



*Making the difference*

# Hydrotherapy Pool Contamination Procedure



## HYDROTHERAPY POOL CONTAMINATION PROCEDURE

This document outlines the steps to be taken in the event of pool contamination by blood, vomit or faeces.

Events are categorised as minor (green), moderate (amber) and severe (red); depending on the risk of infection involved. Types of incident can be grouped as follows:

### **Contamination categories**

#### Minor contamination

**Small amounts** of blood, e.g. a nose bleed.

**Very small amounts** of vomit (<5ml).

#### Moderate contamination

**Significant amounts** of blood.

Vomit (if no confirmed gastrointestinal infection).

Solid faeces.

#### Severe contamination

Runny faeces

Vomit if the user is known to be suffering from a gastrointestinal infection.

### **Action to be taken**

**For a minor contamination**, no action is required by session staff or pool management. The contaminant will quickly disperse and any germs present will be killed by the residual disinfectant.

**For a moderate contamination**, the following steps to be taken by session staff:

1. Staff running the session should immediately clear the pool of bathers.
2. In the case of faeces and vomit, staff should remove the contaminant from the pool using a scoop or fine mesh net and flush down the toilet (not put in any pool drains).
3. There must be certainty that all the faeces have been captured and disposed of. If not, and there is possible widespread distribution of the faeces in the pool, then the pool must be closed and treated as a severe incident (see below).
4. Inform pool management of the incident.

**For a severe contamination**, the following steps to be taken by pool management:

5. All equipment that has been used in the removal process should be disinfected using a 1% solution of hypochlorite, by pool management.
6. Depending on the severity of the incident, the pool should remain closed to users for between 60 and 120 minutes, to allow the disinfectant to kill any germs present. As a precaution, chlorine levels can be raised by 1 ppm for 24 hours if desired.



For session staff and pool management:

Any **blood spillages** on the poolside should *not* be washed into the pool or poolside drains and channels. Instead, like blood spillage anywhere in the building, it should be dealt with using strong disinfectant – of a concentration equivalent to 10,000mg/l of available chlorine. A 10:1 dilution of the sodium hypochlorite in use may be convenient. Using disposable latex gloves, the blood should be covered with paper towels, gently flooded with the disinfectant and left for at least two minutes before it is cleared away. On the poolside, the affected area can then be washed with pool water (and the washings disposed of not in the pool). Elsewhere, the disinfected area should be washed with water and detergent and, if possible, left to dry. The bagged paper towels and gloves are classed as offensive/hygiene waste and in only small quantities can be disposed of with the general waste.

**For a severe contamination**, the following instructions to be followed by session staff:

1. Staff running the session should immediately clear the pool of bathers. and attempt to remove the contaminant from the pool using a scoop or fine mesh net and flush down the toilet.
2. Inform pool management of the incident, who should close the pool immediately.

**For a severe contamination**, the following instructions to be followed by pool management:

3. Place one aluminium sulphate flocculant tablet in each of the three skimmers.
4. Superchlorinate to 20mg/l and adjust the pH to 7.2 and leave for at least 13 hours.
5. All equipment that has been used in the removal process should be disinfected using a 1% solution of hypochlorite, by pool management.
6. Vacuum and sweep the pool.
7. Make sure the pool treatment plant is operating as it should.
8. Backwash the filters: 45s on backwash, 30s rinse, 45s backwash.
9. Allow the filter media to settle by running to drain for a few minutes before reconnecting the filter to the pool.
10. Reduce the free chlorine residual to normal using sodium thiosulphate.
11. When the disinfectant residual and pH are at normal levels for the pool, re-open.
12. Take a water sample for microbiological analysis.

For more detailed information please refer to the document 'PWTAG Pool Contamination.pdf', located on the Vbranch House Network at Remote-Storage/Public.

