

CITY OF EDEN
PUBLIC SWIMMING POOL
EMERGENCY ACTION PLAN – (EAP)

EVACUATION

EVACUATION OF THE SWIMMING POOL AND POOL AREA

In the event of a major emergency (fire, hurricane, etc.) the pool must be evacuated quickly. Lifeguards will instruct the patrons to exit the pool quickly and calmly. This may include physically assisting any disoriented patron or patron that requires assistance out of the pool and/pool area.

EVACUATION PROTOCOL SWIMMING POOL:

Full evacuation – evacuation of all patrons to the outside of the pool area through the emergency exits.

Doors that are to be locked are: The bathroom doors, the office door, the emergency exit gates, and the entrance to the swimming pool.

One lifeguard **MUST** monitor each of the doors to ensure that patrons do not re-enter the pool or pool area during the emergency.

Check both bathrooms to ensure that no patrons remain inside.

When the “**ALL CLEAR**” is given, allow patrons to continue their activity.

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WEATHER

In case of a Hurricane:

Hurricane Condition of Readiness 2-

- Secure all loose item at Pool
- Report to supervisor
- Personnel release until ALL CLEAR

Thunder/Lightning:

Clear the pool until no thunder is heard or lightning is seen for 30 minutes. Each time thunder and/or lightning is heard or seen, the time starts over. Once 30 minutes have passed, patrons can re-enter the pool. Maintain contact with supervisor for updates and changes.

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LIFEGUARD COMMUNICATION SYSTEMS

WHISTLES

- One short whistle..... To get Patron’s attention
- Two short whistles.....To get the attention of staff.
- Three short whistles..... Emergency – Clear Pool
- One long whistle.....Pool break/break over.

HAND SIGNALS

(No whistle)

- Emergency.....Raise one fist straight above the head.
- Call 911.....Raise one hand straight above head and make circles with one
finger.
- Watch my Area.....Point to your eyes with two fingers and then to the pool.
- OK.....Tap the top of your head.

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COORDINATION

CLEARING THE POOL

- **DO NOT** clear the pool for simple active rescues. A Second lifeguard takes over scanning.
- If the pool is cleared, a second rescuer maintains surveillance until pool is cleared after which they continue with required responsibilities.

CROWD CONTROL

- Calmly move the crowd away from the immediate emergency area. Leave a clear path for staff and emergency personnel to move freely.
- If possible, move bystanders to the farthest area, not to be used by emergency personnel.
- Do not yell but speak firmly.

PATIENT SURVEY/SECONDARY SURVEY- (conscious)

- Obtain consent, introduce yourself, ask permission to examine then and obtain the following information:
 - (1) Person's name, (2) phone number and (3) ask if there is anyone, we can call for them.

Who did the victim come with?

What happened? Do you feel any pain?

Do they have any allergies and are they taking any medication?

Are they allergic to anything?

Maintain A (airway) B (breathing) C's (compressions)

Monitor breathing – Pay special attention to irregular breathing, unusual noises, or discomfort.

Monitor pulse – Pay special attention to speed, weak or strong.

Monitor the victim's appearance and body temperature.

Is the skin moist or dry?

Is the body hot or cold to the touch?

Is the victim discolored (blue, red, pale)

Visual head to toe exam

Looking for bleeding, cuts, bruised and deformities.

Check ears, nose, and mouth for fluids or blood.

If a victim complains of pain in their neck or back- tell the victim to not move and maintain land inline stabilization up to rescuers standard of training. Make sure 911 has been called.

Determine if there is pain or discomfort. If any pain or discomfort is present, treat symptoms as necessary.

RESPONSIBILITIES

The ability to work together as an effective team can be difficult. However, it is a major part of being successful in an aquatic emergency. During an emergency each person has a specific role. To prevent injury or loss of life, the role assignments must be practiced and perfected. The goal is to ensure that every staff member is educated and understands their role within the emergency action plan (EAP).

BASIC EAP PRECEDURES

1. Activate EAP (3 Short whistle blast)
2. Make appropriate rescue, call 911
3. Remove victim from the water
4. Provide care as necessary using the ABC's
5. Make sure supervisor has been called/informed
6. Once victim has left pool area or emergency is over

- a. Primary rescuer fills out reports immediately.
- b. Staff debriefing with staff involved.
- c. Complete a safety check before re-opening the pool.
- d. The following day, the entire staff will meet at noon, if life-threatening

If it is **not** life threatening, do a secondary survey and complete reports.

PRIMARY RESCUER (recognizes)

- Recognize the emergency and activate the EAP (emergency action plan). The activation of the plan begins with notifying staff or the emergency by using (3) short whistle blasts.
- Makes the appropriate rescue.
- If in the water, remove the victim from the water.
- Provides care as need.

SECONDARY RESCUER (backup)

- Clears the pool.
- Calls 911
- Put on gloves.
- Obtains the necessary equipment.
- Assist primary rescuer.

OTHER RESPONSIBILITIES (bystanders other staff members)

- Crowd control
- Waits and directs EMS.
- Notify supervisors on the emergency call list.
- Notify parents if the victim is less than 18 years old.
- If the victim is conscious, obtain information for incident report.

****If a pregnant woman goes into labor, call 911 and keep her comfortable until EMS arrive.**

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BLOOD BORNE PATHOGENS

- (1) Clean up of blood borne pathogen will be accomplished in accordance with prescribed OSHA procedures, which are covered in American Red Cross lifeguard training.
- (2) Lifeguards will wear proper gloves and plastic aprons when cleaning up blood and other body fluid spills.
- (3) Lifeguards will use the blood/body fluid spill kit supplied.
- (4) Waste from the clean-up will be placed in a red bio bag.
- (5) Supervisor will be called and red bag will be disposed of at CCH hospital.
- (6) The exposed pool area will then be cleaned with a bleach/water mixture. (1/4 Cup Bleach/1gallon of water.)
- (7) Blood in the water, Clear pool (minimum of 30 minutes) and contact supervisor.

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LIFE-THREATENING CONDITIONS

SEVERE BLEEDING

- Access the situation. If necessary, activate EAP.
- ALWAYS put on gloves BEFORE contact with the victim when blood or body fluid is present.
- Obtain consent from the conscious victim.
- Apply direct pressure to wounds to control bleeding.
- Apply a bandage.
- If bleeding soaks through the first bandage, apply a second bandage over the first. Continue applying bandages as necessary. DO NOT remove bandages.
- Monitor victim and care for life threatening conditions if needed.
- Once the victim is in the care of EMS, clean the area with bleach water solution.
(1/4-cuyp bleach to 1 gallon of water)

DROWNING

- Assess the situation, Activate EAP, if necessary
- Perform the appropriate rescue.
- Signal that EMS is needed.
- Remove victim from the water.
- Primary survey
- Provide care as needed.
- Ensure 911 has been called when:
 - Victim is unresponsive.
 - Victim struggled and swallowed a large amount of water.
 - Victim feels sick or nauseous.
 - Victim is disoriented.

Any time the lifeguard deems necessary.

SEIZURE – ON LAND

- Activate the EAP
- Let the seizure run its course. Maintain the victim's personal safety by clearing the area of objects that could cause injury.
- Ensure that the victim's head is protected. DO NOT try to restrain the victim.
- Monitor victim.
- Do a secondary survey.

IN THE WATER

- Activate the EAP
- Make the appropriate rescue, ensure the victim's head stays above water.
- Let seizure run its course. Protect the victim's head.
- Once the seizure is over, remove the victim from the water.
- Ensure that 911 has been called.
- Care for life-threatening conditions
- If not, life-threatening conditions, do a second survey.

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SPINAL

BOARDING PROCEDURES

1. Strap the chest (under the armpits)
2. Strap hips include hands
3. Strap legs, above the knee
4. Secure victim's head
5. Remove victim from water
6. Provide care as needed

Multiple Guard Schedule (over 2)

Primary Rescuer – Deliver three short whistle blasts. Enter water with rescue tube. Turn victim using head/chin support or head splint techniques. Tow to shallow water (if possible)

Secondary Rescuer – the first back-up guard to reach the scene becomes the secondary rescuer. The secondary rescuer will bring the backboard to the pool edge. The secondary rescuer will slide in the water. If the head splint technique is being used, the secondary rescuer assumes control of the in-line stabilization using the head/chin support technique. Primary regains in-line stabilization after the backboard is in place.

Rescuer 3 and 4 (if available) – Assists with back boarding and ensures that 911 has been called.

***Continue back boarding as trained.**

- (1) The primary rescuer will remain at the head providing in-line stabilization. The secondary rescuer will assume control of the rest of the rescue.
- (2) Rescuer 3 will position themselves along the side of the board opposite the secondary rescuer and provide support for the board. Rescuer 3 will assist in strapping as directed by the secondary rescuer.

(3) Rescuer 4 will position themselves at the foot of the board and support the board.

TWO GUARD FACILITY (2-guard boarding)

Primary Rescuer – Deliver three short whistle blasts. Enter the water (Waveless entry) with rescue tube. Turn victim using head splint or head/chin support (in deep water use only the head/chin support with tube), tow to shallow water.

Secondary Rescuer – The next guard to reach the scene becomes the secondary rescuer. The secondary rescuer will enter the water and secure the rescue tube for the primary rescuer if needed. He/She will then bring the backboard to the pool's edge. The secondary rescuer will slide in the water with the backboard and submerge it as the primary rescuer brings the victim over to the backboard. If the head splint technique is being used, the secondary rescuer assumes control of in-line stabilization using the head/chin support and the primary rescuer then assumes the secondary rescuer's role through the rest of the 2-person backboard procedures.

(1) The secondary rescuer will control the in-line stabilization as the victim is being secured to the backboard.

(2) The primary rescuer oversees the rescue and should queue the secondary rescuer as each part of the boarding procedure is initiated.

(3) Both rescuers should talk to the victim and monitor his/her vitals throughout the rescue.

All additional staff will assist in clearing the pool and providing crowd control.

IF THE VICTIM IS UNCONSCIOUS AND NOT BREATHING:

1. Make appropriate rescue
2. Check for breathing if breathing continues care for a head, neck, and back injury as trained.
3. If not breathing place on board, place chest strap, place head restraints, remove from water, provide care as needed.
4. If not breathing, place on board, place chest strap, continue in-line stabilization, remove from water, provide care as needed.
5. If not breathing, place on board, use head splint technique, remove from water, and provide care as needed.

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CONTAMINATION

DIARRHEA OR LOOSE STOOL RECAL

1. All bathers must be instructed to exit the pool water and the pool must be closed.
2. Signs must be posted stating that the pool is closed.
3. Scoop and remove as much fecal matter as possible from the pool and dispose of it in a sanitary toilet or other approved disposal system. (Red Bio Bag) Disinfect the scoop in bleach and water. Do not collect the fecal waste in the filters.
4. Add disinfectant directly to the water starting at the accident area and continuing all around the pool edge. Raise the free chlorine to at least 10 parts per million in the entire pool.
5. Maintain the pH between 7.2-7.5 to allow the disinfectant to work properly.
6. Take reading and maintain the free chlorine at or above 10 ppm and the pH between 7.2-7.5 for 12 hours or 2 turn over cycles.
7. After 12 hours check and make sure that the chlorine is down to 4.5 ppm, rebalance all chemicals and re-open the pool.
8. Have filter system backwashed.

SOLID FECAL

1. All bathers must be instructed to exit the pool water and the pool must be closed.
2. Signs must be posted stating that the pool is closed.
3. Scoop and remove as much fecal matter as possible from the pool and dispose of it in a sanitary toilet or other approved disposal system. Disinfect the scoop with bleach and water. Do not collect the fecal waste in the filters.
4. Add disinfectant directly to the water starting at the accident area and continuing all around the pool edge. Raise the free chlorine to at least 10 parts per million in the entire pool.
5. Maintain the pH between 7.2-7.5 to allow the disinfectant to work properly.

6. Take reading and maintain the free chlorine at or above 10 ppm and the pH between 7.2-7.5 for 6 hours or 1 turn over cycles.
7. After 6 hours check and make sure that the chlorine is down to 4.5 ppm, rebalance all chemicals and re-open the pool.

VOMIT IN THE POOL WATER

1. All bathers must be instructed to exit the pool water and the pool must be closed.
2. Signs must be posted stating that the pool is closed.
3. Scoop and remove as much vomit as possible from the pool and dispose of it in a sanitary toilet or other approved disposal system. (Red Bio Bag) Disinfect the scoop in bleach and water. Do not collect the vomit waste in the filters.
4. Add disinfectant directly to the water starting at the accident area and continuing all around the pool edge. Raise the free chloring to at least 8 parts per million in the entire pool.
5. Maintain the pH between 7.2-7.5 to allow the disinfectant to work properly.
6. Take reading and maintain the free chlorine at or above 10 ppm and the pH between 7.2-7.5 for 6 hours or 1 turn over cycle.
7. After 6 hours check and make sure that the chlorine is down to 4.5 ppm, rebalance all chemicals and re-open the pool.

BLOOD IN THE WATER

1. All bathers must be instructed to exit the pool water and the pool must be closed.
2. Signs must be posted stating that the pool is closed.
3. Add disinfectant directly to the water starting at the accident area and continuing all around the pool edge. Raise the free chlorine to at least 6 ppm in the entire pool.
4. Maintain the pH between 7.2-7.5 to allow the disinfectant to work properly.
5. Take reading and maintain the free chlorine at or above 4 ppm and pH between 7.2-7.5 for 30 minutes.
6. After 30 minutes check and make sure that the chlorine is down to 3.5 ppm, rebalance all chemicals and re-open the pool.

****Contact Supervisor: Supervisor will direct appropriate personnel to add chemicals to the pool. Follow step 1-3.**

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CHEMICAL EMERGENCIES

Chemical Exposure

1. Refer to the exposed chemical Material Safety Data Sheet (MSDS) Located at the city office.
2. Follow listed procedures located on the Emergency and First Aid Procedure page.

Chemical Spills

1. Clear the area: ensure patrons are at least 5 meters upwind away from spill sight.
2. For small spills (less than 3 gallons) contact Environmental HAZMAT.
3. For larger spills (greater than 3 gallons) contact Environmental Hazmat and FED. FIRE.
4. Contact Supervisor
5. Continue crowd control.