HYDROTHERAPY POOL POLICY

POLICY

Approving Body	Therapy Services Clinical Governance		
Date Approved	6th May 2026		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	X		
Issue Date	19-Aug-2026		
Version	V1.0		
Summary of Changes from Previous Version	Rewrite Policy Doc E&F 016, due to change of ownership to Therapy Services Department		
Supersedes	n/a - NEW		
Document Category	Governance		
Consultation Undertaken	Pool Management Group IPC Therapy Services Governance		
Date of Completion of Equality Impact Assessment	Jan 2026		
Date of Environmental Impact Assessment (if applicable)	Jan 2026		
Legal and/or Accreditation Implications	Compliance with the Health and Safety at Work Act		
Target Audience	Staff involved in the management and delivery of the Pool services		
Review Date	Aug-2029		
Sponsor (Position)	Head of Therapy Services- Sam Musson		
Author (Position & Name)	Hydrotherapy Lead- Andrew Southgate		
Lead Division/ Directorate	CSTO		
Lead Specialty/ Service/ Department	Therapy Services		
Position of Person able to provide Further Guidance/Information	Head of Therapy Services		

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
N/A	N/A
Template control	April 2024

CONTENTS

1.0 INTRODUCTION

Hydrotherapy (therapeutic aquatic activity) is recognised rehabilitative intervention that benefits patients with a range of clinical needs, including musculoskeletal, neurological and chronic conditions. The safe and effective operations of the hydrotherapy pool is essential to protect patients, staff and visitors and to ensure compliance with regulatory and clinical governance frameworks.

The policy outlines procedures for accessing, operating, maintaining and monitoring the hydrotherapy pool and associated clinical activities, to ensure compliance with Trust infection control, health and safety and safeguarding standards.

Therapy Services will do all that is reasonably practicable to proactively manage and minimise risk to ensure the health and safety of staff, patients and their accompanying visitors whilst using or maintaining the pool.

This Policy should be read in conjunction with the Hydrotherapy Pool Operations Procedure Manual, which has been developed to support staff with clear instructions of actions required when using or maintaining the pool.

2.0 POLICY STATEMENT

Therapy Services is committed to providing a safe, effective and inclusive hydrotherapy service that supports rehabilitation, enhances patient outcomes and safeguards all individuals accessing the facility.

The use of the hydrotherapy pool must be carried out in accordance with this policy, relevant statutory guidance, and local operations guidance (including water quality monitoring, staff training and emergency procedures).

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust's pool has been defined as the "Hydrotherapy Pool" based on the users of the pool who follow structured care plans led by Therapy Services Aqua therapists.

Hydrotherapy: Therapeutic exercise and rehabilitation carried out in a controlled aquatic environment.

Pool Management Group (PMG) ; a group that meets quarterly to manage and oversee the working of the Pool. Non-resolved issues can be escalated to the Trust's Water Safety Group.

PRP : Pool Responsible Person – Head of therapy Services
Will be chair of the Pool Management Group and retains ultimate accountability for the safe and correct management of the Hydrotherapy pool.

POP manual: Pool Operations Procedures manual – including Normal Operating Procedure (NOP) and Emergency Action Plan (EAP)

WSG: The Trust's Water Safety Group

IPC: Infection prevention and control officer

COSHH: Control of Substances Hazardous and Dangerous Occurrences Regulations

SFHT - Sherwood Forest Hospitals Trust

MSK team – Musculoskeletal team that deal with the rehabilitation of conditions involving muscles and bones

PWTAG Code of Practice (Pool Water Treatment Advisory Group):
Swimming Pool Water - Treatment and quality standards for pools and spas (pool water treatment advisory group). Provides guidance on the pool water treatment system requirements/operations/escalations and consider this guidance as the standard to be achieved in effective management of the hydrotherapy pool.

Legionella: Type of aerobic bacterium, found predominantly in warm water environments and controlled by the UV system. Pool water tested quarterly.

Pseudomonas aeruginosa: A bacteria commonly found in wet environments. Most are non-pathogenic for healthy people. Can cause infections (skin and ear), especially those patients compromised by underlying disease, age or immune deficiency. Is sensitive to disinfection.

Coliforms E coli: Bacteria used to indicate as a microbiological indicator of water quality, found in faeces and soil. Both sensitive to disinfection.

Aerobic Plate (colony) count: Indicates the number of bacteria present without differentiating the type. Gives an indicator to the quality of the pool water and whether the filtration and disinfection systems are operating satisfactorily.

4.0 ROLES AND RESPONSIBILITIES

4.1 Pool Responsible Person (PRP): Head of Therapy Services
Overall responsible for the safe operations of the pool and chair of the Pool Management Group (PMG).
Will develop and maintain the Policy document and POP.
Co-ordinate with pool contractors, IPC officer, Responsible person (water), Authorising Engineer (water) for help, advice and in response to any investigation arsing for non-compliance issues.
Ensure suitable training of all hydrotherapy pool staff is completed and remains current.

4.2 Therapy Service Managers
Support the Pool Responsible Person in running of the service.

4.3 Deputy Pool Responsible Person; Hydrotherapy Team Lead
Oversees the day to day running and monitoring of the pool, in conjunction with Estates and third parties.
Ensure water results are reviewed weekly and reported from the lab to the Pool management group meetings and actioned according to the POP manual.
Discuss non-compliance issues and escalate to the PMG (see POP manual)

4.4 TRUST Responsible Person (water):
Shall support Pool Responsible Person (PRP) in their role with actions such as drafting the Policy, POP manual, reviewing risk assessments and shall attend the Pool Management Group meetings.

4.5 Trust Authorised Person (water): Senior Estates Manager.
Shall support the Trust Responsible Person (water) in their role with actions such as drafting the Policy, POP manual, reviewing risk assessments and shall attend the Pool Management Group meetings.

4.6 TRUST Authorised Engineer (water)
An appointed independent professional advisor to the Trust/Therapy Services, acting as an assessor undertaking appointment appraisals and conducting annual audits

4.7 IPC officer: Responsible person for water – Nurse Consultant, role will input on review and drafting this Policy, continuing improvements of the POP manual, review pool water sample

results and assist with the interpreting results and shall attend the Pool Management Group Meetings. They are supported by Lead Nurse Infection Prevention and Control.

4.8 Health and Safety Officer:
Advise the PRP and attend the PMWG. Input on the writing and review of the POP and Policy document.

4.9 Medirest (cleaning): Monthly Deep Clean and Daily cleaning of changing rooms, toilets, office, rest room, corridor and pool side floor (and shelving). Attend quarterly PMG meetings and feedback updates and audits.

4.10 Estates / Facilities Management providers (Skanska):
Responsible for maintaining plant room, filtration systems, water treatment and environment. Ensure the facility meets statutory compliance (water quality, ventilation, electrical safety) and monitoring tasks outlined in the POP and ensure all staff and associated contractors are suitably qualified and competent.

4.11 ESC Global: A third party company that carry out weekly and quarterly microbiological water testing and weekly pool testing checks,

4.12 Sterling Hydrotech (Pool and Plant room experts and contractors for Estates/ Facilities)

4.13 Aquatic Rehabilitation staff: Assess and treat patients in the hydrotherapy pool, provide clinical supervision and maintain patient records.

4.14 Hydro Assistants: Assist the Aquatic Therapist in safe patient movements to and from the pool, ensure screening and infection prevention measure are implemented

4.15 Hydro Patients: must be always supervised (minimum of two staff in the pool area).
Adhere to health and safety instructions displayed.
Declare all relevant medical information prior to participation (screening checks).

5.0 APPROVAL

The Policy has been presented to Therapy Governance and shared with CSTO governance and the Operational Water Safety Group. The policy has been formally approved by the Trust Clinical Governance.

Approved by: Therapy Clincal Governance

Date of Approval : 6th May 2026

Next review date (every 3 years or if significant changes occur) : July 2029

6.0 DOCUMENT REQUIREMENTS

6.1 How the Hydrotherapy service is run:

We accept hydrotherapy referrals from Therapists from SFHT, Therapists working in the community and nearby Hospital Trusts, that don't have a hydrotherapy service. See referral / screening referral form for hydrotherapy (Appendix 1).
Different patient groups use the pool, including Musculoskeletal outpatients, Oncology, Rheumatology, MSK Paediatric, Neurological and Amputee.

Therapists complete a Hydro referrals, including patient details, screening questions (POP manual appendix J) and general information about the service provided in a Patient Information Leaflet (POP manual appendix B).

Information to patients:
Patients attending the hydrotherapy will be inducted by a trained member of staff. This induction includes: Familiarisation to facilities including toilets, changing area, waiting area, showers, and pool.

Patients are visually and verbally screened by the Therapy assistant and/or the Aqua Therapist to see if their medical condition has changed since referral and ensure they have not had any recent episodes of sickness or diarrhoea in the last 48 hours (Displayed in Pool entrance, POP manual 7.1 – rules of the pool and Appendix B – Patient information leaflet).

To reduce the risk of outdoor contamination, all pool user (staff and patients) remove outdoor footwear in the changing rooms and pool side and shower before entering the pool (POP manual 7.1 Pool Rules and 9.0 Pool Area Hygiene).

The Aquatic Therapist documents patient's attendance and treatment notes are recorded. MSK Patients are offered a block of 6 consecutive weekly sessions, in a group session with a maximum 7 patients per 30 minute session (POP manual 6.0 Bather Load).

On completion of the Hydrotherapy block, patients are discharged from Hydro and are reviewed back by their referring Physiotherapist.

6.2 Pool checks are carried out regularly to ensure both patient and staff safety.

Comprehensive monitoring and recording of critical factors ensure the pool water quality is safe, clean and suitable for therapeutic use. The critical factors are Microbiological, Chemical and Physical.

Microbiological testing (weekly) for:

- E. Coli
- Coliform
- Pseudomonas aeruginosa
- Aerobic Colony Count

Therapy Services organise the Microbiological testing of the Pool water, via a third-party company “ESC Global Ltd”, who collect the sample, send to UKAS accredited testing laboratory and report results via email to the Therapy Service Managers and Deputy Pool Responsible Person (Hydrotherapy Team Lead). Results are held on the Trust’s “U drive” and hard copies held in the ESC Global folder in the Hydro Office. A summary of results are reported to the PMG quarterly.

Procedure for abnormal results are outlined in the POP manual (Table 1 Emergency Action – Testing requirements and interpretation of results for Pool water samples. Page 16) and in the Hydrotherapy Emergency Action Plan folder (held in the Hydro Office).

In summary - Acting on failed water sample results

- If a microbiological result is unsatisfactory, the test should be repeated as soon as practicable.
- If the second result is also unsatisfactory, the Pool Management Group (PMG) should investigate, and test repeated.
- If the third result is still unsatisfactory, immediate remedial action is required, which may mean closing the pool.
- The Pool should be closed is there is chemical or physical evidence of unsatisfactory disinfection.
- The pool should be closed if microbiological testing discloses gross contamination.

(Swimming Pool Water – Treatment and quality standards for pool and spars – PWTAG p.164)

The pool water is also tested quarterly for Legionella. Samples are collected by Skanska and reported to Hydrotherapy Lead and to the Pool Management Group.

Checks for getting the pool ready:

Visual checks of the Pool area and Plant room are carried out each morning and recorded on the “Chemical Test Readings” log sheet, in the plant room (see appendix 2) by the Hydrotherapy staff. These checks include: pool water clarity and level, Evac Board and Hoist, Gratings and Pool cover, Environment including the general cleanliness, Water temperature and room Temperature.

Water chemistry (including pH and Chlorine) is tested up to three times a day by the Hydrotherapy team and recorded on:

- Zeta Mobile (Trust handheld device – SOP appendix 3)
- The “Chemical Test Reading” log sheet in the plant room (see appendix 2)
- Written-up on the white-board in the Hydro office.

Aqua therapist and support staff must check readings have been carried out and within normal values, before starting a hydrotherapy session.

Abnormal results to be discussed with the Hydrotherapy Lead, Therapy Service Managers or escalated to The Trust Helpdesk (Ext 3005).
The key checks include:

- Pool water temperature
- pH reading
- Free and Combined Chlorine levels

See appendix 4 – Hydro Reading Parameters, also displayed on the white board in the hydro office.

A summary of the daily/weekly pool and plant room checks/tasks to be carried out are displayed on the Hydro office board (appendix 5 “Hydro and Plantroom check list” and appendix 6 “Hydro and Plant room daily key tasks”)

All Hydrotherapy Assistants to complete induction training, that includes a checklist of the key tasks and checks (see appendix 7 – Hydro assistant induction and Hydro set up procedure)

Plant room checks:

- Environment that include, the normal sounds (*“Hum”)* from the pumps/filter and any unusual smells (chlorine, sewage or water on the floor).
- Doser computed (display screen operating normally)
- Complete the “Sign in” log.

The following checks are recorded on “Chemical Test Reading sheet (appendix 2) and/or on the Zeta App (plant room Zeta SOP – appendix 3) :

- Chemical barrel levels (Sodium Hypochlorite, PAX, Sodium Bisulphate)
- Water testing results (pH, Free Chlorine, Total Chlorine, Combine Chlorine)
- Air Heating Unit reading (water temp, Air Temp and Humidity)
- Filter inlet / outlet pressure
- Ultraviolet (UV) reading
- Pumps operating
- Daily Patient numbers in the pool

Abnormal results to be discussed with the Hydrotherapy Lead, Therapy Service Managers or escalated to The Trust Helpdesk (Ext 3005).

Issues with the Zeta App, initially discuss with the Hydrotherapy Lead and/or email the Trust’s Health and Safety Manager / Advisor.

Plant room Flushing carried out by Skanska.

Staff checks during the Hydro session:

- Staff levels – minimum of 2 Therapy staff in the pool area (POP manual 7.2 – safety Procedures). If staff levels not maintained stop the session and contact the Hydrotherapy Lead or Therapy Manager.
- Staff to screen patients attending at each session, to ensure no change in medical condition or adverse reaction to previous hydro session.
- If pool temperatures are above normal operating values, additional screen question (pregnancy and transdermal patches) are required – See Normal Operating Values sheet (appendix 4 – Hydro Reading Parameters), displayed on the hydro office white board.
- Staff to closely monitor patients when in the pool and pool-side.
- Record patient numbers on the Hydro office white boards, to ensure maximum bather load is not exceeded. Maximum bather load (appendix 8) displayed in the Hydro Office.

- Outcome patient attendance (record patient attendance and notes)
- Basic Life Support (BLS) equipment daily check (recorded on BLS log – appendix 9)
- Daily flushing (Legionella) of showers and twice weekly of all basins, toilets and water dispenser and recorded on the Zeta App (Zeta SOP – appendix 3)
- Keep poolside floors and changing room mopped and clean (to reduce dirt contamination and reduce risk of slips)
- Ensure patient with reduced mobility have access to shower chairs, hoists as appropriate.

Checks after the Hydro session:

- Ensure all patients have left the area and all changing room, hydro office, cool room and main doors are shut and locked (to prevent public access to the pool).
- Floors are mopped and clear
- Pool floats are stored away appropriately
- Pool cover is replaced after the last session of the day.

Safety information and signs:

Safety signs are placed around the department as part of risk prevention strategies to help reduce the risk of injury to both patients and staff members. Signs in the area reinforce the hazards of slippery floors when wet and to for patients to remove all out-side footwear. This is help maintain clean and safe water and to prevent contamination. Once in the pool there are signs indicating the depth of the water in metres to inform patient of safe depths to exercise in.

Spectators / Family members / Carers:

It is not normal practice to allow spectators on to the poolside. This to ensure the safety of visitors and patients, allowing them to focus on their therapeutic hydrotherapy without distraction. Preventing spectators by the pool side will ensure that all times staff are focused on monitoring and preventing injury to patients exercising in the pool. Exceptions are made for interpreters for patients and carers required to assist patients engaging in therapy.

Overcrowding:
• All staff must be aware of the number of patients attending each session and recorded on the hydro office white board
• Maximum bather load is 7 including staff (appendix 8). This number will ensure the bather load doesn't negatively impact the optimum filtration and effective water turn-over
• The type and condition of a patient, including how much handling or attention they require, will influence the actual number of patients during a session

Preventing unauthorised access
Plant room and chemical stores doors are locked via key and combination access. In the pool area, the main doors access is via swipe cards and are only open when members of staff are present. Once the sessions are finished all outside changing room/office and cool room doors are locked and the main access doors are closed to prevent any further access of members of the public or patient within the hospital.

In an Emergency (also see Emergency Action Plan folder – Hydro office)

Alarms:
Emergency pull cords are placed around the pool including all changing rooms and waiting areas to alert staff if a patient has fallen or has become unwell. There are three emergency cords in the pool area to alert staff of an unwell patient within the water. There are two separate fire alarms located by the fire exits.

Procedure in the event of an outbreak of a fire or activation of the fire alarm:
Raise the alarm by activating the nearest fire call point (break glass) call switch board on 2222 give full details of where the fire is what is involved and any known potential hazards that may develop.
Using the fire-fighting equipment provided, but only if this can be done without taking unnecessary personal risks and having received the correct training to do so.

General pool area evacuation procedures
On hearing a Constant alarm in Hydrotherapy, all staff must commence evacuation of patients. The Hospital adopts a lateral evacuation procedure, evacuate all members of the public to the next closest zone (clinic 10), where patients can get dressed.
Ensure all fire doors are shut on your way out.
Do not re-enter the zone/building until told to do so by the Fire Officer.

Emergency Acton Plan (red folder – held in the hydro office), should be given to the Fire Officer or attending Fire Brigade, as it contains the layout and a lists the chemicals held in the Hydro Plant Room.

On hearing an intermittent alarm, prepare to evacuate the pool if the alarm changes to a constant or instructed by the fire officer or fire brigade.

Plant room chemical spillage or gas release:
Immediately evacuate the area and raise the alarm. Plant room chemical spillage action plan (appendix 10) also held in the Emergency Action Plan (red folder) in the Hydro Office.

Electrical - Lighting or Power failure.
In the event of a power failure the emergency lighting in the department will operate and stop the hydro session. If a clinician identifies a power failure, they will need to inform the Estates department (ext 3005) of the situation and find out the estimated time to repair. The clinician will need to safely evacuate the area if the power is likely to be off for an extended period.

Flooding
Flooding into the pool can cause a contamination. The session should be immediately cancelled and the Hydrotherapy Lead and Estates team contacted.
If sewage contamination has occurred, backwashing the filter and microbiological testing carried out before the pool can reopen.

Flooding in the plant room should be reported to the Hydrotherapy Lead and estates team (ext 3005 and 3813), it is likely the patients session will be cancelled.

Pool water levels.
The water level of the pool should always be overflowing into the pool overflow drain, audibly you should hear the trickling of water run-off.
A prolonged drop can give rogue microbiology results due to the water not being recirculated and the pool having chance to go through its normal cleaning cycles. Therapy staff should discuss with the Hydrotherapy Lead and notify the estates team (Ext 3005) if the water is not overflowing into the run-off drains. The situation should be resolved before restarting the patient sessions.

First aid
A First Aid box is available for staff and patient use in the event of a non-emergency injury, in the Hydro office. The crash trolley is situated in the Hydro corridor (Adults and Paeds equipment, including suction and oxygen). All staff members present within the department will have undertaken Basic Life Support training in-line with their mandatory training responsibilities. The pool Evac board is checked and documented as being regularly inspected.

If a patient becomes unwell OUTSIDE of the water, initially the Assistant will assist. If more assistance is required, the Aquatic Therapist will assist or request more assistance by pulling the “emergency cords” and Clinic 10 staff will attend. Either the situation resolves or escalated by Ringing 2222, Medical Emergency Team or Cardiac arrest team. (Emergency Action Plan folder in the Hydro Office and/or POP manual 11.0 Emergency Action Plan).

If a patient becomes unwell IN the water, the emergency procedure/ Evacuation outlines in POP manual (Emergency Action Plan11.0), to be followed.

Faeces, Vomit and Blood contamination
See POP manual Protocols Appendix E and F and/or Emergency Action Plan folder in Hydro office.

Staff member becomes unwell, pull the emergency cord to alert Clinic 10 staff to assist. If no other member of staff is not available to cover the session will be cancelled.

Failure of pool equipment (including Evac or Hoist)
All faults to be reported to the Hydrotherapy Lead and Estates Helpdesk (ext 3005).
A session can go ahead providing the Evac boards is operational, otherwise all sessions will be cancelled, until the Evac board is repaired or replaced.

After an incident or a near-miss, the Aquatic Therapist leading the session will complete a Datix and discuss with the Hydrotherapy Lead (POP manual 11.0 Record Keeping).

Escalation of faults – Summary

The Hydrotherapy pool will be closed immediately to patients in the event of the following:

- If the water becomes cloudy or discoloured in any way
- If there is a sudden and excessive smell of chlorine from the pool water.
- Multiple patients or staff report skin or eye irritation.
- The chlorine level, pH or Temperature are outside acceptable ranges (see POP manual and / or Hydro Reading Parameters (appendix 4)
- Gross microbiology results. Please refer to POP manual or Emergency Action Plan Folder (in the Hydro Office) for appropriate action.
- Power failure in plant room
- Gross contamination of the pool water (Vomit/faeces/sewage flooding)

Any faults or abnormal results/events should be reported / escalated to the following:

The Aqua Therapist running the session

Hydrotherapy Lead (in person or by phone)

Reported to Helpdesk (Ext 3005 – Urgent)

Therapy Manager / Pool Responsible Person

Skanska / Sterling HydroTec / ESC Global

Pool Management Group (urgent meeting)

Operational Water Safety Group

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Microbiological results	Hydrotherapy Lead / IPC	Emailed weekly results.	Weekly	Pool Management Group (see flow chart p.13/14)
Water chemistry	Hydrotherapy Lead	Chemical Checks sheet (appendix 2) and Zeta	Daily	Pool Management Group
Water temperature	Hydrotherapy Lead	Chemical check sheet (appendix 2) and Zeta	Daily	Hydrotherapy Lead
Helpdesk incidents	Hydrotherapy Lead	Hydro incident report form	Quarterly	Pool Management Group
Safety Equipment inspection	Hydrotherapy Lead	Chemical Check sheet (appendix 2)	Daily	Hydrotherapy Lead
Basic Life Support Equipment	Hydrotherapy Lead	Paper checklist (appendix 9)	Daily	Head of Therapy
Pool Rescue Training	Hydrotherapy Lead	Hydrotherapy U-drive	Quarterly	Hydrotherapy Lead
Water testing competencies	Hydrotherapy Lead	Pool Management Group	quarterly	Pool Management Group
Bather load	Hydrotherapy Lead	Chemical check sheet (appendix 2)	Daily	Hydrotherapy Lead

8.0 TRAINING AND IMPLEMENTATION

8.1 New staff induction: Training given to Hydrotherapy staff as part of the induction into Hydrotherapy and plant room procedures and checks (see appendix 7).

8.2 Pool water testing: All staff who carryout Pool Water Testing, completed competency training and documentation (Appendix 11) is completed and a record of training is held on the Pool Management Group committee workbook.

8.3 Aqua Therapist leading session and Hydrotherapy working in the pool and clinic 10: Complete pool equipment competencies (appendix 12) and Annual Pool Rescue. The Pool Rescue training given is outlined in appendix 13.

8.4 All Therapy staff complete Mandatory training – which includes, BLS, manual handling and infection control. Training attendance is recorded on Staff ESR accounts.

8.5 Staff using the pool will be made aware of the Policy Document, Emergency Action Plan folder and POP manual, kept in the Hydrotherapy Office.

8.5 Plant room training – Hydrotherapy lead and ideally one other support staff, will completed the "National Pool Plant Operators Certificate" and updates (every three years). Training will be recorded in the PMG committee workbook.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 14
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 15

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

Health and safety Regulations

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations
- Control of Substances Hazardous to Health (COSHH)
- RIDDOR obligations for incident reporting
- PWTAG – Swimming Pool Water (Pool Water treatment advisory group)

Infection Control

- Trust infection control policies
- PWTAG – Swimming Pool Water (Pool Water treatment advisory group)

Related SFHFT Documents:

- POP manual
- Emergency Action Plan (red folder in the Hydro office)
- PWTAG Swimming Pool Water manual

11.0 KEYWORDS

Hydrotherapy, aquatic therapy Pool safety, rehabilitation, water quality, NHS trust, clinical gov, patient safety, infection control

12.0 APPENDICES

1 Hydro referral screening / referral form

2 Chemical Testing Readings

3 Zeta mobile SOP

4 Hydro Reading Parameter

5 Hydro and Plant room checks

6 Hydro and Plant room daily key tasks

7 Hydro assistant Induction and Hydro set-up procedure

8 Maximum Bather load

9 Basic Life Support equipment log

10 Emergency Action Plan – Plant room chemical spillage

11 Pool water testing competency assessment

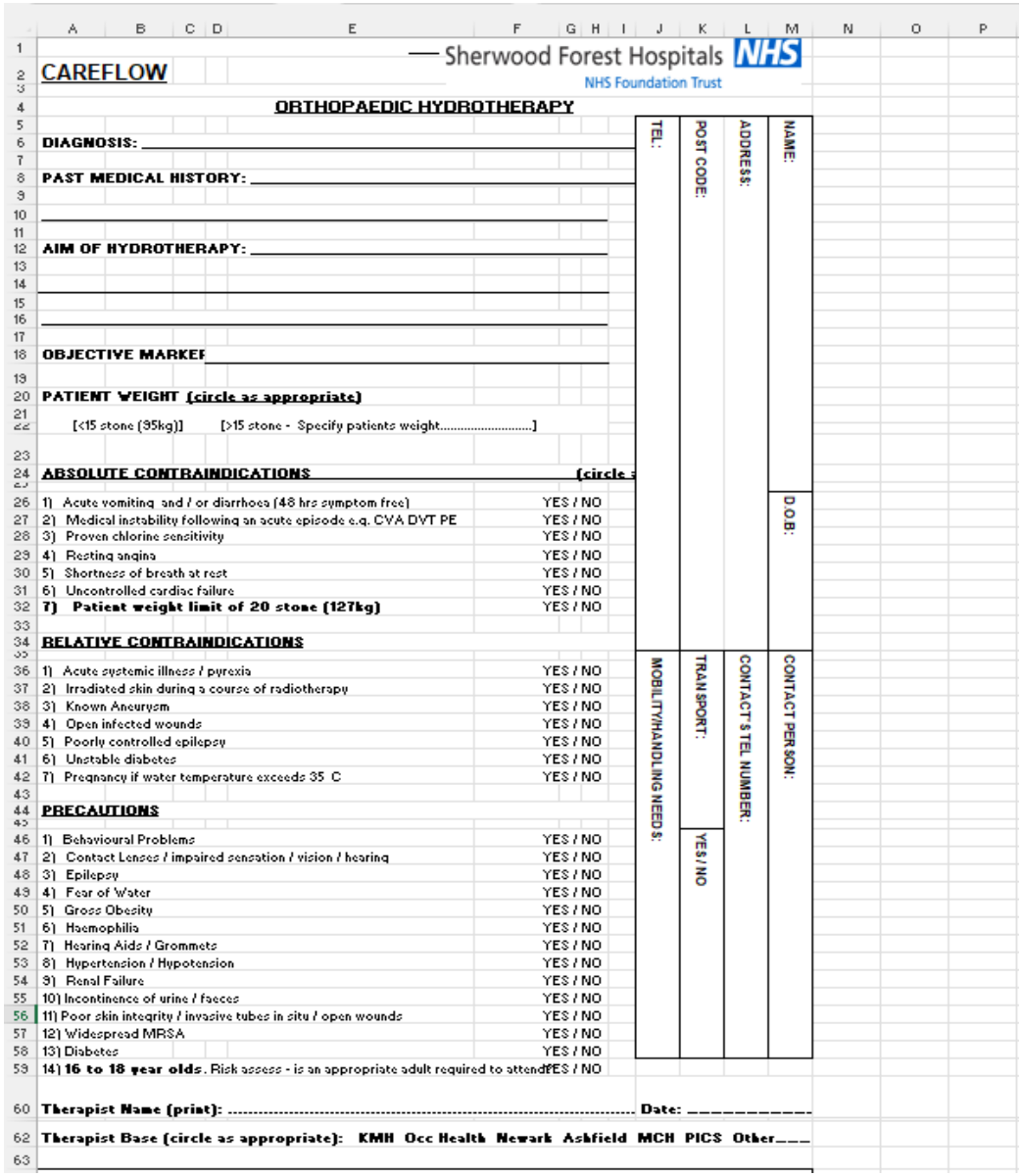
12 Pool equipment competency assessment

13 Pool Rescue procedure

14 Equality Impact Assessment

15 Environmental Impact Assessment

Appendix 1 - Hydro referral screening / referral form



CAREFLOW — Sherwood Forest Hospitals NHS Foundation Trust

ORTHOPAEDIC HYDROTHERAPY

DIAGNOSIS: _____

PAST MEDICAL HISTORY: _____

_____

AIM OF HYDROTHERAPY: _____

_____

_____

OBJECTIVE MARKEF _____

PATIENT WEIGHT (circle as appropriate)

[<15 stone (95kg)] [>15 stone - Specify patients weight.....]

ABSOLUTE CONTRAINDICATIONS (circle

1) Acute vomiting and / or diarrhoea (48 hrs symptom free)	YES / NO
2) Medical instability following an acute episode e.g. CVA DVT PE	YES / NO
3) Proven chlorine sensitivity	YES / NO
4) Resting angina	YES / NO
5) Shortness of breath at rest	YES / NO
6) Uncontrolled cardiac failure	YES / NO
7) Patient weight limit of 20 stone (127kg)	YES / NO

RELATIVE CONTRAINDICATIONS

1) Acute systemic illness / pyrexia	YES / NO
2) Irradiated skin during a course of radiotherapy	YES / NO
3) Known Aneurysm	YES / NO
4) Open infected wounds	YES / NO
5) Poorly controlled epilepsy	YES / NO
6) Unstable diabetes	YES / NO
7) Pregnancy if water temperature exceeds 35 C	YES / NO

PRECAUTIONS

1) Behavioural Problems	YES / NO
2) Contact Lenses / impaired sensation / vision / hearing	YES / NO
3) Epilepsy	YES / NO
4) Fear of Water	YES / NO
5) Gross Obesity	YES / NO
6) Haemophilia	YES / NO
7) Hearing Aids / Grommets	YES / NO
8) Hypertension / Hypotension	YES / NO
9) Renal Failure	YES / NO
10) Incontinence of urine / faeces	YES / NO
11) Poor skin integrity / invasive tubes in situ / open wounds	YES / NO
12) Widespread MRSA	YES / NO
13) Diabetes	YES / NO
14) **16 to 18 year olds**. Risk assess - is an appropriate adult required to attend?	YES / NO

TEL: | POST CODE: | ADDRESS: | NAME:

D.O.B:

MOBILITY/HANDLING NEEDS: | TRANSPORT: YES / NO | CONTACT'S TEL NUMBER: | CONTACT PERSON:

Therapist Name (print): ..... **Date:** _____

Therapist Base (circle as appropriate): KMH Occ Health Newark Ashfield MCH PICS Other___

Appendix 2 - Chemical Testing Readings

Test			Monday		Tuesday		Wednesday		Thursday		Friday	
	Pool range	Frequency	Pool	Plant	Pool	Plant	Pool	Plant	Pool	Plant	Pool	Plant
Air temp	NOP	Am										
	Ideal 25-30 Deg C	Mid										
		Pm										
Humidity	**<60%**	Am	---X---		---X---		---X---		---X---		---X---	
		Mid	---X---		---X---		---X---		---X---		---X---	
		Pm	---X---		---X---		---X---		---X---		---X---	
Water Temp	<32-36 deg	Am										
	Ideal 34.5 deg	Mid										
	Max 36 deg	Pm										
pH	NOP	Am										
	(7.0 to 7.4)	Mid										
	Target 7.35	Pm										
Free Chlorine (FC)	NOP	Am										
	(>0.75 to 3)	Mid										
	Ideal 1.15	Pm										
Total Chlorine (TC)	NOP	Am										
	0.75 - 4	Mid										

FC+CC=TC		Pm					
Combined Chlorine (CC) TC-FC=CC	**Max 1.0** Ideal < 50% of FC	Am					
		Mid					
		Pm					
Operational Bather Load	(No. of pts in the pool	am					
		pm					
	Max 60/day	Total					

Checks	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Gratings checks / pool cover	/	/	/	/	/
Arjo hoist / Keifer board checks	/	/	/	/	/
Pool water clarity (able to see pool floor)					
Checks **Comments and action taken:**	Sod Hypo. _____ L PAC _____L Sod Bisulphate _____L UV _____ Doser Filter _____ Pumps 1+2 _____ Pressure IN _____ OUT_____	Sod Hypo. _____ L Sod Bisulphate _____L UV _____ Doser Filter _____ Pumps 1+2 _____ Pressure IN _____ OUT_____	Sod Hypo. _____ L Sod Bisulphate _____L UV _____ Doser Filter _____ Pumps 1+2 _____ Pressure IN _____ OUT_____ Backwash _____	Sod Hypo. _____ L Sod Bisulphate _____L UV _____ Doser Filter _____ Pumps 1+2 _____ Pressure IN _____ OUT_____	Sod Hypo. _____ L PAC _____L Sod Bisulphate _____ L UV _____ Doser Filter_____ Pumps 1+2 _____ Pressure IN _____ OUT_____

(Contact Pool Lead / Therapy Manager if any concerns)					
Sign	/ /	/ /	/ /	/ /	/ /

Water Balance Test	**Compliance range**	**Readings**	**Index**
pH	7.0 to 7.4	xxxxxxxx	pH reading=
Pool water Temp	<32 to 36		Index= +
Calcium Hardness	75 to 150 mg/l		Index= +
Total Alkalinity	80 to 200 mg/l		Index= +
Total Dissolved Solids (TDS) factor	Ideally<1000 mg/l above source water (400ppm) value		(**Minus index**) = -
Total water balance	Ideally 0 (+/- 0.5)	Sign ……	Water Balance =

Appendix 3 - Zeta mobile SOP

Zeta mobile – Hydrotherapy flushing and water testing results - SOP
From Oct 2023, the Hydro team started recording flushing in the hydrotherapy pool water outlets on David Price's request.

Aim is to get staff trained on recording water testing and flushing values on Zeta on the handheld device (stored with charger in the bottom draw of the filing cabinet).

- Flushing the hydro pool water outlets is carried out twice a week (Monday and Thursday).
- Recording the water testing results is recorded twice a day (morning and noon). Note the third set of results to be eventually tested and recorded by Skanska.

Hydro Zeta mobile:
Switch on/off – righthand side button
Password (may be requested) – same as user name kmhhydro
Swipe up – Enter Passcode - 622515
If home screen appears – press blue Zeta app symbol (bottom of screen)

1. Press on the "Zetamobile" logo/wording (top of the screen)
2. Select "Change Role"
3. Select role. Either:
   "Client Basic" – plant room water testing results OR
   "Location Basic (10 locations)" – Hydro pool water outlet flushing

4. **"Client Basic" - Plant room water testing results:**

(The Plant room water testing results are uploaded to the Zeta App x2 per day)
Once all the water testing results have been carried out and recorded on the paper sheets in the plant room, results can be recorded on the Hydro Zeta mobile.
Change the "role" to "Client Basic" – plant room water testing results (see above 1 to 3)

4. Press Scan "icon" and scan plant room barcode (Estates Department, Skanska Facility Service, Asset code HYR001), below and left of the Kuntze doser machine on the wall
5. Enter and record data for each of the following, by pressing on each variable in turn:

- **Air temperature (pool)** – enter results and press "Done" (top right)
- **Water temperature (pool**) – enter results and press "Done" (top right)
- **Humidity** – enter results and press "Done" (top right)
- **pH** – enter results and press "Done" (top right)
- **Free Chlorine** – enter results and press "Done" (top right)
- **Total Chlorine** – enter results and press "Done" (top right)
- **Combined Chlorine** – enter results and press "Done" (top right)

6. If all results are within normal operating limits, press "Review" - (bottom left of screen)
7. Press "Synchronise" (may take a few seconds to link to internet)
8. and reading will be uploaded to the Zeta App.
9. Turn off mobile and return to bottom draw of the filing cabinet (hydro office).

If results are outside normal operating values, and action is required by Skanska, press "action required" and continue.

Skanska should get a message and make necessary adjustments. If the reading remain continuously outside normal operating values, report Hydro Lead and/or to helpdesk (urgent).

5. **Outlet FLUSHING in Hydrotherapy:**

(The Hydrotherapy Pool outlets are flushed twice a week (Monday and Thursday)
Change the role to "Location Basic (10 locations)" , by pressing "Zetamobile" logo, "Change Role" (Steps 1 to 3 see above)
Select "Location Basic (10 locations)

10. **Run all outlets; taps and showers for 3 minutes, flush toilets, run water cooler 10 seconds, cleaner room sink run for 3 minutes**
11. Each outlet has a barcode which is scanned using the Zeta mobile
12. Press scan icon (bottom middle) and hold up to each barcode
13. Outlet information data will appear
14. Press : Trust - Outlet Flushing (Mon/Thurs) section
15. Select result:

Green circle – Outlet flushed
Red circle - Unable to flush – Outlet faulty
Orange circle - Unable to flush – Access Denied

1. Press Done (top right)
2. Outlet data appears with a line through in
3. Press scan icon and scan the next barcode and repeat the above steps
4. Once all outlets have been scanned and recorded press "Review 14 or 15 (bottom right)
5. Task results = 14 or 15 will appear
6. Press "Synchronise"
7. Data will now be uploaded to the Zeta App

If any outlets have been missed they will appear, press on them, to get more information and either scan or mark as unable to flush. Ignore the Hydrotherapy Plant Room (Skanska are doing this)

1. Press Done (top right)
2. Press Review (bottom right)
3. Synchronise (to upload information to Zeta App)
4. Once completed, turn off and store in the bottom draw of the filing cabinet

Any questions or issues contact Andrew (ext 4273 or 07952102679)

Appendix 4 - Hydro Reading Parameter

Hydro Reading Parameters

	Ideal / target	Acceptable range	Extra Precautions	Consider cancelling session / action required before session can go ahead – discuss with Hydro Lead (Andrew)
Pool water Temperature	**34.5 deg C**	<32 to 36	**Over 35 deg C** – not suitable if trying or pregnant, planning or having IVF **Over 35.5 deg C** – Transdermol patches not suitable (keep out of water or remove), can give a larger dose of medication at high temperatures Higher Reduce session time, a less active session, watch for patients overheating, have water at poolside and after in the cool room Lower Reduce session time, watch for patient chill, not suitable for less active or frail patients	**>36**
pH	**7.35**	7.0 to 7.4		**<7.0 or > 7.6**
Free Chlorine (FC)	**1.25**	0.75 to 3	Top FC level – advise pts to shower after session	**<0.75 or >5.0**
Combined Chlorine (CC)	**< 50% of FC (close to 0)**	0 to 1		**>1**

Note // For more information see Andrew Southgate (Therapy Lead) or Pool Standard Operating Procedure (PSOSP)

Appendix 5 - Hydro and Plant room checks

Hydro and Plantroom Check list

Daily

Pool area:

- X3 chemical testing (am / noon / pm)
- Check pool environment (smell/sound (trickling water)/ water clarity)
- Record pool water and air temperature
- Ensure chemical testing reading are recorded on white board in hydro office and within parameters (if not discuss with Hydro lead/Physio)
- Record key chemical results on Zeta device (AM and NOON) – bottom draw of filing cabinet
- Inspect pool cover for mould (under and top side
- Hydro Pool outlet flushing (recorded on Zeta device) – Mon and Thurs each wee
- Additionally flush all showers DAILY for 3 minutes (record on Zeta device)
- Inspect Hoist / Evacuation board
- Check and document BLS equipment (including Oxygen, suction and Defib) and hoist plinth
- Inspect changing rooms / showers / cool room
- Check mop and bucket are clean (change mophead daily)
- Check floats stored away correctly (not touching, able to drip-dry)
- Order towels and dressing gowns (Helpdesk ext. 3005)
- Top-up blue overshoe dispenser (monitor stock levels)
- Regularly mop both pool surround and changing rooms between patients (use pool water)
- Inspect/clean pool equipment/floats/weights/paddles
- Record the number of patients that attend each session (include the Aquatic Therapist) on the whiteboard (AM and PM)
- Ensure all doors are locked (including office, cool room and changing rooms) at the end of each session, on leaving the Hydro pool unsupervised

Plant room:

- Sign in/out plant room log
- Environmental checks (sound – hum of the pumps / no water on floor)
- No alarm/warning lights
- Check Doser machine / pumps / UV / Air Heating Unit (humidity, water and air temperature)/ filter In and Out pressure gauge)
- Check and record chemical levels (Sodium Bisulphate (acid)/PAC (flocculant)/Sodium Hypochlorite (disinfectant)

Weekly

Pool area:

- Sweep pool floor corners and bottom of pool (Wednesday morning before paeds session)
- Brush/clean grating with new “blue” brush and using pool water
- Check diary, ensure physio / assistant cover for the weeks sessions (check diary)
- Microbiological water sample is taken by ESC Global (11.00am each Thursday)

Plant room :

- Backwash and inspect holding tank (Wednesday morning before paeds session) – (*see Backwash SOP document)*
- Weekly doser filter change *(see Filter change SOP document inplant room folder)*
- Complete weekly (Monday) water balance calculation *(see Water balance SOP document)*
- Monitor and record (Monday and Friday) chemical consumption levels. *(see Chemical usage and stock record document)*

Monthly

Pool area:

Second Tuesday afternoon of each month (MSK IST) cleaning as no hydro session:

- Clean top of grating (using new “blue” brush). Use 100mg/l of sodium hypochlorite in tap water.
- Clean pool transfer channel (using old “white” brush). Use 100mg/l of sodium hypochlorite in tap water.
- Clean waste transfer channel (using old “white" cleaning brush). Use 1,000mg/l of sodium hypochlorite in tap water (avoid water getting into the transfer channel or pool).
- Clean/wipe underside of pool cover as it’s being rolled up first thing in the morning - use 1,000mg/l of sodium hypochlorite in tap water and cloth
- Clean underside of grating, scrubbing brush with sodium bicarbonate

Inspect ceiling vents (for dust/dirt build-up)

Plant room :

Water meter reading

Quarterly

Legionella water sample testing (Skanska)

Yearly

Pool

Hoist safety checks (? Arjo)

Balance tank inspection / clean (Sterling)

Plant room

Plant room inspection by Streling (including Filter inspection)

Every 5 years

Plant room

Change filter medium

Appendix 6 – Hydro and Plant room daily key tasks

Hydro Assistant - Pool Daily Tasks

Before patients arrive:

- **Carry out pool water chemical checks and record results (Zeta App and whiteboard) – report any problem to the senior**
- **Flush showers for 3 minutes daily and record on Zeta device**
- **Flush toilets + sinks for 3 minutes every Mon and Thurs, record on Zeta device**
- Basic Life Support equipment checks (record on form)
- Collect the folder and patient lists for the day
- Turn on the lights, fans and speaker
- Unlock the changing rooms
- Remove the pool cover
- Check for any visual problems with the pool and report to senior
- Put-out the required hydro floats
- Ensure that the pool area is tidy

When patients arrive:

- Meet and greet patients as they arrive and check them off the patient list
- Remind all patients and staff to shower before getting in the pool
- Ensure all patients and relatives remove shoes or wear shoe-covers
- Ask patients of any changes in their health since their last session
- New hydro patients, explain about the pool, appointments and hydration etc.
- Inform the physiotherapist of any issues concerning the patient
- Mark DNA or UTA patients on the clinic sheet (see policy document displayed)
- Help patients with mobility requirements e.g. carrying baskets etc.

During pool sessions:

- Keep all floor areas as dry as possible
- Ensure changing area is clean between patients
- Check drinking water machine that the filter is working and there are plenty of cups (cups can be found in the back office)
- Bag any used linen (towels etc.) and take to the sluice area for collection
- Provide any assistance for patients and physiotherapists in the pool if required
- Get patients water if needed
- Record patient numbers going in the pool for both AM and PM sessions (include Aquatic Therapist) on the whiteboard
- Ensure transport is rung to collect patients where necessary

After the clinic has finished:

- Put equipment away
- Clean all areas
- Empty and rinse out mop bucket (ensure the mop head is changed daily)
- Put pool cover on
- Switch everything off (radio, fan, lights etc.)

- **Lock all outside changing room, cool room, office and main doors**

Appendix 7 – Hydro Assistant Induction and Hydro set up procedure

Hydro Assistant Induction
Hydrotherapy Setup Procedure

Before the session starts

- Carry out pool water chemical checks and record results (Zeta App and whiteboard) – report any problem to the senior (Andrew – 07952102679 or Senior Physio / management)
- Pool chemical checks must be carried out and checked before a hydro session can go ahead, any concern escalate up to Senior / management
- Check Hydro diary, to ensure Pool Chemical testing is covered, if NOT report to senior (Andrew/Richie)
- Daily Basic Life Support equipment checks (record on form)
- Collect the folder and patient lists for the day, from main reception in Clinic 10
- Hydro main office door – code 154
- Turn on the lights, fans and speaker
- Unlock the changing rooms and cool room door
- Remove the pool cover (key in safe), ensure cover is rolled away as straight as possible
- Check for any visual problems with the pool and report to senior
- Take out the required equipment
- Ensure that the pool area is tidy
- Check sufficient towels, order if necessary (Helpdesk ext 3005)

During the session

- Meet and greet patients as they arrive and tick them off on the booking sheet
- Briefly explain procedure to all new patients (good shower before entering the pool, baskets, wearing overshoes/remove etc)
- Ask patient of any changes in their health since the last session or referral
- Ensure all patients and staff shower well before entering the pool
- Remind physiotherapist of patient's names as they enter the pool !
- Record on booking sheet if a patient is 'Unable To Attend' (UTA) or patients "Did Not Attend" (DNA).
- Remain around poolside/office area to help patients in/out of pool
- Help patient with mobility requirements (eg carrying baskets etc)
- Keep poolside and changing rooms as clean and dry as possible, using mop
- Record patient numbers for each morning and afternoon sessions (on the whiteboard)

- **At end of the session**
- Put away pool equipment back on shelf
- Ensure floors dry
- Empty both mop buckets (change mop head daily)
- Ensure ALL changing room /office and cool room doors are LOCKED
- Check & fill blue overshoes (kept in store cupboard)
- Take dirty towels to store/rubbish area in clinic 10

- If last session, put cover on and return key to key safe
- Switch off lights and ensure all doors are locked

Ensure all changing room, office and cool room doors are locked if the pool is left unattended.

Assistant staff training required:

Name……

Training	Date completed
Trust / Therapy Services induction	
Basic Life Support (BLS) in hydro	
Awareness of Emergency pull cords and Emergency Medical Team numbers (2222) and procedure (by phone)	
Hoist/evacuation board/plinth competencies completed	
Pool water (chemical) checks competencies	
Dealing pool contamination (blood, vomit or stools). (See SOP displayed on notice board)	
Recording pool water checks on whiteboard and on the Zeta App Twice weekly FLUSHING and record on the Zeta App (SOP stored with Hydro mobile)	
Daily BLS equipment checks SOP with equipment	

Other documents (displayed in Hydro office):

1. Hydro Assistant – Pool Daily Tasks
2. Daily pool water chemical testing timetable
3. Hydro and Plant room daily key tasks
4. Hydro and Plant room checklist – Daily/weekly/monthly
5. Pool rescue training content and handout - discuss

Appendix 8 – Max. bather load

Sherwood Forest Hospitals Trust Hydrotherapy Pool

Maximum Bathing load
(greatest number of patients in the pool at one time)
is 7 people per 30 minute session

Source : PWTAG and HSE Publication Managing Health and Safety in Swimming Pools (HSG179)

Appendix 9 – Basic Life Support equipment log

Sherwood Forest Hospitals NHS Foundation Trust – Resuscitation Department

Flushing and Emergency Equipment Daily Check Log

Department:____HYDRO____Month: …….. Year ……

Day	Defibrillator in full working order  ***Pads stored within Resuscitation Trolley***	Portable suction Yankaeur and suction tubing present unopened & indate ***check daily***	Portable suction Functionality of machine ***check weekly***	Oxygen Cylinder Full, in date & non re- breathe mask present	MEMD supplied sealed & in date Resus Trolley	Daily flushing (all units) + Mon & Fri (Showers)
1st			Sign & date			
2nd						
3rd						
4th						
5th						
6th						
7th						
8th			Sign & date			
9th						
10th						
11th						
12th						
13th						
14th						
15th			Sign & date			
16th						
17th						
18th						
19th						
20th						
21st						
22nd			Sign & date			
23rd						
24th						
25th						
26th						
27th						
28th						
29th			Sign & date			
30th						
31st						

Please sign in each column when check has been completed

Appendix 10 – Emergency Action Plan – Plant room chemical spillage

Emergency Action Plan - Plant room chemical spillage

4 chemicals used/stored in plant room:

- Sodium Hypochlorite (alkaline) – liquid 20 L
- Poly Aluminum Chloride (PAX) (acidic) – liquid 20 L
- Sodium Bisulphate (acidic) - dry chemical
- Sodium Bicarbonate (alkaline) – dry chemical

Safety Data sheets displayed in the plant room and the hydro office
Liquid chemicals stored on appropriately sized bunds
Dry chemical stored in plastic containers
Protective clothing must be used when dealing with chemical spillages (Wellington boots, Apron, Gloves and goggles – stored in the plant room cabinet).

Liquid spillages:
For small spillages (less than 45 litres)
Spill/leak onto the plant room floor, should be washed to the foul drain (far right-hand side of the plant room or the drench shower drain) with copious amounts of water.
If spill/leak into a bund, the chemical liquid should be washed to the foul drain (far right-hand side of the plant room or the drench shower drain) with copious amounts of water.

For lager spillages (greater 45 litres)
The fire and rescue services should be called for larger spillages (greater 45 litres) or where chemicals are accidently mixed.

Chlorine Gas release:
In the unlikely event of acid (sodium bisulphate or Poly Aluminum Chloride (PAX)) mixing with an Alkaline (Chlorine - Sodium Hypochlorite), there is a risk of a Chlorine gas release - a yellow-green gas with a pungent irritating odour similar to bleach.
Evacuate the plant room. Press the fire alarm (to evacuate the whole of -1 level) and call 2222 request the fire brigade for a chemical gas issue (chlorine gas).
Give the “Emergency Action Plan” folder (held in the Hydro Office) to the Fire Brigade, which lists the chemicals stored in the plant room (Chemical Safety Data Sheets).

Dry chemical spillages:

Dry chemical spillages should be swept up and placed in a dry, clean bagged up and helpdesk contacted to arrange for hazardous waste disposal. The area should be washed down with copious amounts of water to the foul drain (far right-hand side of the plant room or the drench shower drain).

Action:
Completed incident form.
Ensure chemical spillage SOP is displayed in the plant room and in the Emergency Action Plan folder (hydro office)

Appendix 11 – Pool water testing competency assessment

Self Assessment Competency Statement

Hydrotherapy Pool Water Analysis

Do not use this equipment/procedure unless you are competent to do so.

Surname:	Forename:
Title (Mr/Mrs/Miss/Dr. etc)	
Job title/Designation	
Dept/Division/Ward/Unit	Dept/Ward Leader

Self- verification of competence is undertaken by assessment against the following statements overleaf. These statements are designed to indicate competence to use the equipment/procedure allocated to carry out the Hydrotherapy Pool Analysis. Responsibility for use/procedure remains with the user.

Carry out an initial assessment. You must be able to answer '**yes'** to all the questions before considering yourself to be competent.

If you answer '**no'** to any of the questions then you must instigate learning and then repeat self-verification until you are able to answer '**yes'** to all the questions.

If you are in any doubt regarding your competence to use the equipment/procedure to carry out the Hydrotherapy Pool Analysis, you should seek further education to bring about improvement. This will be done initially by contacting either Andrew Southgate (Hydrotherapy Lead) or Karen Street, Therapy Operational Manager
Clinic 10, Ext 4274.

Statement: Having looked at the questions overleaf and taking into account my personal assessment of my competence with the devices/procedure, I declare that I am competent to carryout Hydrotherapy Pool Analysis without further training. Signature Date Print Name

Verification of signature only, not of competency as this is a self assessment: Signature Date Print name Designation

I require further training before I can carry out the Pool Water Analysis in a competent manner. Signature Date

Indicate how you plan to meet your learning needs:

Your evidence of assessment should be completed with the relevant trainer; a copy of the signature page of the documentation will then need to be forwarded to Karen Street, Therapy Operational Manager. This will then be entered onto the Electronic OLM system. The original copy will then become part of your portfolio. This evidence will also be used to support the appraisal system in line with Agenda for Change.

Before attempting the Hydrotherapy Pool Water Analysis competency, you must have had supervised training from Andrew Southgate (Hydrotherapy Lead).
These are the questions you need to ask yourself to ensure you are able to use the equipment safely. Can you answer 'Yes' to all these questions, if not you should seek additional training / clarification ?

Know pool reading should be carried out and recorded x3 per day	Yes / No
Know pool readings must be recorded in both the plant room (weekly record sheets) and on the Whiteboard in the Hydro Office.	Yes / No
Pool area	
Complete checks in Hydro Pool area:	Yes / No
1. appropriate pool water + room temperature	Yes / No
2. visual condition of the water (eg clear / cloudy)	Yes / No
3. no condensations on walls or ceiling	Yes / No
4. no strong smell of Chlorine	Yes / No
5. constant trickling sound of water into the pool gully	
Know to collect water sample from half-way up the pool (using the stick and bottle).	Yes / No
Know that the Plant Room key is accessed and returned to the Key safe in the Hydro Office	Yes / No
Plant room	Yes / No
Know to sign in the "Plant Room Signing in Log" folder	
Initial checks on entering:	Yes / No
Constant hum from the pumps	Yes / No
No water/liquid on the floor	
Can you locate and identify the following:	Yes / No
1. Emergency power stop button	Yes / No
2. Wall dosing controller (Kuntze Neon Multi)	Yes / No
3. Dosing controller filter	Yes / No
4. Water sample reader (Lovibond MD 100) machine	Yes / No
5. Electrical Unit	Yes / No
6. Sodium Bisulphate (Acid) container	Yes / No
7. Sodium Hypochlorite (Chlorine) container	Yes / No
8. Poly Aluminium Chloride (PAC/Flock) container and pump	Yes / No
9. UV unit	Yes / No
10. UV panel	Yes / No
11. Air Heating Unit (AHU) – humidity, air and water temperature	Yes / No
12. Electrical panel	Yes / No

13. Chemical storage bunds	Yes / No
14. Pump 1 and 2	Yes / No
15. Filter pressure gauges	Yes / No
16. Backwash written procedure	
17. Emergency eyewash and drench shower	Yes / No
18. Warning lights on the wall Dosing control, Electrical panel or UV panel	
	Yes / No
<u>Check and record on the Pool readings record sheet</u> :	Yes / No
1. Humidity, Air and Water Temperature (Air Heating Unit)	Yes / No
2. UV control panel reading	Yes / No
3. Both pump 1and 2 are operating normally	Yes / No
4. Level of the “Sodium Bisulphate - Acid”	Yes / No
5. Level of the “Sodium Hypochlorite - Chlorine”	Yes / No
6. Level of the “Poly Aluminium Chloride – PAC/Flock”	Yes / No
7. Visual condition of the pool water	
8. Check the pool floor, grating and pool wall conditions	
Any concerns/discrepancies documented in “Plant Room Signing in Log” folder , discuss with Andrew or Karen before reporting to Medirest Helpdesk on Ext 3005	
NOTE : If levels are low, document on the Pool reading record sheet, top-up (if trained to do so) or report to Andrew Southgate (Hydrotherapy Lead) or Karen Street, Therapy Operational Manager (Ext 4262))	
	Yes / No
<u>Water readings:</u>	Yes / No
1. Locate two clear test tubes	
2. Locate water sample reader (Lovibond MD 100) & switch ON	Yes / No
3. How to complete and record the “Ph” testing using Phenol Red tablet and first test tube	Yes / No
4. How to complete and record the “Chlorine Free” test using the second test tube, No 1 tablet.	Yes / No
5. How to complete and record the “Chlorine Total” using the same second test tube and dissolving in Tablet No. 3	Yes / No
6. Know that the “Total Chlorine” minus the “Free Chlorine” value gives you the “Combined” value.	Yes / No
7. Record readings on the plant room Pool record sheet in “Pool Water Test Readings” folder.	Yes / No
8. Know to record reading and complete comments on suitability of Pool use, on hydro office whiteboard.	Yes / No
9. Know that the pool environment, water and reading must all be checked/recorded and within operational parameters before the pool can be used	
NOTE // a crib sheet of the procedure to carry out the test and the normal parameter are in the front of the “Pool Water Test Reading” folder	
	Yes / No
Know if values outside indicated parameters, indicated on log sheet or significantly different to the values displayed on the	

Kuntze Neon Multi panel, repeat water sample readings procedure. If the second sample results are outside parameters, repeat with a NEW water sample and cleaned test tubes.	Yes / No
Know if any discrepancies in the reading remain after repeat testing, then record values/comments in both the log sheet in the plant room and on the whiteboard in the hydro office and take appropriate action (report to Andrew Southgate – Hydro Lead or Karen Street Therapy Operational Manager).	Yes / No
If readings remain significantly outside set parameters discuss with Andrew Southgate or Karen Street. If Andrew and Karen are not available refer to the Pool Water Analysis Standard Operating Procedure (SOP) document.	Yes / No Yes / No
Know where to locate the Pool Water Analysis SOP document.	
Know to lock plant room and return keg to key-safe in hydro office	Yes / No
As well as recording water results on the log sheet, whiteboard ALSO record morning and noon results on the Zeta App. See ZetaMobile SOP.	

Do you know how to report an adverse incident involving a piece of equipment?	Yes / No
Know to report a fault on the equipment (Helpdesk Ext 3005)?	Yes / No

Appendix 12 - Pool equipment competency assessment

Competency Statement Moving and Handling Equipment for Hydrotherapy Pool Equipment Self-Assessment

Do not use this equipment unless you are competent to do so.

Surname:	Forename:
Title (Mr/Mrs/Miss/Dr. etc)	
Job title/Designation	
Dept/Division/Ward/Unit	Dept/Ward Leader

Self- verification of competence is undertaken by assessment against the following statements:
These statements are designed to indicate competence to use the equipment allocated to the Hydrotherapy aea. Responsibility for use remains with the user, so if you are in any doubt regarding your competence to use the equipment, you should seek education to bring about improvement. This can be achieved by accessing your Link trainer, Ward/Dept Leader, or Hydro Lead (Andrew Southgate).
Carry out an initial assessment. You must be able to answer '**yes'** to all the questions before considering yourself to be competent.
If you answer '**no'** to any of the questions then you must instigate learning and then repeat self-verification until you are able to answer '**yes'** to all the questions.

Statement: Having looked at the questions overleaf and taking into account my personal assessment of my competence with the devices, I declare that I am competent to use the moving and handling equipment without further training.

Signature Date
Print Name

Verification of signature only, not of competency as this is a self assessment: Dept/ Ward Leader/Link Nurse /Senior/Trainer/Moving and Handling Coordinator
Signature Date
Print name Designation

I require further training before I can use this moving and handling equipment in a competent manner.
Signature Date

Indicate how you plan to meet your learning needs:

Your evidence of assessment should be completed with the relevant trainer; a copy of the signature page of the documentation will then need to be forwarded to the Moving and Handling coordinator in The Training, Education and Development Department at KMH. This will then be entered onto the Electronic OLM system. The original copy will then become part of your portfolio. This evidence will also be used to support the appraisal system in line with Agenda for Change.

ME320		ME321		ME246		Cover/ Doors	

Appendix 13 – Pool Rescue procedure

Updated pool rescue procedure

In the event of a medical emergency in the pool, the following instructions must be observed by all pool and assisting staff:

- Assisting staff (Clinic 10 staff) are advised to familiarise themselves with positions of equipment required for use during an emergency evacuation in the hydro pool, by attending an annual Pool Rescue Training session.

- Please note that **at least 3 pool rescuers will be required in the pool to evacuate the patient**.

- Assisting Clinic 10 staff may be required to enter the pool also (remove shoes, valuables etc)

- On hearing the pool emergency alarm, assisting Clinic 10 staff that are not required to enter the pool, should take an "Evacuation Instruction Card".

- Once all tasks completed, please stay in pool area in case extra assistance is required.

Evacuation Instruction Card

Ring 2222 to alert Medical Emergency Team to Hydro Pool (opposite clinic 10, level -1). For adult state "cardiac arrest team", for child state "paediatric emergency team".
Get Evac. board to staff in the water
Get resus trolley with defibrillator from hydro corridor (opposite changing room 2) and come through the cool room and place poolside near the hoist
Send a member of staff to top of KTC stairs to direct Medical Emergency Team to Hydro Pool
Collect stretcher trolley from clinic 9.
Get suction machine, face mask, oxygen cylinder and Defib in place
Assist remaining patients out of pool into free changing rooms (thermal blankets, dressing gowns and towels are available)
Get towels from hydro office shelf to dry evacuated patient and surrounding wet area
Open hydro side door to corridor (to allow Medical Emergency Team and equipment to enter)
Assist with Basic Life Support (BLS) if required

The Evacuation:

Pool staff instructions	Poolside staff instructions
Float patient in supine Assess patient and move to evacuation space to right of hoist	Pool assistant to pull emergency cord/button to alert department staff
If patient is unresponsive/unconscious, put call to cardiac arrest/paediatric emergency team. Keep patients head supported to maintain airway. At least 3 staff required in the pool to use the Evac. evacuate Place Evac. board under patient and firmly attach straps	Ring 2222 Confirm location – Hydro, opposite clinic 10 If Adult: "cardiac arrest team" If child/YP <=18: "paediatric emergency team" Give Evac. board to staff in water
Neck collar or straps to be used if you suspect spinal/neck injury	Additional staff enter pool if required
Evacuate patient to right of hoist Turn Evac. board so head is facing deep-end and move patient away from the pool side	At least 1 member of staff to assist the Evac. board from the pool side Use towels to dry patient and surrounding area

Post Evacuation: (assess patients vital signs)

Patient breathing	Patient not breathing	Drowning patient
Monitor until arrival of medical emergency team Place in recovery position if appropriate	Check for response by opening the airway and check for signs of life. Commence CPR (30 compressions and 2 ventilations) at poolside	Check for response by opening the airway and check for signs of life. Patient likely to exhibit abnormal (agonal) breathing. Do Not confuse this with normal breathing. Give 5 initial ventilations, supplemented with oxygen via bag/valve/mask from resuscitation trolley.
Keep patients warm and dry	Dry patient's chest (remove patients costume straps if necessary) and dry surrounding area Keep Evac. board straps in place, in case patient needs lifting onto a trolley	If patient does not respond to initial ventilations provide CPR at a rate of 30 to 2. (Following a drowning ventilation is essential, compression only CPR is unlikely to be successful)
Provide oxygen if required	Attach Defib pads and follow instructions Ensure staff not standing in water, touching the patient or evacuation board when shocking patient	Regurgitation of water and stomach contents is common. If this prevents ventilation, turn the person on their side and remove the regurgitated material using suction if possible. Note // Massive amounts of foam can come from the mouth.

	Repeat CPR, follow Defib instructions and await medical emergency team for further instruction	

APPENDIX 14 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor: Fran Platts		**Date of EIA completion: 15/07/2026**
Department: Therapy Services		**Division: CSTO**
Name of service/policy/procedure being reviewed or created: SFH Hydrotherapy Pool Policy		
Name of person responsible for service/policy/procedure: Andrew Southgate		
Brief summary of policy, procedure or service being assessed: The policy outlines procedures for accessing, operating, maintaining and monitoring the hydrotherapy pool and associated clinical activities, to ensure compliance with Trust infection control, health and safety and safeguarding standards.		
Please state who this policy will affect: Staff involved in the management and delivery of the pool service and also patients that access this facility as part of their therapy management plan. In addition any other stakeholders that utilise the pool within an agreed contract.		
Protected Characteristic	**Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)**	**Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.**
Race and Ethnicity	No	*The Hydrotherapy Pool Policy sets out the arrangements for the safe operation, maintenance, monitoring and governance of the Trust's hydrotherapy pool service. The policy is designed to ensure equitable access to hydrotherapy services for all eligible patients, while maintaining high standards of patient safety, infection prevention and control, safeguarding, and health and safety. The policy applies equally to all patients accessing hydrotherapy treatment and to staff involved in*
Sex	No	
Age	No	
Religion and Belief	No	

Disability	No	*delivering or supporting the service. No adverse impact on any protected characteristic group has been identified. The policy includes reasonable adjustments through supported access, hoist and evacuation equipment, assistance from trained staff, interpreter/carer access where required, and patient screening processes that promote safe and inclusive participation. Overall, the policy is expected to have a positive impact by supporting rehabilitation and improving access to therapeutic interventions for patients with a wide range of physical disabilities and long-term health conditions.*
Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	

Marriage and Civil Partnership	No	
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	No	

What consultation with protected characteristic groups including patient groups have you carried out? **None**
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? **No**

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive			Negative			
			Nil			
If you identified positive impact, please outline the details here:						

Signature:
Fran Platts
I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Date:
19/08/2026

APPENDIX 15 – ENVIRONMENTAL IMPACT ASSESSMENT

Use this appendix if it is applicable by completing all rows of the last two columns or delete

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No No No	n/a
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No No	n/a n/a
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No No No	n/a n/a n/a
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No No No	n/a n/a n/a
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	n/a
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	n/a