

AQUATIC FACILITY GUIDELINES

2 Health and Safety



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The Aquatic Facility Guidelines have been developed for use by aquatic managers. They provide detailed information covering the management and operation of an aquatic facility.

This document is a companion document to the Facility Management Manual which can be found on the Sport NZ website and the NZ Recreation Association website:

<http://nzrecreation.co.nz/index.php/facilities-home/facilities-guidelines>

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1 Introduction

Thorough planning and sound preparation are the basis of any successful aquatic experience. A well managed swimming pool which is regularly maintained should provide both customers and staff with an enjoyable and rewarding experience.

Safety is paramount in any aquatic environment and overrides everything else. Managers identify potential hazards, develop plans to minimise hazards and establish management and emergency procedures. They can use risk management identification and planning tools and a safety checklist. Managers of aquatic facilities that operate facilities and services all year round should ensure regular review (minimum quarterly) of health and safety and risk management procedures and include opportunities for facility personnel to provide input for continuous improvement.

Managers of outdoor pools should take the opportunity to upgrade and repair the swimming pool, and provide training opportunities for all staff on the accepted use of the pool before the start of the summer season.

Health and safety is a major issue in the aquatic environment. Statistics on drownings provided by Water Safety New Zealand show that between 2004 and 2013 there were a total of 49 drownings in a pool environment. Of these, 16% were in public pools, 10% were in hotel/motel pools, and 6% were at thermal pools.



2 Legislation and National Guidelines

Managers of aquatic facilities must be aware of and familiar with key legislation that affects the operation of an aquatic facility, and know their role in terms of accountability for ensuring the legislation is enforced.

2.1 Health and Safety in Employment Act 1992

Under the Health and Safety in Employment Act 1992, employers are required to take all practicable steps to provide and maintain a safe working environment, provide and maintain facilities for the safety and health of employees at work, and to ensure actions at work do not result in harm to other people, including members of the public.

Employers must ensure any action or inaction does not lead directly to any harm to employees, customers or contractors while the aquatic facility is being used. The 2000 amendment to the Act, specifically addressed volunteers and outlines requirements which are similar to those for employees, namely to take all practicable steps to ensure health and safety of the volunteer while they are undertaking voluntary work with the aquatic facility (e.g. swimming officials).

Within the Act, specific reference is made to the adequate training and supervision of staff that use any kind of plant or substance. In the context of an aquatic facility, this requirement means employers must ensure any staff with the responsibility for managing the pool or using the pool are adequately trained. Unit standards are available for water quality management, and training programmes and initiatives for swim teaching are nationally available.

This Act will be replaced by the Health and Safety at Work Act 2015, which will be coming into force from 1 April 2015. It will represent a major change to the New Zealand's health and safety system, and will include detailed classification of risks to both customers and staff. This Act will be administered by Workplace NZ.

Template: Health and safety report form (Manurewa)

Further information

Workplace NZ <http://www.dol.govt.nz>

2.2 Serious harm

The definition of serious harm as detailed in the Health and Safety in Employment Act 1992 means death or the following types of harm:

- Any condition that results in permanent loss of bodily function, or temporary severe loss of bodily function such as respiratory disease, noise-induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, illness caused by infected material, poisoning, chemical or hot metal burn of the eye, bone fracture, laceration, or crushing
- Amputation of body part
- Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic
- Loss of consciousness from lack of oxygen

- Loss of consciousness or acute illness requiring treatment by a registered medical practitioner from absorption, inhalation or ingestion of substance
- Any harm that causes the person to be hospitalised for a period of 48 hours or more commencing within seven days of the harms occurrence.

2.3 PoolSafe

The PoolSafe Quality Management Scheme is an initiative jointly developed by the NZ Recreation Association (NZRA) and Water Safety New Zealand. The scheme is an independent assessment of public pools to ensure their operations and facilities are safe. The vision of PoolSafe is to have all swimming pools in New Zealand safe and well managed. PoolSafe is valid for one year and recognises a facility's ability to deliver services to a national standard. The assessment criteria includes:

- Supervision standards
- Lifeguard qualification and training
- Water quality
- Health and safety



2.4 PoolSafe objectives

1. Satisfy the Industry's desire to be professional and forward thinking.
2. Encourage swimming pools to meet a minimum set of standards that provide:
 - An environment which enables a safe and enjoyable aquatic experience
 - Trained staff
 - A well maintained facility and equipment
 - Clean and comfortable water
 - Effective and current emergency action plans (EAP)
 - Good management practices.
3. Allow the public to quickly identify that a particular pool facility is safe.

PoolSafe benefits the aquatics industry in a number of ways:

- A proactive identification of standards which require attention through training or industry assistance
- Proactive professionalism
- An ability to ensure a transfer of learning takes place followed by an implementation of processes/procedures to meet the minimum standards
- A way to facilitate ongoing compliance with minimum standards through the self assessment checklist

- An ability to lead to a national benchmarking exercise which could be part of a “competitive advantage process”
- Consistency with the aquatics industry’s history of mentoring others in the industry
- Helping new/under resourced facilities to achieve a higher standard
- A marketing tool – to internal stakeholders, staff, sponsors and the community
- Potential benefits for staff once the system is well established. An employer hiring candidates with equal experience may well choose one from a proven quality facility who has the ‘quality factors’ inherent in their training.

2.5 Procedures

PoolSafe is available to all public swimming pools and involves an evaluation of a facility’s ability to deliver services, which meet appropriate standards. PoolSafe is not an evaluation of actual performance which will be measured by things such as customer satisfaction, turnover, energy usage, staff turnover and health and safety audits.

Template: PoolSafe criteria and checklist

Further information

<http://www.nzrecreation.org.nz/index.php/standards/standards-poolsafe>

www.nzrecreation.org.nz

www.watersafety.org.nz

2.6 Guidelines for schools

Under legislation, school pools are required to meet the same standards of supervision and water quality as public pools.

School Boards of Trustees are required to follow best practice methods for the management of the school swimming pool as set out by NZRA and they are to comply with all relevant legislation and NZ Standards that apply to water safety and pool use and management.

School Boards are responsible for the health and safety of everyone using the pool with the Board’s permission, including after school use by the school and wider community.

Outside school hours, the Board could still be held responsible for harm to any unauthorised pool users, so Boards are advised to maintain and regularly check their security. When a pool is being leased by a third party e.g. a swim school, the health and safety of the users must be clearly stated under the lease agreement.

Further information

<http://www.minedu.govt.nz/NZEducation/EducationPolicies/Schools/PropertyToolBox/StateSchools/DayToDayManagement/SwimmingPools.aspx>

2.7 Hospitality industry guidelines

Hotel and motel managers are required to establish policies for the use of the pool. These should include the rules of the pool, use of equipment and location of amenities. It should incorporate a pool users code of behaviour.

- Supervision standards – children must be actively supervised at all times
- Never swim alone
- Never swim while under the influence of alcohol or drugs
- Take additional care if you have a medical condition
- Dangerous/prohibited behaviour, e.g. running, jumping

Risks should be identified and a plan put in place for managing any hazards in the swimming pool area. An emergency action plan should be established and all staff made aware of the plan and its requirements.

Every pool should have clear, visible safety signage. Good signage will display the pool rules, code of behaviour and what to do in the event of an emergency.

Further information

www.watersafety.org.nz/education-and-safety/education-initiatives/resource-orders

3 Risk Management and Hazard Awareness

Risk management is the identification, reduction or elimination of hazards. The key in hazard identification and mitigation is to take all practicable steps to ensure the health and safety of staff (including volunteers and contractors) and users of the facility.

Hazard identification includes how the facility is operated and used by customers and staff. Hazards may create varying levels of risk for customers and staff. There are four distinct categories of hazards, some relate specifically to customers and others to the physical structure and operation of the facility.



3.1 People hazards

People hazards are created by staff and customers participating in or watching activities at the facility and may include:

- Customers under the influence of alcohol or drugs
- Unsupervised children
- Customers who appear nervous or timid, over confident or unfamiliar with the facility
- Crowding
- Customers poolside, such as coaches and trainers
- Paedophiles
- Physical and mental illness
- Inappropriate or anti-social behaviour

In the pool, those who need to be carefully watched include:

- Obvious weak swimmers
- People with known health conditions
- Boisterous show-offs
- Pool overflow/channel crawlers
- Individuals using floatation aids
- Unaccompanied children
- Parents 'teaching', particularly diving

Staff may also create hazards through their behaviour and its effect on customers' behaviour; lifeguard positioning and the ability of lifeguards to observe activity in the pool.

Some practical steps to address these are included in the chapters on:

- Chapter 3 - Customer Care
- Chapter 4 - Facility Operations
- Chapter 7 - Personnel

3.2 Activity hazards

Activity hazards are those relating to specific activities including associated equipment. Some activities can be changed to reduce risk, but others may need to be prevented. Activities generally discouraged include:

- Misuse of cellphones and cameras, especially in changing rooms
- Misuse of equipment
- Running around the pool deck
- Tag games, bombing
- Bullying, pushing, fighting
- Unsafe diving
- Swimming under diving boards.

3.3 Physical hazards

Physical hazards include those relating to the design and structure of the facility including its surroundings and related amenities such as play equipment, saunas and spas. Examples of physical hazards include:

- Pool deck and tiles
- Drain covers
- Pool overflow channel
- Water depth/sloping surfaces
- Lane ropes
- Pool shelving
- Changing rooms
- Steps
- Starting blocks
- Wave chamber outlet
- Paraplegic hoists and ramps
- Bulkheads
- Cracks in pool floor or tiles
- Water!

Specific tactics for managing these are included in Chapter 4 - Facility Operations.

3.4 Operational hazards

Operational hazards relate to the operation of the facility such as pool water quality treatment or plant room operations:

- Chemical handling, storage and use
- Plant room equipment and operations e.g. boilers, pumps
- Maintenance equipment e.g. pool vacuum
- Weather hazards for outdoor facilities e.g. lightning
- Electrical hazards, both permanent and temporary.

Specific tactics for managing these are included in Chapter 5 - Plant Operations.

3.5 Hazard management

Managing hazards will improve the health and safety of customers and staff. The first step in managing hazards is to identify them by undertaking a regular physical inspection of the building, analysing tasks and how they are undertaken by staff, looking at behaviours of customers and looking at accident and incident reports.

The Normal Operating Procedures (NOP) and Emergency Action Plan (EAP) will identify hazards and describe appropriate actions necessary to reduce or minimise them.

4



Template: Hazard identification form

Emergencies

In addition to Normal Operating Procedures (NOP) every facility should have an Emergency Action Plan (EAP). An EAP specifies in detail actions to be taken in the event of every foreseeable emergency. Emergencies can be caused by:

- People: security incidents, medical issues, accidents
- Equipment/facilities: fire (electrical or other), gas leak, chemical leak or spill
- Natural events: earthquakes, landslide, major storm

For every emergency scenario, the EAP should assign responsibility for various key tasks, establish a chain of command during an emergency and specify who does what, where and when. Evacuation procedures of the facility and building also need to be included.

Emergency planning starts with identifying potential incidents and accidents. Studying accident records to determine trends in injury type or location is important.

Staff must have a thorough and detailed knowledge of the EAP, and an understanding of their role in it. In-service training programmes should take account of the need for formal instruction in, and practical implementation of, the plan. Staff should be given the opportunity to provide input to the development and revision of the EAP.

When an emergency occurs, rapid response is vital. While speed is essential, an efficient and competent response will decide the outcome. Response by staff should be automatic and this will develop through regular training and practice. Refer to staff training in Chapter 7 – Personnel.

4.1 Emergency procedures

Procedures should include:

- Personnel resources available in an emergency, number of staff on duty, their location, and relevant skills
- Who takes responsibility during an emergency
- Who will respond and in what order
- Staff safety
- Communication systems used
- Emergency equipment, location and use
- Locations where emergency care will be administered
- Identification of emergency services required, correct numbers, response time, responsibilities, access and exit for emergency services
- Procedure for customer information, communication with police, relatives and press
- Reporting procedures, follow up actions and responsibilities, i.e. who, how, when
- Aftercare for staff and customers involved in emergency situations.

Established and known procedures allow staff to focus on the situation and those requiring assistance. Confidence and teamwork will come through practice sessions. These should not be limited to lifeguards, but should include all staff including emergency service personnel.

Whenever the pool is in use, a staff member trained in rescue, resuscitation and first aid must be on site to deal with emergencies.

Key steps in dealing with emergencies

Personal safety and the safety of staff is most important. Staff are not able to assist in an emergency if they are injured.

Think:	take a couple of seconds to assess the situation
Observe:	and ask to quickly build your knowledge of the situation
Prioritise:	formulate response as a list of priorities
Call for help:	if needed
Advise:	lifeguard in charge of the situation (if not you) and await instructions
Attend:	to most serious situation first
Direct:	those assisting to attend to jobs you allocate
Double check:	for any victims not receiving attention
Secure:	poolside supervision
Contact:	emergency services if required
Complete:	necessary documentation
Inform:	appropriate managers

Templates:	Emergency evacuation plan (Selwyn Aquatic Centre) Emergency action plan (AC Baths, Taupo) Pool rescues and near misses report
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4.2 Civil defence emergencies

During civil defence emergencies, aquatic facilities and staff employed at the facility may have an important civil defence role to play in their local community. As all staff will be trained in first aid, perform a community role and operate a community facility they are best placed to assist the wider community during emergencies. Staff therefore need to be aware of the impact this will potentially have on their ability to go home during times of a civil emergency.

Further information

Facility Management Manual <http://nzrecreation.co.nz/index.php/facilities-home/facilities-guidelines>

NZS HB 246:2010 Guidelines for risk management in sport and recreation
www.standards.co.nz



6 Customer Hygiene

Facility contamination by customers is a constant risk, which can be reduced by basic hygiene practices and customer education. Signage and information at the facility on health and hygiene practices reduces the likelihood of infections being spread through the facility.

Pool hygiene messages should include:

- No swimming for two weeks if customers have had diarrhoea
- Taking children to the toilet before entering the pool
- Putting babies in tight fitting togs or swimming nappies, not regular nappies
- Telling staff if there has been a faecal accident in the pool
- No underwear to be worn in pool.

Basic hygiene messages such as washing hands after going to the toilet or changing nappies, before handling food and showering can also reduce the risk of contamination to customers.



Template: What to Wear signage

7 Faecal Incidents

Managing faecal incidents can be handled effectively and efficiently by staff following an established procedure. To reduce the likelihood of faecal incidents, especially in young children, encourage parents/caregivers to use appropriate swimwear. Swimwear designed especially for young children are available and could be available for sale at the facility.

Staff can be exposed to infectious material when dealing with a faecal incident. It is important that correct safety equipment e.g. gloves, gumboots, disposable aprons are worn by staff when cleaning up from an incident.

There are different procedures according to the type of faecal incident.

Floater/sinkers standard procedure

1. Inform pool users and reception
2. Evacuate and isolate immediate area
3. Remove solids
4. Remove all pool equipment/toys etc. and disinfect
5. Spot super chlorinate (in excess of 100 mg/l) using a water can or similar
6. Keep area clear for 30 minutes
7. Ensure chlorine is adequately dispersed before allowing people to re-enter area. Spot test area to check chlorine dilution.

Diarrhoea standard procedure

1. Inform pool users and reception
2. Evacuate and isolate immediate area
3. Remove all pool equipment/toys etc and disinfect
4. Remove any solids, vacuum to waste
5. Increase FAC (free available chlorine) to no less than 5 mg/l
6. Keep area clear, long enough for faecal matter to be removed by vacuum or turn-over (pool specific)
7. Ensure chlorine is adequately dispersed before allowing people to re-enter area.

8 Cryptosporidium Outbreak

When a cryptosporidium outbreak occurs in the community or cases are associated with a pool, the local Public Health Service will contact the pool manager if there is a concern about risks to pools. During an outbreak the Public Health Service may ask the pool operator to test the water.

If any tests are positive it is possible the facility will be asked to close. The Ministry of Health criteria for closing and re-opening swimming pools will be followed, and administered by the Public Health Service and Environmental Officers for the local council in consultation with the pool manager.

If the test is negative the facility may remain open, unless advised otherwise. It is recommended that facility managers reinforce the message to customers regarding **not** using the pool if they have had diarrhoea in past two weeks.

In the event of an outbreak, a range of organisations can provide technical advice and guidance (Opus International Consultants, Environmental Laboratory Services now Eurofins).

8.1 Cryptosporidium testing regime

If a pool is identified by the Public Health Service as a common risk factor, the facility may be asked to test the water. It is important to determine who pays for, and who is accredited to conduct the test.

Samples are often taken by a separate organisation and care should be taken to ensure the pool manager and laboratory are satisfied that correct sampling procedure is followed. The internationally recognised test for *Cryptosporidium* is APHA 9711B. The sampling procedure should be provided by the laboratory carrying out the test. The quantity of water required for testing depends on the laboratory and can vary between 20L and 1000L of pool water.

It is important that pool managers ensure sampling equipment is cleaned thoroughly before each test, as specified by the accredited laboratory and according to APHA 9711B test method.

8.2 Testing laboratories

The Ministry of Health has advised that they currently recognise the following laboratories for testing *Cryptosporidium*.

Environmental Lab Services (Eurofins)
PO Box 36-105 Moera
Lower Hutt
04 576 5016 or 0800 576 5016
info@eurofins.co.nz
www.eurofins.co.nz

Watercare Services Laboratory
PO Box 107-028 Manukau
Auckland 2150
09 539 7600
clientsupport@watercare.co.nz
www.watercarelabs.co.nz

MicroAqua Tech
Private Bag 11-222
Massey University Palmerston North
06 356 9099 ext 81197

Further Information

Public Health Contacts <http://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/public-health-units/public-health-unit-contacts>

NZRA <http://www.nzrecreation.org.nz/index.php/aquatics>

Opus International www.opus.co.nz

9 Incidents, Common Injuries and First Aid

Staff need to be aware of all possible common injuries that could occur in an aquatic environment and the first aid treatment required for each injury. A comprehensive list of such injuries, how to identify and treat them is attached as a reference. These injuries are:

- Angina
- Asthma
- Bleeding
- Cardiac arrest
- Choking
- Cramp
- Dislocations and fractures
- Epilepsy
- Fainting
- Head injuries
- Heart attack
- Heat exhaustion
- Heat stroke
- Hyper ventilation
- Hypoglycaemia (diabetic shock)
- Nose bleeds
- Shock

Template: Aquatic First Aid

9.1 Shallow water blackout

Shallow water blackout is the result of a lack of oxygen causing unconsciousness. The lungs deprived of oxygen suck any remaining oxygen from the blood supply, causing blackout quickly and often without warning to the victim.

Swimmers often breathe rapidly prior to submersion (hyperventilation) to lower the level of carbon dioxide in the body, which reduces the stimulation to breathe. While this is an important tool for free diving, swimmers inexperienced in this technique often exceed basic precautionary warning signs and rob the body of vital oxygen stores.

Once submerged and underwater, a swimmer can be hidden from view of lifeguards. A series of events is then triggered, including the inhalation of water, possible convulsions, drowning and ultimately cardiac arrest and death.

Shallow water blackout can be avoided by ensuring that carbon dioxide levels in the body are properly calibrated prior to diving and that appropriate safety measures are in place; this can be achieved if underwater swimmers/divers do the following:

- Alert the lifeguard to the intended activity
- Do not hyperventilate prior to diving
- Breathe normally. Allow the body to dictate the rate of breathing to ensure carbon dioxide levels are properly calibrated
- Never swim alone. Dive in pairs, one to observe, one to dive
- Buddy pairs must both know CPR.

Breath holding underwater is extremely dangerous and should not be undertaken by children or recreational swimmers. A seemingly innocent trick, game or competition can quickly become deadly. Whenever a lifeguard sees anyone performing a dangerous activity, it must be quickly stopped.

9.2 Protocol for an accident or serious harm

If a death occurs at the facility, the EAP must clearly state the correct lines of reporting and communication plans for notifying the appropriate authorities, handling media and managing pool users.

Employers must notify WorkSafe NZ as soon as possible of workplace accidents and occurrences of serious harm. In case of emergency, call WorkSafe NZ on freephone 0800 030 040 (24 hours) and choose option 1.

- If necessary, contact emergency services by phoning 111
- If reporting a hazardous substances emergency, call the New Zealand Fire Service on 111 and then the WorkSafe NZ Response Team on 0800 030 040.

It is a legal requirement not to disturb an accident scene until clearance is authorised by a Health and Safety Inspector except in certain situations, including when persons or property are at risk, as provided for by section 26 of the Health and Safety in Employment Act 1992. If you require scene clearance or other immediate assistance from a Health and Safety Inspector, call 0800 030 040.

WorkSafe NZ must be provided with written notice of the circumstances of the accident or serious harm within seven days by using a notification form obtainable from their website. Notification can be either online or written.

Further information

<http://www.business.govt.nz/worksafe/notifications-forms/accident-serious-harm>

9.3 Incident communication plan

It is important that all NOPs contain a communication plan for situations of serious incident or death. Ensuring staff are fully conversant with the communication plan will help them if the situation eventuates. The communication plan will cover topics such as who to contact, areas of responsibility in relation to the facility, emergency services, the media and caring for the family members of victims.

Template: Serious Incident flow chart

9.4 PoolSafe serious incident review service

In cases where a serious incident has occurred, PoolSafe can offer an independent and objective review service to any aquatic facility. The purpose of the review is to improve industry practice and identify areas where serious harm can be prevented.

As part of the review, representatives of NZRA and Water Safety New Zealand may visit the facility to gather relevant information. Facilities involved in the review process will be required to provide a copy of their NOP, EAP and a full report on the incident.

An impartial and confidential report providing a summary of the incident, findings from the review and recommendations to help prevent similar incidents occurring in future will be given to the facility manager.

Key findings from the review may also be used to help prevent similar incidents from occurring across the aquatics industry. If any findings of the report are made public, specific details of the facility and staff will not be mentioned.

Further information

www.nzrecreation.org.nz

10 Templates And Worksheets

- 11.1 PoolSafe criteria and checklist report
- 11.2 Health and safety report form
- 11.3 Hazard identification form
- 11.4 Emergency Evacuation Plan (Selwyn)
- 11.5 Emergency Action Plan - AC Baths
- 11.6 Pool rescues and near misses report
- 11.7 First aid, defibrillator and oxygen daily checklist
- 11.8 Emergency and first aid equipment checklist
- 11.9 Oxygen kit checklist
- 11.10 Civil defence equipment checklist
- 11.11 What to wear signage
- 11.12 Aquatic first aid
- 11.13 Serious incident flowchart

10.1 PoolSafe criteria and checklist report

Criteria for being PoolSafe include written and observed evidence. This information is updated regularly, and 2014 criteria are as follows.

Documented evidence	Criteria	Method of assessment
Pool supervision	All lifeguards must hold current & valid PLSA or PLCA.	Sight current & valid PLSA or PLPC certificates for all lifeguards.
	Every body of water is supervised by a qualified lifeguard (when open for use) at all times.	Review facility normal operating procedures (NOPs) relating to supervision. A facility schematic/s should be included detailing: Recommended static positions Patrolling routes.
Emergency Action Plan	Existence of an Emergency Action Plan.	Evidence of the EAP is clearly apparent.
Pool Alone	Existence of a policy relating to child supervision.	Review facility NOPs relating to child supervision.
Risk Management Plan	Existence of a pool water risk management plan.	Evidence of a pool water quality risk management plan (RMP) is clearly apparent.
Health and Safety	Confirm the operation of a health and safety management process.	Review facility NOPs relating to health and safety.
Water Quality	Water testing programme compliant with NZS 5826:2010.	Review facility NOPs relating to water quality.

Observed evidence	Criteria	Method of assessment
Water quality	Confirmation that staff understand and apply the faecal accident procedure.	Questioning to verify that staff understand the faecal accident procedure.
Supervision	Confirmation that all pools are supervised according to NOP.	Visual check and questioning to verify that staff understand and apply pool supervision policy.
Emergency Action Plan	Confirmation that staff understand and apply the pools EAP.	Visual check and questioning to verify that staff understand EAP.
Pool Alone	Confirmation that staff understand and apply the pools child supervision policy.	Visual check and questioning to verify that staff understand child supervision policy.
Health and Safety	Confirmation that staff understand and apply the pools health and safety policy.	Visual check and questioning to verify that staff understand health and safety policy.

Further Information

A comprehensive checklist from NZRA

<http://www.nzrecreation.org.nz/index.php/standards/standards-poolsafe>

10.2 Health and safety report form



Tick the box which applies The person named below is a ... <input type="checkbox"/> AC Employee <input type="checkbox"/> Contractor or sub-contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> General Public / Visitor <input type="checkbox"/> Other (describe)		Auckland Council Personal Health and Safety Report Form		Tick the box which applies This form is reporting a ... <input type="checkbox"/> Injury Accident <input type="checkbox"/> Near Miss <input type="checkbox"/> New Discomfort <input type="checkbox"/> <input type="checkbox"/> Ongoing Discomfort <input type="checkbox"/> Difficulty coping (change in mental or physical health) <input type="checkbox"/> <input type="checkbox"/> Harassment <input type="checkbox"/> Other personal health concern or event	
PERSONAL AND EMPLOYMENT DETAILS <i>Please fill in the spaces which apply</i>					
First Name		Last Name		Date of Birth	
Home Phone		Work Phone		Cell Phone	
Home Phone		Work Phone		E Mail	
Usual Workplace (AC staff only)			Occupation (AC staff and Contractors only)		
Employers Name (Contractors only)			Home Address (Volunteers, General Public, Visitors and Others only)		
DETAILS OF THE EVENT OR PROBLEM <i>Please fill in the spaces which apply</i>					
Date		Time		Time started work on day of event (AC staff and contractors only)	
Location / Address (please give exact details i.e. Takapuna Library - Children's Section or the address if this happened in a community area)					
Description (describe what happened and continue on the back of the page if necessary)					
What were you doing at, or around, the time this event happened or problem became apparent?					
What do you think caused this? (Also describe any contributing causes i.e. something unusual that may have lead to this event, or occurred at the time)					
Describe any property damage (if applicable)					
DESCRIPTION OF THE INJURY OR HEALTH ISSUE. Please tick the boxes and mark the areas which apply					
Type of Complaint (Tick more than one box if required)		Location of Injury or Complaint (Mark the location of injury on the outline below)		Action Taken (Tick more than one box if required)	
<input type="checkbox"/> No injury <input type="checkbox"/> Abrasions <input type="checkbox"/> Amputation <input type="checkbox"/> Animal bite <input type="checkbox"/> Bleeding <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Concussion <input type="checkbox"/> Cut <input type="checkbox"/> Discomfort <input type="checkbox"/> Dislocation <input type="checkbox"/> Electric Shock <input type="checkbox"/> Faint <input type="checkbox"/> Headache <input type="checkbox"/> Infection <input type="checkbox"/> Nose bleed		<input type="checkbox"/> Pain <input type="checkbox"/> Sprain <input type="checkbox"/> Sting (insect) <input type="checkbox"/> <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Swelling <input type="checkbox"/> Tingling <input type="checkbox"/> Numbness <input type="checkbox"/> Feelings of anxiety <input type="checkbox"/> Tiredness <input type="checkbox"/> Fatigue <input type="checkbox"/> Other (describe)		<input type="checkbox"/> None as yet <input type="checkbox"/> First Aid <input type="checkbox"/> Acupuncture <input type="checkbox"/> Ambulance <input type="checkbox"/> Chiropractor <input type="checkbox"/> Counsellor <input type="checkbox"/> De-brief (informal) <input type="checkbox"/> Family Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Massage <input type="checkbox"/> Osteopath <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Private A&E Clinic <input type="checkbox"/> Psychologist/Psychiatrist <input type="checkbox"/> Workplace support referral <input type="checkbox"/> Other (describe)	
FORM COMPLETED BY					
Name		Signature		Date / /	
Please give this form to your designated leader on the day that this event or problem occurred or became apparent					
Manager/Designated Leader – Refer to the Investigation Form Overleaf					

AC - Investigation of Personal Health and Safety Reports			
Is an investigation required for the event described overleaf? An investigation is required if the event described involves... <ul style="list-style-type: none"> An employee, volunteer, contractor, sub-contractor or "on-loan" worker A serious harm injury to a member of the general public Any near miss or injury accident that may have been contributed to by Council facilities or staff. If the above circumstances don't apply – no investigation is required.		Who should undertake the investigation? <ul style="list-style-type: none"> The designated leader for the workplace. And an elected and trained health and safety representative. <i>The seriousness of the event will dictate the need for other personnel or external specialists to be involved in the investigation. If in doubt – contact your H & S Advisor</i>	
Complete Part A and B if an investigation is required		Complete Part B if an investigation is not required	
Part A Investigation Form			
Further Background Details			
List below names of witnesses and/or any others involved in the event		Name of supervisor(s) at the time of the event	
Causes Identified – Checklists (tick all causes identified)			
Immediate Causes - What actions and/or conditions caused or could have contributed to this event?			
Contributing Actions Identified		Contributing Conditions Identified	
<input type="checkbox"/> Using equipment improperly <input type="checkbox"/> Using equipment without authority <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper position for task <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper placement <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Failure to follow procedures for the task <input type="checkbox"/> Failure to use ppe at all or used improperly <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol or other drugs	<input type="checkbox"/> Other	<input type="checkbox"/> No written procedures in place <input type="checkbox"/> Inadequate induction/training for task <input type="checkbox"/> Poor housekeeping – disorder <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Inadequate or improper ppe <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazards <input type="checkbox"/> Hazardous environmental conditions, gases, dust, smoke, fumes, vapours. <input type="checkbox"/> Noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Wear and tear	<input type="checkbox"/> Other
Basic Causes – What specific personal or job factors caused or could have contributed to this event?			
Personal Factors Identified		Job Factors Identified	
<input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Lack of skill <input type="checkbox"/> Improper motivation <input type="checkbox"/> Inadequate capability <input type="checkbox"/> Stress	<input type="checkbox"/> Other (list all other factors)	<input type="checkbox"/> Lack of leadership/supervision <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate tools/equipment <input type="checkbox"/> Unclear role <input type="checkbox"/> Incorrect design	<input type="checkbox"/> PPE not supplied <input type="checkbox"/> Abuse <input type="checkbox"/> Other (list all other factors)
Description of Causes Identified (if required)			
Preventative Action Plan What action has or will be taken to prevent a recurrence?			
Action		By Whom	By When
Names of Investigators			Date of Investigation
Part B Manager or Designated Leader to Complete			
Name	Signature	Date	
Send this completed form to the your H&S Advisor on the day of occurrence or notification			
Copy sent to <input type="checkbox"/> Natasha King, <input type="checkbox"/> Michael Groom		<input type="checkbox"/> Centre Manager <input type="checkbox"/> If serious accident, also send a copy to Group Manager	

10.3 Hazard identification

Lane Pool	Hazard	Potential harm	Significant hazard	Practical to eliminate	Practical to isolate	All practical steps to minimise	Controls required, action proposed
Lane ropes	Injury	No	No	No	Yes	Yes	check, maintenance
Diving blocks							
Roll out channel (if broken)							
Broken / loose tiles							
Entry ladders							
Pool							

10.4 Emergency Evacuation Plan (Selwyn)

This document is an exemplar detailing the common scenarios to be considered when compiling an emergency evacuation plan for a facility.

Emergency Evacuation Procedures - Selwyn

10.5 Emergency Action Plan (AC Baths)

This document is an exemplar of an emergency action plan for an aquatic facility and details the different scenarios to be considered and included.

Emergency Action Plan - AC Baths

10.6 Pool rescues and near misses report

A near miss is classified as a dry rescue performed from poolside using a rescue aid such as throw rope, reach pole etc. and no further treatment or follow up is required with the person rescued. If a hazard has been identified as a cause or during the rescue please follow standard hazard identification procedures.

What happened						
Staff member						
Phone						
Address						
Name						

10.7 Emergency and first aid equipment checklist

Emergency equipment

Essential equipment	<ul style="list-style-type: none"> • First aid kit(s) • Spinal board • Cervical collars • Reach pole • Rescue tube • Evacuation kit
Optional equipment (recommended)	<ul style="list-style-type: none"> • Defibrillator • Oxygen • Rope throw bags • Lifeguard bum bags (containing whistle, plasters, notebook, pen, antiseptic wipes, resuscitation mask, disposable gloves)

First Aid checklist

Equipment	Quantity	Checked (sign)
Adhesive plasters	Min 6	
Antiseptic towel	Min 6	
Wound dressing	Min 3 rolls	
Triangular bandage	Min 1	
Sterile irrigation	Min 4	
Med sized gloves	Min 2 pairs	
Survival blanket	1	
Roll of bandage tape	1	
Scissors	1	

10.8 First aid, defibrillator and oxygen daily checklist

Location, condition and supply checklist

Month: _____

Date	First aid	Oxygen	Defibrillator	Staff sign	Comments
1st					
2nd					
3rd					
4th					
5th					
6th					
7th					
8th					
9th					
10th					
11th					
12th					
13th					
14th					
15th					
16th					
17th					
18th					
19th					
20th					
21st					
22nd					
23rd					
24th					
25th					
26th					
27th					
28th					
29th					
30th					
31st					

10.9 Oxygen kit check list

Equipment	Quantity	Date	Checked (sign)
Oxygen bottle	1		
Bag mask	1		
Oxygen therapy mask adult	1		
Oxygen therapy mask child	1		
Oxygen therapy mask baby	2		
Hi oxygen mask	1		
Yoga mat	1		
Container of OPA	1 (of 8)		
Scissors	2		
Bag of gloves	1		
Stethoscope	1		
Blood pressure cuff kit	1		
Patient assessment guide	1		
Oxygen/defibrillator checklist	1		
Defibrillator	1		

10.10 Civil defence equipment checklist

This equipment can be stored in a wheel bin and located by emergency exit doors. Quantities are for 50 people.

Contents	Quantity	Date	Checked (sign)
Water	10L		
Disposable cups	50		
Tarp 3.6 x 3.6m	3		
Sturdy torch and batteries	1		
Spare batteries	1		
Emergency blankets	50		
Hand sanitizer (250mls)	2		
Disposable gloves (box)	1		
First aid kit (large)	1		
Dust masks	50		
Duct tape	2 rolls		
Notebook and pen	1		
Permanent marker	2		
Sledge hammer	1		
Crowbar	1		
Glass cutting resistant gloves	1 pr		

10.11 What to wear signage



10.12 Aquatic first aid

Condition	Characteristics	Treatment
Angina	Similar symptoms to a heart attack Condition often known to the victim Often triggered by exercise.	Same as for heart attack Assist victim with medication.
Asthma	Constriction of the inner airway, causing victim to wheeze and dry cough Victim will often know the symptoms.	Reassure and help with medication while patient is sitting or leaning forward Encourage slow relaxed breathing: if symptoms persist seek medical attention.
Bleeding	Blood loss (internal and external) Internal bleeding may be characterized by swelling, hard lumps, pain and discomfort Other symptoms the same as shock.	External – rest and reassure victim; elevate wound, cover and apply direct pressure and call emergency services Internal – treat as shock Call emergency services.
Nose bleed	Blood loss (internal and external) Internal bleeding may be characterised by swelling, hard lumps, pain and discomfort. Other symptoms the same as shock.	Sit, lean forward, head tilted forward & breathe through mouth Apply pressure to soft part of nose to stop blood flow Reassess after 3 minutes Seek medical attention if bleeding persists.
Cardiac arrest	Heart stops beating, no breathing, pulse or response to stimulation or signs of life.	CPR or defibrillation Call emergency services.
Choking	Blockage of the airway Victim is having difficulty breathing, look of fear; grabbing at throat, possibly a laboured breathing or grasping sound May begin to turn blue in colour around lips.	Assess victim “can you breathe”, “are you choking,” check for obvious airway blockages Support victim: apply up to 5 back blows and up to 5 abdominal thrusts (Heimlich). If unsuccessful and victim loses consciousness assess situation and begin resuscitation. Take care to check the airway.
Cramp	Muscles tightening involuntarily.	Gentle stretching/extension of the muscle Gently massage the area.
Dislocations & fractures	Localised pain, deformities, shock, lack of movement and swelling.	Make victim comfortable, support injured area and do not attempt to move joint Treat for symptoms such as shock. Depending on seriousness call emergency services.
Epilepsy	Short circuit of the brain causing symptoms including fitting, convulsions and rigid motionless.	In water: From behind keep victims face above water until seizure subsides. Monitor signs of life. Out of water: Move obstructions and keep victim safe until seizure subsides Monitor signs of life.
Fainting	Temporary lack of blood to the	Unconscious: Assess situation and

Condition	Characteristics	Treatment
	brain commonly cause by over exertion, exiting spa pools and saunas too quickly, and dehydration.	monitor signs of life Conscious: Lie victim down, elevate legs, check condition is not shock and check for secondary injuries Victim to rest and possibly give sips of water.
Head injuries	Common in pools due to slippery floors Victim may experience confusion, pain, decreasing level of consciousness, swelling and bleeding (internal and external) Skin becomes ashen in colour Shortness in breath may occur.	Make victim comfortable; check for cause Assess extent of injury and treat accordingly. (Could it be a spinal???) Seek or advise further medical care for all head injuries Call emergency services.
Heart attack	Lack of blood supply to the heart Pressure, tightness in chest, pain radiating out from chest to shoulders, face and arms Sweating, clammy skin, vomiting, breathing and fainting May lead to cardiac arrest.	Make victim comfortable in seated position with legs raised Keep warm and reassure Ask victim for medication Monitor ABC and call for emergency services If victim losses consciousness assess situation and monitor signs of life.
Hyper ventilation	Too much and too rapid breathing Common where swimmers have swum long distances underwater Over excitement may be cause Risk of victim blacking out or fainting.	Monitor ABC's Calm and reassure victim Ask victim to breath slowly and controlled.
Hypoglycaemia (diabetic shock)	Low sugar level in bloodstream Signs and symptoms similar to shock Victim may become aggressive.	Victim is often known as a diabetic and may request sugar If consciousness is lost, assess situation Check ABC's.
Shock	Inadequate blood supply around the body often associated with trauma or a severe allergic reaction Rapid yet shallow breathing, rapid weak pulse, victim may vomit, feels faint with clammy cold skin.	Lie victim down, legs elevated Assess victim for the cause and treat Monitor signs of life and vomiting may occur If consciousness is lost assess situation and check signs of life In case of an allergic reaction call emergency services immediately.
Stroke	Interrupted blood flow to the brain Paralysis to one side of face and /or body Loss of bladder and bowel control, difficulty speaking, one side of face goes limp, dizziness, headache and/or loss of consciousness	Assist victim to a comfortable semi-prone position with head up Call emergency services If consciousness is lost assess situation and check signs of life.

Condition	Characteristics	Treatment
Stroke	<p>Face – when smiling, one side droops</p> <p>Arms – one arm drifts downward</p> <p>Speech – slurred</p> <p>Tongue – hangs to one side.</p>	
Heat exhaustion	<p>Too long spent in hot surroundings with insufficient care and liquid intake</p> <p>Victim may have headache, exhausted but restless</p> <p>Stomach cramps, with pale, cold, clammy skin</p> <p>Breathing shallow and with rapid weak pulse.</p>	<p>Victim to lie down in cool place</p> <p>Encourage sipping of liquid soft drink with little salt added.</p>
Heat stroke	<p>As per heat exhaustion</p> <p>Unconsciousness may occur and victim will have a high temperature</p> <p>Pulse will be full and bounding and noisy breathing.</p>	<p>Victim to be placed in cool environment</p> <p>If unconscious check ABC's</p> <p>Douse body in cold water and/or cover with wet sheet or blanket.</p>

10.13 Serious incident flowchart

Serious incident or death occurs



