



## SWIMMING POOL EMERGENCY OPERATING PROCEDURE

BRITTAIN LANE SITE

## Changes from Last Issue

### 1- New Document for Evergreen School Brittain Lane Site

	<b>Contents</b>
<b>1</b>	<b>introduction</b>
<b>2</b>	<b>Objectives and scope</b>
<b>3</b>	<b>Reference Documents</b>
<b>4</b>	<b>Responsibilities</b>
<b>5</b>	<b>Raising Alarm</b>
<b>6</b>	<b>First Aid</b>
<b>7</b>	<b>Fire Evacuation</b>
<b>8</b>	<b>Minor Injuries</b>
<b>9</b>	<b>Major Injuries</b>
<b>10</b>	<b>Serious injury to bather (head injuries, discovering casualty in the water, spinal injuries</b>
<b>11</b>	<b>Emission of toxic gas and chemical overdose</b>
<b>12</b>	<b>Chemical spillage procedures</b>
<b>13</b>	<b>Disorderly behaviour</b>
<b>14</b>	<b>Overcrowding</b>
<b>15</b>	<b>Dealing with blood, vomit, faeces etc</b>
<b>16</b>	<b>Lack of Water Clarity</b>
<b>17</b>	<b>lighting Failures – indoor pools</b>
<b>18</b>	<b>Adverse weather, thunder and lightning in an outdoor pool</b>
<b>19</b>	<b>Structural Failures</b>

## 1 - Introduction

The purpose of this procedure is to outline the action to be taken in the event of an emergency within the pool and poolside areas.

The Head teacher will ensure all staff are aware of their responsibilities in respect of this procedure.

## 2 - Objective and Scope

The Emergency Action Plan details the specific actions to be taken in the event of any reasonably foreseeable emergency occurring.

Staff and those responsible for groups using the pool under a hire agreement must all be aware of the procedures to be used and must be trained to work in accordance with the provisions included in this plan. The Pool Operator has a duty to check compliance with the requirement and to regularly review the provisions made.

The plan covers the following reasonably possible emergencies:

- Minor injuries
- Major Injuries
- **Serious injuries including head, discovering casualty in water, removal of a casualty with a suspected spinal injury,**
- Emission of toxic gases
- Chemical spillage
- Disorderly behaviour
- Overcrowding
- Blood, vomit and faeces
- Lack of water clarity
- Lighting failure
- Structural failure

The plan takes into account the individual characteristics of the pool and the building, any specific hazards, the number of available staff and their training, the extent and location of first aid facilities and the type and location of other emergency equipment.

An emergency is a dangerous situation that occurs with little or no warning and requires an immediate response to avert the present danger or lessen the likely effect; it demands a swift and immediate response.

If handled properly a minor emergency is readily contained and does not become life threatening. If not dealt with promptly and efficiently a minor emergency can escalate and become a major emergency with a risk of serious injury or death.

Training and practicing these plans and procedures should take place regularly and with sufficient frequency to ensure an immediate and automatic reaction to an emergency.

## 3 - Reference Documents

### INTERNAL

Normal Operating Procedure

### EXTERNAL

Managing Health and Safety in  
Swimming Pools

Classes must follow the advice contained in the AfPE guidance "Safe Practice in Physical Education and Sport".

#### 4 – Responsibilities

Responsibility for carrying out emergency action rests with the pool supervisor and other school staff members using the pool at the time.

The pool supervisor is responsible for controlling the incident/accident and for taking the decision to evacuate the pool.

The senior leadership team are responsible for ensuring that:

- all staff are adequately trained in the procedures detailed hereafter
- notices are displayed to advise users of the arrangements
- exit door, signs, alarms, fire-fighting equipment and break glass call points are regularly checked and kept free from obstruction
- all exit doors operate without the aid of a key whenever the premises are occupied

#### Details of responsible persons and their level of training.

Name	Qualification	Expiry date
Tracy Downie	National Aquatic Therapy Shallow Pool Award	July 2022
Mary Woolley	National Aquatic Therapy Shallow Pool Award	July 2022
Isabella Robertson	National Aquatic Therapy Shallow Pool Award	July 2022
James Morris	National Aquatic Therapy Shallow Pool Award	July 2022
Michelle Baylis-Stranks	National Aquatic Therapy Shallow Pool Award	July 2022
Sue Jennings	National Aquatic Therapy Shallow Pool Award	July 2022
Lynda Myton	National Aquatic Therapy Shallow Pool Award	July 2022
Elinor Davies	National Aquatic Therapy Shallow Pool Award	July 2022
Chloe Janes	National Aquatic Therapy Shallow Pool Award	July 2022
Anza Cronin	National Aquatic Therapy Shallow Pool Award	July 2022
Lyndsey Irvine	National Aquatic Therapy Shallow Pool Award	July 2022
Katie Jackson	National Aquatic Therapy Shallow Pool Award	October 2023
Steve Dade	National Aquatic Therapy Shallow Pool Award	October 2023
Rachel Hollyoake	National Aquatic Therapy Shallow Pool Award	October 2023
Gail Gurney	National Aquatic Therapy Shallow Pool Award	October 2023
Robyn Hall	National Aquatic Therapy Shallow Pool Award	October 2023
Jayne Lee	National Aquatic Therapy Shallow Pool Award	October 2023

Guy Nash	National Aquatic Therapy Shallow Pool Award	October 2023
Sarah Hopwood	National Aquatic Therapy Shallow Pool Award	October 2023
Jamie Hammersley	National Aquatic Therapy Shallow Pool Award	October 2023
Corrine Rotherham	National Aquatic Therapy Shallow Pool Award	October 2023
Ritu Punj	National Aquatic Therapy Shallow Pool Award	October 2023
Sue Newton	National Aquatic Therapy Shallow Pool Award	October 2023
Justine Barlow	National Aquatic Therapy Shallow Pool Award	October 2023
Lauren Paul	National Aquatic Therapy Shallow Pool Award	October 2023
Abbie Montgomery	National Aquatic Therapy Shallow Pool Award	October 2023
Trudy Turland	National Aquatic Therapy Shallow Pool Award	October 2023
Catherine Robinson	National Aquatic Therapy Shallow Pool Award	October 2023
Hilary Alexander	National Aquatic Therapy Shallow Pool Award	October 2023
Abbie King	National Aquatic Therapy Shallow Pool Award	October 2023
Emma Williams	National Aquatic Therapy Shallow Pool Award	October 2023
Holly Shaw	National Aquatic Therapy Shallow Pool Award	October 2023
Amy Gentry	National Aquatic Therapy Shallow Pool Award	October 2023

The Pool Supervisor on poolside will be responsible for taking charge in the event of an emergency.

A member of staff using the pool during the emergency will be responsible for liaising with the school office over walkie talkies or a school telephone to summon the emergency services in the event of an emergency.

## 5 - Raising Alarms

The pool supervisor will shout and wave their hands to attract the attention of pool users. The pools at Evergreen School are small enough to use this as the method of communication.

## 6 - First Aid

- First aid kit is located on the wall next to the observation chair.
- Eye wash and a cold-water tap is available in plant room
- There will be a Dect phone located on poolside, in an emergency this can be used to communicate with the office for immediate assistance.

## 7 - Fire Evacuation

The arrangements in place for raising the alarm are as follows:

**In the event of a fire within the pool area:**

Break glass units are located on the poolside edge near to the fire door.

Once the alarm has been raised the pool supervisor will instruct on poolside should clear the pool as quickly as possible.

Everyone should be directed to the nearest emergency exit, with the staff in the water assisting the children to the steps nearest to the exit.

Thermal blankets are kept in the emergency box which is taken to the back evacuation point and will be issued when swimmers arrive at the assembly point, these will be issued by a member of staff from the pool or the pool supervisor.

Once at the assembly point the fire warden will check all staff and pupils are present against the register.

For those children that require hoisting it is the policy of Evergreen School that they will be evacuated from the pool by the use of their chair, which will be kept in the changing room during their session. In the situation where there is more than 1 child who requires hoisting, one child will be hoisted into their chair, which will then be escorted outside. The other child will then be hoisted into their chair and escorted outside. Thermal blankets will be provided at the evacuation point as above.

### **In the event of the fire alarm being triggered elsewhere in the school:**

**The swimming pool area including changing rooms and plant room has a 60 minute fire protection barrier.**

The pool supervisor will instruct an adult to check the corridor directly outside the pool for signs of a fire. Where there is no risk of drowning the pool supervisor may make this check.

If no fire is detected then children and staff can remain on poolside until further instruction from a fire warden. Staff should however start to clear the pool and change children into their dry clothes in preparation for an evacuation should a fire be detected in the school.

If a fire is detected then a fire warden will instruct staff to evacuate from the pool area once children and staff are dry and clothed but within 45 minutes of the fire alarm being activated in any case. Once the fire warden has checked the remaining areas they will assist in evacuating the pool area.

Where the fire is NOT in close proximity (if you cannot smell/see/hear the fire) the children will be hoisted from the pool into the changing room, changed and escorted outside in their chair, one at a time. The exit outside will be via the poolside for all the pool facility users.

Hoisting these children from the pool will require 2 adults per child. Where there are 2 children in the water that would normally require hoisting the 4 adults will be: pool supervisor, 2 adults that are in the water with the children and the adult that would have been responsible for dry-side hoisting of the children – this adult will need to go straight to the pool on the sounding of the alarm.

## **8 - Minor Emergencies**

Minor incidents or emergencies, if handled properly, will not result in a life-threatening situation. Examples of incidents of this nature include a bather slipping on poolside, a minor cut or bruise and a simple reaching rescue. Whilst these may be routine, they may result in increased risk of a

more serious incident if proper processes are not followed. In order to ensure an appropriate response, the teacher, on becoming aware of the incident will follow the process below:

- Notify staff within the pool that there is an incident; this can be done through shouting and waving hands. They will be asked to move pupils to the side of the pool for safety until the pool supervisor is able to pay full attention to the pool once more.
- If the situation is easily dealt with by the pool supervisor or a member of staff present then this can be done before continuing the swimming session. Following this there should be an incident/accident report form filled in on IRIS Adapt.
- If further help is required the nurse can be called to the pool area to attend to the injury via the use of the phone/walkie talkie.
- In this situation the pupil could be taken into a changing room for privacy and to ensure safety as they will be away from the water where they may come to further harm
- Accident / Incident Reports on IRIS Adapt should be completed as necessary.

In many cases, this series of actions may take only a few minutes, e.g. providing a sterile, water-resistant dressing or performing a simple reaching rescue from the side. In every case however, it is important that the incident be recorded for future analysis.

## 9 - Major Emergencies

A major emergency is where an incident occurs resulting in a serious injury or life-threatening situation. In most cases, more than one member of staff will be involved and in extreme situations, all members of the team will be required to provide support. The process for dealing with major emergencies is as follows:

- The pool supervisor will raise the alarm both on poolside and via the emergency alarm on poolside.
- A member of the senior leadership team should immediately be informed of the incident by the office staff if they have not already responded to the emergency alarm.
- The pool supervisor will initiate rescue / first aid and remove casualty from the area
- The other staff members in the pool will remove other users from the water and take them into a changing room to avoid further casualties.
- The pool supervisor will ask a member of the staff that is present to ensure an ambulance is requested by staff in the office, supply specialist equipment and take control of the situation, including managing and assisting other bathers.
- A senior leader will meet the ambulance crew to brief them and escort them to the scene of the incident.
- Responsibility is assigned to the ambulance crew once they start to treat the casualty.
- The pool supervisor will ensure that safe levels of supervision are maintained for the duration of the incident and subsequent action.
- The pool supervisor will ensure that all Accident / Incidents are reported via Iris Adapt and the necessary follow up action is taken.
- The casualty's parent/carer will immediately be informed.

## 10 - Serious Injury to a Bather

### General

The process for dealing with major emergencies as detailed in Section 9 will be followed in the event that a member of the pool staff notices a bather with a serious injury. The pool supervisor will follow first aid/resuscitation protocols in accordance with first aid training. These will be followed until the ambulance crew takes over. In cases of serious injury, unconsciousness or suspected broken bones, patients will not be moved until first aid has been given.

## Head Injuries

All head injuries will be treated as serious injuries and the pool supervisor will follow first aid/resuscitation protocols in accordance with their first aid training. In addition to following the major emergency process outlined in Section 9, the following action will be taken:

- Casualties with face / head injuries will not be allowed to return to the pool
- An ambulance will be called if the injury appears serious. If the injury appears less serious, the school nurse may be called to assess the wound and offer advice.
- If there is any doubt as to the severity of the injury an ambulance will be called as there is the possibility of delayed concussion/loss of consciousness occurring

## Discovery of a Casualty in the Water (Including drowning or near drowning)

- If there is any doubt as to the severity of the injury an ambulance will be called as there is the possibility of delayed concussion/loss of consciousness occurring.
- Enter the water in a safe manner, recover the casualty and land them at the nearest suitable landing point
- If breathing has ceased commence rescue breathing immediately whilst in the water.
- Land the casualty and continue rescue breathing.
- Communicate with the school office to arrange for an ambulance to be called and the Defibrillator to be brought to the pool.
- A member of the senior leadership team should be informed of the incident by the office staff.
- If the heart has stopped beating, removal of the casualty from the water is paramount. Instruct members of staff/volunteers to assist in lifting the casualty from the water and commence cardiopulmonary resuscitation (CPR)
- Continue CPR and/or use of the defibrillator until the ambulance crew take over.
- Other pool staff must evacuate the pool of users and take them away from the poolside into the changing room to prevent distress and possible further casualties.
- Staff should ensure that a crowd does not gather around the casualty.
- A Senior Leader will be designated to meet the ambulance and to take them to the scene of the incident as speedily as possible
- As soon as possible after the incident all staff involved will be required to make a written statement.
- No statements shall be made to the press or other members of the public.

## Removal of a casualty with a suspected spinal injury

All suspected spinal injuries will be treated as serious injuries and teachers will follow rescue / resuscitation protocols in accordance with their training. In addition to following the major emergency process outlined in Section 9, the following action will be taken:

- On entering the water, the pool supervisor must shout, “**Entering the water, suspected spinal**”
- If the casualty is in a face down position, they must be turned into a face-up position urgently
- If the casualty is not breathing, commence Rescue breaths even if the action risks further damage to the spinal cord.
- Stabilise the casualty’s head.
- Maintain the casualty in a horizontal position
- All other pool users will be carefully directed away from the casualty in order not to disturb the water or the casualty. Once away from the casualty all bathers must clear the pool and will be directed away from the incident.

A minimum of 4 trained staff is required to recover a casualty using a spinal board.

Therefore this will not be possible within our school setting. In a situation of suspected



spinal injury a head splint would be applied in the water by the pool supervisor and the casualty would remain this way until a paramedic arrives. (See appendix 1 for further details on applying a head splint)

## **11 - Emission of toxic gas and chemical overdose**

An emission of toxic gas would most likely come from the mixing of a bleach such as sodium hypochlorite and another chemical containing an acid during a cleaning operation or as a result of an incorrect process used in the pool water disinfection system.

### **In the event of a toxic gas escape**

- In the event of the suspected emission of toxic gas or chemical overdose the emergency alarm on poolside should be sounded.
- The pool supervisor will evacuate the pool immediately, and take swimmers and others in the area to the designated evacuation point that is furthest from the pool plant room – i.e. at the front of the school.
- SLT will inform the office of the need to evacuate and ask them to alert the fire brigade.
- The telephone system will be used to alert all classes to the need to evacuate and the evacuation point to be used.
- If there is an emission from chemical mixing, the immediate area should be evacuated with haste, closing doors if possible to prevent the gases escaping to other occupied areas.
- Any person who has been gassed with chlorine should be taken to hospital as serious symptoms may develop at a later stage.
- The accident may be reportable to the Health and Safety Executive under RIDDOR. It will be the responsibility of the pool supervisor to initiate reporting, to the school business manager, or Head Teacher if SBM not on site.

## **12 - Chemical spillage procedures (see Appendix 2 for specific procedures).**

- Any spillage should be cleaned away using a safe method. The degree of danger needs to be assessed quickly so that the relevant, safe action can be taken.
- The method for clearing spillage recommended by the manufacturer/supplier should be displayed together with the provision of the necessary equipment and its location.
- The usual standard of PPE will give minimal protection, i.e.: to deal with minimal spillages. If the quality of spilled substance is substantial or if there is likely to be a reaction producing heat or gas, staff should be trained to identify these circumstances so that the emergency services are called at an early stage, and that staff, pupils and public are not exposed to undue risk.
- Care should be taken to prevent any chemical from entering a drain, unless it is known to be safe to do so.

## **13 - Disorderly behaviour**

Any behaviour which is likely to cause a nuisance or is dangerous to others should be stopped immediately

Incidents of this nature within the pool or around poolside may detract the attention of staff away from their primary duties of pool supervision. Assistance from other staff will be requested as soon as the pool supervisor feels their attention is being drawn away from their primary duties. At Ridgeway School the children are given warnings if their behaviour is deemed inappropriate, firstly it is explained what behaviour is not appropriate and warned to stop it, if a second warning is

necessary they are told again what behaviour is not appropriate before being warned they may be asked to leave the pool. If the behaviour occurs for a third time they are asked to leave the pool for a timeout to calm down. If the behaviour continues after one or two time outs the child may be asked to leave the pool completely and return to the changing rooms for safety reasons.

#### **14 - Overcrowding.**

Overcrowding should not occur if there is a system in place for controlling access and the number of swimmers admitted does not exceed the maximum pool capacity. However some areas of the pool may at times become over crowded.

If this happens the pool supervisor should disperse the grouping within the pool or ask some swimmers to leave the pool temporarily.

#### **15 - Dealing with blood, vomit, faeces etc**

In the event that blood, vomit and Faeces are discovered in the pool or poolside, the pool operator MUST be called, they will follow these procedures:

##### **Blood**

- If significant amounts of blood are spilled into the pool it should be cleared of swimmers, allowed to disperse and infective particles neutralised by the disinfectant. Allow up to one hour dependent on amount of contamination
- Water tests should be carried out directly from the pool to confirm that chlorine and pH levels are within the recommended ranges.
- When clearing blood, the correct personal protective equipment, i.e. disposable gloves must be worn.
- Spillages of blood on poolside will be contained, using a spill kit. Carefully pour disinfectant solution (pool water) ideally a disinfectant ratio of 10:1 dilution onto area and leave for 2-3 minutes Blood will not be washed into the pool or poolside drains. Spill Kit will be disposed of properly in clinical waste bins, a nappy bin can be found in the entrance area of the pool.
- The contaminated area should be washed down again and preferably left to dry.

##### **Vomit**

- If substantial amounts of vomit are spilled into the pool the affected pool will be closed immediately to bathers in order to allow for its removal.
- The vomit will be removed from the water using a scoop and placed in a bucket, the contents of which will be flushed down the toilet.
- A minimum of “three turnover periods” of the affected pool will elapse to ensure the removal of any bacteria.
- Prior to the pool re-opening a water quality test to ensure that chlorine and pH levels are within the agreed parameters and a visual inspection will be carried out.
- When clearing vomit, the correct personal protective equipment, i.e. disposable gloves must be worn.
- Spillages of vomit on poolside will be contained, using a Spill Kit. Vomit will not be washed into the pool or poolside drains. Spill kit will be disposed of properly in clinical waste bins, e.g. nappy bins. The area will then be disinfected.
- Any equipment that has been used to scoop up the vomit must be thoroughly disinfected before it is stored away

## Diarrhoea

- Clear the pool of swimmers.
- Arrange for swimmers to shower thoroughly.
- Maintain disinfectant levels at the top of the recommended range (2.50 free chlorine) run pH levels at bottom of range (7.20)
- Check coagulant is in the strainer baskets (this is added/changed weekly).
- Filter for 6 turnover cycles.
- Monitor disinfectant levels throughout this period.
- Vacuum the pool.
- All equipment in the pool at the time and those used to clean the pool should be washed and disinfected.
- After 6 turnover cycles backwash the filters, 1hr33mins per cycle 9hr30mins for 6 cycles.
- Carry out water tests directly from pool.
- If all readings are satisfactory no other action needs to be taken and the pool can reopen.
- If pool readings are not satisfactory, traces of release can be detected, water clarity is less than optimum or there are any doubts of the success of the procedure seek advice from the pool service company.

## Solid Stools

- Clear the pool of all users.
- Retrieve and remove the stool using the scoop on poolside. Dispose in nearby toilet or sluice.
- Disinfect any area of the poolside that may require cleaning, together with the scoops used to remove the stool with chlorinated pool water.
- Carry out a series of chlorine and pH water tests taking water directly from the pool.
- If all readings are within recommended levels no other action is necessary and the pool can reopen.
  - Chlorine: 0.50-2.00 pH: 7.20-7.40 ideal ranges.

If the release is on poolside then it should be treated as follows:

- Wearing protective gloves collect stool in suitable container and dispose of in nearby toilet or sluice.
- Protect area until pool area is cleared of users.
- Disinfect area around the site not allowing water to enter the pool.
- Disinfect any equipment used to remove the stool.
- If pool equipment is marked, smeared or suspected of contamination take out of use immediately. If contaminated during use in the pool, unless it is clear how the contamination occurred treat as a diarrhoeal release and manage as such.
- If pool equipment contaminated on pool side, clean and disinfect thoroughly immediately. Disinfect surfaces where equipment was located.

## Uncontrolled bladder movement.

It is not always possible to identify this, but the chemicals in the water will neutralise urine. Regular water testing will help to ensure that there are sufficient chemical levels to be able to neutralise the urine safely.

## 16 - Lack of Water Clarity

It is vital that all teachers and assistants can clearly see the bottom of the pool in order that a bather can be seen in the event of an emergency. The following process will be followed in the event of poor water clarity:

- If the pool water becomes cloudy, the Pool Operator must be called. They will undertake a water test and apply remedial action to correct the water quality.
- If the remedial action is not possible or is not effective soon enough; the Pool Operator will determine if it is safe for the pool to remain open.
- Bathers will only be allowed back in the pool once the water quality has improved sufficiently to enable staff to clearly view the pool bottom and a satisfactory chemical balance has been confirmed.

### **17 - Lighting failure – indoor pools**

- Should the lights fail; the emergency lighting will come on automatically.
- The pool supervisor will ensure that the pool is cleared immediately with staff and pupils asked to wait on the poolside away from the pool edges until further information concerning the situation is available.
- Should the pool supervisor deem the emergency lighting to be inadequate then the area will be cleared and the pool closed.
- If the lighting failure is prolonged, pupils should be organised into groups and led into the changing rooms by the staff members present to change.
- The controlled method of changing will alter depending on the availability of natural light and emergency lighting. If it is too dark to enable the children to change they should be covered with towels and taken to a private and quiet area within the school to change.

### **18 - Adverse weather, thunder and lightning in an outdoor pool**

Not applicable as pool is inside.

### **19 - Structural failure**

- Should a structural failure occur, or if danger is suspected from the building structure, activate the fire alarm by breaking the nearest “break glass” panel
- An evacuation is to be initiated.
- Evacuate from the building using whichever exit doors are unobstructed by the result of the structural failure.
- If the changing area lies within the structural failure area children should be taken to a place that is secure and warm.

## **Rescue from shallow water – Head Splint** **Rescuer from deep water - Vice Grip**

### **If the casualty is face down,**

- Approach the casualty from the side and reach under the casualty, taking care to go round the casualty's near arm.
- Place your forearm along the casualty's sternum supporting the casualty's chin with your hand.
- Place your other arm along the casualty's spine with your hand on their head, fingers spread out.
- Keep your fingers, hands, wrists and elbows rigid and arms pressed together.
- Slide beneath the casualty and gently roll the casualty onto their back.
- Keeping the casualty in this position, make your way to shallow water using an eggbeater or flutter kick.

### **If the casualty is face up**

- Approach them, secure the casualty, and make your way to shallow water as described above.

### **Stabilising the casualty**

- If there are sufficient numbers of trained staff on the poolside they will assist in the rescue, as below, otherwise the Lifeguard will support the casualty in the water until the emergency services arrive to take over.
- The first member of staff should direct one team member to stand at the casualty's head and place one hand gently and firmly on each side of the casualty's head, with their forefinger and thumb above and below the casualty's ear.
- A third pool attendant should gently support the base of the casualty's spine and buttocks with their forearms.
- The first pool attendant can now remove their arm from the casualty's sternum and support the casualty's back. Their other arm can now be moved from along the casualty's spine to support the shoulders.
- A fourth person can be used to support the casualty's legs using the forearms under the ankles and calves.

## **Rescue from shallow water – Head Splint**

- Slide into the water, approach the casualty from the side, and stop when facing the casualty's head.
- Secure the head by gently grasping their right and left arms with your corresponding right and left hands, placing them midway between the casualty's elbows and shoulders.
- Gently move their arms to the water surface to finish in a position where their ears are covered by their upper arms.
- Carefully squeeze their arms against their head to trap the head and prevent any movement. Position your thumbs on the back of their head, maintaining the pressure on the arms.
- Gently move the casualty head first through the water to raise the legs towards the water surface. As you do this, roll them towards you by pushing the arm nearest to you downwards and pulling on the arm furthest away from you towards you; continue to roll them until they are face up.
- Once the casualty is face up, maintain the pressure on their arms, and support the back

- of their head on your submerged forearm. Do not release the pressure on their arms until you get extra help.
- Additional support can be applied in exactly the same way as for the vice grip, the rescuer at the head sliding hands between the casualty's raised arms and head. The arms may then be carefully and gently moved to the side of the casualty's body.

### **Casualty having to be removed from the water urgently**

- In the event of a casualty having to be removed from the water urgently, possibly to perform CPR, a horizontal lift may be used.
- This requires a minimum of two trained Lifeguards and three trained persons.
- The team should be arranged with the strongest members at the casualty's shoulders and hips for ease of lifting, particularly with a large casualty.
- One trained person should remain on the poolside to receive the head.
- It is preferable to land the casualty at a point that the emergency services can reach easily and that is approximately waist high to the shortest team member.
- On a command from the pool attendant supporting the upper back the team, lift the casualty out of the water, step forward and place the casualty on the poolside.
- As the casualty is lifted, the pool attendant on the poolside places his hands over the hands of the team member controlling the casualty's head.
- The team members then slide their hands out from under the casualty

**ACTION TO BE TAKEN FOR CHEMICAL SPILLAGE****Liquid chemicals:**

1. Spillages of liquid chemicals should be absorbed using a prescribed chemical absorption kit.
2. If such a kit is not available, the affected area should be covered with paper towels, until all liquid has been absorbed.
3. The paper towels should be removed as toxic waste.
4. Adequate protective clothing and equipment should be worn at all times.

**Dry chemicals:**

1. Spillages of dry chemicals can be swept and kept in a secure container.
2. The dry chemical and container must then be disposed of as toxic waste
3. Under no circumstances should any spilled, dry chemicals be returned to its original storage container, or put into use.

**POOL CHEMICALS ARE SAFE TO BE USED IF THE MANUFACTURERS PRECAUTIONS ARE OBSERVED, AND THEIR INSTRUCTIONS ARE FOLLOWED.**