



GUIDANCE DOCUMENT Fecal/Vomit Incident

These procedures are provided as guidance in responding to fecal and vomitus incidents in bathing places. The facility manager/operator should consider factors such as the size of the bathing place, general health and condition of the bathers, and most importantly the proper daily operation of the facility in deciding if a more aggressive response is warranted. In all cases,

THE PRIMARY AND BEST RESPONSE IS PRO-ACTIVE: Maintain continuous recirculation, filtration and disinfection at all times. Where these conditions have not or cannot be met, this procedure should be re-evaluated as needed to guard the public health.

Due to the factors such as volume of water, temperature and age of users different procedures are to be used for 1) swimming pools and swimming/wading pool combination systems; 2) wading pool systems; 3) spa and hot tubs. **First determine the type of facility and then use the appropriate response protocol.**

Use the "Fecal/Vomit Inquiry Profile" to document the inquiry.

NOTE: IF FACILITY INDICATES 0.0 PPM DISINFECTANT OR CLOUDY WATER, ADVISE THEM TO FOLLOW THE APPROPRIATE RESPONSE PROCEDURE BUT DO NOT ALLOW REUSE IF YOU SUSPECT AN OPERATIONAL PROBLEM.

Procedure I: Swimming Pools and Wading Pools on Swimming Pool System

1. Have bathers exit the pool.
2. Remove as much of the material as possible with a net or bucket. **DO NOT VACUUM THROUGH FILTRATION SYSTEM!** Dispose via sanitary sewer. The net or bucket and all affected areas-pool deck, stairs,etc.-**MUST** be cleaned and sanitized using a 1:20 bleach/water solution.
3. Determine the free chlorine residual. Keep the bathers out of the water until a free chlorine residual of 2.0 ppm or greater is provided for at least 30 minutes. Pools using bromine must provide a free bromine residual of 4.0 ppm or greater for at least 30 minutes before bathers can return to the water.
4. Have disinfection feed adjusted to provide a free chlorine residual of at least 3.0 to 5.0 ppm. Operate for at least 24 hours at this elevated level of disinfection.
5. The affected area of the pool can also be "hand fed" disinfectant as an additional infection step. Liquid sodium hypochlorite (bleach) can be applied directly. Solid, powder or granular forms of chlorine must first be dissolved in water and only the liquid solution fed to the pool. Solid forms of chlorine should not be applied to the pool directly.
6. After the contact time required in Step 3 has expired bathers may re-enter pool.
7. After closing, recommend the filters be backwashed. **THIS STEP MUST BE DONE IF INCIDENT INVOLVED WATERY FECAL DISCHARGE.**
8. Recommend that the operator always maintain a minimum free chlorine residual of 1.0-1.5 ppm as normal operation practice in the future.

Procedure II: Wading Pools On Separate System

NOTE: As these facilities are used by very young children and have small water volume, a more aggressive response procedure must be used.

1. Have all children exit the wading pool.
2. Turn off pump to limit distribution of material through the recirculation/filtration system.
3. Remove waste materials and dispose of properly. See Step No. 3 for swimming pools above.
4. Determine the free chlorine residual and adjust chlorinator to provide at least 3.0 ppm to 5.0 ppm free chlorine residual. **This level of disinfection MUST be maintained for at least TWO (2) HOURS or one complete circulation cycle before children can reenter the pool.**
(Note: Two hours= one complete recirculation/filtration cycle.) This level should be maintained for the next 24 hours.
5. After closing, the filters **MUST** be backwashed.
6. At the option of the operator, it is **STRONGLY RECOMMENDED** that wading pools be drained, cleaned, sanitized with a 1:20 bleach water solution after a fecal release incident.
7. Recommend that the operator maintain a free chlorine residual of at least 2.0 ppm as good operating practice for wading pools.

Procedure III: Spas and Hot Tubs

NOTE: Due to the very small water volume compared to bather load and elevated water temperatures, spas and hot tubs are at extremely high risk for bacteriological contamination. Therefore, the most aggressive protocol is required.

1. Have all bathers exit the spa or hot tub.
2. Turn off the recirculation system immediately to limit contamination of the piping.
3. Remove any solid contaminants and dispose of via sanitary sewer.
4. Drain the spa or hot tub to waste.
5. Backwash or clean filter.
6. Refill and "shock/superchlorinate" at 5.0-10.0 ppm free chlorine for at least one hour.
(Note: One hour=two complete recirculation/filtration cycles.)
7. Lower free chlorine level below 5.0 ppm but no less than 2.0 ppm.
8. Return spa or hot tub to service.
9. Remind operators that spas and hot tubs **MUST ALWAYS BE OPERATED AT A MINIMUM OF 2.0 PPM FREE CHLORINE OR BROMINE.**
10. Remind operators the spas and hot tubs must be "shocked" to at least 5.0 ppm free chlorine residual daily and to 5.0 to 10.0 ppm free chlorine residual weekly.

NOTE: DPD TEST KIT READINGS FOR FREE CHLORINE CAN BE CONVERTED TO FREE BROMINE READING BY MULTIPLYING BY 2.