HYDROTHERAPY POOL POLICY

Contra-indications to a User accessing hydrotherapy

- Diarrhoea and/or vomiting (a minimum of 48hours clearance after last episode)
- Medical instability following an acute episode without medical clearance e.g. MI, CVA, DVT, PE, status asthmaticus
- Uncontrolled Cardiac Failure (Progressive worsening of exercises tolerance or shortness of breath at rest over 3-5days or nocturnal paroxysmal dyspnoea)
- Unstable Angina (prolonged angina at rest >20min, new onset, increased frequency, lower onset threshold, symptoms nonresponsive to GTN)
- Uncontrolled medical conditions without medical management plan in place e.g. uncontrolled epilepsy, diabetes, unstable blood pressure
- Systemic illness with associated pyrexia (Temp>38*C -Temp must be normal for 24hrs before hydro)
- Weight in excess of emergency evacuation manual handling risk assessment

Precautions – individual needs to be assessed by appropriate professional:

- Cardiac Conditions e.g. Atrial fibrillation, Hypotension, Hypertension, Valve insufficiency
- Respiratory Conditions e.g. Asthma, Oxygen-dependency, Cystic Fibrosis, tracheostomy
- Compromised Immune System e.g. Oncology treatment, chemotherapy, radiotherapy
- Blood borne infections e.g. Hepatitis B/C, AIDS, HIV
- Neurological conditions e.g. Spinal Cord Injury, Epilepsy, Multiple sclerosis, Aspiration risk/ impaired swallow
- Communication Difficulties
- Renal Conditions e.g. Renal disease, kidney failure, dialysis, Continuous ambulatory peritoneal dialysis
- Metabolic Conditions e.g. Thyroid Deficiency, Diabetes Mellitus
- Genito-Urinary conditions e.g. Urinary incontinence, catheters, UTI, Menstruation
- Pregnancy
- Circulatory Disorders e.g. DVT, PE, Neutropenia, Haemophilia
- Gastro-intestinal e.g. Faecal incontinence, stoma, colostomy
- External fixation devices
- Skin conditions e.g. Eczema, Psoriasis, Chlorine sensitivity, wounds, Verruca, Athletes foot, Invasive tubes/lines
- Impaired vision/ hearing e.g. Grommets, Perforated ear drum, ear infection, conjunctivitis
- Behavioural problems
- Use of transdermal patches
- Fear of water

Each user should be screened for above for health and safety prior to admission to the hydrotherapy pool by the physiotherapist, assistant or school team lead in charge of each session.

NB incontinent users may swim if the following precautions have been taken:

- The patient has been toiletted before entering the pool and
- The patient wears incontinent pads or nappy in the pool

Supervision

- All therapy sessions must be supervised by a designated "session lead" - physiotherapist or trained member of staff who has completed annual resuscitation and pool evacuation training.
- In most circumstances all users in the water should have a helper on a one-to-one basis. In some circumstances this ratio may be altered with more able users.
- There must be at least one free adult (member of staff or parent/ carer) either in the pool or on the poolside at all times throughout the pool session, in order to summon for help and aid in any emergencies.
- All users are advised to shower before entering the pool.
- A risk assessment should be carried out for each user.
- Children must be supervised at all times in the pool area.

Pool Maintenance

- Daily cleaning and maintenance of the surrounding area of the pool is the responsibility of Vranch House staff and their contractors.
- All staff present at each session are responsible for general tidying of the changing cubicles, removal of nappies and swimming towels etc.
- For safety reasons, the pH levels and the chlorine content of the pool water must be tested before the start of each session and the results recorded in the log, along with the bathing load and the time. Training will be given to session leaders on how to conduct the tests. If the values recorded are not within the guideline ranges listed in the logbook file, the Pool Manager or Vranch House Reception should be informed.
- The Pool Manager will normally test the water chemistry on each weekday the pool is in use and record the results in the log. If this test has been conducted less than 60 minutes before the start of the session, the normal pre-session checks may be skipped. A water sample will also be taken once per week (in accordance with PWTAG guidelines for hydrotherapy pools) for microbiological analysis.

Outside Door

All doors must be shut at the end of the period of use.

Electrical Equipment

Only approved electrical equipment authorised by the project manager or CE may be used within the pool area. Unapproved equipment is strictly forbidden.

Wheelchairs

- Powered wheelchairs must not be driven in the pool area, except under exceptional circumstances following an assessment by the CE. These should be left in the disengaged position and left outside the changing rooms under cover when possible.

- Manual wheelchairs and pushchairs should only be brought into the pool area when absolutely necessary e.g. to minimise the need to manually handle the user.
- Children sitting in their manual wheelchairs must be supervised at all times whilst in the pool area.

Equipment and Manual Handling

- The pool hoist must be checked daily – it is the responsibility of the user to ensure this has been completed and logged with any concerns raised to the pool manager. A visual check of manual handling equipment should be conducted before each use and concerns raised to pool manager.
- Manual handling equipment including pool chairs, beds, flotation aids and slings must be checked before each use and any concerns reported to the session lead to raise with pool manager.
- All hoists should be returned to the appropriate docking station at the end of the session.
- Hoist maintenance is to be carried out by the pool manager in line with guidelines.

Footwear

Pool users and staff should remove their shoes on entering the changing area or wear protective covers over their shoes. Some users may need to keep their shoes on to enable them to walk safely or to do certain tasks eg. Using manual hoist.

Running in the Pool Area is not Permitted

Hazards and Potential Hazards

These should be reported to the project manager or CE in his absence. The hazard should be marked unsafe until action has been taken.

Faeces or Vomit

If the pool is contaminated by loose faeces or vomit, staff should try to remove contamination and notify Vranch House reception as soon as possible and complete an indicent form.

Use of Sensory Lights

The sensory lights should be used in conjunction with clear objectives.

Incidents

All incidents should be investigated and reported as per the incident policy.

Accidents

- All accidents should be recorded on an incident form and filed in the appropriate child and staffs file.
- Any major accidents should be recorded on an incident form and logged on RIDDOR. A major accident is defined as resulting in reportable injury as per RIDDOR guidelines.

Moving and Handling

- Moving and handling risk assessments should be carried out on all manual handling tasks within the pool area by appropriate therapy/ school staff and recorded in the patients file.

- Staff should follow the recommendations made in the patients' handling plans.
- It is the duty of all staff to alert their line managers of any difficulties encountered in the moving and handling of patients within the pool area.

Emergency Procedures

- TELEPHONE – staff must be aware of the site of the telephone by the entrance door. Staff to phone Vranch House Nurse or Reception (instructions by telephone), in the event of an emergency, accident or serious illness. Dial (9) 999 or 112 if necessary.
- EMERGENCY RESUSCITATION BOX AND FIRST AID EQUIPMENT – Staff must be aware of location of resuscitation and first aid equipment in end cupboard nearest the pool cover. Vranch House nursing staff are responsible for checking and maintaining this equipment.
- EPILEPTIC FIT – in the event of a user suffering an epileptic fit whilst in the water, staff should hold the user in a safe breathing position until the seizure subsides and then help the user out of the pool and care for accordingly. If the seizure is prolonged staff should use the hoist or resuscitation board to evacuate the user onto the pool side and put in the recovery position.
- INCIDENT IN THE POOL – following an emergency evacuation of a user, they must be checked over by medical staff on site or if none present as assessment is made by the management team whether an ambulance needs to be called or if the user is safe to leave the site independantly. In addition, it is the responsibility of the session lead to ensure an Incident Form is completed and in the case of a school child a CPOMs is completed and nursing staff are alerted.
- LIFE SAVING AIDS – staff must be aware of the location the EVAC board and complete annual EVAC training.
- FIRE – All staff must be aware of the location of fire extinguishers, emergency shut down and fire alarm.

  In the event of a fire at the pool or on site

  1. Evacuate the whoe pool area immediately by the nearest available exit and assemble at the hydrotherapy assembly point or car park, ensuring a member of staff has the evacuation box. No one should attempt to recover clothing, etc, but use the towels and emergency blankets to keep all users warm. From the assembly point all users can be taken to the main building and kept warm if the fire is isolated to the pool area.

  2. The person on the side of the pool is responsible contacting Vranch House Reception to sound the alarm.

Addendum (overleaf):

POOL CLOSURE (Bacterial Contamination) POLICY

Response to hydrotherapy microbiological test results.

National recommended standards for pool water quality (microbiology):

The recognised authority for standards and operating practice for hydrotherapy pools is the *Pool Water Treatment Advisory Group* (PWTAG hereafter). They state that the following results in a 100ml sample should be considered 'unsatisfactory':

1. More than 10 coliforms or more than zero in two consecutive samples.
2. More than zero E.Coli.
3. Total viable bacteria count (TVC) [37C/24hours] in excess of 10.
4. More than zero Pseudomonas aeruginosa.

They also define the following as 'Gross contamination':

1. E.Coli over 10 plus either TVC over 10 or P aeruginosa over 10.
2. P aeruginosa over 50 plus TVC over 100.

They recommend the following:

1. Pool closure in case of gross contamination, or if P aeruginosa is over 50.
2. Considering pool closure if three consecutive unsatisfactory results are returned.

Vranch House acceptable limits for microbiology pool water test samples:

As the microbiology test standards used by our testing laboratories are slightly different to the ones outlined by PWTAG, and in recognition of the fact that some of our users may have reduced resistance to infection; Vranch House will use the following limits for 100 ml water sample:

1. Coliforms - acceptable limit: 0.
2. E Coli - acceptable limit: 0.
3. TVC @22°C for 3 days - acceptable limit: 20.*
4. TVC @37°C for 2 days - acceptable limit: 10.
5. Pseudomonas aeruginosa - acceptable limit: 0.

* South West Water recommended limit is 100

Response to test results exceeding the acceptable limit

Pool Closure:

The pool will be closed to swimmers and undergo remedial treatment under the following conditions:

1. Gross contamination (as defined by PWTAG).
2. Two separate test results above the acceptable limit in one sample.
3. Two consecutive test results above the acceptable limit in the same category.

Any isolated result above the acceptable limit will not necessarily result in pool closure, but will trigger a treatment procedure that will include the following:

1. Increase filter backwash frequency from 2 to 4 per week.
2. Increase free chlorine levels by 1 ppm (mg/l).
3. Investigation of potential causes of the infection.
4. Additional cleaning of filters, skimmers and any other potential areas for bacterial colonisation.
5. Increased frequency of pool cleaning/brushing/vacuuming.