

Emergency Action Plan (HSG 179 47-53)

Overcrowding – HSG 179 para 202

Overcrowding is at the point at which pool capacities are approaching maximum bathing loads as detailed in the NOP section 2.

Should this number be exceeded, there is the potential for additional risks to be introduced that may not be adequately controlled.

The solutions could vary according to the circumstances. This would include:

- Restricting admissions
- Ask patients to leave the pool

1 Lines of Communications

Communication is key if overcrowding occurs. The first instance is for the ER Pool Responder on poolside is to restrict further admissions and then to get in contact with the Line Manager to inform them of the situation if necessary. It is the Line Managers responsibility to pass on all information to the rest of the team.

1.1 Employee Roles and Responsibilities in the Event of Overcrowding

In the event that the number of swimmers exceeds the maximum (Set out in the NOP); the matter must be referred to the Head Physio/Line Manager who must take the following action:

Inform the Physio & Gym Team who in turn:

- Stops allowing people in if still coming, immediately
 - Inform users that the pool is at capacity and that you will inform them at the estimated waiting time when you have confirmed details with the Head Physio
 - Keep in contact with Head Physio/Line Manager for full details to pass information on to patients

1.2 Access Control

It is the Head of Physio responsibility to allow access / stop access to the facility. If there is overcrowding the Line Manager will be the person responsible to instruct the Head of Physio to allow/stop admission.

1.3 Stopping Access

In the event of access having to be stopped the ER Pool Responder will contact their Line Manager in the first instance when gathering information on bather numbers and if the facility is at capacity, if the facility is found to be at capacity the Head of Physio will inform them to stop admission and to start a waiting list.

It is the overall responsibility of the Head of Physio/Line manager to inform the team and keep them updated on access control.

1.4 Management of Numbers in Changing Rooms

The changing rooms need to be checked before asking people to leave poolside to establish how many admissions.

Changing rooms will need to be managed if large numbers of customers leave the pool at the same time.

If possible filter the customers in to the changing area, small numbers at a time.

If there are large numbers in the changing rooms the Head Physio/Line Manager will make the decision whether or not to add a member of staff to police the area.

1.5 Emergency Action

Emergency action will follow the guidelines set out in this documentation along with the guidelines set out by the STA Pool Responder Qualification.

1.6 Crowd Management

Should the swimmer/s be asked to wait on poolside, the Head Physio/Line Manager must consider whether any measures need to be taken to ensure their safety when they have access to the water (e.g. supervision by a ER Pool Supervisor).

Disorderly Behaviour

Employees and patients, who are potentially 'at risk' of either verbal or physical abuse, have a right to be assured that all action that is reasonably practicable, is being taken for their protection. To determine whether the potential for violence exists within the facility a risk assessment is to be done to establish who may be 'at risk'. See 'Risk Assessment folder'.

2 Action to Take for Disorderly Behaviour

If a patient or member of the public becomes unruly or disorderly, initially approach the situation tactfully and diplomatically.

Try to avoid losing your temper or shouting. Be aware that abusive or offensive behaviour can lead to assault.

If a patient refuses to be pacified, call the Head Physio/ Line Manager immediately. If they are in the pool, clear other patients from the pool since your attention is being drawn away.

If the above have been attempted and the patient is still disorderly / unruly the police must be called.

2.1 Employee Roles and Responsibilities in the Event of Disorderly Behaviour

Avoid situations where all the ER Pool responders are dealing with the situation unless the pool has been cleared. The person who was first on scene would be dealing with the event but the Head Physio/Line Manager would also need to be contacted.

2.2 Who to Contact Internally and Externally Should Disorderly Behaviour Occur

The Head Physio should be contacted at the earliest stage. If the Head Physio is not available or the situation has worsened, then another member of the management team and/or the police must be contacted.

2.3 Physical Violence

In the first instance physical violence from any member of staff is not accepted. If an employee is physically attacked by another employee or the public; the Head Physio / Line Manager should be contacted. Witness statements should be taken from anyone that saw the event along with the people involved. If the situation worsens to the extent of being uncontrollable the police should be called.

Please refer to PTC Workplace Policy & Stress Management Policy.

2.4 Threat of Violence

Any threat of violence should be treated with the upmost importance. Follow the procedure in 2.

2.5 Violence to Employees

Any violence to employees by employees or by anyone else is treated with the utmost importance. Follow the procedure in 2.

2.6 Sexual Assault

A sexual assault has been committed when an individual engages in sexual activity without the explicit consent of the other individual involved. Sexual activity is any touching of a sexual or other intimate part of a person for the purpose of gratifying sexual desire of either party. This includes coerced touching of the attacker by the victim as well as the touching of the victim by the attacker, whether directly or through clothing.

As a member of employee you need to report this to your Head Physio/ Line Manager, if you would prefer you can contact another member of the management team regarding the matter. You also need to record the incident and keep records. Consider calling the police as sexual assault is a crime.

2.7 Child Protection

See policy in NOP 4.4

2.8 Managing Victim, Friends and Relatives

The Charity provides one off counselling or confidential support. But if necessary the charity can provide up to 6 sessions privately and if appropriate. Please contact the Head Physio / Head of HR for full details.

Lost Child

3 Action to Take in the Building

PTC Harrogate have a no child policy on site during their operating hours. External hires may have children on site and will provide PTC Harrogate with their own Lost Child procedure – see Brightwater Missing Persons policy (kept in purple folder with Gym Supervisor)

Lack of Water Clarity

4 Lines of Communication

Inform the Head Physio/Gym Supervisor/ Pool Plant Operators and/ or maintenance team and inform the rest of the team to suspend further admissions to the pool halls.

4.1 What Constitutes Poor Visibility?

If the ER Pool responder cannot see the entirety of their zone. The standard test is for the ER Pool responder to stand at the shallow end ER Pool responder position and if he/she cannot see the whole of the bottom of the pool then this is construed to be poor visibility.

If the above test is unsuccessful the ER Pool responder should clear the pool straight away.

The fitness team should check if the Chemical balance is correct and in the extremities, below are the boundaries of the chemicals.

Chlorine: 0.8 – 3.5ppm

Ph.: 7.2 – 7.8

4.2 Immediate Action if Visibility and Safety is Compromised

Should the water clarity suddenly deteriorate, preventing the bottom to be clearly seen, immediately clear the pool. Inform the Gym Supervisor, maintenance team and Head Physio and suspend further admissions until the clarity improves sufficiently and a pool water quality test has been carried out. If you have reason to suspect deteriorating water quality, take a sample and carry out the set water testing procedures.

4.3 Pool Evacuation and or Closure

The ER Pool responder(s) on duty will ask people to clear the pool. This will also get the attention of other members of staff within the facility who will come and assist. The Head

Physio / Gym Supervisor has the final say on whether the pool is to be closed for a period.

Fire and Evacuation Procedure

5 How to Raise the Alarm

6 x break glass points around the main pool, gym and physiotherapy department areas.

5.1 Controlled Evacuation of Building

See PTC Fire Policy

5.2 Evacuation of Bathers

See PTC Fire Policy

5.3 Assembly Point

See PTC Fire Policy

5.4 Managing Bathers (including accessible swimming requirements)

See PTC Fire Policy

5.5 Contacting Emergency Services

See PTC Fire Policy

5.6 Employee Roles and Responsibilities in the Event of a Fire or Building Evacuation

See PTC Fire Policy & refer to e-learning

5.7 Personal Safety

If there is a fire in the plant room **DO NOT ENTER**, wait for the Fire Brigade. There are a number of fire Extinguishers located around the building. Employees need to remember where they are and for what use:

Remember the Extinguisher Colour Code (all extinguishers are now RED with coloured squares): -

- Red + Red square = Water (use only on solid materials NEVER electrical)
- Red + Black Square = Carbon Dioxide (use on electrical fires)
 - Leisure Pool Plant Room
 - Leisure Pool Steps
 - Hydrotherapy External Exit Door (Outside)
 - Physio Dept Fire Exit Door
 - Outside Physio Dept Doors
- Red + Blue Square = Dry Powder (use on electrical fires)
 - Hydrotherapy External Exit Door (Outside)
- Red + Cream Square = Foam (use on chemical or oil fires)
 - Outside Physio Dept Doors

5.8 Access and Arrival of Emergency Services

See PTC Fire Policy

Bomb Threat & Firearms or Weapons Attack

6 Action to Take if You are Alerted to a Bomb Threat

- Contact the Head Physio & Centre Manager
- Put in place the evacuation procedure (refer to the Emergency Threat Procedure & E Learning)
- Employees to complete a building check but NOT to open or move any suspect packages
- Inform the emergency services
- Do not enter the building again until given the clear by the emergency services
- Once the building has been cleared, the Centre Manager will complete a RIDDOR form and make a written statement.
- Employees must not give statements to the media or members of the public
- Employees must not comment on any event on their own or others social media sites

6.1 Lines of Communication

As soon as the alarm has been raised that we have a bomb threat the Head Physio / CEO/ Centre Manager must be told. The Head Physio / Line Manager will inform the whole team what to do and then phone the emergency services if this hasn't already been done by reception.

6.2 Evacuation Procedure

The ER Pool responder(s) will clear the pool, lining them up next to the poolside fire exits. The ER Pool responder will also check the changing rooms once everyone is out of the pool – if there is a spare member of staff, they will do this check while the pool is being cleared.

On poolside and in the physio store cupboard there are foil blankets/flip flops & dressing gowns on to be handed out to patients when there is a full evacuation of swimmers.

The assembly point is in the car park clearly marked. If there is a risk of a bomb located within the car park or risk of further weapons attacks on customers such as using a vehicle on pedestrians the secondary assembly point is to be used, which is located outside Harrogate Spa Water Site.

If evacuation is NOT an option due to armed persons/vehicles externally, employees are to hide (with patients where possible) in an area with access locks where unauthorised persons cannot access; e.g. plantroom, poolstore, physio treatment rooms – see emergency threat procedure

6.3 Suspicious Packages Procedure

Employees and patients are NOT to move or look in the package. The Evacuation procedure is to be followed and then the emergency services to be contacted.

6.4 Employee Roles and Responsibilities in the Event of a Bomb Threat

ER Pool responder(s): Clear the pools and get ready to complete a full evacuation.

Head Physio: Be in contact with staff members, complete a department check and be in touch with the centre Manager to contact emergency services

6.5 Who to Contact Internally and Externally Should a Bomb Threat be Received

Inform the CEO & Centre Manager (or their deputy in their absence) of any emergency threat.

6.6 Access and Arrival of Emergency Services

The Fire Officer / Police Officer should be met and briefed by the senior employee.

The senior employee will give the emergency services the emergency/fire box located in the reception area and give them as much information about the package/ building they require.

The emergency services will have full access to all areas of the facility.

6.7 Firearms or Weapons Attack

In the rare event of a firearms or weapons attack, the following is to be followed:

RUN to a place of safety. This is a far better option than to surrender or negotiate. If there is nowhere to go then...

HIDE – It's better to hide than to confront. Remember to turn your phone to silent and turn off vibrate, this includes walky-talkies. Barricade yourself in if you can. Then finally and only when it is safe to do so...

TELL the police by calling 999.

Remember your own safety comes first; complete the above steps before trying to help others out of the building or to hide inside. If you can run away safely, it means someone is available to inform the police. In these circumstances, employees can allow access to the plant rooms for exit route out of the plant room fire exit or for safe areas to hide.

Lighting/Power Failure

7 Action to Take During the Day

ER Pool responder(s) should clear the pool and changing rooms, moving customers to the exit doors and maintaining calm and order and then inform the Head Physio/Line Manager. The Head Physio/Line Manager has to check the pool(s) to see if all corners can be seen along with the whole of the bottom, from the normal ER Pool responder positions. If everything can be seen as normal, the Head Physio/Line Manager will decide whether another ER Pool responder is required to allow the patients back in.

If there are any areas that are not visible due to the lack of light the patients are not allowed back in until normal illumination is present.

7.1 Action to Take During the Night

Same as above.

7.2 Controlled Closure

The ER Pool responder(s) will clear the pool and get all patients to leave the area. Other employees will check and empty the changing rooms.

Other employees should clear the offices, fitness area, sports hall, spin studio, rehabilitation studio and sports hall toilets. Turn off any electrical appliance that you have been using.

7.3 Emergency Lighting

In the event of a full power failure, emergency lighting will automatically come on. The pool emergency lights will stay on for a period of 12 hours minimum after a power failure. (This is tested every month internally and externally every 12 months.)

7.4 Contacting Energy Suppliers/Utility Companies

Contact details of each supplier/Contractors used are within the fire/emergency box found in reception and in the out of hours PTC policy.

7.5 Management of Pool Plant Room Post Power Failure

Following a power failure there is a risk of generation and emission of lethal chemicals into the pool and pool environment. The pool pumps must not be restarted with bathers in the pool. The area must be cleared and sealed off while pumps are restarted. The pool must be tested for appropriate chemical levels and bathers will only be readmitted once the pool plant operator declares it safe to do so.

Structural, Component or Equipment Failure

8 Minor and Major Structural Failure

In the event of a structural failure minor or major the Centre Manager/CEO must be contacted on site first. The Centre Manager/CEO will make the decision if the building is required to be evacuated.

Depending on the extent of the failure and where it is located within the facility it may be possible to close off the failed area, keeping other areas open for access to the patients without a higher risk to their health – this decision is down to the Centre Manager/CEO. If in any doubt the facility should be fully evacuated.

8.1 Evacuation Procedure

Evacuation procedure is followed as in section 7.2. However if the area is affected by failure, customers should be evacuated by another direction.

8.2 Lines of Communication

The Head Physio should be contacted in the first stages of the failure if in the physiotherapy or gym areas. The Head Physio must then contact the Centre Manager and or CEO informing them what has happened and if the facility is required to close.

If any contractor's/emergency services need contacting it is the Centre Manager/ CEOs responsibility to do so.

Toxic Gas Emission and Contact with Chemicals

Protective clothing should always be worn when handling chemicals.

In the event of leakage or major spillage, try to prevent chemicals mixing as other more harmful substances or gases can be produced. The most common incident involving chemicals at a swimming pool to reach national press are when bleach (sodium hypochlorite) and an acid mix together which produces chlorine gas. Both of these chemicals are used in the plant room and form the principal water quality treatment.

With any large spillage always refer to the data sheet. Data sheets for cleaning chemicals are displayed in the COSHH assessment sheets file in the Head Physio office & Nurses Surgery, and in the gym. Plant room chemical data sheets are displayed in the plant rooms and the appropriate places where the chemicals are stored and used.

Always follow the COSHH (Control of Substances Hazardous to Health) data sheets and familiarise yourselves with any chemical that you have not used before. Ensure that the right chemical is used for the right job. If in doubt, ask.

ALWAYS WEAR PROTECTIVE CLOTHING, FACE MASKS, GLOVES AND GOGGLES, particularly when handling sodium hypochlorite, sodium bisulphate or any strong cleaning chemicals. Each COSHH data sheet will inform you of what PPE you should be wearing.

ONLY AUTHORISED PERSONS TO ENTER THE PLANT ROOM.

NEVER MIX CHEMICALS.

ALWAYS READ LABELS.

ALWAYS RINSE BUCKETS.

ALWAYS KEEP CHEMICALS IN LOCKED STORES.

ALWAYS FOLLOW THE INSTRUCTIONS.

Natural Gas Leak

Should a leak be detected or a need to isolate the incoming supply of natural gas to the boilers the following emergency shut off points can be used:

- Location of the Emergency cut off button is in the emergency box in reception
- Location of the Emergency shut off valve is in the emergency box in reception
- Think about evacuating the building and car park if necessary or by the advice of the gas board and emergency services.

9 Evacuation Procedure

ALWAYS CONSIDER EVACUATING THE BUILDING - Follow procedure in 7.2

9.1 Lines of Communication

The Head Physio/ Line Manager/Centre Manager/Maintenance should be contacted in the first stages, the emergency box located in reception has all of the relevant information in it.

9.2 Information Required for Emergency Services

All information that the emergency services may require is in the Emergency Box located in the reception area on the shelf above the photocopier.

9.3 Access and Arrival of Emergency Services

The Fire Officer / Police officer should be met and briefed by the senior employee.

The senior employee will give the emergency services the emergency box located in the reception area and give them as much information about the package/ building they require.

The emergency services will have full access to all areas of the facility.

Serious Injury to a Member of Public/Patient

10 Raising the Alarm and Lines of Communication

All physiotherapy and gym team members are trained to the RLSS/STA Pool ER Responder Qualification, employees are trained to press the pool alarm to get assistance from the rest of the team.

If an aquaboard evacuation is needed in hydrotherapy it maybe required that a team member will need to be a 'runner' to collect other qualified team members from the Spin Studio & the Rehab Studio to ensure the correct responder ratio, this may also involve calling the ER Pool Responder from Room 74 (Virtual Treating Room ext 2154)

10.1 Action

Any Aquatic rescues are to be made in accordance to the guidelines set out in the RLSS/STA Pool ER Pool Responder Qualification.

10.2 Casualty Management

When dealing with a casualty who's breathing is absent/not normal remember the Chain of Survival:

EARLY RECOGNITION – EARLY CPR – EARLY DEFIB – POST RESUSCITATION CARE

For all other casualties follow the Principles of First Aid:

Preserve Life
Alleviate Suffering
Prevent Deterioration
Promote Recovery

10.3 Each Person's Role

The person who discovered the casualty and or rescued the casualty will be the sole person in charge. This person will give job roles to the rest of the team who are there to help, for example: Another team member to call emergency services, ER Pool Responder team to clear pool in to changing rooms/ get AED/ help with any first aid and or CPR.

10.4 Emergency Equipment Available

As detailed in NOP Section 9.4

10.5 Access and Arrival of Emergency Services

The emergency services should be met and briefed by a member of staff. They should be instructed to attend via Lascelles Road and come through the small gate and onto site, in through the Physiotherapy Fire Escape Door and then to poolside, gym, sports hall etc.

What3Words for the ambulance to locate the Lascelles Road gate is:

sheep.report.person.

Discovery of Casualty in the Water and Dealing with Spinal Injuries

Preserve life comes first. If the casualty is not breathing and requires CPR perform this as you would do normally.

Care here may make the difference between saving their life and/or the use of their limbs

11 Lines of Communication and Raising the Alarm During a Poolside Emergency

On discovery of a casualty in the water and the ER Pool Responder having to enter the water they must do the following:

Shout "ER POOL RESPONDER GOING IN, CLEAR THE POOL" and then press the drowning alarm before entering the water to clear the pool and attract the attention of other team members and the patients.

In the case of a spinal injury shout and press the drowning alarm to attract attention of other team members. Shout "SUSPECTED SPINAL – DEMONSTRATE WHAT THE INJURY IS BY TAPPING THE BACK OF THE NECK - MOVE SLOWLY TO THE SIDE – ER POOL RESPONDER GOING IN – PRESS DROWN ALARM" and enter the water with extreme care.

Leisure Pool - [PXB User Manual](#) – Referenced throughout this section. (See Appendix 1)

Hydrotherapy Pool – Aquaboard User Manual – Referenced throughout this section. (See Appendix 2)

11.1 Action Upon Seeing a Casualty(s) in the Water

As above to raise the alarm and then the following:

1. Apply the appropriate method for turning and/or towing the casualty and take them to a comfortable depth of water in which to stabilise them.
2. Ask the casualty 'Are you alright?' if the casualty responds; full PXB extraction is to take place. If there is no response from the casualty a full breathing check needs to be carried out as soon as possible, use the PXB as trained for a replacement to the horizontal lift/manual lift. See appendix 1.1. If casualty is found not to be breathing once on poolside, normal Spinal CPR is to take place.
3. See 12.4 Actions by supporting team for further details.

It is important to remember that it is the breathing of a casualty that is more important than a spinal injury, but extreme care must be taken at all times.

11.2 Landing Bathers and Areas – Main Pool

The landing of the casualty is to be made at the best location for the casualty. If the casualty is unconscious and has not responded when asked then the landing will take place at the nearest wall, with the PXB used by the manual lift method – appendix 1.1. If there is a response from the casualty, the casualty is to be towed to the nearest wall where the PXB

will be used in its entirety see appendix 1.1. If it is safe the casualty is well enough can exit the pool via the steps near the shower area. The ER Pool Responder must assess the situation and choose the appropriate landing area in accordance to their RLSS/STA and induction training.

11.2.1 Landing of Bathers and Areas – Hydro Pool

The landing of the casualty is to be made at the best location for the casualty. If the casualty is unconscious and has not responded when asked then the landing will take place at the wall nearest the main changing rooms with the widest section to land on, using the Aquaboard method – (Reference Aquaboard Manual Appendix 2 – Section 3 p9-11). If there is a response from the casualty, the casualty is to be towed to the shallow water to the pool hoist if the casualty can tolerate sitting, or if possible to escorted to the steps to walk out self aided, if neither of these can be used then the casualty will need to go onto the Aquaboard to be safely evacuated, the landing will take place at the wall nearest the main changing rooms with the widest section to land on, using the Aquaboard method – (Reference Aquaboard Manual Appendix 2 – Section 3 p9-11). The ER Pool Responder must assess the situation and choose the appropriate landing area in accordance to their RLSS/STA and induction training.

11.3 Methods and Lines of Communication

To be run along the procedures in the ER Pool training.

11.4 Actions by Supporting Team

Leisure Pool

When using the PXB three qualified ER Pool Responders will be required. While ER Pool Responder One is completing the correct turn/tow ER Pool Responder two and three are to prep the PXB – see appendix 1.1.

If ER Pool Responder one completed a vice grip trawl, ER Pool Responder two submerges the PXB – appendix 1.1. Pool Responder one trawls casualty straight on to the PXB board. For full details on restraining the casualty and for extracting see section 5.5 PXB user manual and appendix 1.1.

If the casualty was turned via a head splint ER Pool Responder one who completed the turn will stay in the grip until help arrives. ER Pool Responder two will apply the vice grip as the shallow water method. ER Pool Responder three will have collected the PXB and undone all strapping, placing board in the water and lying on the anchor mat to secure its position.

ER Pool Responder two will trawl the casualty onto the PXB, whilst ER Pool Responder One has control of the foot end of the PXB.

Once casualty is in position on the board, ER Pool Responder three will take control of the casualty's head, whilst ER Pool Responder two applies the green strap. (Please refer to section 5.5 of the PXB Manual)

ER Pool Responder two will then reapply the vice grip to the casualty, whilst ER Pool Responder three applies the head blocks (see PXB Manual Section 5.5)

ER Pool Responder two then applies all the other straps and exits the pool carefully to minimise water disturbance. (see PXB Manual section 5.5)

ER Pool Responder one stays with the casualty's feet in the water and the ER Pool Responder two and three are on poolside and the three responders then use the PXB to extract the patient from the pool (See PXB Manual page 6)

Other supporting staff are required to call for an ambulance, assist in CPR, get the AED or crowd control where necessary.

Hydrotherapy Pool

When using the Aquaboard – please have 5 qualified ER Pool Responders to assist.

Follow the full procedure for supporting staff in section 3 of the Aquaboard Manual p9-11

Aquaboard Manual is in Appendix 2

At least 5 people will be needed to lower the Aquaboard with a casualty on, to the floor. If during the rescue it is highlighted by any team member that they think the lift is not possible then the rescue can be paused either supported in the water, or resting on the poolside plinth area until the emergency services arrive.

If however, the casualty deteriorates for any reason, loses consciousness and stops breathing and has no pulse, the casualty will need to be taken to the floor as safely as possible on the board to commence CPR/Defib.

Other supporting staff are required to call for an ambulance, assist in CPR, get the AED or crowd control where necessary.

11.5 Safe Management of Spinal Injuries

The rescuer is to be RLSS/STA ER Pool Responder with PXB and Aquaboard bolt on trained and all supporting staff to be trained in the same qualification. Clear communication between all persons involved, with the initial rescuer to be the one in charge. Procedure to be followed as trained in the ER Pool Responder PXB & Aquaboard bolt on.

11.6 Managing Bathers

If the alarm has been raised and the pool is to be cleared, a member of staff must take control of the other bathers. The best thing is to clear the pool in a manner not to disturb the water 'if the situation is SCIM' (Spinal Cord Injury Management) in turn not disturbing the casualty. Once everyone is out of the water all patients must be lead from poolside into the changing rooms away from the incident.

Another employee will explain to the patients the situation.

11.7 Managing Emergency Services

The person who phoned the emergency services must meet the ambulance outside the building showing them the way to the pool areas highlighting best access on and off the poolside.

The emergency services will have full access to all areas of the facility. From arriving at Lascelles Road and coming in via the Physiotherapy Department Fire Exit for any pool emergencies or suspected spinal injuries in the gym/sports hall/ pools/ physio department needing flat stretcher access. All Other emergencies can come via reception.

11.8 Accident Reporting

All accidents must be reported and noted in the Accident Report book located in the Nurses Surgery.

In the event of a major incident, inform the Head Physio / Head Nurse/ Centre Manager/ CEO/ HOCs or Head of HR immediately in order for RIDDOR notification to take place – this must be completed within 10 days. Reportable incidents include fatality, specified major injury, dangerous occurrence or disease. The following is a brief on what to do in major injury/fatalities. For full details see 'Serious incident management system':

- Crime Scene
- Witness Statements
- Counselling facilities
- HSE
- No press contact including social media.

Faecal, Blood or Vomit Pool Water Contamination

12 Lines of Communication

When 'Pool Fouling' occurs the pool must be cleared and the Head Physio/Pool Plant Operator to be informed to assess the situation.

12.1 Action to Take in the Event of Pool Water Contamination

In the event of pool contamination, the pool(s) must be cleared straight away for an assessment to be completed.

Faeces - If liquid faecal release should occur the pool should be cleared immediately and the chlorine levels raised to 3.0mg/l and allow 6 full turnover cycles (about 24 hours) of the pool water through the filters. Pool plant operator should backwash the filters before returning disinfectant levels back to normal. This is for reasons of public health and may lead to the pool been closed for a period of time. If suspected gastroenteritis then notify the Head Nurse to look after the patient and isolate them.

If extra microorganism testing of the water is needed – then this will be done.

Very small quantities of solid stools, which can be quickly and easily removed, clear the pool of bathers and advise them to shower thoroughly. Retrieve the solid stool with the net and pole (found in the pool plant room) wearing disposable gloves. Dispose of matter down the toilet on poolside, disinfect net and pole after use, dispose of gloves and wash hands thoroughly with soapy water. If chemicals are at the correct level in the contaminated pool then no further action is required.

Blood – small amounts will be dealt with by the pool disinfection system with no further action needed. Large amounts may require the pool to be temporarily cleared of bathers until the blood is dispersed and the disinfection system is utilised. Spillage on poolside should be dealt with using the bodily fluid disposal kit – provided in the leisure plant room and the physio store room (full instructions are provided with the kit)

Vomit - The pool should be cleared immediately of bathers and advise them to shower thoroughly. Any contaminated clothing must be put into red laundry bags (located in the spillage kit and physio store room).

Any quantities of solid particles which can be quickly and easily removed, retrieve the solid particles with the net and pole (found in the pool plant room) wearing disposable gloves. Dispose of matter down the toilet on poolside, disinfect net and pole after use, dispose of gloves in the yellow clinical waste bags and wash hands thoroughly with soapy water.

Increase disinfectant levels - the chlorine levels raise to 3.0mg/l and allow 6 full turnover cycles (about 24 hours) of the pool water through the filters. Pool plant operator should backwash the filters before returning disinfectant levels back to normal. May need to vacuum the pool (Pool Vac only to be used by Pool Plant Operators following the safe system of work). This is for reasons of public health and may lead to the pool been closed for a period of time. If suspected gastroenteritis then notify the Head Nurse to look after the patient and isolate them.

If extra microorganism testing of the water is needed – then this will be done.

12.2 Employee Roles and Responsibilities in the Event of Pool Water Contamination

The ER Pool Responder(s) on duty are responsible for clearing the pool(s) and making sure all patients are safe on poolside until either admission is allowed back in the water or admission is stopped and everyone is led in to the changing rooms.

The Head Physio/Pool Plant Operator will decide whether the pool should be closed for cleaning or temporarily closed while the cleaning takes place.

12.3 Who to Contact Internally and Externally in the Event of Pool Water Contamination

For all contamination contact the Head Physio/Pool Plant Operator. For Diarrhoea & Vomiting also contact Head Physio/Pool Plant Operator & Head Nurse.

12.4 Dealing with the Public and Communication

In the first instance communication with patients is key. The ER Pool Responders will be the ones to empty the pool and to answer any questions if anyone asks why the pool has been cleared. Once the pool has been cleared, if it looks likely the pool will not be re-opened, the patients will be informed and asked to get changed.

12.5 Showers

If patients require a shower due to contamination from the pool fouling this must be done in a controlled fashion. Employees must make all patients queue and take it in turns.

12.6 Reducing Contamination

Within the facility there is educational leaflet informing the patients on the benefits of going to the toilet and showering before use of the pool, located in the blue book (See Appendix 3). Brightwater encourage swimming lessons children to shower and use the toilet before pool use.

12.7 Pool Closure Requirements

The pool will be closed when the pool water has been contaminated to the point it puts people's health at risk. If closure will affect the swim school renting the space – please inform Brightwater asap (contact details in pool testing room and in NOP Section 11) and HoCS.

Dealing with Needles and Sharps

13 Making the Area Safe

If any needles or sharps have been found and require moving and disposing of an employee **MUST** wear PPE (gloves) and put into the sharps bin located in the Physiotherapy Department, with thorough hand cleaning afterwards.

13.1 Sharps Kit

The sharps bin is located in the Physiotherapy Department on the Acupuncture Trolley.

13.2 Personal Safety

PPE must be worn at all times when dealing with sharps and needles and is provided to all employees. If any needles/sharps are found where public can gain access an accident report form must be filled out as a 'near miss' incident.

13.3 Safe Disposal

All sharps and needles need to be placed in the sharps bin located within the Physiotherapy

Department. Once a month an external company comes into the facility to take away and dispose of any objects correctly.

Dealing with Broken Glass or Crockery in the Pool Areas

It is explicitly stated in the PTC pool guidance to not use glass or other breakable items (such as crockery) on poolside at any time. This is also highlighted during pool induction training.

14 Making the Area Safe

Clear the area where the breakage is, to ensure patient safety and cordon off.

14.1 Personal Safety

PPE (gloves and safety glasses) must be worn at all times when removing the broken glass/ceramics with dustpan and brush – refer to SSoW HS033 (Located in the risk assessment file in the Head Physio office) and is provided to all employees. If any broken glass/crockery are found where patients can gain access an accident report form must be filled out as a 'near miss' incident.

14.2 Safe Disposal

Vacuum the area if suitable to vacuum, take broken glass/crockery to the glass bin near the dining area

If the broken glass/crockery has entered the pools, clear the pool of patients immediately and close to future use, consider pool vacuum (Pool Plant Operators Only – see SSoW).

Arrange specialist pool diving company to remove glass particles and inspect pool for safety to reopen.