Last updated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| * The Biohazard Action Plan shall identify the responsible parties tasked with identifying and responding to biohazardous exposures impacting public pool water.
* The plan shall include actions taken when contamination of public pool water is contaminated due to fecal, vomit, blood, or non-fatal drowning/fatal drowning incidents:
* Methods to limit access to the affected area(s)
* Cleaning/disinfection procedures
* Adjusting/maintaining pool chemistry (i.e., chlorine, pH, temperature)
* The plan shall include record keeping.
* The plan may include training, drills, or skill-building activities.
* The plan shall be reviewed and updated as often as necessary to reflect changes in staffing, regulations, and technologies to reduce exposure to biohazards.
 |

1. **Roles/Responsibilities:**

The following are responsible for identifying and responding to biohazardous exposures impacting public pool water.

|  |  |  |
| --- | --- | --- |
| **Lead** | **Alternate** | **Schedule\*** |
|  |  |  |
|  |  |  |
|  |  |  |

\*If staffing changes during the year or the schedule is not fixed, please note “See attached schedule” and maintain a separate sheet with the daily/weekly/monthly identification of personnel assigned to these duties.

**Pool Service Technician**

|  |  |  |
| --- | --- | --- |
| **Name** | **Certificate #** | **Address & Phone** |
|  |  |  |

**2. Actions taken when pool water is contaminated by a biological hazard**

1. Methods to limit access to the affected area(s):
2. Cleaning/disinfection procedures utilized (must meet requirements of **California Code of Regulations, Title 22, Section 65546**):
3. Steps to address the pH level, chlorine levels, water temperature and filtration system:

**3. Record Keeping**

Facilities must immediately document each fecal, vomit, blood contamination, drowning, or near-drowning incident and maintain records in accordance with **California Code of Regulations, Title 22, Section 65523**. The information can be documented in a written record or electronic file, but must contain the following:

* Date and time of the incident
* Affected pool (if there are more than one pool at the site)
* Facts known about the circumstance and cause of the incident
* Whether the fecal stool was formed or diarrheal
* Number of pool users in the pool
* Length of time between occurrence, detection, and resolution of the incident
* Available free-chlorine concentrations, pool temperature, and pH of the pool water 1) at the time of the incident, 2) after the disinfection process has been completed, and 3) when reopening the pool to pool users.

Attached is a sample form that can be filled out for each incident.

**Records must be kept for at least two years and must be available for review by the enforcement agency**

**SAMPLE BIOHAZARD RECORD**

|  |
| --- |
| Address: |
| Affected Pool (if more than one pool at site): |
| Date of Incident: | Time of Incident: |
| Type of contamination: [ ]  Vomit [ ]  Blood [ ]  Fatal Drowning [ ]  Non-Fatal Drowning  [ ]  Fecal (formed) [ ]  Fecal (diarrheal) [ ]  Other  |
| Facts known about the circumstance and cause of the incident: |
| Number of pool users in the pool: |
| Cleaning/disinfection process: |
|  | **Time of Incident** | **After Disinfection** | **When pool open to users** |
| **pH:** |  |  |  |
| **Free chlorine concentration:** |  |  |  |
| **Temperature:** |  |  |  |
|  |
| Pool Closed? 🞏No 🞏 Yes Time Pool(s) closed: Date and time reopened: |
|  |
| Length of time between occurrence, detection, and resolution of the incident: |