals that the pool is to be cleared and attracts the attention of all bathers

Raising the alarm by way of three whistles should be used in any situation where a Lifeguard is taking emergency action (but may not include a lifeguard entering the water). This might be to ensure their area of the pool is supervised while they deal with a minor incident, or to summon assistance in the event of a major incident.

**Dealing with complaints**

Lifeguards must provide good customer care without compromising supervision of the pool. If a swimmer has an extended enquiry, comment or complaint Lifeguards should take the following action:

- position themselves to ensure the customer does not inhibit vision of his / her supervision zone
- explain that he / she is listening but is also responsible for supervising the pool
- contact the Senior Sports Office, Swimming Pool Coordinator or another Lifeguard
- to cover his / her supervision position or deal with the enquiry
Poolside rules during un-programmed sessions:

- diving is permitted in areas of the Pool with a depth of more than 1.5m & 7.6m forward clearance
- no unsupervised children under the age of 8
- no smoking
- no eating, drinking or chewing gum
- no running
- no fighting, pushing or throwing bathers
- no ducking
- no bombing, spins, somersaults, seat drops, running, jumps / jumping over other swimmers etc
- no gymnastics or acrobatics
- no petting
- No loose jewellery should be worn
- no excessive underwater swimming or hyperventilation (continuous lengths underwater):
  - ‘hyperventilation’ does not in fact increase oxygen but instead reduces carbon dioxide which would otherwise stimulate breathing
  - This can cause bathers trying to swim distances underwater may lose consciousness without warning
- no face masks or snorkels in public sessions
- no diving bricks to be used in public sessions
- T-shirts are not allowed whilst swimming in the Pool (unless for medical or training purposes).
- Flippers are only allowed for training in laned areas, at the discretion & with prior permission of the Senior Sports Officer or Swimming Pool Coordinator
Pool supervision

Duties and responsibilities

The key functions of the Lifeguard whilst supervising the pool are:

- keep a close watch over the pool and the pool users, exercising the appropriate level of control
- be able to supervise the pool from the correct Lifeguard positions
- remain on Poolside at all times whilst the pool is in use
- communicate effectively with pool users and other staff
- be alert and be seen to be alert
- anticipate problems and prevent accidents
- intervene to prevent behaviour which is unsafe
- identify emergencies quickly and take appropriate action
- effect a rescue from the water
- give immediate first aid to any casualty
- enforce the pool rules and admissions policy
- be punctual
- carry out swimmer head counts
- conform to the uniform policy, including t-shirt, shorts, whistle & radio.
- be fully aware of the contents of the PSOP & act accordingly.

Whilst supervising the pool, Lifeguards must not:

- take part in prolonged social conversations with staff or customers:
  - if prolonged, direct customers the Senior Sports Officer or Swimming Pool Coordinator giving due consideration to customer care
  - at no time should Lifeguards be stood together chatting, unless exchanging information during changeover
- allow their attention to be drawn from the pool
- leave poolside or their area of supervision unattended
- bring food or drink (except plastic water bottles) on to poolside
- Deface any Pool Safety documentation.

Instructors or Teachers who provide the safety supervision for their group during programmed sessions must also wear shorts and T-shirt and carry a whistle and radio.

Requirements of a Lifeguard

Prior to undertaking duties Lifeguards on Poolside must:

- successfully complete a nationally recognised pool lifeguard qualification and produce evidence of this qualification
- successfully complete an assessment of lifeguard skills covering lifeguard theory, water skills, first aid and resuscitation

In order to perform the duties set out above Lifeguards must maintain the skills and fitness to be able to perform their duties at all times, in particular lifeguards must:
- be physically fit, have good vision and hearing, be mentally alert and self disciplined
- be strong, able and confident swimmers
- maintain a current, nationally recognised pool lifeguard qualification
- attend and successfully complete each module of the ongoing Lifeguard training and competency assessment every month.

**Lifeguard fitness**

Lifeguards working on Poolside must be able to perform the following basic fitness test at any time:
- jump or dive into the pool in deep water
- swim 100 metres on their back without stopping
- swim 50 metres within 60 seconds
- surface dive to the deepest part of the pool
- climb out of the pool unaided, without using steps or ladder

Lifeguards must alert the Senior Sports Office or Swimming Pool Coordinator, if they have any medical condition (including any medication which might impair concentration or alertness) which may affect their ability to perform their duties.

**Systems of work**

**Lines of supervision**

- Assistant Director of Sport – Operations
- Senior Sports Officer
- Swimming Pool Coordinator
- Sports Officer on pool duty
- Lifeguards

**Swimmer head counts**

- A swimmer head count must be completed every 30 minutes
- The head count should be completed during programmed and unprogrammed sessions and must be recorded
- If the pool is closed for any reason this should be indicated on the form rather than leaving a blank.

The sequence for headcounts will be as follows:
- The oncoming Lifeguard must carry out the head count prior to taking over lifeguarding duties
Record the head count on the sheet located at the Lifeguard chair
Once this is complete, the Lifeguard rotation can then take place.

Supervision zones

The Pool employs the ‘Combined’ scanning system, which includes both Intensive & Extensive scanning.

The pool is divided into zones, with each one scanned constantly by the Lifeguard allocated to it. This means that the Lifeguard is:
- responsible for fewer pool users
- nearer the people they supervise
- can concentrate on a more manageable area
- can rotate between zones to keep alert and prevent boredom.

Because the whole pool area needs to be watched, Lifeguards need to work as a team. Incidents identified in another zone or the presence of high risk swimmers need to be communicated to other members of the team.

As well as the swimming area itself, zones include steps, ladders, walkways and entrances and the poolside itself.

Work rotation

Rotation between positions, variation in duties and breaks away from the poolside are vital, regardless of whether the pool is busy or quiet.

Quiet conditions (1 Lifeguard)
- Rotation time 30 mins
- Rotation A → off pool
Normal conditions (2 Lifeguards)
- Rotation time 30 mins
- Rotation A → B → off pool

Busy conditions (3 Lifeguards)
- Rotation time 30 mins
- Max. work time on Pool 90mins

Maximum poolside working times
- The Centre’s normal work rotation is 30 minutes on poolside, then 30 minutes off
- The Work rotation for periods of duty on poolside must not exceed 90 minutes
- Rotation from poolside will involve duties in other areas and allocation of breaks, in accordance with the Working Time Directive (WTD).

Operational systems

Controlling access to pool(s) intended to be out of use

When the Pool is not in use it is to remain locked. The following doors must be locked:
- Main gates

First aid supplies and training

Those holding a current National Pool Lifeguard Qualification (NPLQ) are able to give immediate first aid in the event of an injury to a swimmer or other emergencies, in accordance with their training.

Supplies
- A fully-equipped First Aid box is located at Reception
Where treatment is required, the Reception Office can be used as a First Aid Point in which to treat someone.

Minor incidents such as cuts and knocks may be dealt with on poolside as long as care is taken to comprehensively disinfect any spillages of blood.

**Details of emergency equipment and maintenance arrangements**

**Pool Rescue Equipment**
The following rescue equipment is available by the poolside:
- Throw bags
- Torpedo Buoys
- Reach poles
- All Pool Rescue Equipment **must** be checked daily & recorded.

All Lifeguards must receive training and competency assessment in the correct use of all rescue equipment provided as part of their Monthly Lifeguard training.

**Hire to outside organisations**

Procedures and conditions of hire to outside organisations is defined within the Pool Hire Procedure.
Pool Emergency Action Plan

Minor emergencies

A minor emergency is an incident which, if handled properly, does not result in a life threatening situation. It will normally be dealt with by the nearest Lifeguard as follows:

- Lifeguard is made / becomes aware of an incident
- Lifeguard notifies others in the team that they have to respond to an incident by initiating **2 whistle blasts**
- Other Lifeguards(s) are summoned to cover Lifeguard dealing with incident
- Lifeguard involved administers immediate aid or provides appropriate assistance
- Lifeguard completes incident / accident reports
- Lifeguard returns to duty.

Major emergencies

A major emergency is one where an incident occurs resulting in a serious injury or life threatening situation. A major emergency follows a general pattern & can include discovery of a casualty in the water:

- Lifeguard is made / becomes aware of an incident
- Lifeguard notifies others in the team that they have to respond to an incident by activation of the pool alarm or three blasts of the whistle
- On hearing 3 whistles, the Lifeguard must stop any further admissions to the pool and wait instructions from the Senior Sports Officer or other person in charge
- Lifeguard initiates rescue / first aid and removes casualty from the danger area
- Support staff clear the pool and assist with rescue / first aid as necessary
- Support staff should ensure that a crowd does not gather around the casualty
- The most senior member of staff will instruct the Lifeguard to call an ambulance and designate one member of staff to meet the ambulance at the main entrance and take them directly to the scene of the incident
- As soon as possible after the incident all staff involved must complete a Witness Statement
- As soon as possible after the incident the most senior person on duty must complete an Incident Report or an Accident Report Form
- Senior Sports Officer must inform the Assistant Director of Sport - Operations
- The Assistant Director of Sport - Operations will determine when the pool will be re-opened to the public
- A counselling service is available to all staff involved in the incident.
Serious injury to a swimmer

Head Injuries
- All head injuries are to be treated as serious injuries, delayed compression injury may lead to unconsciousness
- An ambulance should be called by the most senior person on shift
- Under no circumstances should the casualty be permitted to return to the pool even if they appear well.

Secondary Drowning
- Any casualty who has needed assistance from the water may have inhaled a small amount of water placing them at risk from secondary drowning for up to 72 hours after the incident
- It is impossible for pool staff to assess whether a casualty is likely to suffer from this potentially fatal condition and therefore all such casualties must be transferred to hospital immediately
- As much assistance as possible should be given to the casualty and persons accompanying them
- This may include use of the telephone and assistance with looking after children
- Staff have the responsibility to treat casualties prior to the arrival of an ambulance crew arriving
- The ambulance crew have full responsibility to transport unaccompanied children to hospital and it should not be necessary for a member of staff to accompany the casualty in the ambulance.

Aquatic Spinal Cord Injury Management (SCIM)

The serious consequences of damage to the central nervous system means that careful handling, lifting and moving are crucial when dealing with spinal injuries.

Incident management priorities:
1. save a life – airway, breathing, circulation (ABC)
2. stabilise the casualty’s head
3. maintain their horizontal position
Suspected Spinal Cord Injury

- In the event of a suspected spinal cord injury, all activities must be stopped immediately and the pool cleared
- Lifeguards must manage the situation in accordance with their ongoing training
- As a spine board is not available, or in the event of the urgent need to remove the casualty from the water (e.g., when the casualty does not have signs of circulation / breathing), the casualty should be removed using a horizontal lift
  - Removal cannot be carried out, except with very small casualties, unless there are at least two Lifeguards and two trained persons in the water and a further trained person on the poolside
  - Lifeguards may have to use an assisted lift to quickly remove the casualty and commence CPR
  - To do this, customers or other staff may be asked to assist under the direct supervision of the Lifeguard on duty.

Aftercare

- Casualties who have been immobilised in the water are likely to suffer from onset of hypothermia; injuries to the cervical spine frequently lead to a failure of the body’s temperature regulation system which will speed up this onset
- Once on the poolside casualties with spinal injury should be wrapped in dry, heat retaining material / space blanket to prevent heat loss
- Unnecessary movement should be avoided; there is no need to recover a casualty to a first aid room unless the poolside presents further risk.

Overcrowding

- Lifeguards must carry out head counts every 30 minutes of the number of swimmers in the water
- If the number is approaching the maximum bather load the Senior Sports Officer or Swimming Pool Coordinator must be informed immediately so that steps to prevent overcrowding may be taken
- If at any time the maximum number of swimmers has been reached, the Swimming Pool Coordinator or Senior Sports Officer should be alerted so that further admissions can be halted
- After numbers have reduced the Swimming Pool Coordinator or Senior Sports Officer will advise the Lifeguards to restart admitting customers.
Disorderly Behaviour

Any behaviour, which is likely to cause a nuisance or is dangerous to other customers, shall be stopped immediately.

Customers **must** be spoken to in an assertive manner indicating reasons why the behaviour is inappropriate:

- If the behaviour persists, further warnings must be given
- Arguments must be avoided
- If the warnings have no effect, or if the behaviour becomes serious, the Swimming Pool Coordinator or Senior Sports Officer **must** be called to assess the situation and ask the offender(s) to leave the Pool, if deemed necessary
- Continuation of the offence could lead to the Swimming Pool Coordinator or Senior Sports Officer calling the Police.

Lifeguards must not be drawn away from their principal duty of pool supervision.

Lack of water clarity

- A reduction in clarity prevents pool users from assessing the depth of the water and may prevent Lifeguards seeing a casualty below the surface of the water
- The clarity of the pool water should be constantly monitored
- If the pool water clarity begins to deteriorate, Lifeguards must contact a Senior Sports Officer or Swimming Pool Coordinator immediately
- The Senior Sports Officer or Swimming Pool Coordinator shall carry out a water test, check the pool plant and initiate any corrective action
- If corrective action is not possible or effective quickly, the Senior Sports Officer or Swimming Pool Coordinator will stop all further admissions and decide whether it is safe for the pool to remain open
- Clarity may be assessed by throwing a training manikin into the water and determining whether it is visible on the bottom in the deepest part of the pool and in the area of poorest visibility
- If the training manikin cannot be seen, Lifeguards shall clear the pool immediately
- One long whistle blast supported by an announcement by the Lifeguard is the most effective approach
Total power failure

- If the power is lost to the whole building (including the pool plant), the Senior Sports Officer or Swimming Pool Coordinator will need to investigate (as above)
- If a full evacuation is necessary, the Senior Sports Officer or Swimming Pool Coordinator will initiate this immediately
- The Senior Sports Officer or Swimming Pool Coordinator will then need to close down the pool circulation (as per the Backwash procedure), to prevent the water quality being affected.

Dealing with blood, vomit and faecal fouling

Blood and vomit

- If substantial amounts of blood (or vomit) are spilled into the pool, it should be temporarily cleared of people, to allow the pollution to be cleared and any infective particles within it to be neutralised by the disinfectant in the water
- After clearing the pool, the Senior Sports Officer or Swimming Pool Coordinator or Lifeguard will immediately carry out a pool test to establish that disinfectant residuals (free and combined chlorine), and pH are within recommended ranges
- If these tests are satisfactory the pool can be reopened
- Any blood spillage, vomit, faecal fouling on the poolside should be covered with paper towels, gently flooded with disinfectant / Pool water and left for at least two minutes before it is cleared away
- The affected area can then be washed with pool water
- The person clearing up the spillage must wear gloves and suitable footwear
- The paper towels and gloves should be disposed of in a hazardous waste container.

Solid stools

It is essential that solid stools are retrieved quickly to prevent them breaking up and resulting in an extended pool closure.

- Clear the pool of swimmers immediately
- Using the scoop provided on poolside the Lifeguard identifying a possible stool must quickly retrieve the offending item
- The stool should be disposed of in the toilet and the scoop disinfected.
- After dispersion the Senior Sports Officer or Swimming Pool Coordinator will immediately carry out a pool test to establish that disinfectant residuals (free and combined chlorine), and pH are within recommended ranges.
- If these tests are satisfactory the pool can be reopened.
Stools which break up
Normal pool disinfection will destroy the bacterial and viruses associated with stools, however if a stool has broken up it is difficult to ensure all of the bits have been removed:

- Clear the pool of swimmers immediately
- Using the scoop provided on poolside remove as much of the faecal material as possible
- The stool should be disposed of in the toilet and the scoop disinfected.
- Advise swimmers to shower thoroughly (although not in pre-cleanse showers using pool water)
- Increase disinfectant levels to the top of the recommended range
- Vacuum and sweep the pool
- Backwash the filter(s)
- The Senior Sports Officer or Swimming Pool Coordinator will immediately carry out a pool test to establish that disinfectant residuals (free and combined chlorine), and pH are within recommended ranges.
- If these tests are satisfactory the pool can be reopened.

Diarrhoea
- The likeliest cause of diarrhoea is a virus or bacteria that is susceptible to the normal disinfection of the pool
- These are inactivated within a matter of minutes
- However, the other possibility is that the diarrhoea is from someone infected with Cryptosporidium or Guardia
- The infectious stages of these parasites are resistant to chlorine disinfectants and therefore their removal relies on filtration, which will take a number of hours.

The following action must be taken before the pool can be reopened:

- Clear the pool of swimmers immediately
- Advise swimmers to shower thoroughly (although not in pre-cleanse showers using pool water)
- Increase disinfectant levels to the top of the recommended range
- Vacuum and sweep the pool
- Using a coagulant, filter the water for a minimum of six turnover cycles, backwash the filter(s), which is a minimum of 18 hours
- The Senior Sports Officer or Swimming Pool Coordinator will immediately carry out a pool test to establish that disinfectant residuals (free and combined chlorine), and pH are within recommended ranges.
- If these tests are satisfactory the pool can be reopened.

For specific details of filtration times, disinfectant levels, vacuuming and backwashing refer to the Pool Water Treatment Procedure.
Review:

The PSOP will be reviewed annually and revised if necessary:
- with the installation of new equipment
- after a major incident (e.g. accident requiring hospitalisation or near drowning)
- following the identification of a trend of minor accidents.
- structural change.

Any revisions to the PSOP must be communicated to all staff and outside organisations:
- the Assistant Director of Sport - Operations will deliver update training to all relevant staff. This training must be recorded.
- Outside organisations must be issued with a summary copy of the PSOP.
- A signed confirmation of receipt and understanding of the updated procedure must be returned.

Lifeguards, Duty Managers & Swimming Teachers must also receive annual update training on the PSOP.

Internal Forms:

- Notices displaying Pool Rules and Child Supervision Policy
- Bather Headcount Form
- Duty Manager Checklist
- Weekly Health & Safety Checksheet
- Summary PSOP for Outside Organisations.

Sources of Information:

- Health & Safety Executive (HSE) ‘Managing Health & Safety in Swimming Pools’ 2003 HS(G)179
- RLSS ‘The Lifeguard’