

Carlton Digby School



Hydrotherapy Pool Policy 2023 – 2024

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*** Important Note:** This guidance document contains a set of generic risk assessments intended for school use. The assessments only identify the common hazards and control measures associated with the use of hydrotherapy and spa pools. Before undertaking any activity, schools must also make an assessment of any specific risks associated with their particular site, activities and / or pupils. Further guidance relating to risk assessment can be found in section: B2 of the County Council's Health and Safety Manual (also available via School's portal).

1. Document History

This guidance has been developed by a working group of representatives from the following organisations and establishments;

Fountaindale School
Carlton Digby School
Ash Lea School
St Giles School
Yeoman Park School
Carlton Digby School
Newark Orchard School
Aspley Wood School
Mansfield, Bassetlaw and Ashfield PCT
Nottinghamshire Children & Young Peoples Services
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2. Introduction to the Hydrotherapy Pool

Hydrotherapy is defined as the treatment of physical illnesses and conditions using the therapeutic properties of warm water. It consists of specific exercises and activities carried out in a one to one or group situation.

Where special schools use their pools for the purposes of providing hydrotherapy treatment to pupils with complex physical needs, pool activity programmes will usually involve team teaching by a range of staff. These could at times involve teachers, support staff and physiotherapists.

Water based learning activities will take place in the hydrotherapy pool to promote water confidence and extend learning opportunities for the user.

Safe practice should be as rigorous as in swimming pools and adult / pupil ratio should be determined by carefully examining individual pupils' medical profiles and health care plans in conjunction with relevant medical staff.

3. Responsibilities And Expected Competencies of Staff

3.1 Head Teacher

The Head Teacher has a responsibility to:

- Ensure all staff involved in pool sessions are appropriately trained (see section 7)
- Ensure a safe environment (see section 10 & 11)
- Ensure that a competent person is assigned responsibility for pool maintenance issues; including the water sampling regime (see section 13). Site Manager
- Ensure that 'Session Leader' is competent, trained and aware of their responsibilities
- Ensure all staff and volunteers are appropriately DBS checked, in accordance with Local Authority (LA) Policy

3.2 Session Leader – Physiotherapist / Teacher / Support Staff

The Site / Pool Manager will inform staff of any issues compromising water quality / temperature / pool environment which affect the use of the pool prior to any session. A notice will be placed on the pool doors if the pool is out of use.

The session lead will be aware of:

- Water temperature
- Staffing levels
- The named spotter / lifeguards
- Pool environment
- Emergency exits
- Alarms
- Equipment
- Moving and handling procedures
- Hygiene
- Incident procedure
- Unexpected immersion (individual pupil risk assessment)

The Session Leader has a responsibility to:

- Ensure all support staff, volunteers and observers are competent, appropriately trained and briefed on their responsibilities within the session (see section 7)
- Ensure written parental consent has been received from the parent of any child taking part in the session.
- Ensure appropriate staffing ratios relevant to individual pupil assessments (e.g. medical profiles, care plans, manual handling and behaviour plans)
- Lead the session according to the session plan – hydrotherapy or water based learning session
- Brief support staff on session plan and their role in delivering it
- Ensure that two ATSPRA trained person are in attendance: one on poolside and one in the water
- Have NCTP training from schools swimming (water based learning only)
- Be responsible for deciding whether the session takes place and whether an individual child or member of staff takes part (see contra indications and precautions section)
- Use the clock to record entry and exit times.
- Monitor the safety and security of the environment
- Ensure relevant updated care plans, medical plans and healthcare plans are available for staff. (Physiotherapist / Class Teacher)
- The session leader should ensure that the Emergency Box (by the Fire Exit) has enough dry towels for each pupil / staff member, whistle, incontinence pads (if required), space blankets and rain ponchos
- The session leader is the person who has been allocated this role or the most senior member of staff active during the specified session
- Ensure the sensory lighting and equipment is used in an appropriate manner (and with due regard to the needs of the pupils). They will also ensure it is switched off after use. They will report any issues or defects to the site manager.

3.3 Support Staff / Volunteers (water based)

Support staff or volunteers working in the water should:

- Be competent in handling pupils in the water
- Preferably have received accredited training in resuscitation (see section 7)
- Have knowledge and practice of evacuation procedures
- Have knowledge of individual pupil they are supporting (i.e. medical condition)
- Be confident in the water
- Be medically fit (see section 8)
- Be appropriately dressed i.e. swimming costume and t-shirt
- Be responsible for the care and safety of the child whilst in the water

3.4 Support Staff / Volunteers (poolside)

Support staff or volunteers should:

- Wear appropriate footwear and clothing (shorts and t-shirt / easy access indoor shoes).
- Comply with school Manual Handling Policy and evacuation procedures.
- Preferably have received accredited training in resuscitation.
- Be responsible for the care and safety of the child prior to and on leaving the water.

3.5 Observers

- A minimum of 1 observer / spotter per session is required
- The observer / spotter must have accessed relevant training and updates, as required, which should include first aid, rescue and resuscitation training (ATSPRA).
- The observer / spotter is required to observe the pool session from the side of the pool
- The observer / spotter's duty begins as soon as the first pool user enters the water and they should remain poolside until the last pool user has left the water.
- The observer / spotter must draw the attention of the pool lead to any issues or concerns that they has.
- The observer / spotter should be free to move around the poolside as appropriate to view the whole session and remain alert throughout the session.
- The observer / spotter should draw attention to any emergency that develops, use the emergency (drowning) button as needed and then return to observing the pool whilst other pupils are still in the water.
- The observer / spotter should remain on poolside and have no other responsibilities.
- The observer / spotter should carry the walkie-talkie at all times on the poolside

4. Levels of Supervision

- The adult / pupil ratio for a pool-based session can only be determined by careful examination of individual pupil risk assessments, which should include reference to medical profiles, healthcare plans and behaviour management plans. This will be recorded on the individual pupil risk assessment.
- There must be at least one (ATSPRA) observer on the pool-side and one other member of the team in the water working with pupils who is ATSPRA trained. There may be some instances where both ATSPRA trained staff are in the water to support the pupils. On these occasions, there MUST also be a spotter on the side.
- Staff members using the pool must have as a minimum 1 person with them at all times on the poolside. A timetable of use should be available to all staff including site manager, listing the planned number of child and adult users.

5. Training

All staff / volunteers involved in a pool session must be appropriately trained according to their responsibilities / role within the session.

This should include:

- Manual Handling training relative to local health and education guidelines
- Aquatic Therapy Shallow Pool Rescue Award (ATSPRA) – minimum two people, one on poolside and one in the pool
- National Curriculum Training Programme Combined Fundamentals and Aquatic Skills of School Swimming Award (from schools swimming) for the session leader
- Resuscitation (minimum of 1 person on poolside)
- First Aid (minimum 1 trained First Aider on site – all ATSPRA trained staff have first aid qualifications)
- Emergency medical training relative to individual pupil healthcare plans or immediate access to health care support workers

- Use of pool based equipment (all staff)
- Evacuation procedures (all staff in school)
- Relevant knowledge of appropriate checks of water and air conditions. (Site Manager)
- Detailed records of staff training must be kept.

All staff should attend relevant pool training pertinent to their role within the pool area or pool itself and all staff should read the pool policy.

There is an accident plan and recording documentation in place and the session lead is responsible for recording any accident or near miss.

6. Medical and Hygiene Issues / Behaviour

All pupils and staff must be medically fit for the activities in which they will be involved. The following list of contra indications will preclude any child or member of staff from taking part in the session. The precautions stated should be taken into account by the session leader in determining whether someone is able to take part.

Contra Indications

• Unstable cardiac conditions • Circulatory problems • Hypertension / hypotension • Recent pulmonary embolus • Pacemaker • Faecal incontinence (more than 2 hourly) • Gastrointestinal problems / viruses • Recent ear infection • Skin or wound infection • Open wounds • Systemic illness / pyrexia • Advanced renal failure • During a course of radiotherapy • Respiratory problems • Low vital capacity • Renal disease	• Diabetes • Infections of bladder, skin or eyes • Immuno - compromised system • Impaired temperature regulation • Contagious viral condition • Contagious fungal conditions • Contact lenses etc • Impaired hearing, grommets etc • Tracheotomy • Acute fear of water • Poor integrity of skin • Chlorine sensitivity • Other infections • Epilepsy • Recent radiotherapy (within 10 days of completion) • Thyroid problems • Cystic Fibrosis-Burkholderia Cepacia
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6.1 Precautions

Pupils should undergo formal medical screening to assess their suitability for any water based programme. A letter from parents should confirm fitness. Individual risk assessments for each pupil should include medical safeguards and emergency medical procedures. In addition, a final health and hygiene check of each child should be made just prior to entering the water and ascertained from class staff on collection of the pupil.

Individual staff members should be responsible for evaluating their own health needs and discuss any specific requirements with the session leader prior to the start of the session.

Particular consideration should be made regarding any pregnant staff members. In such cases a specific individual risk assessment will be required.

The session leader has ultimate responsibility for the decision of who is or isn't fit enough to take part in the pool session.

To prevent fatigue and dehydration during a session, the school should set clear time limits for time spent by pupils and staff in the pool environment. These time limits will depend on the individual environments of each pool, however, they should not exceed the maximum levels set out in the generic risk assessment. In any case pupils should spend **no longer than 30 minutes in the water at any one time**. Access to fluids should be provided before, during and after a pool based session for staff and pupils.

For hygiene purposes consideration should be given to:

- The wearing of appropriate footwear on the pool side (see generic risk assessments)
- The cleanliness of equipment used in and outside the pool, including equipment brought into the area from outside e.g. hoists, wheelchairs etc.
- The wearing of appropriate swimwear, including padding for pupils at risk of incontinence
- The tying back of long hair or use of swimming caps
- Access to shower facilities for pupils and staff before and after a pool based session
- That appropriate checks of water quality and air temperature have been carried out, in accordance with the generic assessment

7. Safety Precautions and Emergency Procedures

Risk assessments are required for all pupils involved in water based activities. Such risk assessments should make reference where appropriate to:

- The medical needs of the child
- Any behaviours which may cause risk
- The manual handling needs of the child
- Emergency procedures related to the child
- Levels of supervision required.

On entry to the hydrotherapy pool area, a member of staff should inform the HT / DHT / fire marshal group that they are entering the pool.

All equipment within the pool area must be used, regularly checked and serviced in accordance with the manufacturer's recommendations and any statutory requirements. Equipment not in use should be appropriately stored away from the pool area.

Swim pants must be worn at all times by all pupils at risk of incontinence during a pool session. No pupil (who is not toilet trained) can enter the pool without swim pants or a swim nappy. If a pupil begins to vomit or soil in the pool, they should be removed from the pool as soon as possible (using the SSOW) to limit contamination. The site manager should be informed. If the pool is contaminated, it will shut down for a minimum of 24 hours.

Staff and pupils in the pool area should remove all jewellery except where religious practice is being observed (apart from flat wedding bands) in which case such jewellery must be securely taped up. If it is not possible to remove all other jewellery the individual concerned should not take part in the session. Any jewellery removed should be stored safely by a member of staff.

All emergency medication, which may be required, should be available when urgently required via the radio to the healthcare support workers.

Pupils with gastrostomy, venflon or Hickman lines should have them spigotted and covered with Op-site (or similar waterproof adhesive dressing) before entering the pool. **All pupils must provide their own dressings** (parents / carers can ask their G.P. to prescribe these).

A member of the senior leadership team must be informed of any pool incident and must take responsibility to inform parents / carers. This may be delegated to the session lead if deemed appropriate.

The session lead will fill out the school accident form.

All staff should be aware and practice emergency evacuation procedures. Such practices should be revisited and recapped at least termly. Records should be kept of staff update training received and those staff involved in each practice.

7.1 Emergency evacuation and procedures

A key role of all staff using the pool is to remove or reduce the chances of students getting into difficulty whilst in the water. This requires staff using their training to avoid incidents by early intervention to any given situation. However when an incident does occur it is important that all staff know how to proceed.

On hearing the fire alarm:

Pool-users will be immediately hoisted into their wheelchairs using SSoW and wrapped in survival blankets and dry towelling robes. Survival blankets are provided in the pool area.

Ambulant students will exit the pool in a calm and supervised manner following their individual moving and handling risk assessment, they must also be wrapped in survival blankets / towelling robes.

The Spotter will sweep the zone and assist in evacuating the students from the pool area. Staff will follow the emergency evacuation route leading them to the exit doors, where they will await or request further advice on exit.

They will only return to the pool area when instructed to by the fire marshal.

During a Fire drill or Emergency evacuation **practice** the pupils are to leave the water and follow the fire evacuation procedure, on beds or in chairs with adequate heat cover (blankets etc.)

During a real emergency, all pupils and staff must evacuate the pool and use radio contact to gain instructions to exit to the changing room / to outer door (under stairs) and exit via the Fire Exit doors and report to the meeting point in the school grounds as indicated.

Lighting Failure

The pool should be cleared immediately and all staff and students move to a safely lit area.

Lack of Water Clarity

If the water is cloudy or milky, it cannot be used and will be out of order until tests are completed and balance restored. The site manager will need informing.

Chemical Leak

In the event of a chemical leak or suspected leak staff need to follow procedures as for fire evacuation.

Minor Incident

A minor incident is one that can be managed and is not life threatening. If staff need support they must use the walkie-talkie or press the panic button to call for assistance.

A minor incident may result in an amendment of a risk assessment. All such incidents must be reported by completing the appropriate accident / incident forms and informing a member of the leadership team.

Serious Incident- PRESS PANIC ALARM at the side of the pool, near the external door.

If a student or member of staff in the water requires medical attention, a member of staff in the water will ensure the safety of that person. **Only staff with appropriate training should lead the management of a serious incident (ATSPRA).**

If there is a suspicion of a spinal injury, they will not be moved unless they are face down. ATSPRA staff have received appropriate training to safely turn a person with such an injury. If a spinal injury is suspected staff must support the person in the water and not move them any further than is safe. If a spinal board is available - STAFF MUST LEAVE THE PATIENT ON THE BOARD AWAY FROM THE WATER'S EDGE. DO NOT ATTEMPT TO MOVE THEM ANY FURTHER THAN IS SAFE.

If a student is conscious and safe the hoist may be used to exit the water. If the student is unconscious then they must be removed from the pool the safest way, a minimum of two staff would need to be in the water and staff available on the side (these would arrive on sounding of the panic alarm). One adult must give the instructions using 1, 2, 3, or 'ready, steady, move'.

If a student is having a seizure they must be monitored carefully and once over, removed from the pool by staff transfer or hoist if deemed safe. The student should then be placed in the recovery position. If prescribed Buccal Midazolam this must be accessible during the session and administered if needed, as stated in their care plan, by qualified staff.

Carry out first aid procedures until help arrives.

Breathing and airways need to be monitored carefully in the event of any incident.

The Spotter or other nominated person will take charge of the evacuation of the pool as necessary and raise the alarm.

The emergency service will be called by the office if needed.

As a result of a serious incident a report to Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995 [RIDDOR].

7.2 Procedures for Dealing with other Incidents

There may be occasions where staff have to deal with vomit, diarrhoea or faeces. In the case of any of the above the person should be cared for appropriately and the pool should be evacuated. All students and staff shower thoroughly. Inform the site manager & Head Teacher immediately.

Staff on the poolside should use towels to dry and cover the patient.

The area around the patient should be dried and a mat of towels put on the floor around the patient.

The lead staff member must then make the initial assessment of patient, i.e.: A.B.C. and commence CPR if appropriate.

8. Transmission Of Infection

Swimming pool water must be adequately disinfected at all times to ensure that there is no cross-infection risk from bather to bather.

Many types of bacteria and other micro-organisms are introduced into the water, but most of these are harmless. Non – pathogenic and are normally present in healthy people; only in exceptional circumstances can they cause disease, pathogenic, e.g. harmful.

Some micro-organisms (called pathogens) can cause disease, in a well-managed and adequately disinfected pool their number is so small that the risk to bathers is slight.

INFECTIONS

It is useful for pool operators to understand which infections can be transmitted in swimming pools. There are a number of organisms that can cause disease through recreational water use, but are not in practice transmitted via swimming pools.

LEGIONELLA

This bacterium is found in a range of recreational water and may cause respiratory infection (including pneumonia) when water is mixed with air in an 'aerosol' and inhaled. Showers and spa pools have been sources of infection. Site Manager is to ensure that all weekly flush and shower clean (every three months) is carried out and recorded.

LEGIONNAIRES' DISEASE

This severe form of pneumonia is caused by the Legionella pneumophila bacterium. However, for it to be spread, there must be an infected spray, typically from a spray humidifier or a cooling tower, sometimes associated with poor air-conditioning systems. To date no case of Legionnaires' disease (Legionellosis) has ever been reported that is associated with conventional swimming pools. Site Manager is to ensure all pool air heating equipment is serviced and recorded in the school Health and Safety folders

Poorly managed spa pools can, however, become infected and spread the disease through the fine droplets of water, called an aerosol, generated at the turbulent water surface. Careful maintenance, frequent filter backwashing and close attention to disinfectant levels are critical.

Pre-swim and post-swim showers in swimming pools and spas are a frequent potential source of infected aerosols. Supply water should be stored above 60°C to kill bacterium and piped at 50°C or more. Shower heads should be cleaned regularly, 'dead legs' in pipework should be avoided and the water system maintained in accordance with the publication "Legionnaires Disease: The control of Legionella bacteria in water systems" (Approved code of practice and guidance" L8, Health and Safety Executive, 2015. ISBN 0717617726).

All legionella checks are carried out on a monthly basis and all reports are held with in the Schools Health and Safety folders. These are to be checked as part of the management checks.

LEPTOSPIRA

These are bacteria that are excreted in rat urine and can cause Weil's disease (a form of hepatitis). The organism is very sensitive to chlorine.

Although recorded incidents are rare, many outbreaks have been linked to failures in the pool's water management so a well-run pool should be able to offer adequate protection against infection.

Wherever people congregate – at work, in shops, in theatres, on public transport, etc. – there are opportunities for pathogenic micro-organisms to be spread by personal contact, or in the air. Busy pools and changing areas are no exception. So overcrowding should be avoided and pool surrounds, changing rooms, toilets, etc, should be kept clean and hygienic.

No person should be knowingly admitted to the swimming pool whilst suffering from an infection.

If the disinfection is inadequate, or if hygiene standards are not maintained, it is possible for certain infections to be transmitted by the pool water. Bathers themselves, of course, have a responsibility, reinforced through health education, to follow basic rules of hygiene. There are however, some circumstances in which pool operators should take immediate action, to cope with incidents of diarrhoea, blood and vomit.

GROSS CONTAMINATION

GASTRO-INTESTINAL INFECTIONS

In an adequately disinfected pool, most microorganisms responsible for diarrhoeal diseases, if introduced into the water, will be diluted in the large volume of pool water and inactivated by the disinfectant residual. However, some organisms are resistant to the commonly used disinfectants.

Bacterial infections that can cause diarrhoea as a result of swimming in contaminated water include Shigella and Escherichia coli. These bacteria and viruses are rapidly inactivated by chlorine, and outbreaks associated with pools are due to inadequate chlorination.

Dealing with faeces, vomit, blood in a pool can be dealt with in similar ways.

FAECES

If the contamination is solid, this should immediately be scooped from the pool. If the pool is operating properly with appropriate disinfectant residuals and pH values, no further action is necessary.

If the contamination is runny (diarrhoea), the pool should be immediately closed, cleared of bathers, and disinfectant residuals turned up to the top of the normal range as identified in the Normal Operating Procedures (NOP) for that pool. If there is some doubt about the accuracy of the diarrhoea incident, its presence should first be confirmed by pool staff. If it cannot be confirmed, pool operators may decide that the risk of harmful contamination is low and allow bathing to resume.

For smaller pools, emptying and cleaning the pool before refilling and reopening is a safe option. Filters will also be contaminated and need to be backwashed. For larger volume pools, disinfection, filtration and backwashing are the principal controls. The causes of diarrhoea include viruses, bacteria and protozoa, but alcohol, emotional state, diet and medicinal side effects can also cause it. Most viruses and bacteria that cause diarrhoea could be killed within minutes, although it is wise to turn the disinfectant residual up 2.00-3.00 mg/l free chlorine as recommended by PWTAG, after which it would then be safe for bathing to resume. If the diarrhoea is the result of Cryptosporidiosis, however, normal levels of chlorine will not be able to deal with it and inactivate the contamination (refer to PWTAG guidance on how to handle contamination).

Cryptosporidium must be filtered to remove it from the water and requires more time. Knowing with certainty that the contamination is diarrhoea caused by Cryptosporidiosis is difficult. It is possible that even the individual affected does not know they have Cryptosporidiosis.

Anyone can be infected with Cryptosporidiosis, but it is most common in children aged between 1 and 5 years. Cryptosporidiosis is an illness; symptoms include watery diarrhoea, stomach pains, dehydration, weight loss and fever which could last for up to three weeks. A sufferer might think that they are getting better and have shaken off the infection but then find that they get worse before the illness eventually subsides. Customers or pool managers may know that there is an outbreak in the community. A phone call to the Health Protection Agency or medical practice may establish that there is an outbreak locally. Usually, though, pool operators won't know whether or not Cryptosporidium is involved (refer to PHE guidance as to what documentation to keep should the EHO visit school).

Because pool operators are unlikely to know that cryptosporidium is involved, and because diarrhoea can get into a pool unnoticed, the best defence against such infections is awareness and good hygiene measures.

No one with an infection should use a public swimming pool. Anyone with diarrhoea should be prevented from using the pool for a minimum of 48 hours and for up to **14 days** after the symptoms have passed.

Additionally, a pool manager may need to take action to deal with an outbreak of cryptosporidium when the pool has been identified by the Health Authorities (Health Protection Agency and/or the Local Authority Environmental Health Department) as the cause of an outbreak of this disease in the community. In these circumstances the pool will be told to close and they should follow the procedure outlined above.

CRYPTOSPORIDIUM AND GIARDIA

CRYPTOSPORIDIUM

These are very similar, they are microscopic single celled parasites somewhat smaller than a red blood cell, which, if swallowed, can cause gastroenteritis. They are not a bacterium or a virus, but belong to a

group of microorganisms known as protozoa. They infect humans, animals such as cattle and sheep, and sometimes dogs, cats, rodents, birds, etc.

Cryptosporidium can grow only in a living host and do not multiply in the pool itself. The parasite develops mainly in the cells lining the gut where it goes through a complex life cycle. The last stage of this cycle is the production of oocysts, the infective stage. These are passed out of the body in the stools and can survive (but not multiply) in the environment, especially in cool, moist conditions. Oocysts contain four mobile free moving banana-shaped bodies known as sporozoites. When oocysts are swallowed, the sporozoites are released and attach to the cells lining the gut and start the life cycle over again.

In the United Kingdom the infection is most common in children aged 1-5 years; younger adults are the next most commonly affected group. Infection is less common in infants under 6 months of age or adults over 45 years.

The incubation period may be as short as two days but is more usually about a week. Symptoms may start with the loss of appetite, nausea and abdominal pain. This is usually followed by profuse, foul smelling, watery diarrhoea, vomiting (especially in children), and there may be mild fever and noticeable weight loss. In otherwise healthy people the symptoms persist for 1 to 3 weeks but some symptoms can recur for longer periods (usually not more than a month).

FOOT INFECTIONS

The chances of transmitting any foot infection can be reduced by keeping floor surfaces clean and by ensuring good bather pre-swim hygiene. Footbaths have a limited role in controlling foot infections.

ATHLETE'S FOOT (TINEA PEDIS) Athlete's foot is a fungal ringworm infection which causes itchy scale between the toes. It is spread by contact with floor surfaces contaminated by skin fragments infected with the fungus. Floor cleaning reduces the number of the infective particles. People with severe athlete's foot should not attend swimming pools.

However, it is not realistic to exclude those with possible infection between the toes, as it is difficult to distinguish between infection and soggy skin. Attempting to exclude children is particularly futile, as athlete's foot is unusual in children.

VERRUCAE (PLANTAR WARTS)

Verrucae are plantar warts caused by a virus. They are spread by contact with floor surfaces contaminated by skin fragments infected with the causative virus. Floor cleaning reduces the number of the infective particles.

Historically, efforts have been made to exclude verrucae sufferers from swimming pools in the hope that the spread of the virus could be reduced. However, verrucae are common, and there are undoubtedly other means by which the virus is spread. There is a substantial body of medical opinion which considers that exclusion cannot be justified. Immunity to infection appears to develop readily, as verrucae are uncommon in adults, including those who participate regularly in barefoot activities. It is very doubtful if a firm exclusion policy influences the incidence of verrucae and it is difficult to implement, as well as distressing to children.

EYE INFECTIONS

Conjunctivitis (inflammation of the eye) may be transmitted during visits to swimming pools, but is rarely due to infection. Where there is bacterial or viral infection it is likely to have come, not from pool

water, but from close contact with infected people, or infected articles such as towels. Irritation of the eye by pool water does make eye infections more likely.

VIRUSES

Viral infections are not spread in well-managed and adequately disinfected pools. Nevertheless, some viruses, including that of pharyngo-conjunctival fever (which affects nose and eyes) have been found in pools with too little disinfectant.

Naso-pharyngeal and respiratory infections are usually spread by infected airborne droplets. Bathers are more likely to contract these diseases in crowded areas than through contact with the pool water.

Nose and sinus problems may also result from changes in osmotic pressure, or chemical irritation.

BLOODBORNE VIRUSES

The human immunodeficiency virus (HIV) and hepatitis B virus are carried in blood and other bodily fluids. Infections are transmitted by inoculation, injection, cuts, etc. The viruses are susceptible to the action of disinfectant and neither condition has ever been known to be spread as the result of using a swimming pool.

Hepatitis A is normally passed on in food and water, its spread in a swimming pool is, like gastrointestinal infections, very unlikely. You should always use a spill kit to minimise the risk to other bathers.

SKIN RASHES

Skin irritation and rashes can be linked to swimming pools. It is a complicated subject, and it is difficult to be sure how far a rash is due to other factors in the sufferer's physical make up and environment. The most important safeguard against such skin problems is good water management and adequate disinfection.

Skin rashes associated with pools are mainly due to one or more of the following factors:

- Wetting and degreasing – especially with warm water and prolonged exposure.
- Degreasing – with most disinfectants.
- Chemical irritation – usually trivial in chlorinated pools but reported more from pools using bromochlorodimethylhydantoin (BCDMH).
- Infection – which can cause rashes in swimming pools but also do so in spas.
- Changing rooms, play equipment etc causes folliculitis

These factors contribute to the most common skin conditions – Bromine itch and folliculitis.

EAR AND SINUS INFECTIONS

Swimmer's ear (otitis externa) is inflammation of the ear canal caused by infection, allergy or other cause. In swimmers, it is brought about by wetting, dewaxing and degreasing of the outer ear. This removes the natural protective coating and leaves the ear prone to infection.

Some people seem prone to otitis externa. If you get water, shampoo, soap, hair spray etc in an ear, it may cause it to itch. You may then scratch or poke the ear. This can damage the skin in the ear canal, and cause inflammation. Inflamed skin can quickly become infected. A vicious circle may then develop. The inflammation and infection cause more itch, you then scratch more, which makes things worse, etc. The infection is usually by bacteria that are almost always present, even on healthy skin, however *Pseudomonas aeruginosa* is frequently associated with otitis externa.

High numbers of pathogenic *Pseudomonas aeruginosa* in a swimming pool, due to inadequate disinfection, may cause an unusually high incidence of swimmer's ear. It is most likely in distance and competitive swimmers because of their increased exposure.

Infection of the middle ear (otitis media) and sinusitis, if they follow swimming, are probably caused by infected mucus being forced into the naso-pharyngeal tubes whilst swimming.

FOLLICULITIS CAUSED BY PSEUDOMONAS AERUGINOSA

This is due to infection of skin hair follicles with the pathogenic bacterium *Pseudomonas aeruginosa*. A combination of intense skin wetting and high concentrations of *Pseudomonas* in the pool water are necessary conditions for this complaint as this is an opportunistic pathogen, the bacterium almost never infects undamaged tissues, yet there is hardly any tissue that it cannot infect if the tissue defences are damaged in some way. These factors are intensified in spas via the action of the pressure jets.

Disinfection failure in swimming pools and spas, allowing heavy bacterial growth within the water treatment system, can also result in the presence of *Pseudomonas aeruginosa*.

Folliculitis has been reported in persons using hot tubs, spa pools, saunas, swimming pools, water slides and physiotherapy pools.

PREVENTION OF FOLLICULITIS CAUSED BY PSEUDOMONAS AERUGINOSA *Pseudomonas* can colonise filtration media and internal surfaces of equipment. Proper maintenance, including inspection and cleaning surfaces and materials where *Pseudomonas aeruginosa* can form, (especially found in water-walkers and inflatables), together with control of pH and disinfectant levels will prevent the growth of *Pseudomonas aeruginosa*. Monthly routine testing for *P. aeruginosa* is recommended for pool water.

BROMINE ITCH

This is associated with the use of BCDMH, which for some people in some pools produces an intensely itching contact dermatitis (i.e. eczema) especially after re-exposure. The itching usually precedes a visible rash within 12 hours of exposure. The frequency of the rash increases with age, being unusual in children and more common in bathers of more than 50 years of age. It is also more frequent and severe with prolonged exposure, which may occur occupationally, for example, to hydro therapists.

MOLLUSCUM CONTAGIOSUM

A viral infection caused by a member of the poxvirus family, and probably transmitted by direct contact or indirect contact such as shared towels.

The mode of spread is not always clear. Incubation varies from several weeks to several months and scratching may cause the infection to spread. Lesions can occur anywhere on the body. These take the form of pimples and little bumps with dimples on their tops, often having a pearly appearance.

They may be present for some months before spontaneously disappearing. The virus will not spread in swimming pool water, although pools may provide an opportunity for infective contact.

STAPHYLOCOCCUS AUREUS AND MRSA

Staphylococcus aureus can cause boils, abscesses and infected wounds. Where *S. aureus* is resistant to methicillin and other antibiotics it is termed MRSA. There is no evidence that *S. aureus* or MRSA can be transmitted through normal swimming pool use. It will not spread through the water. It is generally spread by skin to skin contact or by sharing towels or clothing. There is no evidence to justify the

exclusion of MRSA carriers from swimming pools or hydrotherapy pools, but people with infected wounds should be prevented from entering pools.

BURKHOLDERIA CEPACIA

For people with cystic fibrosis, cross-infection can be very harmful and poses a particular threat. This is why people with cystic fibrosis should not meet face to face. People with cystic fibrosis are vulnerable to different bacteria or 'bugs', which grow in their lungs. While these bugs are usually harmless to people who don't have cystic fibrosis, they can settle in the lungs(colonise) and be harmful for those who do. These bugs can be easily transmitted from one person with cystic fibrosis to another. There is less risk of transmission of 'bugs' in an outdoor environment, but meeting indoors, travelling with other people with cystic fibrosis, or spending time with them socially has a high level of risk. The risk of cross infection increases the longer people with cystic fibrosis are in close proximity to one another. Bugs such *Burkholderia cepacia complex* and *Pseudomonas aeruginosa* can be transmitted from person to person by close personal contact and activities such as meeting, sharing rooms, medical equipment, cutlery or crockery; and by kissing or coughing.

There should be a minimum of an hour between hydrotherapy sessions between two CF sufferers.

Important Note:

The use of spas in educational establishments is now prohibited based on advice from NCC Water Treatment Team. Please ensure that your school adheres to this request and any problems please seek further advice. (0115 956 7772)

9. Environment

Access

- Entrance to the pool should be securely locked at all times when not in use
- There must be adequate signage for exits to ensure safety of emergency evacuation

Flooring

- All floor surfaces should be slip resistant to prevent accidents involving slipping or falling
- All floor surfaces should be cleaned on a regular basis using appropriate cleaning materials
- Users should wear protective covers over shoes **or** change into clean appropriate footwear past the point of no outdoor shoes
- Adequate facilities should be in place for cleaning wheels on wheelchairs.
- Any cracked tiles or uneven flooring must be reported to the Health & Safety representative, within school, immediately
- Excess water should be kept to a minimum and spillages cleaned up immediately and wet floor signs placed appropriately
- All steps into pool must be visible with step edges highlighted

Equipment

- There should be suitable storage provision for all equipment e.g. swimming aids, therapy aids, clothing, moving and handling, in order to keep poolside, changing areas and fire exits clear.
- Ensure equipment maintenance and service contracts are kept up to date in accordance with the applicable statutory requirements. All records are kept in the school Health and Safety folders
- Checks on swimming aids for any damage and cleanliness should be made prior to use by staff using the pool
- Ensure all staff are adequately trained in the safe use of equipment, in accordance with the manufacturer's guidelines

Dangerous Substances

- Chemicals and water treatments must be stored in accordance with the manufacturers and suppliers guidelines
- Personal protective clothing should be worn when using chemicals (Site Manager) as appropriate
- Adequate disposal facilities for incontinence wear must be provided

Electricity / Lighting

- Report any faults immediately
- Ensure appropriate lighting for the task
- Ensure appropriate electrical safety standards are met (BS:7671:2008 - The Requirements for Electrical Installations & the Electricity at Work Regulations)
- Ensure that an adequate alarm / communication system is in place and is tested regularly (walkie-talkie and emergency alarm)
- Ensure Residual Current Devices are in place (RCD's). Electricity – all electricity at the pool have an RCD
- Ensure emergency lighting is sufficient and maintained on a regular basis. All records are kept in the Schools Health and Safety folders

Signage

Ensure signs are in place for:

- Emergency exits
- Safety precautions e.g. No running - No jumping etc
- Pool depth
- General information (e.g. evacuation procedures etc)
- Storage
- Alarm systems
- Ensure that a clock is on the wall in full view from the pool to time length of sessions, seizures etc.

Air Temperature

- Hydrotherapy and aquatic rehabilitation pool air temperature should be maintained at approximately 25-28°C or 1°C either side of this temperature
- Relative humidity should be maintained at a level of 60% (no less than 50%, no more than 70%) throughout
- A thermometer should be in view for checking air temperature to protect people from fatigue and dehydration

10. Risk Assessment and Pool Management

Risk assessment is central to the effective management of health and safety in hydrotherapy and spa pools. The Health and Safety Executive (HSE) makes it clear that, “It is the duty of pool operators to ensure risks are adequately identified, assessed and controlled to prevent harm to employees or those affected by the work activity”.

Risk assessments should include an evaluation of all facilities, equipment, staffing levels, patients, treatment programmes and operational, maintenance, management and supervisory policies, as well as an inspection of the hydrotherapy pool site. Risk assessments should incorporate the following:

- facilities inspection, including pool site; surround equipment; plant room and related facilities such as changing rooms, showers, etc
- observation on the maintenance of the facility, including a review of maintenance records
- observation on the cleanliness of the facility
- review of history of facility repairs, existing equipment and need for new equipment purchases
- note of hazards, and appropriate action
- gathering of water and air samples (for chemical analysis), check on water clarity etc
- checking of flow-rate and water turnover time to acceptable standards
- adequate lighting, including ensuring that glare from natural or artificial lighting does not interfere with ability to see below the pool surface
- adequate airflow, ensuring good ventilation
- pool temperature
- Site manager keeps records of Pool Safety Operating Procedure (Normal Operating Plan and Emergency Action Plan), water sampling, records of levels of contamination and resulting chemical balance needed (incident and maintenance logs), Chemical and bacterial water analysis, pool operation training, daily pool chemical logs. All these records are to be kept in the Swimming pool Health and Safety Folder (plant room)
- Emergency evacuation, accident and incident poolside sheets are completed by school
- provision of prominent and adequate safety signs as an effective method of risk control
- follow-up action to involve relevant departments / colleagues, such as occupational health / environmental health (where appropriate)

- The controls needing to be in place to effectively manage any risk relating to legionella. Further guidance and training relating to the control of legionella can be obtained by contacting NCC's Water Management Officer – Building Direct, Centenary House, or your Health and Safety Adviser

Important note: Whilst routine Legionella testing is not a requirement for the pool water, please ensure that any associated water systems such as showers are being maintained as required under the L8 ACOP, e.g. daily flushing of showers, and regular descaling of shower heads.

Important Note: This guidance document contains a set of generic risk assessments intended for school use. The assessments only identify the common hazards and control measures associated with the use of hydrotherapy and spa pools. Before undertaking any activity, schools must also make an assessment of any specific risks associated with their particular site, activities and / or pupils. Further guidance relating to risk assessment can be found in section: B2 of the County Council's Health and Safety Manual (also available via Schools Portal).

11. Operational Procedures

Monitoring

All maintenance checks must be carried out according to the maintenance schedule by the appropriate person responsible for the pool maintenance.

All session leaders who work in the pool must be familiar with the tests and checks on the maintenance schedule. Familiarisation by site manager. Staff will be made aware if the session cannot take place due to failure of test.

Results of all required tests and checks should be recorded on a daily basis on a record sheet by the appropriate staff and be accessible to those using the pool from plant room, if needed, via key holder (Site Manager / Head Teacher / Deputy Head Teacher / office staff).

All records must be accurate and up-to-date and should be readily available.

Any malfunction of the pool must be reported promptly to the person responsible for pool maintenance and/or the Head Teacher, and appropriate action taken; for example the pool may need to be closed until the problem has been rectified.

Handling Chemicals

All chemicals used in the maintenance of the pool must be handled in accordance with Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Chemicals must be handled only by the staff who are authorised to do so and who have had the appropriate instruction in their use (Site Manager or NCC staff acting in this role.)

All staff must wear appropriate PPE when handling chemicals.

Plant Room Inspections

Appropriate Personal Protective Equipment (PPE) must be worn at all times by staff that are required to visit the plant room for routine inspections and checks. There is strictly no unauthorised entry to the pool plant room.

The Site Manager is responsible for the risk assessment for the pool plant room and the review of the document.

12. Pool Water Treatment

Staff using the pool and safety reps should be aware that safe working practices in hydrotherapy pools rely on management's effectiveness in dealing with hazards, including the use of potentially dangerous chemicals and other water treatment issues such as bathing load and turnover. Risks to all those using the pool and surrounding area from poorly maintained pool water include:

- skin irritation;
- respiratory problems and eye irritation due to disinfectant used;
- infection;
- possibility of fire due to some disinfectants being oxidising agents;
- leaks of toxic gases (i.e. escape of chlorine gas).

School safety representatives are advised to familiarise themselves with the guidance issued by the Pool Water Treatment Advisory Group (PWTAG available on the internet). Adequate backwashing of the filter, giving an equivalent of 30 litres of fresh water per person per day, should also take place and be recorded in the hydrotherapy pool log book (backwashing may not take place on a daily basis so the equivalent of 30 litres, spread over a reference period of one week, for example, is acceptable and when the pool is soiled). Disinfectant and pH levels need to be tested 2 or 3 times a day.

Important note: Full microbiological testing of the pool should take place at least once every week by an accredited UKAS laboratory, this should include the following tests:

- **TVC – Total Viable Count**
- **Coliforms**
- **E-coli**
- **Pseudomonas**

The Control of Substances Hazardous to Health (COSHH) Regulations are applicable to chemicals used in hydrotherapy pools. Guidance relating to COSHH can be located in section: B 22 of the County Council's Health & Safety Manual (also available on Schools Portal).

For more information see the section on 'Management of the Hydrotherapy Pool' in the CSP's 'Service Standards' (Standards of Physiotherapy Practice, CSP, London, July 2000).

13. Guidelines For Water Conditions

Reading	Ideal State	Acceptable Range	Extra Precautions
Temperature (Hydro pool)	34.5°C	32°C – 36°C	Cold – active students only watch for chill Hot – moderate activity shorten time in water watch for overheating
pH	7.4	7.2 – 7.4	
Free chlorine	1.0 – 2.0 mg/l ppm	0.5 – 7.0 mg/l ppm	Avoid contact with eyes It is advisable to shower well after treatment
Humidity	60% max	50% – 70%	
External air temperature	25°C – 28°C	25°C – 28°C	

Figures correct as of PWTAG Code of Practice for Swimming Pool Water – 2017

13.1 Infection Risks

Microbiological sampling

Hydrotherapy pools – including those not in a healthcare setting – should be tested once a week.

Familiarisation with the Local Authority's guidance on infection control, and an understanding of its importance.

If at any time during the session a child opens their bowels or vomits whilst in the pool, the session must stop and all children taken out of the pool as quickly as possible. Liaison with the person who maintains the pool will clarify the length of time the pool remains closed for thorough cleansing and necessary checks.

References:

- PWTAG Code of Practice for Swimming Pool Water – 2017
- Safety in Swimming Pools – September 2004
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Education Department Circular
- ERUS H&S 12 Hazards in Hydrotherapy Pools
- CPS – July 2001
- Managing health and safety in swimming pools (HSG179) – HSE Books (2nd edition published 1999, 3rd edition published 2009)
- Safe Practice in Physical Education and School Sport (2008 Edition) - British Association of Advisers & Lecturers in Physical Education (BAALPE)

14. Generic Risk Assessment – October 2023

Operations / Work Activities covered by this assessment:		Hydrotherapy pool – People										
Site Address / Location:		Carlton Digby School				Department / Service / Team:						
Note: A person specific assessment must be carried out for young persons, pregnant women and nursing mothers												
Hazards Considered (under routine, non-routine & emergency conditions) Step 1 (Clause 1.3)	Who might be harmed and how Step 2 (Clause 3.2)	Existing Control Measures: Step 3 (Clause 3.3)	Risk Rating			Further action Step 3: Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)	Actions Step 4 (Clause 3.4)			Risk Rating		
			Severity	Likelihood	Risk Rating		who Name	when Date	complete Date	Severity	Likelihood	Risk Rating
Levels of Competence	Staff, students, visitors Life threatening situation Drowning or injury	- Have staff or volunteers received adequate and formal training? - Have all staff entering the water and session leader been on an accredited training course in evacuation methods and resuscitation? - Do staff know the emergency action plan and procedures?	H	M	H	- All staff entering the water and session leader must have training in evacuation methods - At least two members of staff per session will be trained in ATSPRA - The session leaders will have been trained by schools swimming in NCTP - Staff have received moving and handling training and will evacuate the pool using SSOW - School staff have St Johns Emergency First Aid training including defibrillator - Staff have completed an annual pool evacuation practice - First aid trained person to be present on school site during session (Must be valid & details on school H&S data records) - Nominated First Aid at Work also on site - Yes, through training and signage around the pool.				H	L	M
Clothing, Jewellery & Hair	Staff, students, visitors Personal injury	- Have all pool users been made aware of the NO jewellery policy? - Are pool users and pool side staff wearing appropriate clothing, swimwear and flat, enclosed non slip footwear where applicable? - Is hair tied back or a swimming cap worn whilst in the pool?	L	M	L	- Yes. Staff to remove <u>all</u> jewellery except where religious practice is being observed in which case mask with secure tape - Non- slip flat enclosed footwear for people on pool side and to wear loose, comfortable, appropriate clothing. - Appropriate swim wear to be worn along with a t-shirt - Hair secured, tied back or in a swimming cap				L	L	L
Health Screening	Staff, students, visitors	Ensure all students and staff are fit and healthy to attend the session prior to entering the pool. Has any member of staff declared a specific health care issue that may cause problems in contamination for themselves and others?	H	M	H	- Each pupil must be screened for suitability for each session. - See Hydrotherapy Pool Policy - Individual staff and carers to discuss own health needs prior to session with the session leader. (information from home school diaries)				H	L	M

Use of Equipment	Staff, students, visitors Risk of injury from misuse of equipment	- Are only suitably trained persons operating the pool side equipment? - Has the equipment a testing and recording regime? - Are all mobile phones switched off? - Equipment checked for defects	M	M	M	- All staff involved have received training and instruction in use of any relevant equipment within a pool setting. - Yes, all equipment serviced and maintained within recommended guidelines. - To switch off all mobile phones according to school policy (<i>not carried by school staff</i>) - NO PHONES ALLOWED IN THE POOL AREA - Staff not to use equipment unless know how to use it / trained				M	L	L
Behaviour	Staff, students, visitors Injury to pupils and staff from inappropriate behaviour	- Are staff aware of the general behaviour plan for certain pupils? - Is there a specific behaviour plan for use of the pool if required? - Is the session leader able to assess and deal appropriately with all other behaviours?	M	M	M	- Staff are aware of any behaviour plan for certain pupils. Session leader to relay information. Risk assessments will include this information - Specific behaviour plan to be completed for use of the pool if required. - Session leader to assess all other behaviour and deal with appropriately.				M	L	L
Manual Handling (Assisting people to move)	Staff, students, visitors Injury	- Have staff and helpers received the appropriate manual handling training? - Are all staff familiar with manual handling equipment and Individual student Safe Systems of Work?	M	M	M	- Identified staff to receive recognised manual handling training with regular updates (annual training). - All staff need to be familiar with all equipment and manual handling plans.				M	L	L
Risks of Infection (see Health and Hygiene)	Staff, students, visitors	- Are all pupils and staff healthy to access the session. Have the risks of cross infection been considered? - Has Session Leader carried out a pre session check?	M	M	M	- Yes, verbal confirmation of health screening - Session leader to carry out pre-session check. - See Health & Hygiene				M	L	L
New & Expectant Mothers	Staff, students, visitors Damage to health of mother or unborn child	Has a separate specific risk assessment been completed for new or expectant mothers?	H	M	H	Specific risk assessment required for each individual; risk assessments to be completed prior to session block starting and copy to file				H	L	M
Workload	Staff, students, visitors Fatigue / Dehydration Physiological effects of immersion in warm water	- Have guidelines regarding water temperature air temperature and humidity been adhered to? - Are staff limited to shorter working times i.e. 3 hours maximum, within the pool environment (if this is not possible can other staff provide a short break to cover)?	M	M	M	- Refer to guidelines regarding water temperature, air temperature, humidity - Rotate staff duties to ensure even workload - All staff to spend no more than 3 hours consecutively in a pool environment without a 30 minute break away from the area.				M	L	L

Health & Hygiene	Staff, students, visitors Damage to health	- Are Health Screening assessments in place? - Have final health and hygiene checks been carried out just prior to entry into the water? - Are students at risk of incontinence wearing appropriate padding? - Do all staff and students have access to fluids during/after the session to minimise dehydration and fatigue? - Do staff and students have access to showering facilities before and after the session (desirable)? - Are procedures in place to ensure students have no more than 30 minutes access to hydrotherapy pools and no more than 20 minutes access to Spa pools in one session?	M	M	M	- Session leader to ensure Health Screening assessments are in place. - Session leader to ensure final health and hygiene check just prior to entry into the water. - Pupils at risk of incontinence to wear appropriate padding - Access to fluids before, during and after session to minimise dehydration and fatigue. - Yes, accessible showers on poolside - before and after session desirable - Yes, pupils to spend no more than 30 minutes in the hydrotherapy pool. All times are logged in and out on the board - See <i>Pool Policy</i>				M	L	L
Levels of Supervision	Staff, students, visitors Death or injury	- Has the staffing ratio been determined by the session leader in accordance with the students' medical profiles and health care plans? - Is there a minimum of 1 spotter, who is not involved in any other duties, on the poolside? - Are there sufficient, adequately trained poolside staff for care as determined by the students care plans?	H	M	H	- Ratio to be determined by the session leader according to the child's medical profile and health care plans in the pool. - Minimum of 1 ATSPRA spotter not involved in any other duties i.e. changing etc. - Minimum of 2 ATSPRA trained staff in total - Leader must hold NCTP from schools swimming - Adequate poolside staff for care as determined by the child's care plans. - Number of pupils permitted must not exceed the capabilities of staff to safely evacuate the pool if an emergency arises. - When child enters the pool by hoisting via sling 2 people must be in the water to receive the child.				H	L	M

Hydrotherapy use will be determined on a case-by-case basis by the Physiotherapists

Operations/Work Activities covered by this assessment:			Hydrotherapy Pool – Environment											
Site Address/Location:			Carlton Digby School						Department/Service/Team:					
Note: A person specific assessment must be carried out for young persons, pregnant women and nursing mothers														
Hazards Considered (under routine, non-routine & emergency conditions) Step 1 (Clause 1.3)	Who might be harmed and how Step 2 (Clause 3.2)	Existing Control Measures: Step 3 (Clause 3.3)	Risk Rating			Further action Step 3: Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)	Actions Step 4 (Clause 3.4)			Risk Rating				
			Severity	Likelihood	Risk Rating		who	when	complete	Severity	Likelihood	Risk Rating		
							Name	Date	Date					
Flooring – Poor Wet Mats Un maintained Uneven/gullies	Staff, students, visitors Slips, trips, falls, entrapment Tipping out of wheelchairs/equipment	- Are the floor surfaces in good repair, of non slip covering, with sufficient contrast to steps? - Is there a maintenance schedule for the flooring including mopping throughout the session? - Are gullies and grills secured and securely fastened to prevent intentional or accidental access? - Are shoe protectors available?	M	M	M	- Session leader to check condition of floor before and after session and report to the site manager any problems. - Yes, all areas of the pool cleaned at least daily and equipment available during the session. - All gullies are built in and securely fastened. - Yes, available outside the pool entrance. - Staff should wear suitable clean indoor footwear in the pool area and changing rooms.				M	L	L		
Lack of space Insufficient space Equipment	Staff, students, visitors Postural constraints Tripping Blocking access/exits (fire/pool)	- Is the pool side being kept clear of any unused equipment or debris? - Has the equipment been tested in accordance with the relevant guidance / manufacturers instructions? - Are exits clear and clearly signed	M	M	M	- All plinths kept to the outside or in the changing rooms, proving more than adequate space around the poolside. Storage area to be used where necessary and kept tidy. - All equipment maintained in accordance with manufacturers guidelines. - Yes, exit clearly signed and free from obstruction.				M	L	L		
Fixed equipment Un maintained Damage Lack of training	Staff, students, visitors Injury Child being suspended in equipment (hoist) Panic/fright	- Have any hoists or equipment been tested in accordance with the manufacturers instructions? - Are staff trained and competent in the use of equipment - Are emergency call procedures in place and are all staff made aware of them? - Is the walkie talkie/alarm regularly checked and tested?	M	M	M	- All equipment maintained in accordance with manufacturers guidelines - All staff trained and receive regular updates - All staff aware through training and induction and procedures are displayed on the poolside - The walkie talkies tested before each session				M	L	L		
Free access to pool area	Staff, students, visitors Drowning or injury	- Can the pool area be FULLY locked off when the pool is not in use? - Have all staff in charge been made aware of their responsibilities to ensure that the area is kept secure when not in use?	H	M	H	- Paxton door system on both entry doors to the pool area - Yes, front doors have a key lock - Yes and signs displayed also reminding staff				H	L	M		

Chemicals	Staff, students, visitors Inhaling, Drinking Contact with	- Are chemicals locked away with key holder access only? - Are relevant COSHH risk assessments and data sheets available in the event of an emergency? - Is the appropriate PPE available for any person that may need to access any chemicals?	H	M	H	- Yes, only site staff (site manager) have the key to the chemical cupboard and are stored in relation to their specific COSHH assessment - All are kept in the Pool Plant Room or available from in the Site Managers office - Yes, all staff provided with individual PPE in the event of emergency or handling chemicals				H	L	M
Emergency Procedures	Staff, students, visitors Major Injury / Death	- Are ALL staff, students and visitors conversant with the emergency procedures and their role within them? - Has an emergency evacuation been planned or tests completed on the alarm system (both in working hours and out of normal hours if necessary if lettings are taking place)?	H	M	H	- Yes. In the event of an emergency, the session leader to delegate roles and responsibilities. Instructions also displayed in the pool area. - Yes. Fire alarm checked weekly and evacuations carried out at least Termly				H	L	M
Electricity Fault Power Failure/ Equipment Failure/ Lighting failure	Staff, students, visitors Electrocution Damage to health	- Are BS7671 – requirements for electrical installations standards being met? - Is an annual electrical test carried out? - Are RCDs in place? - Is there sufficient emergency lighting for the tasks?	H	M	H	- Yes. Safety light and sockets provided around the pool area backed up by RCD protection - All portable appliances tested annually. All distribution boards tested every 5 years - Yes - Yes. Emergency lighting checked monthly and checked externally quarterly				H	L	M
Inadequate disposal facility for used incontinence wear	Staff, students, visitors Contamination Damage to health	- Have bins and yellow bags been provided for disposal of used incontinence wear? - Has Personal Protective Clothing been provided?	M	M	M	- Bin and liners provided for general waste such as nappies etc. Body fluids kits to be organised by the session leader if appropriate. Site manager called for all spillages of bodily fluid - All gloves and aprons provided to all staff				M	L	L
Lack of hygiene Dirty wheelchair wheels Outdoor shoes	Staff, students, visitors Contamination Damage to health	- Are procedures in place to ensure the pool, surrounding areas, ALL poolside equipment and swimming aids are regularly cleaned and maintained? - Are wheelchairs kept to restricted areas with facilities to clean wheels? - Are overshoes available?	M	M	M	- Pool area cleaned thoroughly daily by cleaners. - Beds / and pool chairs to be cleaned by staff between use - Staff to clean swimming aids e.g. arm bands / floats when appropriate - Adequate facility for cleaning wheels - Wheelchairs to be kept to the changing side of the pool - Covers for outdoor shoes provided outside the front doors OR staff / visitors to change into clean appropriate footwear before entering the pool area				M	L	L
ADDITIONAL SITE SPECIFIC HAZARDS NOT COVERED IN THE GENERIC RISK ASSESSMENT (ABOVE)												
Are there any other foreseeable hazards associated with this activity?	Students /staff	Slings are rinsed to prevent deterioration and checked on a regular basis	M	L	L	Slings are rinsed after use and hung safely to dry				M	L	L

Consider if any additional hazards are created and control measures are required if this activity is undertaken in non-routine or emergency conditions:							Review Date (Step 5): October 2024					
Assessors Signature: Naomi Boulter			Date: 30/10/2023		Authorised By: Naomi Boulter and Governors					Date: November 2023		

** To determine if your control measures are adequate, that is, have you have done everything reasonably practicable to protect people from harm, compare your control measures with good practice. Another common approach of evaluating risk involves working out the risk level by categorising the likelihood of the harm and the potential severity of harm using the matrix below. The risk level determines which risks should be tackled first.*

Potential Severity of Harm	High (e.g. death or paralysis, long term serious ill health)	Medium	High	High
	Medium (an injury requiring further medical assistance or is a RIDDOR incident)	Low	Medium	High
	Low (minor injuries requiring first aid)	Low	Low	Medium
		Low (The event is unlikely to happen)	Medium (It is fairly likely it will happen)	High (It is likely to happen)
Likelihood of Harm Occurring				

Risk Definitions	
Low	Controls are adequate, no further action required, but ensure controls are monitored and any changes reassessed.
Medium	Consideration should be given as to whether the risks can be reduced using the hierarchy of control measures. Risk reduction measures should be implemented within a defined time periods. Arrangements should be made to ensure that the controls are maintained and monitored for adequacy.
High	Substantial improvements should be made to reduce the level to an acceptable level. Risk reduction measures should be implemented urgently with a defined period. Consider suspending or restricting the activity or applying interim risks controls. Activities in this category must have a written method statement / safe system of work and arrangements must be made to ensure that the controls are maintained and monitored for adequacy.