



Recreation and Parks

POOL SAFETY GUIDE



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BACKYARD POOL SAFETY

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POOL SAFETY

PERIODIC AND REGULAR SAFETY PROCEDURES

The pool enclosure should be checked regularly to ensure that maximum safety is maintained. The fence should be maintained in good condition, with the gap at the bottom being no more than two (2) inches. All gates and doors to the pool enclosure must be self-closing, self-latching and lockable. The water in the pool should be clean and clear, and the area around the edge of the pool should be free and clear of any obstacles.

All telephone locations should have emergency numbers as well as the pool owner's name and address prominently displayed.

The shallow and deep ends of the pool should be separated by a buoy line across the width of the pool or by a clear sign. The depth of the water should be marked at both ends.

A reaching pole or throwing aid, with enough rope to reach across the pool should be within reach of even small children to be used when any swimmer is in distress.

Children and non-swimmers should be constantly supervised when using the pool and any running, jumping or general horseplay should be discouraged. Establish pool rules and enforce them with you family and guests – including adults. Pool owners should be aware of any swimmers using their pool who have medical conditions and act accordingly depending in the condition (i.e. if the victim suffers from anaphylaxis their epipen should be close by). Whenever your children are near the water, you should be near your children. The drowning process can take as little as 10 seconds. Never leave a child or non-swimmer alone in, or near, the water – even for a moment.

The *Recreation and Parks Department* offers the Lifesaving Society "Learn to Swim" Program which is designed to teach swimming skills and its "Water Smart" campaign teaches safety in and around the water. Information regarding this may be obtained by phone the *Recreation and Parks Department* at (905) 873-2601, ext. 2275.

POOLS IN WINTER

Pools continue to be a source of danger, particularly to very young children, even in the winter season. Ice or snow on an uncovered pool may look safe, when in fact, it can be extremely dangerous. Over the winter months, a pool cover may also accumulate ice and snow, and in the event of a surprise thaw, presents a dangerous situation. For those reasons, the pool owner should ensure that the enclosure is carefully secured and locked for the winter season. Snow should not be piled, or allowed to accumulate in such a way as to make the fences climbable, or the gates inoperable. This will create an unsafe enclosure.

WEST NILE VIRUS

Reduce mosquito-breeding sites by ensuring that standing water that might accumulate on pool covers is removed on a weekly basis.



The Family Water Smart Guide To BACKYARD POOL SAFETY

The lifesaving society, Canada's lifeguarding experts present an entertaining but educational look at backyard pool safety for the whole family.

Make your children water smart with the vital information in this 11 minute DVD presentation, and enjoy a safe summer!

Around the water in your backyard.

LEARN ABOUT:

- ✚ preventing injuries and dangerous situations
- ✚ recommended supervision of your children
- ✚ emergency procedures
- ✚ basic lifesaving techniques including CPR

If you would like to borrow this DVD, please call Recreation and Parks at 905- 873-2601 ext. 2275.

FIRST AID

FIRST AID KITS (11 CFAM)

There are some basic supplies every first aid kit should stock. Otherwise, the amount and type of item to stock depends on the needs of your site or activity, portability, and the number of people involved.

HOME AND CAR:

- Clearly label the kit "First Aid." Show everyone where to find the kit – at home this might be a designated shelf in the medicine cabinet or a basket in a closet
- Establish a routine for keeping it stocked. Keep a list of contents in the kit and restock it immediately after using any supplies
- Organize it so it is easy to use in an emergency
- Containers: If possible, choose a bright colour and something that is water resistant (i.e. plastic food containers, sealable food bags, fanny packs, recycled tins or jars).

RECOMMENDED CONTENTS:

Dressings and bandages:

- Assorted bandage stripes, rolls of adhesive tape, gauze pads (assorted sizes)
- Compress dressings or cloth triangular bandages
- Eye dressings

Equipment:

- Tweezers
- Scissors
- Barrier devices: pocket mask for rescue breathing, gloves
- Safety pins (assorted sizes)
- Splints and splint padding
- Instant heat and cold packs
- Waterproof waste bag
- EMS phone number(s)
- Pencil and paper
- Thermometer
- Sterile saline solution (or bottle of water)

Other equipment:

- Waterproof matches
- Pocket knife, penlight, whistle, blanket

if not breathing, perform about 5 cycles (roughly 2 minutes) of CPR (30:2 compressions: breaths) before leaving the victim to phone EMS.

FIRST AID CONTINUED...

CONTACTING EMS (2 First Aid Award Guide/ 22, 23 CFAM)

In an emergency situation send a bystander to phone EMS. If you are alone with an adult victim, immediately go phone EMS. If you are alone with a child or infant, make sure the victim is breathing or if you are alone and must leave the unconscious victim, carefully place the victim in the recovery position (see Shock treatment for what this position is). It is often possible to carry a child or infant victim while ensuring a drainage position. If so, carry them to the telephone with you and call EMS.

What does EMS stand for?

- Emergency Medical System

Who comes when EMS is called?

- Most municipalities have a 3 tiered response system (police, fire, ambulance)

What to say when reporting an emergency:

- Who you are... "My name is Sam Smith"
- Why you are calling... "We need an ambulance there's been a drowning"
- What is wrong... "We found a man floating face down in the pool. He's not breathing. My friend is performing CPR on him" –specify the approximate age of the victim (adult, child, infant) and also whether or not there are multiple victims.
- Where the incident is... "Send the ambulance to the backyard pool at 123 John Street. The phone number is _____."

NOTE:

- When sending a bystander to call EMS make sure that they understand what it is you are asking them to do and that they report back to you to tell you that EMS is on the way.
- Coins are not required to make an emergency call from a telephone booth. How to make a call may differ according to where you are located at the time of the incident.

PRIMARY ASSESSMENT: UNCONSCIOUS VICTIM (3 First Aid Award Guide)

1. Assess the immediate area around the victim for hazards (i.e. fire, wire, gas, glass, thugs, drugs or bugs)
2. Establish unresponsiveness – tap the ground beside the victim and ask "Are you OK?" (Gently pinch the victim's earlobe in case they are deaf).
3. Activate EMS
4. Assess the Victims ABC's (Airway, Breathing & Circulation)
 - Open the victim's airway (placing one hand on their forehead and 2 fingers on their chin while gently tilting their head back – called a head-tilt/chin-lift.
 - Check for breathing (no more than 10 seconds); look in the direction of the body to see if the chest is rising/falling, listen for any gurgling or breath sounds, and feel for any air on the side of your cheek as you kneel down close to the victim.
 - Check for signs of circulation – pulse, breathing, movement for no more than 10 seconds.

FIRST AID CONTINUED...

SHOCK (7 First Aid Award Guide/ 35-36 CFAM)

Shock is a depression of the body's circulatory system. When there is not enough blood to circulate to the body's vital tissues (in the brain, heart, and lungs), cells die – and ultimately, so can the victim.

Shock can be mild, with few signs and symptoms, or very serious with life-threatening signs and symptoms. The extent of shock is usually related to the severity of the injury to the body.

SIGNS AND SYMPTOMS:

- Breathing: shallow, rapid
- Circulation: weak, rapid pulse
- Skin: Pale, cool, clammy
- Restlessness, weakness
- Fear, anxiety
- Confusion, disorientation
- Nausea, vomiting
- Unconsciousness

TREATMENT:

The acronym **W.A.R.T.S.** is a useful way to remember the key treatment priorities for shock:

- **W – Warmth** (Maintain body temperature. If the victim is in the sun, provide shade. If the victim's body is cool, cover the victim with a blanket, towel, sweater etc).
- **A – ABC's** (Airways, Breathing, Circulation) (Loosen tight clothing. Monitor vital signs).
- **R – Rest & Reassurance** (Reassure the victim, and make sure he or she rests. Talk calmly, positively, and good-naturedly to the victim. Make eye contact when you speak and use a gentle, confident touch. Stay calm – your ability to cope with stress directly affects the victim and that's your priority).
- **T – Treatment** (Treat the cause of the shock – i.e. a wound or heart attack).
- **S – Semi-prone or Semi-sitting (recovery position)** – (Use this position when you don't suspect a head or spinal injury and the victim is less than fully conscious – raise the victim's arm that's closest to you, and bend the victim's leg that is farthest from you, gently roll the victim on to their side towards you while supporting their neck and hips. If the victim is fully conscious (and you don't suspect a head or spinal injury) the **shock position** is to place the victim on his or her back with the feet and legs raised. If you do suspect a head or spinal injury, keep the victim in the position found to prevent further injury. A **semi-sitting** position is recommended for chest pain or shortness of breath. Ultimately, you want the victim in a position where he or she is most comfortable, and usually the injury or illness will dictate the best position.
- Contact EMS in severe cases.

FIRST AID CONTINUED...

HOW TO BE SUN SMART

- Wear protective clothing, and clothing that covers exposed skin.
- Wear a hat that protects the face and the back of the neck
- Use sunscreen with a sun protection factor (SPF) of at least 15
- Apply sunscreen and lip balm to protect exposed skin. (Apply and reapply sunscreen according to the manufacturer directions)
- Wear protective sunglasses.
- Monitor UV ratings and forecasts in weather reports.

Q: Do we have to wear sunscreen when it's cloudy?

A: Yes, even on overcast days the sun's ultraviolet (UV) radiation, that causes our skin to burn, is still present.

SUNBURNS (70 CFAM)

Ranges from mild to severe and can occur on an isolated or large area of the body depending on which areas were left exposed to direct sunlight. Symptoms may develop hours after the exposure.

SIGNS AND SYMPTOMS:

- Redness of the affected area
- Blistering

TREATMENT:

- Get out of the sun
- Relieve the affected area with cool water or a wet towel
- Pat dry and apply medicated ointment for sunburns
- Protect the area from further exposure
- Do NOT break blisters
- If the victim has widespread blistering, seek medical assistance.
- If the victim begins to vomit or develop a fever, treat for heatstroke and seek medical assistance

HEAT CRAMPS (74 CFAM)

Heat cramps are a result of excess heat and dehydration. The body loses salt and water faster than it can replace them through food and drink.

SIGNS AND SYMPTOMS:

- Victim has been in a hot environment
- Skin, sweating
- Pain and spasms in muscles (particularly in the legs and stomach)
- Fatigue, dizziness, headache
- Nausea
- Shock

FIRST AID CONTINUED...

TREATMENT:

- Move to a cool spot out of the hot environment, remove excess clothing.
- Give the victim cool water to drink
- Stretch the cramp
- Advise the victim to eat foods that will help restore normal body salt.

HEAT EXHAUSTION AND HEATSTROKE (74 CFAM)

Heat exhaustion is another possible reaction to sustained heat and sweating. If left untreated, heat exhaustion can progress into life-threatening heatstroke

Heatstroke occurs when the body's ability to regulate its temperature fails and the body temperature rises dangerously. Those most likely to suffer from heatstroke are young children and infants, the elderly and cardiac patients.

SIGNS AND SYMPTOMS (Heat Exhaustion):

- Hot
- Normal mental status – oriented to person, place and time
- Nausea, headache, dizziness
- Restlessness, weakness
- Fear, anxiety
- Confusion, disorientation
- Skin: sweating
- Pulse: weak, rapid
- Respiration: shallow, rapid
-

TREATMENT (Heat Exhaustion):

- Move to a cool spot out of the hot environment
- Cool the victim gradually (remove as much clothing as possible, bathe with water, fan)
- Cover lightly if victim feels cold
- If the victim is alert and nausea is not a big problem, give him or her water to drink
- Advise the victim to eat well to restore depleted body salt
- Phone EMS if the victim's level of consciousness is decreased

SIGNS AND SYMPTOMS (Heatstroke):

All Heat Exhaustion signs and symptoms plus:

- Body temperature rises rapidly
- Vomiting, convulsions, unconsciousness
- Skin is flushed, hot and dry – body temperature control mechanism fails, sweating stops and body temperature rises quickly

FIRST AID CONTINUED...

TREATMENT (Heatstroke):

- Phone EMS. This is a life-threatening emergency
- Move to a cool spot out of the hot environment
- Cool victim down as quickly as possible: cool the body core – head, neck, chest, back and groin by:
 - Removing outer layer of victim's clothing
 - Wrapping the victim in wet sheets
 - Sponging with cool water
 - Fanning his or her body
 - Applying ice pack or cold compresses to head, armpits, groin and along the sides of the chest

SPINAL INJURIES: (5-13, 8-12 CLM)

Spinal injuries occur when trauma affects the nerves in the spinal column. Spinal injuries of the upper neck are often associated with head trauma and head injuries

Most of the injury to the spinal cord occurs at the time of impact; nevertheless, caution is essential to minimize further damage

The part of the body affected depends on the level of the injury. Neck (or cervical) spinal injuries can affect the ability to swallow, breathe, or use their arms. Chest (or thoracic) spinal injuries can affect breathing, the chest wall, or internal organs. Low-back (or lumbar) spinal injuries can affect the bowel, bladder, or legs.

Here are some common causes of spinal injuries:

- Diving head-first in to shallow water and hitting the bottom
- Being thrown into the water
- Diving in to a sandbar
- Making aggressive contact in water-sports activities (such as water polo)
- Falls
- Severe head injuries
- Car accidents
- Bicycle accidents

SIGNS AND SYMPTOMS

- Pain at the site of trauma
- Loss of co-ordination, sensation, or movement in parts beyond the injury
- Weakness or altered sensation usually affecting both sides of the body
- Bruising, swelling, or bleeding at the site of the shock

FIRST AID CONTINUED...

SPINAL INJURES TREATMENT:

- Immobilize the spine
- Maintain the airway, breathing, and circulation
- Allows for removal and transportation to hospital or other medical facility

SECONDARY DROWNING: (CLM 8-4)

In secondary drowning, the victim breathes some fluid into the lungs. This is called *aspiration*. After that, *pulmonary edema* can occur, which is the pooling of fluid around the lungs.

This will obstruct the ability of the lungs to exchange oxygen, and result in difficulty breathing. Secondary drowning can occur from as little as a tablespoon of fluid in the lungs.

SIGNS AND SYMPTOMS

- Difficulty breathing
- Pain in the chest area
- Coughing, and
- Dizziness/ anxiety.

TREATMENT:

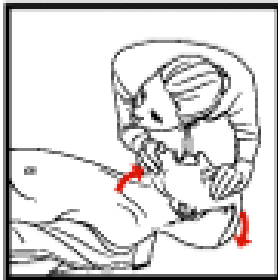
1. Check Breathing - get the victim to take a couple deep breaths and check for any pain or discomfort
2. Check History - ask if your victim inhaled any significant amount of water (i.e. a 'juice box full')
3. Monitor Patient - look for any difficulty breathing, coughing or chest pain
4. Rest & Reassurance. This person was just in a traumatic experience
5. Contact EMS or transport victim to the hospital if victim's discomfort persists

CALL



CALL 911

BLOW

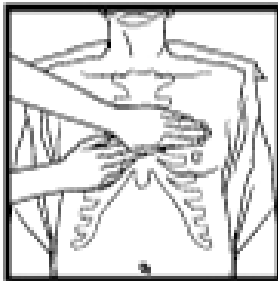


**TILT HEAD,
LIFT CHIN,
CHECK
BREATHING**

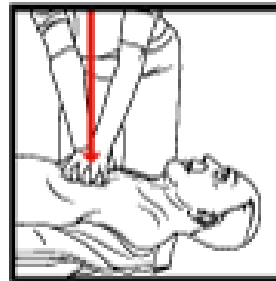


**GIVE TWO
BREATHS**

PUMP



**POSITION HANDS
IN THE CENTER OF
THE CHEST**



**FIRMLY
PUSH DOWN
TWO INCHES
ON THE CHEST
30 TIMES**

**CONTINUE WITH TWO BREATHS
AND 30 PUMPS UNTIL HELP ARRIVES**

FIRST AID CONTINUED...

SUGGESTED EMERGENCY PROCEDURES (4-12, 4-13 CLM)

In an Emergency – you can help even if you cannot swim.

When a non-swimmer has to assist someone who is having difficulty in the pool, the following procedure will present minimal risk to the rescuer and be the quickest rescue technique

1. Talk to the person in trouble to calm him/her down.
2. Throw something that will float for him/her to hold on to.
3. Perform a REACHING ASSIST by adopting the procedures described in the following section.

Reaching Assist Procedures:

Choosing an Assist:

When choosing an assist, consider:

- Availability. The assist must be readily available.
- Buoyancy. Floating objects support victims higher in the water and allow you to rest as needed
- Manageability. The assist must be easy to handle on land and in the water, and it should add little or no resistance on your approach
- Strength. The assist must be strong enough for the task at hand.
- Your fitness and strength. Be sure you can carry and use the assist effectively.
- Your immediate surroundings: The assist you choose should “fit” the surroundings. While a reaching pole is long, for example, it’s harder to maneuver if there are people nearby, a fence or a wall.

Using an Assist:

You can use assists either by extending them or by throwing them.

NOTE: Keep your body low along the pool deck

- Extend a pole, kick board, tree branch, towel, shirt or a life jacket towards the bather
- Draw the bather to safety, making sure he/she does not pull YOU in.
- Secure the bather to the pool deck or side

OR

- Throw a float, attached to a rope beyond the bather using an under arm swing
- Draw the float in to the bathers grasp and pull him/her in slowly.
- Secure the bather to the pool deck or side

OR

- Lie on your front with your legs on a 45 degree angle on the deck at pool side, and , extending the upper part of the body over the water, grasp the wrist of the bather.
- Slowly draw the bather to safety
- Secure the bather to the pool deck or side.

POOL TOY SAFETY TIPS

Every parent wants their child, or children, to be safe. Look in any house where children are and you can find child proofing all over. Especially where children play and the things they play with. Toys are always checked for age appropriateness, safety hazards, and recalls. One of the most important places to check for safety is the pool. Most parents' worst fear is drowning, but there are other hazards of pool time play. Cuts, bruises and sometimes choking can all happen from broken, or worn out pool toys. The same safety rules apply to pool toys that apply to all other toys. Careful planning before purchasing and careful checking before play can prevent many accidents.

When purchasing pool toys, for any child, consider the following tips:

- Use labels, they often give appropriate age recommendations, instructions for appropriate use, and warnings of possible injuries.
- Always select toys appropriate for the age, and skill level of the child you are buying for. Advanced toys may have parts unsafe for a small child.
- Look for and avoid small parts on toys intended for children who still mouth objects.
- Inspect the construction of the toy. All attached parts should be tightly secured. Seams in inflated toys should be tight. Weighted toys that contain sand or other materials should not leak, and overall construction should be sound and sturdy.

Before play, be sure all pool toys are in good condition. A good check-over can prevent many accidents.

- Check all seals, plugs, and seams for leaks. Also check for holes. A deflating toy may cause suffocation or choking accidents.
- Check for any edges that may have become exposed on hard plastic toys such as diving sticks. Children can easily get cut on rough plastic edges.
- Check for any mold or mildew that may have grown on the toy from improper storage. Molds and mildews can cause problems for children with allergies as well as causing a variety of illnesses.
- Check to see if any toys are leaking anything that may be inside of them. Some pool toys are weighted with beads that small children may choke on.
- Safety should also be considered while playing with pool toys.
- Watch toys to be sure they do not deflate while in use.

POOL TOY SAFETY TIPS CONTINUED...

After pool play, be sure to check toys over once again for possible safety hazards. Also, be sure to store them where they can dry properly to prevent mold or mildew growth.

- Watch to be sure children do not play with broken toys, remove them as soon as they break to prevent injury.
- Do not rely on "floaties" to protect your child. Arm- band type floatation devices are not approved as life preservers. Also, even a life vest, or life jacket may malfunction if not used properly.

Even after you have checked all your pool toys and deemed them safe for your children, nothing replaces the careful supervision of an adult. Never leave your child, or children, alone in a pool. Even children as old as twelve have been know to drown while unsupervised.

http://www.essortment.com/family/swimmingpoolto_situ.htm

'AVOID THESE HAZARDS' – BYLAW INFORMATION

Town of Halton Hills Pool Enclosure Bylaw, No. 2009-0028 – for specific information regarding the contents of this bylaw please contact 905-873-2601 ext. 2334

REFERENCES

Canadian Lifesaving Manual (CLM) – 2005 Standards

Canadian First Aid Manual (CFAM) – 2005 Standards

First Aid Award Guide – 2005 Standards

www.lifesavingsociety.com – Backyard Pool Safety Inspections

www.lifesavingsociety.com – Backyard Swimming Pool Safety Inspection Checklist

<http://depts.washington.edu/learn CPR/pocket.html> - CPR Illustration with 2005 standards

http://www.essortment.com/family/swimmingpoolto_situ.htm - Pool Toy Safety Tips