

SAFETY PLAN

Conscious Victim Rescue– (No Spinal Injury) Procedures

1. Primary rescuer identifies victim and activates EAP by one (1) long whistle blast.
2. Primary Rescuer points toward the victim, evaluates the situation and makes appropriate rescue.
3. Adjacent guard On-Duty assumes responsibility for the primary rescuer's zone.
4. Supervisor or other guards assist if needed.
5. After situation is under control, fill out accident report completely.
6. Make sure victim is all right and allow them to speak with parent/guardian.
7. Pool staff will notify Parent/Guardian with the victim. Simply a precautionary measure to protect yourself. This call is mandatory, even if the victim will continue to swim.

Unconscious/Spinal Victim Rescue Procedures

1. Primary rescuer recognizes the situation and will activate the EAP by two (2) long whistle blasts.
2. Primary Rescuer points toward the victim, evaluates the situation and makes appropriate rescue.
3. Other On-Duty guards will use one (2) long whistle blast to clear the pool. Quickly and safely evacuate crowd to the locker rooms. Guards should maintain crowd control.
4. A guard becomes secondary rescuer, takes backboard over to Primary Rescuer and assists in rescue following Primary Rescuer's instructions.
5. A Guard calls EMS and makes sure Recreation Department is aware. Opens gate for EMS arrival/or meet EMS at the front door (LCRC), then assists in rescue.
6. Care for the victim. This is to be done within the scope of training and facility procedures. Guards who are not directly involved with care will bring additional first-aid equipment, AED, Biohazard kit and/or any equipment requested to the area.
7. Document completely all steps taken in rescue on an accident report. Include only facts of the incident. Also have witness complete detailed statements and obtain signatures, do this as soon as possible and in a secluded location (pool office).
8. Department Head from Recreation Department will notify parent/guardian of incident and any information up to date.
9. Do not talk to the media or public. Any details about the incident will be handled and conveyed to the media by an appropriate City representative. Avoid "No Comment" phrase if possible and never, ever place blame or admit fault on the part of our employees.

Note: Steps 2-5 will take place nearly simultaneously and will involve all staff. Remember in all situations, accident reports must be filled out completely (including signature of both victim and staff if available) and notification of Department of Recreation.

FIRST-AID EMERGENCY PROCEDURES

1. Stop and make a quick assessment of situation, get consent for care.
2. Depending upon severity of injury, call EMS if needed. DO NOT attempt to move victim if any indication of back or neck injury, or if movement may cause further damage. *Call Recreation Department if the need for EMS arises.
3. If moveable, take victim to office and perform necessary first-aid.
4. Check for other injuries
5. Stay with victim until you feel they are able to move freely and out of danger or until appropriate authorized person takes over.
6. Completely fill out an Accident Report.

When you begin to administer appropriate first aid there are a few words to the wise to remember:

*Take a moment to put on protective latex gloves before administering first aid.

*Continually talk to the victim, most injuries are small lacerations and only require some bacterial spray and a Band-Aid. Yet, for a small child these injuries seem severe, always assure them they are all right and let them understand what you are doing or using on them.

*Once you begin administering first-aid, YOU ARE RESPONSIBLE until that victim is out of danger. This means you and your fellow staff members should be the ONLY people you should trust to administer first-aid, until the proper medical authorities arrive. (EMS).

Be aware of the signs and symptoms:

Watch swimmers for over exposure to cold water. Symptoms include shivering, numbness, drowsiness, and marked muscular weakness, and bluish coloration around the lips. Get the swimmer out of the water and dry them. Keep them away from drafty areas. Stay with the victim.

Be aware of the dangers of the sun and sunburn. Cold water will relieve much of the pain associated with sunburn. If blisters develop, the victim should seek medical attention. Remind people to re-apply sunscreen frequently and to protect themselves from the harmful sun.

NOTE: Most sunburn occurs within the first few weeks of open,
LIFEGUARDS ARE NOT IMMUNE TO SUNBURN!!

Heat stroke, heat exhaustion and heat cramps result in illness that requires first aid attention.

HEAT STROKE is a response to heat characterized by extremely high body temperatures. Heat stroke is an immediate, life-threatening emergency for which medical care is urgently needed. The body temperature is high; the skin is

characteristically hot, red, and dry. The pulse is rapid and strong. The victim may be unconscious. The victim should be sponged with alcohol or cool water and stimulants should not be given. Obtain medical help immediately.

HEAT CRAMPS causes muscles of the legs and abdomen to be affected first. Have the victim lightly stretch the muscle and gently massage the area.

HEAT EXHAUSTION, the victim has approximately normal body temperature. The skin is pale and clammy, profuse perspiration, tiredness, weakness, headaches, nausea, dizziness, and temporary fainting. First aid procedures include the removal of the victim from the sunlight, fan the victim, and keep them comfortable. If the victim is conscious give small amounts of cool water to drink. If the condition does not improve or if you suspect heat stroke, call 9-1-1.

EQUIPMENT FAILURE

In the event of an equipment failure, such as a broken filter or pump failure, the supervisor must clear the affected pool immediately. Immediately notify the Aquatic Coordinator. Upon inspection by the Aquatic Coordinator the pool can be reopened if the equipment is deemed safe and effective.

OTHER EVENTS/CONDITIONS

In the case of an event or condition not mentioned (for example: bomb threat, vandalism, enraged patron) notify the Aquatic Coordinator immediately. The supervisor should evaluate the situation and clear the pool if necessary. Fill out an incident report.

EVACUATION PLAN

LIVONIA COMMUNITY RECREATION CENTER:

In the case of an event or condition that calls for evacuation of the facility (for example: bomb threat, chemical spill, enraged patron) notify the Aquatic Coordinator immediately. The supervisor should clear the pool. Staff should then direct the patrons and other staff through the locker rooms to the front entrance to the building. In the event the exits are blocked in the building use any close emergency exit door.

LCRC POOL CAPACITY PROCEDURE

Pool capacity is established at 350 patrons in the pool area (this number is somewhat flexible as state rules allow up to 495 in the pool, at 350, the pool is sufficiently crowded.)

1. When the number of guests nears 350, a lifeguard will contact the building supervisor to tell them we must stop admitting guests to the pool.
2. Front desk will keep guests in the lobby area if they wish to wait for an opening.
3. Locker room guard will issue guests a ticket if they wish to use the locker rooms.
4. Locker room guard will call up to the front desk when patrons leave the pool and do not intend to return. (No tickets are issued when guests decide to leave.)
5. Front desk will then issue the waiting patrons a ticket with instructions to present the ticket to the lifeguard upon entering the pool area.

LIMITED CONTAMINATION POLICY

Emergency Action Plan General Statement:

The City of Livonia Parks and Recreation Department intends to maintain municipal swimming pools and facilities that are safe for swimming patrons and to provide facilities, which result in wholesome recreation for all family members. The means to accomplish this goal is to (1) Provide properly trained and certified staff, (2) Provide and maintain pool facilities/water quality that exceeds minimum state swimming pool standards, and (3) Minimize disruption of facility use because of maintenance and contamination occurrences.

Preventative Steps to Reduce Limited Contamination Occurrences:

1. Livonia Parks and Recreation will maintain a minimum of one Parks and Recreation staff member with either an Aquatics Facility Operator certification (AFO) or a Certified Pool Operator certification (CPO).
2. Implement an operating policy, which mandates that all children who are not completely toilet trained to wear a "swim diaper" or a cloth diaper covered with tight fitting rubber pants.
3. Implement an educational program for swimming pool visitors informing them of steps to minimize limited contamination occurrences from feces, vomit, and other human contaminates. This would be through the use of bulletins, memos, signage and other means.
4. Staff to strictly enforce all swimming pool rules and regulations as directed by the State of Michigan and Wayne County.
5. Qualified staff to monitor swimming pool water chemistry during all hours of public swimming and to test pool water for chlorine and pH levels a minimum of every two hours depending upon pool usage. Test results to be logged on approved health department forms a minimum of three times daily.
6. Post policy in staff room/office and pool maintenance area.

LIMITED CONTAMINATION PROCEDURES

FORMED STOOL/VOMIT

1. Remove all patrons from the pool and tell patrons that the pool will be closed for 30-40 minutes. Do not allow anyone to enter the contaminated pool until all decontamination procedures are completed. Let the patrons know that this is standard procedure for contamination of this nature in pools. Make sure patrons are cleared away from the area to ensure their safety.
2. Notify the Supervisor, Front Desk (LCRC) and Aquatics Coordinator of the incident.

3. Use standard precautions and remove as much of the fecal/vomit material as possible using a net or scoop, and dispose of it in a sanitary manner. Clean and disinfect the net or scoop and any contaminated areas of the deck.
4. Raise the free available chlorine to 3.0 ppm for 20 minutes, while maintaining pH at 7.2 to 7.5. See Dosage chart for the amount of Chlorine to add.
5. Ensure the concentration is found throughout the pool by sampling at least three widely spaced locations away from return water outlets.
6. Reopen pool with appropriate pH and sanitation levels.
7. Document the incident and procedures followed.

LOOSE STOOL (Liquid)

1. Remove all patrons from the pool and tell patrons that the pool will be closed for 8 hours. Let the patrons know that this is a proactive treatment for contamination of this nature in pools. Make sure patrons are cleared away from the area to ensure their safety.
2. Notify the Manager/ Assistant Manager/ and Aquatics Supervisor of the incident.
3. Use standard precautions and remove as much of the fecal material as possible using a net or scoop, and dispose of it in a sanitary manner. Clean and disinfect the net or scoop and any contaminated areas of the deck.
4. Raise the free available chlorine to 20 ppm for 8 hours (CT 9,600), while maintaining pH between 7.2 and 7.5. See Dosage chart for the amount of Chlorine to add.
5. Ensure the concentration is found throughout the pool by sampling at least three widely spaced locations away from return water outlets.
6. Backwash filters.
7. Reopen pool when free available chlorine and pH levels have returned to the normal operating range.
8. Document the incident and procedures followed.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLANS

- I. Risk Determination
 - A. Regular and Occasional Risk: All Lifeguards, Pool Attendants, Pool Supervisors, Program Supervisors, Maintenance, and Building Supervisors
 - B. Tasks: The care of injured persons at pool facilities.
- II. Method of Compliance
 - A. All blood and body fluids will be treated as infectious agents.
 - B. Universal/Standard precautions will be taken in all situations when blood and or body fluids are present.

III. Engineering Controls

- A. Hands shall be washed as soon as possible after removal of gloves or other Personal Protective Equipment and after handling equipment used in patient care.
- B. Waterless Antiseptic hand cleaner and antiseptic towelettes are provided for use in the field where soap and water are not available.
- C. Biohazard red bags for contaminated material are provided and marked with the biohazard symbol.
- D. Personal Protective Equipment kits, including Nitrile or Vinyl gloves, rescue breathing device with one-way valve, facemasks, eye shield, disposable gowns and red biohazard bags shall be provided and their use required. These kits will be located at the pools, and first aid kits throughout the Recreation Center
- E. All Personal Protective Equipment shall remain at work.
- F. Livonia Recreation Department will repair or replace Personal Protective Equipment as needed.
- G. All disposable Personal Protective Equipment shall be placed in an appropriately marked Biohazard bag when removed.
- H. The Program Supervisor or Fire personnel will take contaminated clothing to Livonia Fire Station #1 for cleaning and laundering.
- I. Disposal of contaminated clothing and equipment shall be in appropriate containers per Federal regulations.
- J. Clothing contaminated with blood or body fluids shall be removed as soon as possible, placed in a biohazard bag, and taken for decontamination by the Program Supervisor.
- K. No clothing or footwear contaminated by blood and or body fluids shall be taken home until they have been decontaminated.
- L. Eating, drinking, smoking, lip balms, and handling contact lenses shall be prohibited in areas of possible contamination.

IV. Housekeeping

- A. Office will be kept clean and sanitary at all times.
- B. Contaminated areas shall be disinfected with 10:1 water: bleach solution or other CDC accepted disinfectant (Liquid Chlorine) after each incident.
- C. Broken glass shall not be handled, but should be removed using dustpan and brush.

V. Hepatitis B Vaccination

- A. Hepatitis B vaccination is provided by the City of Livonia at anytime and at no cost to the "at risk" employee who wishes to receive the immunization.

- B. The designated provider of the City of Livonia provides follow-up testing and booster inoculation.
 - C. The designated provider of the City of Livonia shall do the post exposure evaluation and treatment.
 - D. Documentation and tracking of this information shall be for the term of employment plus thirty years in accordance with 29 CFR 1910.20.
- IV. Training

Training will be conducted on an annual basis and training records will be maintained for a period of no less than three years from date of training.

This will be conducted by a certified instructor of Preventing Disease Transmission or professional with equivalent knowledge/certification.

UNIVERSAL/STANDARD PRECAUTIONS PROCEDURES

Since medical history and examinations cannot reliably identify all infected patients with the HIV/HBV or other blood borne pathogens, blood and body fluid precautions should be consistently used with patients where the chances of exposure to body fluids are great.

The use of appropriate barrier precautions to prevent skin and mucous membrane exposure when in contact with blood or other body fluids should become routine practice. The barrier items are listed below:

I. INVASIVE PROCEDURES: Personal Protective Equipment as described below shall be used when performing invasive procedures to avoid exposure. When the Staff's skin or mucous membranes may come in contact with body fluids, masks, and eye protection shall be worn.

A. GLOVES:

1. Disposable Nitrile, or Vinyl gloves shall be used whenever there is the possibility of contact with bodily fluids and during decontamination and/or equipment clean up.
 2. Gloves shall consist of appropriate material, which is nitrile, or intact vinyl, and shall be the appropriate size for each individual.
 3. The individual shall not wash or disinfect examination gloves for reuse.
 4. Gloves will not be used if they are peeling, cracked, discolored, or if they have punctures, tears, or other evidence of deterioration.
- B. **GOWNS:** The use of gowns will be recommended when splashes to skin and/or clothing are likely to occur. The gowns will be used when the risk of infection is great.
- C. **MASKS AND EYE PROTECTORS:** The use of masks and protective eyewear will be required when contamination of mucous membranes (eye, mouth, nose) is likely to occur with body splashes and/or aerosolization of such materials is likely to occur. They are NOT required for routine care.

D. RESUSCITATION EQUIPMENT: Resuscitation bags, or other ventilation devices will be available in the pool office. Decontamination procedures for resuscitation devices are as follows:

1. One-piece devices, such as the “microshields” are designed for disposal after one-time use. These are NOT to be re-used and/or decontaminated. One-piece devices shall be disposed of in a Biohazard Bag/Container.
2. Device’s consisting of a two piece unit, with a face mask and a combination mouthpiece/one way valve, shall have the valve/mouthpiece disposed of in a biohazard bag/container and the face mask decontaminated by a 30 minute immersion in a 10:1 Water: Bleach solution or Liquid Chlorine.
3. Device’s consisting of a three piece unit, a face mask, a mouthpiece, and a one way valve, shall have the one way valve disposed of in a biohazard bag/container, and the facemask and mouthpiece decontaminated by a 30 minute immersion in a 10:1 Water: Bleach solution or liquid chlorine. Bag-Valve Resuscitation Devices located in the pool offices, fall under this section.
4. **ALL LIFEGUARDS WILL BE REQUIRED TO HAVE A SAFETY PACK WHILE ON DUTY. THE PACK SHALL CONSIST OF AT LEAST ONE FACEMASK AND VINYL OR NITRILE GLOVES.**

II. **HOUSEKEEPING PROCEDURES:** Personal Protective Equipment as described above shall be used when performing housekeeping procedures to avoid exposure. When the Staff’s skin or mucous membranes may come in contact with body fluids, masks, and eye protection shall be worn.

A. DISPOSAL OF SOILED LINENS, SOILED PATIENT CLOTHING, DRESSINGS, GLOVES, OR OTHER BIOHAZARDOUS MEDICAL WASTE:

1. All biohazardous wastes and contaminated material should be handled as little as possible with minimum agitation to prevent contamination of the individual handling the item.
2. All waste shall be placed in a biohazard red plastic bag and sealed with twist tie or end tied. The twist tie/knot will then be wrapped with tape to prevent unintentional opening of bag.
3. Double bagging is recommended where punctures are likely.
4. The manager will then contact the Program Supervisor in regards to the disposal of the bag. The Program Supervisor will take the bag to the Livonia Fire Station #1 for proper disposal.

B. CLEANING AND DECONTAMINATING EQUIPMENT /SPILLS OF BLOOD OR BODILY FLUID:

1. Put on gloves and clean with disposable towels.
2. Wear eye and face protection if there is a chance of splashing.
3. Place towels in biohazard bag and turn them over to the Program Supervisor for decontamination.

4. Decontaminate with either bleach solution (1/3 cup of bleach with 1 gallon of water) or liquid chlorine.
5. Remove gloves and place in a separate biohazard bag.
6. Wash hands with disinfecting soap and water after removing gloves.

POST EXPOSURE PROCEDURES

If the presence of bodily fluids is known, the individuals shall implement the universal/standard precautions procedures as listed in this manual.

EXPOSURE: An exposure is contact with blood or bodily fluids that have the potential to be infectious through broken or non-intact skin, or through the mucous membranes of the mouth, eyes, or nose. INDIVIDUALS THAT HAVE BEEN EXPOSED SHOULD:

1. Wash the affected area. Initial disinfecting shall occur at the site of the possible exposure. The staff member should wash their hands with soap and water. If there has been exposure to a mucous membrane, the individual shall flush the area with water for no less than 5 minutes. The use of EZ scrubs or other brush type cleanser is not recommended, as the brush will abrade the skin.
2. Report the incident to the Fire Department Unit who arrives at the site.
3. Notify the Program Supervisor and/or Parks and Recreation Office.
4. Note the incident on the exposure form and leave a copy with the patient's records at the hospital.
5. Forward a copy of the exposure form to the Program Supervisor.
6. If the staff member has a percutaneous, or mucous membrane exposure to bodily fluids, or has a percutaneous exposure to blood when the employee's skin is chapped, abraded, or otherwise not intact, the physician on duty at the receiving hospital will be notified of the incident and a request shall be made to have the source patient tested for HIV/HBV, after consent is obtained.
7. If patient consent is refused, the department shall notify the physician on duty at the time of refusal in writing that there is a public health concern and formally request the patient be tested for HIV/HBV antibodies. If the source patient tests positive, the employee will be evaluated clinically AND HAS THE OPTION to undergo HIV/HBV antibody testing and receive medicine. The employee will also be asked to report and seek medical evaluation of any acute febrile illness that occurs within 12 weeks of exposure. HIV seronegative employees shall be retested 6 weeks post-exposure, and on a periodic basis thereafter (12 weeks and 6 months after exposure). The HIV/HBV antibody testing will be conducted at a clinic preset by the City of Livonia.