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## 1. Amendment Details

None

## 2. Scope & Objective

It is the objective of Summerfields leisure centre to ensure that all customers and staff are safe when using the centre, particularly in hazardous environments such as the swimming pool.

This operating document details how staff should react during emergency situations specifically in the pool environment.

## 3. Reference Documents

### Internal

OD 86.7.7 Rules and Enforcement.

OD 86.7.15 Pool Water Quality and Clarity.

### External

HSE Managing H&S

In swimming pools

OD 86.2.5 Fire Evacuation

## 4. Operating Details

### 4.1 General Advice

All action taken by Lifeguards in relation to Lifesaving or First Aid must be carried out according to, and not exceeding, training and qualification.

All supporting information (eg training manuals) must be kept easily accessible should there be the necessity to refer to or clarify any information. Likewise, the Operating Documents (including the EAP) must be accessible.

The Emergency Action Procedures in relation to the way a Lifeguard or First Aider assesses and treats a casualty are contained within the respective training manuals.

The Lifesaving and First Aid training manuals and pool Operating Documents, and any other relevant reference information are kept as in the following locations:

1. Duty Managers Office – Yellow folder Operating Documents
2. Duty Managers Office – Lifesaving/first aid manuals
3. Intranet – All operating documents

### 4.2 Overcrowding

The Operating Documents states the maximum number of swimmers that can be safely admitted into the pool. Should this number be exceeded, there is the potential for additional risks to be introduced that may not be adequately controlled.

In the event that the number of swimmers exceeds the maximum the matter must be referred to the Duty Manager who must take the following action:

1. Reduce the numbers accordingly by asking the swimmer/s to leave the water
2. Stop further swimmers entering the water from the changing area

## 2 Stop further admission at Reception

Should the swimmer/s be asked to wait on poolside, the Duty Manager must consider whether any measures need to be taken to ensure their safety when they have access to the water (eg supervision by a Lifeguard).

### Exceeding Maximum Numbers of Swimmers in relation to Number of Lifeguards

The Operating Document states the numbers of swimmers permitted to be Lifeguarded by the various ratios of staff.

Should these numbers be exceeded, and there is insufficient Lifeguard cover, the matter must be referred to the Duty Manager who must consider whether to ask swimmers to leave the water, or to increase the number of staff supervising the pool (eg redeployment from other areas of the operation), or to Lifeguard the pool him/herself, or to continue with the reported ratios.

In deciding what action to take, the Duty Manager must consider the level of risk presented by the numbers, competence and behaviour of the swimmers.

### 4.3 Disorderly Behaviour

Details of how Lifeguards must deal with disorderly behaviour can be found in Pool OD 86.7.7 Rules and Enforcement.

### 4.4 Water Clarity

Details of how Lifeguards must deal with poor water clarity can be found in Pool OD 86.7.15 Pool Water Quality and Clarity.

### 4.5 Bomb Threat

Details of how Lifeguards must deal with a Bomb Threat can be found in Health and Safety General.

### 4.6 Pool Lighting Failure

In the case of pool lighting failure, the emergency lights will activate then action must be taken as follows:

1. One lifeguard from each water area must take immediate charge. All remaining pool staff will assist.
2. The public in the water must be reassured and requested to leave the water and sit or stand on poolside as far away from the water as practicably possible.
3. The public in the changing areas must be advised to stay there or exit the changing area into another area (eg reception). The public must not go on to poolside.
4. The public in the spectator area must be advised to stay there or exit into another area . The public must not go on to poolside.
5. No members of the public may enter the pool area via any entrance doors or changing area door.
6. The Duty Manager must decide whether or not to evacuate the building. If he/she decides to do so, action is as in Fire Evacuation.
7. The emphasis during such an occurrence is on minimising movement, and any movement must be supervised.

#### **4.7 Structural Failure**

Details of how Lifeguards must deal with Structural Failure can be found in Health and Safety General.

#### **4.8 Emission of Toxic Gases**

Details of how Lifeguards must deal with Emission of Toxic Gases can be found in Health and Safety General.

#### **4.9 Discovery of a Casualty in the Water/Serious Injury to Swimmer**

### General Advice

Incidents will vary in terms of their nature and severity and therefore it is not possible to prescribe a sequence of emergency action that covers all eventualities. There are, however, key principles and critical information that must be understood by all Lifeguards and other staff involved in managing an emergency in the swimming pool.

The three key elements of good emergency management are:

1. The employment, by the staff involved, of skills and knowledge acquired through formal qualification training, on-going 'in-house' training, and on-going performance assessment.
2. Good communication systems to alert staff either in the pool environment or in the Leisure Centre should their assistance be necessary.
3. Effective deployment of all available resources to ensure maximum productivity, good leadership and minimal duplication.

### Aquatic Emergency

Lifeguard 1 will respond utilising rescue and first aid skills in accordance with, and not beyond, formal training and qualification. Lifesaving Aids and First Aid equipment, as available, will be used specific to their use.

Lifeguard 2 will assist as necessary. They may be required according to incident to clear the pool/summon further assistance/supervise the area of the pool left unsupervised by lifeguard 1.

Any additional team members will be deployed as necessary and in line with NPLQ training.

### Out of Water Emergency

Lifeguard 1 will respond utilising skills in accordance with, and not beyond, formal training and qualification. First Aid equipment, as available, will be used specific to their use.

Lifeguard 2 will supervise the pool in the first instance. If required to assist Lifeguard 1 the pool must be cleared of swimmers and those swimmers asked to move to a place of safety.

Any additional staff members will be deployed as necessary.

#### Emergency Action with Minimal Staffing Levels

The minimum number of qualified staff to open the pool will be two staff members. This will either be for a 50m club session only or a 25m session where only the 25m tank can be open to the public. All other pools cannot open. These levels can be maintained for a maximum 90mins. If further staff cannot be found then the pool must close until sufficient staffing (3 in total NPLQ staff) to maintain rotations. These numbers will include DM's/SRA's and are not additional to those staff.

In the event of an emergency Lifeguard 1 will respond utilising skills in accordance with, and not beyond, formal training and qualification. First Aid equipment, as available, will be used specific to their use.

Lifeguard 2 will assist as necessary. They may be required according to incident to clear the pool/summon further assistance/supervise the area of the pool left unsupervised by lifeguard. Priority must be given to ensuring communication with emergency services (if required). This may be by utilising other non NPLQ qualified staff or members of the public.

#### Emergency Communication Systems

Details of how Lifeguards must deal with and prioritise Emergency Communication systems can be found in Health and Safety General.

### Leadership

Under normal circumstances the most senior Lifeguard will take charge of an aquatic or out of water emergency situation. If this is not practical (eg because he/she is directly involved in a water based rescue) the role must be adopted by another and passed to the senior Lifeguard when possible.

The Duty Manager will normally take control of the overall communication and co-ordination of the incident (unless directly involved in the emergency). The Duty Manager must assess, however, at the time whether he/she needs to take direct control of the management of the emergency (ie treatment of casualty).

#### **4.10 Spinal Injuries**

In the event of a suspected spinal injury lifeguards will follow procedures in line with their NPLQ training. Due to the nature of the pool at K2 it is necessary to follow additional specific in house procedures when dealing with the removal of spinal injuries from the 25m tank and the deep or shallow end when set at a depth of 1.5m or greater.

##### 25m (1.8m) Tank Spinal:

In the event of a spinal injury in water of depth of 1.5m or more, the first lifeguard would normally (subject to their height) perform a vice grip turn and trawl taking their casualty to either window/gallery side of the pool where they would be assisted by a minimum of two additional staff members. The first staff member to assist must support the head by either entering the water, using the underwater ledge for support or by lying flat on the pool surround and supporting the head. Other team members must as with any spinal injury support the torso and legs dependent on number of staff available.

Two additional lifeguards are required on the pool surround. They will interlock their fingers around the fingers/hands of the two pool based lifeguards supporting the casualty. If the person on the head is lying on the poolside then they need to adapt their position ready to move the casualty up onto the poolside. If the lifeguard on the head is in the pool supporting then a third lifeguard will be required on the pool surround to support the head in the same way as a horizontal

lift. The first person on the head will lead the team in slowly sliding the casualty from the water onto the pool surround. The lifeguards on the pool surround with fingers interlocked will slowly manoeuvre the arms of the supporting lifeguards onto the poolside.

Once on the poolside and in a secure position, the lifeguards on poolside will release their grip. From this point forward normal horizontal lift out procedures would resume.

Deep End/Shallow End (1.5m or deeper)

In the event of a spinal injury in water of depth of 1.5m or more, the first lifeguard would normally (subject to their height) perform a vice grip turn and trawl taking their casualty to either window/gallery side of the pool where they would be assisted by a minimum of two additional staff members. The first staff member to assist must support the head by either entering the water and using the underwater ledge for support or by lying flat on the pool surround and supporting the head. Other team members must as with any spinal injury support the torso and legs dependent on number of staff available.

An authorised staff member must then ensure that the moveable pool floor is raised to a point that all staff can comfortably support the casualty. This would normally be 1.2m, this reduces time to raise the floor to any depth less than 1.2m. In the event that the head is still being supported from the lifeguard on poolside then a lifeguard must enter the water and support the head ensuring a smooth transfer takes place. From this point forward a normal transfer to the spine board would take place and in line with NPLQ guidance.

#### 4.11 Epilepsy

Whilst the treatment for Epilepsy is contained and covered within the NPLQ syllabus is worth reminding staff of how this may be managed.

For seizures in the water:

Alert the lifeguard team

After a non convulsive seizure or absence assist the casualty out of the water quietly and calmly.

During a convulsive seizure, or absence, support them to keep their face clear of the water, keep at arms length were possible.

Ensure their head does not hit you, the pool surround, or any features of the pool or pool equipment.

Where possible support them in shallow water until the seizure is over, then help them from the pool.

Monitor breathing and signs of circulation.

Medical help may be required if the casualty has inhaled water (effects of drowning)

For seizures on the land:

During a non convulsive seizure or absence the casualty may not need any attention other than observation and understanding.

During a convulsive seizure do not restrain the casualty and only move them if they are in danger of falling into the pool water.

Objects that may cause harm to the casualty must be removed.

Place the casualty in the recovery position as soon as possible.

Once the attack is over they should rest quietly until they are fully recovered.

Get medical help if there are an injuries, the attack last longer than 5 minutes or the attack is repeated without the casualty gaining consciousness, or if the attack is unusual to the casualty.