

Health and Safety Plan

General

The Health and Safety at Work Act 2015 and its regulations are the key legislation.

Some Key Concepts

Duty holders A duty holder is a person who has a duty under HSWA. There are four types of duty under HSWA holders – PCBUs, officers, workers and other persons at workplaces.

PCBU A PCBU is a ‘person conducting a business or undertaking’. A PCBU may be an individual person or an organisation.
 A PCBU must ensure, so far as is reasonably practicable, the H&S of workers, and that other persons are not put at risk by its work. This is called the ‘primary duty of care’.
 A PCBU has a number of duties under the Act.

Officer An officer is a person who occupies a specified position or who occupies a position that allows them to exercise significant influence over the management of the business or undertaking. This includes, for example, company directors and chief executives.
 Officers must exercise due diligence to ensure the PCBU meets its H&S obligations.

Worker A worker is an individual who carries out work in any capacity for a PCBU. A worker may be an employee, a contractor or sub-contractor, an employee of a contractor or sub-contractor, an employee of a labour hire company, an outworker (including a homeworker), an apprentice or a trainee, a person gaining work experience or on a work trial, or a volunteer worker. Workers can be at any level (eg managers are workers too).
 Workers have their own H&S duty to take reasonable care to keep themselves and others healthy and safe when carrying out work.

Other person at workplace Examples of other persons at workplaces include workplace visitors and casual volunteers at workplaces.
 Other persons have their own H&S duty to take reasonable care to keep themselves and others safe at a workplace.

Key points:

- The H&S at Work Act 2015 (HSWA) is New Zealand’s key work H&S law.
- WorkSafe New Zealand is the work H&S regulator – although other agencies can be designated functions for certain sectors.
- HSWA, regulations, safe work instruments, approved codes of practices, and WorkSafe information and guidance work together to support duty holders to improve work H&S.

Roles within our organisation

Category	Who	responsibilities
PCBU	The Trust	Has a primary duty of care
Officers	All members of the Trust and Facility Manager	Each has a duty to exercise <u>due diligence</u> because they make policy and decisions that affect the H&S of workers.
Workers	Pool Attendants, contractors	<ul style="list-style-type: none"> • take reasonable care for their own H&S and what they do or do not do does not adversely affect the H&S of other persons • co-operate with any reasonable workplace H&S policy or

		<p>procedure that has been notified to workers</p> <ul style="list-style-type: none"> • comply, so far as reasonably able, with any reasonable instruction given by the PCBU, so the PCBU can comply with HSWA and regulations.
Other persons at workplace	Spectators, swimmers, clubs, schools	<ul style="list-style-type: none"> • take reasonable care for their own H&S and that others are not harmed by something they do, or do not do • comply, as far as they are reasonably able, with the PCBU's reasonable H&S instructions that are given so that the PCBU can comply with HSWA or regulations.

Table below, outlines what due diligence includes.

Due diligence includes officers taking reasonable steps to:	Examples of good practice:
Acquire, and keep up to date, knowledge of work H&S matters.	<ul style="list-style-type: none"> • Get general and industry-specific H&S information from places like WorkSafe, safety publications, safety websites and industry associations. • Obtain independent expert advice where appropriate.
Gain an understanding of the nature of the operations of the business or undertaking of the PCBU and generally of the hazards and risks associated with those operations.	<ul style="list-style-type: none"> • Review the PCBU's H&S risks and how they are controlled. • Talk with workers (eg through focus groups, surveys and talking to H&S representatives). • Consider the H&S implications and resources needed when making decisions.
Ensure that the PCBU has available for use, and uses, appropriate resources and processes to eliminate or minimise risks to H&S from work carried out as part of the conduct of the business or undertaking.	<ul style="list-style-type: none"> • Create or review the H&S budget so resources are available when needed. • Make sure staff have a mix of operational and H&S expertise to operate the business safely and effectively. • Make sure that the PCBU has processes to control H&S risks, and uses them (eg documented 'buy safe' and 'buy quiet' processes for buying plant and equipment).
Ensure that the PCBU has, and implements, processes for complying with any duty or obligation of the PCBU under HSWA.	<ul style="list-style-type: none"> • Decide which people in the PCBU will have H&S management responsibilities. • Make sure the PCBU has a H&S management system (reporting notifiable incidents, consultation, acting on improvement notices, training, personal protective equipment, etc) and that everyone complies with it. • Make sure the PCBU has effective worker engagement and work participation practices.
Ensure that the PCBU has appropriate processes for receiving and considering information regarding incidents, hazards, and risks and for responding in a timely way to that information.	<ul style="list-style-type: none"> • Make sure a process is in place for workers and others at the workplace to report incidents, hazards and risks. • Make sure there is a process for responding to information in a timely way and taking action. • Make sure the risk assessment process is thorough, covers all work tasks and workplaces, and that everyone uses it. • Make sure the PCBU has emergency response plans, and that they are regularly tested.
Verify the provision and use of the resources	<ul style="list-style-type: none"> • Include processes to plan, deliver and review

Due diligence includes officers taking reasonable steps to:

Examples of good practice:

and processes referred to above.

- leadership of H&S in the board charter.
- Arrange for a periodic independent review of H&S systems, processes and resources.
- Review H&S systems and processes after H&S incidents.

Hazard Management

Managing Hazards

The PCBU is required to identify and manage actual and potential hazards in the work environment.

The following steps have been implemented to systemically identify and manage hazards:

1. Identify and rank hazards
2. Control hazards by elimination or minimising
3. Record, report and investigate accidents
4. Notify Work Safe of a 'notifiable event' that occurs as a result of work, being:
 - a death
 - a notifiable illness or injury or
 - a notifiable incident.

Procedures have been developed to implement these steps which are detailed in the following sections.

Hazard Definition

A hazard is an activity, arrangement, circumstance, event, occurrence, phenomenon, process, situation, or substance (whether arising or caused within or outside a place of work) that is an actual or potential cause or source of harm. It also includes a person's behaviour where that behaviour has the potential to cause death, injury, or illness to a person (whether or not that behaviour results from physical or mental fatigue, drugs, alcohol, traumatic shock, or another temporary condition that affects a person's behaviour)

Identification

The hazards currently identified in the workplace of the Dave Hume Swimming Pool facility are detailed in the Hazard Register contained in Appendix A to this plan.

The hazard register is to be approved by the board of trustees each season.

A copy of the Hazard Register shall be clearly displayed on the office notice board. All employees shall have full knowledge of the hazards listed and the appropriate procedures when dealing with hazards which have been minimised.

Employees who note hazards which are not included in the current hazard register, shall report the hazard to the Facility Manager for assessment, and inclusion on the Hazard Register (if applicable).

The Hazard Register shall be reviewed and updated using the following practices:

- Periodic workplace Inspections - The workplace shall be inspected on a monthly basis, to check all identified hazards, and general housekeeping.
- New Plant - A hazard assessment will be carried on all new plant out prior to commissioning.
- Personnel, Procedural Change - an assessment will be carried out at the time of personnel change or the implementation of a procedural change.
- Resulting from the review of an accident / incident.
- Resulting from dialogue with staff.
- Resulting from a complaint from users of the facility

Dealing with Hazards

All hazards identified as significant shall be controlled by either:

- eliminating the hazard, that is removing the hazard from the facility
- minimising the hazard and the likelihood of harm where it is not practical to eliminate the hazard. Isolation / minimising should include:
 - ensuring good practices are maintained
 - ensuring employees are suitable trained, informed and supervised and the provision of personal protective clothing and equipment

- placing warning / hazard signs in suitable locations
- erecting suitable barriers or restrictions on use / access.

Record, Report and Investigate

Record

All minor accidents, incidents or near misses shall be recorded on form Appendix B by the staff member who managed it, as soon as practical after the matter has been dealt with.

All significant accidents or incidents shall be recorded on form Appendix C by the staff member who managed it, as soon as practical after the matter has been dealt with.

The forms are to be filed in the front of the Health and Safety Manual.

Reporting notifiable incidents

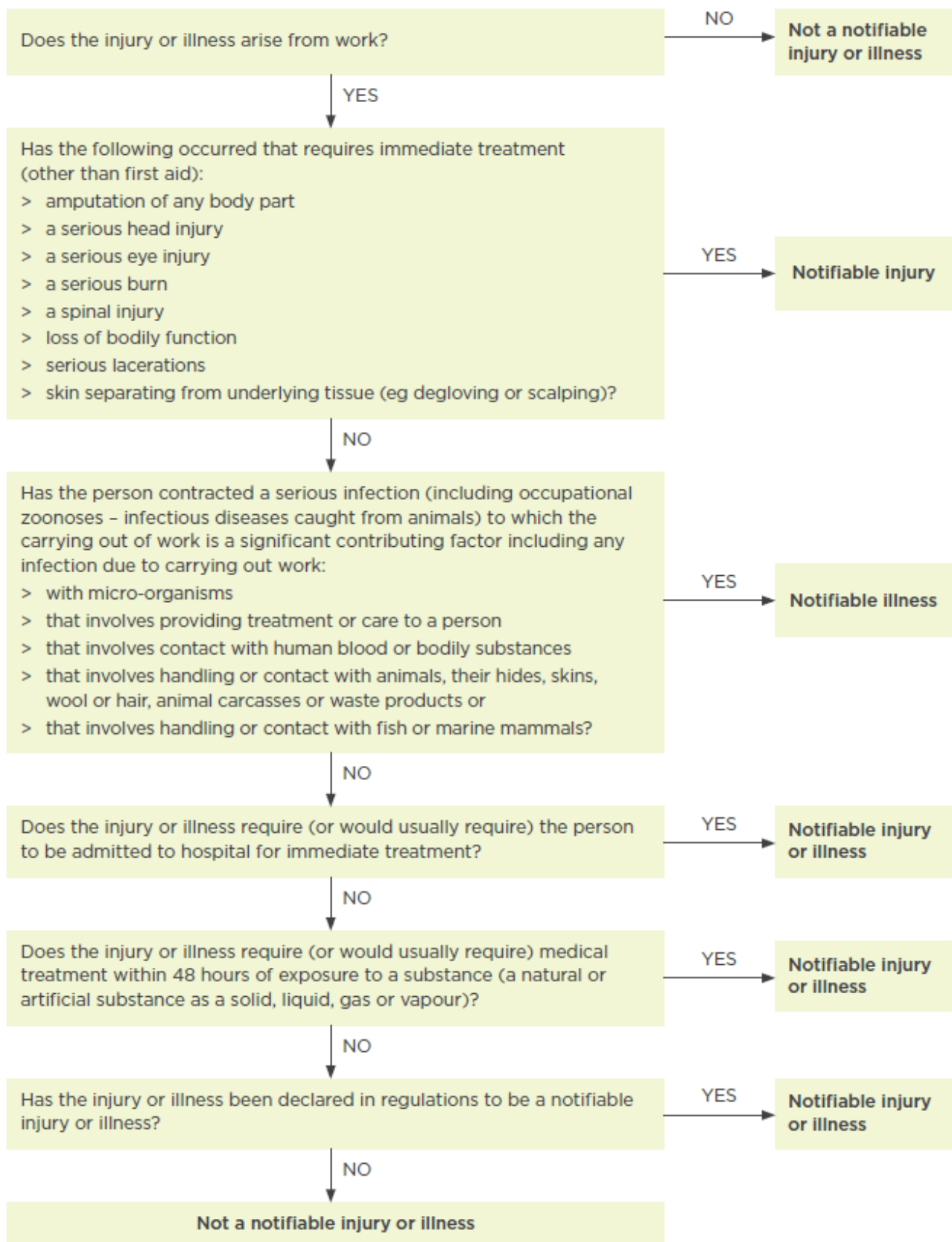
A notifiable incident is an unplanned or uncontrolled incident in relation to a workplace that exposes the H&S of workers or others to a serious risk arising from immediate or imminent exposure to:

- a substance escaping, spilling, or leaking
- an implosion, explosion or fire
- gas or steam escaping
- electric shock
- the fall or release from height of any plant, substance or object
- damage to or collapse, overturning, failing or malfunctioning of any plant that is required to be authorised for use
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or any shoring supporting an excavation

Notifiable incidents do not include controlled activities that form part of the business or undertaking (eg the controlled release of water from a dam).

Notifiable illnesses and injuries

Follow the flowchart below to find out what notifiable illnesses and injuries are.



What the Trust need to do if a notifiable event occurs

If a notifiable event occurs, staff should follow the steps below.

Step 1: The staff on duty must preserve the site.

There exceptions to this are if the disturbance is:

- to help an injured person
- to remove a deceased person
- essential to make the site safe or to minimise the risks of a further notifiable event
- by or under direction of a constable (police officer)
- permitted by the regulator or an Inspector.

Step 2: The Facility manager will notify the regulator and Trust Chairperson as soon as possible.

Step 3: Records of notifiable events must be kept for 5 years.

The Facility Manager shall be responsible for reporting all recorded accident / incidents to the next monthly meeting of the board.

Investigate

The Facility Manager shall investigate all accidents and incidents that occur within the workplace to determine the cause of the accident or incident, and shall identify the procedures to be undertaken to prevent similar future occurrences and report such to the board.

Safety Procedures

Councils H & S Policy

Council has a contractual arrangement with the trust, and therefore requires the Trust to comply with Councils Health and Safety policies.

Councils Health and Safety policies require all contractors engaged by them to have a Health and Safety plan and for the contractor to demonstrate that they have adequate procedures in place to manage the health and safety aspects of any sub-contractors engaged by them.

Contractors

All Contract personnel shall be required to read the Hazard Register displayed in the office before commencement of works on site.

Chemical Handling

The following chemicals are contained on site in bulk

Chemical	Hazard category	Approx volume / weight	Location	Use
Diatomaceous Earth (DE) - powder	Not allocated	25 kg paper bag (up to 39 bags at a time)	Main pump room	Flocculation agent
Sodium Hypochlorite (13%) - liquid	8	1000L in an IBC + 20L containers (up to 8 at a time)	IBC is located outside at the end of the main pump room, in its own enclosure and on top of a 110% volume bund. 20L containers are held in the main pump room pump room No2	Pool Disinfectant
CO2 gas (30 Kg)		High pressure cylinder (up to 3 cylinders)	Both pump rooms	ph Control
Sodium Bicarbonate - powder	Not allocated	25kg bag (up to 3 bags)	main plant room	pH buffer/neutraliser
Calcium Hypochlorite - granules	8	Single 5kg container	Main plant room	Shock sanitizer
Cyanuric Acid - powder	Not allocated	45kg container (up to 2 containers)	Main plant room	Stabilises pool disinfectant
Hydrochloric Acid (33%) - liquid	8	5L containers (up to 6 containers)	Main plant room	Reduces pH

ALWAYS HANDLE CHEMICALS CAREFULLY

USE SAFETY EQUIPMENT (FACE MASK, RUBBER GLOVES, RESPIRATOR and PROTECTIVE CLOTHING) PROVIDED

NO CHILDREN ARE PERMITTED TO HANDLE CHEMICALS

ALWAYS HANDLE CHLORINATION / LIQUID ACID CHEMICALS CAREFULLY

THE DOOR TO THE MAIN PUMP ROOM IS TO BE CLOSED AT ALL TIMES EXCEPT WHEN WORKING IN THERE.

See [Appendix D](#) **Chemical Safety Information Summary**

Opening / Closing The facility

Opening facility

- Check for persons loitering
- Check for sign of attempted entry
- Do not enter the facility if you are unsure if facility is secure

Closing facility – weekends and if no one is using the pool after 6pm M-F

- Two employees are to remain on the premises until the facility has been secured.
- Check no unauthorised persons are still within the facility
- Check for persons loitering outside premises, refer all suspicious persons to police
- Never close the facility alone
- Close the gates on the changing rooms
- Secure the main entrance door after existing

Contractors and Individuals should gain and leave the facility with a pool employee

Security of facility

- Check plant rooms to ensure all plant operating correctly
- Check changing rooms and office, secure doors and windows
- Secure vehicle access gate and High school access gate
- Turn off all outdoor facility lights
- Lock main entrance door

Emergency Procedures

Appendix E :

- Faecal material / Blood / Vomit Contamination – small pool – all types of contamination
- Main pool – faecal solids or large amount of blood only.
- Main pool – diarrhoea , vomit

Appendix F: Rescuing casualties with suspected spinal cord injuries.

Appendix G: Rescuing unconscious casualties

Appendix H: Emergency evacuation procedure

Training and Supervision

Training

The objective of the Trust is to ensure all its staff are properly trained to fulfil their duties and responsibilities.

Each staff member shall maintain a record of their training and this shall be held in the pool office.

Should any employees feel they do not have adequate training or adequate protective clothing they should bring the matter to the attention of the Facility Manager immediately.

Employee Induction

All employees are required to read this manual and sign their training record.

An induction procedure shall be developed for new staff to ensure that:

- The hazards they will be exposed to in their place of work, and the steps to be taken to minimise the hazard to themselves or others are clearly identified.
- They know their responsibilities in the event of an emergency, who to contact and where contact details are held
- That they know where all necessary safety equipment and materials are kept.

On going training

The Facility Manager will meet periodically with staff to go over H&S matters, test their knowledge of them and seek any input into making the facility safe for all users. A record of these meeting will be made in their respective training records.

Appendices

Appendix	Title
A	Hazard register
B	Minor Accident / Incident / Near Miss Report Form
C	Significant Accident / Incident Report Form
D	Chemical Safety Information Summary
E	<ul style="list-style-type: none">• Faecal material / Blood / Vomit Contamination – small pool – all types of contamination• Main pool – faecal solids or large amount of blood only.• Main pool – diarrhoea , vomit
F	Rescuing casualties with suspected spinal cord injuries.
G	Rescuing unconscious casualties
H	Emergency evacuation procedure
I	Health and Safety Policy Statement

APPENDIX A; HAZARD REGISTER FOR DAVE HUME SWIMMING POOL KATIKATI
Updated October 2016

I M P A C T	3 - Significant	3	6	9
	2 - Moderate	2	4	6
	1- Minor	1	2	3
		1 - Low	2 - Moderate	3 - High
		LIKELIHOOD		

Risk description	Assessment of Risk			Context	Risk control measures	Actions in the event of
	L	I	LxI			
Pools and surrounds						
Pool water	2	3	6	People can drown in either pool and the very young and over 60s can be more vulnerable	Trained and qualified lifeguards on duty at all times when the public use the pools. Schools have to provide their own appropriately trained personnel when they use the pools	Rescue the person and quickly remove from the water (if no spinal injury). Apply CPR if needed. Call an ambulance.
Inflatable castle	2	2	4	Young children use it so they are vulnerable to drowning / injury / distress if they fall off or get trapped under it	Constant close supervision by a lifeguard Control the numbers on the castle at any one time Do not allow its use in high winds Do not allow users / swimmers to	Rescue the person and quickly remove from the water (if no spinal injury). Apply CPR if needed. Call an ambulance.

					go under it	
Inflated car tyres in pool	1	3	3	Large inflated tyres are available for children to use in either pool. The danger is a young person getting trapped head down under the water and not being able to get themselves out of this situation and risking drowning	Lifeguards alert to this and constantly watch for it.	Rescue the person and quickly remove from the water. Apply CPR if needed. Call an ambulance.
Buggy boards	1	3	3	Children sometimes attempt to stand on their floating boards from the solar strips along the edge of the main pool. The danger is if they fall backwards as the board moves forward, especially if only one foot rests on the board, they risk hitting their head or neck on the edge of the solar strips	Lifeguards alert to this and constantly watch for it to prevent people from attempting it	Rescue the person and quickly remove from the water with special regards for a potentially broken neck. Use spinal board. Apply CPR if needed. Call an ambulance.
Diving into either pool	1	3	3	Because both pools are quite shallow, there is a risk of people suffering a broken neck <u>if they dive too steeply</u> and hit their head on the bottom. Young males are the highest risk group as some have a tendency to show off and behave a bit recklessly at times. Tall ones maybe at a higher risk (with the reckless behaviour) simply because they are tall relative to the depth of water Tourist are also at risk as they don't know the pool	Alert teaching staff and lifeguards to the risk. Lifeguards to stop anyone doing any further diving they consider to be risky. Warning signs placed in entry and facing pool. Starting platforms removed. Remove starting platforms.	Be alert for anyone diving in a risky manner and then seen lying on the bottom or acting distressed. Rescue the person with the spinal board. Apply CPR is not breathing. Call an ambulance.
Faecal matter / blood / vomit in pool	1	3	3	Contamination by bodily fluids can be serious because of the higher consequential risk of disease and infection	All babies must wear approved pants – on sale from the office Lifeguards alert to this especially in the learner's pool	Follow the pool's procedures for dealing with such contamination.
Slippery surfaces	2	1	2	The concrete pathways, especially those with a pebbly surface can become slippery when wet	Signage to alert people	Apply 1 st aid if needed, watch for shock. Call an ambulance if needed
Vertical	1	1	1	People can injure	Stick hazard strips on them	Apply 1 st aid if needed,

poles and supports				themselves by running / bumping into them		watch for shock. Call an ambulance if needed
Manhole covers	1	2	2	Staff could drop one onto their feet/shins when lifting them out, if the tool used slips out of the lifting hole	Train staff on how to lift them out and put them back Staff must wear covered footwear when doing this (ie not bare feet or jandals)	Apply 1 st aid if needed, watch for shock. Call an ambulance if needed Put manhole covers back in place
Sun burn	2	2	4	Being an outdoor pool, users are subjected to a lot of sun, especially in the summer months.	Users need areas of shade under which they can move out of the sun. The pool trustees are committed to providing shade, funding permitting	Apply 1 st aid if needed, watch for shock. Call an ambulance if needed
Large moveable steps	1	2	2	These steps are on steel rollers and the risk is that they may roll over feet when staff are moving it or hands get caught when placing it into or removing it from the main pool	Staff training and store away from trafficked areas.	Apply 1 st aid if needed, watch for shock. Call an ambulance if needed
Small steel steps into either end of main pool	1	2	2	There is a risk of small children getting trapped underneath the steps and risking drowning	Lifeguards alert to this and remove steps out of the water when not in use.	Rescue the person and quickly remove from the water. Apply CPR if needed. Call an ambulance if needed.
Edge of small pool	2	3	6	Children sometimes climb from the water onto the 100mm wide edge that runs around the pool and jump or dive back into the pool or walk, or trot along it. They can easily slip, especially if the surface is wet (they have wet feet) and if they fall away from the water, they will hit concrete and in places that is a fall of about a 80cm	Lifeguards to be alert to this and step where necessary to prevent children from jumping, diving from the edge or walking, trotting along it. Warning signs around pool	Rescue the person and quickly remove from the water. Apply CPR / 1 st aid if needed. Call an ambulance if needed.
Pump rooms						
Pool chemicals	1	3	3	Accidents with the handling (spills or leaky containers) of pool chemicals. Potential damage to health by unprotected handling. An earthquake could tip	Always keep the external door closed unless staff are actually working in the pump room. Material data sheets in pumps rooms. Staff training. Provision of appropriate protective gear.	Hypo spill – dilute with lots of water quickly Hydrochloric acid spill – dilute with lots of water quickly. DE spill – wash away with water

			<p>the container over, be it a 20L or the 1000L IBC, and cause a chemical spill.</p>	<p>Store different chemicals away from each other and in their original containers Only manager to handle hydrochloric acid and DE. 20L containers in use are to be securely chained to the wall to prevent overturning. The 1000L IBC is to be securely chained to it;s bund, to prevent it overturning.</p>	<p>If hypo or hydrochloric acid gets onto bear skin – wash off immediately with lots of water or immediately dunk affected part into the DE filter bay or the pool, depending where you are. Treat as a burn.</p>
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Appendix B: Dave Hume Swimming Pool – Minor Accident / Incident / Near Miss Report Form

Accident / Incident / Near miss	
Date / time	
Where	
How	
Who was involved?	
1 st aid or other action (what)	
Hazard identification	
What	
Dealt with?	
To be dealt with and by whom?	
Action taken and by whom?	

Incidents / Near Miss / Complaints	
Date / time	
Nature	
Who involved?	
Action taken?	

Form completed by:.....Date:.....
 (file in H&S Manual – on top)

Appendix C: Dave Hume Swimming Pool – Significant Accident / Incident Report Form

Date / Time it occurred	
Describe what happened	
Name of the casualty or rescued person and any contact details	
Name of any family member or friend accompanying this person or None Known	
What did you do to response to this event?	
Was an ambulance required (Y/N)	
If Yes, who rang for it, what time and when did it arrive?	
Was 1st aid required (Y/N)	
If Yes, what and who applied it?	
Describe any follow up action you took after the event (eg informed pool supervisor, family etc) and when	
Was a new hazard identified (Y/N)	
If yes, describe it	
What future action would be needed to eliminate / isolate or minimise the hazard?	
Follow up action taken by who and when, if required	

Form completed by:.....Date:.....
 (file in H&S manual – on top) Significant Incident/Complaint form on reverse side

Dave Hume Swimming Pool – Significant Incident / Complaint Form

Date / Time it occurred	
Describe what happened	
Who was involved?	
Name and contact details of person(s) making the complaint (in case the Pool Supervisor wishes to contact them about this event)	
Describe what action you took, if any?	
Were any emergency services called (Y/N)	
If Yes, what service, who called them and when?	
Describe any follow up action you took after the event (eg informed pool supervisor, family etc) and when	

Appendix D: Chemical Safety Information Summary – See Also Material Safety Data Sheets

Chemical	Chemical name & formula	Amount stored /location	Purpose	Chemical strength	Hazardous features	Safety equipment to be use	Safety information
Liquid chlorine	Sodium Hypochlorite NaClO light green coloured liquid	Up to 1000L in a IBC plus up to 10x20L containers in pump room No1 and 1x20L container in pump room No2	Used for the disinfection and killing of harmful bacteria in the pools. Very caustic	13% keep out of direct sunlight. Loses 50% strength over 6 weeks	Oxidizing agent	Rubber gloves; Clear plastic full face guard; rubber apron; gumboots	Never add water to this always add it to water.
Muriatic acid	Hydrochloric acid HCL-clear colourless liquid, highly pungent and noxious vapours when exposed to air	Up to 6x5L containers in pump room No1	For lowering the pH of pool water. Highly acidic	33.00%	Highly corrosive both fumes and liquid	Respiratory mask, Clear plastic full face guard, rubber gloves, gumboots, rubber apron	Never add water to this always add it to water. Must never breath it in. Always open container outside, never indoors. Add to a half bucket of water before moving it to the pool
Calcium Hypochlorite	Calcium Hypochlorite Ca(ClO) ₂ white granular powder, gives a strong chlorine smell	4kg container	Used to superchlorinate pool water or shock disinfect water	68.00%	Relatively stable. Store in a cool dry place away from any organic material. It is known to undergo self heating and rapid decomposition accompanied by the release of toxic chlorine gas	Rubber gloves; Respiratory mask ;rubber apron; gumboots	Never add water to this always add it to water. Keep it away from all other liquids. lotions
DE powder	Diatomaceous earth – a naturally occurring mineral. White orderless powder	50kg in pump room No1	Provides flocculation filtration of particles and bacteria. Added into a holding drum filled with water and continually stirred which is then automatically dosed into the filtration tank		The powder is very fine and the dust is very hazardous to lungs and the respiratory system. Wet DE or the cake is full of bacteria	Respiratory mask; Clear plastic full face guard. Staff must wear the safety equipment at all times when handling DE or washing out the filter bay.	Do not enter the pump room if dust is apparent. Any contact with DE must be washed off quickly
Sodium bicarbonate	Sodium bicarbonate aka baking soda HAHCO ₃ white orderless powder	25kg bags. Up to 75Kg stored in pump room No1	Used to increase the pH and alkalinity level of pool water	Added to balance tank as required	Fairly safe to handle. Essentially non toxic	Rubber gloves	
Disinfectant	Ammonium Chloride-coloured liquid	5 litre container	Cleaning toilets and floors, general disinfection	2.50%	Fairly safe to handle	Rubber gloves	

Small Pool – All types of contamination

Step	Action	Notes
1	Evacuate and close the pool.	If you can identify the swimmer responsible, discretely take them aside and clarify any possible illness they make have had in last 2 weeks.
2	Remove any solids with a scoop and dispose of them safely – wear gloves	Use a bucket. Dispose in a toilet.
3	If faecal matter broken up or it is vomit – manually vacuum up what you can.	Put manual vacuum net in a bucket to move it immediately upon removing from pool. Hose vacuum to waste down drain by pump room. Fill watering can with water and add 300ml of hypo and spread around drain and wash away.
4	Shock treat - if faeces floating use 2L hypo. If they were on the pool floor, use chlorine crystals (1/3 rd of a cup per location) on these areas (don't use hypo and chlorine crystals together)	Put 2L of hypo in the immediate area. Wear protective gear when handling this, including gumboots. For vomit / diarrhoea use 2L hypo
5	Who needs to be advised of closure?	See who is scheduled to use pool. Make note in diary who contacted. Put out "Pool Temporarily Closed" signs
5	Disinfect scoop, bucket , vacuum with diluted kitchen bleach. Put vacuum in special plastic container to dry	Leave scoop/bucket to dry in pump room.
7	Complete incident document and make a note in diary about type and timing of incident (so next shift knows what happened).	In green folder
8	Close pool for the rest of the day. If only blood contamination then close for 2 hrs minimum OR until FAC is 5ppm or less.	
9	Open pool when FAC tests for 5ppm or less	Test at 2 different locations around the pool

If faecal material / blood or vomit is discovered poolside or in the changing rooms;

1. Neutralise it with a solution of 1L of hypo to a watering can $\frac{3}{4}$ full of water (always add hypo to water NEVER the other way around). May need to scrub the area. Remember to disinfect the brush afterwards.
2. Leave for 20 minutes then hose away to waste.
3. Keep people away from the area until in the meantime before hosing away

ALWAYS WEAR GUMBOOTS, PROTECTIVE FACE GEAR AND GLOVES.

Main pool – faecal solids or large amount of blood only

Step	Action	Notes
1	Evacuate and close the pool.	If you can identify the swimmer responsible, discretely take them aside and clarify any possible illness they may have had in last 2 weeks.
2	Remove any solids with a scoop and dispose of them safely – wear gloves	Use a bucket. Dispose in a toilet.
3	Shock treat - if faeces floating use 2L hypo. If they were on the pool floor, use chlorine crystals (1/3 rd of a cup per location) on these areas (don't use hypo and chlorine crystals together)	Put 2L of hypo in the immediate area. Wear protective gear when handling this, including gumboots
4	Increase FAC set point to 7 on PoolWizard for 3 hours and then reduce back to 4	
5	Who needs to be advised of closure?	See who is scheduled to use pool. Make note in diary who contacted. Put out "Pool Temporarily Closed" signs
6	Disinfect scoop and bucket with diluted kitchen bleach	Leave to dry in pump room
7	Complete incident document and make a note in diary about type and timing of incident (so next shift knows what happened).	In green folder
8	Close pool for 6 hours. If only blood contamination then close for minimum of 2 hrs minimum OR until FAC is 5ppm or less.	
9	Open pool when FAC tests for 5ppm or less	Test at 2 different locations around the pool

Main pool – diarrhoea , vomit

(if possible, check with person if they vomited because they shallowed too much water or they feel ill)

Step	Action	Notes
1	Evacuate and close the pool.	If you can identify the swimmer responsible, discretely take them aside and clarify any possible illness they make have had in last 2 weeks.
2	Remove any solids with a scoop and dispose of them safely – wear gloves	Use a bucket. Dispose in a toilet.
3	If faecal matter broken up or it is vomit – manually vacuum up what you can.	Put manual vacuum net in a bucket to move it immediately upon removing from pool. Hose vacuum to waste down drain by pump room. Fill watering can with water and add 300ml of hypo and spread around drain and wash away.
4	Shock treat with hypo	Put 2L of hypo in the immediate area. Wear protective gear when handling this, including gumboots
5	Increase FAC set point to 7 on PoolWizard for 3 hours and then reduce back to 4	
6	Who needs to be advised of closure?	See who is scheduled to use pool. Make note in diary who contacted. Put out “Pool Temporarily Closed” signs
7	Disinfect scoop, bucket , vacuum with diluted kitchen bleach. Put vacuum in special plastic container to dry	Leave scoop/bucket to dry in pump room. Hose vacuum to waste down drain by pump room. Fill watering can with water and add 300ml of hypo and spread around drain and wash away.
8	Complete incident document and make a note in diary about type and timing of incident (so next shift knows what happened).	In green folder
9	Close pool for minimum 12 hrs (2 turnovers) if vomit / diarrhoea from someone ill. If vomit from someone who shallowed too much water, close pool for 2 hrs minimum OR until FAC is 5ppm or less.	
10	Open pool when FAC tests for 5ppm or less	Test at 2 different locations around the pool

Appendix F: Rescuing casualties with suspected spinal cord injuries.

When an incident may have resulted in a suspected spinal cord injury, it is essential that you are quick to recognise the signs and handle the situation appropriately. You must ensure the risk of further injury is minimised during the rescue.

If the casualty is NOT breathing, then time to respond is critical and rescue breathing must begin as soon as possible, irrespective of any suspected spinal injury.

If casualty is conscious, talk to them throughout to reassure them and find out who they are and what happened, if possible.

1 Lifeguard only on duty – some bystanders			
Out of water		In water	
Breathing	Not Breathing	Breathing	Not Breathing
Do not move the casualty – remain with them	Check for any blockages in airways - commence CPR	Slide into water and make way to casualty	Enter water – turn casualty on back, quickly and smoothly, if necessary
Have a bystander call an ambulance (111) and meet it	Have a bystander call an ambulance (111) and meet it	Tell others to clear the water area slowly	Have a bystander call an ambulance (111) and meet it
Have a bystander get some towels etc to keep casualty warm	Have a bystander get some towels etc to keep casualty warm	Use the extended arm grip (pool too shallow for vice grip) to immobilise the casualty	Tell others to clear the water area slowly
Have a bystander control any crowd, if necessary	Take instructions from the paramedics	Have a bystander call an ambulance (111) and meet it	Check airways – commence rescue breathing (in the water)
Take instructions from the paramedics		Wait in the water with the casualty until paramedics arrive	Move casualty gently to the edge of the solar strips
		Take instructions from the paramedics	Continue with rescue breathing (in the water). Do not attempt to lift out of water until paramedics arrive
			Take instructions from the paramedics
Gather any pertinent information from any witnesses as to what happened. Alert Peter to the incident. If necessary inform a family member. Record it on our Accident - Incident report form. Support to you will be provided			

2 Lifeguard only on duty – some bystanders			
Out of water		In water	
Breathing	Not Breathing	Breathing	Not Breathing
Alert other lifeguard		Alert other lifeguard	
Call ambulance (111).	Check for any	One LG call an	One LG call an

Have a bystander meet it	blockages in airways - commence CPR	ambulance, then join the other in the water	ambulance, then join the other in the water
Do not move the casualty – one LG remain with the casualty	One LG call an ambulance (111) and meet	Slide into water and make way to casualty	Enter water – turn casualty on back, quickly and smoothly, if necessary
One LG to get some towels etc to keep casualty warm		Tell others to clear the water area slowly	Quickly move casualty onto a solar strip and use the horizontal lift technique (see below)
One LG to control crowd, if necessary		Use the extended arm grip (pool too shallow for vice grip) to immobilise the casualty with 2 nd LG supporting the hips and lower back	Commence CPR
Take instructions from the paramedics		Move casualty over to the edge of the pool but do not lift them until paramedics arrive	Have a bystander meet the ambulance
		Have a bystander meet the ambulance	Take instructions from the paramedics
		Take instructions from the paramedics	
Gather any pertinent information from any witnesses as to what happened. Alert Peter to the incident. If necessary inform a family member. Record it on our Accident - Incident report form. Support to you will be provided			

NB: spinal board / neck immobilisation device only to be used if 3 or more lifeguards are available

Horizontal lift (2 people)

Used to lift a suspected spinal injured and unconscious person quickly out of the water.

1. LG immobilises the casualty and supports their upper back (extended arm grip is best).
2. Second person supports the casualty's hips and lower back (in the water).
3. Casualty is quickly manoeuvred to the edge of the pool.
4. LG continues the Extended Arm grip and supports casualty's shoulders with spare arm.
5. On the count of 3 both lift the casualty onto the pool side with minimum movement.
6. Second person removes their arms from under the casualty, exits the water and supports the casualties head.
7. LG relaxes their Extended Arm grip, removes arms from under the casualty, exits the water, checks their airways, commence CPR.

Using a spinal board (3 lifeguards)

1. LG 1 & 2 support casualty
2. LG 3 gently sinks spinal board under casualty and then supports board
3. Board rises under casualty, LG 1 gently releases casualty and supports the board
4. LG 2 stays supporting the casualty's head, only releasing when casualty is fully secured on the board
5. LG 1 fastens spinal board straps around casualty and head lock
6. Casualty is moved to the pool side (perpendicular to it and head first) and top end is gently lifted up over the edge.
7. LG 1 exits the water and holds head of board
8. LG 2 exits water. LG 3 holds end of board

9. LG 2 supports side of board while LG 3 exits.
10. With one either side, lift the board gently over the side
11. Gently lower the board to the floor
12. Check for signs of life, perform rescue breathing if necessary. Keep casualty warm and reassure them.

Appendix G: Rescuing unconscious casualties

When a person is found to be unconscious, always treat them the same for spinal cord injuries, as it pays to be safe as the casualty cannot tell you anything, unless it was clearly observed that the incident happened in such a way that a spinal injury is highly unlikely, ie they may have just collapsed.

it is essential that the ambulance service be called immediately.

If the casualty is NOT breathing, then time to respond is critical and rescue breathing / CPR must begin as soon as possible, irrespective of any suspected spinal injury.

The following assumes a spinal injury is NOT likely

1 Lifeguard only on duty – some bystanders			
Out of water		In water	
Breathing	Not Breathing	Breathing	Not Breathing
Put the casualty in the recovery position and remain with them, check for signs of life until paramedics arrive	Check for any blockages in airways - commence CPR. Once breathing is secure, place in the recovery position	Have a bystander call an ambulance (111) and meet it	Enter water – turn casualty on back, quickly and smoothly, if necessary
Have a bystander call an ambulance (111) and meet it	Have a bystander call an ambulance (111) and meet it	Enter the water and make way to casualty	Have a bystander call an ambulance (111) and meet it
Have a bystander get some towels etc to keep casualty warm	Have a bystander get some towels etc to keep casualty warm	Tow the casualty to the side of the solar strip (face up) and anchor them to the solar strip with their crossed arms with downwards pressure	Check airways – commence rescue breathing (in the water)
Have a bystander control any crowd, if necessary	Take instructions from the paramedics	If help in lifting the casualty out of the water if there, then exit the water maintaining the downwards pressure on the casualty's arms and 2 people lift them out	Move casualty gently to the edge of the solar strips
Take instructions from the paramedics		If the casualty is too heavy leave them anchored to the side with lifeguard in the	Continue with rescue breathing (in the water). Do not attempt to lift out of water until

		water, holding their head back and their hands crossed	paramedics arrive
		Wait in the water with the casualty until paramedics arrive	Take instructions from the paramedics
		Take instructions from the paramedics	
Gather any pertinent information from any witnesses as to what happened. Alert Peter to the incident. If necessary inform a family member. Record it on our Accident - Incident report form. Support to you will be provided			

2 Lifeguard only on duty – some bystanders			
Out of water		In water	
Breathing	Not Breathing	Breathing	Not Breathing
Alert other lifeguard to emergency and to call ambulance		Alert other lifeguard to emergency and to call ambulance	
Put the casualty in the recovery position and remain with them, check for signs of life until paramedics arrive	Check for any blockages in airways - commence CPR. Once breathing is secure, place in the recovery position	Enter the water and make way to casualty	Enter water – turn casualty on back, quickly and smoothly, if necessary
One LG to get some towels etc to keep casualty warm		Tow the casualty to the side of the solar strip (face up) and anchor them to the solar strip with their crossed arms with downwards pressure	Check airways – commence rescue breathing (in the water)
One LG to control crowd, if necessary		Exit the water maintaining the downwards pressure on the casualty's arms and both LG's lift them out vertically or use the horizontal lift (see below)	Move casualty gently to the edge of the solar strips
Have a bystander meet the ambulance		If the casualty is too heavy leave them anchored to the side with lifeguard in the water, holding their head back and their hands crossed	Continue with rescue breathing (in the water). If able, both LG's to lift casualty onto the solar strip using either a vertical lift or the horizontal lift (see below) and commence CPR.
Take instructions from the paramedics		Wait in the water with the casualty until paramedics arrive	If the casualty is too heavy leave them in the water and continue rescue breathing.

			Second LG to assist holding them, in the water
		Have a bystander meet the ambulance	Have a bystander meet the ambulance
		Take instructions from the paramedics	Take instructions from the paramedics
Gather any pertinent information from any witnesses as to what happened. Alert Peter to the incident. If necessary inform a family member. Record it on our Accident - Incident report form. Support to you will be provided			

Horizontal lift (2 people)

Used to lift an unconscious person quickly out of the water.

1. LG immobilises the casualty and supports their upper back (extended arm grip is best).
2. Second person supports the casualty's hips and lower back (in the water).
3. Casualty is quickly manoeuvred to the edge of the pool.
4. LG continues the Extended Arm grip and supports casualty's shoulders with spare arm.
5. On the count of 3 both lift the casualty onto the pool side with minimum movement.
6. Second person removes their arms from under the casualty, exits the water and supports the casualties head.
7. LG relaxes their Extended Arm grip, removes arms from under the casualty, exits the water, checks their airways, commence CPR.

Appendix H: Emergency Evacuation Procedure

- In the event of an emergency requiring evacuation of the pool(s) and / or its surrounding areas, you will be given verbal instructions by the POOL ATTENDANT(s) on duty.
- Remain calm and listen to all instructions carefully.
- You will be told the safe way to leave and where to gather in the car park.
- The exit point may be through the main entrance or may be through the gate(s) located in the iron fence to the east of the small pool.
- Which exit is used will depend on the nature of the emergency.
- Do not wait to pick up clothing and personal effects unless told to do so.
- Do not leave the car park until told to do so.
- Pool Attendant(s) to check that changing rooms are empty.

Dave Hume Swimming Pool Trust

Health & Safety Policy Statement

The Dave Hume Swimming Pool Trust (The Trust) is committed to providing and maintaining a safe and healthy workplace for all staff, and to providing the information, training and supervision needed to achieve this.

The Trust will take responsibility for health and safety procedures, however, employees need to be aware of their responsibilities and comply with the business' health and safety policy.

Each employee is encouraged to play a vital and responsible role in maintaining a safe and healthy workplace through:

- Being involved in the workplace health and safety system.
- Sticking to correct procedures and equipment.
- Wearing protective clothing and equipment as and when required.
- Reporting any pain or discomfort as soon as possible.
- Ensuring all accidents and incidents are reported.
- Helping new employees, trainees and visitors to the workplace understand the right safety procedures and why they exist.
- Telling your supervisor immediately of any health and safety concerns.
- Keeping the work place tidy to minimise the risk of any trips and falls.

Your participation is much appreciated

Chairperson, Dave Hume Swimming Pool trust

Dated: