

# Hertsmere Leisure **The Venue**

# **NORMAL OPERATING PROCEDURES**

### Normal Operating Procedures

- 1) Details of the pool(s)
- 2) Potential risk
- 3) Dealing with the public
- 4) Lifeguards' duties and responsibilities
- 5) Systems of work
- 6) Detailed Safe Operating Procedures (see Appendices)
- 7) First aid
- 8) Details of alarm systems
- 9) Conditions of hire to outside organisations.

#### Appendices (Safe Operating Procedures):

- A: Moveable floor
- B: Gala
- C: Pool water test
- D: Inflatable set-up
- E: Hoist

### Emergency Action Plan

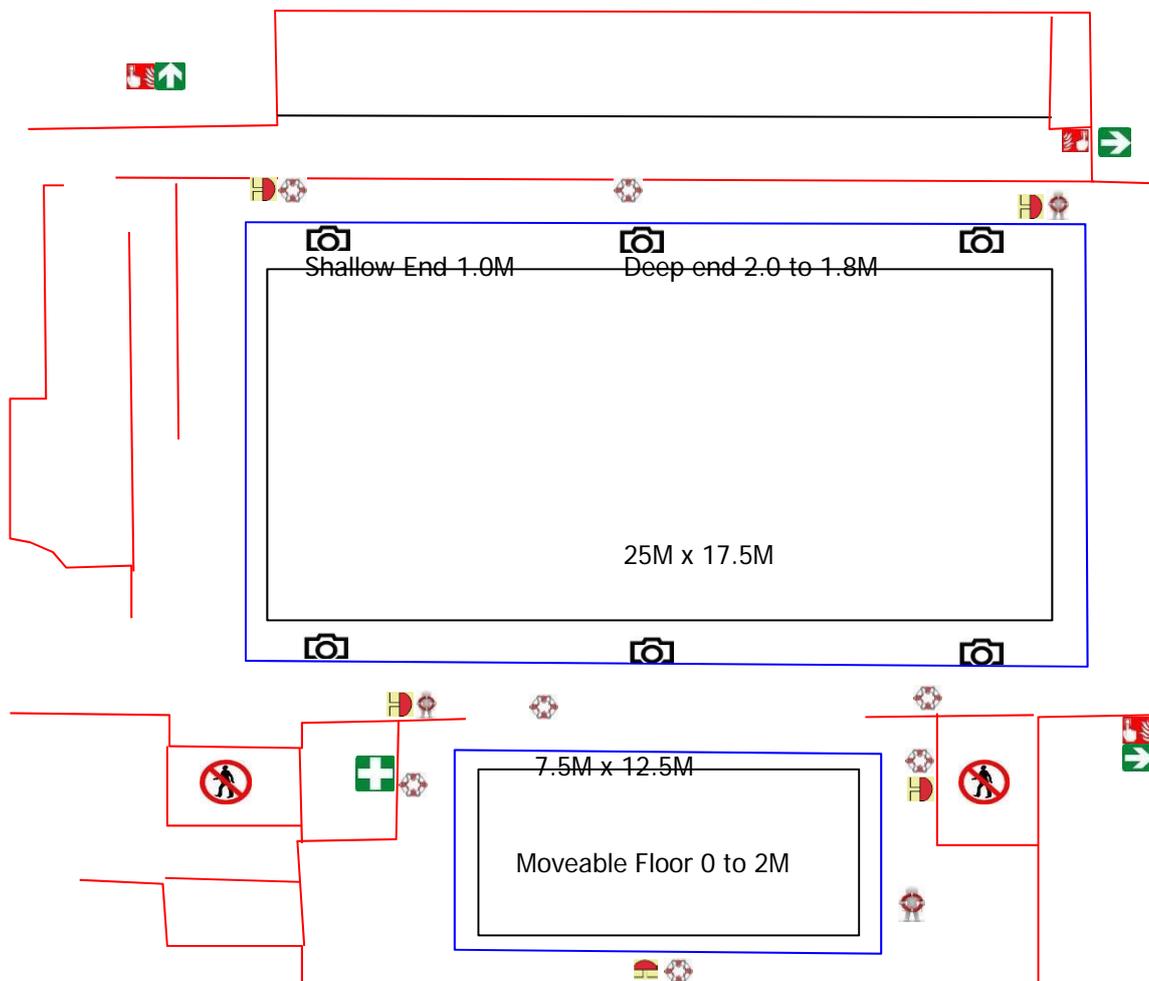
1. Overcrowding;
2. Disorderly behaviour (including violence to staff);
3. Lack of water clarity;
4. Outbreak of fire (or sounding of the alarm to evacuate the building);
5. Bomb threat;
6. Lighting failure;
7. Structural failure;
8. Emission of toxic gases;
9. Serious injury to a bather;
10. Discovery of a casualty in the water.

#### Appendices:

- A: Pool inflatable collapse
- B: Blood, vomit and faecal fouling
- C: Broken glass

1) *Dimensions and depths, features and equipment and a plan of the building.*

a) The plan of the pool, positions of pool alarms, fire alarms, emergency exit routes and any other relevant information.



Lifeguard position  
(first aid kit/lifesaving  
equipment)



Lifesaving equipment  
(torpedo buoy, reach pole)



No unauthorised  
access



Pool alarm



First aid provision



Fire exit



Underwater CCTV

## 2) *Main hazards and users particularly at risk*

The Health & Safety Manager, in conjunction with the Operations Manager must ensure risk assessments are carried out to include:

- **Premises** (physical) hazards relating to the pool design, structures and features, including access to the pool
- **Utility** hazards - water and electricity
- **People** hazards – age, number and users particularly at risk
- **Activity** – hazardous behaviour of bathers associated with each session type taking place in the pool
- **Task** hazards – hazards to staff who are lifeguarding
- Poor and unprofessional activity of lifeguards.

## 3) *Admissions Policy*

Persons who appear to be intoxicated by **alcohol or drugs** or not well enough to enter the water must be refused admission.

**Children under the age of 8 years** must be accompanied by a person aged at least **18** years, the parent or legal guardian (based on the Chartered Institute for Management of Sport and Physical Activity (CIMSPA) guidance)

- this person may supervise a maximum of two under 8s in main pool, or three under 8s in teaching pool less than 1m deep
- this person must directly supervise under 8s (i.e. be within reach) at all times.

The Admission Policy is on display in key areas at Reception & entrance to Poolside.

**Weak/non-swimmers** should be restricted to areas of the pool with water depth less than 1.5 m. Signs indicating this must be positioned to enforce this and guide customers and staff.

Small children (under 8) must not be left unsupervised in carriers or pushchairs on the side of the pool.

Swim nappies must be worn by all children who are incontinent or not dry throughout the day. These may be purchased at Reception. Standard nappies are not suitable or appropriate.

Children under the age of 8 may accompany adults in opposite sex toilet areas. Children over the age of 8 should not enter opposite sex changing or toilet areas.

**Food & Drink** must not be brought onto or consumed on the poolside. Plastic water bottles may be brought onto poolside for swimmers during coaching sessions, Lifeguards and Teachers to avoid dehydration.

Customers who have **health problems or a disability** may appear to pose a risk. Many people will have been referred by a doctor for exercise and are often able to swim safely. If in any doubt in their ability to safely participate in pool activities customers should seek advice from their GP. If a person with a disability requires the use of the pool hoist to gain access to the pool, they should be asked to advise the Receptionist on arrival to ensure that the hoist is set up in good time whilst they are changing (a sign to this effect is displayed at reception)

Current or **recent illness** including respiratory problems, infections, digestive upsets and rashes are indications against participation. There is a high probability of infection from a single oocyst. Oocysts may continue being shed for two weeks after symptoms have ceased, with long-term asymptomatic carriage also reported. Any person with a recent history of **diarrhoea** (i.e. within the last 14 days) should not be permitted to swim.

Where a customer has **epilepsy which is totally controlled by medication** and has been completely free from seizures for at least one year, no special precautions are necessary.

Customers with **uncontrolled epilepsy** and parents of children with un-controlled epilepsy should seek their GP's approval for swimming and other forms of sports participation taking into account the following:

- the type, severity and frequency of seizures
- the presence or absence of warning signs
- known trigger factors, (e.g. cold water, stress, excitements, noise or dazzling lights on the water surface).

Swimming should only take place when:

- accompanied by a person aged 18+ or parent having knowledge of the condition and able to recognise an attack
- restricted to the companion's standing depth.

Swimming should **not** take place if:

- a person with uncontrolled epilepsy feels unwell
- during 'busy' conditions in the pool. (75% of capacity 95 people)

Where **groups of people with disabilities** are using the pool, extra supervision may be required.

As part of the risk assessment the following aspects must be considered:

- the group leaders should be consulted and consider persons with disabilities on an individual basis
- the number of Lifeguards required
- the number of helpers in the water to provide support
- the number of other helpers available to provide additional assistance, especially in the event of an emergency requiring evacuation
- the training and competency of helpers
- the provision, type and location of safety signs and signals (both visual and audible)
- the maximum number of disabled persons that can safely be admitted into, and evacuated from a session with due regard to the above.

#### **4) *Conditions of hire to outside organisations.***

Procedures and conditions of hire to outside organisations are defined within the Block Bookings Procedure, but should include as a minimum:

- a) Information on numbers participating and their swimming skills.
- b) Name of hirer's representative(s) who will be in charge of the group.
- c) Numbers and skills/qualifications of lifeguards to be present during the session; and whether these will be provided by the hirer or by the pool operator.
- d) Hirer to be given copies of normal and emergency operating procedures
- e) Specific agreement on the respective responsibilities of the pool operator and the hirer for action in any emergency. A distinction needs to be drawn between:
  - (i) emergencies arising from the activities of the group using the pool;
  - (ii) other emergencies (structural or power failures, etc).Responsibility for the latter will remain with the pool operator who will therefore need to have competent staff in attendance during the hire session.
- f) Any rules of behaviour to be enforced during the session.
- g) Any advice on safety to be given to participants, eg on avoiding alcohol and food immediately before swimming.

**1. *OVERCROWDING***

Lifeguards must carry out regular head counts of the number of swimmers in the water when they change positions. If the number is approaching the maximum swimmer load the Duty Manager must be informed immediately so that steps to prevent overcrowding may be taken.

If at any time the maximum number of swimmers has been reached, the Duty Manager and reception should be alerted so that further admissions can be halted.

After numbers have reduced the Duty Manager will advise the Receptionist to restart admitting customers.

**2. *DISORDERLY BEHAVIOUR (INCLUDING VIOLENCE TO STAFF)***

See QMS – Dealing with Difficult Customers

**3. *LACK OF WATER CLARITY***

A reduction in clarity prevents pool users from assessing the depth of the water and may prevent Lifeguards seeing a casualty below the surface of the water.

The clarity of the pool water should be constantly monitored. If the pool water clarity begins to deteriorate, Lifeguards must contact the Duty Manager immediately.

The Duty Manager shall carry out a water test, check the pool plant and initiate any corrective action.

If corrective action is not possible or effective quickly, the Duty Manager will stop all further admissions and decide whether it is safe for the pool to remain open.

Clarity should be assessed by throwing a diving brick into the water and determining whether it is visible on the bottom in the deepest part of the pool and in the area of poorest visibility. If the brick cannot be seen Lifeguards must clear the pool immediately. One long whistle blast supported by a message over the public address system is the most effective approach.

**4. *OUTBREAK OF FIRE (OR SOUNDING OF THE ALARM TO EVACUATE THE BUILDING):***

In the event of a fire alarm activation, the pool hall will become a segregated area, as it is surrounded by fire doors. It is also a very low risk area, as there is very little that will ignite and equally, few sources of ignition. The alarm activation will cause the fire doors leading to the changing room to close and the air handling units to shut down.

Customers should be asked to leave the pool, but to await further instruction to complete an evacuation of the building. While they wait, they should be given a 'space blanket' which will keep them warm, particularly if they are required to go outside.

**5. *BOMB THREAT:***

In the unlikely event we receive a bomb threat, an announcement will be made using the public address (PA) system "Code Black in the ....." the blank represents where the suspicious package/explosive device has been located, so that staff can avoid being in close proximity.

Two-way-radios should not be used close to the device, as it is possible that this could interfere with the activation electronics and activate the device. This is why notification via PA system is necessary, rather than radio use.

#### **6. LIGHTING FAILURE:**

Emergency lights will activate in the event of a power failure, emergency lighting will last for plenty of time, but is designed to allow safe exit from the building, so activities should cease. The duty manager must establish how long the power will be off for, to establish whether a full and immediate evacuation is necessary. To establish some idea of how long the situation will last, the Duty Manager should contact the emergency contact number to the National Grid, or the electricity supplier.

#### **7. STRUCTURAL FAILURE:**

In the unlikely event of part of the building failing to the point that it becomes hazardous to staff and customers, the Duty Manager must decide whether a partial evacuation must take place, clearing the affected area from people. If this occurs, the Property Services and General Managers should be contacted, if further support is needed the Health & Safety and/or Contract Managers should also be contacted.

#### **8. EMISSION OF TOXIC GASES:**

In the event of an error being made, using hazardous chemicals, it is possible to release a large and potent enough gas, to create an emergency situation, as it could cause harm to occupants of the building.

The Duty Manager has access to a respirator where the chemicals are stored in bulk, which is the most likely cause of the leak described. They must wear a respirator whenever toxic fumes are suspected, to investigate the cause so that they can take action to minimise further release. It is likely that the emergency services will need to be contacted, who will be able to give further information and will be able to react proportionately to the level of risk.

#### **9. SERIOUS INJURY TO A BATHER:**

All **head injuries** are to be treated as serious injuries, delayed compression injury may lead to unconsciousness. An ambulance should be called by the Duty Manager. Under no circumstances should the casualty be permitted to return to the pool even if they appear well.

Any casualty who has needed assistance from the water may have inhaled a small amount of water placing them at risk from **secondary drowning** for up to 72 hours after the incident. It is impossible for pool staff to assess whether a casualty is likely to suffer from this potentially fatal condition and therefore all such casualties must be transferred to hospital immediately.

As much assistance as possible should be given to the casualty and persons accompanying them. This may include use of the telephone and assistance with looking after children.

Staff have the responsibility to treat casualties prior to the arrival of an ambulance crew only. The ambulance crew have full responsibility to transport unaccompanied children to hospital and it should not be necessary for a member of staff to accompany the casualty in the ambulance.

**Disabled user evacuation** - users who are either disabled or have impaired mobility, can be assisted by any member of staff who have received training to use the Evac Chairs/Disabled hoist in the event of

a facility evacuation, when the lift is not available.

### **10. DISCOVERY OF A CASUALTY IN THE WATER.**

If a casualty is discovered in the water, a rescue must be carried out by the lifeguard as trained to do so during staff training:

- Lifeguard is made/becomes aware of an incident
- Lifeguard notifies others in the team that they have to respond to an incident by activation of the pool assistance alarm or three blasts of the whistle
- Pool alarm sounds via emergency alarms located in Reception to alert support staff who promptly report to the pool side
- On hearing the pool assistance alarm the Receptionist must stop any further admissions to the pool and await instructions from the Duty Manager
- Lifeguard initiates rescue/first aid procedures and removes casualty from the danger area
- Support staff clear the pool and assist with rescue/first aid as necessary
- Support staff should ensure that a crowd does not gather around the casualty
- Duty Manager will instruct the Receptionist to call an ambulance and designate one member of staff to meet the ambulance at the main entrance and take them directly to the scene of the incident
- As soon as possible after the incident all staff involved will complete an accident report form
- Duty Manager will complete an incident report and accident report form Duty Manager will inform Facility Manager or other Senior Manager
- The Facility Manager will determine when the pool will be re-opened to the public
- No statements should be made to the press or members of the public at the time of or immediately following the incident. If required a press statement will be prepared by the Facility Manager or Contract Manager.
- A counselling service is available to all staff involved in the incident.

## Appendices:

### B: **Dealing with blood, vomit and faecal fouling**

#### Blood and vomit

If substantial amounts of blood (or vomit) are spilled into the pool, it should be temporarily cleared of people, to allow the pollution to disperse and any infective particles within it to be neutralised by the disinfectant in the water.

After dispersion the Duty Manager or Leisure Assistant will immediately carry out a pool test to establish that disinfectant residuals (free and combined chlorine), and pH are within recommended ranges. If these tests are satisfactory the pool can be reopened.

Any blood spillage, vomit, faecal fouling on the poolside should be covered with paper towels, gently flooded with disinfectant (1% hypochlorite solution) and left for at least two minutes before it is cleared away. The affected area can then be washed with pool water. The person clearing up the spillage must wear gloves and suitable footwear.

The paper towels and gloves should be disposed of in a hazardous waste container.

#### Solid stools

It is essential that solid stools are retrieved quickly to prevent them breaking up and resulting in an extended pool closure.

- clear the pool of swimmers immediately
- using the scoop provided on poolside the Lifeguard identifying a possible stool must quickly retrieve the offending item
- the stool should be disposed of in the toilet and the scoop disinfected.
- after dispersion the Duty Manager will immediately carry out a pool test to establish that disinfectant residuals (free and combined chlorine), and pH are within recommended ranges.
- if these tests are satisfactory the pool can be reopened.

#### Stools which break up

Normal pool disinfection will destroy the bacterial and viruses associated with stools, however if a stool has broken up it is difficult to ensure all of the bits have been removed:

- clear the pool of swimmers immediately
- using the scoop provided on poolside remove as much of the faecal material as possible
- the stool should be disposed of in the toilet and the scoop disinfected.
- advise swimmers to shower thoroughly (although not in pre-cleanse showers using pool water)
- increase disinfectant levels to the top of the recommended range
- vacuum and sweep the pool
- backwash the filter(s)
- the Duty Manager will immediately carry out a pool test to establish that disinfectant residuals (free and combined chlorine), and pH are within recommended ranges.

- if these tests are satisfactory the pool can be reopened.

### Diarrhoea

The likeliest cause of diarrhoea is a virus or bacteria that is susceptible to the normal disinfection of the pool. These are inactivated within a matter of minutes. However, the other possibility is that the diarrhoea is from someone infected with Cryptosporidium or Giardia. The infectious stages of these parasites are resistant to chlorine disinfectants and therefore their removal relies on filtration, which will take 24 hours,(6 cycles of 4 hours each)

The following action must be taken before the pool can be reopened:

- clear the pool of swimmers immediately
- advise swimmers to shower thoroughly (although not in pre-cleanse showers using pool water)
- increase disinfectant levels to the top of the recommended range
- vacuum and sweep the pool
- using a coagulant, filter the water for a minimum of six turnover cycles,
- backwash the filter(s)
- the Duty Manager will immediately carry out a pool test to establish that disinfectant residuals (free and combined chlorine), and pH are within recommended ranges.
- if these tests are satisfactory the pool can be reopened

For specific details of filtration times, disinfectant levels, vacuuming and backwashing refer to the Pool Water Treatment Procedure.

### C: **Broken glass**

In the event of broken glass falling into the pool(s), the pool will have to be closed immediately & an assessment made by the Duty Manager (or Management Team). If the glass is unable to be located or deemed too hazardous to allow swimming to carry on, the pool will need to be evacuated. The pool would then need to be cleaned thoroughly (and potentially emptied of water, vacuumed & refilled), before re-opening.

# EMERGENCY ACTION PLAN

## 1.1 Training and Competency

All staff are to receive frequent training in the Emergency Action Plan, at least once every six months. The training should focus on all areas of the Emergency Action Plan to ensure staff are aware of all possible eventualities.

Following training some form of competency assessment should be undertaken to confirm learning and understanding – i.e. quiz, task observation etc.

Other employers based on site should be included in appropriate training on the relevant sections within the EAP and be provided with an up to date copy.

## Section A

### 2.0 Responsibilities

It is the responsibility of the Hertsmere Leisure to ensure that emergency situations are dealt with in a manner which minimises the risk to customers and Staff Members.

It is the responsibility of the Area Manager, to make arrangements to deal with an event of serious or imminent danger to persons.

The main role and responsibilities of Hertsmere Leisure during a major emergency is to maintain essential services in order to respond promptly and efficiently to emergencies

It is the responsibility of all Staff Members to be aware of their key responsibilities.



#### FIRE AND EVACUATION ASSEMBLY POINT LOCATION:

**At the front of the building**

In the event smoke is being blown in the direction of the main assembly point, or the situation changes indicating a safer location is required, members of the public will be directed to the alternative location by the Duty Manager.



#### FIRE AND EVACUATION ALTERNATIVE ASSEMBLY POINT LOCATION:

**Ibis Hotel**

#### Evacuation Place of Relative Safety (Refuge)



**Refuge Point(s) are located at:** Stairwells located next to the health suite and meeting room.

**Evacuation Chairs are located at:** The first floor stairwells next to the health suite, meeting room and the gym.

## 2.1 Signage

It is the responsibility of Business Manager to ensure suitable signage is provided at the Fire and Evacuation Assembly Point and that it is located at such a height and position that it is not visually obstructed. Each final exit door of the premises shall have external directional signage to the Fire and Evacuation Assembly Point.

Where signage is not able to be displayed (e.g. Assembly Point is away from Hertsmere Leisure premises, or listed building), it is essential that staff are thoroughly trained as to the Fire and Evacuation Assembly Point location.

It is the responsibility of Business Manager to ensure suitable signage is provided at each Place of Relative Safety (Refuge Point), and additional directional signage to this point is provided within the premises.

Action in the event of a fire notice must be displayed where necessary, to provide the following:

- the actions to be taken in the event of fire;
- instructions on how to use any fire safety equipment;
- the location of the assembly point; and
- help for the fire and rescue service (e.g. location of sprinkler valves or electrical cut-off switches)

All signs and notices should be positioned so that they can be easily seen and understood.

## 3.1 Centre: Introduction & Background Information

The Venue consists of the following facilities and buildings:

- 8 Lane 25m Pool
- Teaching Pool (with moveable floor)
- 80 Gym Stations
- Spinning Studio
- Dance Studio
- Health Suite
- Multipurpose room (Xer-Gaming Room)
- Meeting Room
- Two Soft Play Areas
- Crèche
- Cafeteria
- Three Treatment Rooms

The Centre can accommodate a maximum of 800 customers within the Venue. There are approximately 20 staff on duty working each day.

There are a number of fire extinguishers and fire points located around the centre and an Emergency Grab Bag is located at reception, this includes:

- First Aid Box
- High Visibility Jacket(s)
- Loud Hailer
- Torch(es)
- First Aid Kit
- Space blankets
- Accident / Incident Forms
- Personal Witness Notes forms
- Site plan showing utility cut off points
- Duty Manager Evacuation Cards check sheet
- COSHH Assessments of high risk chemicals
- Serious Incident Management Plan (SIMP)
  - Phone & contact numbers
  - Relevant Forms

A plan of the building showing fire exit routes, location of fire extinguishers and emergency lighting is located within the Emergency Grab Bag.

## 4.1 People with Special Needs (PEEPs & GEEPs)

It is the responsibility of Hertsmere Leisure to ensure the safe evacuation of all people with special needs. Where people with special needs use or work in the premises, their needs should be discussed with them. Following discussions, the following may be required:

- Changes to existing EAP
- Development of individual Personal Emergency Evacuation Plans (PEEPs) for disabled customers who frequently use the facility and disabled Staff
- Development of Generic Emergency Evacuation Plans (GEEPs) for disabled groups who use the facilities



It is important that anyone with a special need is made aware of the action to take in an emergency and any additional support from Staff Members is discussed and documented in the PEEP or GEEP. The PEEP or GEEP should be filed at reception so other Staff Members are made aware of the action to be taken in the event of an emergency.

### 4.1 Place of Relative Safety (Refuge Point)

People should never be left alone in a 'Place of Relative Safety' to wait for the Fire and Rescue Service. The location can be used as a safe resting place as well as a place to wait in a phased evacuation while the go-ahead for a full escape is established.

Most places of relative safety can accommodate only one wheelchair. This should not be a problem where there is more than one wheelchair user, provided that there is a suitable evacuation strategy in place to quickly move people away to allow others to get into the designated area as quickly as possible. This may mean moving one person down only half or a whole flight before returning for the next. As one person progresses on their journey, the next person will take their place in the area.



Fire compartmentation is also a form of 'place of relative safety'. The place of relative safety may play a part in the disabled person's escape journey.

'Places of relative safety' are designed and situated in locations where sufficient fire resistant protection is provided. Disabled people must not be left alone in a 'place of relative safety' whilst waiting for assistance to evacuate or without means of communication.

In the event that the Fire and Evacuation alarm is activated, members of staff will:

- Clear their zone and inform able persons to leave the building via the nearest safe exit and to report to the Assembly Point
- Disabled persons (public and staff) must be evacuated in accordance with their PEEP or GEEP. The documentation to demonstrate this is filed with the EAP.

Staff accompanying disabled member of the public or staff must inform the Duty Manager that persons are located at the Relative Place of Safety (Refuge).

If required, the Relative Place of Safety (Refuge) will be accessed from the outside of the building.

## 5.1 Fire and Evacuation - what you should do if you discover a fire

- Sound the alarm by breaking a call point

In the event of a fire resulting in an evacuation being required, all staff must:

- Warn the public (customers, visitors, contractors) in the immediate vicinity
- Escort the public from the centre to the Assembly Point
- Not allow members of the public to collect personal items other than the minimum required to preserve decency for example: towel, robe etc.
- If showering, changing or **in the pool areas**, members of the public must not be allowed to return to the changing areas
- Use the evacuation cards to evacuate the zone in which they are working
- If anyone refuses to leave they must be asked to leave, then told to leave and then told they are being left and that this will be reported to the Fire Brigade on their arrival.
- If possible, close all fire doors in the area of work
- Not re-enter the centre/ facilities until instructed by the Duty Manager after the evacuation is complete and the emergency is over.



### 5.1 Instructors, Coaches, Teachers, Holiday/Playscheme Staff specific responsibilities:

- Gather the group you are responsible for
- Evacuate them through the nearest safe fire exit to the assembly point
- Collect the Evacuation Zone Card
- Do not allow any person to return to the changing rooms to obtain personal belongings under any circumstances
- Collect and take any registers to the Assembly Point
- Once at the Assembly Point, hand the Evacuation Zone Card to the Duty Manager and be available to the Duty Manager to assist with other tasks which may be necessary e.g. controlling traffic, meeting emergency services at the gate etc.

### 5.14 Shared Premises Holders specific responsibilities:

- Clear all members of public from the treatment room evacuate them through the nearest safe fire exit to the assembly point.
- Lock the Treatment Room door
- Do not allow any person to return to the Treatment Room to obtain personal belongings under any circumstances.
- Issue space blankets as necessary to customers
- Once at the Assembly Point, inform the Duty Manager.

## 5.15 Evacuation Zones

The Venue has been zoned into thirteen Evacuation Zones to ensure efficient evacuation. Evacuation Zone cards are as follows:

- Zone 1.1: Disabled Toilet, Cleaners Store, Main Office, Storage Areas and Corridors
- Zone 1.2: Xer-Gaming Room, Sales Office and Reception
- Zone 2.1: Main Pool
- Zone 2.2: Teaching Pool
- Zone 2.3: Changing Rooms Wetside
- Zone 2.4: New Softplay, Old Softplay, Café Tersest and Kitchen
- Zone 3.1: Creche
- Zone 3.3: Spectator Gallery, Timing Room, Male Toilet and Female Toilet
- Zone 4.1: Spin Studio, Treatment Room, Cut Hut, Changing Rooms and Gallery
- Zone 4.2: Meeting Room, Dance Studio and Health Suite
- Zone 5: Changing Rooms and Fitness Studios
- Zone 5.5: Plant Room

Radar key to the Disabled Toilets is placed at Reception, the Key Cabinet in the main office and also the Safe in the Reception Office.

## 5.16 Restrictions and High Risk Areas

In the event of a fire, the following restrictions will apply:

- Lifts must not be used
- Caution must be exercised when evacuating past Plant Rooms and Chemical stores

## 5.17 Re-admission following Emergency Evacuation

- No person may be re-admitted until the Duty Manager has been advised by the Fire Service and / or Police that it is safe to do so
- On receiving confirmation from the relevant authority, the Duty Manager will inform staff to begin the re-admission procedure by informing members of the public that they may re-enter the building to either resume their activity or collect their clothing / belongings and leave as appropriate
- A member of staff should be deployed to collect space blankets once customers no longer require them
- Inform Senior Managers as per the Serious Incident Procedure

## 5.18 Where Re-admission is not possible following Emergency Evacuation

- Once it has been established that re-admission will not be possible, the Duty Manager will liaise with the emergency services and follow their instructions at all times
- Inform Senior Managers as per the Serious Incident Procedure
- Afford all possible assistance to enable people to leave the site and return safely home, this may include:
  - Arranging suitable transport and supervision of unaccompanied children
  - Not allowing children under the age of 14 years to leave the site unless the Duty Manager is entirely confident of their safety

- Consideration given to any person lacking adequate clothing
- Consideration given to any disabled persons
- Giving the telephone number listed below to members of the public who have lost clothing or personal belongings, and request that they phone in to check on arrangements for claiming back their belongings.

Tel No: **020 8386 9886**

- In some cases, neither re-admission nor departure from the venue will be possible. Therefore, members of the public will be taken to the location below whilst suitable arrangements for them are made:

**The Ibis Hotel**

### **5.19 Testing of Evacuation Procedures**

Testing the effectiveness of the emergency evacuation arrangements should be carried out at least annually, and at more complex facilities every six months is advisable. Where there are crèche and/or childcare facilities a 'drill' should be completed every two months.

A range of scenarios relevant to the type of premises and the activities carried out at the facility should be included in the testing of the emergency evacuation procedures, this may range from fire, structural failure, serious injury to multiple casualties, lost persons, evacuation from a place of relative safety, toxic gas release.

When testing the evacuation process during cold or inclement weather, bathers and 'half naked' gym users should not be expected to fully evacuate and can be held at a temporary place of safety at the final exit doors.

A de-brief should be held following the 'drill' and any improvements to the process should be added to the site Risk Reduction Plan.

## 16.1 Missing or Found Child / Persons

People who become lost fall into the following categories:

- Young Children
- The elderly
- The mentally impaired /physically disabled
- New visitors not acquainted to layout of the Centre.

The above will be 'reported' lost in two ways:

- The person 'lost' reporting directly to a staff member
- Someone reporting they have lost someone to a staff member.



Anyone reporting themselves 'lost' will be dealt with as follows:

- If not already at the reception, take the child/ person there. If the reception is closed contact the out of hours duty staff member
- Try to get from them the name(s) of the person/s they have been separated from, and which facility they are using.
- The Staff Member will then make an attempt to contact associate, either directly or via a third party
- Stay with and reassure the person until collected
- If not collected within 5 minutes, repeat above procedure.

A person requiring direction to various areas of the Centre will be dealt with as follows:

- Listen quietly
- Then in a polite manner direct them or take them to the area required.

Persons who are particularly vulnerable to an accident may have become separated from parents/ groups particularly at peak times. We must assume that the person informing you of the loss has made some form of unsuccessful search before coming to you. In this situation the first search must be:

**Search the immediate area around where the person was last seen Extend the search to the perimeter of the building**

It may be necessary to make an announcement over the PA system, however announcements must not refer to children specifically or give personal details, descriptions or names.

**“Any Parents and Guardians who have become or may find themselves separated from young children in their care should contact Reception or the nearest member of staff.”**

The parent or guardian's signature and proof of identify must be obtained. A second opinion must be sought from the police if in any doubt or:

- If a child is reluctant to go with the collecting adult
- A family member other than the parent/guardian arrives to collect the child
- A neighbour or friend arrives to collect the child

Most young children are collected fairly quickly however if a child has not been collected within 30 minutes and no contact has been established with the parent/guardian the Police should be contacted.

## 30.0 Medical Emergencies

If a member of the public requests attention for a 'minor' first aid issue, which may include but are not exclusive to, cuts and bruises, potential fractures, minor burns/scalds, the Duty First Aider must be informed.

After treatment an Accident Form must be completed.

If a 'major' medical emergency occurs then immediate first aid will be given by the Duty First Aider to prevent further injury, or to assist the preservation of life.

The Duty Manager will instruct a staff member to:



- Call the relevant emergency service by dialling 999 and inform them of the nature of the emergency
- Inform the emergency service which entrance to the premises they should arrive at and closest to the incident
- Collect high-viz jacket from the Emergency Grab Bag and meet the emergency vehicle at the entrance to the premises.
- Collect the Automated External Defibrillator (AED) from Reception.

The Duty Manager will then inform the relevant Senior Manager as per the Serious Incident Management Procedure (SIMP) at the earliest opportunity.

In preparation to assist the emergency services the Duty Manager will liaise with the local Air Ambulance team to identify and future plan for a suitable landing place for an Air Ambulance.

Location for suitable landing area for an **Air Ambulance** is:

The school field- Hertswood Upper Site.

