##### Halton logo

School Swimming / Hydrotherapy Pool Safety

&

Emergency Action Plan (EAP)

(Name of School)

**(Insert Date)**

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# **Introduction**

The purpose of this guidance document is to outline safety procedures within school pool, hydrotherapy pool and poolside areas and action to be taken in the event of emergencies.

 Head Teachers are required to identify suitable safety and emergency procedures in accordance with this guidance.

1. Responsibilities

The Head Teacher has overall responsibility for ensuring pool safety procedures are implemented and that all staff are aware of their responsibilities.

Responsibility for pool safety during lessons and controlling the incident / accident rests with swimming teachers and other pool staff.

1. Physical Description of Pool

The [**swimming** / **hydrotherapy**]**\*** pool is [**rectangular** / **square**]**\*** in shape and measures [**0m** x **0m**]**\***. The depth is graduated to the deep end which is [**0m**]**\*** deep. Access is via [**?**]**\*** and hoisting pupils is achieved by [**?**]**\***.

Changing rooms are provided with showers, toilets and wash basins. [There are separate showers for staff]**\*.**

Pool side alarms are fitted [**?**]**\*** and are connected to [**?**]**\***. Fire alarms are fitted [**?**]**\*** and are connected to [**?**]**\***. An emergency door(s) is / are located [**?**]**\***.

The average temperature of the pool is [32 - 35 degrees hydrotherapy] whilst the average air temperature is [27 - 30 degrees]**\*.**

**\* *Delete or amend as appropriate.***

1. General Pool Awareness

In order to maintain a safe environment staff and volunteers are to use the following guidelines:

* The gully around the pool is slippery and everyone should take care when assisting on pool edge;
* No swim lessons will take place without an approved adult present;
* It is the responsibility of the member of staff in charge of the session to check with the pool expert as to whether the water temperature and chlorine levels are correct and before sessions begin;
* The approved person in charge has the duty of care for all pupils at all times whilst in the pool and pool area;
* Any malfunction of equipment must be reported immediately to the school office;
* Sanitary bin is provided for the disposal of all soiled pads. Waste bins will not be used;
* The pool area must be left clean and tidy;
* Flotation aids and other equipment will be kept hygienic in accordance with manufacturer’s instructions;
* Pupils will NEVER be left unsupervised;
* Flotation aids should only be removed if the swimmer is competent in the water in a 1:1 situation; and
* A risk assessment ([Appendix 'A'](#_Appendix_‘A’)) must be completed for each year group, highlighting any significant pupil risks and determining staff / pupil ratio, which will vary according to need. This is to be submitted at the beginning of each school year and to be reviewed with any changes recorded, e.g. medical condition of pupil, class size, etc. It is to be signed by the Head Teacher.
1. Poolside Supervision

Supervision must always be as follows:

* Swimming Pool safety training should be provided for anyone that Is involved in the instruction, support or supervision of school swimming in the pool;
* A register or signing in book will be maintained;
* A minimum of 3 adults in the pool area, one of whom will be on poolside;
* Floats and toys at the side of the pool should be kept tidy to allow access to all sides of the pool;
* Diving and jumping is not allowed. There is no running in the pool area;
* Hoists should only be used by appropriate member of staff;
* Overshoes should be worn in the pool area;
* Pupils must be toileted before entering the pool;
* Any pupil with unreliable bowel control should use specialist swim pants;
* Pupils with stomach upsets should not enter the pool;
* Food and drink is not allowed in the poolside area except water, where plastic cups are provided; and
* On hearing the fire / pool alarm all person(s) should be evacuated immediately.
1. Medical Conditions
* The teacher in charge must have working knowledge of any disability / medical condition a pupil may have which might affect the performance and supervision needs.
* Pupils with epilepsy must have written consent from their parent(s) before the pupil can take part in swimming.
1. Evacuation / Emergency Procedures
	1. Evacuation

Pools must be evacuated for the following reasons:

* Fire and other emergencies;
* Casualty in the water;
* Chemical / gas leak;
* Lighting or electrical failure,
* Structure failure;
* Lack of water quality;
* Fouling of the water by blood, vomit or faecal matter;
* Lack of supervision; and / or
* Unruly behaviour where it becomes unsafe.

In an emergency, swift evacuation is essential and any relevant manual handling procedures must be adhered to.

* 1. Raising Alarms in Swimming Pools

Particularly in swimming pools the method of communication is using a whistle as follows:

* 1 Short Whistle Blow – Attracts the attention of the pool users;
* 2 Short Whistle Blows – Attracts the attention of other pool staff;
* 3 Short Whistle Blows – Indicates that the lifeguard is about to take emergency action;
* 1 Long Whistle Blow – Attracts the attention of the pool users to prepare for an evacuation.

Whistles will be used sparingly and will be followed by relevant verbal or visual instruction, e.g. hand signals.

Consideration will be given, where possible, to the timeliness of the whistle in relation to the activities being carried out in order to ensure users, e.g. divers, are not unduly distracted.

# Fire / Emergency Evacuation

The arrangements in place for raising the alarm are as follows:

* On hearing the alarm those on poolside should assist pupils to clear the pool as quickly as possible and, if necessary, blow their whistles;
* Everybody should then be directed to the nearest emergency exit. Thermal blankets will be issued, if necessary, and will be brought to the assembly point by [**?**]**\***;
* Once at the assembly point the person responsible for the pool will check all staff and pupils are present against the register and / or signing in book.

**\* *Delete or amend as appropriate.***

# Minor Emergencies

Minor incidents or emergencies, when handled properly, will not usually result in a life-threatening situation. Examples of incidents of this nature include a bather slipping on poolside, a minor cut or bruise or a simple reaching rescue. Whilst these may be routine, they may result in an increased risk of a more serious incident if proper procedures are not followed. In order to ensure an appropriate response, the swimming teacher, on becoming aware of the incident will follow the procedures set forth:

* Notify other pool staff that they are about to respond to an incident by, if necessary, giving 3 short whistle blows;
* Other pool staff will move to cover the area or request additional assistance if necessary;
* A first-aider will administer aid or provide appropriate assistance;
* Casualty will be, if safe to do so, moved to an appropriate location; and
* Accident / Incident Report to be completed as necessary.

# Major Emergencies

A major emergency is where an incident occurs resulting in a serious injury or life-threatening situation. In most cases, more than one member of staff will be involved and in extreme situations, all members of the team will be required to provide support.

The process for dealing with major emergencies is as follows:

* The teacher will raise the alarm by using the pool alarm, 3 short whistle blows and / or by using appropriate hand signals;
* If the poolside drown alarm has not been activated, the nearest member of staff to the alarm will activate it;
* The teacher will initiate rescue / first-aid and, if safe to do so, removal of the casualty from the area;
* The support team members will cover the area vacated, assist the teacher and evacuate the pool if necessary;
* The teacher will ensure an ambulance is requested, supply specialist equipment and take control of the situation, including managing and assisting other bathers;
* A member of staff will be assigned to meet the ambulance crew to brief them and escort them to the scene of the incident;
* Responsibility is assigned to the ambulance crew once they start to treat the casualty;
* The teacher will ensure that safe levels of supervision are maintained for the duration of the incident and subsequent action;
* A relative of the casualty will be informed of the incident; and
* The Head Teacher will ensure that an investigation is conducted and an Accident / Incident Report is completed

Actions to be taken in the event of specific emergencies are detailed in the following sub-sections.

# Discovery of a Casualty in the Water

If the teacher / staff are in the pool and the water is shallow enough for all to stand, a swimming rescue would not be necessary. This is unless a member of staff becomes ill in the pool.

If it is a poolside rescue, the first response to a casualty in the water will be to consider performing a rescue by reaching with a pole or rope. Whenever possible, hand to hand contact will be avoided until the casualty is under control and the possibility of being pulled into the water is reduced.

The teacher will only enter the water to affect a rescue if other alternatives do not work. If entry into the pool is necessary, the teacher / supervisor will enter the water in a safe manner, recover the casualty and land them at the nearest suitable landing point.

In any event, the following procedures are to be followed:

* Attract the attention of another swimming teacher / assistant and additional support by using the pool alarm and / or giving 3 short whistle blows;
* If the poolside drown alarm has not been activated or an alarm otherwise raised, the nearest member of staff to the alarm will activate / initiate it on the instigation of the teacher;
* If the teacher is carrying a radio, it will be placed on poolside prior to entry if possible;
* Follow the major emergency process outlined in [Section 7.5](#_Major_Emergencies); and
* Resuscitation protocols in accordance with first-aid training will be followed until the ambulance crew take over.

Nominated staff will be trained in poolside rescue and at least one will be available during lessons with a defined role in the event of a rescue.

# Serious Injury to a Bather

# 7.7.1. General

The process for dealing with major emergencies as detailed in [Section 7.5](#_Major_Emergencies) will be followed in the event that a member of the pool staff notices a bather with a serious injury. This will be followed by first-aid / resuscitation protocols in accordance with appropriate first-aid training until the ambulance crew takes over.

In cases of serious injury, unconsciousness or suspected broken bones, patients will not be moved until first-aid has been given and it is safe to do so.

# Head Injuries

All head injuries will be treated as serious injuries and teachers will follow first aid/resuscitation protocols training. In addition to following the major emergency process outlined in [Section 7.5](#_Major_Emergencies), the following action will be taken:

* Casualties with face/head injuries will not be allowed to return to the pool;
* An ambulance will be called if the injury appears serious. If the injury appears less serious, the casualty will be made to dress and will be supervised by a responsible person whilst doing so;
* If there is any doubt as to the severity of the injury an ambulance will be called as there is possibility of delayed concussion/loss of consciousness occurring; and
* A relative of the casualty will be informed of the incident.

# Aquatic Spinal Injury

All suspected spinal injuries will be treated as serious injuries and teachers will follow rescue / resuscitation protocols in accordance with their training. In addition to following the major emergency process outlined in [Section 7.5](#_Major_Emergencies), the following action will be taken:

* If a teacher is required to enter the water, they must shout, “***Entering the water, suspected spinal***”;
* All other pool users will be carefully directed away from the casualty in order not to disturb the water or the casualty. Once away from the casualty all bathers must clear the pool and will be directed away from the incident;
* A minimum of 4 trained staff is required to recover a casualty using a spinal board; and
* A relative of the casualty will be informed of the incident.
1. Disorderly Behaviour

It should be noted that incidents of this nature within the pool or around poolside may detract the attention of pool staff away from their primary duties of pool supervision and teaching.

Assistance from other staff will be requested as soon as the teacher/supervisor feels their attention is being drawn away from their primary duties. If it becomes unsafe the pool must be cleared.

1. Lack of Water Clarity

It is vital that all teachers and assistants can clearly see the bottom of the pool in order that a bather can be seen in the event of an emergency. The following process will be followed in the event of poor water clarity:

* If the pool water becomes cloudy, the member of staff or company responsible for swimming pool maintenance will be informed immediately;
* A water test will be undertaken and plant will be checked for correct functioning and if required appropriate remedial action will be promptly undertaken;
* If prompt remedial action is not possible or is not effective soon enough; the member of staff or company responsible for swimming pool maintenance will co-ordinate with the swimming teacher and determine if it is safe for the pool to remain open;
* Bathers will only be allowed back in the pool once the water quality has improved sufficiently to enable staff to clearly view the pool bottom and providing a satisfactory chemical balance has been confirmed.
1. Dealing with Blood, Vomit and Faeces

In the event that blood, vomit and faeces are discovered in the pool or on poolside, the following procedures should be followed:

# Blood

* If significant amounts of blood are spilled into the pool, the pool should be temporarily cleared of people to allow the pollution to disperse and any infectious particles within it to be neutralised by the disinfectant in the water;
* When clearing blood, the correct personal protective equipment (PPE) must be worn i.e. disposable gloves etc.; and
* Blood **must not** be washed into the pool or poolside drains, instead, spillages of blood poolside will be contained by covering in paper towels (allowing the towels to soak up the blood), flooded with an appropriate disinfection solution and left for at least two minutes before it is cleared away. Soiled towels will be disposed of properly in clinical waste bins e.g. nappy bins. The area will then be disinfected.

# Vomit

* If substantial amounts of vomit are spilled into the pool the affected pool will be closed to bathers in order to allow for its removal;
* The vomit will be removed from the water using a scoop and placed in a bucket, the contents of which will be flushed down the toilet;
* A minimum of **three “turnover periods”[[1]](#footnote-2)** of the affected pool will be undertaken to ensure the removal of any bacteria;
* Prior to the pool re-opening a visual inspection in conjunction with a water quality test to ensure that chlorine levels and TDS**[[2]](#footnote-3)**levels are within the agreed parameters (see [REP-SCH-GUI-23.3 Swimming Pool Maintenance Guidelines.doc](http://hbc/teams/HANDS/SharedDocuments/School%20Policies/Guidance%20Notes/REP-SCH-GUI-23.3%20Swimming%20Pool%20Maintenance%20guidelines.doc)) will be undertaken;
* When clearing vomit, the correct PPE must be worn i.e. disposable gloves etc.;
* Vomit **must not** be washed into the pool or poolside drains, instead, spillages of vomit poolside will be contained by covering in paper towels (allowing the towels to soak up the vomit as much as possible), flooded with an appropriate disinfectant solution and left for at least two minutes before it is cleared away. Soiled towels will be disposed of properly in clinical waste bins e.g. nappy bins. The area will then be disinfected; and
* Any equipment that has been used to scoop up the vomit must be thoroughly disinfected before it is stored away.

# Faecal Matter – Runny Faeces

* If runny faeces (diarrhoea) is discovered in the pool, the affected pool will be closed immediately in order to allow for its removal;
* The procedure for removing runny faeces (diarrhoea) will be the same as for removing vomit but with a minimum of **six “turnover periods”** to the affected pool to ensure the removal of bacteria; and
* Prior to the pool re-opening a water quality test to ensure that chlorine levels and TDS levels are within the agreed parameters and a visual inspection will be carried out.
* The above procedures are a general, minimum response. The Pool Water Treatment Advisory Group (PWTAG) has more specific information on dealing with [runny faeces](https://www.pwtag.org/faecal-contamination-february-2014/) and which varies depending on the type and level of filtration being employed by the pool operator. It is essential that the Head Teacher understands the guidance and liaises with the pool operator to ensure the procedures in place for that pool are fully understood and so they can make an informed decision with regard to how best to proceed.

# Faecal Matter - Solid Faeces

* If solid faeces is reported to be in the pool, it must be immediately retrieved from the pool using a scoop. The stool will be placed into a bucket and flushed down the toilet. A special pool vacuum can be used if available;
* There must be certainty that all the faeces have been captured and disposed of. If not, and there is possible widespread distribution of the faeces then the pool should be closed and the advice for runny faeces (above) should be considered.
* The decision to close the pool to allow for a suitable disinfection period rests with the Head Teacher;
* A careful visual check will be undertaken to ensure that no particles remain and a water test carried out to ensure water quality is within defined parameters; and
* Any equipment used in this process must be thoroughly disinfected before it is stored away.

# Emission of Toxic Gases / Chemical Emergencies

The advice and procedures given by PWTAG for the emission of toxic gases ([Gassing Accidents](https://www.pwtag.org/gassing-accidents-july-2016/)) should be followed and supplemented with appropriate COSHH and Risk Assessments.

# References

[Health and Safety at Work etc. Act 1974](https://www.legislation.gov.uk/ukpga/1974/37/contents)

[The Management of Health and Safety at Work Regulations 1999](https://www.legislation.gov.uk/uksi/1999/3242/contents)

[The Control of Substances Hazardous to Health 2002](https://www.legislation.gov.uk/uksi/2002/2677/introduction)

[HSG179 Managing Health and Safety in Swimming Pools](https://www.hse.gov.uk/pubns/books/hsg179.htm)

[Blood and Vomit (www.pwtag.org)](https://www.pwtag.org/blood-or-vomit-in-the-pool-april-2012/)

[Faecal Contamination (www.pwtag.org)](https://www.pwtag.org/faecal-contamination-february-2014/)

[Gassing Accidents (www.pwtag.org)](https://www.pwtag.org/gassing-accidents-july-2016/)

 [Pool Water Treatment Advisory Group (www.pwtag.org) – Code of Practice](https://www.pwtag.org/download/pwtag-code-of-practice/?wpdmdl=2378&refresh=61483edc46a791632124636)

# Version Control

|  |  |  |
| --- | --- | --- |
| **Version** | **Date Released** | **Amendment** |
| 1 | Jan-13 | First issue. |
| 2 | Jan-22 | Formatting amended throughout entire document.Minor changes to wording throughout.Fixed ToC.Added References and Version Control.Referenced guidance against that given by the Pool Water Treatment Advisory Group ([www.pwtag.org](https://www.pwtag.org/)). |

# Appendix ‘A’

**Risk Assessment SEN Pupils (Medical & Physical Needs)**

Class:

Date of assessment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of conditions to be aware of** | **Existing controls** | **Risk level****(see chart below)** | **Further Action(s) Required for Swimming** | **Staff / pupil ratio** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Signed:……………………………. Date communicated to staff:……/…………/20……

**Likelihood x Severity = Risk Level**

**Likelihood Rating Severity Rating**

Unlikely = 1 Minor Injury = 1

Possible = 2 Serious Injury = 2

 (Lost Time)

Likely = 3 Fatality = 3

Multiplying your likelihood rating against your severity rating will give you an overall **Risk Level** **Rating** (see following table) which can be used to determine the level of control measures and mitigations you need to put in place in order to bring the risk level down to tolerable level (see **Actions Required Based on Risk Level** on next page).

**Risk Level Rating**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Severity** |  |  |  |
|  |  | Minor(1) | Serious Injury(2) | Fatality(3) |  | **Risk Level** |
| **Likelihood** | Unlikely(1) | 1 | 2 | 3 |  | Low | 1 – 3 |
| Possible(2) | 2 | 4 | 6 |  | Medium | 4 - 6 |
| Likely(3) | 3 | 6 | 9 |  | High | 6 - 9 |

**Actions Required Based on Risk Level**

|  |  |  |
| --- | --- | --- |
| Score | Risk Level | Actions Required |
| 1 | Low | No action required and no records needed. |
| 2 or 3 | Low | No additional controls required. Consideration may be given to a more cost-effective solution of improvement that imposes no additional cost. Monitor to ensure control measures are maintained. |
| 4 | Medium | Efforts should be made to reduce risks with costs taken into consideration. Give a time period and identify a person responsible for resolving. |
| 6 | Medium | Activities should not be started until the risk has been reduced. If the work is in progress, urgent action should be taken. |
| 6(If Fatal) | High | Activities should not be started or continued. |
| 9 | High | Activities should not be started or continued. |

1. “Turnover Period” = time taken for a volume of water equivalent to the total volume of water in the pool to pass through the water treatment plant and back in to the pool. [↑](#footnote-ref-2)
2. TDS = Total Dissolved Solids. [↑](#footnote-ref-3)