**Ursula Taylor C of E Primary School**

**Emergency Action Plan – Swimming Pool**

**May 2019**

**EMERGENCY ACTION PLAN**

**EMERGENCY EQUIPMENT AVAILABLE: Reach Pole stored around the edge of the pool.**

**EAP 1 - RAISING THE ALARM**

**1 Whistle Blast** – attracts the attention of the pool users

**2 Whistle Blasts** – attracts the attention of other pool staff.

**3 Whistle Blasts** – indicates that the lifeguard/ swimming teacher is about to take emergency action

**1 Long Whistle Blast –** indicates clear the pool of swimmers

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

**EAP 2 – MINOR INCIDENTS e.g. minor cut or bruise or simple reaching rescue**

* Swimming Teacher becomes aware of incident.
* Swimming Teacher deals with incident or where appropriate requests additional assistance e.g. by blowing 2 or 3 whistles.
* Casualty moved to appropriate location.
* Minor first aid kit located at pool side.
* First Aider administers first aid.
* Accident/ Incident report form completed.

**EAP 3 – MAJOR INCIDENT e.g. serious injury or life-threatening situation**

* Swimming Teacher raises alarms by using pool alarm, blowing 3 whistles, 1 long whistle blast or using hand signals.
* Nearest available staff member to send a child to the office with the ‘RED CARD’ to alert staff members to call for help, staff member to use School Mobile to telephone Emergency Services, following advice from the Teacher in charge at the time. Nearest landline in School Office.
* Senior member of staff to be called to support (Victoria Morrall / Kate Hall / Heather Lee/ Debbie Daley / Trish Mulholland)
* Swimming Teacher initiates rescue of casualty and provides first aid or resuscitation in accordance with CPR or first aid training. SLT member to call 999 if call has not already been made.
* In cases of serious injury, unconsciousness or suspected broken bones, patients will not be moved until 1st aid has been provided.
* Casualty moved to appropriate location, unless spinal injury (see section EAP4)
* Support team members will clear all other swimmers from the water and move to appropriate area ***–* Classrooms via changing rooms to collect belongings.** Ensuring the person providing first aid is not left alone with the casualty.
* Member of staff is assigned to meet ambulance crew, brief them and escort them to scene of the incident.
* Responsibility is assigned to the ambulance crew once they start to treat the casualty.
* The Swimming Teacher in liaison with a SLT member will ensure that safe levels of supervision are maintained for the duration of the incident and subsequent action.
* The Swimming Teacher in liaison with a SLT member will ensure that all Accident/ Incident reports are completed and the necessary follow up action is taken.

**EAP4 – SERIOUS INJURY (Head Injuries/ Aquatic Spinal Injury**

**Head Injuries**

* Follow sequence of steps detailed above in EAP3.
* In addition, 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 asked 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.

**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 EAP3, the following action will be taken:

* On entering the water the Teacher must shout, “Entering the water, suspected spinal”. **(Judgement call for exact wording based on age of children in the pool)**
* 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.
* The casualty must be immobilised with care taken not to further injure them.
* A minimum of 4 trained staff are required to recover a casualty using a spinal board***.* Spinal Board is not provided at UTS. Ambulance Team would be required for this.**
* A relative of the casualty will be informed of the incident, A staff member (SLT) will accompany the child to the hospital in the event that a parent cannot attend quickly enough.

**EAP 5 – DISCOVERY OF A CASUALTY IN THE WATER**

* Consider performing a rescue by reaching with a pole or rope
* The pool will be evacuated if necessary.
* The Class Teacher will only enter the water to conduct a rescue if other alternatives are unsuitable.
* If entry into water is necessary, attract attention of additional support by blowing the whistle loudly 3 times.
* If poolside emergency plan has not been used, nearest staff member will send a RED CARD or use the School Mobile to contact the office.
* A secondary member of staff will call an ambulance if deemed necessary.
* Swimming Teacher will enter the water in a safe manner, recover the casualty and land them at the nearest suitable landing point.
* The Class Teacher will follow resuscitation procedures in accordance with CPR Training or 1st aid training until the ambulance crew take over.

**EAP 6 – DISORDERLY/ AGGRESSIVE BEHAVIOUR**

This type of behaviour must be dealt with, without detracting 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 feels their attention is being drawn away from their primary duties.

* Swimming Teachers/ Support Staff must enforce the pool rules.
* There should never be lone working around the pool.
* If a person becomes aggressive, assistance must be called immediately.
* Talk to the person in a calm way and try to get them to calm down.
* Identify an escape route if the aggression escalates.

**EAP 7 – POOR WATER QUALITY**

All pool staff must be able to clearly see the bottom of the pool, to ensure that a bather can be seen in an emergency situation:

* If pool water becomes cloudy, the member of staff or company responsible for swimming pool maintenance must be informed immediately. **Richard Partridge / Victoria Morrall / Trish Mulholland**
* A water test will be conducted and plant will be checked for correct functioning. Appropriate remedial action will be undertaken.
* If remedial action is not possible or is not effective soon enough, the member of staff or company responsible for swimming pool maintenance and the swimming teacher will 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 bottom of the pool and a satisfactory chemical balance has been confirmed.

**EAP 8 – DEALING WITH FAECES, BLOOD & VOMIT**

**Blood**

* Any pathogens present in small amounts of blood will be killed by the disinfectant in the water. If substantial amounts of blood are spilled into the pool, temporarily clear of people to allow pollution to disperse and any infective particles within it to be neutralised by the disinfectant in the water.
* When clearing blood, appropriate personal protective equipment should be worn e.g. disposable gloves.
* Spillages of blood on the poolside should **not** be washed into the pool or nearside drains, the following procedures should be used:
  + cover with paper towels;
  + Flood with a strong disinfectant, compatible with the pool disinfectant (e.g. 10:1 solution of sodium hypochlorite if available), leave for 2 mins, clear away.
  + Wash with pool water; **do not** dispose of contaminated water into pool.
  + Bag paper towels and gloves, in small quantities may be disposed of with general waste.

**Vomit**

* **Small amounts of vomit** are unlikely to present a threat through infection, unless the bather has a gastrointestinal infection.
* If **substantial amounts of vomit** are spilled into the pool bathers will be removed in order to allow for its removal, wearing appropriate PPE, using a scoop and bucket, contents will be flushed down the toilet.
* A minimum of **“three water filtration turnovers”** will be conducted to ensure removal of any bacteria.
* Prior to the pool re-opening a water quality test will be conducted to ensure chlorine levels are within acceptable parameters and a visual inspection will be carried out (if equipment is available, a Total Dissolved Solids test may also be conducted).
* Where vomit is on the poolside, follow the procedures as for blood above e.g. covering in paper towels, disinfection etc.).
* Thoroughly disinfect scoop and bucket before storing away.

**Diarrhoea**

If an **unformed stool** is released into the pool:

**Pools with Medium Rate Filters, (up to 25 metres per hour)**

**Procedure: - Only to be completed by R Partridge or Crystal Leisure Pools / Aqua Tech**

1. Close the pool – Pool use is not permitted until deemed clean and tests determine levels to have stabilised / be in line with acceptable parameters
2. Hold the disinfectant residual at the top of its set range for the particular pool
3. Ensure that the coagulant dose is at least 0.1mg/l (as aluminium) if alum is used, and 0.1ml/mg3 if PAC.
4. Filter for six turnover cycles (which may mean closing the pool for a day). This assumes good hydraulics and well maintained filters with a bed depth of 800mm and 16/30 sand.
5. Monitor disinfection residuals throughout this period.
6. Vacuum and sweep the pool.
7. Make sure the pool treatment plant is operating as it should (filters; circulation; disinfection).
8. After six turnovers, backwash the filters.
9. Allow the filter media to settle by running water to drain for a few minutes before reconnecting the filter to the pool.
10. Circulate the water for eight hours. This will remove any oocyst contamination of the pool caused by imperfect backwashing. It is optional, depending on the pool operator’s confidence in backwashing procedures. It is certainly necessary if the filter does not have a drain facility.
11. Check disinfection levels and pH. If they are satisfactory, re-open the pool.

(This process should also be followed if the pool has been identified as a potential source of Cryptosporidium).

* Do not allow anyone to use a swimming pool they have diarrhoea and/or vomiting
* Do not allow anyone to use a swimming pool for 48 hours after symptoms have stopped
* If the GP has diagnosed cryptosporidiosis the person must not go swimming until 14 days (two weeks) after the symptoms have stopped.

**Solid Stools**

* Immediately retrieve from the pool using a scoop. Place in a bucket and flush down the toilet.
* A decision may be taken to close the pool for a short period of time.
* A careful visual check should be undertaken to ensure no particles remain and a water test carried out to ensure the quality of water is within acceptable parameters.
* If there is any doubt that all faeces have not been captured and possible widespread distribution of faeces in pool, pool should be closed and advice above for diahorrea followed.
* Faeces smeared on tiling or other surfaces in contact with pool water should be cleaned off without contaminating the pool water, the surface should be disinfected with a 1% solution of hypochlorite, using appropriate PPE and advice above for diahorrea followed.
* Any equipment used must be thoroughly disinfected.

**EAP 9 OUTBREAK OF FIRE (OR SOUNDING OF ALARM TO EVACUATE THE BUILDING)**

**Fire Evacuation Procedures are displayed at: Pool edge.**

**If member of staff discovers a fire within pool area:-**

* Activate nearest fire alarm call point, located at **Year 4 / 5/ 6 block or in corridor near field toilets**
* Inform staff within the pool area.
* Evacuate the pool area.

**On hearing the alarm:**

* Those on poolside should blow their whistles and clear the pool as quickly as possible.
* Everyone should be directed to the nearest emergency exit***.* Emergency Exit into the car park through the double green gates and onto the playground. If alarm sounds when in the changing room – exit through the hall or the well-being room.**

**ASSEMBLY POINT IS LOCATED AT: School Playground**

* 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.

The procedure for an emergency evacuation (other than fire) will follow the same process.

**EAP 10 OTHER EMERGENCY SITUATIONS e.g. lighting failure, structural failure**

**Lighting Failure**

If lighting fails **– this is likely to cause no significant concerns as swimming is only permitted during the school days and hours of daylight.**

**Structural Failure**

For any type of structural failure: **Evacuation of the Pool area will be conducted following the same procedures as Fire Evacuation.**

**EAP 11 SUSPECTED ACCIDENTAL RELEASE OF CHLORINE GAS**

**IN ORDER TO PREVENT GENERATION OF CHLORINE GAS DO NOT MIX INCOMPATIBLE CHEMICALS TOGETHER E.G. ACID & ALKALIS)**

* Evacuate immediate area.
* Remove any contaminated clothing.
* Warn persons in the vicinity.
* Inform the Headteacher/ Site Agent/ Contractor who will assess the situation and provide further instructions.
* Do not re-enter affected area.
* Ensure doors, windows and air intakes in adjacent areas are closed.
* Any person exposed to chlorine gas must be sent to hospital for examination.
* If required contact Fire Brigade for further advice/ assistance.
* Inform the Corporate Safety Unit at Bedford Borough Council.

**EAP 12 EMERGENCY CONTACT DETAILS**

In the event of any emergency please contact***:***

* **During school hours. Victoria Morrall – Headteacher 01234 359128 (Sch) 07585601157 (mobile)**
* **Out of hours Richard Partridge 07887295193**