



DISTRICT OF MACKENZIE RECREATION SERVICES

AQUATIC COVID-19 EXPOSURE CONTROL PLAN

Prepared by Jana Shaule, Aquatic and Program Manager

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INTRO

This document provides COVID-19 guidelines and procedures for the District of Mackenzie Recreation Centre Aquatic Facility and programs. All Aquatic Staff and must be familiar with the document and the guidelines and procedures outlined here before commencing work in the Aquatic Facility. The guidelines and procedures contained within this document have been taken from various governing bodies in Recreation including the BC Recreation and Parks Association (BCRPA), Recreation Facilities Association of BC (RFABC), Lifesaving Society of BC and Yukon, Canadian Red Cross, Municipal Insurance Association of BC (MIABC), BC Centre for Disease Control (BCCDC), the Government of BC Ministry of Health, and Worksafe BC. References to the primary documents that have been put forth by these governing bodies appear throughout this document. Links to primary documents can be found at the end of this document.

This is a living document. All guidelines and procedures are subject to change at any time as new Orders are put forth by the Provincial Health Officer and new information regarding COVID-19 becomes available. When changes are made to this document, staff will be debriefed on the changes and updated copies of this document will be made available.

This document forms an addendum to the District of Mackenzie Recreation Services COVID-19 Exposure Control Safety Plan which covers all District of Mackenzie Recreation Services facilities. Please familiarize yourself with the District of Mackenzie Recreation Services COVID-19 Exposure Control Safety Plan in addition to this document. Material that is not covered in this document appears in the District of Mackenzie Recreation Services COVID-19 Exposure Control Safety Plan. Question regarding this document and/or the guidelines and procedures contained within should be forwarded to Jana Shaule, Aquatic and Program Manager or, in her absence, to Terry Gilmer, Director of Recreation Services.

AQUATIC ENVIRONMENTS AND COVID-19

There is no evidence that COVID-19 can be spread to humans through pool water. Proper operation, maintenance, and disinfection of pools and hot tubs, with chlorine or bromine, should inactivate the virus that causes COVID-19. Nevertheless, appropriate care must still be taken both inside and outside of the pool to protect yourself and others.

ADEQUATE CONTROLS NEED TO BE MAINTAINED

Aquatic and Maintenance Staff are responsible for the pool during all operational hours. Reliable and consistent oversight on the implementation of new policies and procedures must be in place to prevent the transmission of COVID-19.

CLOSE SUPERVISION AND EMERGENCY SITUATIONS

Physical distancing in an aquatic environment is not relevant under the following circumstances:

- When providing close supervision of children for whom one is responsible.
- When aiding a person in distress.
- When providing first aid or carrying out lifesaving activities.
- When aiding those with disabilities.

USE CAUTION WHEN APPLYING PHYSICAL DISTANCING MARKINGS

Physical distancing measures must not undermine important safety features:

- Markings on pool decks must not create a slipping hazard (i.e., no slippery tape).
- Markings on pool decks must not obstruct safety signs (i.e., depth marks, no diving signs).
- Care should be used when applying markings so as not to confuse physical distancing markings of 2-metres with markings indicating pool water depth.

COVID-19 GENERAL INFORMATION

WHAT IS COVID-19?

COVID-19 is a respiratory infection caused by a newly identified virus (SARS-CoV-2). The infection has symptoms similar to other respiratory illnesses, including the common flu and common cold: cough, sneezing, fever, sore throat and difficulty breathing. Other symptoms can include fatigue, muscle aches, diarrhea, headache or loss of sense of smell. While most people infected with COVID-19 experience only mild illness, severe illness can occur in some people, especially those with weakened immune systems, the elderly and those with chronic medical conditions.

HOW COVID-19 SPREADS

COVID-19 is spread through liquid droplets when an infected person coughs or sneezes. The virus in these droplets can enter the body directly through the eyes, nose or mouth of another person if they are in close contact with the person who coughed or sneezed. COVID-19 is not transmitted through viral particles floating in the air and is not something that can enter the body through skin.

WHERE CAN I GET MORE INFORMATION ABOUT COVID-19?

The province of British Columbia has created a phone service to provide non-medical information about COVID-19 which is available from 7:30 a.m. to 8:00 p.m. at 1-888-COVID19 (1-888-268-4319) or via text message at 604-630-0300.

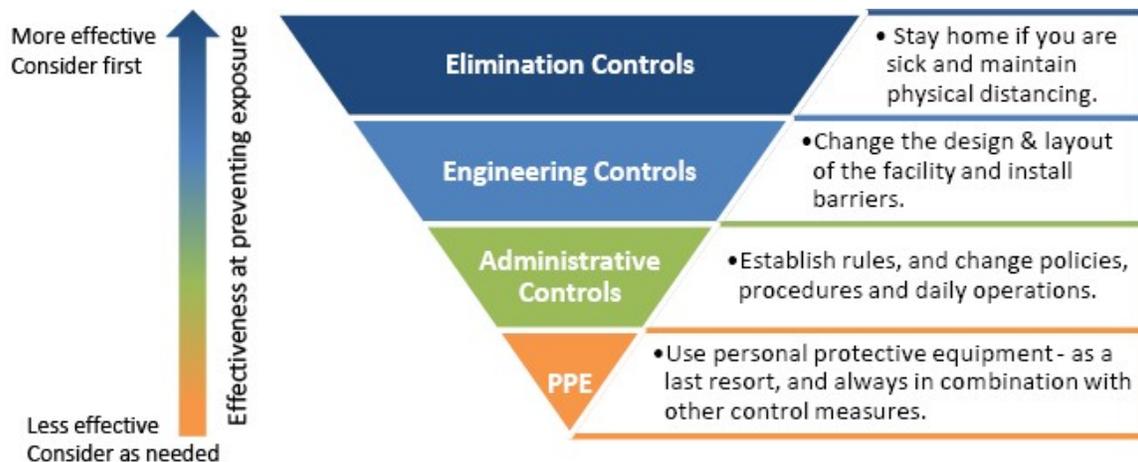
More information on COVID-19 can also be found online:

- BC Centre for Disease Control
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19>

- BC Provincial Health Officer – Orders, Notices and Guidance_ <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>
- WorkSafe BC – COVID-19 and the Workplace <https://www.worksafebc.com/en/about-us/news-events/announcements/2020/March/covid-19-and-the-workplace>

RISK ASSESSMENT

LEVELS OF PROTECTION



Elimination and engineering controls are designed to prevent people from coming into contact with an infectious person or contaminated surface in the first place and should be considered first. Following this model normally leads to the implementation of inherently safer systems, where the risk of illness exposure and/or transmission can be substantially reduced.



ELIMINATION PROTOCOLS

FIRST LEVEL OF PROTECTION

- Policies and procedures to limit the number of people in the workplace at any one time.
- Rearrange workspaces or reschedule work tasks to ensure workers are social distancing from co-workers, patrons, and others.

ENGINEERING CONTROLS

SECOND LEVEL OF PROTECTION

- Installation of barriers, such as sneeze guards, when physical distancing cannot be maintained.

ADMINISTRATIVE CONTROLS

THIRD LEVEL OF PROTECTION

- Rules and guidelines, such as occupancy limits for shared spaces, designated delivery areas, and one-way doors or walkways to keep people physically separated.

PPE

FOURTH LEVEL OF PROTECTION

- Use of masks if the first three levels of protection aren't enough to control risk.

FACILITY ACCESS & ADMISSION

FACILITY ACCESS

- Patrons enter and exit the facility via the front/main doors with directional arrows.
- Physical markers on floor and walls indicating appropriate physical distancing spacing when waiting in line at the Front Desk.
- Patrons enter and exit the pool via the pool lobby doors. Patrons enter onto pool deck and proceed to changerooms via pool deck to change and shower. Once changed and showered, patrons leave changerooms and re-enter the pool area. At the end of each swim session, patrons are directed to shower in the on-deck shower, dry off, don clothing over their swimwear and exit the pool deck to the pool lobby. From the pool lobby, directional arrows direct patrons out of the building.

CONTROLLED ACCESS

Patrons must pre-book all swim sessions via phone or email. Patrons are not admitted on a drop-in basis. Patrons must arrive no more than ten minutes before the start of their scheduled swim session. Lifeguards will direct patrons to the changerooms at the start of each swim session in controlled groups based on the maximum posted capacity of the changerooms.

FACILITY ADMISSION

- Signs posted at entrance of the facility and pool informing patrons that:
 - Patrons must not enter if they suspect they have COVID-19 or if they have any of the known COVID-19 symptoms.
 - Patrons must maintain a physical distance of at least two metres from other patrons and staff.
 - Patrons should cough into their elbow or into a tissue that is thrown away immediately after use, then wash hands or sanitize hands immediately.
 - Hand sanitizing stations are available for patrons throughout the facility and their use is encouraged, especially upon entering and exiting the facility.
 - Patrons are screened by a Customer Service Representative when checking in for their swim session.

- There is minimal contact between employees and patrons at the Front Desk.
 - Plexiglass sneeze guards have been installed at the Front Desk.
- Whenever possible, contactless forms of payment and check-in are to be used.
 - Use of cash is discouraged, but accepted – when handling cash, employees are to wear gloves or wash hands before and after handling money.
- In order to avoid and reduce crowd gathering, we will be using a combination of reservation times and drop-ins for different areas of the facility.
 - Reservation times will be available to book over the phone or in person, with staggered times to ensure steady flow through the facility and change rooms.

SCREENING PATRONS

When arriving at the facility, patrons must be asked the following questions by a Customer Service Representative:

1. Are you feeling sick? (Examples include a new cough, headache, weakness, fever, difficulty breathing, loss of smell or taste, loss of appetite, chills, etc.)
2. Have you travelled outside Canada in the past 14 days?
3. Do you provide care or have close contact with a person with COVID-19 (probable or confirmed) while they were ill, and you did not have appropriate PPE?

Any patron who answers yes to any of the questions above will not be permitted to enter the facility. Anyone who has the symptoms of COVID-19 is recommended to call 8-1-1.

In the case of negative behaviours from patrons, employees are directed to seek the assistance of a supervisor immediately. Patrons refusing to answer these questions, or refusing to follow the established guidelines, will be asked to leave the facility until they agree to abide by these rules.

POOL & AMMENITIES

Bather loads are reduced to allow appropriate physical distancing and may be increased in time based on provincial health authority recommendations. The aquatic facility will have an occupancy limit of 25 people during the first phases of reopening.

Lifeguards will patrol the aquatic facility, regularly cleaning and disinfecting high touch points and educating patrons on our new COVID-19 specific safety measures.

OCCUPANCY LIMITS

AREA / SWIM TYPE	MAXIMUM OCCUPANCY
Family Change Room	CLOSED
Women's Change Room (to be used as a Family Change Room until further notice)	10
Men's Change Room	CLOSED
Aquafit	12
Lane Swim	6
Public Swim	25

GENERAL RULES

1. All patrons must complete a COVID-19 screening questionnaire and an Assumption of Risk Waiver when checking in at the Front Desk.
2. Patrons must not spit, urinate or blow their nose in the water.
3. People at higher risk of COVID-19 should not participate in programmed activities unless on the advice of their family physician.
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 should receive help from a family member.
7. Patrons must shower and wash hands with soap for at least 20 seconds before entering the pool deck.
8. Patrons are encouraged to come prepared and suited up to keep people moving quickly through the change rooms.
9. All swims will have a reduced number of bathers to ensure physical distancing is maintained in the pool and change rooms.

CHANGE ROOMS

- Patrons must enter change rooms from the pool deck. There is no access to changerooms from the pool corridor. Once changed, patrons will enter the pool via the pool deck and exit the pool (once their swim session has ended) via the pool lobby.
- Changerooms are regularly monitored, cleaned and disinfected by on-site attendants and deep cleaned after every 50 patrons.
- Unnecessary items have been removed from changerooms to facilitate the cleaning of these areas.
- Signage advising patrons to maintain physical distance are posted in changerooms.

PATRON EQUIPMENT

- As there is currently no evidence that COVID-19 survives in treated pool water, there are no special disinfection procedures to put in place equipment that is regularly in contact with chlorinated water.

- Signage will be posted along the pool deck reminding patrons not to share water bottles, towels, goggles, or any other equipment (other than with family members).
- Use of goggles will be encouraged to avoid mucus contamination.
- Snorkels are prohibited until further notice.
- Patrons are encouraged to bring their own equipment.
- Only essential equipment will be available for use during the first stages of opening and will be handed out by the Aquatic Staff (i.e., kick boards, PFDs, etc.)
- All shared equipment will be disinfected between users.
- Any equipment left on the deck will be deemed “expired” and disinfected before next use.

LANE SWIMS

- Two lanes will be available for lane swimming during all public swim sessions. Lanes are limited to one person per lane or a maximum of two people per lane if they are from the same household.
- Patrons are encouraged to bring their own equipment. There should be no sharing of equipment between swimmers unless they are from the same household.

AQUAFIT

- Instructor will provide all participants with guidance on physical distancing, hygiene, and respiratory etiquette before beginning the class.
- Instructor will conduct the class from the deck and will not enter the water except for demonstrations.
- Equipment will not be shared between participants, unless they are from the same household.
- All equipment will be disinfected after each class.

SWIMMING LESSONS

Swimming lessons will not be offered during the first phases of reopening.

SWIM CLUB

- At this time, Swim Club will not be utilizing the Mackenzie Recreation Centre Pool.
- A “Return to Sport” Plan must be provided to Recreation Services before Swim Club commences.
- All COVID-19 guidelines must be followed at all times.

VIEWING AREA

- The viewing area/pool lobby will be closed to spectators and be used as an entry/exit point from the pool deck.

HOT TUB & SAUNA

- The sauna will remain closed until further notice. The space is too small to accommodate social distancing measures and disinfecting/cleaning protocols.

- Hot tub will remain closed until further notice. We anticipate that the hot tub will be available for use in the future at reduced capacity to maintain physical distancing measures, as long as there is no ongoing community spread of COVID-19 in the region in accordance with provincial health authority recommendations. Once open, markers will be placed 6 feet apart along the hot tub to indicate where patrons can sit.

BATHROOMS

- Patrons of the aquatic centre will have access to bathrooms located in changerooms.
- Bathrooms are disinfected and cleaned regularly throughout the day.
- Separate bathrooms are available for aquatic staff.
- Hand washing signage is posted in each bathroom.

WATERSLIDES

- The waterslide will be closed until further notice. There are too many touch points to keep the slide clean and disinfected.

WATER FOUNTAINS

- As per the Health Act, patron self-serve drink stations, water dispensers and water fountains are required to be open on the pool deck.
- Patrons are encouraged to fill up their water bottles at home.
- Water fountain will be cleaned and disinfected after each use.

SAFETY EDUCATION & RULE ENFORCEMENT

- Safety plans and staff manuals have been updated with COVID-19 adapted policies and procedures.
- Management has conducted Return to Work training, daily check-ins with staff, and weekly crew updates.
- Public is informed of the implemented changes via social media, on our website, via signage throughout the building, and by staff.

FACILITY SIGNAGE

The following signage will be posted around the facility:

- At entrance of the facility and aquatic centre informing patrons that:
 - Patrons must not enter if they suspect they have COVID-19 or if they have any of the known COVID-19 symptoms.
 - Patrons must maintain a physical distance of at least two metres from other patrons and staff.
 - Patrons should cough into their inner elbow or into a tissue that is thrown away immediately after use, then wash or disinfect hands immediately.

- Occupancy limits for areas and rooms are posted and in use:
 - Washrooms, Gym, Arena pad, Hallways & choke points, Boot room, etc.
- Hand washing and self-hygiene etiquette.

POOL SIGNAGE

The following signage will be posted around the pool:

- Chlorinated pool water is an effective disinfectant and the risk of transmission from contact with properly treated pool water is considered minimal.
- Do not use the pool if you are sick or feel unwell.
- Everyone must wash hands when entering the pool area with liquid soap and water for at least 20 seconds.
- Everyone must shower before and after using the pool.
- Do not spit or blow your nose in the water.
- Practice physical distancing by keeping 2 metres from one another.
- Please do not share water bottles, towels, goggles, or any other equipment other than with family members.
- Occupancy limits for change rooms, washrooms, and lobby.

ILLNESS PROTOCOL

In the event that someone begins to feel sick while visiting or working in the facility, the following steps will be followed:

1. Staff, patrons and program participants who are sick will be isolated in a vacant room until transportation from the facility can be arranged.
 - One staff member will wait with child participants until parents/guardians are contacted and arrive to pick up their child(ren).
 - Staff and adult participants, if able, will transport themselves from the facility. If they need to arrange for transportation, they will be isolated from others until transportation arrives.
 - If necessary, EMS will be called to transport patrons and/or participants from the facility.
2. Health officials and close contacts will be notified
 - Local health officials, staff, patrons, and swimmers will be immediately notified of any confirmed case of COVID-19 while maintaining confidentiality.
 - Contact tracing will be conducted to determine those who have had close contact with a person diagnosed with COVID-19 and they will be asked to stay home and self-monitor for symptoms and follow CDC guidance if symptoms develop.
3. Cleaning and disinfection protocols will be followed for any areas a staff, patron or participant visited when they were experiencing symptoms.
 - Any areas/equipment that were used by a person experiencing symptoms

will be closed off and will not be used until proper cleaning and disinfection has occurred.

- Proper disinfectants and PPE will be used during cleaning and disinfecting.

AQUATIC STAFF TRAINING & CERTIFICATIONS

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.

STAFF TRAINING GUIDELINES FOR SAFETY SUPERVISION, FIRST AID & RESUSCITATION

- During training, staff will be supplied with their own PPE and personal first aid equipment.
- No person-to-person contact should occur during first aid or resuscitation skill assessments or practice situations.
 - In-water rescue breathing, and victim assessments will not be used at this time.
- In order to maintain physical distancing measures, manikins will be used for CPR and first aid demonstrations when the employee is not able to demonstrate the treatment on themselves.
- All training equipment will be disinfected before, during, and after training.
- The Mandatory COVID-19 Instructor Update will be completed as required.
- All Aquatic Staff that hold a current NLS award will complete the NL Fast Track AMOA Module and be evaluated by a FAI.

ONBOARDING FOR RETURNING STAFF

- Review of COVID-19 adapted Facility Safety Plans.
- Review COVID-19 adapted Facility Operations protocols – disinfection, facility amenities, and amended 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 adapted PPE for all aquatic and facility staff.
- Conduct a Rescue Ready Assessment of safety supervision staff.
- Update instructors on COVID-19 training program guidelines.

All training will have documentation records with date, name and signature for those who receive training.

READY RESCUE ASSESSMENT

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. This does not replace National Lifeguard or First Aid recertification courses.

The following rescue skills & aerobic requirements will be assessed:

1. Object recovery: starting in the water, swim 15 metres and surface dive to recover a 20-pound object; surface and carry the object 5 metres – all within 40 seconds.
2. Demonstrate anaerobic fitness: starting in the water, swim 50 metres head-up – within 60 seconds.
3. Demonstrate endurance and strength for a submerged manikin or victim recovery and rescue: starting in the water, swim to recover a submerged manikin or victim located 25 metres away; carry the manikin or victim 25 metres – all within 90 seconds (COVID-19 protocols: use a training manikin, family member, etc.).
4. Demonstrate aerobic fitness and endurance: swim 400 metres within 10 minutes.
5. Demonstrate endurance and strength for a distressed victim rescue: starting in the water, approach 15 metres head-up to contact a distressed victim in deep water; carry the victim 5 metres supporting the victims head and shoulders above the surface (COVID-19 protocols: use a training manikin, family member, etc.).
6. Demonstrate an understanding of different rescue techniques appropriate for specific pool features and special situations in a pandemic context.
7. 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.).
8. 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.).
9. Demonstrate effective management of a suspected spinal-injured victim in a pandemic context:
 - a. Enter and approach a face-down victim in deep water; roll victim over, immobilize and carry 15 metres.
 - b. With the assistance of one back-up lifeguard and one bystander, manage a spinal-injured victim on land or in shallow water.
10. Respond to emergency situations as a single lifeguard and as both a member and a leader of the lifeguard team in a pandemic context.

COVID-19 LIFEGUARD PROCEDURES

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 interaction with the public.
- The frequency of responses requiring direct contact by aquatic staff with bathers is low, therefore the likelihood of contracting COVID-19 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.

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 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 ask 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 personal 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 (2m) 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.

LIFESAVING SOCIETY COVID-19 GUIDELINES FOR IN-WATER RESCUE

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

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

- For in-water rescues, whenever possible, approach the victim in a manner to avoid face-to-face proximity.
- For all rescues, minimize the number of rescuers who have direct contact with victims.
- A dry container will be available with hand sanitizer and PPE for two rescuers, a victim, and a bystander.
- After each rescue, all rescuers, victims, and bystanders should practice hand hygiene, shower with soap, change their clothes and bag clothes worn during the rescue (to be washed later).
- Follow the disinfection protocols for all 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 distance of 2 m)
 - Don appropriate PPE
 - Manage/mitigate any hazards/risks
 - Victim health history – COVID-19
 - Mechanism of injury
 - Request additional resources as required
 - Continuous and dynamic scene assessment
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

- Whenever possible initiate first aid for children and minors by asking parents or caregivers to provide aid.
- Provide appropriate PPE (i.e., face mask and gloves) for those providing aid and the victims.

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 green

<p>Example: 1 lifeguard & trained backup (i.e., trained back-up or attendant)</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 PPE 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 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 (i.e., 2 LGs or 1 LG & 1 attendant)</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 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 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 (i.e., 3 LGs or 2LGs & 1 attendant)</p>	<ol style="list-style-type: none"> 7. Rescuer 1: signals and enters water with rescue aid 8. Rescuer 2: initiates clearing the water, provides backup, assists with victim removal <ul style="list-style-type: none"> • Where not needed in water, get equipment and don PPE 9. Rescuer 3 / First Aid Designate: upon removal assume primary victim care 10. All Rescuers involved with victim care should dry off and don appropriate PPE before continuing victim care 11. Provide face mask to victim during care 12. If available, direct other facility staff or bystander <ul style="list-style-type: none"> • To assist in complex rescues • To call EMS <p>Follow disinfection protocols post-rescue</p>
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FIRST AID AND RESUSCITATION GUIDELINES FOR COVID-19

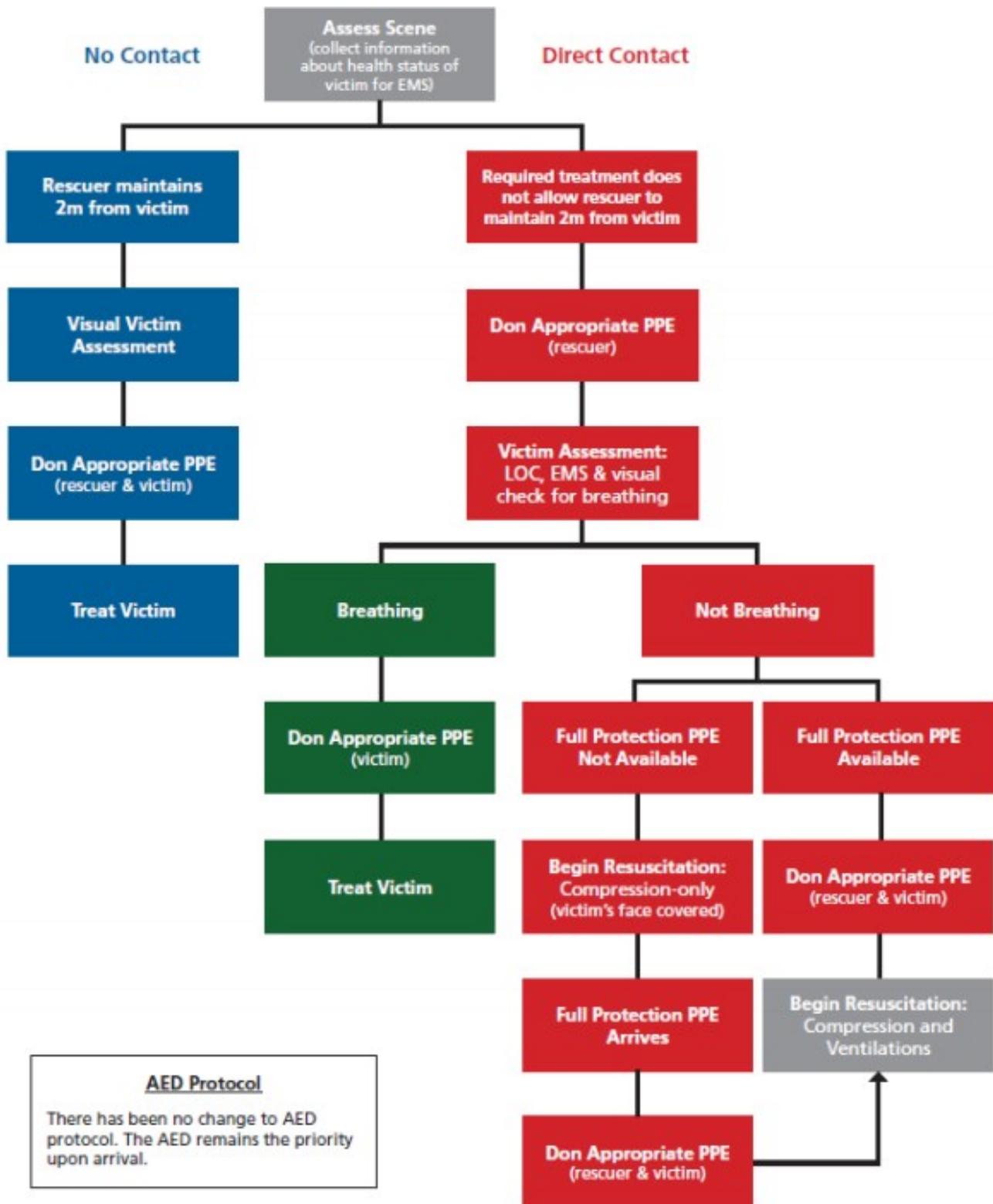
Principles of Mitigating Risk of Infection when Administering First Aid and Resuscitation

- Scene Assessment
 - Maintain physical distancing (2m) whenever possible
 - Collect information about the health status of the victim with regard to COVID-19
 - Important to pass this information on to EMS, allowing them to provide optimal treatment to the victim.
 - Information may be obtained from the victim, 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 victims condition requires the lifeguard to make direct contact with the victim.
 - Alternative options may include 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 PPE appropriate to the level of victim contact and first aid treatment required – both victim and rescuer.
 - When victim's history indicated positive or suspected COVID-19, inform EMS.
 - Regardless of direct or indirect contact, proper hand hygiene is important following all first aid treatment.
- Secondary Assessment
 - Maintain physical distancing (2 m) 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 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.

DECISION TREE FOR FIRST AID & RESUSCITATION



PERSONAL PROTECTIVE EQUIPMENT

AQUATIC STAFF PPE

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

1. All staff will be provided with their own PPE and personal first aid equipment (pocket mask with viral filter, gloves, hat with face shield, etc.)
2. Assume all victims requiring first aid are COVID-19 positive
3. Designated staff member for each shift to take the lead during first aid and resuscitation
 - a. Equipped with appropriate PPE to safely manage victim care and provide the required follow-up
 - b. The designate should permit in-water rescuers time to dry-off and don PPE before they continue victim care
4. Access to first aid room is limited to essential personnel
5. If unable to adhere to physical distancing requirements, staff are to don face masks to prevent COVID-19 transmission
6. Any shared PPE will be disinfected between use/exchange
7. When wearing gloves, avoid touching the face
 - a. Follow procedure prescribed by the World Health Organization when removing gloves (Appendix F - WHO procedure to remove gloves)
 - b. Follow procedure prescribed by the WHO in order to remove PPE while avoiding contamination (Appendix G - WHO procedure to remove PPE)
8. Personal first aid equipment, such as fanny packs, will not be shared between employees

LEVELS OF RISK AND 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 meters of the victim must don appropriate PPE for high-risk

protocols. 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 generated 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) is required.

ITEMIZED LIST OF PERSONAL PROTECTIVE EQUIPMENT FOR LIFEGUARDS

- 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, fit testing surgical masks can be work 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 and face coverings are prohibited in the water for lifeguards and patrons at all times.

- Eye Protection – where necessary, 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 one 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
 - Practice personal hygiene following use
- Bag-Valve-Mask with Viral Filter (ie. HEPA)
 - 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 Viral Filter (ie. HEPA)

- 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

TEAM ACTIVITY

When should the aquatic staff wear PPE?

- Masks and face shields at all times when on deck?
- As long as the Aquatic Staff are adhering to physical distancing requirements, they do not have to wear masks and face shields at all times when on deck, however, if they do not follow the required 2m physical distancing, they must be worn
- PPE will be worn for all first aid and resuscitation scenarios

KEEPING PPE ORGANIZED, CLEAN AND DRY

Certain PPE, such as viral filters and masks, must remain dry to be effective; therefore:

- Each lifeguard will have first contact PPE on their person including gloves and 2 surgical masks. The gloves and surgical masks will be kept in a resealable zip-lock bag to avoid getting wet.
- Each focal point will have a dry storage container that includes towels, PPE for 2 rescuers and a bystander, resuscitation equipment (BVM with viral filter, etc.), hand sanitizer and disinfection wipes.

PPE 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, and then let air dry. Typically, 1 to 10 minutes contact time is recommended.

LIFEGUARD PPE – NO CONTACT VS DIRECT CONTACT

NO CONTACT	DIRECT CONTACT	
<p>2m physical distancing is maintained between 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>2 m 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 OR Pocket mask with viral filter & continuous seal OR Non-rebreather face mask with supplemental oxygen and open airway OR Pocket mask with viral filter and tight head strap (single rescuer only) OR Surgical mask (compression-only CPR)</p>

FACILITY MAINTENANCE, CLEANING, & DECONTAMINATION

IMPORTANT REMINDERS ABOUT CORONAVIRUSES AND REDUCING THE RISK OF EXPOSURE

- Coronavirus on surfaces and objects naturally die within hours to days – warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects
 - Detectable on copper up to 4 hours
 - Detectable on cardboard up to 24 hrs
 - Detectable on plastics & stainless steels up to 2-3 days
- Normal routine cleaning with soap and water removes germs and dirt from surfaces – it lowers the risk of spreading COVID-19 infection
- Disinfectants kill germs on surfaces – by killing germs on a surface after cleaning, you can further reduce the risk of spreading infection

CLEANING PROCEDURE

Using the appropriate disinfectants, staff will maintain the spaces in use by frequently cleaning high touch points and surfaces. During the closed periods in the pool, staff will perform a deep clean of the spaces that were used, ensuring thorough cleaning and air exchange.

Frequently touched surfaces will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects, as per below:

1. Clean the surface / object with soap and water
2. Disinfect the surface /object using the EPA-approved disinfectant or chlorine disinfectant solution

Frequently touched surfaces that are most likely to be contaminated:

- Doorknobs
- Handrails
- Elevator buttons
- Light switches
- Handles
- Faucet handles
- Tables
- Countertops
- Electronics
- Toilets
- Desks
- Keyboards
- Phones
- Etc.

HOW TO CLEAN

- Hard (Non-Porous) Surfaces:
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection
 - For deep cleaning, bleach, Sanibet and/or Vanguard will be used depending on the area being cleaning. For cleaning between deep cleans, and especially for cleaning high-touch points, Pinosan will be

used.

- Soft (Porous) Surfaces:
 - For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
 - After cleaning, if the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry the item completely
- Linens, Clothing, And Other Items That Go in The Laundry:
 - In order to minimize the possibility of dispersing the virus through the air, do not shake dirty laundry
 - Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - Dirty laundry that has been in contact with an ill person can be washed with other people's items.
 - Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.
- Rescue Equipment
 - Clean and disinfect rescue equipment at the end of the day or during an exchange between lifeguards
 - After cleaning, leave rescue equipment immersed in the water during disinfection
- Training Accessories, and Recreational Toys & 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 Floatation Devices
 - 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 during the deep clean when the pool is closed

PERSONAL PROTECTION

The risk of exposure to cleaning staff is inherently low, however, staff responsible for cleaning and disinfecting the facility will be provided with adequate PPE and must practice personal hand hygiene.

- All staff will be provided with training on site including when to use PPE, what PPE is necessary, how to properly put on and take off PPE, and how to properly dispose of

PPE.

- Cleaning staff should immediately report breaches in PPE, such as a tear in gloves or any other potential exposures to their supervisor
- Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing their hands with soap and water for 20 seconds
 - 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. However, if hands are visibly dirty, always wash hands with soap and water.

APPROPRIATE DISINFECTANTS

- Bleach
 - 1 Cup Bleach in 18 L mop bucket
 - For deep cleaning
 - Mop then hose deck
 - Mop then hose changerooms
- Sanibet Spray Bottles
 - 1mL in 500mL water
 - Guard Room disinfect
 - Water Fountain
 - Pool Changeroom
- Pinosan
 - 122mL in 5L water
 - For deep cleaning
 - Touch Points
 - Changerooms
- Vanguard
 - Spray Gun
 - 12.5mL in 1000mL water

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, water testing must take place as required by regulation or more frequently if required.

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 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.

COVID-19 Environmental Cleaning and Disinfection Sheet for Pool

The following log sheet will be used by aquatic staff to document regular cleaning each week.

Covid-19—Environmental Cleaning and Disinfection Log Sheet for the Pool

**Mop Pool Deck With Bleach (1 Cup-18L mop bucket)

**Pinosan (122ml-5L bucket)

**Sanibet (1ml-500ml water)

**Vanguard (12.5ml-1000ml water spray gun)

Daily Cleaning Log Sheet	Week Of: _____														
	Tuesday			Wednesday			Thursday			Friday			Saturday		
	AM	PM	PM	AM	PM	PM	AM	PM	PM	AM	PM	PM	AM	PM	PM
Pool Deck															
Mop Deck															
Hose Deck															
Deck Shower															
Pool Ladders															
Water Fountain															
Door Handles															
Pool Change room															
Showers															
Toilets															
Hand Washing Sinks															
Dispensers															
Doors															
Garbage Can Lids															
Benches															
Mop Floors															
Hose Floors															
Locker Doors															
Initial															

RESOURCES

BC Centre for Disease Control, Ministry of Health and Regional Health Authorities, *Coronavirus Disease (COVID-19) Guideline for Swimming Pools*, Version 1, June 2020

https://www.lifesaving.bc.ca/Areas/Admin/Content/images/DashboardFilePdfUpload/DashboardFilePdf/Dashboard_1569263_COVID-19_-_BC_Health_Guideline_for_Swimming_Pools.pdf

BC Recreation and Parks Association, *The Recreation and Parks Sector Guideline for Restarting Operations*, May 2020

<https://www.bcrpa.bc.ca/media/242766/bcrpa-restarting-guidelines-final.pdf>

BC Recreation and Parks Association and Recreation Facilities Association of BC, *COVID-19 Considerations for Restarting Swimming Pool Operations*, June 2020

<https://www.bcrpa.bc.ca/media/247654/bcrpa-rfabc-considerations-restarting-pool-operations.pdf>

District of Mackenzie, *Recreation Services COVID-19 Exposure Control Safety Plan*, June 2020

<https://districtofmackenzie.ca/wp-content/uploads/2020/09/District-of-Mackenzie-Recreation-Services-COVID-19-EXPOSURE-CONTROL-PLAN-June-2020.pdf>

Lifesaving Society BC & Yukon Branch, *Guidelines for Reopening BC & Yukon Pools and Waterfronts*, June 2020

https://www.lifesaving.bc.ca/Areas/Admin/Content/images/DashboardFilePdfUpload/DashboardFilePdf/Dashboard_1569263_Guidelines_for_Reopening_BC's_Pools_and_Waterfronts_-_Updated_June_17,_2020.pdf

Municipal Insurance Association of BC, *Risk Transfer and COVID-19: Waivers, Assumption of Risk and Informed Consent in Recreation Programming and Facility Use Agreements*, June 2020

- MIABC, *COVID-19 Assumption of Risk & Permission Form (for Child Participants)*, June 2020
- MIABC, *COVID-19 Assumption of Risk Form (for Adult Participants and Coaches)*, June 2020
- MIABC, *COVID-19 Addendum to Facility Use Agreement/License (for User Groups)*, June 2020

<https://www.miabc.org/news-events/blogs/view-blog/ask-us-anything-covid-19-risk-management-advice-blog/2020/05/28/risk-transfer-and-covid-19-waivers-assumption-of-risk-and-informed-consent-in-recreation-programming-and-facility-use-agreements>

Vancouver Coastal Health, *Coronavirus Disease (COVID-19) Guideline for Swimming Pools*, May 2020

<http://www.vch.ca/Documents/COVID-19%20Guidelines%20for%20swimming%20pools.pdf>

WorkSafe BC, *Sports and recreation: Protocols for returning to operation*, June 2020

<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/sports-recreation>