



**LIFEGUARD MANUAL
AND EMERGENCY ACTION
PROCEDURES**

Welcome to the staff of the SLFAC and thank you for your interest and participation in our Aquatic Department.

As a staff member, you will serve in a variety of capacities while performing your duties. These will include: safety, emergency response and care, role model, teacher, public relations, friend and disciplinarian just to name a few.

The level of responsibility you will carry is tremendous. The lives and safety of our families, friends and community participants depend on your maturity, good judgement and training. As a professional, your actions, attitude and appearance influence the behavior, thoughts and most importantly, the safety of those around you.

As your supervisors, we are dedicated to helping you grow and reach your highest level of potential. To this end, we will assist you in obtaining necessary trainings and certifications. Throughout the year, periodic workshops, clinics and meetings are held. They are designed to reinforce and support our objectives. Your participation in these programs will enhance your skills and supplement your initial training.

We encourage you to ask questions and to challenge yourself and others to grow and develop new skills. We ask for your assistance in our efforts to continually improve and upgrade our programs. Always feel free to stop in or call when you have questions, concerns and ideas. Our door is always open.

Sincerely,

Jason Epplett, Director

JJ Fox, Assistant Director

General Lifeguard Expectations

1. Lifeguard staff hours are scheduled on a weekly basis.
2. Guards are responsible for the hours in which they are assigned. If you are unable to work an assigned shift, you must find a substitute from within the existing lifeguard staff. This arrangement must be emailed to the Assistant Director and Head Guard. They will verify in an email that your arrangement has been submitted. If you are unable to find a qualified substitute because of sudden illness or emergency, notify the Head Guard. In the event you are not able to reach the Head Guard, you can contact the Director or Assistant Director. Repeated absenteeism from scheduled hours will result in counseling and possible dismissal.
3. NEVER leave the pool unattended. If the relieving guard does not report as scheduled, please notify the front desk who will make the appropriate calls. If the front desk can not get ahold of the scheduled lifeguard, the Head Guard will be contacted. The lifeguard that is currently on duty is responsible for the safety of all patrons in the pool until relieved by another guard.
4. All lifeguards must be on the pool deck at least five minutes before actual start time. This time is to be used to check the pool area and pool equipment.
5. All staff are responsible for keeping certifications current. Trainings for First Aid, CPR/AED and lifeguarding are held periodically throughout the year at the FAC.
6. Lifeguard staff are required to attend ALL scheduled staff meetings. Staff must get permission from the Head Guard at least 48 hours in advance if they are unable to attend the scheduled meeting otherwise the absence will be marked as unexcused. Unexcused absences will lead to disciplinary action.
7. All lifeguards are expected to know the FAC Emergency Procedures and act in accordance with these procedures whenever necessary.
8. All lifeguards are responsible for knowing posted information regarding lifeguard or facility information through notes posted on bulletin board or email communication.
9. It is the lifeguards responsibility to become thoroughly familiar with the information in the Lifeguard Handbook as well as the FAC Employee Handbook.
10. If an accident occurs, please follow the FAC EAP.
11. Lifeguards are expected to maintain a clean and safe environment.
12. While sitting in the guard chair, the guard must remain alert at all time.
13. A lifeguard must always follow through when a correction is made. He or she must make sure that the patron obeys the rules given to them.
14. All lifeguards should not carry on excessive conversations with patrons or other staff while on duty.
15. Whenever a lifeguard encounters a situation that they can not handle, they are to notify the front desk, Head Guard, Assistant Director or Director.
16. Lifeguards are not allowed to have cell phones on the pool deck while on duty.

Lifeguard Uniform Policy

1. Lifeguards must wear a FAC supplied lifeguard shirt or tank with black or blue shorts.
2. All lifeguards must wear whistle while on duty.
3. Lifeguards are not allowed to wear large or hanging jewelry while on duty as they could cause harm to your or patrons in a rescue scenario.
4. For the lifeguard safety, hair that is longer than shoulder length or long enough to cover the mouth/nose when wet should be pulled into a pony tail or somehow fixed so as not to interfere with vision/breathing.
5. Lifeguards are not allowed to wear hats while on duty.
6. All lifeguards must carry lifeguard tube and first aid pack while on duty.

MEMBER SERVICE

Membership and our aquatic programs are essential to one another. A strong aquatics program helps build membership, and a strong membership builds a strong aquatics program. Poor service may cause members to leave, but excellent service will make members want to be a part of the SLFAC. What can lifeguards do to provide excellent service for members while using the pools?

- Be courteous and greet members as they enter and leave the pool area (a simple hand waver or head shake is great). Be helpful at all times.
- Speak respectfully and positively when reminding members about rules. Please do not shout rules across the pool.
- Act responsively to the needs of members. Listen closely and try to understand the other side of the situation. Follow up with the concerns to make sure the problem is resolved.
- Be aware of the condition of the pool facility and report irregularities to Head Lifeguard, Director, Assistant Director, or Front Desk. Ensure that someone get the report.
- Make safety your #1 concern for members/guests.
- Give your full attention and energy to lifeguarding duties.
- Practice the values of being SELF MOTIVATED, TEAM PLAYER, PROBLEM SOLVER, POSITIVE AND EFFECTIVE.
- Smile!

GUARDING PEOPLE WITH SPECIAL NEEDS

The FAC is very fortunate in that we have extremely strong and knowledgeable leadership in the area of serving those with special needs. Therefore it is essential that as lifeguards we are aware of individuals with disabilities. Disabilities are most commonly divided as: sensory disabilities, physical disabilities, developmental disabilities and mental disabilities.

- Look beyond disabilities and relate to each patron as an individual.
- Recognize common disabilities. Know their characteristics and what to look for. Some may wear Medic Alert tags.
- Stabilize or lock all equipment, wheelchairs, and devices to prevent tripping, slipping or moving.
- Be prepared to prevent fall and watch for hazards such as wet spots.
- When an individual needs to use the lift or water wheelchair, there must be more than one guard on the pool deck to assist. In a one guard situation, contact the front desk via radio for assistance. Guards should continue to guard rather than assisting with the lift and water wheelchair. Your main job is to show the patrons where the pool lift is located, and how it operates. You may assist in moving the lift to a safe and proper location in the pool where the patron can perform a transfer. Guards or front desk personnel are not responsible for performing a transfer.
- Be alert for signs of stress, fear and anxiety in participants. Reaching safety may be difficult for members with problems such as spasms and uncontrolled movements. Students under stress may lose their balance.
- Be aware that people with disabilities using flotation devices may not be very stable in the water. Some may not be able to lift their heads above water after falling face first.

PERFORMING PREVENTATIVE GUARDING

1. Stop activities that could potentially cause accidents.
2. Direct activity, i.e., lap swimmers to appropriate lanes, open swimmers play, rules with rental/special groups, etc. before allowing them to enter the water.

SLFAC SWIM TEST POLICIES

Swim Testing:

The swim test is designed for safety: it can be done in shallow water. In addition, the test is objective: it allows greater numbers to be tested at one time, and finally it is an extremely reliable predictor of ones ability to be safe in deep water.

How the test is conducted:

The swimmer must jump into approximately chest deep water, completely submerge and resurface. Once the swimmer resurfaces, they may not touch the bottom until the test is completed.

1. During a 30 second period, tread water using any style of kick (hands may be used to assist). Ears and chin must remain out of the water during the treading phase.
2. After treading is complete, swimmer return to the side in any fashion as long as they do not touch the bottom.
3. Anyone who touches the bottom during the test will be given one more chance to pass the test that day. If they are still unsuccessful, they may try again on another visit.

SWIMMER IN DIFFICULTY

The lifeguard should look for signs of swimming difficulty while scanning the pools and recognize a person that needs immediate assistance. It is the lifeguards duty to determine if the pool needs to be cleared and they are responsible for a radio call to the front desk starting the EMS response.

Minor Injury: CODE WHITE

Any swimmer that shows signs of over-exertion,, cramps, inhalation of water, etc...

1. If the victim is close enough, a reaching assist or extension rescue is used. If the victim is further away, the lifeguard must enter the pool and perform the appropriate rescue.
2. Victim is brought to safety and lifeguard evaluates the persons condition. If the victim is conscious, lifeguard should try to calm the victim by talking to them.
3. When injuries occur on children, the Director/Assistant Director or designee should notify parents without unduly alarming them. This would include describing the injury and suggesting that they check with a doctor.

Major Injury: CODE BLUE

Any swimmer that is drowning, has a broken bone, severe bleeding, asphyxia, etc...

1. The lifeguard is to clear the pool and radio code activating EAP to the front desk.
2. The lifeguard is to enter the water and use the appropriate rescue technique to prevent further injury to the victim. Lifeguard should perform rescue breathing if appropriate.
3. The lifeguard should carefully move the injured swimmer to the shallow end of the pool and begin appropriate first aid treatment in the water.
4. The lifeguard(s) are to carefully remove the swimmer from the pool and continue appropriate first aid treatment while waiting for the AED and EMS to arrive.
5. If the swimmer was alone, a staff person from the FAC should accompany them to the hospital.
6. The lifeguard is to inform the Director of the accident.
7. The lifeguard should close the pool if needed.
8. The Director should inform the Superintendent or Director of Operations, and await instructions.
9. A staff member of the FAC should inform appropriate relative of the swimmer about the accident.
10. No one other than the Director or designee should make any statements regarding the accident.

Spinal Injury

1. Rescuer 1 clears the pool. Rescuer 2 or 3 activates EMS and informs the front desk via radio or emergency deck phone by dialing ext. 1901.
2. R1 enters the pool using the appropriate slide-in entry.
3. R1 approaches the victim slowly, carefully, and with as little water disturbance possible. If you are in shallow water, walk toward the victim slowly. If you are in deeper water, use the breaststroke or a modified crawl stroke with an underwater recovery.
4. R1 performs a head splint to stabilize the victims spine.
5. R1 brings the victim to the side of the pool perpendicular to the wall.
6. R2 brings a second rescue tube and backboard then lies down on the deck in preparation to provide in-line stabilization.
7. When R1 is near the side of the pool, R2 grasps the victims arms and applies pressure to trap the head. R1 releases the victim and R2 maintains the victim in a horizontal position.
8. R1 places their rescue tube under the victims knees to maintain the victim in the horizontal position.
9. R1 checks the victim for breathing and begins rescue breathing if necessary.
10. R1 retrieves the backboard and removes straps and head-immobilizer.
11. R1 submerges the board under the victim.
12. Once the board is in place, R1 attaches the chest strap making sure that the strap is snug and not under the board.
13. R1 places one hand on the victims sternum and cups the victims chin, with fingers on one side and thumb on the other side. R1 will then place the other arm beneath the backboard and traps the victim to the board.
14. R2 lowers the victims arms to his/her sides and then applies the cervical collar.
15. R2 secures the head-immobilizer.
16. R1 attaches and secures the waist strap so that the arms are against the victims sides.
17. R1 moves the rescue tube to a position under the foot end of the board.
18. R1 attaches the knee strap.
19. R1 attaches the forehead strap and then places second rescue tube under the board.
20. R1 stabilizes the board while R2 gets ready to lift.
21. R1 and R2 will lift the head end of the backboard onto the deck. (R1 can either be in the water or on the pool deck.)
22. R1 and R2 will slide the victim onto the pool deck.

SOLID FECAL (Formed, non-liquid), VOMIT OR BLOOD CONTAMINATION PROCEDURE

1. Lifeguards clear the pool of swimmers immediately and close the pool. Lock all access doors. Do not allow anyone to enter the contaminated pool until all decontamination procedures are completed. Inform the front desk by radio or pool deck phone.

Fecal accidents are a concern and an inconvenience to both pool operators and patrons. Pool operators should carefully explain to swimmers the need to close the pool in response to a fecal accident for their own health and safety. Understand that pool closure is necessary for proper disinfection and protection of the health of swimmers is likely to promote support rather than frustration. Pool closures allow chlorine to do its job and protect swimmers from Recreational Water Illnesses (RWIs).

2. Lifeguards are to clear all solid contaminants from the pool using a net or scoop and disposed of in a sanitary manner. Clean and disinfect the net or scoop.
3. Contact CPO on duty.
4. CPO will "shock" chlorinated the pool, or the affected area of a large pool, raise the free available chlorine concentrations to 2.0ppm (4.0ppm in the presence of chlorine stabilizers), and adjust the pH range to 7.2 to 7.5. The CPO will ensure this concentration is found through the pool by sampling at least three widely spaced locations away from water outlets.
5. CPO will ensure that the filtration system is operating while the pool reaches and maintains the proper free available chlorine concentration during the disinfection process.
6. If the pH and free chlorine levels are maintained as state above, the pool may be reopened after 30 minutes.
7. CPO will document the incident on the monthly operation report by recording:
 - Date and time of the event.
 - Type and amount of contaminant
 - Free available chlorine concentration and pH when the contamination was first noted..
 - Free available chlorine concentration and pH at the beginning and end of the contact time.
 - Free available chlorine concentration and pH when the pool is ready to be re-opened.
 - Procedures followed to respond to the incident (including the process used to increase free chlorine residual if necessary)
 - Contact time (CT) or concentration © of free available chlorine in ppm multiplied by time (T) in minutes.
8. CPO will report the incident to the health department and be sure to include these details in the discussions. If a contingency plan has not been prepared, obtain approval to re-open in the pool fro the local health department of the Department of Environmental Quality, Water Division, Recreation Resources Unit.

UNFORMED (DIARRHEA, LIQUID STOOL) FECAL CONTAMINATION PROCEDURE:

1. Unformed or diarrhea material is an indication that a person with an infectious disease of the digestive tract has used the pool. Some parasites such as *Cryptosporidium* or *Giardia* can be resistant to lower concentrations of free chlorine. As such, higher levels should be used to ensure that these infectious agents are neutralized.
2. Clear the pool of swimmers immediately and close the pool. Do not allow anyone to enter the contaminated pool until all decontamination procedures are completed.
3. Lifeguards will ensure all solid contaminants are removed from the pool using a net or scoop and disposed of in a sanitary manner. Clean and disinfect the net or scoop.
4. CPO will chlorinate the pool to at least 20 ppm and maintain the pH between 7.2 and 7.5. Ensure this concentration is found throughout the pool by sampling at least three widely spaced locations away from water outlets. The chlorine and pH level should be sufficient to inactivate *Cryptosporidium* and should be maintained for at least 12 hours.
5. A different free chlorine level and time period may be used according to Table 1 below, so long as the Concentration Time Factor (CT) is 14,400*. Examples of other residual levels and time periods are given in Table 1 below.

Free chlorine residual level	Time Period
10ppm	24 hours
15ppm	16 hours
20ppm	12 hours
24ppm	10 hours

*CT is determined by multiplying the time period in minutes times the concentration of the free chlorine residual. For example, maintaining 10ppm of free chlorine for 24 hours (1440 minutes) yields a $CT = (10\text{ppm}) \times (1440\text{ minutes}) = 14,400$.

6. CPO will ensure that the filtration system is operating while the pool reaches and maintains the proper free available chlorine concentration during the disinfection process.
7. CPO will backwash the filter thoroughly after reaching the CT value. Be sure the effluent is discharged directly to waste and into a sanitary sewer. Do not return backwash through the filter. Where appropriate, replace the filter media.
8. After the CT value has been reached, adjust the free available chlorine level to the normal operating range of 2 to 5ppm and adjust the pH to a level of 7.2 to 7.5. If necessary, consult an aquatics professional, the Ottawa County Health Department representative, or the MDEQ for recommendations on bringing the free available chlorine levels back to an acceptable operating range.

UNFORMED (DIARRHEA, LIQUID STOOL) FECAL CONTAMINATION PROCEDURE CONTINUED

9. CPO will document the incident on the monthly operation report by recording:

- Date and time of the event
- Type and amount of contaminant
- Free available chlorine concentration and pH when the contamination was first noted
- Free available chlorine concentration and pH at the beginning and end of the contact time
- Free available chlorine concentration and pH when the pool is ready to be re-opened
- Procedures followed to respond to the incident (including the process used to increase free chlorine residual if necessary)
- Contact time

PROCEDURES FOR RESPONDING TO CONTAMINATION OF THE DECK OR RESTROOM

1. If there is a diaper spill or discharge of bodily fluids on the pool deck, deck furniture, or in the restroom, prohibit access to the area by posting personnel or by placement of stanchions with appropriate signs. Do not allow anyone to enter the contaminated area until all decontamination procedures are completed. If the contamination is limited to the surface of the deck furniture, it may be simpler to take the furniture to a secure area for decontamination.
2. All solid contaminants should be removed using a scoop or a mop and bucket.
3. Dispose of the contaminants in a sanitary manner and disinfect the equipment. A hose or pressure washer should not be used to remove the contaminants as this may only spread the contamination to nearby areas or accidentally contaminate the pool.
4. Scrub the affected area with a strong bleach solution (one cup of bleach per 3 gallons of water) and let the chlorinated water remain for a period of 30 minutes. Rinse this area with water ensuring that the rinse-water does not go into the pool. Let the area completely dry or keep it closed overnight before allowing usage.

EMERGENCY ANIT-ENTRAPMENT PUMP DE-ACTIVATION E-STOP

Located on the pool deck of each pool is an E-Stop button to turn the pool circulation pumps off immediately in the event of someone being trapped on the drains. Location of the E-STOP for the family pool is on the wall in-between the pool office and wet room. Location of the E-STOP for the competition pool is on the wall just beyond the wet class room. BOTH BUTTONS HAVE A RED COVER OVER THEM AND THE BUTTON IS RED IN COLOR.

MISSING PERSONS: CODE PINK

1. Any report of a missing person should elicit an immediate pool check.
2. A visual search from the edge of the pool should be carried out as quickly as possible.
3. If a drowning victim is located, follow the procedures for MAJOR INJURY.
4. If it is determined that the missing person is not in the pool area, the lifeguard should contact the front desk to report the missing person. The front desk will check the facilities including bathrooms, locker rooms, gym, etc.,. The front desk will contact the emergency contact number and notify the police.

TORNADO/SEVERE WEATHER: CODE BLACK

Severe weather includes thunderstorms, hail, lightning and tornadoes.

TORNADO: A tornado is a funnel cloud until it touches the ground or created damage. At the point of touching the ground or creating damage it becomes a tornado.

TORNADO WATCH: Conditions are favorable and there is a high potential for tornadoes to develop.

TORNADO WARNING: A tornado has been spotted and is heading for or in an area covered by warning.

Severe Weather Action Steps:

1. In the case of severe thunderstorms or hail, the front desk staff is to watch the weather report on TV for weather reports. In the case of lightning, stay indoors. The pool area will be closed due to large number of windows.
2. In a TORNADO WATCH, be prepared to move to an area of safety if a funnel cloud has been sighted. Front desk is to alert Director/Assistant Director, lifeguards, child care and instructors of the status of "tornado watch". Staff is to listen to the radio, television or National Weather Service bulletins for the latest weather conditions.
3. In a TORNADO WARNING, a tornado has actually been sighted. You must move all participants to the locker rooms, family locker rooms or the west-end bathrooms. Child care staff will remain in child care with the kids. Spring Lake Township is equipped with a warning signal system. A tornado warning is a long steady tone.
4. Participants from child care are not able to be dismissed during a TORNADO WARNING unless a parent comes to the room to pick up their child.
5. After moving to a designated area, if a tornado is sighted, all participants will take a kneeling position with knees and elbows on the floor and hands clasped behind their head.
6. Stay away from the outside walls.
7. Utilize all available personnel to notify all occupants of the building regarding a tornado warning.

INJURED MEMBER OR GUEST

1. If required, call 911 and inform the front desk staff that 911 has been called for an emergency on the pool deck.
2. Render first aid and treat for shock.
3. Fill out an Accident Report Form and place it on the Head Guard desk.
4. Review the "Working with News Media" section.

LOCATIONS AND INVENTORY OF FIRST AID KITS: All extra first aid equipment is located in the pool office.

- Front Desk
- Lifeguard Office
- Directors Office

FIRE EVACUATION PROCEDURE: CODE PURPLE

Front Desk Staff Step-By-Step Instructions

1. If alarm sounds call 911.
2. Evacuate the building as necessary using all staff resources. If necessary, refer to evacuation steps. Always err on the side of caution.
3. Return to the front desk.
4. Assess the situation and call the Director or Assistant Director
5. Direct the fire fighters to the fire location if known.
6. A front desk employee should remain at the desk unless their personal safety is at risk.
7. Refer to the "news media" section of the manual.

Staff Step-By-Step Instructions

1. Begin evacuation of the building immediately.
2. If possible, have one employee stay at the desk to clear the area and direct other staff to different areas of the building for evacuation.
3. Using the assistance of all available staff, begin evacuation.
 - Track and cardio area will evacuate through Fire Exits located on the west side.
 - Main floor and spin area will evacuate through the main lobby doors.
 - The pool and locker rooms will evacuate through Fire Exits located in the family pool or competition pool area. Lifeguards are responsible for evacuating pool area.
 - Child care will evacuate through the emergency exit in the lobby.
 - Refer to "news media" section of the manual.

BUILDING FIRE EVACUATION

In the event of a fire in the building, the fire department should be notified immediately . Do not hang up the phone until directed by the fire department. After notifying the fire department, the building's occupants should be evacuated immediately using the fire evacuation procedure.

EMERGENCY PROGEDURES FOR CRITICAL INCIDENTS: CODE GREEN

Blackout: If, for any reason, the electricity is cut off in the building, the staff should be aware of the following:

1. Every office is equipped with a flashlight.
2. The following areas of the building have emergency lights that will come on in the event of a blackout:
 - Pools
 - Multi Purpose Room
 - Weight Room
 - Lobby/Hallway First Floor
 - Hallway/Spin Area Second Floor
3. The following procedure has been established to cope with a blackout situation:

Front Desk Staff:

- If alone, maintain position & assist in helping members out of the building.
- If more than one staff is working, one should stay to perform the above duties while the other(s) go out and assist patrons in areas without emergency lighting (weight room, 2nd floor, locker rooms, etc.)

Aquatic Staff:

- Assist members out of the pool area.
- Lock all doors into the pool area
- Once the power returns, turn lights back on and wait for them to light before unlocking any doors.

All Other Staff:

- Secure your current location (assist all patrons in exiting).
- Assist members in exiting all areas.
- Once building is clear and secure, await further instructions from designee in charge.

EMERGENCY PROGEDURES FOR CRITICAL INCIDENTS CONTINUED: CODE GREEN

Bomb/Building Threat

1. Alert Director or Assistant Director of threat.
2. Call 911 and note the time, voice (male or female) and nature of threat.
3. Follow instructions and advice of 911.
4. Evacuate the building if conditions warrant. Participants should not stop to shower or change clothes.
5. Search building for people who are unaware of the threat.
6. All police to search the building.
7. Re-open the FAC once the police have searched the facility and deem it safe.
8. The Director will notify the Director of Operations of the incident.

Lockdown Situation Response

In the event any person(s) are being hostile on the SL Public School grounds, it will be the FAC policy to respond in such a way as to prevent escalating the situation by any means while ensuring prompt, effective response by authorities without endangering or neglecting any other FAC members, guests or staff. These procedures are to be followed:

Notification:

1. Any staff being informed of a hostile situation is to immediately notify the front desk staff.
2. The front desk staff will relay it in the order to the police department, high school office (if school is in session) and the Director or Assistant Director.

Implementation:

1. The front desk will inform the Director or Assistant Director.
 - Refrain from any interaction with the perpetrators unless initiated by the perpetrator and then refrain from any negotiation other than to record any demands made along with any other statements.
 - Restrict access to the FAC by turning "Lock Down Key" located by the gate at the front desk and lock the door to the high school across from the front desk.
2. Members and guests should be directed to cease activities and remain in that area or be directed away from the crisis site if safe routes have been established.
3. The police or other such authorities will take charge of the situation established.
 - All relevant is to be relayed to them.
 - FAC staff will assist only as directed.
4. The FAC media policy will be in effect.
5. The Director will authorize contacting any other persons regarding the situation.

All Clear:

Upon receiving authorization from the Police, the Director will announce to staff and staff will help announce an "all clear" to members and guests.

EMERGENCY PROGEDURES FOR NON-CRITICAL INCIDENTS BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN SPRING LAKE FITNESS AND AQUATIC CENTER

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Job Classification	Tasks/Procedures
Program Directors/Instructors	Providing First Aid
Custodial Staff	Cleaning up potentially infectious material

Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

Compliance Method

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized in accordance with the standard. At this facility, the following engineering controls among others will be utilized:

Gloves-childcare, front desk, pool office and laundry room

Protection Kit-pool office and laundry room

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

Every month-Director

Hand washing facilities are also available and must be used by employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility , hand washing facilities are located:

In each locker room and restrooms

Maintenance closet and laundry room

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

EMERGENCY PROCEDURES FOR NON-CRITICAL INCIDENTS BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN SPRING LAKE FITNESS AND AQUATIC CENTER CONTINUED

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Personal Protective Equipment

All personal protective equipment required by the standard and used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

All mandatory personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. The employer will provide all employees with appropriately sized and fitting clothing. The employer at no cost will make all repairs and replacements to the employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area:

Gloves contaminated with blood will be disposed of in a red bag.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available at the front desk, pool office and laundry room.

Gloves must be used for the following procedures:

- Cleaning up potentially infectious materials, handling soiled laundry , rendering first aid, etc.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Decontamination of soiled areas will be accomplished by utilizing the following materials: Mixture of 10% bleach and water which can be obtained from the maintenance closet of the family pool or in the laundry room.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans and similar receptacles shall be inspected and decontaminated on a regular scheduled basis.

Any broken glassware that may be contaminated should not be picked up directly with your hands. Please follow the procedure for broken glass:

- Tongs can be used to pick up glassware and other sharps. A dustpan and hand broom can also be used. Do not forget to decontaminate all of your equipment after clean up and always wear gloves.

EMERGENCY PROCEDURES FOR NON-CRITICAL INCIDENTS BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN SPRING LAKE FITNESS AND AQUATIC CENTER CONTINUED

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry at the FAC will be cleaned in the laundry room.

Reporting Procedures

1. All first aid incidents involving exposure are reported to the supervisor immediately.
2. All first aid providers names are given.
3. The circumstances surrounding the incident are required including date, time and exposure determination.
4. This report must be included in a list of similar reports and available to employees and OSHA on demand.
5. All first aid providers involved with exposure must be offered full vaccination ASAP but not later than 24 hours after the incident regardless of type of exposure.
6. If an unsafe exposure incident as defined by the standard did occur, procedures outlined in the standard must be followed

Post-Exposure Evaluation and Follow-Up

When the employee incurs an exposure incident, it should be reported to the Director. All employees who incur an unsafe exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

The follow up will include:

- The employer and employee will document the route of exposure and the circumstances related to the incident.
- If possible, the employer and employee will ascertain the identification of the source individual and if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infection.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.
- The employee will be offered post exposure prophylactics in accordance with the current recommendations of the U.S. Public Health service.

EMERGENCY PROGEDURES FOR NON-CRITICAL INCIDENTS BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN SPRING LAKE FITNESS AND AQUATIC CENTER CONTINUED

Post-Exposure Evaluation and Follow-Up Continued

- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: FAC Director and SL Public School Director of Operations

Record Keeping

All records required by the OSHA standard will be maintained by the FAC Director

News Media

When an accident or emergency occurs, one person will be the designated spokesperson for the FAC. This spokesperson is the FAC Director or when not available, the Superintendent of SL Public Schools, Director of Operations or the Director of Maintenance. The following procedures are to be used:

- Do not make any statements regarding the incident.. Simply say "our policy in this situation is to refer all inquiries to the Director."
- Be courteous and helpful.
- Talk about what happened only.
- Never discuss why something happened.
- All program participants and spectators should be kept away from the scene of an accident.
- Be wary of casual conversation.
- Remember, even if a newsperson has put away a pen/pencil, they are still on the job and will quote you.
- The person in charge should notify the Director as soon as possible.

Insurance Questions

Caution: Interpretation of insurance is very complicated. If you are asked about insurance coverage of the FAC, refer all questions to the FAC Director.

Instructions For Completing Accident and Critical Incident Report Forms

Be as specific as possible when completing accident reports.

- State exactly what the person was doing when the incident occurred.
- If a slip/fall is involved, indicate all surface conditions.
- Be specific where the individual was injured. (example: inside right leg, halfway between ankle and knee)
- What was the extent of the injury? How severe was the injury?
- Obtain names of witnesses along with their address and a phone number.

Instructions For Completing Accident and Critical Incident Report Forms

All accident reports are reported to our insurance carrier in case the injured party should file a claim, or if there is liability on the part of the FAC. Keep in mind that information provided at the time of the incidents will be more reliable than any information that might be obtained after the fact. Also keep in mind that the information you provide could be beneficial in the future if the injured party, or their parent ever file a lawsuit.