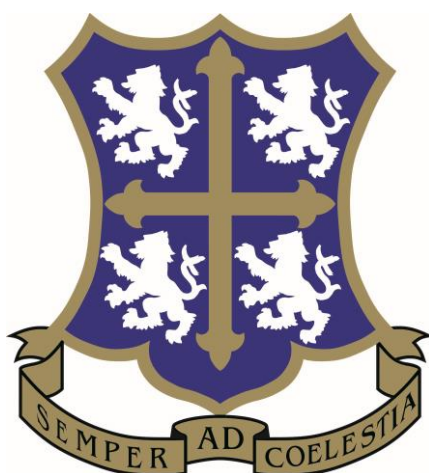


EMERGENCY ACTION PLAN



FOR

WORKSOP COLLEGE SWIMMING POOL

20th March 2016

EMERGENCY ACTION PLAN

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SECTION 1 – INTRODUCTION

Introduction

1. This Emergency Action Plan (EAP) details action to be taken in the event of foreseeable emergencies. It has been compiled using information from a range of sources: Managing Health and Safety in Swimming Pools and the College's Risk Assessments.

Training

2. Emergency Action Plans (EAP) are incorporated into induction and on-going training and staff / external hirers responsible for pool supervision will be monitored periodically to ensure that all staff's knowledge of the procedures, and the part that they have to play in them, remains current.

Communication and Summoning Assistance

3. When it is necessary for staff / external hirers engaged in poolside supervision to summon other staff / external hirers to provide assistance in the event of an emergency, this will be carried out by the use of the internal telephone situated within the pool hall.

Completion of Incident, Accident and RIDDOR Forms

4. Staff / external hirers will be required to complete an incident report form and / or an accident report form for each and every incident or accident in which they are involved. Examples of these forms are attached to these procedures as Appendices A and B respectively.
5. RIDDOR forms will be completed by the member of staff who has dealt with the incident / accident for accidents involving College use of the pool. For accidents involving external hirers RIDDOR forms will be completed by the Deputy Head / Operations Manager. All accidents or incidents required to be reported under these regulations will be passed to the Deputy Head / Operations Manager and reported online through the HSE website.

This document has been approved by:

Signed:
Designation: Head of Swimming
Date:

Signed:
Designation: Operations Manager
Date:

Signed:
Designation: Deputy Headmaster
Date:

SECTION 2 – DISORDERLEY BEHAVIOUR

1. Any behaviour likely to cause nuisance or is dangerous to other pool users should be stopped immediately. Such behaviour could include:
 - ◆ Irresponsible behaviour ie running, acrobatics, bombing, disobedience, diving in shallow water, incorrect use of flumes etc
 - ◆ Verbal abuse / swearing at other users or staff
 - ◆ Physical abuse to other users or staff
 - ◆ Malicious damage to pool and its surroundings and / or equipment
 - ◆ Inappropriate behaviour / conduct
2. Speak to the user in a polite, firm and assertive manner. Highlight the reasons as to why they cannot carry on with their current behaviour / conduct. Explain to the user the reason why you have to ask them to stop.
3. In certain instances (eg fighting) a user's behaviour may result in them being asked to leave the pool immediately. It is up to the staff / external hirer to take whatever action they feel is appropriate for the user's disorderly behaviour.
4. In some cases (eg where you are unable to adequately supervise the pool) it may be necessary to summon additional assistance by using the poolside internal telephone.
5. In any situation involving an allegation of child abuse or other allegations of a sexual nature the Deputy Head / Operations Manager should be contacted immediately.
6. Staff / External Hirers should remember that their principal role is maintaining adequate supervision at all times. If a user's behaviour is becoming potentially dangerous, to themselves or others, it may be necessary to temporarily clear the pool removing other users from the pool edge.

SECTION 3 – OVERCROWDING

1. Overcrowding should not occur with the correct programming of the pool by the College and by external hirer's acting within the conditions of their hire agreement. However if overcrowding does develop the following procedure should be adopted.
2. Staff / external hirers will usually be the first to realise that the pool is approaching, or has exceeded, its maximum bather load. They should immediately prevent any further admissions and secondly assess the bather loads of the pool.
3. Staff / external hirers will determine (based on risk assessment documents for pool capacities and supervision levels) whether pool supervision levels should be increased in the short term (if appropriately qualified personnel or trained assistants are available) or whether some users are asked to leave the pool.
4. Staff/ External Hirers should alert Deputy Head /Operations Manager of the incident and the times during which users were not admitted.

SECTION 4 – LACK OF WATER CLARITY

1. Staff / external hirers are responsible for continually monitoring the pool water clarity. The bottom of the pool should be clearly visible at all times. At certain times water clarity can deteriorate through the introduction of microscopic air bubbles, heavy use of the pool or a malfunction of the water treatment system.
2. In the event of deterioration in water clarity staff / external hirers are to alert Operations Manager.
3. The Operations Manager will check the operation of the plant, carry out a water test and take any appropriate remedial action required.
4. If the remedial action is likely to result in a short term further deterioration the Operations Manager will instruct staff / external hirers to cease further admissions. He/she will decide an appropriate course of action from the following: additional supervision, sectioning areas off so as to prevent usage or closure of the pool(s).
5. If following the remedial action the clarity improves admissions to the pool can re-commence.
6. If pool water clarity suddenly deteriorates so that there is difficulty in seeing the bottom of the pool staff / external hirers will make the decision to clear the pool immediately.
7. Clarity checks can be made by dropping a lifesaving mannequin into the deepest part of the pool. Only if the mannequin is completely distinguishable should the pool remain open or be re-opened.

SECTION 5 – LIGHTING FAILURE

1. In the event of a lighting failure the pool hall emergency battery back up lighting will come on automatically. The Operations Manager must be informed immediately of the failure.
2. Emergency lights are adequate to clear the pool area and if these come on the pool must be cleared immediately and all users must leave the swimming pool and prepare to leave.
3. If it becomes clear that the lighting failure is going to be prolonged, users will need to be advised that the pool is closed and a structured method of changing will be implemented.
4. Emergency torches are located in the pool hall for this purpose. Groups of users will be taken into the changing rooms in an orderly fashion to change, if this is not a feasible option then swimmers will recover clothing and will be taken to the Sports Hall or another changing facility, eg: Gibbs
5. The method of changing will depend on the availability of natural light. Staff / external hirers will give guidance and direction as to a controlled method of changing in the various areas of the pool hall.

SECTION 6 – STRUCTURAL FAILURE

1. Should a structural failure occur, or if suspected to be imminent by staff / external hirers, raise the alarm by using the pool hall internal telephone.
2. Evacuation should be via exit routes and doors unobstructed by the structural failure and which lead away from it. This may involve using exit routes through either of the changing rooms.
3. Treat any casualties through standard training procedures.
4. The Deputy Head/ Operations Manager will assume responsibility for co-ordinating the evacuation and liaising with the Emergency Services.

**REMEMBER YOUR SAFETY IS PARAMOUNT AT ALL TIMES –
YOU DO NOT WANT TO BE ANOTHER CASUALTY**

SECTION 7 – FIRE PROCEDURES AND EVACUATION OF THE BUILDING

- The pool telephone system can be used to initiate the evacuation of the facilities in a range of circumstances: fire, bomb threat, lighting failure, structural failure, release of toxic gas. In most cases the procedure will be the same, however in some circumstances eg fire, structural failure and release of toxic gas it may be necessary to vary the exit route to ensure customers and staff exit via the safest exit and away from the source of danger. This may entail users being taken through either of the changing rooms as an alternative exit route to the designated emergency exit route.

RESPONSIBLE PERSON(S)	GENERAL PROCEDURE
ALL STAFF / EXTERNAL HIRERS	Fire alarm raised by using the poolside internal telephone. Evacuation of users to nearest exit doors commences. The building should be evacuated immediately. Escort users to Evacuation Points (See below)
CHANGING ROOMS	Staff to clear users from area. Escort users to nearest available exit and report to the Deputy Head/Operations Manager that the area has been cleared.
ALL STAFF	DO NOT LET USERS COLLECT THEIR BELONGINGS. NO ONE SHALL RE-ENTER THE BUILDING UNTIL AFTER THE FIRE BRIGADE HAS GIVEN THE ALL CLEAR. The Deputy Head/Operations Manager will be responsible for giving approval to re-enter the pool and ancillary areas.
EVACUATION / MUSTER POINTS	The evacuation point for the pool is clearly marked and the Muster Point is on the adjacent main car park. In Winter or adverse weather conditions this may be moved to the Sports Hall once people are accounted for.

- The nearest available exit may not be the nearest exit. In some cases eg fire structural failure or emission of toxic gases it may be necessary to use an exit leading away from the source of danger.
- People with Disabilities: Wheelchair users or others with mobility difficulties may have difficulty in exiting the building. This needs to be taken into account when considering exit routes.

SECTION 8 – OUTBREAK OF FIRE - FIRE FIGHTING APPLIANCES

- Fire fighting appliances are found in the following locations: 1x FOAM 1x CO2
Pool Foyer. There are 2 x WATER fire extinguishers inside the door way to the Plant Room
Fire extinguishers are located in the plant room, although the door should remain locked and are therefore only accessible to the Foreman and other maintenance staff.
- They should only be used by staff trained in their use and at no time should staff or hirers put themselves in danger.

3. Know your fire extinguishers label colour codes:

RED	-	WATER – for use on Wood, Paper, Textiles, etc. DO NOT use on electrical or flammable liquid fires
BLUE	-	DRY POWDER – For use on flammable liquids, gases and electrical fires.
BLACK	-	CO ² CARBON DIOXIDE – for use on flammable Liquids and electrical fires
CREAM	-	AFFF FOAM - For use on wood, paper, textiles, etc, and other carbonaceous materials, petrol, oil, fats, paints, etc

SECTION 9 – BOMB THREAT

1. On receiving a bomb threats by telephone the person taking the call should refer to the bomb scare form kept close to the phone and try to obtain as much information as possible.
2. As soon as it is clear that the caller is making a bomb threat let them finish their message **WITHOUT INTERRUPTION**. If any response is required at all, confine it to one or two words. While the caller talks, take down the message **EXACTLY** and list possible clues as to:
 - Caller's sex and age
 - Noticeable condition affecting speech such as drunkenness, laughter, anger, excitement, incoherence
 - Peculiarities of speech, such as foreign accent, mispronunciation, speech impediment, tones and pitch of voice
 - Background noises audible during the call such as music, traffic, talking, machines.
 - Code Word
3. When the caller has finishes their message, try to keep them in conversation and ask the following key questions, but only **AFTER THE CALLER HAS FINISHED THEIR MESSAGE**.
 - What time will it explode?
 - Where is the device located?
 - Is it in a bag, parcel or envelope?
 - Is there a codeword for the device?
 - When was it in place?
 - Why was it placed?
 - Who are you?
4. As soon as the call terminates notify the Deputy Head/Bursar and note the exact time of the call. Use internal phone lines to make this call. **DO NOT USE RADIOS OR MOBILE PHONES**. Radio operated devices may be activated by these items.
5. The Deputy Head/ Operations Manager will then contact the Emergency Services by telephoning (9) 999 explaining that a bomb threat has been received. In liaison with the Police the Deputy Head/ Operations Manager will decide whether to undertake a Controlled Evacuation or an Emergency Evacuation of the facility.
6. The building will then be evacuated as per section 5, Fire Procedures and Evacuation of the Building.
7. No searches of the building should be undertaken until the Police arrive. The Police may ask for assistance in carrying out the search due to their unfamiliarity with the facility. The Deputy Head/ Operations Manager will assist Police as far as possible.
8. No persons will be allowed to re-enter the building until the all-clear has been given by the Police.

9. No statements should be given to the press or to users.
10. Incident reports will be required from the member of staff / external hirers receiving the bomb threat. A de-brief session will also be undertaken by the Deputy Head/ Operations Manager with all staff involved in the incident.

SECTION 10 – EMISSION OF TOXIC GASES

1. The emission of a toxic gas is most likely to come from one of two sources:
 - ◆ a malfunction of the water treatment plant resulting in a mixing of the pool water disinfectant and the chemical used for pH control resulting in the formation of chlorine gas;
 - ◆ mixing of incompatible chemicals used for cleaning, also resulting in the formation of chlorine gas.
2. If there is an emission of toxic gases through the mixing of chemicals the immediate area should be evacuated with haste, closing doors and windows if possible to prevent the gases escaping to other occupied areas.
3. Staff / external hirers will alert the Deputy Head/ Operations Manager giving full details of the location of the gas, possible reasons for emission (if known) and action that has been taken.
4. If it is necessary to evacuate the building the alarm should be raised and the procedure for Fire Procedures and Evacuation of the Building (Section 5) should be followed, ensuring that only exits are used which lead away from any potential source of the toxic gas emission.
5. The Deputy Head/Operations Manager will contact emergency services by dialling (9) 999 asking for Fire, Police and Ambulance Services, as necessary. Explain that there has been a chemical gas leak from the college swimming pool that has now been evacuated. **Be sure to emphasise that it is a chemical gas emission.** The Fire Service may bring specialists in at the outset to save time.

TREATMENT OF A CASUALTY WHO HAS BEEN EXPOSED TO TOXIC GAS

6. Any person who has been exposed to a toxic (chlorine) should be taken to hospital as serious symptoms may develop at a later stage. Action should be taken to minimise personal risk as follows:
 - a) Immediately remove any clothing that has been contaminated with chlorine.
 - b) Carry the patient into a pure, warm atmosphere, free from draughts and loosen clothing at the neck, chest and waist.
 - c) Keep the patient at rest, lying on their side. An occasional change of position may be beneficial. Reassure the patient and encourage them to suppress their desire to cough.
 - d) Keep the patient comfortable and warm.
 - e) Any difficulty in breathing or any blueness (cyanosis) around the mouth should be relieved by the direct administration of oxygen.
 - f) If breathing is weak or ceases check airways are clear and administer expired air ventilation.
 - g) All cases should be taken to hospital by ambulance.

RESCUE OF A CASUALTY FROM TOXIC GAS

7. Where a casualty is in a confined space and the presence of a toxic gas is suspected **NO** attempt to rescue should be made unless the rescuer has access to breathing apparatus and has been trained in its use. Rescue in these circumstances should be left to the Emergency Services.
8. In all cases call the Emergency Services and advise them of the nature of the gas, if known.

SECTION 11 – DEALING WITH CONTAMINATION

The pool may be contaminated, intentionally and unintentionally, through the introduction of faeces (solid stools and loose motions), blood and vomit. The following action should be taken in these events.

FAECES & SOLID STOOLS

1. If a solid stool is observed in the pool staff/external hirers should remove bathers from the pool. The pool should be closed for a period of 8 hours (2 complete turnovers of the pool). Staff should quickly retrieve the stool using an appropriate method: a net, scoop or bucket for floating stools or a pool brush to sweep the stool to the nearest pool outlet for sunken stools. The stool can then be put into the nearest toilet and flushed away.
2. Whatever is used in the retrieval should be disinfected after use through the use of a strong disinfectant solution.
3. The Operations Manager should be alerted and they will ensure that the water treatment systems are operating efficiently. He will backwash the filters and super chlorinate the pool by hand dosing 5 litres of hypochlorite solution.
4. This procedure also applies to solid animal faeces.

DIARRHOEA

1. If a substantial amount of loose, runny stool (diarrhoea) is introduced into the pool, especially if illness is admitted or strongly suspected, then there is the possibility of the introduction of *Cryptosporidium* and *Giardia* cysts being introduced into the pool. They can cause diarrhoeal illness and can be a problem in pools since they are relatively resistant to chlorine. However they are larger than bacteria and are more susceptible to coagulation and filtration, being retained in the filter bed.
2. The pool should be immediately cleared of bathers and all further admissions to the pool should be ceased.
3. The Operations Manager should be contacted to ensure that the pool water treatment plant is operated at the top end of the recommended disinfectant range.
4. Staff/ external hirers should sweep or vacuum the pool bottom.
5. The Operations Manager will introduce a coagulant into the water treatment plant and filter the water for six turnover periods. This will take approximately 24 hours. The pool filter will then be backwashed and the pool can then be re-opened after the Operations Manager has carried out a water test to check that pool disinfection levels are within the recommended range.
6. The Operations Manager will advise the Deputy Head of the action taken.
7. Users should be informed that such action is being taken as a precautionary measure to safeguard their health.

BLOOD AND VOMIT

8. If substantial amounts of blood or vomit are introduced into the pool it should immediately be cleared of bathers and the Operations Manager should be contacted by staff / external hirers.
9. All further admissions will cease until further notice. The Foreman will check that the pool plant is operating correctly and that disinfectant levels are within the recommended range.
10. When this is confirmed bathers can be readmitted to the pool.

11. Any blood spillage on the poolside should not be washed into the pool or poolside drains but should be cleared away using methods and materials contained within the "Body Spillage Kits" or other suitable materials. Staff /external hirers should be aware of the risk in dealing with this type of matter, particularly in relation to HIV, Hepatitis and other blood borne infections. Staff / external hirers should always wear latex gloves and other personal protective clothing when dealing with this type of matter.
12. The matter must be disposed of safely in the yellow clinical waste bags provided at the college.

SECTION 12 – MINOR / MAJOR EMERGENCIES

MINOR EMERGENCY

1. A minor emergency is an incident which, if handled properly, does not result in a life threatening situation. It will normally be dealt with by the staff / external hirer who may follow a procedure similar to that shown below:
 - a) Staff / external hirer becomes aware of an incident
 - b) Staff / external hirer notifies others that he or she has to respond to an incident, using internal phone if necessary
 - c) Colleagues/ external hirers assist in providing supervisory cover
 - d) Staff / external hirers provides appropriate assistance or directs bather to others for minor first aid treatment
 - e) Incident Report Form, Accident Report Forms and RIDDOR forms (if necessary) completed by staff / external hirers involved.
2. In many cases this series of actions may take only a few moments eg performing a simple reaching rescue or providing a sterile dressing. In every case it is important that the incident is recorded for future analysis through the completion of an Incident Report Form and/or Accident Report.

MAJOR EMERGENCY

3. A major emergency is one where an incident occurs resulting in a serious injury or life threatening situation. In most cases it will involve more than one member of Staff / external hirer and may, in extreme situations, involve many additional staff / external hirers. As with minor emergencies, the response to most major emergencies follows a general pattern:
 - a) Staff / external hirer identifying problem raises alarm by using whistle to attract attention and use of internal phone to gain assistance.
 - b) Other staff / external hirers proceed urgently to the poolside to provide additional assistance.
 - c) Staff / external hirers initiates rescue / first aid procedures and remove casualty from the danger area
 - d) Support team members cover vacated patrol / vigilance area and clear pool as necessary
 - e) The Deputy Head/ Operations Manager to call Emergency Services and co-ordinate incident.

SECTION 13 – HEAD INJURIES

1. All face / head injuries are to be treated as serious injuries.
2. Casualties with face / head injuries will not be allowed to return to the pool owing to the danger of delayed concussion / loss of consciousness.
3. Staff / external hirer spotting an incident resulting in a face / head injury should contact the Deputy Head/ Operations Manager who will make arrangements to deal with the casualty.

4. Where the injury is serious an ambulance should be called. Where less serious the casualty should be made to dress and should be supervised by a responsible person (of the same sex) whilst doing so. If there is any doubt as to the severity an ambulance should be called because of the possibility of delayed concussion.
5. An accident / RIDDOR form should be completed.

SECTION 14 – DISCOVERY OF CASUALTY IN THE WATER

1. When staff / external hirer discover a casualty in the water they must immediately assess the situation and decide whether the rescue will require water entry.
2. **Staff will blow three short blasts on their whistle to attract the attention of others and clear the pool.**
3. If the staff / external hirer have determined that the casualty does not require a water entry they will rescue the casualty using whatever rescue equipment is deemed appropriate in the circumstances.
4. **If a water rescue is required the internal telephone should be used to Raise the Alarm, to call for the Emergency Services (9999) and the HCC to obtain assistance before the water rescue is undertaken. This could be actioned by another staff member / responsible adult of student if the rescue is required immediately.**
5. All further admissions will be ceased.
6. Staff / external hirer should enter the water safely using recognised entry points; they should recover the casualty using appropriate and recognised techniques and land the casualty at the nearest landing point, with support and assistance from others, as necessary.
7. Commence life support or first aid procedures.
8. Unless directly involved in assisting in the rescue other staff / external hirer on hearing the alarm should evacuate the pool and lead users away from the incident and away from the pool edge.
9. Where necessary the Deputy Head/ Operations Manager will arrange Emergency Services by dialling (9) 999 asking for the Ambulance service (if not undertaken already).
10. The Deputy Head/ Operations Manager will send a member of staff to meet the Ambulance and will lead them through the building via the most direct route.
11. Incident Forms will be completed by all staff involved in the incident and an Accident Report will be completed. The Deputy Head/Head will undertake a de-brief session for all staff involved.
12. Staff should not make any comment to the press or other users. Any enquiries should be directed to the Deputy Head/ Operations Manager.
13. An Incident Form and Accident Report/RIDDOR form should be completed.

SECTION 15 – SPINAL INJURIES

1. The pool has a spinal board located within the pool hall for use where spinal injuries are suspected.
2. Spinal injuries are most likely to arise from diving accidents in shallow water.
3. Rescue procedures as identified in Section 14, Discovery of a Casualty in the Water, should be followed. Additionally approved methods for dealing with spinal injuries should be used as covered in the RLSS National Pool Lifeguard Qualification.
4. Priority should be life support. CPR should be administered as necessary even if there is likelihood that this could cause further damage to the casualty.

SECTION 16 – SERIOUS INJURY / FATALITY IN FACILITY

1. In addition to the specific action to be taken, detailed in Sections 14 and 15, the following action is also required to be implemented.

STAGE ONE

2. Staff / external hirer will immediately notify the Deputy Head/ Operations Manager regarding the nature and location of the incident. The Deputy Head Operations Manager should assume the role of Incident Co-ordinator from point of notification.
3. The following immediate action will then be taken:
 - Notify the college reception;
 - Clear the immediate area of all users and subsequently clear the facility;
 - Complete RIDDOR form, record details of the incident and interview all witnesses
 - The Deputy Head/ Operations Manager to arrange relief cover for members of staff associated with the incident, providing initial support;
 - Notify other Senior Management outside of college hours;
 - Contact the Police – unless they have already arrived in conjunction with Ambulance Service

Strategic Action

- The Lettings Manager to cancel subsequent use of pool;
- Notify HSE within 24 hours of event, initially by telephone and send off RIDDOR report;
- The Deputy Head/Operations Manager to initiate internal investigation and subsequent report;
- Notify Insurance Company;
- Contact other members of the senior management team to inform them of the incident;
- Prepare press statement;
- Contact family / guardian;
- Briefing sessions to inform all Staff;
- Call full team meeting within 48 hours of the incident to offer a full Management Briefing;

SECOND STAGE

- Ensure continued support to staff;
- Public comment / response;
- Strategic level contact with Press;
- Interviews with Police / HSE / Company Insurers;
- On-going briefing session with staff;
- Operational decision to re-open;

KEY POINTS

- Continued support to staff;
- Transparency;
- Contact with family;
- Record factual information only;
- Prevent blame culture;
- Expect public sensitivity;
- Expect pressure from local media;