

Fecal Vomit Blood Incident

Response Report

UCM Environmental Health & Safety
 5200 N. Lake Rd Merced, CA 95343
 (209) 228-2255

Need Assistance? If help is needed in completing this form, call Environmental Health & Safety at (209) 228-2255.

See back page for instructions

KEEPS FORMS &
 RECORDS FOR AT
 LEAST 2 YEARS

Site Name:		Program Record No. (Environmental Health Office Use)		
Street Address, City, State and Zip Code				
Owner:				
Pool Operator:		Telephone No.		
Classification: (a) Swimming pool (b) Spa (c) Wading (d) Spray Ground (e) Other: _____				
Type of Contaminant:	(a) Formed Stool	(b) Diarrhea <small>Refer to Reportable Waterborne Illness Form Attachment</small>	(c) Vomit	(d) Blood
Question 1 <ul style="list-style-type: none"> Date of Closure: ____/____/____ Time of Closure: _____ Question 2 Number of Patrons Present During Incident: _____		Question 6 <ul style="list-style-type: none"> Filter Type: <ul style="list-style-type: none"> (a) Sand (b) DE (c) Cartridge (d) other: _____ Was the filter backwashed? <ul style="list-style-type: none"> (a)Yes (b) No If yes, where was the backwash discharged? _____ _____ If a cartridge filter was used, was it replaced following a diarrhea incident? <ul style="list-style-type: none"> (a)Yes (b) No 		
Question 3 Water Characteristics at Time of Closure: <ul style="list-style-type: none"> Sanitizer Concentration: _____ ppm of (circle one): <ul style="list-style-type: none"> (a) Free Available Chlorine (b) Bromine pH at Time of Closure: _____ Question 4 <ul style="list-style-type: none"> What equipment or implements were used to remove the contaminant? _____ _____ Were these item(s) sanitized afterwards? (a)Yes (b) No How was the contaminant disposed? _____ _____ 		Question 7 Water Characteristics After Remediation: Sanitizer Concentration at Re-Opening (must be tested at multiple points of the pool) : <ul style="list-style-type: none"> Area 1 (shallow): _____ ppm Area 2 (middle): _____ ppm Area 3 (deep): _____ ppm <small>(Note: middle & deep areas need not apply to spas & waders)</small> Was CYA (cyanuric acid) present? (a)Yes (b) No If yes, what was the concentration? _____ ppm pH: _____ 		
Question 5 Water Characteristics During Remediation: <ul style="list-style-type: none"> Free Available Chlorine Concentration was raised to: _____ ppm and maintained for _____ hours. Was CYA (cyanuric acid) present? (a)Yes (b) No If yes, what was the reading? _____ ppm pH: _____ Water Temperature: _____ 		Question 8 <ul style="list-style-type: none"> Date of Re-Opening: ____/____/____ Time of Re-Opening: _____ 		

Comments:

❖ In responding to a fecal, vomit, or blood release incident, follow these procedures:

- (1) After a fecal, vomit, blood contamination, near-drowning or drowning incident, the pool operator shall immediately close the affected public pool to pool users. If the public pool is one of multiple public pools that use the same filtration system, then all interconnected public pools shall be closed to pool users. No one shall be allowed to enter the public pool(s) until the disinfection procedures have been completed.
- (2) The pool operator shall remove contaminating material and discharge the contaminating material directly to the sanitary sewer or other approved wastewater disposal process in accordance with State or local requirements. The pool operator shall clean and disinfect the item used to remove the contaminating material.
- (3) The pool operator shall ensure that the pH of the public pool water is at **7.5 or lower**.
- (4) The pool operator shall measure and maintain public pool water temperature at **77°F (25°C) or higher**.
- (5) The pool operator shall ensure that the filtration system is operating while the public pool reaches and maintains the required free-chlorine concentration during the disinfection process.
- (6) The pool operator shall disinfect the public pool water as follows:
 - (A) If the contaminating material is a formed fecal stool or vomit, maintain the free-chlorine concentration in the pool at **2 ppm for at least 25 minutes**.
 - (B) If the fecal material is a diarrheal-stool, the pool operator shall raise the free-chlorine concentration in the pool to **20 ppm** and maintain that concentration for at least **12.75 hours**. If that public pool water contains a chlorine stabilizer such as cyanuric acid, the pool operator shall lower the **pH to 6.5** and raise the free-chlorine concentration in the public pool to **40 ppm** and maintain that concentration for at least **30 hours**.
 - (C) If the contaminating material is blood, the pool operator shall check the free-chlorine concentration in the public pool at the time of the incident. If it is below the required minimum free-chlorine concentration, the pool operator shall immediately close the public pool until the required minimum free chlorine concentration is achieved.
- (7) The pool operator shall test the free-chlorine residual at multiple points to ensure the required free-chlorine concentration is achieved throughout the public pool water for the entire disinfection time.
- (8) The pool operator shall replace any affected cartridge filters and shall backwash non-cartridge filters after the disinfection process has been completed. The pool operator shall ensure the effluent is discharged directly to the sanitary sewer or other approved wastewater-disposal process in accordance with State or local requirements. The pool operator shall not return the filter backwash water to the pool. The pool operator shall replace the filter media if necessary.
- (9) The pool operator shall not allow pool users back into the public pool until the disinfection process has been completed and the free-chlorine concentration and pH of the public pool water have returned to normal operating ranges.

The pool operator shall immediately document each fecal, vomit, blood contamination, drowning or near-drowning incident and maintain records in accordance with section 65523 (operation records) as follows:

- (1) The date and time of the incident, the affected pool, the available free-chlorine concentrations, pool temperature, and pH at the time of the incident, and facts known about the circumstances and cause of the incident. This information shall also be documented after the pool operator has completed the disinfection process and again when reopening the pool to pool users.
- (2) Whether the fecal stool was formed or diarrheal.
- (3) The procedures followed in responding to the contamination incident.
- (4) The number of pool users in the public pool and the length of time between the occurrence, detection and resolution of the incident.

Reportable Waterborne Illness Form – Public Pool

Fax or send this document to Environmental Health & Safety within 24 hrs.

Reporting Requirement: If two or more *lifeguards* or *pool users* report within **5 days** of each other that they have had diarrhea, the pool operator shall report this to the enforcing agent. ***Section 65541, Title 22, CCR, DIVISION 4.***

“Pool User” means a person using a public pool or ancillary facilities for the purpose of participating in or watching pool users engaged in water activities such as diving, swimming or wading.

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KEEP ALL FORMS & RECORDS FOR AT LEAST 2 YEARS

Site Name:		Program Record No. (Environmental Health Office Use):	
Street Address, City, State and Zip Code:		When responding to external request for entire or partial sections of this document, determine whether redaction is required for HIPPA compliance.	
Owner:			
Pool Operator:		Telephone No.	
<u>Name of Reportedly Ill Individual (A):</u>	Contact Information:	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User	
		Diagnosed By Medical Professional:	
		(Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been swimming in the past 14 days? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you drink any well water in the past 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you visit a daycare facility or nursing home in the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
<u>Name of Reportedly Ill Individual (B):</u>	Contact Information:	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User	
		Diagnosed By Medical Professional:	
		(Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been swimming in the past 14 days? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you drink any well water in the past 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you visit a daycare facility or nursing home in the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
(For additional individuals, provide a continuation sheet)			
Comments:			

