

**Riverside School**  
**Hydrotherapy Pool Policy**

**Policy reviewed at a meeting of the Governors' Resources Committee on:**

**7 March, 2017**

***(Policy to be reviewed triennially)***

***Next review date – Spring Term, 2020***

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## INTRODUCTION

The guidance contained in this Hydrotherapy Pool Policy is based on The HSE document “Managing Health and Safety in Swimming Pools”. It also takes into account as a pool operator, The Management of Health and Safety at Work Regulations 1999 (MHSWR)3, which articulates that an assessment of the risks which may affect employees, and others, as a result of the activity, must be carried out.

Everyone involved in the provision of hydrotherapy at Riverside is made aware of all guidelines and procedures to ensure the safe and effective use of pool facilities at all times. It is a requirement, that all staff and service users in the school, who use the hydrotherapy pool, must read a copy of this policy before using it and adhering to its content.

The Hydrotherapy Pool Policy provides:

- guidance on the control of pool health and safety risks and maintaining a safe plant and the required equipment
- guidance on safe handling and use of pool substances
- information, instruction and supervision for employees and records the need to ensure all have adequate training
- maintain safe and healthy working conditions and to review and revise this policy at regular intervals

<b>HYDROTHERAPY POOL DIMENSIONS</b>	
<b>DIMENSIONS</b>	5,950MM X 3,800MM
<b>WATER VOLUME</b>	25,00 LITRES
<b>POOL DEPTH</b>	1,000MM X1,20MM
<b>TURNOVER RATE</b>	20m <sup>3</sup> HOUR
<b>CIRCULATION FLOW RATE</b>	1.25 HOUR
<b>FILTER BACKWASH FLOWRATE</b>	7.07 LITRES/SECOND
<b>UNDERWATER LIGHTING</b>	50W HALOGEN
<b>FINISHES</b>	GLASS MOSAIC TILES
<b>TEMPERATURE</b>	36C
<b>PURIFICATION SYSTEMS</b>	SIEMENS-STRANTOL SYSTEM 3

*Designed and built by :Rainbow Pools London Limited, The Tannery, Queen St, Gomshall, Surrey, GU5 9L*

## **LEAD PERSONNEL**

Headteacher	Martin Doyle
Training Lead/Deputy Head	Sarah Doyle
Pool Maintenance	Derek Martin
National Trainer	Ray Papps

## **RATIONALE FOR HYDROTHERAPY**

The pool is used where access to a public swimming pool is deemed inappropriate due to size temperature, changing facilities and environment. The pool is used to meet all students' therapeutic needs and maintain their wellbeing. We aim to provide:

- opportunities for students to explore their environment and develop confidence in the water
- opportunities for freedom of movement, balance, weight-bearing and coordination
- physiotherapy routines, circulation, exercises and toleration of touch
- the development of communication skills and a safe environment for fun and relaxation
- access to learning through sensory programmes in the pool
- post-operative support when required

## **ACCESS TO HYDROTHERAPY**

The students' health/medical/behavioural suitability for hydrotherapy must be thoroughly assessed before consideration of any hydrotherapy programmes. Any moving and handling issues must be risk-assessed by the Moving and Handling Coordinator and class teacher and an appropriate programme made available to all staff. The students' confidence should be taken into account and if appropriate a Behaviour Programme written with support, if needed in consultation with the Team Leader.

The session lead must have full knowledge and understanding of the pool use, safety and evacuation procedures and will be responsible for the health and safety of the session. They will also ensure there is an appropriate staffing level, depending on the ability and safety requirements of the group. Staff should be aware of the social, psychological and cultural implications of the students and staff involved in the session.

All staff will attend relevant pool training pertinent to working within the pool, in the pool area and they must read the policy. Training must include pool management and safety, pool evacuation, emergency/fire evacuation, health and safety and manual handling.

## **FACTORS AFFECTING ACCESS TO HYDROTHERAPY**

For advice on all these areas please consult with multi professionals in the school prior to including students in hydrotherapy sessions.

- Poor respiratory competence or medical instability.
- Infections such as fungal, bacterial or viral.
- Where moving and handling equipment or facilities are not safe for access [e.g. no hoist].
- Allergies to chlorine, eczema, asthma attack, prior to the session seizure. Invasive tubes which cannot be covered.

## **STAFF RESPONSIBILITIES**

All staff have a duty of care that operates for any activity in which students are involved; staff cannot transfer that duty of care to anyone else. In relation to swimming, this means that Class Teachers will ensure the appropriate planning and risk assessments are in place to ensure:

- There is a correct ratio of staff to students.
- Students are appropriately supervised when changing, and the schools' intimate care policy is followed.
- Students are under control at all times.
- Normal and emergency procedures are understood.
- They have an overview of all students while in the pool.
- They set objectives and know what progress their students are making with their swimming or other skills while in the pool.
- Ensure that no glass is brought into the pool area.
- Ensure that where possible no jewellery is worn in the water.
- Ensure students and staff have access to water or suitable liquids after their session.
- Ensure only trained staff use the hoists. Ensure risk assessments are read and understood by all staff.
- Ensure entry and exit to the pool is safely carried out.
- Report any faulty equipment or hazards to the appropriate personnel.

## **HEALTH & SAFETY**

Overall responsibility for the safe use of the pool rests with the Headteacher, who must ensure procedures are in place for:

- The plant room, testing water and chemical treatment.

- Cleaning the pool and pool area and access to the pool.
- Regular maintenance and servicing of specialist equipment
- Emergency procedures including evacuation in the event of fire.
- Risk assessment of the pool
- Supply of appropriate First Aid Kit
- Access to appropriate training for staff who use the pool.

All staff members and volunteers are required to have an enhanced CRB (or equivalent via the Disclosure and Barring Service as of December 2012).

There must be a minimum of one member of staff trained in First Aid on the premises, and at least one staff member trained in Basic Life Support or holding a nationally recognised award such as The Aquatic Therapy Shallow Pool Rescue Award [ATSPRA] within the pool area during all periods of use.

In the event of an accident occurring which requires first aid, this must be recorded on the accident form. Accidents where a student is hospitalised should be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

Risk Assessments must ensure that each session is staffed by competent people able to make productive decisions in any eventuality. Those involved in the sessions must ensure that they have read and understood the risk assessments. Risk assessments will always be submitted to the Team Leader or member of the Leadership Team for approval. Staffing levels may need to be increased if appropriate, or session times changed in order to respond to the situation on the day.

## **MEDICAL GUIDANCE**

Specific medical guidelines are to be available for students who have medical conditions such as diabetes, epilepsy, require suction, etc. and these must be incorporated into their Risk Assessments.

If a student has a seizure whilst in the water they should be supported safely, away from the edge of the pool, and removed from the water once it is over. Then the student can be removed to the poolside by e.g. staff transfer, hoist (as deemed safe and appropriate on each individual occasion) and the student placed in the recovery position on a mat or changing bed.

If a student is prescribed emergency medication e.g. Buccal Midazolam, suction, this must be accessible to them during the session.

This medication can only be administered by a member of staff trained in its administration and following the Care Plan for each individual student. In accordance with medical advice, students who have gastrostomy tubes or catheters must have them covered, by a trained member of staff, before entering the pool.

Judgments on the length of time students and staff spend in the pool should be made taking into account the water temperature, air temperature, students medical condition and effects of increased temperature on the circulatory system. However there is specifically recognised advice which states that no student should be in the water longer than 30 minutes during any session.

No staff in the pool area for longer than 1.5 hours without a 15 minute break. Also no one should spend more than 3 hours (in total) in the water on any one day. Staff should make a decision on very HOT days, as to whether it is safe to use the pool, bearing in mind the air temperature within the pool area.

Two Ann-yann Pool Evacuation Sheets are kept at the side of the pool for emergency evacuations, if its use is appropriate, (e.g. epileptic seizures, hoist failure etc.). The sheets are tested to loading of at least 262.5 kg for extended periods. Staff who use the pool are given training/instruction in the use of the sheets.

Otherwise emergency evacuation is via pool hoist and sling only are undertaken by trained staff. Risk assessments are carried out for pool exit procedures and are available to be implemented in case of hoist failure.

Infectious skin complaints – should be treated/ covered before swimming can take place. The school may ask that a GP is consulted prior to swimming, in order to safeguard all users. The school reserves the right not to allow a student to have hydrotherapy e.g. if they have newly returned from an absence due to illness/surgery. No student or member of staff can swim for a period of 2 days following an episode of diarrhoea.

Teachers should seek initial advice from the schools' physiotherapist for hydrotherapy sessions, for every student that is seen by the physiotherapist. Further advice must be sought if the students' physical needs change.

There should be appropriate safe storage of floatation devices, sensory water resources at the end of each session Daily storage and laundering of student swim wear and towels belonging to the school to be laundered by class staff. Other personal swimwear will be sent home with the student at the end of the day

## **EMERGENCY EVACUATION + PROCEDURES**

A key role of all staff using the pool is to remove or reduce the chances of students getting into difficulty whilst in the water. This requires staff using their training to avoid incidents by early intervention to any given situation. However when an incident does occur it is important that all staff know how to proceed.

### On hearing the fire alarm:

- Students/pool-users will be immediately hoisted into their wheelchairs and wrapped in survival blankets and dry towelling robes. Survival blankets need to be provided in the pool area.

- Ambulant students will exit the pool in a calm and supervised manner following their individual moving and handling risk assessment, they must also be wrapped in survival blankets/towelling robes
- The Spotter will sweep the zone and assist in evacuating the students from the pool area. Staff will follow the emergency evacuation route leading them to the exit doors, through the opposite classroom and out into the playground area
- They will only return to the pool area when instructed to by the chief fire marshal.
- If informed of a fire drill by a member of the leadership team, swimmers may remain in the pool

#### Lighting Failure.

- The pool should be cleared immediately and all staff and students move to a safely lit area.

#### Lack of Water Clarity.

- If the water is cloudy or milky, it cannot be used and will be out of order until tests are completed and balance restored. The site officer will need informing

#### Chemical Leak.

- In the event of a chemical leak or suspected leak staff need to follow procedures as for fire evacuation.

#### Minor Incident.

- A minor incident is one that can be managed and is not life threatening.
- However it may result in an amendment of a risk assessment. All such incidents must be reported by completing the appropriate accident/incident forms and informing a member of the leadership team.

#### Serious Incident

If a student or member of staff in the water requires medical attention a member of staff in the water will ensure the safety of that person. If there is a suspicion of a spinal injury they will not be moved unless they are face down.

- If a student is conscious and safe the hoist may be used to exit the water. If the student is unconscious then they must be removed from the pool the safest way, a minimum of two staff would need to be in the water and staff available on the side. One adult must give the instructions using 1, 2, 3, or '*ready, steady, move*'.
- If a student is having a seizure they must be monitored carefully and once over removed from the pool by staff transfer or hoist if deemed safe. The student should then be placed in the recovery position. If prescribed Buccal Midazolam this must be accessible during the session and administered if needed, as stated in their care plan, by qualified staff.



- Carry out first aid procedures until help arrives.
- Breathing and airways need to be monitored carefully in the event of any incident.
- The Spotter will take charge of the evacuation of the pool as necessary and raise the alarm.
- The emergency service will be called by the office if needed.
- As a result of a serious incident a report to Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995 [RIDDOR ]

#### Procedures for Dealing with other Incidents.

There may be occasions where staff have to deal with vomit, diarrhoea or faeces. In the case of any of the above the pool should be evacuated and all students and staff shower thoroughly. Inform the site officer & Head Teacher immediately.

### **GUIDELINES FOR SESSIONS**

- All students require parental permission to use the hydrotherapy pool. All forms will be kept in the student's personal details file and also in the main hydrotherapy file kept by Sarah Doyle.
- Where possible students should bring their own swimming kit from home. However school can provide kit if it is not sent in. All students requiring specialised swim wear e.g. swim pants will have them provided by the school.
- If costumes are modified for religious or cultural reasons, e.g., covering arms and legs, they must be tight-fitting to prevent becoming water-logged.
- Students should be encouraged to use the toilet before entering the pool.
- All staff should wear disposable overshoes while in the pool area.
- No student should enter the water unless specifically instructed to do so.
- An appropriately trained member of staff must remain poolside. This person must hold a first aid / resuscitation / life saver certificate. They are the 'Spotter' and must not have responsibility for supervising students on the side. If other students need supervision then more adults will need to be poolside.
- They must carry out a visual inspection of life saving resources/devices and ensure the safe use of floats. Students must not jump on or stand on floats or swim underneath them.
- The spotter should be aware of the risk assessments in place for the group. They should report any faults seen to their Team Leader and note in the site management team hazards/damage book.

- All accidents, incidents and near misses are to be recorded in the accident/incident book. The book is kept in the meeting room.
- The Spotter must not leave the poolside until all students have left the water and must also ensure the pool area is vacated correctly before the door is closed and fob locked.
- Training and updates will be identified, arranged and monitored by the Deputy Head who also keeps training records. Attending training sessions/refreshers is a requirement.
- Staff are responsible for recording behavioural incidents during pool session following the schools policy.

## **RISK ASSESSMENTS**

- Students using the pool must have an individual risk assessment as appropriate, or be part of a group risk assessment.
- This would include looking at hazards, pool competency, behaviour, medical needs; level of support in the water and pool manual handling risks. A copy of the risk assessment should be laminated and taken to pool sessions.
- Staffing levels must be appropriate for the needs of the group.
- Those with complex needs and epilepsy may need 1:1 in the water and must be stated in the risk assessment.
- Students following The Halliwick Programme are not required to wear flotation aids [because it does not advocate aids] However they should be supported fully.
- Students not following Halliwick may need flotation.
- Any pregnant staff should have a Risk Assessment to take into account their changed circumstances. A pool with a temperature of 31° C is to be avoided during pregnancy.
- Any damaged, broken or malfunctioned equipment i.e. Hoist, sling, changing bed, lighting is to be reported immediately to the site officer and Headteacher.

## **CLEANING AND MAINTENANCE**

- Following the session, the Spotter must ensure that all service-users have vacated the pool and associated rooms by sweeping the area, lights are turned off and ensure that the pool entrance doors are closed off via the fob system before vacating the area.

- The pool cover is replaced at the end of the school day by the Premises and Cleaning team.
- The Premises Team are responsible for all heating, cleaning and maintenance. The pool room must be kept closed at all times; areas are accessed by key and a fob system. They are also responsible for the heating of the pool water and the ambient air temperature.
- The Premises Team check functioning of the poolside alarm daily (first thing in the mornings – rings in main office).
- Chemical balance and safe storage and use of the chemicals needs to be as per instructions and is the responsibility of the trained site staff. The above mentioned procedures can be viewed in the hydrotherapy pool log book and pool maintenance risk assessments.

## **MONITORING & RECORDING**

The Headteacher is responsible for maintaining the following records.

- Appropriate risk assessments.
- Pool safety operation procedures.
- Records of incidents and accidents.
- Records of pool tests.
- Records of pool use.
- Qualifications and training of staff.
- Policies and Procedures.
- Hire arrangements.

## **POOL MANAGEMENT**

### Access

The entrance to the pool must be locked at all times. There must be adequate signage for exits to ensure safety in an emergency evacuation.

### Flooring

All flooring must be slip resistant. The pool areas must be cleaned on a regular basis with appropriate cleaning materials. All users must wear protective footwear over shoes [disposable plastic shoes].

## Equipment

There should be adequate safe storage both poolside and in all changing areas. All flotation aids must be checked by session staff to ensure they are fit for purpose. If not please report to Team Leader. The pool cover should be risk-assessed regularly. Pool beds and changing beds to be wiped down by session staff. All equipment e.g. hoists, should be serviced and maintained through the schools' service level agreement/maintenance contract.

## Chemicals

All chemicals and water treatments must be stored away from the pool. There must be adequate disposal facilities for incontinence wear.

## Electrical

Appropriate lighting needs to be inset and any faults reported immediately. The alarm system must be checked regularly. All electrical standards must be met as for installations and electrical fixtures. BS: 7671 Regulations.

## Signage

Ensure there is clear signage for emergency exits and pool depth as appropriate. Also the emergency alarm [ if available] and storage. There should be a clock on the wall visible from pool to ensure session times or timing of a seizure.

## Pool Users

Every precaution should be taken to avoid water contamination. Students at risk of incontinence during a pool session should wear protective swim wear [ easily available] Pool contamination will result in the area being out of action for at least 24 hours. Where possible encourage all students to use the toilet before the session.

Students with epilepsy should only attend if they are well and their epilepsy well controlled. Those with emergency medication should have it with them at the pool. Wounds should have waterproof dressing such as On-site available on Amazon] Students with gastrostomy sites must have them taped before entering the pool.

## **STAFF ROLES**

### The Session Leader

The session leader [usually the class teacher] has overall responsibility for the session. They will compile hydrotherapy plans for the group and share with all staff. They will allocate staff to their role for the session. The leader will be aware of water quality and temperature, moving and handling procedures, risk assessments, equipment needed, hygiene, incident procedure and who the Spotter is.

## The Spotter

One Spotter per session is required. The Spotter must have access to relevant training and updates including basic first aid.

The Spotter is required to observe the session from the pool side, and be aware of any situation which might compromise the session or cause any risk. This then needs to be reported to the session lead.

They should be there as the first student enters the water and remain poolside until the last student leaves.

The Spotter needs to be able to move around the poolside to view from every angle.

If an emergency occurs the Spotter needs to be vigilant and alert the session lead.

The Spotter then follows instructions from the lead. The Spotter has the evacuation plan and will organise poolside equipment to support the emergency e.g. towel, medication, Keifer board.

The Spotter should be aware of all risk assessments and behaviour plans.

If there is a casualty, it is the responsibility of the lead to ensure they are lifted from the pool safely and for other staff to ensure safety of the others. If necessary a member of the Leadership Team will inform parents, and call for an ambulance if required.

The session lead will ensure the correct reporting forms are completed as soon as possible. There will be a debrief with a member of the Leadership Team.

## **STAFF AWARENESS**

- Be aware of wet floors and hot pipes.
  - Be aware of exits and alarms.
  - Be aware of equipment in the pool area.
  - No outdoor shoes to be worn in the pool area.
  - No wheelchairs at the pool side.
  - Please shower before entering pool.
  - No student is to approach the pool side without an adult.
  - Students must wear flotation aids as appropriate.
  - All entry to and exit from the pool must be via steps or hoists.
  - If a student starts to soil or vomit remove them from the pool as soon as possible. Then clear pool and inform site team.
  - No jewellery to be worn in the pool unless it cannot be removed.
  - No glass should be brought into the pool area.
  - The pool door must be closed during all sessions and after groups leave.
  - Staff must be vigilant at all times.
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**Appendix 1 Riverside Blank Risk Assessment – Hydrotherapy Pool**

HAZARD	RISK	INDIVIDUALS AT RISK	RISK RATING LOW MEDIUM HIGH	CONTROL MEASURES: CURRENT	CONTROL MEASURES: PROPOSED	RESIDUAL RISK	SIGNATURE
MEDICAL/BEH AVIOURAL	WHAT HARM	NAME		WHAT HAS BEEN DONE	WHAT NEEDS TO BE DONE	AFTER NEW CONTROLS IN PLACE	

**Appendix 2 –Riverside Risk Assessment Example – Hydrotherapy Pool**

HAZARD	RISK	INDIVIDUALS AT RISK	RISK RATING LOW MEDIUM HIGH	CONTROL MEASURES: CURRENT	CONTROL MEASURES: PROPOSED	RESIDUAL RISK
Moving Student	Back Injury	Staff	High	No student to be lifted.  Hoist to be used	Drag sheets for emergency	Low
Water Quality	Inability to see student /staff clearly	All	High	Regular water checks by site officer	No entry to water if not clear.  Laminated check sheet on wall	Low
Equipment	Falling In	Students	Low	All equipment to be stored after each session.	Adequate storage available.	Low

HAZARD	RISK	INDIVIDUALS AT RISK	RISK RATING LOW MEDIUM HIGH	CONTROL MEASURES: CURRENT	CONTROL MEASURES: PROPOSED	RESIDUAL RISK
Slipping on steps	Various injuries	Students	Medium	Handrail in place, students enter with staff support	Highlight steps with coloured non slip tape	Low
Seizure	Loss of consciousness/injury	Students	High	1:1 in water. Individual risk assessment known to staff	Policy known. Emergency procedures in place and emergency medication available.	Low