



Guidelines for Reopening BC's Pools & Waterfronts

LIFESAVING SOCIETY
BC & Yukon Branch

LIFESAVING SOCIETY
Reopening Pools



BC & Yukon Branch Vision Statement

The BC & Yukon Branch of the Lifesaving Society is an active member of the community dedicated to preventing death and injury in, on, or near the water. We search out opportunities to include everyone as driven by the needs of our community. We endeavour to collaborate with all groups and individuals with like aims. We are a dynamic organization that celebrates growth, flexibility, innovation, excellence and proactive leadership.



The Lifesaving Society Is

The national, not-for-profit, volunteer-based organization that has been training swimmers to be Lifesavers, Lifeguards, and Instructors in Canada since 1908 and in BC since 1911.

Dedicated to the prevention of incidents and the saving of life in aquatic environments across Canada.

A member of the Royal Life Saving Society Commonwealth organization and the Canadian representative in the International Life Saving Federation.

The Lifesaving Society Aims

- Promote public awareness and understanding of the responsibility every Canadian assumes when working or playing in an aquatic environment.
- Provide educational opportunities for preparing swimmers to be lifesavers and for training highly skilled lifeguards.
- Pursue research to enhance and support the continuing development of its programs and to maintain technical excellence.
- Provide consultation services for educational, recreational and health agencies in communities throughout the country.

Lifesaving Society - BC & Yukon Branch

#112-3989 Henning Drive

Burnaby, BC V5C 6N5

Phone: 604.299.5450

Lifesaving.bc.ca

Info@lifesaving.bc.ca



@LifesavingBCYK



Guidelines for Reopening BC's Swimming Pools and Waterfronts

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Lisa Adams - Ontario Branch
Rachel Baird, Aquatic Safety and Standards Manager - Alberta/NWT Branch
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Dr. Steve Beerman, National Medical Advisor, Past ILS President
Daniel Burgi, National Trainer (Lower Mainland) – BC & Yukon Branch
Brooke Cherfils, Education Director – BC & Yukon Branch
Patrick D'Almada, Past Chair, National Safety Standards Commission
Paul D'Eon, Special Projects Director – Nova Scotia Branch
Ruth Depew, National Trainer (Vancouver Island) – BC & Yukon Branch
Dr. Cody Dunne, Alberta Physician, National Trainer – Newfoundland Branch
Veronica Grusnick, National Trainer (Lower Mainland) – BC & Yukon Branch
Sean Healy, BCRPA Pool Operator Master Trainer
Eric Hervieux, National Safety Standards Commissioner
Karen Hillmann, National Trainer (Lower Mainland) – BC & Yukon Branch
Riley Huntley, Program Advisory Committee - BC & Yukon Branch
Kyle Kronebusch, National Trainer (North) – BC & Yukon Branch
Francois Lepine, Program and Business Development Manager, Quebec Branch Dr.
Christopher Love, Safety Management Coordinator – Manitoba Branch
Kathryn MacPhee, Program Manager – Nova Scotia Branch
Agnes Manivit, National Recreation Manager, Programs & Policies - Canadian Armed Forces
Dale Miller, Executive Director – BC & Yukon
Kathy Plett, Program Coordinator - Manitoba Branch
Shelby Rushton, Chief Executive Officer - Saskatchewan Branch
Wendy Schultenkamper, Director of Operations – National Office
Michael Shane, Safety Standards Director – Ontario Branch
Craig Short, National Trainer (Lower Mainland) – BC & Yukon Branch
Cheryl Sibany, Manager of Safety Services and Sport – BC & Yukon Branch
Perry Smith, Director of Training Programs - Ontario Branch
Carolyn Tyner, Manager Leadership and Program Development – YMCA Canada
Van Gilder, National Trainer (Kootenays) – BC & Yukon Branch
Denise Yoreff, National Trainer (Lower Mainland) – BC & Yukon Branch
Karen Zaidan, National Trainer (Yukon) - BC & Yukon Branch

Coordination/approval of material contained in this document provided by Lifesaving Society Canada's:

National Office (1145 Hunt Club Road, Suite 001, Ottawa, Ontario K1V 0Y3) www.lifesaving.ca

National Board of Directors, National Management Team, National Safety Standards Commission

Document compilation provided by Lifesaving Society Canada - BC & Yukon Branch (112-3989 Henning Drive, Burnaby, BC V5C 6N5) www.lifesaving.bc.ca



COVID-19 - Recommendations for Reopening BC's Swimming Pools and Waterfronts

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Disclaimer

These guidelines have been developed to assist owners, operators and lifesaving trainers to adapt their facility's operation to mitigate the risk to staff and public health posed by COVID-19.

These guidelines reflect the best available data at the time they were prepared and may require revision as new information becomes available. Examples used within the document do not guarantee the prevention of aquatic-related incidents or disease transmission and do not replace other strategies for promoting health & aquatic safety.

The Guidelines for Reopening BC's Swimming Pools and Waterfronts do not replace or supersede local, provincial/territorial or federal legislation or regulations or directives from the Ministry of Health and Provincial Health Officer.

Definitions

Aquatic facility: Any swimming pool, wading pool, waterpark, waterfront or similar location that is used for aquatic activities such as swimming, wading, diving or aquatic sports.

Aquatic Instructor or Coach: One who holds a current National Lifeguard certification together with a recognized aquatic instructor certification.

Aquatic sports: May include scuba diving and snorkeling, competitive swimming, lifesaving sport, diving, synchronized swimming, water polo etc.

Assistant Lifeguard: A person appointed by the owner or operator to assist a National Lifeguard in the supervision of bather safety at a swimming pool.

Cleaning: The removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but removing the germs decreases their number and therefore any risk of spreading infection.

Community facilities: Schools, recreation centres, swimming pools, daycare centres and businesses comprise most non-healthcare settings visited by the general public outside of a household.

Coronavirus: Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

COVID-19: COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally.

Current: An award dated not more than two years from the date of certification, the exception being First Aid certifications which are 3 years from the date of certification.

Deck equipment: Equipment installed on the pool deck including starting platform, diving board, ladder, grab rail, lifeguard chair, etc.

Disinfecting: The use of chemicals, for example DIN (Drug Identification Number) registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Lifeguard: A person with a current Lifesaving Society National Lifeguard certification appointed by the owner or operator to maintain bather surveillance.

Operator: The trained individual designated by the owner to be responsible for the day to day operation of an aquatic facility.

Owner: The person or corporation who is the owner of an aquatic facility.

Recreational toys and games: Floating puzzles, floating mat, tube, sea serpent, ball, etc.

Recreational swim: Any period where bathers' activities in the pool are unstructured and where bathers are not under the direction or supervision of a coach or instructor. These times may include, but are not limited to events such as birthday parties, day camps, free swims, lane swims, open swims, public swims, rentals, teen swims, etc.

Rope swing: a rope connected to a structure over the water that is designed to swing users from a starting point out over a designated landing zone in the water, where the user releases and enters the water.

Safety supervision: Means the lifeguard is actively scanning their zone to ensure that bather in the swimming pool remain free from harm. While providing safety supervision lifeguards must be on the pool deck, vigilant, and at their station.

Swimming pool: An artificially constructed basin, whether indoor or outdoor, lined with concrete, fiberglass, vinyl, or similar material in which persons can swim, wade, or dive.

Training accessories: Accessories used for learning or training including paddles, kickboard, pull buoy.

Wading pool: an artificially constructed basin, whether indoor or outdoor, lined with concrete, fiberglass, vinyl or similar material that is intended for wading.

Waterfront: an outdoor, artificial or natural shoreline alongside a body of water, that may include docks or piers and may be used for aquatic activities such as swimming, wading, diving or aquatic sports.

Whirlpool: a pool, hot tub, or spa that is designed primarily for therapeutic or recreational use and is not drained, cleaned or refilled between use by successive users; it may utilize any combination of hydro jet circulation over the majority of the pool area, air induction, and cold or hot water.

COVID-19 Facility Operations:

Recommendations for Progressive Reopening

Information

The COVID-19 pandemic has generated questions and concerns about potential exposure to the virus when aquatic facilities and waterfronts reopen.

The objective of this document is to assist owners and operators of aquatic facilities to minimize the risk of COVID-19 transmission to employees and patrons when facilities reopen by providing guidance to facility operators and lifeguards at swimming pools and waterfronts.

Owners and operators should also review Lifesaving Society Canada's national standards providing additional operational details to assist swimming pool and waterfront operators.¹

These guidelines are based on expert opinion and evidence-based research from many credible health organizations throughout Canada and globally. Recommendations should be adapted to meet local conditions of the disease burden as well as resource availability.

The Lifesaving Society continues to reassess the public health risk based on the best available evidence as the COVID-19 situation evolves. These recommendations will be updated as additional information becomes available.

Background

Aquatic recreational activities have many physical and mental health benefits for the population. In the context of climate change, swimming is an accessible cooling measure to better adapt to increasing and extreme heat conditions.

Swimming is the second most popular activity (after bicycling) in Canada among school-age children 5 to 12 years of age, thus contributing to the adoption and maintenance of healthy lifestyle habits. To take full advantage of its many benefits, it is imperative that the population be able to participate in aquatic activities in a safe manner and minimize potential health risks.

Under 1% of all fatal drownings in Canada occur in lifeguard supervised swimming locations. Aquatic facilities provide an essential public service at all times and especially during heat waves; opening them is part of many public health injury prevention plans. Therefore, as COVID-19 poses a public health threat, it is essential to address operational concerns for aquatic facilities while maintaining the prevention measures recommended by provincial/territorial public health authorities.

In the event of increasing summer temperatures and heat wave health advisories, in consultation with local health authorities, owners and operators of public aquatic facilities need to plan to open their pools and waterfronts to allow the public to cool off while continuing to adhere to all current COVID-19 precautions.

The Lifesaving Society advises owners, operators, lifeguards, aquatic instructors and coaches to follow the existing recommendations outlined on the World Health Organization (WHO) website. Refer to the Public Health Agency of Canada, the Centers for Disease Control and Prevention (CDC) recommendations and guidelines provided by provincial and territorial public health authorities.

Summary of Recommendations

In summary, the owner and/or operator should:

1. Create a plan for the reopening of aquatic facilities according to provincial and territorial health authority requirements.
2. Ensure that every employee suspected or confirmed to have contracted COVID-19 stay home or seek medical attention and have a detailed plan to manage their return to work.
3. Establish a strategy for safe employee access to the facility.
4. Develop human resource policies that are fully compliant with existing workplace health and safety regulations and labour codes.
5. Avoid sharing equipment and supplies between employees, or shared equipment must be disinfected before re-use.
6. Ensure employees are provided with the appropriate PPE for the work being performed, and that the equipment is cleaned and sanitized between users.
7. Post signs at the facility entrance to inform all bathers that:
 - a. patrons may not enter the facility if they suspect they have symptoms of COVID-19
 - b. if admitted, maintain social distancing of 2 metres from other bathers and employees
 - c. all patrons maintain proper hygiene when in the facility.
8. Provide facility access with one entry point and a separate exit point.
9. Install physical markers on the floor or walls (cones, lines, stickers, wooden structures, etc.) that indicate appropriate two metre spacing distances for patrons waiting in line.
10. Ensure that a physical barrier is provided between the cashier and the client and that no physical contact is made between the employee and the patron.
11. Take measures to avoid crowds gathering or long waiting times such as a reservation system giving patrons a time limitation for use of the aquatic facility.
12. Encourage patrons, where possible, to shower at home before and after swimming.
13. Ensure that the occupancy rate in changerooms is reduced to allow physical distancing, and that the total occupancy always allows a minimum space of 5 square metres per person.
14. Ensure delivery personnel/suppliers drop off goods at a designated delivery location.
15. Limit the exchange of paperwork, use electronic signatures on contracts or delivery forms.
16. If a bathroom is available on the pool deck, encourage bathers to use this toilet to avoid patrons from entering other areas of the facility.
17. Post signs to inform patrons on how to hand wash.
18. Ensure that surfaces, sinks and toilets are cleaned and disinfected regularly.
19. Educate patrons that treated pool water is an effective disinfectant and that risk while in contact with treated pool water is considered minimal.
20. Use [hard-surface disinfectants](#) that meet Health Canada requirements for viral pathogens. These authorized disinfectants may be used against the coronavirus that causes COVID-19:
21. Use [antiseptic/antibacterial skin cleansers](#) or hand sanitizers that meet Health Canada's requirements for emerging viral pathogens. The list of authorized products is available online:
22. Ensure that policies for the use of diving boards, waterslides and rope swings are adjusted to establish physical distancing measures.
23. Prevent access to whirlpools (including hot tubs and spas), saunas and steam rooms which present a higher risk of COVID-19 contamination.

Timeline

1. Determine when activity can resume according to provincial/territorial health authority recommendations. Consider the attached example of a Progressive Reopening Phases Model ([Appendix A, pg. 18](#)) in order to plan a progressive reopening of aquatic facilities.
2. Create a timeline with milestone steps ([Appendix B: Reopening Timeline Model, pg. 20](#)).
3. Stay in contact with the local aquatic community, clubs and partners to identify their needs.
4. Order pool chemicals, first aid equipment, personal protective equipment (PPE) and other goods as soon as possible to avoid shortage and delivery delay.
5. In coordination with provincial/territorial health authority, create an emergency plan for a possible outbreak, assess if community members are at higher risk for COVID-19 infection and plan accordingly.

Facility Staff

1. Owners and operators of aquatic facilities should have a detailed plan to manage the return to work for their employees to help ensure the workplace is not a source of COVID-19 transmission. The approach must be proactive and focus on the protection of the workers. Employers also have a responsibility to provide appropriate education and training to all facility employees.
2. Establish a daily operator's check list ([Appendix C: Daily Operator's Check List, pg. 21](#)).
3. Screen employees daily by asking common questions to ensure they do not have COVID-19 symptoms.
4. Follow your established employee sickness and return to work protocols.
5. Higher risk employees of severe illness from COVID-19 (e.g. older adults and people of any age who have serious underlying medical conditions) should inform the employer of their condition to determine if it is safe for them to resume work. Such individuals should not reintegrate into the workplace until their provincial/territorial health authority confirms it is safe to do so.
6. Develop human resource policies that are fully compliant with existing workplace health and safety regulations and labour codes.
 - a. Under health and safety legislation, employees retain the right to refuse work if they believe the workplace and their duties may cause them harm. For more information, consult the Canadian Centre for Occupational Health & Safety and provincial/territorial legislation and regulations.
 - b. Workplace health and safety committees have a legal obligation to participate in the development of any workplace prevention and preparation strategies dealing with the virus.
7. Communicate exceptional return to work policies to all facility and aquatic staff and ensure they follow them.
8. Employees must wash their hands when arriving and leaving the aquatic facility, and before and after:
 - a. eating
 - b. breaks
 - c. smoking
 - d. blowing one's nose, coughing, or sneezing
 - e. going to the toilet
 - f. being in contact with animals or pets
 - g. using shared equipment (e.g. water test kit)
 - h. providing routine care for another person who needs assistance

9. Personal items and clothing (backpacks, jackets, shoes, etc.) brought in by staff members should be kept to a minimum. Where staff must bring items in, they should be stored separately, with adequate space between each staff member's items (e.g. leave a hook between items on a coat rack, taped off spaces on the floor in a storage area, render bags available to store items, etc.).
10. Staff lockers should be emptied and sealed.
 - a. If they are not shared and required, they should be sanitized before use.
11. Enforce physical distancing of 2 metres at all times.
 - a. Operator could stagger employees' time of arrival/departure and lunch breaks.
12. Prohibit events and meetings that require close contact; rather, use telephone or online conversations.
13. Utilize consistent work teams (same workers in shift work) to avoid increasing the number of interactions.

Employee Equipment

1. Equipment should not be shared between employees.
 - a. If possible, ensure that each employee has their own equipment needed for each shift (e.g. one rescue tube per lifeguard).
 - b. Ensure there is no sharing of equipment (pen, stopwatch, etc.), condiments and common use food dispensers (ketchup, mustard, salt, pepper, etc.).
 - c. Do not share cups, glasses, plates, utensils. Wash in hot water with soap.
 - d. Any equipment or tool that must be shared needs to be cleaned with soap and disinfected after each use and at the end of each shift.
2. Clean staff room table before and after each use.
 - a. The table should be covered with an easily washable surface (plastic or smooth surface).
 - b. The staff room, as well as its appliances and accessories (refrigerator, microwave, chairs, handles, etc.), must be cleaned every shift to avoid cross contamination.
3. Remove non-essential items (magazines, newspapers, trinkets) from common areas.
4. If possible, do not store equipment, first aid and resuscitation equipment, PPE or similar items in the lunchroom.
5. Deck/beach staff should change clothes before and after their shift.
 - a. Remove work clothes and/or bathing suit at the end of the shift.
 - b. Used clothes and/or bathing suit should be placed in a bag until cleaned.
 - c. Make bags available, if necessary.
 - d. Clean clothes using laundry soap and hot water.

Employee Personal Protective Equipment (PPE)

1. Where possible, ensure that each employee has the PPE needed for their shift and avoid sharing these.
 - a. If this is not possible, disinfect the equipment between each exchange.
2. PPE recommendations vary for employees and is dependent on the duties they perform in the workplace. Use adequate PPE (gloves, mask, face shields, goggles, coveralls) when performing cleaning routines or administering first aid.

3. Where possible, designate a first aid responder equipped with more robust PPE equipment (e.g. gown, visor, etc.) to prevent undue delays in responding to first aid or resuscitation requirements caused by donning appropriate PPE.
4. When wearing gloves, avoid touching the face.
 - a. Follow the procedure prescribed by the World Health Organization (WHO) when removing gloves. ([Appendix D: WHO procedure to remove gloves, pg. 22](#))
 - b. Follow the procedure prescribed by the WHO in order to remove personal protective equipment (PPE) while avoiding contamination ([Appendix E: WHO procedure to remove PPE, pg. 23](#)).
5. Staff must not share personal first aid equipment (fanny packs).

Facility Admission

1. At the entrance, signs must inform all bathers that:
 - a. Patrons must not enter if they suspect they have COVID-19 or if they have any of the known COVID-19 symptoms.
 - b. Patrons must maintain physical distance of 2 metres from other patrons and staff.
 - c. Cough into your bent elbow, or into a tissue that you throw away immediately after use, then wash hands immediately.
2. On arrival, patrons must wash their hands with soap and water or hand sanitizer (70% alcohol or higher) for 20 seconds.
3. Screen patrons to ensure they do not have COVID-19 symptoms by asking common questions.
4. Where local protocols allow and where appropriate, have all employees' and patrons' temperature screened before admittance.
5. Signage could present the layout plan of the aquatic facility including specific COVID-19 measures such as a circulation path around the pool allowing patrons to familiarize themselves with it prior to entry.
6. Admission fee payment methods should allow for minimal contact between employees and patrons.
 - a. Install a physical barrier between the cashier and patron.
 - b. If a fee is charged, avoid cash transactions by accepting alternate payment methods.
 - c. If cash is accepted, specific procedures to prevent contamination need to be established (e.g. employee should wear gloves and/or wash hands before and after handling money).
7. If bracelets (wrist-brands) are required, the operator must use self-applied bracelets and provide waste containers for their disposal.
8. Employees located at an admission station should be protected by glass or plexiglass.
 - a. If this is not possible, provide a face shield and train employees to don and remove it safely.
 - b. If the employee is located at an outdoor admission station, sun protection must be provided (e.g. umbrella).
9. Depending on the expected level of use of the aquatic facility, some measures may need to be put in place to avoid crowd gathering or long waiting times, for example:
 - a. A reservation system.
 - b. Swim time limitations to allow other bathers to use the facility.
10. Additional signage should inform people to avoid aquatic facilities if they are at high risk for severe illness from COVID-19 based on provincial/territorial health authorities.

Facility Access

1. Provide facility access with one entry point and a separate exit point (Appendix F: Access and Circulation Layout Model).
 - a. If both entry and exit points are located at the same place, put measures in place to provide physical distancing of at least 2 metres, for example:
 - i. Assign employee to supervise entry and exits.
 - ii. Install signage to direct patrons to enter one at a time.
 - iii. Provide floor markings to guide patron travel in, through and out of the facility.
 - iv. Install a physical separation with a transparent material which can be cleaned and disinfected frequently (e.g. plexiglass) and of at least two (2) metres in height to separate the entry and exits allowing patrons to enter and exit simultaneously.
2. Install physical markers on the floor or walls (cones, lines, stickers, etc.) that indicate appropriate two metre spacing for patrons waiting in line at the cash desk or entrance.
3. Employees and patrons need to keep a personal face covering on until they enter the pool. Each personal face covering should be stored in a labelled disposable bag during activity and donned immediately after.
 - a. The mask must also be kept on at all times by those accompanying the user (parents of children, for example).
4. For outdoor aquatic facilities, access should be available without going through a building or changing room (e.g. using a service gate).
5. For indoor aquatic facilities, access should be via the shortest direct path to the aquatic facility.
 - a. Where possible, avoid access through change rooms (e.g. using a service door from the reception).
 - b. Bathers could arrive in their bathing suit and access to change rooms be limited to bathers who need to use the bathroom.
6. If a shower is available near the pool deck (without the need to enter the change room), consider advocating its use.
 - a. When no showers are available on the pool deck and to avoid circulation in the changing rooms, operators could encourage good pool hygiene by asking bathers to shower at home before and after facility use.
7. The occupancy rate of change rooms should be reduced to allow physical distancing. For example, only 1 in 2 lockers should be used and total change room occupancy should allow a minimum space of 5 square metres per person.
8. Operator should institute one-way traffic flow around the pool area using appropriate signage or other methods.

Deliveries

1. Operators should request that suppliers send the same delivery person to their facility for drop-offs.
2. Operators should require that all drop-offs from outside suppliers be accepted by the same employee.
3. Ideally, organize tasks so that delivery personnel and suppliers are able to drop goods at the entrance or at a designated delivery location of the facility to avoid the coming and going of workers from other companies on the premises.
4. Where possible, limit the exchange of paperwork to a minimum (e.g. electronic signature of contracts or delivery notes). When paper documents are required:
 - a. Place the documents on a clean surface to transmit and retrieve the documents respecting the distance of 2 metres between individuals.
 - b. Employee and delivery person do not use the same pen.
 - c. Provide pens in case delivery person does not have one.
 - d. Clean pens with a disinfectant wipe after use.

Communicating Physical Distancing Measures

1. Inform all employees of the physical distancing measures that are in place at the facility by way of memorandums, on employee social media groups and during training sessions.
2. Inform the public of the physical distance measures in place at the facility through all communication resources and social media to which they have access.
3. Post the signs and symptoms of COVID-19.
4. Update staff manuals and safety plans to include all physical distancing measures.
5. If applicable, inform and educate the public, parents and caregivers of their responsibility in maintaining physical distance.
6. Indicate on the entrance door to an area (e.g. pool lobby, change room), the maximum number of people allowed in the room at one time.
7. To ensure distancing measures are respected by employees and patrons, operators could consider adding staff, especially upon reopening as many adjustments should be expected.

Aquatic Facility and Amenities

Toilets

1. If a bathroom is available on the pool deck, encourage patrons to use it to avoid entry into other areas of the facility.
2. Ensure that a toilet is available to employees and patrons as well as a sink supplied with clean, temperate water.
 - a. Provide soap or another recommended cleaning substance.
 - b. Provide roll-up towels or paper towels (hand dryer could be less effective).
3. Signage should remind people of hand washing as well as the proper procedure ([Appendix G: WHO - How to Hand Wash Signage, pg. 25](#)).
4. Ensure that toilets are disinfected every two (2) to four (4) hours.

Diving Boards, Waterslides and Rope Swings

1. Install physical markers on the floor or walls (lines, stickers, cones, etc.) to indicate the distance of 2 metres between patrons at the queues.
2. Provide floor markings to guide patrons.
3. Clean all touch points on diving boards and waterslides as usual.
4. Provide signage to remind bathers to avoid putting their unwashed hands to their eyes, nose or mouth, especially after touching railings.
5. Rope swings represent a higher transmission risk and their use should be prohibited in early phases of reopening.

Wading Pools

1. Follow the same guidelines as for swimming pools.

Water Playgrounds (Splash Pads)

1. Even when operating with effective disinfection, maintenance or operating procedures, water playgrounds (splash pads) present higher risk of COVID-19 contamination due to:
 - a. Design and features that make it more difficult to maintain appropriate physical distancing.
 - b. The size and design of the facility creating a challenge to keep surfaces clean and disinfected.
 - c. The potential for the virus to be spread when patrons touch common surfaces, then touch their unwashed hands to eyes, nose or mouth.
 - d. The common use of fresh water with no added disinfectant (bromine or chlorine).
2. Operate water playgrounds only while there is no ongoing community spread of COVID-19 in your region in accordance with provincial/territorial health authority recommendations.
3. Install a fence around the perimeter of the water playground to control access by identifying a separate entrance and exit.
4. During opening hours, always ensure the presence of an employee able to ensure access control and patron supervision.
5. Conduct regular disinfection of common contact surfaces, such as water play activation mechanisms, nozzles, rainbows, etc.
6. If using treated water for water playgrounds, maintain at least the same level of water quality as swimming pool water standards.
7. Adopt and follow all other guidelines as described in this document.

Water Parks

1. Even when operating with effective disinfection, maintenance or operating procedures, water parks present a higher risk of COVID-19 contamination due to:
 - a. Design and features that make it more difficult to maintain appropriate physical distancing.
 - b. The size and design of the facility creating a challenge to keep surfaces clean and disinfected.
 - c. The potential for the virus to be spread when patrons touch common surfaces, then touch their unwashed hands to eyes, nose or mouth.
2. Operate water parks only while there is no ongoing community spread of COVID-19 in your region in accordance with provincial/territorial health authority recommendations.
3. Reduce bather loads to maintain physical distancing measures.
4. Prioritize and schedule the operation of features and installations where supervision and distancing measures are in place to allow easier cleaning and disinfection.
5. Adopt and follow all other guidelines as described in this document.

Whirlpools, Saunas and Steam Rooms

1. Even when operating with effective disinfection, maintenance or operating procedures, whirlpools (including hot tubs and spas), saunas and steam rooms present a higher risk of COVID-19 contamination due to:
 - a. Design and features that make it more difficult to maintain appropriate physical distancing.
 - b. The size and design of the facility creating a challenge to keep surfaces clean and disinfected.
 - c. The potential for the virus to be spread when patrons touch common surfaces then touch their unwashed hands to eyes, nose or mouth.
2. Operate whirlpools, saunas and steam rooms only while there is no ongoing community spread of COVID-19 in your region in accordance with provincial/territorial health authority recommendations.
3. Reduce bather loads to maintain physical distancing measures.
4. Prioritize and schedule the operation of features and installations where supervision and distancing measures are in place to allow easier cleaning and disinfection.
5. Adopt and follow all other recommendations as described in this document.

Programming Aquatic Facilities

For all aquatic facilities, bather loads should be reduced to allow appropriate physical distancing. The operator needs to take in consideration the activities held and amenities available within their facility. Bather loads may increase in time based on provincial/territorial health authority recommendations.

General

1. For programmed activities, adopt and follow all other guidelines as described in this document.
2. Users should not spit, urinate or blow their nose in the water.
3. People at higher risk of COVID-19 should not participate in programmed activities until approved.
4. Participants should not share water bottles, towels, goggles or any other equipment.
5. Water bottles should be filled at home.
6. Patrons in need of assistance due to physical limitations should receive help from a family member.

Patron Equipment

1. As there is currently no evidence that COVID-19 survives in treated pool water, there is no special disinfection procedures to put in place for all equipment that are regularly in contact with chlorinated water (toys, railings, slides, etc.).
2. Signage should inform bathers to not share water bottles, towels, goggles or any other equipment other than with family members.
3. The use of goggles should be encouraged to avoid mucus contamination.
4. Snorkels should be prohibited.
5. Following the first phase of reopening, only essential equipment should be available to patrons (e.g. PFDs).
6. All shared equipment (such as PFDs) must be disinfected between each user.

Recreational Swimming

1. The owner and operator should prepare a plan for recreational swimming ([Appendix H: Recreational Swimming/Day Camps & Groups Organization Model, pg. 26](#)).
2. For all aquatic facilities, bather loads should be reduced to allow physical distancing. Operators need to consider activities held and amenities available. Bather loads may increase in time depending on provincial/territorial health authority recommendations.
 - a. For example, the total number of patrons on deck and in the water may not exceed the number obtained by allowing 7 m² of water surface per person, therefore a 25 metre pool with 6 lanes 2.5 metres wide each has a total of 375 m² (25 x 6 x 2.5). Bather admission cannot exceed 53 bathers (375 ÷ 7).

Lane/Lap Swimming

1. The owner and operator should prepare a plan for lane/lap swimming.
2. To maintain physical distancing of 2 metres, swimmers should swim in the middle of the lane only and return by the adjacent lane (e.g. swimming towards the deep area in lane #1 and coming back to the shallow area in lane #2). ([Appendix I: Lanes/Lap Swimming Organisation Model, pg. 27](#)) Swimmers of the same family or household may swim together in one lane.

Day Camps and Groups

1. The owner and operator should prepare a plan for day camps and groups ([Appendix H: Recreational Swimming/Day Camps and Groups Organization Model, pg. 26](#)).
2. Inform day camp and group supervisors of the facility's established physical distancing measures.
3. Inform the camp and group leader of their shared responsibility to maintain the facility's established physical distancing measures.
4. Participants should not share water bottles, towels, goggles or any other equipment with others.
5. When transporting participants to the aquatic facility, it is recommended to reduce the bus occupancy rate according to local guidelines.
6. Reduce the number of participants allowed in programs to adjust to the facility's revised bather load and the number of program leaders available for participant supervision.
7. Day camp and group supervisors should organize activities to encourage physical distancing between participants rather than free swimming.
8. All other local guidelines regarding day camps and groups must be followed.

Organized Activities

For all aquatic facilities, bather loads should be reduced to allow physical distancing. The operator needs to consider the activities held and amenities available in each facility. Bather loads may increase in time based on provincial/territorial health authority recommendations.

General

1. For organized activities, adopt and follow all other recommendations as described in this document.
2. Users should not spit, urinate, or blow their nose in the water.
3. Reduce group ratios to maintain distancing measures.
 - a. Reducing duration of lessons may allow operator to offer more lessons.
4. Aquatic instructors must give safety guidelines to all participants before starting a class or a training session.
5. Aquatic instructors should be outside of the water (except for demonstrations).
6. Encourage each swimmer to bring their own equipment.
7. Disinfection of equipment is required after activities.
 - a. If possible, avoid using equipment during activities.
8. The following should not participate in organized activities:
 - a. People 65 years and older.
 - b. People who live in a nursing home or long-term care facility.
 - c. People of all ages with underlying medical conditions, particularly if not well controlled.
9. Participants should not share water bottles, towels, goggles or any other equipment with others.
10. Water bottles should be filled at home.
11. Patrons in need of assistance due to physical limitations should receive help from a family member.

Swimming Lessons

1. The owner and operator should prepare a plan for swimming lessons.
2. Maintaining physical distancing with swimming lesson participants can be challenging, especially with younger participants.
3. Offer swimming lessons while there is no ongoing community spread of COVID-19 in your region in accordance with provincial/territorial health authority recommendations.
4. Prioritize swimming lessons according to group levels where physical distancing measures can be easily implemented (younger participants usually need more physical manipulation and proximity).
5. Swimming lessons could be given in groups similar to infant lessons so that each participant is accompanied by a parent responsible for managing and handling their child.
6. Recommendations for Staff Training for Instructional Programs to be released at a later date.
7. The owner and operator should prepare a plan for training lifeguards ([Appendix J: Training for Lifeguard Model Organization Model, pg. 28](#)).
8. See current/amended program standards from the respective swimming organization.

Aquatic Fitness Classes

1. Maintaining physical distancing with aquatic fitness class participants can be challenging.
2. Offer aquatic fitness classes only while there is no ongoing community spread of COVID-19 in your region in accordance with provincial/territorial health authority recommendations.
3. Prioritize aquatic fitness classes to group levels where physical distancing measures can be easily implemented.
4. See current/amended program standards from the respective aquatic fitness organization.

Aquatic Sports

1. Offer organized aquatic sports only while there is no ongoing community spread of COVID-19 in your region in accordance with provincial/territorial health authority recommendations.
2. Offer organized aquatic events (such as competitions) only after provincial/territorial health authority approval has been granted.
3. Younger athletes that need physical manipulation and close proximity to others should not resume training before provincial/territorial health authority approval has been granted (corresponding with the start of swimming lessons and following the same recommendations).
4. Masters athletes or athletes at high-risk for severe illness from COVID-19 (see admission guidelines) should not resume training before provincial/territorial health authority approval has been granted.
5. Head trainers must present a plan to the operator for the organization of training in order to respect the basic principles of COVID-19 precautions. The plan should establish guidelines for the spatial, temporal and physical organization of a swimming pool, making it possible to comply with the rules of physical distancing while presenting an overall vision of the development and movement of individuals.
6. Follow respective sport federation or organization recommendations.
7. All aquatic sports:
 - a. Organize local training only (athletes should not come from another region/province to practice their sport).
 - b. Parents should not attend training sessions (if possible, the athlete should go to the aquatic facility on their own or the parent should stay in their vehicle).
 - c. Put measures in place that prevent the instructor or coach to be alone with an athlete.
 - d. Keep the same group of athletes for each training session.
 - e. Maintain physical distancing of at least 2 metres between each athlete.
 - f. Encourage solo skill training rather than group events.
 - g. Do not hold dry land training by the pool.
 - h. Athletes should not leave equipment or sport bags at the facility.
 - i. Athletes are encouraged to act responsibly and promote appropriate behaviour on social media with their peers.

8. Competitive swimming:
 - a. Goggles are mandatory.
 - b. Lanes/lap swimming recommendations must be followed.
 - c. Keep the same group of swimmers in a lane for each training session.
 - d. Swimmers of the same family or household may swim in the same lane.
9. Diving:
 - a. Keep the same group of divers for each training session.
10. Artistic swimming:
 - a. Goggles are mandatory.
 - b. Practice solos (no group figures).
11. Water polo:
 - a. Goggles are mandatory.
12. Triathlon training:
 - a. See competitive swimming recommendations.
13. Lifesaving sport:
 - a. To be released at a later date - Recommendations the Progressive Reopening of Aquatic Facilities – Appendix E: Lifesaving Sport Return to Practice Safety Plan.

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- World Health Organization. *Steps to remove personal protective equipment (PPE)*: Web: n.d

Appendix A

Progressive Reopening Phases Model

PHASES	PRECAUTIONS	ALLOWABLE ACTIVITIES AND FACILITIES
Phase 0 Ongoing community spread of COVID-19 in your region.	Act with extreme caution and keep all aquatic facilities closed.	<ul style="list-style-type: none"> None
Phase 1 Progressive reopening of aquatic facilities in compliance with provincial/territorial health authority.	The following activities and facilities can resume with: <ul style="list-style-type: none"> Controlled access and strict supervision. Reduce bather loads and ensure physical distancing and disinfection measures. High risk participants are prohibited. 	<ul style="list-style-type: none"> Lifesaving or lifeguard training Emergency use of the facility for seasonal health emergencies (heat wave/high temperature warning) Aquatic sports training for athletes recognized as being of national interest in view of their participation in the Olympic Games or national and international events Allow only essential equipment (e.g. PFD) <i>For waterfronts, outdoor pools and indoor pools only.</i>
Phase 2 If Phase 1 reopening does not generate a reoccurrence of the virus within the community, consider allowing more activities to be held in aquatic facilities.	The following activities and facilities can resume with: <ul style="list-style-type: none"> Controlled access and strict supervision. Reduce bather loads and high distancing and disinfection measures. Higher instructor/coach ratio. High risk participants are prohibited. 	<ul style="list-style-type: none"> Individual swimming lessons or training sessions that do not need physical manipulation by the instructor or coach Supervised lane/lap swimming with reduced bather loads Aquatic sports excluding groups that need physical manipulation by the coach Aquatic fitness classes with instructors being out of the water (except for demonstrations) Day camps Water playgrounds with controlled access and supervision Water parks with reduced bather loads and operating installations allowing easy distancing and disinfection measures

PHASES	PRECAUTIONS	ALLOWABLE ACTIVITIES AND FACILITIES
<p>Phase 3</p> <p>If phase 2 reopening do not generate a reoccurrence of the virus within the community, consider allowing more activities to be held in aquatic facilities.</p>	<p>The following activities and facilities can resume with:</p> <ul style="list-style-type: none"> • Reduce bather loads and high distancing and disinfection measures. • Higher instructor/coach ratio. • High risk participants are prohibited. 	<ul style="list-style-type: none"> • Recreational swimming • Swimming lessons excluding groups that need physical manipulation by the instructor and with instructors being out of the water (except for demonstrations) • Water parks • Whirlpools, saunas and steam rooms • Allow other equipment (e.g. toys) with proper disinfection procedure
<p>Phase 4</p> <p>Pandemic is over, COVID-19 is under control due to an appropriate treatment or an effective vaccine.</p>		<ul style="list-style-type: none"> • All activities can resume

Note that the suggested phases of reopening aquatic facilities in this table are guidelines only, do not necessarily correlate with provincial/territorial health authority plan phases for reopening and are not meant in any way to supersede them.

Appendix B

Reopening Timeline Model¹

Step	Predecessor	Start	Duration	End
Government Announcement : Date when we know that operations can resume.		May 4, 2020		
Authorization to resume operations : Date when the break ends and aquatic activities can resume..				July 2, 2020
Guidelines for reopening by the Public Health Department.		May 4, 2020		
Carry out inventories and order equipment (sanitary, chemical, CPR and first aid products, etc.).	In order to reduce supply delays due to stock shortages, proceed now and shorten the schedule!	May 5, 2020	28 days	June 2, 2020
Integrate the Public Health Department's guidelines concerning COVID-19 (communication with clients, equipment procurement, updating the procedures and staff training.	Guidelines for reopening by the Public Health Department.	May 4, 2020	28 days	June 1, 2020
Fill, heat and empty the pool.	Government announcement.	May 5, 2020	14 days	May 19, 2020
Contact partners (clubs) and discuss their needs. <i>Ideally maintain open communication from now on.</i>	Government announcement.	May 5, 2020	5 days	May 10, 2020
Make programming adjustments and accept requests from partners.	Government announcement.	May 5, 2020	5 days	May 10, 2020
Hire staff and submit schedules.	Make programming adjustments and accept requests from partners.	May 5, 2020	14 days	May 19, 2020
Publicize updated programming and keep track of registrations.	Make programming adjustments and accept requests from partners.	May 11, 2020	25 days	June 5, 2020
Re-certify staff before the 2 years and 3 months expiry date of their certificates.	Fill, heat and empty the pool.	May 19, 2020	88 jours	August 15, 2020
Period where certificates are valid for a maximum period of 2 years and 3 months.	Authorization to resume activities.	July 2, 2020	45 days	August 15, 2020
Open to the public: Open swims and access to clubs.	Integrate the Public Health Department's recommendations, receive material orders and hire staff.	July 2, 2020		
Open to the public: Swimming and fitness classes.	Publicize updated programming and keep track of registrations.	June 6, 2020		
Holding sports competitions (the directives of the Public Health Department will take precedence).	One (1) month following the start of training..	August 2, 2020		

¹ Available on the Lifesaving Society web site: <https://www.lifesaving.ca/safety-management-services.php>.

Appendix C

Daily Operator's Check List

QUESTION	YES	COMMENTS
Does the employer check the condition of employees arriving at the aquatic facility?	<input type="checkbox"/>	
Are employees advised to leave the aquatic facility if they have any COVID-19 symptoms?	<input type="checkbox"/>	
Has the employer planned the work to respect physical distancing?	<input type="checkbox"/>	
Is physical distancing respected during the entry-exit of the aquatic facility, during breaks, during meals?	<input type="checkbox"/>	
Are toilets accessible at the aquatic facility?	<input type="checkbox"/>	
Are the toilets cleaned every two (2) to four (4) hours?	<input type="checkbox"/>	
Is the staff room table and high-touch points cleaned before and after each use?	<input type="checkbox"/>	
Is the staff room cleaned every day?	<input type="checkbox"/>	
Is there presence of water and hand washing soap?	<input type="checkbox"/>	
Are shared equipment or workstations cleaned after each use?	<input type="checkbox"/>	

Appendix D

WHO Procedure to Remove Gloves

GLOVE USE INFORMATION LEAFLET

Technique for donning and removing non-sterile examination gloves

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

I. HOW TO DON GLOVES:



1. Take out a glove from its original box



2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)



3. Don the first glove



4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist



5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand



6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

II. HOW TO REMOVE GLOVES:



1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove



3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

Appendix E

WHO Procedure to Remove Personal Protective Equipment (PPE)

- 1** Remove waterproof apron and dispose of safely. If the apron is to be reused, place it in a container with disinfectant.



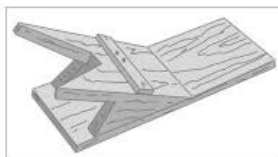
- 2** If wearing overshoes, remove them with your gloves still on (If wearing rubber boots, see step 4).



- 3** Remove gown and gloves and roll inside-out and dispose of safely.



- 4** If wearing rubber boots, remove them (ideally using the boot remover) without touching them with your hands. Place them in a container with disinfectant.



- 5** Perform hand hygiene.



- 6** If wearing a head cover, remove it now (from behind the head).



- 7** Remove face protection:

- 7a** Remove face shield or goggles (from behind the head). Place eye protection in a separate container for reprocessing.



- 7b** Remove mask from behind the head. When removing mask, untie the bottom string first and the top string next.



- 8** Perform hand hygiene.



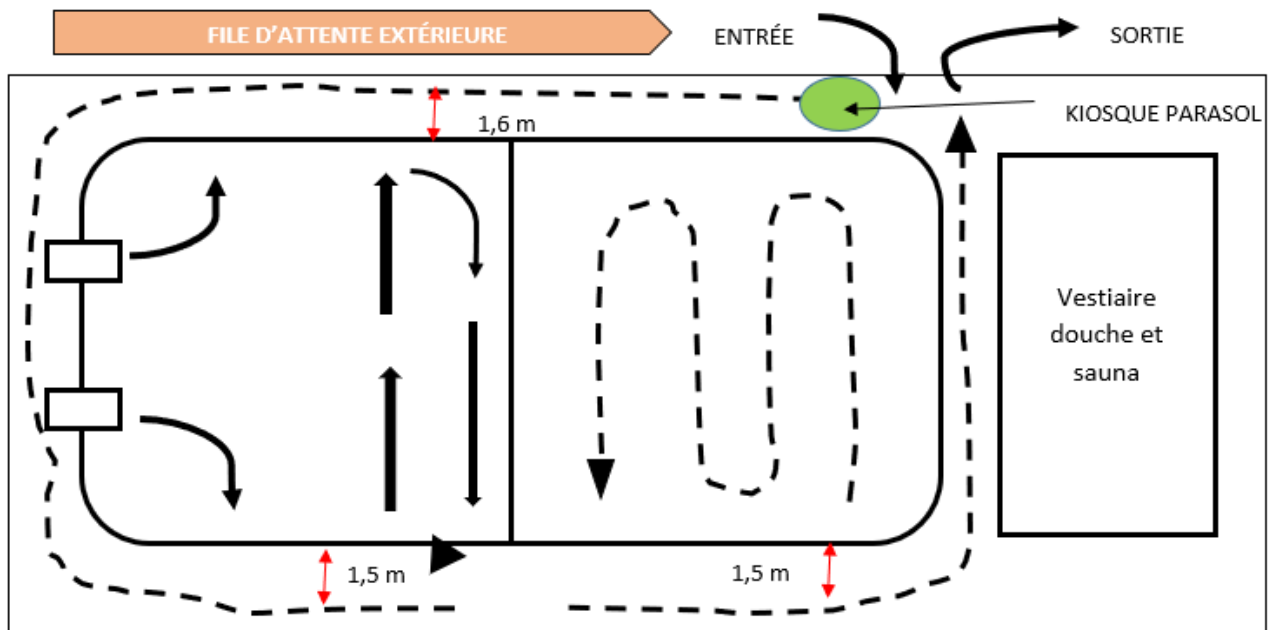
Source: Modified from Clinical Management of Patients with Viral Haemorrhagic Fever: A pocket Guide for the Front-line Health Worker. World Health Organization, 2014



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Appendix F

Access and Circulation Layout Model



Appendix G

WHO How to Hand Wash Signage

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



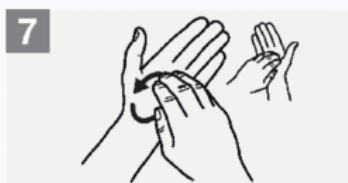
Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



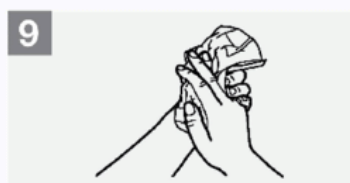
Rotational rubbing of left thumb clasped in right palm and vice versa;



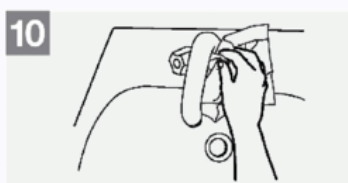
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

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LIFESAVING SOCIETY

Appendix H

Recreational Swimming/Day Camp and Groups Organization Model

Reception, Participant Health Check and Promotion of Behaviours that Prevent the Spread of COVID-19

- Educate swimmers on the rules of physical distancing, hygiene and respiratory etiquette.
- Do not allow entry to anyone with symptoms or who has been in contact with someone with symptoms
- Encourage swimmers to bring their own PFD and training equipment

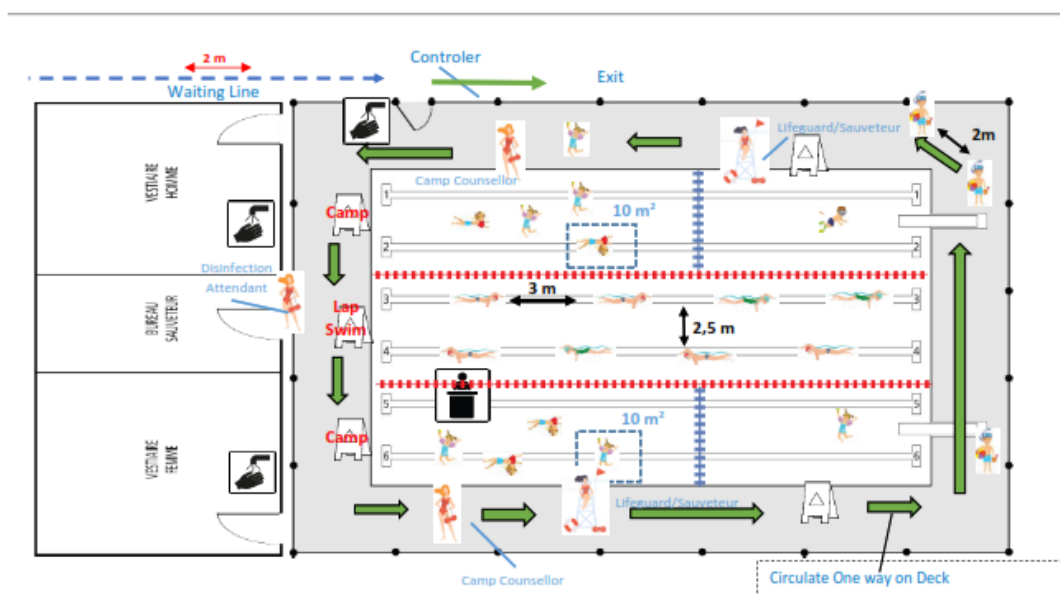
Physical Distancing, 2 metres:

- If possible, participants take a shower and change at home with access to the change room limited
- Swimming in one-way lanes, no overtaking, maintain a distance between swimmers and keep ends of lanes free
- Use the space on deck reserved for you or your household members or camp group

Hand Hygiene and Respiratory Etiquette, Cloth Face Coverings

- Ask swimmers to wash hand with soap for 20 seconds before swimming
- Encourage swimmers to wash hands often, to cover a sneeze or cough and throw away tissues as soon as used
- Encourage swimmers to cover their face: wear a cloth or mask when on deck except for swimming in the water
- Do not share training equipment, kickboard, pull buoy or personal flotation device (PFD); otherwise disinfect between each use

Model of organization of aquatics activities with physical distance



SCHEDULE TYPE (from 9 am to 4 pm)

LAP SWIM (# patrons)
9 to 10am (x8)
10:15 to 11:15am (x8)
11:30am to 12:30pm (x8)
12:45 to 1:30pm (x8)
1:45 to 2:30pm (x8)
2:45 to 3:45pm (x8)
6 groups of 8 patrons = 48 patrons/day

Estimated space allowed per swimmer

Pool = $25\text{m} \times 15\text{m} = 375\text{m}^2$

Lap swim = 125m^2 for 8 swimmers = 15m^2 per swimmer

Diving = $2 \times 50\text{m}^2 = 100\text{m}^2$ for 2 divers = 25m^2 per diver

Shallow = $2 \times 75\text{m}^2 = 150\text{m}^2$ for 25 children = 6m^2 per bather

Deck = 220m^2 for 34 bathers + 6 staff = 40 persons = 5.5m^2 per bather

Restroom = $2 \times 10\text{m}^2 = 20\text{m}^2$ for 4 children + 1 staff = 5 persons = 4m^2 per user

Appendix I

Lanes/Lap Swimming Organization Model

Reception, Participant Health Check and Promotion of Behaviours that Prevent the Spread of COVID-19

- Educate swimmers on the rules of physical distancing, hygiene and respiratory etiquette.
- Do not allow entry to anyone with symptoms or who has been in contact with someone with symptoms
- Encourage swimmers to bring their own PFD and training equipment

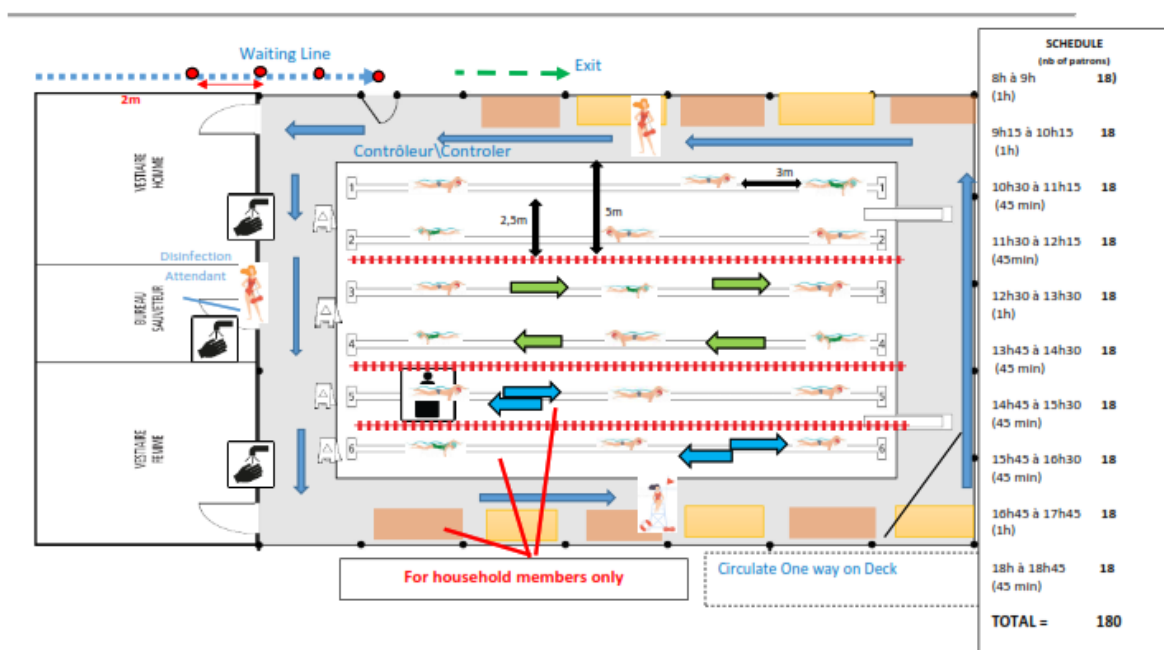
Physical Distancing, 2 metres:

- If possible, participants take a shower and change at home with access to the change room limited
- Swimming in one-way lanes, no overtaking, maintain a distance between swimmers and keep ends of lanes free
- Use the space on deck reserved for you or your household members or camp group

Hand Hygiene and Respiratory Etiquette/ Cloth Face Coverings

- Ask swimmers to wash hand with soap for 20 seconds before swimming
- Encourage swimmers to wash hands often, to cover a sneeze or cough and throw away tissues as soon as used
- Encourage swimmers to cover their face: wear a cloth or mask when on deck except for swimming in the water
- Do not share training equipment, kickboard, pull buoy or personal floating device (PFD); otherwise disinfect between each use

Model of organization of aquatic activities with physical distance



Appendix J

Lifeguard Training Model

Reception, Participant Health Check and Promotion of Behaviours that Prevent the Spread of COVID-19

- Educate swimmers on the rules of physical distancing, hygiene and respiratory etiquette.
- Do not allow entry to anyone with symptoms or who has been in contact with someone with symptoms

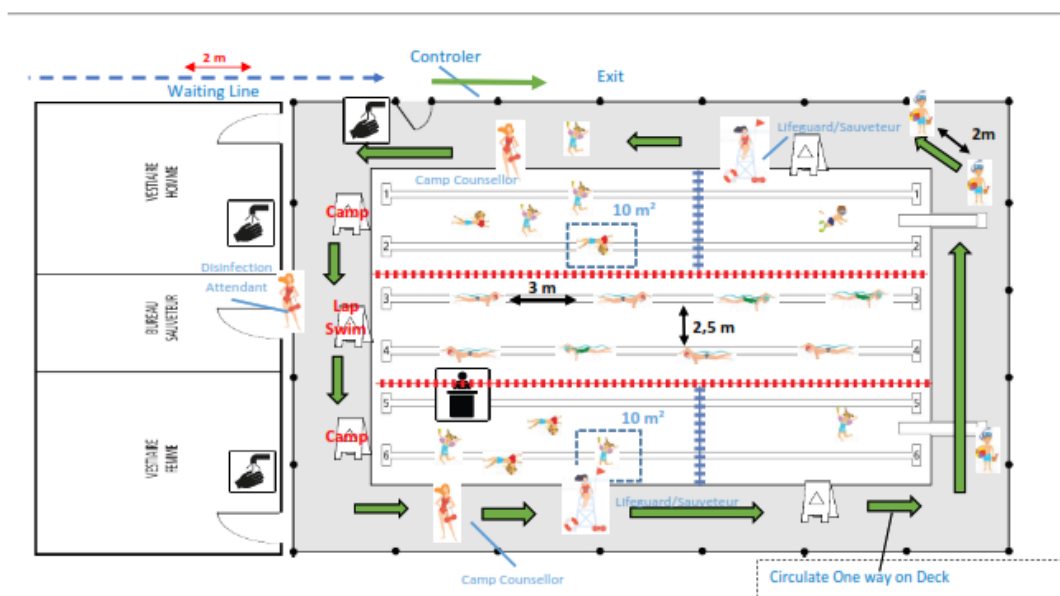
Physical Distancing, 2 metres:

- Whenever possible, perform all components of the training and distance training using physical distancing
- If possible, participants take a shower and change at home with limited access to change rooms
- Swimming in one-way lanes, no overtaking, maintaining a distance between swimmers and keep ends of lanes and exit points free
- Use manikins when possible or encourage practice with a resident at the same address
- When possible, carry out the stages of the ladder approach for rescues and first aid by guiding accompany or victim

Hand Hygiene and Respiratory Etiquette/Cloth Face Coverings

- Frequent hand washing for 20 seconds, cover a sneeze or cough and throw away tissues as soon as used
- Cover your face: wear a fabric mask when on deck and during rescue practices within 2 m except for activities in the water
- Do not share manikins, rescue and training equipment, otherwise disinfect them between each use

Model of organization of aquatics activities with physical distance



COVID-19: Resuscitation & First Aid Recommendations

Background:

When the process of drowning begins, the outcomes are often fatal. Unlike other injuries and many diseases, survival from drowning is determined almost exclusively at the scene of the incident and depends on two variable factors: how quickly the person is removed from the water, and how quickly effective resuscitation is performed.

In the COVID-19 era, lifeguards now face a decision about how to balance their own safety while providing life-saving care. Several factors must be considered:

- Individuals with moderate or severe infections are unlikely to be participating in water-related activities. Bather assessment by operators prior to entering the facility will reduce the exposure to those who are exhibiting symptoms of the disease.
- Most individuals who become infected will experience only mild or no symptoms.
- Proper personal equipment, hand hygiene and screening at sites can help decrease the risk to rescuers.
- Rescuers should always assess the risk of providing care. This includes an assessment of their own health status. Rescuers with other health problems are more likely to contract severe forms of the disease, and during times with high infection rates should consider doing other duties that do not involve direct public interaction.
- The frequency of response requiring direct contact by aquatic staff with bather is low, therefore the likelihood of transmission is minimal.
- Employers have the duty to provide appropriate protective equipment so that rescuers can respond safely.

Since risk aversion is impossible, any attempt at first aid or resuscitation, may result in self-contamination. As there is no one-size-fits-all solution to how we manage this new issue, this document will provide principles to ensure staff safety.

Implementation

Mitigating Risk of Infection When Administering CPR for a Drowning Victim

In consideration of rescuer safety, many lay-rescuer training organizations are recommending a shift in resuscitation procedures to using compression-only CPR. As drowning is a hypoxic event, delay in ventilation increases the likelihood that the victim's condition will deteriorate or they may not survive. Drowning is considered a "special circumstance" where ventilations should be prioritized to positively affect victim outcome.

Due to the risk of transmission, mouth-to-mouth ventilations and in-water ventilations (with or without a mask) should not be performed (viral filters must remain dry to be effective).

Rescuers should put on gloves for all first aid interventions or at the latest, immediately after removing a victim from the water. It would be reasonable for rescuers to wear facemasks with eye protection when performing first aid if available.

During a resuscitation event, rescuers should minimize the number of people in direct contact with the victim.

To minimize exposure to the rescuer, the following are ventilation techniques in order of preference:

1. Bag-valve-mask (BVM) with a viral filter; two rescuers with one rescuer maintaining a tight seal during ventilations and compressions.
2. If no BVM is available, or insufficient training, rescuers may consider mouth-to-mask ventilations with a viral filter; two rescuers with one rescuer maintaining a tight seal during ventilations and compressions.
3. If only one rescuer is responding, a pocket mask with a viral filter and head strap may be tightly placed on the victim's face to create a seal.
4. If family members or close contacts are nearby and trained, it is reasonable to see if they would be willing to provide the ventilations – as there is an increased likelihood that they are already infected themselves.

Rescuers should properly discard all protective equipment after the rescue and wash their hands before continuing with their duties.

Mitigating Risk of Infection When Administering CPR for a Non-drowning Victim

If there is no history of drowning, it is reasonable for the rescuer to do compression-only CPR until the arrival of appropriate equipment (if not immediately available). During compression-only CPR, rescuers may use a protective covering over the victim's mouth and nose such as a towel or light clothing. When the equipment arrives, use the same precautions as for a drowning victim.

Lifeguards not on duty with no access to personal protective equipment should place a protective covering over the victim's mouth/nose and perform compression-only CPR.

Mitigating Risk of Infection When Administering First Aid

When administering first aid, apply the following principles to help reduce the risk of disease transmission. These principles do not replace first aid assessment and treatment skills, but rather provide supplemental considerations for use throughout the rescue process.

- Rescuers should put on gloves for all first aid interventions or at the latest, immediately after removing a victim from the water.
- It would be reasonable for rescuers to wear facemasks with eye protection when performing first aid if available.
- Maintain physical distancing (2 m) whenever possible.
- Rescuers should minimize the number of people in direct contact with the victim.
- Victims should be encouraged to wear a mask if tolerated.

Rescuers should properly discard all protective equipment after the rescue and wash their hands before continuing with their duties.

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COVID-19 Facility Operations: Recommendations for Aquatic Staff Training

Rationale

After a prolonged absence from work, aquatic staff must be ready to provide effective safety supervision to the public participating in aquatic activities with a minimum of risk of transmission of COVID-19.

Employers are responsible for the health and safety of their staff therefore new protocols should be in place to minimize the risk of COVID-19 transmission. Aquatic staff should be trained and competent in the new protocols prior to reopening aquatic facilities.

Information

The outbreak of COVID-19 has generated questions and concerns about potential exposure upon reopening aquatic facilities. This Information is intended to provide guidance to owners and operators of aquatic facilities regarding staff training for the progressive reopening of aquatic facilities during the COVID-19 pandemic.

This guidance is based on expert opinion and evidence-based research from many credible health organizations throughout Canada and globally. Recommendations should be adapted to meet local conditions of the disease burden as well as resource availability.

The Lifesaving Society will continue to reassess the public health risk based on the best available evidence as the situation evolves. These recommendations will be updated if additional information becomes available.

Additional training guidelines are in development for Lifesaving Society programs and award recertification.

The objectives of the recommendations for staff training as part of a progressive reopening of aquatic facilities are:

1. To minimize the risk of COVID-19 transmission at public aquatic facilities between aquatic staff and the public.
2. To ensure that lifeguards and all aquatic staff who provide safety supervision are able to provide effective safety supervision during a progressive approach to returning aquatic facilities to a complete operating schedule.

Implementation

Owners and operators of aquatic facilities should:

- a. Put strategies in place to reduce the risk of COVID-19 transmission. Training must be provided in COVID-19 specific protocols for all janitorial, clerical and lifeguard staff.
- b. Use a blended learning approach to train returning staff. Prior to in-person training, use online learning for COVID-19 specific protocols to manage the facility and operations.²
- c. Develop training plans to reactivate returning staff that will help ensure aquatic safety supervision staff are able to successfully perform rescues when called on to do so after a prolonged absence from work.
- d. Develop a recertification schedule for aquatic staff whose certifications have expired or are close to expiring.
- e. During the initial onboarding of returning staff, the following should be included:
 - Review COVID-19 adapted Facility Safety Plans
 - Review COVID-19 adapted Facility Operations protocols including disinfection protocols, use of the facility's amenities and amended program schedules
 - Review COVID-19 personal health and physical distancing requirements for staff
 - Review physical distancing measures for patrons within the facility
 - Review safety education and rule enforcement practices
 - Review COVID-19 adapted in-water rescue protocols
 - Review COVID-19 adapted first aid and resuscitation protocols
 - Review COVID-19 adapted PPE equipment for all aquatic and facility staff
 - Conduct a Rescue Ready Assessment of safety supervision staff
- f. Document all training
 - Records must have the date, name and signature of all staff members who receive training

Personal Protective Equipment (PPE)³ for Aquatic Staff

Rationale

- Rescues and lifeguard interventions may provide a source of COVID-19 transmission.
- Infection prevention and control during rescues is essential to prevent or limit transmission.

Implementation

1. Establish a universal approach to all victims requiring aid; assume all are COVID-19 positive.
2. Where possible, designate a staff member on each work shift to take the lead during first aid and resuscitation.
 - The designate should be equipped with the appropriate PPE to safely manage victim care and provide the required follow-up.
 - The designate should permit in-water rescuers time to dry off and don PPE before they continue victim care.
3. Limit first aid room access to essential personnel.
4. At all times while in the facility staff should wear non-disposable facemasks/face covers of at least two layers of material, to prevent COVID-19 transmission.

² Aquatic Facility Information Bulletin – COVID-19 Facility Operations: Recommendations for Progressive Reopening

³ Appendix E. COVID-19 Lifeguard Personal Protective Equipment

Staff Training Guidelines for Safety Supervision, First Aid & Resuscitation⁴

Rationale

- Specific protocols should be developed for all rescues to ensure lifeguard interventions are not a source COVID-19 transmission.
- Specific protocols should be developed for aquatic staff when communicating with the public for safety education and when enforcing facility rules.

Implementation

1. All returning staff should undergo a Rescue Ready Assessment and COVID-19 specific training that should at a minimum include an:
 - a. Update in COVID-19 specific facility requirements for physical distancing and disinfection protocols.
 - b. Update in COVID-19 in-water rescues and lifeguard intervention protocols.
 - c. Update in COVID-19 first aid and resuscitation protocols.
2. During training, staff should be supplied with their own PPE and personal first aid equipment (e.g. pocket mask, gloves, and hand sanitizer) as well as:
 - a. Follow hand hygiene recommendations.
 - b. Practice physical distancing and wear protective facemasks/face-covering.
 - c. Ensure personal face covering for lifeguards roaming at deck level, on the beach or dock.
3. Person-to-person contact should be avoided during first aid or resuscitation skill assessments or practice situations.
 - In-water rescue breathing or victim assessments will not be used at this time.
4. Disinfect all training equipment before, during and after training.⁵
5. Wherever possible, provide surveillance and scanning from elevated platform to promote physical distancing.
 - After each rotation, the lifeguard should disinfect the railings and common surfaces of the lifeguard chair.

⁴ Appendix D. COVID-19 First Aid and Resuscitation Protocols

⁵ COVID-19 Aquatic Facility Maintenance: Cleaning, decontamination, and safe water management of aquatic facilities.

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Appendix A. Rescue Ready Assessment Recommendations

The Rescue Ready Assessment recommendations do not replace National Lifeguard or First Aid recertification courses. The recommendations are intended to provide guidance to owners and operators of aquatic facilities when reactivating returning staff.

- Use a blended learning approach to train returning staff. Prior to in-person training use online learning for COVID-19 specific protocols developed to manage your facility and its operations.⁶
- Follow your community guidelines that have been developed for restoring services.

Rationale

After an extended period of absence from work, aquatic staff must be ready to provide effective safety supervision to the public participating in aquatic activities.

Strategies

1. Owners and operators should assess skills and fitness items specific to the facility's needs.
2. The Rescue Ready Assessment recommendations provide an example of skills and fitness that may be required by the owner and operator for staff to successfully perform rescues in their facility when called on to do so.
3. Address the assessment criteria with staff prior to the assessment taking place as well as what remedies will be in place should assessment results be unsatisfactory.
4. Document all return to work assessments of staff. Records must have the date, name and signature of all staff members who receive training.
5. Ensure that candidates maintain physical distance requirements during all aspects of the assessment and that equipment is appropriately disinfected.

Lifeguard and Assistant Lifeguard* Pool Sample Assessment:

The owner and operator need to adjust the assessment according to the aquatic facility specifications and activities.

Fitness is an injury prevention measure for the employee and demonstrates their ability to perform rescue skills following aerobic requirement of a rescue.

1. Object recovery: Starting in the water, swim 15 m and surface dive to recover a 9 kg (20 lb.) object; surface and carry the object 5 m.
2. Demonstrate anaerobic fitness: Starting in the water, swim 50 m head-up.
3. Demonstrate effective management of a distressed or drowning victim in deep water in a pandemic context (COVID-19 protocols: use a training manikin, family member, etc.).
4. Demonstrate effective management of a submerged, non-breathing victim and perform 10 cycles of 30 compressions on a CPR manikin (COVID-19 protocols: use a training manikin, family member, etc.)

⁶ Aquatic Facility Information Bulletin – COVID-19 Facility Operations: Recommendations for Progressive Reopening

Lifeguard and Assistant Lifeguard* Waterfront Sample Assessment:

- The owner and operator need to adjust the assessment according to the aquatic facility specifications and activities.
 - Fitness is an injury prevention measure for the employee and demonstrates their ability to perform rescue skills following aerobic requirement of a rescue.
1. Demonstrate aerobic endurance: Run 100 m with a rescue aid to enter the water; swim 100 m to recover a conscious victim; tow the victim 100 m.
 2. Demonstrate effective use of a rescue board or rescue craft: Approach 5 m on a beach; enter the water with a rescue craft; pick up a victim (a floating object) 100 m away and return to shore.
 3. Demonstrate effective management of a distressed or drowning victim in deep water in a pandemic context (COVID-19 protocols: use a training manikin, family member, etc.).
 4. Demonstrate effective management of a submerged, non-breathing victim and perform 10 cycles of 30 compressions on a CPR manikin (COVID-19 protocols: use a training manikin, family member, etc.).

*Where **Assistant Lifeguards**⁷ are employed for safety supervision, the number of Assistant Lifeguards on active swimmer safety surveillance (on deck) shall not exceed the number of National Lifeguards on deck.

⁷ Lifesaving Society - Assistant Lifeguard for Swimming Pools Standards 2020

Appendix B. COVID-19 Guidelines for In-Water Rescue

Includes any water-related incident
(Spinals, DNS, seizures, submerged victims)

Use a blended learning approach to train your returning staff. Prior to in-person training use online learning for COVID-19 specific protocols developed to manage your facility and its operations.

Follow your community guidelines that have been developed for restoring services.

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

1. Prior to entering the water rescuers should remove any face coverings being worn.
2. For in-water rescuers, whenever possible, approach the victim in a manner to avoid face-to-face proximity.⁸
3. For all rescues, minimize the number of rescuers who have direct contact with victims.
4. Where possible, designate a staff member to take the lead during first aid and resuscitation. This allows in-water rescuers time to dry off and don PPE before they continue victim care.
5. At each focal point, provide a dry container including hand sanitizer and PPE for two (2) rescuers, a victim and a bystander.
6. After each rescue, all rescuers, victims and bystanders should practice hand hygiene, shower with soap, change their clothes, bag clothes worn during the rescue (to be washed).
7. Follow the disinfection protocols⁹ for all rescues and equipment used by staff when providing care.

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

1. Scene & Risk Assessment

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

⁸ International Liaison Committee on Resuscitation (ILCOR) COVID-19 Practical Guidance for Implementation

⁹ US Center for Disease Control and Prevention (CDC) - Cleaning and Disinfecting Your Facility - Everyday Steps, Steps When Someone is Sick, and Considerations for Employers.

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

2. Primary Assessment

- ABCs
- EMS
- Treat for shock
- Preparing for transport

3. Secondary Assessment – (promote self-treatment or treatment by a family member)

- Vital signs
- History - Functional Inquiry
- Head-to-Toe Exam
- Treatment
- Victims who can walk to the ambulance or access point should be encouraged to do so to reduce the risk of COVID-19 transmission.

Respiratory hygiene measures for victims

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

First aid for children and minors

- Wherever possible initiate first aid for children and minors by asking parents or caregivers to provide aid.¹⁰
- Provide appropriate PPE i.e. facemask/face cover and gloves for those providing aid and the victims.

¹⁰ Appendix D. COVID-19 First Aid and Resuscitation Protocols

- Below are some examples of how these guidelines may be applied.
- Rescuers should consider the use of non-contact rescues where appropriate.
- The First Aid designate is highlighted in blue.

<p>Example: 1 lifeguard* & trained backup e.g. trained back-up or Assistant Lifeguard</p>	<ol style="list-style-type: none"> 1. Lifeguard signals and enters water with rescue aid 2. Other staff providing backup clear the water, get equipment, don PPE¹¹. 3. If needed - assists in victim removal 4. All Rescuers involved with victim care should dry off and don appropriate PPE before continuing victim care. 5. Provide face mask to victim during care. 6. If available, direct other facility staff or a bystander <ul style="list-style-type: none"> • to assist in complex rescues • to call EMS 7. Follow disinfection protocols post-rescue
<p>Example: 2 lifeguards* e.g. 2 LGs or 1 LG + 1 Assistant Lifeguard</p>	<ol style="list-style-type: none"> 1. Rescuer 1: Signals and enters water with rescue aid 2. Rescuer 2: Initiates clearing the water, provides backup, assists with victim removal <ul style="list-style-type: none"> • where not needed in the water, get equipment and don PPE. 3. All Rescuers involved with victim care should dry off and don appropriate PPE before continuing victim care. 4. Provide face mask to victim during care. 5. If available, direct other facility staff or a bystander <ul style="list-style-type: none"> • to assist in complex rescues • to call EMS 6. Follow disinfection protocols post-rescue
<p>Example: 3 (or more) lifeguards* e.g. 3 LGs or 2 LGs + 1 Assistant Lifeguard</p>	<ol style="list-style-type: none"> 1. Rescuer 1: Signals and enters water with rescue aid 2. Rescuer 2: initiates clearing the water, provides backup and assist with victim removal 3. Rescuer 3/First Aid Designate: upon removal assume primary victim care 4. All Rescuers involved with victim care should dry off and don appropriate PPE before continuing victim care. 5. Provide face mask to victim during care. 6. If available, direct other facility staff or a bystander <ul style="list-style-type: none"> • to assist in complex rescues • to call EMS 7. Follow disinfection protocols post-rescue

*Where **Assistant Lifeguards**¹² are employed for safety supervision, the number of Assistant Lifeguards on active swimmer safety surveillance (on deck) shall not exceed the number of National Lifeguards on deck.

¹¹ Appendix E. COVID-19 Lifeguard Personal Protective Equipment

¹² Lifesaving Society - Assistant Lifeguard for Swimming Pools Standards 2020

Appendix C. COVID-19 Protocols for Safety Education and Rule Enforcement

- Use a blended learning approach to train returning staff. Prior to in-person training use online learning for COVID-19 specific protocols developed to manage your facility and its operations.¹³
- Practice physical distancing which may include wearing protective facemask/face-covering while providing safety education and rule enforcement.
- Where possible and needed, designate a staff member to inform and educate the public concerning COVID-19 specific protocols.
- Staff performing safety supervision should not be engaged in other duties.
- An important reminder for staff is that when providing information and enforcing rules, not all patrons will be initially accepting of the new protocols for the facility.
- All staff should be reminded of the need for sensitivity regarding policies concerning customer service as well as personal safety in regard to harassment in the workplace.

Below are examples of how these guidelines may be applied.

1. Prior to entering the facility, inform and educate the public, parents and caregivers of all new admission requirements including health questions and their responsibilities regarding physical distancing from non-family members for all activities and facility amenities.
2. Inform and educate patrons concerning one-way traffic measures around the facility, such as, entering and exiting showers, change rooms or toilet facilities.
3. Inform and educate patrons on measures put in place to avoid crowd gathering and to encourage physical distancing in waiting lines for recreational equipment.
4. Inform and educate program participants about not sharing personal equipment such as water bottles, towels, goggles, etc.
5. Wherever possible, lifeguards should maintain physical distancing while providing effective and consistent rule enforcement and accident prevention.
6. Wherever possible, lifeguards should maintain physical distancing when providing information with other team members.
7. Lifeguards should follow and maintain new protocols concerning regular disinfection of common contact surfaces throughout the operational day¹⁴.

¹³ Aquatic Facility Information Bulletin – COVID-19 Facility Operations: Recommendations for Progressive Reopening

¹⁴ COVID-19 Aquatic Facility Maintenance: Cleaning, Decontamination and Safe Water Management for Aquatic Facilities.

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

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

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

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

Levels of Risk and Personal Protective Equipment (PPE)

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

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

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

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

Oxygen

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

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

Suction

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

Itemized List of Personal Protective Equipment for Lifeguards

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

Respiratory Protection - N95 or surgical mask

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

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

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

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

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

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

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

Keeping Personal Protective Equipment Organized, Clean and Dry

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

Examples

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

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

Personal Protective Equipment Disinfection

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

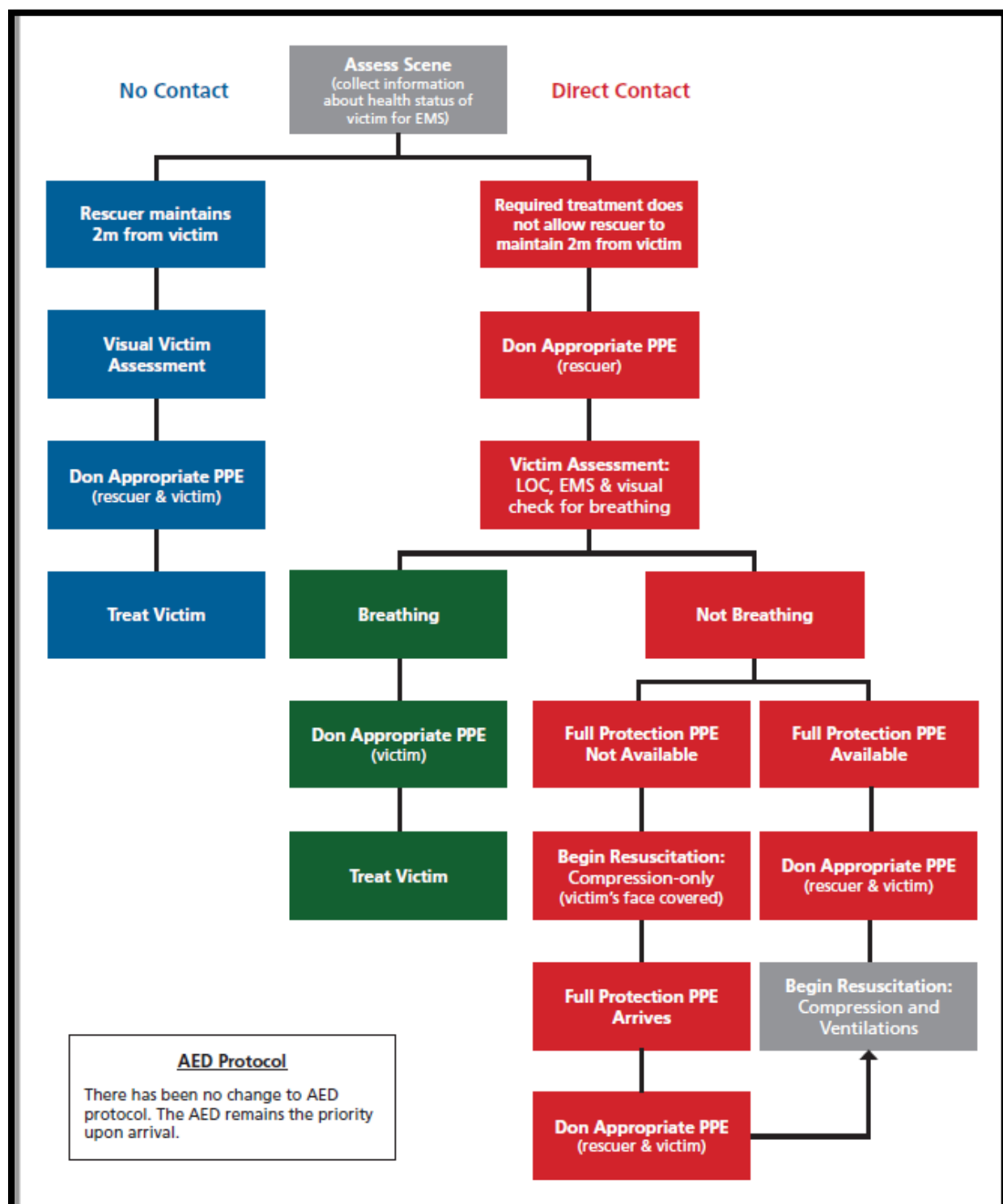
The Centres for Disease Control and Prevention (CDC) recommend a 1:10 dilution ratio for household bleach, or a 1:20 ratio for commercial sodium hypochlorite solution to disinfect PPE, then let air dry. Typically, 1 to 10 minutes contact time is recommended.

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

Resuscitation When Ventilations are Recommended

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

COVID-19 Decision Tree For First Aid & Resuscitation



APPENDIX E. LIFEGUARD PERSONAL PROTECTIVE EQUIPMENT

NO CONTACT	DIRECT CONTACT	
<p>2m physical distancing is maintained between the rescuer and victim</p>	<p>LOW-RISK Non-aerosol-generating treatment</p> <p>2m physical distancing will compromise victim outcome</p>	<p>HIGH-RISK Aerosol-generating treatment</p> <p>2m physical distancing will compromise victim outcome</p>
<p>RESCUER: face shield/goggles, gloves, surgical mask</p> <p>VICTIM: surgical mask</p>	<p>RESCUER: face shield/goggles, gloves, surgical mask</p> <p>VICTIM: surgical mask</p>	<p>RESCUER: face shield/goggles, gloves, N95/surgical mask, gown</p> <p>VICTIM: (in order of preference) BVM with viral filter & continuous seal <u>OR</u> Pocket mask with viral filter & continuous seal <u>OR</u> Non-rebreather face mask with supplemental oxygen and open airway <u>OR</u> Pocket mask with viral filter and tight head strap (single-rescuer only) <u>OR</u> Surgical mask (compression-only CPR)</p>

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COVID-19 - Aquatic Facility Maintenance Cleaning, Decontamination and Safe Water Management of Aquatic Facilities

Background

Coronaviruses are a large family of viruses; some cause illness in people and others cause illness in animals. Human coronaviruses are common and typically associated with mild illnesses like the common cold. COVID-19 is a new disease that has not been previously identified in humans. Rarely, animal coronaviruses can infect people, and more rarely, these can then spread from person to person through close contact.

Surfaces frequently touched with hands are most likely to be contaminated. These include doorknobs, handrails, elevator buttons, light switches, cabinet handles, faucet handles, tables, countertops and electronics.

The virus responsible for COVID-19 survives for a certain time (a few hours to several days) on various surfaces but is easily eliminated by most regular cleaners and disinfectants.

It is important to ensure that the product has sufficient contact time with the surface to be disinfected, typically specified by the product manufacturer.

COVID-19 is a serious health threat and the situation is evolving daily. The risk will vary between and within communities, but given the increasing number of cases in Canada, the risk to Canadians is considered high. This does not mean that all Canadians will get the disease, it means that there is already a significant impact on our health care system.

The Lifesaving Society will continue to monitor the best available evidence as the situation evolves.

Implementation

The Government of Canada and the United States Center for Disease Control have created several online resources that will guide owner/operators in the cleaning and disinfection of aquatic facilities. Owner/operators should check these sites for the most current recommendations. The guidance provided in these resources on the cleaning and disinfection of public areas is aimed at limiting the survival of COVID-19. These recommendations will be updated if additional information becomes available.

These guidelines focus on community, non-healthcare facilities such as schools, institutions of higher education, recreation centres, offices, daycare centres, businesses and community centres that do not house people overnight.

Cleaning and Disinfecting Public Spaces

Personal Protection

The first step in addressing this virus is the personal protection of staff responsible for cleaning aquatic facilities. These individuals must be provided with adequate Personal Protective Equipment (PPE). In addition, they must practice personal hand hygiene.

The risk of exposure to cleaning staff is inherently low, however cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.

Employers should develop policies for worker protection and provide training to all cleaning staff on site prior to assigning cleaning tasks. Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE and how to properly dispose of PPE.

In addition:

- Gloves and gowns should be compatible with the disinfectant products being used.
- Additional PPE such as masks, goggles or face shields may be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to wash hands after removing gloves.
- If gowns are not available, coveralls, aprons or work uniforms can be worn during cleaning and disinfecting. Reusable (washable) clothing should be laundered after each use. Hands should be washed after handling dirty laundry. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used.
- Follow normal preventative actions and avoiding touching eyes, nose or mouth with unwashed hands.
- Additional key times to clean hands include:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - Before and after providing routine care for another person who needs assistance such as a child
- The use of a spray should be avoided if possible, in order to limit the formation of aerosol of disinfectant product which can be inhaled and thus irritate the respiratory tract. If such a spray bottle is used, adjust it to a large spray.

Where to Clean

Surfaces frequently touched by hands are most likely to be contaminated. These include doorknobs, handrails, elevator buttons, light switches, cabinet handles, faucet handles, tables, countertops and electronics. These areas are therefore high priority cleaning areas within the facility. It is not yet known how long the virus causing COVID-19 lives on surfaces, however, early evidence suggests it can live on objects and surfaces from a few hours to days.

A detailed cleaning schedule should be created which would include where, what and frequency of cleaning. Log sheets should be posted and completed each time cleaning occurs.

Cleaning Products

When cleaning public spaces, choose products that clean and disinfect at the same time (e.g. premixed store-bought disinfectant cleaning solutions and/or wipes when available). Cleaning products remove germs dirt, and impurities from surfaces by using soap (or detergent) and water. Cleaning does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. Disinfecting products kill germs on surfaces using chemicals.

Use only approved hard-surface disinfectants that have a Drug Identification Number (DIN). Drug Identification Number (DIN) is a computer-generated eight-digit number assigned by Health Canada to a drug product prior to being marketed in Canada. It uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescriptions and over-the-counter drug products that have been evaluated and authorized for sale in Canada. Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace.

A DIN uniquely identifies the following product characteristics: manufacturer, product name, active ingredient(s), strength(s) of active ingredient(s), pharmaceutical form, route of administration.

Create a Cleaning Procedure

Operators of aquatic facilities should develop or review protocols and procedures for cleaning their facility. This will help determine where improvements or additional cleaning may be needed. Manufacturer's instructions for safe use of cleaning and disinfection products (e.g. wear gloves, use in well-ventilated area, allow enough contact time for disinfectant to kill germs based on the product being used) should be reviewed and appropriate products should be selected for use by staff. Employers should work with their local health units to ensure appropriate local protocols and guidelines, such as updated/additional guidance for cleaning and disinfection, are followed.

When setting up procedures, staff should:

- use damp cleaning methods such as damp clean cloths, and/or a wet mop. Do not dust or sweep as it can distribute virus droplets into the air.
- Place contaminated disposable cleaning items (e.g. mop heads, cloths) in a lined garbage bin before disposing of them with regular waste. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C). Clean and disinfect surfaces that people touch often.

In addition to routine cleaning, surfaces that are frequently touched with hands should be cleaned and disinfected more often, as well as when visibly dirty. Shared spaces such as kitchens and bathrooms should also be cleaned more often.

In public places, where people touch common surfaces, cleaning should be done at least daily and if possible, even more frequently e.g. every 2 or 4 hours. (Finnish Institute of Occupational Health, 2020)

In summary, procedures should:

- Encourage your staff or community members to protect their personal health
- Be reinforced through the posting of signs and symptoms of COVID-19: fever, cough, shortness of breath, etc.
- Ensure surfaces that are frequently touched – such as shared desks, countertops, kitchen areas, electronics and doorknobs are more frequently cleaned.

Cleaning and Disinfecting:

Rescue Equipment (rescue tube, rescue can, rescue pole, ring buoys)

- Clean and disinfect rescue equipment at the end of the day or during an exchange between lifeguards
- After cleaning, leave the rescue equipment immersed in the water during disinfection

Training Accessories and Recreational Toys and Games:

- Clean and disinfect training accessories after use by a bather or daily
- After cleaning, leave the rescue equipment immersed in the water during disinfection and store to dry overnight

Personal Flotation Devices (PFDs):

- Clean and disinfect PFDs after use by a bather or daily
- After cleaning, leave PFD immersed in the water during disinfection and store to dry overnight

Deck Equipment

- Clean and disinfect all surfaces of deck equipment that are frequently touched with hands at least daily

Toilets

Toilets require careful cleaning instructions. Typically, carefully planned aseptic work instructions do not need to be changed according to these instructions. However, it is essential to note that viruses are spread through feces and that cleaning a toilet bowl may create small droplets which could pose a risk to staff.

An good example of cleaning instructions is available from the Finnish Institute for Occupational Health – [Cleaning Guidelines for the Prevention of COVID-19 Infections](#)

Safe Water Management

The management of safe water is imperative during viral outbreaks like COVID-19. We know through the work of the United States Centers for Disease Control and Prevention that:

“There is no evidence that COVID-19 can be spread to humans through the water. Proper operation, maintenance, and disinfection (with chlorine or bromine) of pools should kill COVID-19.”

To ensure the disease is killed in swimming pool water, aquatic facility operators should ensure water testing takes place as required by regulation or more frequently if required by protocols established by the facility.

Owner/operators should ensure their swimming pool water testing meets or exceeds the requirement of the Regulation or Guidelines.

Chlorine/bromine

Free Available Chlorine (FAC) levels should be carefully maintained at levels recommended by regulation or provincial guidelines. Operators may choose to enhance disinfection levels by raising levels above minimum until the COVID-19 virus is no longer present in the community.

Other tests

The control of other variables in the swimming pool water will ensure disinfection is effective. Careful monitoring of pH, Total Alkalinity, Calcium Hardness and Cyanuric Acid levels will enhance water quality.

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