



<i>Village of Tahsis</i>	File #: VOT 007
TITLE: Recreation Center Swimming Pool COVID-19 Safety Plan	Number of Pages 9

PURPOSE

This Safety Plan describes the policies, guidelines and procedures for employees and the public in the Recreation Center Swimming Pool to reduce the risk of transmission of COVID-19.

This Safety Plan is intended as an addition to the Tahsis Recreation Centre Safety Plan. The requirements and standards in the Recreation Centre Safety Plan apply.

PROTOCOLS

WorkSafe BC Protection Levels 1 through 4 are implemented based on the type of activity.

MANAGING PATRONS

- Signs are posted at the pool entrance that inform patrons that they must not enter the pool area if they are exhibiting COVID-19 symptoms.
- Patrons must maintain physical distance of 2 meters from other patrons and staff while on the pool deck, pool and all other areas.
- Patrons are required to use hand sanitizer upon entering the recreation center.
- The number of patrons permitted in the pool at any one time will be capped.
- Patrons shower at home before and after pool use.
- Patrons arrive at the pool wearing their bathing suits
- Patrons are not permitted to share water bottles, towels, goggles or other equipment. Snorkels are not permitted.
- The use of goggles is encouraged.
- Any shared equipment, e.g., PFDs, are disinfected between each user by leaving in the pool for a few minutes.

- Patrons access and exit the pool area directly through the lobby area, not through the change rooms.
- Change rooms are only to be accessed by bathers who need to use the bathroom.
- Pool deck signage indicates one-way traffic flow around the pool area.
- Patrons are informed when they make a reservation of the policy restricting people exhibiting symptoms of COVID-19 and people who have come in contact with a person who has tested positive for COVID-19 from the facility.
- Patrons are also advised that they must cancel a reservation if they develop symptoms after booking an appointment.
- The facility's illness policy and protocols are communicated verbally to patrons prior to booking appointments. The policy and protocols are posted on the Village website on the "Recreation" page. Persons interested in making a reservation are referred to the web page.

AQUATIC PROGRAMMING

- For lane swimming, a reservation is required. One swimmer is permitted per lane to ensure a 2-meter bubble of space, unless the swimmers are from the same family or group.
- For fitness classes, physical distancing of 2 meters is implemented.
- Instructors give safety guidelines to class participants before class begins
- Swimmers bring own equipment

AQUATIC STAFF TRAINING

- Lifeguards will undergo refresher training to help ensure that they can perform rescues after a prolonged period of absence. This will also include reviewing the relevant safety plans, disinfection protocols, physical distancing requirements, adapted in-water rescue protocols and adapted first aid and resuscitation protocols.
- Staff supplied with their own PPE and personal first aid equipment (e.g., pocket mask, gloves and hand sanitizer).
- All training equipment is disinfected before, during and after training.
- All training is documented and includes the date, name, signature off all staff members trained.

IN-WATER RESCUE AND FIRST AID

- Lifesaving Society (BC and Yukon Branch) Guidelines for In-Water Rescue are followed. The Guidelines are attached to this Plan (Appendix B).
- Lifesaving Society (BC and Yukon Branch) First Aid and Resuscitation Guidelines for COVID-19 are followed. The Guidelines are attached to the Plan (Appendix D).

POOL MAINTENANCE AND CLEANING

- Rescue equipment is cleaned at the end of the day or during an exchange between lifeguards


- Training accessories are cleaned after use by a bather or daily
- PFDs are cleaned after use by a bather or daily
- All surfaces of deck equipment are cleaned at least daily.
- Pool apron is sprayed down frequently
- Water testing takes place as required by regulation or more frequently, if deemed necessary by the Recreation Director
- FAC levels are maintained at levels recommended by provincial guidelines and/or health authority regulation.
- PPE is not required for regular pool maintenance unless normally required for safety reasons, e.g., handling pool chemicals.

LIFEGUARD PROTOCOL AND EQUIPMENT

- The employee protocols in the Recreation Centre Safety Plan apply to lifeguards.
- Lifeguards are required to maintain physical distancing (at least 2 meters). Where physical distancing cannot be guaranteed, a non-surgical face mask is worn by employees.
- Lifeguards have their own personal equipment needed for each shift (e.g., rescue tube, first aid fanny packs).
- There is no sharing of equipment (e.g., pen, stopwatch)
- The itemized list of PPE for Lifeguards is found in the attached Appendix “D”
- All lifeguards must wash their hands before and after the following activities:
 - Eating
 - Taking a break
 - Smoking
 - Going to the washroom
 - Providing routine care for another person who needs assistance
 - Direction from Island Health is followed with regard to detailed cleaning, temporary closure and trace contacting

TRAINING AND COMMUNICATION

- All staff meetings are held with physical distancing or through virtual means.
- Lifeguards who have been absent, or are new to the workplace, are oriented as necessary so that all COVID-19 related procedures are explained and understood
- All lifeguards are trained on this safety plan and related procedures documented within the relevant appendices
- All employees have the right to refuse work if they believe it presents an undue hazard. An undue hazard is an “unwarranted, inappropriate, excessive, or disproportionate” risk, above and beyond the potential exposure a general member of the public would face through regular, day-to-day activity. The Village’s unsafe work policy in the Employee Handbook applies to this circumstance

CAO Signature: 	Effective Date: September 1, 2020
Replaces:	Issued on Date September 1, 2020

Appendix B

Guidelines for In-Water Rescue

These guidelines apply to any water-related incident (e.g. distressed or drowning non-swimmer, spinal-injured victim, submerged victims, seizures, etc.). Use an alternative training and/or blended learning approach to train your returning staff. Prior to in-person training, use online learning for COVID-19 specific protocols developed to manage your facility and its operations. Follow your community guidelines that have been developed for restoring services.

In-water Rescue Procedures

Rescuers should consider the use of non-contact rescue where appropriate.

1. Prior to entering the water rescuers should remove any face coverings being worn.
2. For in-water rescuers, whenever possible, approach the victim in a manner to avoid face-to-face proximity.³
3. For all rescues, minimize the number of rescuers who have direct contact with victims.
4. Where possible, designate a staff member to take the lead during first aid and resuscitation. This allows in-water rescuers time to dry off and don PPE before they continue victim care.
5. At each focal point, provide a dry container including hand sanitizer and PPE for two (2) rescuers, a victim and a bystander.
6. After each rescue, all rescuers, victims and bystanders should practice hand hygiene, shower with soap, change their clothes, bag clothes worn during the rescue (to be washed).
7. Follow the disinfection protocols⁴ for all rescue equipment used by staff when providing care.

Assessment & Treatment

The following guidelines are COVID-19 adaptations of assessment and treatment actions to be performed in conjunction with specific interventions required by a victim's condition.

1. Scene & Risk Assessment
 - Ensure scene is safe
 - Minimize the number of rescuer contacts with victim (where possible maintain physical distancing of 2m)
 - Don appropriate PPE (protect self/partner/other responders)
 - Manage/mitigate any hazards/risks
 - Victim health history - COVID-19
 - Mechanism of Injury
 - Request additional resources as required
 - Continuous and dynamic scene assessment

³ International Liaison Committee on Resuscitation (ILCOR) COVID-19 Practical Guidance for Implementation

⁴ US Center for Disease Control and Prevention (CDC) - Cleaning and Disinfecting Your Facility - Everyday Steps, Steps When Someone is Sick, and Considerations for Employers.

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

2. Primary Assessment
 - ABCs
 - EMS
 - Treat for shock
 - Preparing for transport
3. Secondary Assessment – (promote self-treatment or treatment by a family member)
 - Vital signs
 - History - Functional Inquiry
 - Head-to-Toe Exam
 - Treatment
 - Victims who can walk to the ambulance or access point should be encouraged to do so to reduce the risk of COVID-19 transmission.

Respiratory Hygiene Measures for Victims

1. Offer a facemask/face-cover to all victims.
2. Ensure that all victims cover their nose and mouth with a tissue or elbow when coughing or sneezing.

First Aid for Children and Minors

1. Wherever possible initiate first aid for children and minors by asking parents or caregivers to provide aid.⁵
2. Provide appropriate PPE (ie. facemask/face cover and gloves for those providing aid and the victims).

⁵ Appendix D. COVID-19 First Aid and Resuscitation Protocols

Appendix D. First Aid and Resuscitation Guidelines for COVID-19

Principles of Mitigating Risk of Infection When Administering First Aid and Resuscitation

The purpose of this section is to assist lifeguards in assessing risk at each step of the rescue process. These principles do not replace lifeguard skills acquired in Standard First Aid. They provide supplemental considerations for use throughout the process to assist in mitigating risk.

- **SCENE ASSESSMENT**
 - Maintain physical distancing (2m) whenever possible.
 - Collect information about the health status of the victim with regard to COVID-19.
 - It is important to pass this information on to EMS, allowing them to provide optimal treatment to the victim.
 - This information may be obtained from the victim, the victim's caregiver, bystanders, etc.
 - Determining the victim's health status and COVID-19 infection can be accomplished by asking common questions.
- **PRIMARY ASSESSMENT**
 - Maintain physical distancing (2m) whenever possible.
 - Determine if the victim's condition requires the lifeguard to make direct contact with the victim. (For clarity on 'no contact' as compared to 'direct contact' first aid treatment, see [Decision Tree for First Aid During a COVID-19 Era, pg. 45.](#))
 - Alternative options may include a victim's caregiver or family member administering first aid treatment with lifeguard direction (i.e. direct pressure to a wound, cleaning and bandaging, providing ventilation when resuscitation is required, etc.)
 - Don the PPE appropriate to the level of victim contact and first aid treatment required. Both rescuer & victim should don PPE. (For level of PPE required, See [Appendix E. Personal Protective Equipment, pg. 46.](#))
 - When victim history indicates positive or suspected COVID-19, inform EMS.
 - Regardless of direct or indirect contact, proper hand hygiene is important following all first aid treatment.
 - Proper hand hygiene includes washing with soap and water or hand sanitizer (70% alcohol or higher) for 20 seconds.
- **SECONDARY ASSESSMENT**
 - Maintain physical distancing (2m) whenever possible.
 - Only take vital signs that can be observed from a distance (i.e., skin colour, visual breathing check) or are required for victim treatment decisions (i.e., skin temp of a possible heat stroke victim).
- **POST RESCUE PROCESS**
 - Take care to remove and dispose of PPE in a safe manner.
 - Disinfect all surfaces that may have come in contact with the victim or rescuer during treatment (i.e. chair, clipboard, pen, etc.).
 - Where required, practice personal decontamination
 - For clarity regarding first aid disinfection protocols, see [COVID 19 Aquatic Facility Maintenance: Cleaning, decontamination, and safe water management of aquatic facilities, pg. 48.](#)

Levels of Risk and Personal Protective Equipment (PPE)

Due to the nature of COVID-19 as an aerosol transmitted pathogen, first aid protocols have been categorized into low-risk and high-risk categories. High-risk protocols include all treatments that generate aerosols, while protocols that do not generate aerosols fall under the low-risk category. Rescuers don PPE in accordance with the level of risk they encounter.

Identified high-risk (aerosol-generating) protocols are as follows:

- Chest compressions
- Ventilations
- High-flow oxygen administration (greater than 5 lpm)
- Suction
- Abdominal thrusts/back blows

All rescuers within 2 metres of the victim must don appropriate PPE for high-risk protocols. (For clarity on when to use PPE, see Appendix E: Lifeguard Personal Protective Equipment, pg. 46.)

Oxygen

The use of high flow oxygen is considered high-risk as it generates aerosols and therefore should be reserved for:

- Victims in need of resuscitation
- Children and infant victims
- Drowning victims

Suction

The use of suction is considered high-risk as it generates aerosols. Clearing an airway using suction is not recommended at this time. Instead, roll the victim to allow drainage and utilize a finger sweep (with proper PPE) if required.

Itemized List of Personal Protective Equipment for Lifeguards

Most PPE components come in different sizes and it is important to stress that PPE does not follow a one-size-fits-all principle. A proper PPE fit is essential to obtain protection; a non-suitable size will not protect its wearer. Employers must ensure that PPE is available in proper sizes, is clean, workers are trained on its use, fit testing where required, and workers follow established protocols for its use.

Respiratory Protection - N95 or surgical mask

- **N95 Mask (non-valve):** reduce transmission of aerosol by 70%, protects from contracting aerosol route infection from others by 99%. N95 masks must be NIOSH approved and CE certified. Due to lack of availability of N95 masks, fit tested surgical masks can be worn to reduce risk. N95 masks must be dry to be effective.
- **Surgical Mask (3-layered):** reduces transmission of aerosol by 50% and protects from contracting aerosol route infection from others by 75%-80%. Surgical masks must be dry to be effective.

Mask & face coverings are prohibited in the water for lifeguards and patrons at all times.

Eye Protection – Where possible, face shields or personal protective goggles may be used. Both face shields and personal protective goggles prevent virus exposure of the eye mucosa. Protective goggles must fit the user's facial features and be compatible with the respiratory protection. Corrective lenses or safety glasses do not provide adequate protection. Protective eyewear may be reused once disinfected.

Hand Protection - Non-latex medical exam gloves should be used. Practice hand hygiene after gloves are removed.

Body Protection – Where possible, long-sleeved water-resistant gowns should be used to prevent body contamination. If water-resistant gowns are not available, remove and launder all clothing once treatment is finished. For both options, practice personal hygiene following use.

Bag-valve-mask with viral filter (e.g. HEPA): The viral filter or high-efficiency particulate air (HEPA) filter minimizes the risk of virus spread during ventilations. Viral filters must remain in their original packaging and be dry to be effective.

Pocket Mask with a viral filter (e.g. HEPA): The viral filter or high-efficiency particulate air (HEPA) filter minimizes the risk of virus spread during ventilations. Viral filters must remain in their original packaging and be dry to be effective.

Keeping Personal Protective Equipment Organized, Clean and Dry

As certain PPE (such as masks) must remain dry to be effective, it is strongly recommended that protocols that address PPE storage be added to facility safety plans.

Examples

Each lifeguard will have first contact PPE on their person including gloves and 2 surgical masks. The gloves and surgical masks may be kept in a resealable zip-top bag to avoid getting wet.

Each focal point will have a dry storage container that includes PPE for 2 rescuers and a bystander, resuscitation equipment (BVM with viral filter, etc.), hand sanitizer and disinfection wipes.

Personal Protective Equipment Disinfection

Proper disposal of single-use equipment and proper disinfection of reusable equipment is necessary for ensuring the safety of both staff and patrons. For proper disinfection of reusable equipment, see manufacturer's specifications. Where no specifications exist, the following ratios are recommended.

The Centres for Disease Control and Prevention (CDC) recommend a 1:10 dilution ratio for household bleach, or a 1:20 ratio for commercial sodium hypochlorite solution to disinfect PPE, then let air dry. Typically, 1 to 10 minutes contact time is recommended.

For full disinfection recommendations [COVID-19: Cleaning, Decontamination and Safe Water Management of Aquatic Facilities, pg. 48](#).

Resuscitation When Ventilations are Recommended

(See [Resuscitation and First Aid Recommendations, pg. 29](#))

