

Queensland Health Swimming and Spa Pool Water Quality and Operational Guidelines (October 2004)

Communicable Diseases Unit
Public Health Services



Queensland
Government

Queensland Health

Swimming

and Spa Pool Water

Quality and Operational

Guidelines

October 2004



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Glossary

| | |
|--------------------|--|
| Combined chlorine | chlorine that has combined with ammonium compounds or organic matter containing nitrogen to form chloramines. |
| ppm | an abbreviation for PARTS PER MILLION. The unit of measurement used in chemical testing which indicates the parts by weight in relation to one million parts by weight of water. It is essentially identical to the term milligrams per litre (mg/l). |
| Shock dosing | the addition to swimming and spa pool water of several times the daily dose of disinfectant. Usually carried out when excessive algal growth has occurred. |
| Super chlorination | the addition of two to four times the normal daily dose of chlorine to pool water to eliminate chloramines and other impurities. (Usually done overnight) |
| Total Alkalinity | the ability or capacity of water to resist change in pH; also known as the buffering capacity of water. Measured with a test kit and expressed as ppm. Turnover rate the period of time (usually in hours) required to circulate a volume of water equal to the swimming or spa pool capacity. |

Acknowledgements

The following documents have been consulted in the preparation of this document

NSW Health - Public Swimming Pool and Spa Pool Guidelines June 1996.

Western Australia Code of Practice for the Design, Construction, Operation, Management and Maintenance of Aquatic Facilities. 2004

Pool Operator's Handbook - Department of Human Services Victoria 2000.

Department of Human Services – Standard for the Inspection and Maintenance of Swimming Pools and Spa Pools in South Australia. February 1998.

HB 241 – 2002 Water Management for Public Swimming Pools and Spas 2nd edition. Standards Australia.

Breakpoint Chlorination of Swimming Pools – ORICA Watercare.

Introduction

Australians, in particular Queenslanders, have long enjoyed recreational pursuits that involve water. The municipal pool is where a lot of young Queenslanders took their first steps in learning to swim.

Queensland, because of its position in the tropical and temperate zones, has a wide variety of climatic conditions prevailing at any one time. Due to these differing climatic conditions and water types throughout the state, pool operators need to consider local conditions when operating the facility like the climate, higher average daily temperatures, and the chemical content of the reticulated water. In tropical Queensland, the water temperature is likely to be above 26⁰ C for most of the year.

The good management of swimming and spa pools ensures that patrons are not subject to health risks.

These guidelines have been developed to provide a basis for the safe operation of swimming and spa pools in Queensland. They have been developed in conjunction with representatives from Queensland Health's public health unit networks, Brisbane City Council, Public Health Sciences (Bacteriology) and the Swimming Pool and Spa Association of Queensland.

Pool operators need to undertake one of the pool operator courses available through registered training organisations (RTO's). The courses provide guidance on the types of equipment used; problems, which may arise during daily operation, basic chemistry of the pool water and are a good source of reference material. Operations manuals are a useful tool that ensures swimming and spa pool facility operators have access to information required to run the facility.

There is no specific legislation in Queensland regulating the operation of pools and spas. However, some local governments have local laws which may be relevant. A model local law on swimming pools is available from the Department of Local Government and Planning. Apart from any statutory requirements, operators of pools, especially those that are used for commercial purposes, need to be aware of their duty of care obligations to provide a safe swimming environment. Workplace, health and safety issues arise in situations where the pool is part of a workplace, and in these instances the Workplace, Health and Safety Act should be consulted. Operators should have a sound knowledge of first aid and resuscitation techniques. Various institutions such as the Royal Life Saving Society of Australia, St Johns Ambulance and the Red Cross offer life saving and/or first aid courses.

There has been a steady increase in the number of swimming pools, spa pools and specialist pools both public and private in recent years. The popularity of pools is reflected in the changing lifestyle and recreational pursuits of Queenslanders. Disinfection of swimming and spa pools focuses on the need to provide a safe water environment for public activities. The water in pools should be safe and not cause harm to the public; have a residual of disinfectant in order to cater for large amounts of micro-organisms and organic matter and should be operated in a continuous manner with minimal risk to the public.

Scope

These guidelines set out recommended water quality and operational standards for swimming and spa pools in Queensland to ensure safe bathing water is provided for users. These guidelines have been combined with the Code of Practice for the Control of *Cryptosporidium* and *Giardia* in Swimming, Leisure, Hydrotherapy and Spa Pools which was produced by Queensland Health in December 1998. There are many existing guidelines covering the design, selection and safe pool operation for swimming pools and spas including:

- ◆ HB 241-2002 Water Management for Public Swimming Pools and Spas 2nd edition
- ◆ SAA HB65-1998 Standards Australia - Residential Swimming Pools - Selection, Maintenance and Operation
- ◆ AS 2610.1-1993 Spa Pools Part 1: Public Spas
- ◆ AS 3979 - Hydrotherapy Pools
- ◆ AS 3633 - 1989 Private Swimming Pools – Water Quality
- ◆ SAA HB112-1998 Residential Spa Pools Selection, Maintenance and Operation
- ◆ Guidelines for Safe Pool Operation - The Royal Life Saving Society Australia
- ◆ Choosing Your Pool And Spa In Queensland - Swimming Pool and Spa Association of Queensland
- ◆ National Environmental Health Forum – Guidelines On Water Quality For Heated Spas – Water Series No 2
- ◆ Shade for Public Pools – Planning Sun-Safe Outdoor Environments in Queensland, Queensland Health
- ◆ Breakpoint Chlorination of Swimming Pools – ORICA WaterCare.

The Swimming and Spa Pool Water Quality and Operational Guidelines apply to:

- ◆ public swimming and spa pools
- ◆ wading and receiving pools associated with water slides
- ◆ wave pools
- ◆ hydrotherapy and therapeutic exercise pools.

The guidelines apply to pools that are open to the public and include pools located at:

- ◆ municipal and commercial sites
- ◆ schools
- ◆ hospitals
- ◆ hotels and motels
- ◆ leisure centres, health resorts, gymnasiums, clubs and resorts
- ◆ camps, caravan parks
- ◆ community health centres
- ◆ retirement villages, unit developments such as strata title or cluster title units.

They are not intended to apply to:

- ◆ private (domestic) pools and spas
- ◆ natural bodies of water.

The guidelines were not developed for regulatory purposes, nor is strict compliance intended, but may be used as a tool to assess the suitability of the water contained in a pool or spa for recreational use over an extended period of time.

Types of pools

The National Health and Medical Research Council Guidelines for Risks in Recreational Waters should be used when assessing untreated waters used for recreational purposes. These apply to all open waters, fresh and saline, as well as marine and estuarine waters.

To determine which category a swimming or spa pool falls into, the operator needs to assess the bather load and likely use, ability of the pool operating system to respond to water quality changes, level of likely environmental contamination, the climate (eg. temperature) and the health status, if known, of the bathers using the pool. The risk of the swimming or spa pool water quality being affected by a combination of these factors needs to be addressed by the operator to ensure appropriate monitoring regime of the pool takes place. Where there is an increased potential for disease transmission from the pool, increased chemical water quality monitoring requirements apply. Essentially a swimming or spa pool that has balanced water meets the chemical criteria outlined in the chemical parameter table (page 9) and should be relatively free from pathogenic organisms. Therefore the potential risk of disease transmission for the pool is negligible.

Swimming and spa pools fall into one of the following three categories.

Category 1 (high risk) swimming and spa pools require greater operator supervision and water chemistry testing than other category of swimming and spa pools. Most of the supervisory systems should be automated. It is expected that the operator or the appointed employee keep extensive records. It is recommended that pool water chemical tests are carried out five times per day and spa pools five times per day or after heavy use. A pool log, similar to the one in the back of these guidelines, should be used for recording test results (see page 30 for details). Shallow heavy use pools such as those in water playgrounds, council pools, learn to swim centres, water parks and play pools for children are considered category one pools. These pools allow public access with limited restrictions such as age without an accompanying adult. Operators of category one swimming and spa pools should have completed a training course in swimming pool plant operation and water quality.

Category 2 (medium risk) swimming or spa pools require the operator to supervise the pool during peak use periods, but a similar water chemistry testing regime for category one swimming or spa pool should apply. Water chemical tests should be carried out three times a day and it is recommended that a pool log, similar to the one in the back of these guidelines, be kept. Examples of category two pools include school, caravan park, hospital, resort and hydrotherapy pools. These pools are generally restricted to discrete users and user groups. Operators of category two swimming and spa pools should have completed a training course in swimming pool plant operation and water quality.

Category 3 (low risk) swimming or spa pools require minimum daily supervision and operator testing. Minimum records need to be kept. A record of all daily tests is advisable as there may be a turnover of residents or operators responsible for the swimming or spa pool.

Water chemical tests should be carried out twice daily or after heavy usage for both swimming and spa pools. A pool log, similar to the one in the back of these guidelines, should be used for recording test results. Examples of category three swimming and spa pools include hotels, motels, strata-titled residential units and home units. These pools are restricted to discrete users and user groups such as owner occupier residents and guests. Pools at larger unit complexes should be tested more frequently.

Category one swimming or spa pools are more likely to be contaminated with a greater diversity of disease causing organisms than low usage swimming or spa pools, because they are open to community contamination. Disease causing organisms may be introduced from many sources but are mainly associated with bathers. These organisms may be brought into a pool on the bather's skin, and through their saliva, urine and faeces. The organisms may also be introduced from dust, bird droppings, make-up or water and soil carried on bather's feet. Some of these disease causing organisms live and may even grow in pool water unless the pool water is adequately filtered, and properly and continuously disinfected.

Swimming or spa pools should be designed and operated so that the action disinfectants are effective. It is recommended all swimming and spa pools, to which these guidelines apply, be equipped with an effective water circulation system, a filtration system, and have a continuous disinfectant dosing control system. Continuous dosing does not include the use of a floating dispenser containing a disinfectant as this is often removed when the pool is in use.

Pool management plans

It is recommended that pool operators develop a pool management plan, which incorporates the principles outlined in this document. A risk management approach is proposed which provides the operator with an indication of the level of risk associated with different types of pools and complexes. The following factors should be considered:

- ◆ do you have pools with a high percentage of use by children below five years of age, people with special needs, and older or handicapped persons?
- ◆ do you have pools with a water turnover time in excess of six hours?
- ◆ do you have wading pools, spas or hydrotherapy pools?
- ◆ do you have pools with shared filtration and water circulation systems?
- ◆ do you have shallow pools that are heavily used?

If you answer "yes" to any of the above questions, you may have specific areas of high risk which could benefit from further investigation and the adoption of a risk management approach for individual pools.

Spa pools

Spa pools should be drained at least once a month to enable cleaning procedures to be undertaken. There can be a build up of acid in the spa pool and this requires an exchange of water to reduce the level. Before draining a spa pool, contact the Local Government or Environmental Protection Authority for information on approvals to discharge and dispose of waste material from the filter cleaning process. The spa may have significant levels of chemicals, which may need to be neutralised prior to discharge. The cleaning program should include the filter (often of the cartridge type) as well as the spa itself. It may also be useful to have a replacement cartridge while thorough cleaning of the cartridge takes place. Thorough cleaning includes removal of lint and foreign matter, and soaking overnight in 10 ppm chlorine or similar disinfectant. Cartridge suppliers do not have a recommended method of cleaning the cartridge other than by hosing. The operator, who is guided by the level of accumulations on the cartridge and the state of the cartridge itself, should determine the method used. All accumulations on the surface of the cartridge should be removed as matter adhering to the cartridge surface may harbour bacteria. The spa pool should be designed with a weir offtake or skimming system that will continuously take water from the pool surfaces.

Spa pool water temperature

Where spa pools are heated, the temperature must never exceed 40°C and exposures at greater than body temperature should not exceed 20 minutes for a healthy adult. Signs should be displayed restricting bathing to 20 minutes and the temperature of the spa should be regularly checked. Temperature has an adverse effect on the killing power of disinfectants, such as chlorine, in that the disinfectant dissipates rapidly. Warmer temperatures favour bacterial growth, such as *Legionella* in filter media, which may be transmitted by aerosols in spa pools. *Pseudomonas aeruginosa* survival and growth is enhanced at temperatures exceeding 26°C. The optimum temperature is approximately 38°C (HB 241-2002 Water Management for Public Swimming Pools and Spas 2nd edition).

Pool plant and turnover rates

A swimming pool filter plant should be designed to have a volume turnover period (exclusive of balance tanks) of five to six hours. The turnover period is the time taken for the total pool water volume to pass through the filters and treatment plant and return to the pool. The swimming pool or spa pool design, the treatment capacity of the filters and the size of the pipework will have a significant impact on turnover rates. Irregular shaped and variable depth pools will require special attention in their design to ensure the disinfection and circulation plants are capable of achieving the appropriate levels of operation. Filtration systems should run to ensure the water is clear and water chemical levels outlined in the table are achieved prior to the use of the pool. 24-hour facilities should have continuous filter operation.

The pool plant for public pools should provide continuous dosing of disinfectant and continuous filtration while the plant is in operation. A balance tank should be considered in the design of pools where the depth exceeds one metre.

Spa pools should be connected to a filter system dedicated solely for the spa to enable a turnover rate of once every 20 minutes. Wading or children's pools should also have a separate filter system. Generally accepted turnover rates include: spa and bubble pools 20 minutes, swimming pools < 0.5 m deep 30 minutes and swimming pools > 3.0 m deep five hours. Australian Standard (AS3979) recommends a two-hour turnover rate for hydrotherapy pools.

Hydrotherapy pools

Persons who use hydrotherapy pools may have a variety of conditions that could be transmitted by the pool water if the pool is not properly maintained. They can be more difficult to maintain than other pools due to the higher water temperature. Higher temperatures decreases the life of the disinfectant and provides optimum conditions for bacterial growth. The temperature should be between 28^oC and 36^oC. The HB 241-2002 Water Management for Public Swimming Pools and Spas 2nd edition recommends an optimum temperature of 36^oC. Turnover rates for hydrotherapy pools should be less than two hours. Guidance for hydrotherapy and spa pools in health care facilities are contained in Queensland Health's Infection Control Guidelines – June 1999 and Australian Standard AS3979-1993 Hydrotherapy Pools. Australian Standard (AS3979) recommends a two-hour turnover rate for hydrotherapy pools.

Breakpoint chlorination

In swimming and spa pools the bacterial count is controlled by the addition of a disinfecting agent. When chlorine is added to contaminated water, it begins to react with organic matter and ammonia-like compounds, and is gradually expended. Ammonia-like compounds are mostly introduced through contaminated urine. The ammonia-like compounds react with chlorine to form chloramines. When all the chlorine in the water exists as chloramines this is called marginal chlorination. The chlorine in combination as chloramines is available for disinfection and is spoken of as combined available chlorine, but the speed of its action is much slower than that of chlorine in a free or uncombined form.

However, if sufficient chlorine is added such that some of the chlorine exists in the free form, the disinfection can be up to 50 times more effective than marginal chlorination. Adding sufficient chlorine can destroy the chloramine compounds present in the water. However, when the pool is in use, there will always be some chloramines in solution due to the time necessary to destroy them. This time period will depend on a number of factors, including the amount of chloramines in the water, temperature, pH and the chlorine dosage used to maintain the free residual chlorine level. While chloramines are being destroyed, additional amounts will be formed while the pool is in use from further pollution by bathers.

Continually adding sufficient amounts of chlorine at the close of the swimming session allows the chloramine content to be reduced progressively. When all chloramines have been destroyed, the tests for free chlorine and total chlorine will give the same value. When this point has been reached, breakpoint chlorination has been achieved. This is the best method of ensuring that water is free of disease producing germs.

Chlorine demand is best described as the difference between the amount of chlorine applied to the water and the chlorine residual.

Total alkalinity

The total alkalinity is expressed chemically as the equivalent amount of calcium carbonate in the water. If the recommended level of total alkalinity is not maintained, a sudden increase in the chlorine dosage rate may cause the pH of the water to fall below a safe limit and the water may become acidic.

The level of total alkalinity should be maintained between 80 and 200 mg/l.

When water is chlorinated, small amounts of acid are produced. In order to prevent the water in a swimming or spa pool becoming acidic, a total alkalinity should be maintained at all times. This is usually achieved by adding soda ash to the water.

Total dissolved solids

Total dissolved solids (TDS) are a measure of all soluble matter dissolved in pool water. Mains water often has a TDS of several hundred mg/l. All chemicals added to a pool, particularly chlorides and sulphates, increase the TDS level and a high level is an indication of chemical overload or a lack of dilution of pool water.

Salt water pools typically have a TDS level between 4000 and 7000 mg/l. For pools other than salt, a high TDS level is an indication of chemical overload or lack of dilution of pool water. As a general rule, TDS should not rise greater than 1,000 mg/l above the mains water and should not be permitted to rise to an absolute of 3,000 mg/l. Regular partial emptying of the pool and refilling lowers TDS.

Pool design

In addition to the pool design features recommended in the guidelines, the following should be considered for pools which may be more likely to be subject to faecal contamination (eg. *wading pools, hydrotherapy pools*) or are more difficult to maintain:

- ◆ isolation via separate water circulation, separate filtration and physical separation of water bodies
- ◆ filtration with a total litreage turnover each one to two hours
- ◆ filter medium with the capacity to remove particles of a micron size less than the size of *Cryptosporidium* oocysts and *Giardia* cysts (eg. *Diatomaceous earth* or *micro-filtration*)

Filtration¹

The clarification and purification of pool water will not be achieved unless the water is both filtered and disinfected. Coated mesh (or element) filters and sand filters are two basic types used. The local government should be consulted regarding requirements for the discharge of backwash water

¹ sections from SAA HB112 Residential spa pools – selection, maintenance and operation, and SAA HB 65-1998 Residential swimming pools – selection, maintenance and operation.

Coated mesh (or element) filters

These can be broken into two types - diatomaceous earth and cartridge filters. Diatomaceous earth is obtained from mining the skeletons of diatoms, minute creatures that lived millions of years ago. Diatomaceous Earth filters consist of a set of pads or filter elements that are coated with diatomaceous earth before use. This layer is called the precoat and does the filtering. After the filter becomes dirty the precoat, with the sediment, is backwashed to the drain.

This is done when the pressure builds up in the filter to a figure set by the manufacturer. A fresh precoat is applied and the filter is ready for service again. After cleaning, it is crushed into various grades of fineness which form a crystalline pattern and make an ideal filtration medium.

Cartridge filters come in various sizes to suit particular volumes of water. A cartridge filter usually consists of a container, which should include an automatic pressure bypass valve, and a manual release valve, in which a replaceable cartridge of porous material such as polyester or paper is fitted and sealed. The cartridge material is formed in a concertina shape to provide the maximum surface area possible. Water flows through the filter material and the dirt remains on the cartridge. The cartridge must be removed regularly and hosed clean. Acidic compounds or other chemicals manufactured for this purpose may be used to assist in cleaning a cartridge, but a chemical company or a pool professional should be consulted. A cartridge filter cannot be backwashed. The filter material does not recover 100 percent after being cleaned.

Sand filters

The object of efficient filter design is to secure maximum reduction in suspended and colloidal matter, long runs between backwashes, effective cleaning during the backwash cycle itself and a long life of the filter medium itself. This is achieved through careful selection of the sand, design of the washing equipment and underdrainage system.

Sand filters are generally available in three separate types the open gravity filter, pressure filter and hi-rate sand filter. The gravity type of sand filter is used in some older pools, however is considered out of favour with most modern pool operators.

The high-rate sand filter is a pressure tank partly filled with one grade of sand. Tanks can be made of steel, stainless steel, fibreglass and moulded plastic. Water is diffused, softening the water flow, in the filter over the top of the sand bed and through into the underdrain in the bottom of the filter tank and returned through a centre stand-pipe in the filter to the pool. The water is forced through the sand at high speed. Larger dirt particles are left behind on the surface of the sand, and finer particles are partly mechanically flocculated, that is, after passing through the sand they combine as they have been electrically desensitised. The high-rate sand filter is considered an efficient water filtering device. Its size depends on the volume of water and the amount of use of the pool. If the sand is backwashed *regularly* it can stay in good condition although frequent inspections are recommended in any commercial or pools with a high occupant rate.

The pressure sand type of swimming pool filter uses layers of graded sands and gravel suspended over an under drainage system usually consisting of a perforated plate or pipe arrangement. The pressure type system operates on a significantly lower flow rate than hi-rate sand filters and is usually limited to 200 litres/min across the area of the filter bed.

The filtration ability of a pressure type filter can be significantly aided through the use of a flocculation agent e.g. Aluminium Sulphate (Alum). The flocculent sits atop of the filter bed and traps even fine colloidal matter before reaching the sand itself. The use of a flocculation agent in a hi-rate sand filter is not generally recommended. The reverse flow of the backwash cycle, one cell at a time will agitate the filter bed and lift the flocculent to waste along with all contaminants.

The pressure type pool filters are generally constructed from steel and are common throughout larger pool installations particularly school and municipal pool facilities.

Chemical parameters

These guidelines specify the *minimum* chemical criteria by which a swimming pool and spa pool should be operated to minimise the public health risks to bathers to acceptable levels. It is important for people responsible for pool operation to maintain their pools at a standard equal to or greater than these guidelines at all times the pool is open to the public. The level of one chemical parameter can adversely affect another eg. if the pH is too high or too low the disinfectant properties of chlorine are decreased.

Chemical Parameters Table

| | Indoor Pool | Heated Indoor Pool | Outdoor Pool | Outdoor Pool | Spa |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| Water temperature | | > 26°C | | > 26°C | 35 ⁰ - 37 ⁰ C ideal 40 ⁰ C max |
| Free chlorine (mg/l, ppm) minimum | 1.5 | 2 | 1.5 | 3 | 3 |
| Free chlorine (mg/l ppm) with cyanuric acid | N/A | N/A | 3 | 4 | N/A |
| Total chlorine (mg/l, ppm) | free chlorine level + 1 (10 max) | free chlorine level + 1 (10 max) | free chlorine level + 1 (10 max) | free chlorine level + 1 (10 max) | 10.0 |
| Bromine (mg/l, ppm) minimum | 3.0 | 4.0 | 3.0 | 4.0 | 4 - 6 |
| Ozone (for chlorine level see above) | 0 residual | 0 residual | 0 residual | 0 residual | 0 residual |
| pH | 7.2 -7.8 | 7.2 -7.8 | 7.2 -7.8 | 7.2 -7.8 | 7.2 -7.8 |
| Total alkalinity mg/l, ppm | 80 - 200 | 80 - 200 | 80 - 200 | 80 - 200 | 80 - 200 |
| Cyanuric Acid | 0* | 0* | 30 - 50 | 30 - 50 | 0* |

*As indoor pools are protected from direct sunlight, cyanuric acid must not be used as the effectiveness of chlorine is reduced.

NOTE: Combined chlorine shall not exceed half the total chlorine concentration with a maximum of 1.0 ppm.

Microbiological criteria

Recommended microbiological criteria for all swimming and spa pools, covered by these guidelines are listed in the table below. Routine monitoring of the microbiological quality of the water is recommended, in particular for high risk pools, see Appendix 4. Monitoring can provide a guide to the effectiveness of a disinfection program. It is expected that the operator of a swimming or spa pool is familiar with these requirements and the adjustments that should be made to comply with the levels. It is important to note the result obtained from a microbiological water sample will be a snapshot of what was happening at the sampling time, which may be several days prior to receiving the result. The results should be compared to the bather load at the time when the sample was taken. The daily log of activity at the swimming or spa pool can be a vital tool in understanding what factors are contributing to the result obtained for the microbiological water sample.

A well maintained, monitored and managed pool will have limited risk of significant microbial contamination and potential for illness.

Microbiological Criteria Table

| Type of Microorganism | Desirable Level |
|--|-----------------------|
| Heterotrophic Colony Count (HCC), 35-37°C/48 hours | <100/ml |
| Thermotolerant (Faecal) Coliforms or <i>Escherichia coli</i> | Not detected in 100mL |
| <i>Pseudomonas aeruginosa</i> | Not detected in 100ml |

All tests are normally reported as colony forming units (CFU), but other units such as most probable number (MPN) may be used.

Type of microorganism

Heterotrophic colony count (HCC)

Also known as heterotrophic plate count, standard plate count, total plate count, aerobic colony count, total viable count and total bacterial count. This is a general test that indicates whether the pool disinfectant regime is effective in controlling contamination under operational conditions. A count of <100, when the test is conducted at 35-37°C for 48 hours, is regarded as satisfactory. An occasional higher count is acceptable as long as no thermotolerant coliforms or *Escherichia coli* are present and the operating conditions of the pool are satisfactory. However, a sudden rise in the HCC when it has been traditionally low should give rise to concern. If higher counts are found consistently, this suggests that operating conditions may be unsatisfactory and investigation is required.

Thermotolerant (faecal) coliforms or Escherichia coli (E. coli)

Thermotolerant coliforms and particularly *E. coli* are normal inhabitants of the intestinal tract of humans, mammals and birds where they are present in great numbers. The presence of these bacteria is an indication that faecal material has entered the pool either accidentally, from contaminated skin, or deliberately, and that there is a risk of gastric illness to bathers from the possible presence of disease causing microorganisms. It also indicates a failure of the treatment process at the time of sampling. Any count of thermotolerant coliforms or *E. coli* in 100ml is cause for concern and repeat testing is indicated.

Pseudomonas aeruginosa

The predominant source of *Pseudomonas aeruginosa* in pools is from infected humans, the surrounding environment can be a source of contamination. It is an inhabitant of drains and biofilms (slimes) and can often colonise filter media. The warm, moist environment on decks, drains, benches and floors provided by spas are ideal environments for its growth. When present in large numbers it can cause ear, eye and skin infections, and particularly folliculitis. Well operated pools should normally not contain *Pseudomonas aeruginosa*, and its presence may indicate the possible presence of other environmental disease causing microorganisms, such as *Legionella*, which is of particular concern in spa pools, where it may multiply in the warm environment provided if unchecked. If *Pseudomonas aeruginosa* is found repeat testing is recommended.

Staphylococcus aureus

Staphylococcus is often found in water when bathers are present, and is associated with flaking skin, dandruff and nasal secretions. Its distribution within the water tends to favour the surface. Chlorine sometimes cannot immediately penetrate contaminated particles. *Staphylococcus* can be further controlled by effective water removal at the surface by skimmers and spill gutters and subsequent filtration. Routine testing for *Staphylococcus aureus* is not necessary, but testing for it may be included as part of a wider investigation into the quality of the water when a link between health problems and a pool are suspected. In a well operated and maintained pool *Staphylococcus aureus* should normally not be detected in 100ml of a properly collected sample.

Giardia and cryptosporidium

Giardia and *Cryptosporidium* are pathogenic microorganisms of concern in pools which present particular problems. These are dealt with in Appendices 14, 15, 16 and 17.

Unsatisfactory microbiological test results

Prompt corrective action is required when unsatisfactory results are obtained. Resampling for microbiological testing should then be carried out to confirm the effectiveness of the corrective actions. If problems persist, it may be advisable to refrain from using the pool until they have been resolved.

Appendix 1 - Disinfectants / disinfection processes

To minimise the risk of infection to bathers, a disinfecting agent should be used that:

- ◆ is easily and safely applied to water
- ◆ is able to rapidly kill a wide range of disease-causing organisms
- ◆ is capable of simple on-site measurement of concentration in pool water.

An ideal swimming and spa pool disinfectant would produce two extremely important and distinct effects:

- ◆ a residual bactericidal effect
- ◆ an oxidation effect.

While some disinfectants can do both, others can only disinfect or oxidise. Some disinfection processes may be bactericidal for a short time but rapidly dissipate to leave the pool without residual protection. It is important to be able to measure the amount of disinfectant in the pool water or to be able to measure the disinfection power of the disinfectant/disinfection process. There is no ideal disinfectant/disinfection process as all have their relative strengths and weaknesses. Before a disinfectant or disinfectant system is installed, it is recommended that advice from a pool professional or consulting engineer be sought. Some local governments may require specific disinfection processes be used.

Disinfectants are only effective on surface contact. They will not penetrate scales and dirt layers, hence the importance of ensuring pool surfaces are clean.

Types of disinfectants

Chlorine

The disinfectant form of chlorine is 'free residual chlorine'. It is also known as 'free available chlorine' or 'free chlorine' and all terms refer to the concentration of hypochlorous acid and the hypochlorite ion in equilibrium concentration in the pool water. It is strong and safe when used properly and is still the most popular form of disinfection. There is extensive material available on the techniques of chlorination and 'breakpoint chlorination' in particular. Breakpoint chlorination means that all of the chlorine is available as free chlorine. It is good practice to attain breakpoint before the first chlorine measurements are taken each day. This is achieved by adding sufficient chlorine to burn out all the combined chlorine, so that free chlorine equals total chlorine.

The higher the pH is above seven, the less the disinfection power of free chlorine. The disinfection power of chlorine is also reduced by a low pH. The pH needs to be properly controlled in a swimming or spa pool when chlorine is used and automatic adjustment is recommended to levels between 7.2 and 7.8. The control of pH will add life to the pool pipes and filters by preventing unnecessary corrosion or scale build-ups.

The residual chlorine can also oxidise ammonia, some other organic compounds and some organic nitrogen introduced into the pool by urine or perspiration. However, free chlorine can combine with ammonia to form compounds known as chloramines, and this reduces the ability of chlorine to disinfect, particularly in indoor pools. Chloramines are also known as 'combined residual chlorine' and should be kept to a minimum as they can cause eye irritation. The addition of chlorine will oxidise the chloramines over a period of time. The Australian Standard AS3633 provides further information on this.

Chlorine is available in many forms and not all forms are appropriate for all applications. Calcium hypochlorite (powdered or granular chlorine) for example should not be used in hot spas as it may promote scaling on heat exchangers and on hot water control valves which may lead to scalding. Cyanurated chlorine (stabilised chlorine) should not be used in indoor pools. Bromine may be used as a trace disinfectant to reduce the adverse effects of chlorine.

Bromine

Bromine is a weaker disinfectant than chlorine, and to achieve similar disinfection bromine needs to be at concentrations of at least 50 to 60 per cent higher than chlorine, which is recognised, in the chemical criteria of these guidelines. Bromine reacts with nitrogenous compounds in a similar way to chlorine to produce bromamines. These do not cause the serious discomfort to bathers that chloramines can. There are fewer complaints of eye irritation and obnoxious chemical related odours when bromine is used. This makes bromine more suited to indoor pools. Bromine should never be used in conjunction with ozone as potential carcinogens may be formed.

Bromine may be used as bromochlorodimethylhydantoin (BCDMH) or alternatively as a bromide bank system with activation by chlorine. Bromine is less stable than chlorine when exposed to ultra violet light: Unlike chlorine it cannot be stabilised which make it less suitable for outdoor pools. (A stabilised chloro/bromide system may also be considered.)

As pH increases or decreases, disinfection power is lost. [However, the loss of disinfection power is less than that of chlorine over the pH range of 7.2 to 7.8.] There have been reported cases of skin rashes, contact dermatitis and sensitisation following prolonged exposure to high levels of BCDMH.

Salt-water chlorination (electrolysis)

Salt-water chlorination is the process of electrolysis of salt water. The electrodes produce chlorine and hydrogen in gaseous form at a constant rate determined by the salinity of the pool water. It is important to maintain correct salinity levels or the chlorination production rate declines. While hydrogen may be liberated as a gas, the chlorine rapidly dissolves to form 'free chlorine' and follows the usual chlorine swimming pool chemistry, except that the chloride ion may reform and be available again for conversion in electrolysis. Salt-water chlorination should operate on a continuous dosing system and a bank of electrolysis units should also be provided. As salt water chlorination does not have the ability to respond adequately to shock loadings, super-chlorinating overnight and supplementary shock dosing with granular or liquid chlorine may be required.

Shock dosing should never be done within three hours of the use of the swimming or spa pool or while people are bathing. The electrodes require periodic cleaning to function properly.

Isocyanurated chlorine compounds (stabiliser)

Isocyanurated chlorine compounds and isocyanuric acid are used to stabilise chlorine against exposure to sunlight. Chlorinated isocyanurates when dissolved in water provide free chlorine. All isocyanurated chlorine compounds (except sodium dichloroisocyanurate) when added to water tend to lower the pH by varying amounts. The use of isocyanurated chlorine is optional.

Research on outdoor pools has shown that chlorine residuals without isocyanuric acid had lost 90 per cent of the chlorine residual on a sunny day in three hours. Pools containing 25 to 50 mg/l of isocyanuric acid under the same conditions lost only 15 per cent of the chlorine residual. No considerable increase in chlorine stability occurred above 50 mg/l isocyanuric acid. Indeed, laboratory studies have confirmed the benefits of pool stabilising and have shown that no significant increase in stability occurred above 30 mg/l isocyanurate over a one hour period.

Further tests have shown that high levels of isocyanuric acid required significant increases in the level of chlorine to achieve comparable disinfection rates. Laboratory tests using distilled water demonstrated reduced killing of *Pseudomonas aeruginosa* as the concentration of isocyanurates increased. Surveys of actual swimming pools using isocyanurates have demonstrated that concentrations of isocyanuric (up to 100mg/L) had little effect on the kill rate in the presence of ammonia and nitrogen.

An excess concentration of isocyanuric acid can be reduced only by the dilution effects of rainfall or by topping up after filter backwashing. Once the desired level of isocyanuric acid has been reached in the pool (20 to 30mg/l), the pool operator may cease using isocyanurated chlorine compounds and change to other chlorine compounds. Isocyanurates must not be used under any circumstances in an indoor pool or indoor spa because of decreased rates of kill of some disease causing organisms and the increase in the delay of the kill rate.

Ozone

Ozone (O₃) is an unstable blue gas with a characteristic pungent odour. It is produced commercially from clean, cool, dry air or oxygen by the discharge of high voltage (4000 to 30,000v) electricity. Ozone may also be produced as a by product' by specific wavelength ultraviolet lamps. At air concentrations of 0.25 mg/l it is considered harmful to health, and extremely hazardous to health if the air concentration is 1.0 mg/l. Ozone should never be used in conjunction with bromine as potential carcinogens may be formed.

Ozone is a short lived, unstable but powerful oxidising and disinfection agent which does not react with porcelain or glass and disappears quickly from water. This is advantageous from the point of view that such a hazardous agent quickly disappears but disadvantageous from the point of view that no satisfactory disinfectant residual is provided in the pool itself.

Ozone may not be used as the sole disinfectant in a public swimming or spa pool but may be used as the primary oxidiser and disinfectant in conjunction with chlorine. When used with chlorine, the free chlorine level can be reduced provided mainstream ozonation is practised. The ozone is removed using a bed of activated carbon prior to the water re-entering the pool, preventing ozone from degassing in the pool.

Chlorine dioxide

Chlorine dioxide has the unique ability to break down phenolic compounds and remove phenolic tastes and odours from the water. It does not react with ammonia and has similar oxidation-reduction potential to that of chlorine. Chlorine dioxide is an extremely reactive compound. Stabilised chlorine dioxide (liquid) is recommended for use not on-site generated gas. It should be kept away from acids, organic materials, reducing agents and oxidising agents.

Alternative disinfectants

Queensland Health does not have any legislative base to approve, endorse or assess any disinfection processes. There may be several other alternate systems or processes on the market. Currently no procedures have been developed by Queensland Health, nor does Queensland Health intend to develop any procedures, to assess the competence or suitability of the systems. The Australian Pesticides and Veterinary Medicines Authority are responsible for the regulation of pesticides and veterinary medicines, which includes disinfectants. Competencies may be developed under their auspices.

Appendix 2 - Other chemicals

There is a wide range of chemicals that may need to be used in the treatment of swimming and spa pool water apart from disinfectants. Care should be taken when making any alterations to pool water chemistry. Sudden adjustments may produce misleading readings that can severely affect the overall water balance of the pool. All proprietary chemicals used in swimming or spa pool chemicals are labelled by the manufacturer. The label indicates the name of the chemical, the intended use of the chemical and hazards of the chemical. A material safety data sheet should be obtained for each chemical being used in the pool. This provides a guide to the hazards of the chemical and precautionary measures, which should be undertaken prior to its use.

Common chemicals

Soda ash - (sodium carbonate) is a strong alkaline powder or liquid which is used to quickly raise the pH of a pool. Soda ash should not be added to a pool by shock dosing but should be added slowly and gradually over an extended period. This is a hazardous chemical and should be handled with care.

Dry acid - (sodium bisulphate) is a strong acidic powder, which may used to quickly reduce pH. Dry acid should not be added to a pool by shock dosing, but should be added slowly and gradually over an extended period. This is a dangerous chemical and should be handled with care.

Hydrochloric acid - (muriatic acid) is a strong acidic liquid which may also be used to reduce pH quickly particularly when the reserve alkalinity is greater than 120 mg/l. This is a dangerous chemical and should be handled with care.

Carbon dioxide - (CO₂) is a gas which when added to water forms a weak acid (carbonic acid) and may be used to reduce pH when the reserve alkalinity is less than 120 mg/l. It is best used in an automated pH correction system.

Sodium bicarbonate - (bicarb) is a weak alkali powder which is used to raise total alkalinity. Shock dosing will not raise the pH to greater than 8.3.

Aluminium sulphate - (alum) is a flocculent, a compound used to cause suspended solids in the water to congeal into filterable masses. It is most effective when the pH is between 7.0 and 8.0.

Algicides - algae are relatively harmless to humans but they may make the pool unsightly, cause colours, promote bacterial growth, assist in the formation of chloramines and indicate poor pool maintenance. From a safety point of view, algae cause slippery pool walls, pool bottoms and walkways. Algae can be introduced into a pool in the form of airborne spores, blowing free in the air attached to dust or enveloped by raindrops. They are mainly associated with outdoor pools as they require sunlight to grow.

The most uniformly accepted algal control procedure is to maintain a free chlorine residual of between 1 to 2 mg/l or where pools are warmer than 26°C, a minimum concentration of 3 mg/l.

A successful technique for algal control is to frequently superchlorinate the swimming pool to 10 mg/l particularly after windy conditions and rainfall. The use of a pool cover to prevent contamination and reduce light intensity may also be helpful. There are a range of algicides available on the market and their compatibility with the disinfectant system should be determined at the point of sale. Algicides are an adjunct to pool conditioning for winter. Rough, pitted and poorly finished surfaces within pools are ideal for algal growth and make the control and removal of algae extremely difficult. Smooth, impervious surfaces are required to minimise algal problems.

Storage of chemicals

All pool chemicals should be handled with caution. Pool operators should consult with the relevant authority for precise requirements. Advice on the correct method of disposal for pool chemicals should be sought from the Environmental Protection Agency.

Chemicals should be stored separately in original containers which should be well labelled. Chemicals should not be mixed e.g. chlorine based chemicals should never be mixed with acids as the dangerous chlorine gas may be liberated. Extreme care should be taken when handling chlorine gas. Oxidising agents such as pool disinfectants should not be in contact or stored with organic matter as spontaneous combustion may occur.

The following twelve rules should be observed.

1. Ensure all chemical containers are labelled and follow all instructions implicitly
2. Store chemicals separately from each other
3. Store chemicals in a cool, clean, dry, well ventilated, secure area. Store above ground level to minimise spills, and do not store liquid chemicals above dry chemicals
4. Wear appropriate protective impervious gloves and goggles when handling chemicals
5. Wash hands before and after handling chemicals
6. Avoid contact with chemicals on skin and eyes, and avoid breathing vapours
7. Use a separate scoop for dispensing each chemical
8. Always add the chemical to water and never add water directly to a chemical
9. Avoid spillages and clean up any spillage immediately
10. Remove chemical contaminated clothing immediately
11. When not in use keep chemical containers sealed with original closure
12. Empty containers should be washed before disposal.

In case of any poisoning contact the Poisons Information Centre on 131126.

Appendix 3 - Equipment and maintenance

To aid the control of microorganisms, including the parasites *Cryptosporidium* and *Giardia*, operators should consider all aspects to maximise the efficiency and effectiveness of existing plant and equipment.

This process revolves around the maximisation of an existing plant and does not include major capital expenditure on new equipment. All equipment should be installed and maintained in accordance with the manufacturer's specifications. Some minor plant modifications may be necessary and considerations should include the following:

Automatic chemical monitoring and addition equipment

The installation of automatic chemical monitoring and dosing systems for disinfectant and pH control is strongly recommended. This equipment is now installed in larger pools and is considered superior to manual systems.

Although not fail-safe, automatic systems are usually subject to less operator error than manually controlled systems. The equipment requires calibration at weekly intervals to achieve maximum effect.

Automatic dosing equipment will not operate correctly in unbalanced water. However, an operator with unbalanced water can still maintain reasonable disinfection rates with manual equipment.

Maintenance of balanced water is a highly desirable state. Water that is not corrosive or scaling is an advantage in maintaining the effectiveness of existing plant and equipment. There are two methods of automatic control and dosing of disinfectant. They are by the use of amperometric probes measuring disinfectant residuals or by the use of high resolution oxidation-reduction potential detection probes (ORP or redox). Automatic control may also be exerted over pH.

The amperometric method is designed to measure free available chlorine. The amperometric method may be also used to measure other disinfectants. The results obtained may be used to automatically adjust feed rates of dosing mechanisms providing a greater degree of control over disinfectant usage and compliance.

Much less is understood by pool operators about the principle of redox measurement, which measures the total disinfecting power of all oxidising disinfectant forms in the pool water, once set to the correct initial oxidation potential. The signal from the redox probe may be used to automatically dose the pool water. The required redox potential for disinfection will vary slightly between disinfecting systems and is also dependent on the basic water supply potential, which should be assessed and taken into account when the control system is initialised. Redox potentials from 700mV to 750mV are appropriate and are reflected in the chemical criteria.

Operational maintenance

Automatic dosing equipment - maintenance and calibration of the sensors used in automatic dosing systems is necessary for the efficient and effective operation of the equipment. If ozone is used, regular cleaning and maintenance of the tubes and regular replacement of the charcoal filter is necessary.

Cleaning filters

The filter cell/s is traditionally the most important piece of plant and equipment that receives the least maintenance, unless water clarity is compromised or the steel shell of the filter, if applicable, is exhibiting obvious signs of corrosion.

Two reasons for this are filter maintenance or refurbishment is expensive, and the interior of a filter and the filter media are out of sight and hence out of mind.

The filter should be backwashed when indicated by the loss of head gauges (if fitted) or a reduction in the rate of flow (with a clean strainer basket in place) if a rate of flow gauge is fitted. In the absence of loss of head and rate of flow gauges, the experienced operator should assess the filter. In some situations it may be preferable to set a strict backwash timetable every seven or 10 days, or whatever is considered necessary. As a minimum, filters should be backwashed at weekly intervals during periods of medium to high loadings. Fortnightly backwashing is acceptable in periods of extremely light bather loadings. Domestic pools may be backwashed less frequently depending upon bathing load.

Duration - it is difficult to set a filter backwash duration period. This will depend on numerous variables at each pool including flow rate, filter size, filter design, filter condition, amount of contamination etc.

As a guide, and if the backwash water outlet line is provided with a sample tap, backwash until the effluent is only slightly cloudy.

Any 'in line' filters or strainers fitted to the plant should be cleaned at a frequency recommended by the plant manufacturer. A minimum of weekly cleaning is recommended.

The main hair and line strainer fitted to protect the main pump should be cleaned regularly. Differential pressure gauge readings or a reduction in the pool flow rate could indicate this. Pool design, loading and amount of contamination will dictate frequency. The experienced operator should judge this frequency.

In a closed system (*where backwash effluent is not visible*), backwash is recommended for a minimum of four minutes per filter cell. In a system such as this the operator must be mindful of the post backwash pressure and flow gauge readings. If the pressure level, post backwash is increasing after each backwash, then filters are probably not being adequately cleaned by the backwash. This would indicate a longer backwash is required in future.

If a reduction in the post backwash rate of flow after each backwash is observed, the filters are probably, being adequately cleaned.

Effluent —effluent should be observed during the backwash cycle (*if at all possible*) as in *duration* above.

The maintenance of filters and media should be scheduled as follows.

Filters should be opened five years after commissioning and the filter media checked for cratering and cleanliness. If any doubt exists as to the cleanliness of the upper sand layer (*ie. the presence of alum balls or mud balls*), the top 15cm (6”) of sand should be removed and discarded, and then replaced with the same depth of new filter sand of the same quality and size.

Schedule this maintenance for each five years up to year 10 or year 15.

15 years from date of commissioning (*new*) the filters should be opened, all media removed and discarded, and the filter cells refurbished internally and externally.

10 years after refurbishment, the practice should be again carried out, and at 10 year intervals thereafter, until the cells are no longer viable for retention and are replaced.

Suction cleaning

It is difficult to set a standard for the frequency of suction cleaning of a pool. If visible contamination is present, the pool should be suction cleaned. Large objects (band aids, rubber bands, hair clips, grass and leaves) should be removed immediately with a leaf scoop.

Abnormal conditions in outdoor pools can necessitate suction cleaning on a much more frequent schedule. Wind driven dust can enter a pool and necessitate daily cleaning under some circumstances.

It is established industry standard to suction clean a public pool on two to three occasions per week in times of normal loadings. In periods of light loadings, once per week is considered satisfactory.

Pool inlets

Irrespective of the pool inlets being wall or floor mounted, they should be checked each shutdown period to ascertain their compliance with the construction specification.

This is most important in painted pools where the application of consecutive layers of paint over many years may have reduced the diameter of the inlets significantly. This has been known to cause reduced flow rates and therefore increase turnover times. On one extreme occasion it led to structural damage to the pool basin. Drilling out the inlets with an electric drill to remove the accumulated paint is the preferred option (*note: do not remove metal, only paint*).

Filter inlets blocked with filter gravel will reduce the potential turnover of the pool.

Pool outlets

Scum gutters, wet deck outlets and skimmer boxes all require weekly inspection. Screens should be cleaned on a daily basis.

Outlets in painted scum gutters should be checked for reduced openings due to accumulating paint layers. Any reduction in the ability of the scum gutter, wet deck outlets or skimmer box to return water to the filtration plant will result in increased turnover times.

Chemical stocks

Supplies should be checked on a regular basis (weekly is recommended) and re-ordered in advance to prevent any shortage occurring in supply. Stocks should be stored in accordance with manufacturer's recommendations and the Workplace Health and Safety Act. Stock rotation should be practised as pool chemicals have shelf lives. All chemicals should be used in strict accordance with manufacturers' recommendations.

Appropriate personal protective equipment (PPE) for the chemicals used should be readily available and used. Material safety data sheets (MSDS) should be on file for all chemicals stored and used. These must be readily available to all operational staff. The MSDS should be regularly updated.

Balance tank

The balance tank (*if fitted*) should be cleaned out thoroughly on an annual basis to prevent the accumulation of mud, debris and organic matter. Balance tanks that do not gravity drain to waste will require pumping out with a mobile pump.

Flat bottomed balance tanks, lacking a draining pit recess, may have to be thoroughly dried out using a wet vacuum cleaner to remove all silt and debris.

Foot valve

The foot valve (*if fitted*) should be serviced on an annual basis during the shut down period. Although the foot valve plays no part in the destruction or removal of *Cryptosporidium* oocysts or *Giardia* cysts, its functionality will affect the willingness of the plant operator to backwash and basket change the filtration plant at the required intervals. Most operators will delay doing a basket change or backwash due to the prospect of having to manually re-prime the system and experience loss of flow incidents and resultant re-priming steps due to a faulty foot valve.

Hair and lint strainer

This should be cleaned at regular intervals. The usual indication of a partially blocked hair and lint strainer is a reduction in flow rate with no appreciable increase in filter pressure.

The filter basket housing should have any rust removed by chipping, scraping and wire brushing or with the use of an air powered needle gun. This should be performed annually. It should be repainted with a corrosion retardant paint or other surface preparation suitable for use in potable water. This should also be performed annually.

The mesh of the strainer basket should be small enough to trap contaminants that could damage the pump and are not to be deposited into the filter cells, where their removal by backwashing may not be totally effective (*ie. rubber bands, hair clips, bandaids etc*).

Main circulation pump

The main circulation pump should be subject to a careful inspection and service annually. The casing should be thoroughly inspected internally for defects and the impeller should be replaced if worn. Any seals not in a thoroughly re-usable state should be replaced.

This work should be carried out by an appropriately qualified tradesperson, fitter and turner or pump specialist.

During the operating season, the pump should be oiled or greased according to the manufacturer's specification to ensure optimum performance.

Any leaking from glands or packing that develops during the operating season should be fixed by an appropriately qualified tradesperson. Gland adjustment should not be entrusted to an unqualified person as damage to the pump can result from inappropriate adjustment.

Main circulation pump motor

The electric motor should be inspected annually by a qualified electrician. If any doubt exists about its ability to function continuously for the next swimming season, it should have a thorough overhaul.

Ideally, a spare motor of the same size and mounting requirement should be available for immediate change over in the event of a motor failure mid-season.

Uniformity of motor and mounting base requirements, as well as a universal pump, should be adopted by organisations with several complexes in their pool network.

Chlorine pump / chlorinator

The chlorine pump or chlorinator should undergo an annual service, either by a qualified tradesperson or a service representative of the manufacturer. This will minimise the unwanted occurrence of an in-season break down.

Chlorine pumps with an oil reservoir should be checked at weekly intervals.

In the event of having to replace a chlorine pump, consideration should be given to upgrading to a larger capacity output pump. With the higher superchlorination levels likely to be used to counter *Cryptosporidium* and *Giardia*, a higher capacity pump than that normally fitted may be a distinct advantage in the future.

Alum injection point and alum (commercial size installations only).

The alum injection point (*if fitted*) should be located pre-filter.

If no alum injection point is fitted, it is an acceptable alternative to add the dose directly to the balance tank. This is often the method used in smaller pool establishments.

Alum should always be used in association with sand filters. The non-use of alum risks the contamination of the filter media with minute particles of contaminant that would otherwise be trapped in the sacrificial alum flock, the finest filter media available in a sand filter.

Plant room gauges

It is difficult to maximise the effectiveness of existing plant and equipment when faulty or non-functional gauges prohibit the operator from knowing accurately what the plant is achieving.

All plant room gauges, loss of head, pressure, vacuum and rate of flow gauges (*or any other variety of gauges fitted*) should be serviced annually. Any defective gauges should be repaired or replaced.

Daily activities

Daily cleaning is strongly recommended for scum lines around the water line. Due to the pathogens, which may survive in scum lines, regular cleaning is essential. In addition an obvious scum line at water level may detract from the appearance of the cleanest and best-maintained pool, and is unlikely to meet with current customer service expectations of patrons. Older style pools lacking scum gutters, or skimmer boxes or wet deck outlets are very labour intensive in this regard, but more regular cleaning will minimise the problem.

Appendix 4 - Testing

The basic role in operating a swimming or spa pool is maintaining the water quality. Whenever a swimming or spa pool is available for use it should have chemical levels adequate to destroy any microorganisms which may contaminate the pool.

Frequency of testing (chemical)

Testing of pool water for free chlorine, total chlorine, other forms of disinfectant and pH should be carried out in line with the recommended times listed below. The times may vary depending on bather load and climatic conditions. Relevant levels should be maintained as recommended in this guideline.

Category 1 swimming and spa pool minimum recommended chemical testing requirements are:

- (a) a test prior to opening in the morning
- (b) a test mid morning (nominally 10.00am)
- (c) a test at midday (hottest part of the day)
- (d) a test mid afternoon (nominally 2.00pm)
- (e) a test during the evening (nominally 6.00pm).

An additional test may be necessary should conditions in the pool change markedly, such as at a learn to swim centre or between the commencement of school swimming classes.

Category 2 swimming and spa pool minimum recommended chemical testing requirements are:

- (a) a test prior to opening in the morning
- (b) a test at midday (hottest part of the day)
- (c) a test during the evening (nominally 6.00pm).

An additional test may be considered at a school pool after a period of heavy use.

Category 3 swimming and spa pool minimum recommended chemical testing requirements are:

- (a) a test prior to opening in the morning
- (b) a test late afternoon or at closing time.

All results should be recorded in the pool log book and be available for perusal as required. See Records - Appendix 6 for more detail on recommended tests and a sample pool log.

Frequency of testing (microbiological)

It is recommended that a monthly microbiological sample be taken from category 1 pools, two monthly for category 2 pools and quarterly samples for category 3 pools. Samples should be analysed by a laboratory with National Association of Testing Authorities (NATA) accreditation or equivalent for *the particular tests required*, by arrangement.

If problems arise with chemical levels, advice from a pool professional should be sought and further microbiological sampling may be recommended. Resampling for microbiological analysis should be performed immediately when unsatisfactory results are obtained. The sample should be at least 250 ml or as stipulated by the analysing laboratory (Note: microbiological samples must be collected in sterile containers containing sufficient sodium thiosulphate to provide a concentration of approximately 100mg/l in the sample.)

The results of a single sample do not give an indication of overall pool management. Ideally, the bacterial results obtained should be entered into a database together with the complementary chemical analysis so that data is obtained on pool management performance. This should be considered for all swimming and spa pools. These results should also be compared to bathing loads at the time of sampling to reflect the impact of this important pool operating parameter.

Sampling location

Generally, samples are taken as follows. Remove the cap of the sample bottle with one hand. The bottle is immersed neck down in the water to a depth of about 300mm and tilted to face horizontally away from the hand and allowed to fill. The bottle can be moved away from the sampling hand until it is sufficiently full. It is then removed and the cap is replaced. Samples should be taken in a location representing a point furthest from inlets (eg. a suction point) where users have not been swimming nearby in the previous 60 seconds.

Samples for confirming automatic control dosing should be taken from a sample tap strategically located on the return line, as close as possible to the probes in accordance with the manufacturer's instructions. As the difference between manual pool readings and automatic control measurements will vary, it is the consistency of variation that is paramount. Diverging or converging readings should be investigated.

Microbiological samples should be collected prior to complementary chemical parameter sampling. The chemical test results should be noted on the submission form for the microbiological samples. Samples must be transported chilled and delivered to the testing laboratory so that testing ideally commences within six hours of sampling. Testing that commences after 24 hours of the sample being taken cannot yield reliable results.

Testing apparatus

Suitable testing apparatus should be used to ensure accurate results. All glassware and plasticware should be thoroughly washed and rinsed after each testing session. The test methodology specified by the manufacturer of the test kit should be strictly followed. Reagents don't stay viable indefinitely and should be stored correctly and periodically replaced to ensure their effectiveness. To maintain the integrity of the test reagents, they should be stored in a cool, dry place out of direct sunlight. Fresh reagents should be sealed in foil. Liquid testing reagents should be stored in sealed containers.

Test kits using orthotolidine as a reagent to determine chlorine or bromine have been withdrawn from sale because of their carcinogenic properties. Water after testing must not be discarded into the pool. Expired or defective reagents should be disposed of in the correct manner. The local environmental protection agency should be consulted in this matter.

The following test methods are some of those able to be used.

Chlorine/bromine

- ◆ A colorimetric comparison method based on DPD reagents using standards capable of measuring to 0.2 mg/l units within the recommended disinfectant range.
- ◆ A photometric method based on DPD reagents capable of measuring to 0.2 mg/l units within the recommended disinfectant range.

pH

- ◆ A photometric method capable of measuring to 0.1 pH units.
- ◆ A pH meter.
- ◆ A colorimetric method capable of measuring to 0.2 pH units.

Total alkalinity

- ◆ Titration method using an appropriate indicator (and sodium thiosulphate where elevated chlorine concentrations are detected).

Isocyanuric acid

- ◆ Any test kit available

Clarity

- ◆ There is no test specified at this time for water clarity. Water clarity should be maintained so that sharply defined lane markings or other features on the pool bottom at its greatest depth are clearly visible from the side of the pool.

Total dissolved solids

- ◆ Electronic equipment may be used to measure the conductivity of the pool water sample. The instrument is calibrated with a standardised solution. The actual concentration of total dissolved solids is read directly from the meter. It should not exceed 1500 ppm. Salt water pools will have a level of up to 7000 ppm but is typically between 4000 and 7000 ppm.

Appendix 5 - Sample collection protocol from swimming pools for *Giardia* and *Cryptosporidium*

Introduction

This protocol sets out sample collection requirements and background laboratory analysis, transport and notification information for swimming pools. It is applicable to anyone who has a need to have swimming pool water tested for these organisms. *Giardia* and *Cryptosporidium* are parasites, which infect the gastrointestinal tract with associated diarrhoea.

Sample collection

- ◆ Please notify the Queensland Health Scientific Services Public Health Microbiology Laboratory of your intention to collect samples.
- ◆ A 10 litre sample is required.
- ◆ Sample collection is best performed at a site, which is most likely to be contaminated ie. before filtration inlet.
- ◆ Ideally, two 10 litre samples should be collected from each pool eg. deep end and shallow end, if applicable.
- ◆ Analysis is target specific, aseptic sampling techniques are not required.
- ◆ Collect sample by submersing the container below the surface of the water.
- ◆ Approx. 12ml of 10% w/v of sodium thiosulphate must be added to the 10l sample after sample collection.
- ◆ Samples can be stored at room temperature for up to two weeks.
- ◆ 10l sample containers and sodium thiosulphate can be obtained from the central specimen receipt at Queensland Health Scientific Services.
- ◆ Please deliver samples to the central specimen receipt at Queensland Health Scientific Services, 39 Kessels Road, Coopers Plains.

Laboratory analysis

- ◆ Sample processing involves filtration, elution, centrifugation, immunomagnetic separation, acid dissociation, fluorescent in-situ hybridization, immunofluorescent staining and microscopic examination.
- ◆ Sample analysis takes approximately five hours.
- ◆ To ensure same day results, the laboratory should receive samples before 10:00 am Monday to Friday. In times of extreme demand, same day results may not be available. However, every endeavour will be made to provide results within 24 to 48 hours of sample receipt.
- ◆ Results will be faxed and/or phoned to the submitting authority as soon as they are available.
- ◆ In the event of a positive isolation of *Cryptosporidium* and/or *Giardia* from a pool water sample, you are strongly encouraged to contact your nearest Queensland Public Health Unit for advice on follow-up action. The laboratory will be happy to provide you with the appropriate contact for your area.

Contacts

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Appendix 6 - Records

A register or log should be used to record the results of every test performed at a swimming or spa pool. There is a wide variety of test register sheet designs, which vary according to the type of pool and disinfectants used. There is no ideal test register sheet. Each pool manager or local government should have their own test register sheet designed to meet their needs. The register or log is available for perusal by appropriate persons upon request. The records will help the operator, should problems arise on more than one occasion.

A daily register sheet is essential and should include the testing time of each pool and columns for entries such as:

- ◆ date and time
- ◆ disinfectant concentrations (and oxidation reduction potential)
- ◆ pH
- ◆ temperature (when heated)
- ◆ water clarity.

Other entries that may be made include:

- ◆ backwashing
- ◆ total dissolved solids
- ◆ chlorine usage
- ◆ cyanuric acid concentration
- ◆ hardness (calcium level)
- ◆ total alkalinity
- ◆ water meter reading
- ◆ chemical adjustments made
- ◆ admission data
- ◆ dose settings
- ◆ all maintenance required or scheduled
- ◆ chemical stocks on hand
- ◆ weather
- ◆ bathing loads
- ◆ sample results (microbiological and chemical)
- ◆ water balancing
- ◆ general remarks including significant events.

One person should be made solely responsible for pool testing and recording of results each working shift and the register sheet should include their name.

| Date | disinfectant level | | | | | pH | temp | clarity | stabiliser | adjustments | bact results | admissions | maintenance | general |
|----------|--------------------|----|----|---|---|----|------|---------|------------|-------------|--------------|------------|-------------|---------|
| | time of test | | | | | | | | | | | | | |
| | 6 | 10 | 12 | 2 | 6 | | | | | | | | | |
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Appendix 7 - Operator qualifications

It is strongly recommended that pool operators undertake certified training in pool operation. A pool operator is the person nominated to be in charge of the pool. This should be someone dedicated on site specifically to control the pool, spa or recreational centre operations. Operators of public swimming pools and spa pools need to have a sound and demonstrable knowledge of pool operating procedures.

Pool operators should have a sound knowledge of:

- ◆ pool plant
- ◆ pool maintenance
- ◆ water chemistry
- ◆ pool disinfection requirements
- ◆ water testing
- ◆ first aid
- ◆ life saving and resuscitation techniques

For further information regarding swimming pool safety, please consult 'Safety in Swimming Pools, Guidelines for Safe Pool Operation' The Royal Life Saving Society, Qld Branch.

At the time of writing, available courses included

1. Plant Operation - Swimming Pool Course CNO455 - Open Learning Institute of TAFE. Telephone 3259 4111.
2. Swimming Pool Plant Operators Course CNREC 012 - Southbank Institute of TAFE. Telephone 137248.

An industry accredited training package is being developed through the Swimming Pool and Spa Association of Queensland Inc for swimming pool technicians.
Telephone 3252 3611

Appendix 8 - Patron behaviour and faecal accident policy

Patron behaviour signage

The following signage is recommended for display for pool patrons:

- ◆ If you currently have, or have had diarrhoea in the last 14 days, you should not enter the swimming pool.
- ◆ Please use the toilet and shower using soap before entering the pool.
- ◆ Avoid swallowing/drinking the pool water.
- ◆ Wash hands thoroughly after using the toilet or changing nappies. Please use the soap provided.
- ◆ Do not allow babies, toddlers or incontinent persons to enter the water with soiled nappies or naked. Use of waterproof pants might be considered.
- ◆ Do not change nappies beside the pool or rinse off an undiapered child in the pool. Use the change room provided.
- ◆ Accidents can happen. If you or your children don't quite make it to the toilet, please tell reception immediately. Confidentiality will be respected.
- ◆ Swimming nappies must be used for children who are not toilet trained. These are available from the office.

Faecal accident/incident policy

All pools should have a faecal accident/incident policy in place. This policy should be sub-divided into the following reaction categories.

1. Loose runny stool

- ◆ Clear the immediate area of the pool of patrons.
- ◆ Add a coagulant to the pool area.
- ◆ Remove obvious contamination/waste by use of the pool suction cleaner. Waste should be discarded directly into a sanitary sewer, or a container for later disposal to a sanitary sewer. Clean the suction device and dispose of washings to a sanitary sewer.
- ◆ Shock dose the pool with chlorine dioxide or chlorine overnight.

2. Solid Stool

- ◆ Clear the immediate area of the pool of patrons.
- ◆ Remove the stool using a fine mesh scoop.
- ◆ Add a disinfectant to the vicinity (one litre of sodium hypochlorite or one cup of calcium hypochlorite).

3. Employee education

- ◆ Educate all staff with relevant information on *Cryptosporidium* and *Giardia* (refer Appendix 1 and 2)
- ◆ Ensure all staff are capable of communicating this information in an informed and sensitive manner to patrons when required.
- ◆ Ensure all staff are aware of the faecal accident/incident policy.

Appendix 9 - Water balancing

Pool professionals place great importance on water balancing and this view is supported, but is not a requirement of these guidelines. Maximising the effectiveness of the existing plant and equipment must be complemented by having correctly balanced water. The standard recommendation remains for monthly testing with a:

- ◆ reserve Alkalinity of 100
- ◆ calcium Hardness of 200
- ◆ pH of 7.6.

The term 'chemical water balance' means the swimming pool water is in a state of equilibrium with calcium compounds. Balanced water prolongs the life of a pool and its fittings, helps with prevent stains and improve bather comfort. If pool water does not have enough dissolved salts, it will try to obtain them by etching or eroding the pool surfaces and fittings. If the pool water has too much dissolved salts, it will try to get rid of the excess in the form of salt precipitates or deposits known as scaling.

The three major factors that operate interdependently to affect water balance are pH, total alkalinity and calcium hardness. As pH rises, salt solubility decreases and therefore, in hard waters with a high alkalinity, scaling may occur. As total alkalinity rises, the solubility of salts tends to decrease and in hard water with a high pH, scaling may occur. Calcium hardness is a measure of all the different dissolved calcium compounds found in the pool. If calcium hardness is low or too high it does not cause problems in a pool unless the water is not chemically balanced. Temperature affects the solubility of salts in a pool. Generally, a salt is less soluble in water at higher temperatures (boilers and heat exchangers) than at lower temperatures.

Determination of chemical water balance

The calcium saturation index can be used to determine chemical water balance from pH, total alkalinity and calcium hardness. In order to simplify the Index, the 'water balance chart' for temperatures of either 30⁰C or 40⁰C, has been devised and is attached. Other more versatile charts are available for purchase from some chemical suppliers and pool shops.

The water balance chart is divided into two scales where scale A is for water at 30⁰C and scale B is for water at 40⁰C. The total alkalinity scale is common to both scale A and scale B. For swimming pools scale A should be used and for spa pools use scale B.

Test the pool water for pH, total alkalinity and calcium hardness and then:

- 1) Plot calcium hardness on its scale first because it is the most difficult parameter to alter
- 2) Plot total alkalinity because it is also a stable parameter
- 3) Draw a line between the plots for calcium hardness and total alkalinity
- 4) Note the pH from the chart

- 5) Compare the chart pH to the measured pool pH.
- a) If the pool pH is within 0.2 of the chart pH, then the pool is balanced.
 - b) If the pool pH is greater than the chart pH by more than 0.2, then the pool has a positive imbalance and could cause scaling.
 - c) If the pool pH is less than the chart pH by more than 0.2, then the pool has a negative imbalance and is termed corrosive.

Example

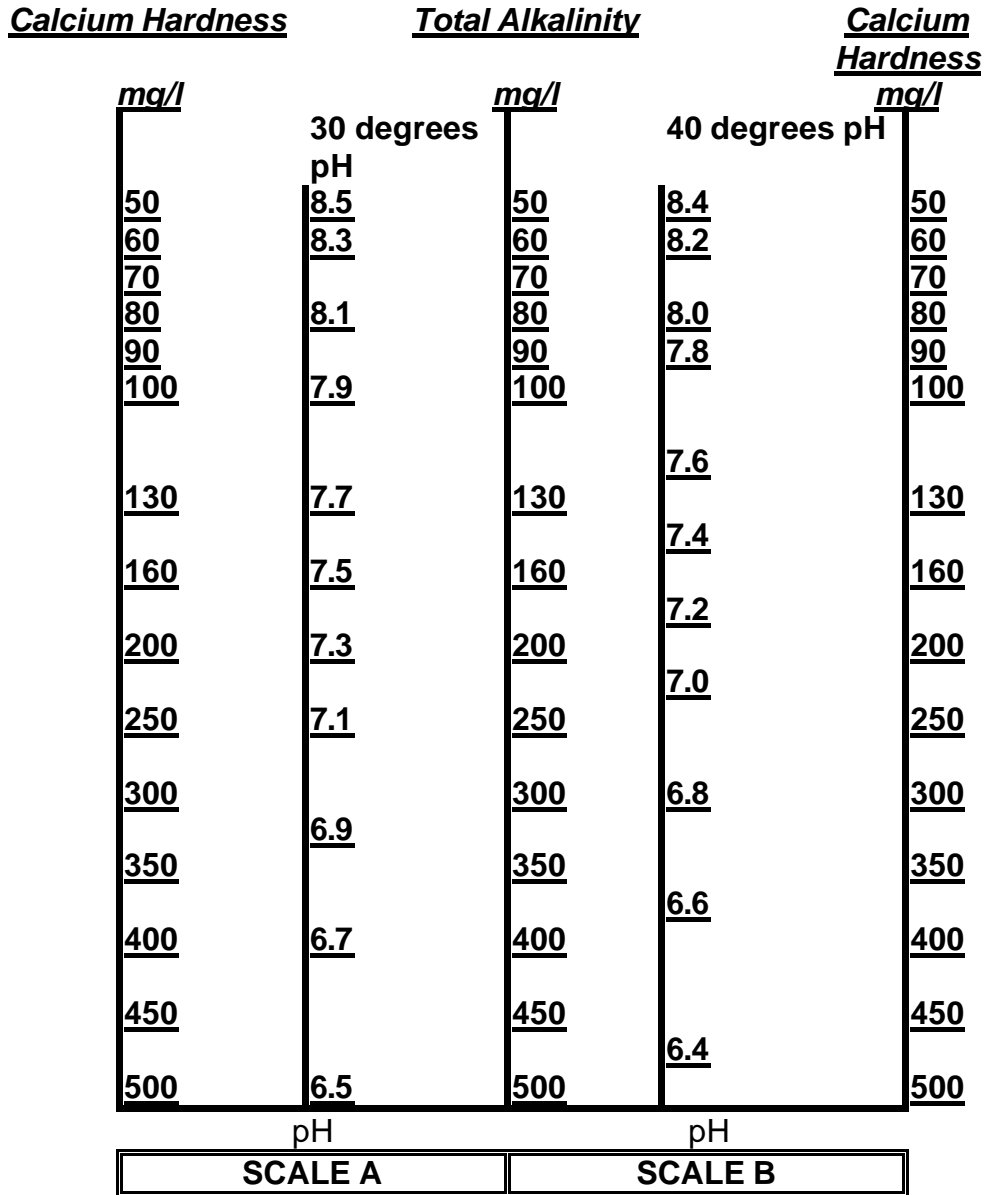
Consider a pool operated at 26⁰C and testing determines the results of:

total alkalinity : 160 mg/l
pH : 8.0
calcium hardness : 100 mg/l

Solution

Use scale A because the water temperature approximates 30⁰C. Plot both total alkalinity and calcium hardness, draw a line between the two plots and determine that the chart pH to achieve balanced water is 7.7. The actual pool pH 8.0 is higher than the chart pH by more than 0.2. Therefore in this case the pool is likely to be causing scaling and feel 'hard' to bathers.

Water balance chart



A calcium level of 150mg/l will prevent the water etching the plumbing and heat exchanger and assist prevent calcium leaching from the grouting or concrete pool structure.

Appendix 10 - Amenities

Showers

To encourage pre-showering, an adequate number of showers should be located in the dressing room in a position by which patrons have to pass them before entering the pool area. Signs should be erected to encourage showering before swimming. The shower environment can be humid, wet and allow the proliferation of bacterium and fungi. Thorough and regular cleaning is needed to prevent this and to remove soap accumulations.

Test room/area

A separate area or room away from the chemical storage area should be provided where testing of pool water may be carried out. The test room should be provided with a sink and tap water, and adequate bench space.

First aid

First aid equipment and a sick room should be provided. A First Aid Officer (FAO) should be on duty during pool operating hours. The First Aid Officer should have a first aid certificate from a recognised training institution such as St Johns Ambulance or the Royal Life Saving Society. Signs should be erected to demonstrate resuscitation techniques.

Ventilation

Adequate ventilation for indoor pools is necessary to dilute volatile air contaminants.

Appendix 11 - Common pool problems

| Problem | Reason | Solution |
|---|---|---|
| Chlorine odour and eye irritation | Combined chlorine level too high | Superchlorinate - increase free chlorine level to oxidise combined chlorine |
| Discoloured water | Various metals such as copper entering pool, eg. as corrosion product, being oxidised by chlorine | Increase pH to 7.4 |
| Water has a dark appearance | Products from breakdown of large amounts of organic material (eg. Tannins) | Check filter operation Superchlorinate |
| Green water and slippery surfaces | Indicates algae growth due to inadequate chlorination | Superchlorinate |
| Metal fixtures corroding | Water pH too low | Increase pH to 7.4 |
| Scaling on pool surfaces or heater | Calcium hypochlorite (powder) added directly to pool water | Dissolve first in a bucket before adding to pool or change to sodium hypochlorite (liquid) |
| Cloudy water | Excessive combined chlorine, or free chlorine rapidly dissipated | Superchlorinate |
| Cloudy water | Poor filtration | Check filter medium and backwash or clean |
| Cloudy water | Calcium hypochlorite added directly to water | Dissolve prior to adding |
| Chlorine disinfectant appears to be ineffective | Shelf-life exceeded | Check shelf-life. Note that sodium hypochlorite (liquid) has a maximum shelf-life of eight weeks whereas bromine (as BCDMH) and calcium and lithium hypochlorite (powder) have more than 12 months shelf-life. Isocyanuric acid level too low - increase to 30 to 50 ppm. |

Appendix 12 - Health risks

In poorly maintained swimming and spa pools, people may be at risk from infections caused by a number of microorganisms. Some of these may be naturally present on hair or skin or in our ears, mouth, nose, intestinal and urogenital tract. Inadequately treated pool water or surfaces (such as shower floors) may transmit infections.

Bacterial pathogens

Pseudomonas aeruginosa is the most common disease causing agent associated with waterborne disease outbreaks. It is an opportunistic pathogen and has been identified as causing eye, ear and skin infection. Its normal habitats are water, soil and vegetation but it may also be of human origin. Although relatively resistant to a range of disinfectants, chlorination of normal swimming pools should be sufficient to kill the bacterium. However, where there is water turbulence, elevated temperature and heavy bather-loads such as in spa pools, considerably greater care is needed to ensure their safe operation and the eradication of this organism.

Legionella spp. causes a serious disease of the lung known as legionnaires disease (*legionellosis*) and a less debilitating disease called pontiac fever. They are found in the natural environment, such as soil, rivers, lakes and creeks. Outbreaks have mainly been associated with air conditioning cooling systems and potable water systems (*especially hot water*) although spa pools have also been implicated. Legionellosis is caused through inhalation of contaminated aerosols.

Staphylococcus aureus are regularly isolated from swimming pools and spa pools as they are normal microflora of the skin, ear and nose. These microorganisms can cause skin infections such as boils, carbuncles and wound infections. They are fairly resistant to disinfection but have not been shown to be a public health problem in well maintained pools.

Mycobacterium marinum causes chronic skin ulceration known as 'swimming pool granuloma' which may last up to three years if untreated.

Shigella, Salmonella and Campylobacter have been implicated as causative agents of gastrointestinal diseases but outbreaks as a result of swimming are uncommon.

Protozoan pathogens

Cryptosporidium is a protozoan parasite of about four to seven microns in diameter. It is very resistant to common disinfectants. ***Giardia*** is a minute protozoan parasite of about eight to 12 microns in diameter. It is resistant to common disinfectants though not to the same extent as *Cryptosporidium*. *Cryptosporidium* and *Giardia* may be excreted by infected humans into swimming pools through faecal accidents and may cause outbreaks of diarrhoea. A carrier state exists where humans may be infected without showing obvious symptoms.

It is more important to prevent the entry of these organisms into the pool and strategies such as requiring all bathers to wear swimming costumes at all times should be considered. For more detail see Appendix 13 Control of *Cryptosporidium* and *Giardia* in swimming pools, leisure pools, spas and hydrotherapy pools.

Naegleria fowleri is a pathogenic free-living amoeba which has been shown to cause a fatal disease called primary amoebic meningo-encephalitis. The disease is contracted by the invasion of the amoeba through the nose into the brain. In nature, the organism thrives in mineral springs, thermal bores, rivers and lakes. These waters are generally heated above 25°C, which assists the parasite in its metabolism and survival.

Viral pathogens

Enteroviruses are the major causative agents of swimming pool gastroenteritis. They are most frequently found in wading pools used by infants and young children where bather hygiene is poor and water volume is small.

Adenoviruses types 3 and 4 cause pharyngo-conjunctival fever among bathers. The disease is characterised by sore throat, fever and conjunctivitis and is frequently associated with diarrhoea.

The Herpes simplex virus causes fever and an unwell feeling. It has been reported to be able to survive for long hours in warm, humid conditions and is spread by persons with cold sores.

Plantar warts are caused by a papovavirus, which may be transmitted by contact with contaminated floor surfaces.

Yeast and fungal pathogens

Large numbers of ***fungi*** can be found in indoor swimming pools. Athlete's foot or tinea pedis is caused by certain fungal pathogens (dermatophytic fungi), including *Trichophyton rubrum*, *Trichophyton mentagrophytes* and *Epidermophyton floccosum*. These fungi have been isolated from shower stalls, floors and so forth.

The yeast, Candida albicans, may cause uretho-genital, skin and nail infections in individuals with normal immune defences as well as serious systemic infections in debilitated patients.

Heat illness

In natural sunlight the main forms are heat exhaustion and severe sun burn. The body has no mechanism to warn of overheating. In saunas, dehydration, heat exhaustion and fainting may occur. On entering a heated pool or sauna the skin blood vessels dilate to help lose heat and keep the body cool. The heart has to pump faster and so the heart rate increases. If there is insufficient blood going to the brain, there is a lack of oxygen and a person may feel dizzy and even faint. Deaths have resulted when alcohol has been consumed and the body subjected to heat stress.

Heat exhaustion is caused by a loss of water and electrolytes. Any sustained muscular exertion can cause this. It is relieved by rest and fluid and electrolyte (salt) replacement. Proper conditioning prior to heavy muscular exertion should be attempted. No heated swimming pool or spa pool should be operated at a temperature greater than 38°C and exposures at greater than body temperature should not exceed 20 minutes for a healthy adult. Children and those with medical conditions (heart conditions) are particularly at risk. Medical advice should be sought for persons who are in the at risk group. A suitable warning sign could read 'Children under the age of 6 years and persons with medical conditions should not use the heated spa pool unless under supervision. Seek medical advice.'

Chemical conditions

While too little residual chlorine will allow bacteria to grow, too much chlorine, bromine or prolonged swimming, particularly in salt water, can cause conjunctivitis (eye irritation), dermatitis (skin allergy) and dry scaly skin. Some people may suffer skin sensitivity if bromine (in the form of BCDMH) is used.

Shade

The use of an outdoor swimming or spa pool complex by patrons exposes them to harmful ultra violet radiation. Guidance on shade can be obtained from *Shade for Public Pools - Guidelines for shade protection against ultraviolet radiation at outdoor public pools* published by Queensland Health.

Swimming Pool Fencing

Swimming Pool fencing is mandatory in Queensland advice and information must be sought from the Local Government or the Department of Local Government and Planning or at <http://www.poolfencing.qld.gov.au/>.

Appendix 13 - Potential health problems associated with spa pools

| Health problems | Causative agent | Predisposing factors to infection |
|------------------------------------|---|--|
| Follicular dermatitis | <i>Pseudomonas aeruginosa</i> | High numbers of micro-organisms Long exposure time High temperatures |
| Skin, ear and eye infections | <i>Pseudomonas aeruginosa</i> <i>Pseudomonas cepacia</i> <i>Mycobacterium marinum</i> Papilloma viruses <i>Acanthamoeba</i> | Injury Spa environs and materials Skin lesions from recent trauma Immune deficiency |
| Skin irritation | Chloramines | Inadequate dumping frequency Low chlorine disinfectant levels |
| Respiratory infection | Legionella, <i>Pseudomonas</i> spp., <i>Enterobacteriaceae</i> , free-living amoebae, adenoviruses | Aerosol dispersion of contaminated water Poor disinfection practice Immersion of the head Pre-existing respiratory disease |
| Genito-urinary infection | <i>Pseudomonas</i> spp <i>Enterobacteriaceae</i> , <i>Trichomonas</i> , <i>Chlamydia</i> , <i>Herpes</i> , yeasts and fungi | Excessive exposure to spa water Careless bather practices |
| Gastro-intestinal infection | <i>Giardia</i> , <i>Cryptosporidium</i> , bacterial enteric pathogens | Faecal pollution of water Ingestion of water. |
| Heat stress (<i>hypothermia</i>) | Excessive exposure | High temperature, especially above 40°C (or above 38°C for those at risk such as the elderly or those with heart conditions). Long exposure time Predisposition to heat stress Heart conditions |

If temperature is above 40°C there is potential for increased evaporation, bather discomfort, scaling and increased use of disinfectants.

Appendix 14 - Control of *Cryptosporidium* and *Giardia* In swimming pools, leisure pools, spas and Hydrotherapy pools

Scope

This appendix sets out the procedures recommended for a multi-barrier risk management approach for the control of *Cryptosporidium* and *Giardia* in swimming pools, leisure pools, spas and hydrotherapy pools in Queensland whether they be commercial, private or public. It provides the additional control measures to be initiated over and above those provided for in existing guidelines for the management of pools.

Disinfection

In addition to disinfection measures recommended earlier in these guidelines, operators should implement one or more of the following options for ongoing *Cryptosporidium* and *Giardia* control in pool water.

The microscopic size of *Cryptosporidium* and *Giardia* means that common sand and cartridge filters are not totally effective in removing these parasites. They are also resistant to usual pool water disinfectants (eg. chlorine, bromine) at normal operating levels. These characteristics present problems for pool operators in attempting to prevent the spread of disease in the event of the pool becoming contaminated. The following options are available for ongoing *Cryptosporidium* and *Giardia* control in pools:

- ◆ full stream ozone
- ◆ side stream ozone
- ◆ shock dose chlorine dioxide
- ◆ full stream micro-filtration
- ◆ side stream micro-filtration
- ◆ side stream diatomaceous earth filtration
- ◆ ongoing chlorine dosing
- ◆ shock dose chlorine.

Stabilised chlorine dioxide (liquid) is recommended for use in this guideline not onsite generated gas.

These options can be categorised by the treatment classification system displayed below in **Table 1**.

Table 1: Treatment Classification System

| Method | Approach | | | | Disinfection Treatment | | Disinfection Type | |
|--------|-------------|-------------|-------------------|------------|------------------------|----------|-------------------|---------|
| | Full Stream | Side Stream | On-going Residual | Shock Dose | Chemical | Physical | Inactivation | Removal |
| 1 | + | | | | + | | + | |
| 2 | | + | | | + | | + | |
| 3 | | | | + | + | | + | |
| 4 | + | | | | | + | | + |
| 5 | | + | | | | + | | + |
| 6 | | + | | | | + | | + |
| 7 | | | + | | + | | + | |
| 8 | | | | + | + | | + | |

Clarification of the terminology used in the treatment classification system is detailed below:

Approach

Full stream

This approach allows treatment by the disinfection method on the entire flow of water in the filtration cycle. This in theory allows disinfection of all water in the pool in one complete water turnover period. However, in practice it may take up to four full water turnover periods in a functioning, well designed pool with excellent circulation and mixing characteristics to achieve 99.5% treatment of the water.

Side stream

The side stream approach is an alternative to full stream. By treating a smaller percentage of the water flow, this approach hopes to provide acceptable levels of risk management while reducing costs to a level which may be commercially viable for a wider range of pool complexes.

By way of explanation of the side stream concept, if the existing chlorine and filtration system treats all pool water every four hours (*water turnover period*) and the side stream system is designed at 20% of main system capacity, then theoretically every 20 hours all water would be treated by the disinfection method. Again it should be noted that in practice it may take up to four turnover periods to achieve effective treatment of the water with full stream systems. This would require up to 20 water turnover periods for a 20% side stream system.

Ongoing residual

A method of inactivation in which a constant residual of disinfectant is maintained in the pool water at all times.

Shock dose

This approach does not offer an on-going treatment but relies on regular shock dosing of the pool water by a disinfection treatment. The theoretical time period for disinfection is therefore not related to the water turnover period of the pool, but to the interval between effective shock dosing (*ie. daily, weekly, monthly etc*).

Disinfection treatment

Chemical

This category includes all liquids, gases and solids which are added to the pool water to cause a chemical reaction which results in disinfection of the water by inactivation of *Cryptosporidium* oocysts and *Giardia* cysts.

Physical

Any method which relies on physical removal or entrapment of the *Cryptosporidium* oocysts and *Giardia* cysts.

Disinfection type

Inactivation

The result of a disinfection treatment which inactivates the *Cryptosporidium* oocysts and *Giardia* cysts causing them to become non-viable.

Removal

The result of a filtration treatment which physically removes *Cryptosporidium* oocysts and *Giardia* cysts from the pool water.

The following section discusses treatment options including effectiveness and cost. It is suggested that pool operators seek advice from industry as to specific costs for individual needs.

Full stream ozonation

Research into proven methods of disinfection for *Cryptosporidium* and *Giardia* consistently identifies ozonation as the most effective treatment. Literature suggests a contact time (*C.t*) value (*multiplication of the disinfection concentration in mg/l and the time in minutes required to inactivate a particular parasite*) for ozone of between 5 and 10 minutes. This means that *Cryptosporidium* exposed to 1mg/l of ozone for 5 to 10 minutes will result in inactivation of >99% in normal swimming pool temperatures and pH levels. If sufficient concentrations and contact time are assured, then this process should theoretically provide >99% inactivation of *Cryptosporidium* and *Giardia* in one water turnover period. Again it should be noted that in practice it may require up to four turnover periods to provide effective treatment of all of the water.

The UK Pool Water Advisory Group recommend an ozone concentration of 0.8 – 1 mg/l with a contact time of 2-3 minutes. If the temperature is above 32°C, the concentration should be increased to 1.2 mg/l – 1.5 mg/l. However, this recommendation may not be specifically targeted towards the disinfection of *Cryptosporidium* and *Giardia*, but rather a concentration used to maintain general water quality parameters. Therefore, a concentration of 1.5mg/l with a contact time of 5-10 minutes may be more appropriate to ensure >99% inactivation of *Cryptosporidium*. This process is a high capital cost option with low ongoing costs.

Side stream ozonation

The literature suggests that *Cryptosporidium* and *Giardia* exposed to 1.5mg/l for 5 to 10 minutes will result in > 99% inactivation in normal swimming pool temperatures and pH levels (C.t value of 5 - 10). The side stream approach only treats a specified percentage of the water each water turnover period and is therefore less effective than full stream ozone. The theoretical time period for inactivation is related to the water turnover period, pool design and actual circulation pattern and is dependent on the percentage of the main stream flow which is being treated. In practice, effective treatment of the water may not be achieved in less than four turnover periods in a full stream system. A side stream system needs to be adjusted proportionately. A range of 25-40% of full flow is suggested.

By treating only a percentage of the main stream flow of the pool, the side stream approach attempts to reduce the cost associated with full stream ozonation.

Shock dose chlorine dioxide

Research has identified chlorine dioxide as an effective *Cryptosporidium* and *Giardia* disinfectant agent. This research suggests a C.t value of 78 (exposure to 1.3 mg/l of chlorine dioxide for 1 hour) and results in inactivation of >90% for both parasites at normal swimming pool temperatures and pH levels.

The effectiveness of the shock dosing method as a *Cryptosporidium* and *Giardia* control option is not only reliant on the concentration and contact time of the dosing, but on the regularity of these doses. This shock dosing method should be carried out overnight due to degradation by sunlight and is recommended on a weekly basis during peak season for commercial operations. A 0.25 mg/l concentrated dose for six hours is suggested for this option.

Full stream micro-filtration

Literature suggests that an '*absolute one micron rated filter*' will remove *Cryptosporidium* oocysts and *Giardia* cysts. The cost of micro-filtration on a standard main stream water flow (eg. 45 l/s) is substantial.

Side stream micro-filtration

The literature suggests that an '*absolute one micron rated filter*' will remove *Cryptosporidium* oocysts and *Giardia* cysts. However, the side stream micro-filtration approach requires a greater number of water turnovers to achieve the same result as full stream micro-filtration.

Side stream diatomaceous earth filtration

Diatomaceous earth filtration has the capacity to remove particles of three to five microns in size and whilst not guaranteeing 100% removal of *Cryptosporidium* oocysts, does provide another barrier in the control of *Cryptosporidium* and *Giardia*. Costs may be influenced by the life of the filter and the amount of diatomaceous earth used.

On-going chlorine dosing

On-going chlorine dosing of pools is not necessarily an additional method of control as this may be part of best practice pool management. However, an increase in the average level of free chlorine should result in some measure of control over *Cryptosporidium* and more particularly *Giardia* which is more susceptible to disinfectants.

Research on the effectiveness of chlorine as an effective *Cryptosporidium* and *Giardia* disinfection solution conflicts. A C.t value of 7,200 for 90% inactivation has been adopted based on the consensus of the literature reviewed (exposure to 80 mg/l for 90 minutes). Increasing the average level of free chlorine above that recommended for normal pool operation (eg. 2 mg/l to 4 mg/l) should result in a reduction in the inactivation time period, but this should not be assumed to be a direct linear increase.

This is the current disinfection method used at most pools. Increasing chlorine levels to reduce the inactivation time period will produce increased costs. If it is assumed that this cost increase is linear until breakpoint chlorination is achieved, then this option can be compared with others based on existing chlorine costs (ie. increasing average chlorine levels from 2 mg/l to 4 mg/l will increase the cost of chlorine treatment).

Shock dose chlorine

It has been assumed that chlorine has a C.t value of 7,200 (exposure to 80 mg/l of chlorine for 90 minutes) to produce > 90% inactivation of *Cryptosporidium* and *Giardia* at normal pool water temperatures and pH. Using this value, concentrations and contact time can be measured for shock dosing at regular intervals.

Similar to chlorine dioxide shock dosing, the effectiveness of this option is reliant on the concentration and contact time of the dosing as well as the regularity of these doses. Shock dosing should be carried out overnight on a weekly basis during peak season for commercial operations.

A 40 mg/l concentrated dose for three hours is suggested for this option.

Following shock dosing, the water should be dechlorinated using sodium thiosulphate and the water chemistry balanced.

For commercial operators where pool water is not discarded annually, consideration should be given to the form of chlorine used for shock dosing. Advice should be sought from industry.

The costs involved include the extra chlorine required to elevate the free chlorine in the pool water to the required levels and for sodium thiosulphate to lower chlorine levels to allow use of the pool. The cost is therefore related to the chlorine shock dose level and the regularities of the doses.

Appendix 15 - Remediation processes

Pool water becomes contaminated with *Cryptosporidium* or *Giardia* when an infected person excretes the oocysts or cysts into the water. Sampling of the water for *Cryptosporidium* and *Giardia* will only provide a result for the actual volume of water sampled at a point in time and will not ensure ongoing safety from infection.

A regular program of sampling for *Cryptosporidium* and *Giardia* is **not** recommended as proper attention to pool design, maintenance and operation are the most effective measures to control the risks of disease. However, it is recognised that some pool operators may choose to carry out sampling on their own initiative at any time.

Where evidence suggests a particular pool may be associated with cases of disease, Queensland Health will undertake an investigation including sampling of the pool. Where accepted viability testing is not available, the presence of *Cryptosporidium* oocysts or *Giardia* cysts in samples obtained from a pool will lead to a recommendation for the closure of the pool by Queensland Health. Where accepted viability testing is available, the presence of viable oocysts and cysts will also lead to a similar recommendation.

Where a pool operator chooses not to act on this recommendation, Queensland Health may invoke legislative powers under the Health Act 1937 to minimise risk to public health.

Pool remediation will be required to be conducted.

The re-opening of pools closed voluntarily by the pool operator or by Queensland Health will be based on a nil viable oocyst or cyst presence in the water. If viability testing is not available, reopening will be based on no oocysts or cysts being detected.

Where pools have tested positive, the following methods of pool remediation have been proven to be successful:

Disinfection by shock dosing with chlorine

1. close the pool
2. backwash filters
3. flocculate filters with alum
4. raise the chlorine level to 90 mg/l and operate the plant in filtration mode for one water turnover period
5. ensure all pool elements are activated and therefore treated
6. steam clean all amenities in contact with the pool water
7. backwash filters
8. flocculate filters with alum
9. reduce the chlorine level if necessary to normal operating range using sodium thiosulphate
10. balance water chemistry
11. sample the pool water for *Cryptosporidium* and *Giardia*
12. a negative test result is required for re-opening.

Disinfection by shock dosing with chlorine dioxide

1. close the pool
2. backwash filters
3. flocculate filters with alum
4. operate the plant in filtration mode for one water turnover period
5. repeat steps 2 and 3
6. steam clean all amenities in contact with the pool water
7. chemical dose pool water with chlorine dioxide at 2.6 mg/l
8. circulate water for one turnover period
9. ensure all pool elements are activated and therefore treated
10. backwash filters
11. balance water chemistry
12. sample the pool water for *Cryptosporidium* and *Giardia*
13. a negative test result is required for re-opening.

NB This method has proved successful. However further research indicates that a lesser concentration of chlorine dioxide viz 1.25 mg/l for two hours or one water turnover period is equally effective.

Physical removal of pool water:

1. empty the pool water to a sanitary sewer following agreement with the relevant local government
2. thoroughly scrub down the pool surfaces with a commercial detergent/disinfectant
3. drain and steam clean all pipes, pumps, fittings etc
4. steam clean all amenities in contact with the pool water
5. change the filter medium
6. refill the pool and return chlorine levels to the normal operating range
7. balance water chemistry
8. sample the pool water for *Cryptosporidium* and *Giardia*
9. negative test result is required for re-opening.

The full completion of any one of the above processes should provide a satisfactory remediation of the pool. The choice of process is dependent upon the size and nature of the pool complex, and available funds and costs.

Methods for the detection and isolation of *Cryptosporidium* and *Giardia* in water

Most currently available methods for the detection of *Cryptosporidium* and *Giardia* do not have the ability to detect different species, nor do they have the ability to differentiate between viable and non-viable organisms.

A sample collection protocol from swimming pools for *giardia and cryptosporidium* can be found at Appendix 5.

The acceptability of the method used in any private sampling process will be decided by Queensland Health when assessing sample results.

Where viability testing is not available, a nil presence of *Cryptosporidium* oocysts or *Giardia* cysts is required to allow re-opening of a pool previously found to be positive. Where viability testing is carried out, a nil presence of viable organisms is required to allow re-opening.

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Appendix 16 - *Cryptosporidiosis* (Qld Health factfile)

September 2004

Cryptosporidiosis

Information for the general public

Cause:

Cryptosporidiosis is an intestinal infection caused by *Cryptosporidium parvum*, a microscopic parasite.

Symptoms & Signs:

How will it affect you? The most common symptom is diarrhoea, which is usually watery and may be profuse. Other symptoms that may occur are nausea, vomiting, fever, headache, and loss of appetite. Some people infected with *Cryptosporidium* may not develop any symptoms.

Is it serious? In people with normal immune systems the disease is generally not serious. However, people with weakened immune systems (e.g. some people receiving cancer treatment, people on steroid therapy, people with HIV/AIDS) may develop severe and long lasting illness, which may contribute to death.

How long does it last? In healthy young children the illness is self-limiting and lasts only a few days. In adults with normal immune systems the symptoms often fluctuate and commonly last several weeks. People with weakened immune systems may not be able to clear the parasite and the illness may persist.

Occurrence:

How common is it? Cryptosporidiosis occurs worldwide. Cryptosporidiosis has only been included on the list of notifiable diseases in Queensland since mid 1996. Since that time there has been an average of just over 400 reported cases in Queensland per year. Many other undetected cases are likely to occur. It does appear to be a relatively common cause of acute diarrhoea in young children. As well as infecting humans, *Cryptosporidium parvum* occurs in a variety of animals including cattle, dogs and cats. The disease tends to be more common during the warmer months.

How likely are you to be affected? Children under two years of age, close personal contacts of infected individuals, animal handlers, travellers, and men who have sex with men are particularly at risk of infection.

Natural History:

How is it spread? Cryptosporidium is shed in the faeces of infected humans and animals. It may then be transferred to humans in several ways:

- ◆ through person to person contact (especially in households and child day care centres)
- ◆ through handling of infected pets, farm animals, or their faeces
- ◆ through swallowing contaminated food or water. This includes swallowing contaminated recreational water. Cryptosporidium is resistant to the usual levels of chlorine in swimming pools and may survive for several days. High doses of chlorine and cleaning of filters can remove Cryptosporidium from a contaminated pool.
- ◆ through exposure to faeces during sexual activities

How long does it take to get sick from when you catch the infection? The time from swallowing the parasite to the development of illness ranges from 1 to 12 days, but is usually about 7 days.

How long is it infectious? Cryptosporidia appear in the faeces at the onset of symptoms and may continue to be excreted in the faeces for several weeks even after symptoms have resolved. This means that the faeces can remain potentially infectious for several weeks, particularly while the person is symptomatic and during the first few weeks after the person has recovered. The infectious agent is called an “oocyst”. The oocyst can survive in a moist environment for up to 6 months.

Treatment:

What treatment is available? There is no specific treatment for cryptosporidiosis. Replacement of fluid lost through diarrhoea may be needed. Persons with severe or long lasting diarrhoea should seek medical advice.

Prevention:

How can the spread of disease be controlled? There is no vaccination to prevent cryptosporidiosis and no way of preventing the illness in people who are known to have been exposed. Some immunity appears to follow infection with Cryptosporidium but further infections in those previously infected have occurred.

As people with Cryptosporidium infection can continue excreting oocysts even after symptoms have settled, people with diarrhoea should not go swimming until 2 weeks after diarrhoea has stopped.

What can be done to prevent the disease? There are numerous precautions that can be taken to prevent the spread of Cryptosporidiosis. through handling of infected pets, farm animals, or their faeces

- ◆ Keep children with diarrhoea home from school, preschool, childcare or playgroups until at least 24 hours after diarrhoea has stopped.
- ◆ Food handlers and health care workers should remain away from work until 48 hours after diarrhoea has stopped
- ◆ through person to person contact (especially in households and child day care centres)
- ◆ Wash hands after using the toilet, changing nappies and before handling food or eating. Wash the hands of toddlers and babies after a nappy change also. Thorough handwashing is particularly important for foodhandlers and those who have had cryptosporidiosis in the last 2 weeks.
- ◆ Wash hands after contact with pets, and after cleaning up animal faeces.
- ◆ Wash hands after gardening or other direct contact with soil.
- ◆ Wash hands after contact with cattle and other farm animals.
- ◆ Do not share towels.
- ◆ Avoid drinking untreated water and inadequately filtered water, or boil it first.
- ◆ Do not eat or drink unpasteurised milk products.
- ◆ Wash fruit and vegetables before eating them.
- ◆ To protect others, people with diarrhea should not enter a swimming pool until at least 14 days after the diarrhoea has stopped.
- ◆ Swimmers should use the toilet and shower using soap before entering the pool.
- ◆ Avoid swallowing water in swimming pools or other recreational water.
- ◆ Soiled clothing should be laundered using a hot wash cycle, and be thoroughly dried. For soiled nappies use a pre-wash anti-bacterial soaking product such as NapiSan™ and follow label instructions.
- ◆ People with weakened immune systems may need to take special precautions to reduce their risk.

Additional information:

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For further information please contact your local doctor, or telephone the nearest Public Health Unit

Appendix 17 - *Giardia* - The facts

What is it?

Giardia lamblia is a parasite which affects the gastrointestinal tract of humans.

What are the symptoms?

The main symptoms are diarrhoea (with pale, greasy faeces), abdominal cramps, bloating and tiredness. Without treatment, the symptoms may last for four to six weeks. Infections often occur without causing any symptoms.

How is it spread?

People can become infected by touching faeces or anything which has been contaminated by faeces, then touching their mouth with unwashed hands. People can also become infected by consuming contaminated food or water. Sexual activity which involves hand or mouth exposure to areas contaminated by faeces can also pose a risk of infection.

Treatment

Antibiotics can cure this infection. Drinking plenty of fluids will help avoid dehydration.

What you can do to prevent the spread of the disease?

- ◆ Wash hands thoroughly with soap and water before handling food, after using the toilet and after changing nappies.
- ◆ Avoid drinking or swallowing swimming pool water, and untreated water from dams, lakes or creeks.
- ◆ If you are unsure of the safety of the water supply, drink boiled, filtered or chemically treated water. Alternatively, drink bottled or canned beverages.
- ◆ Wash fruit and vegetables that will be consumed raw.
- ◆ Avoid sexual practices which may result in hand or mouth exposure to faeces.
- ◆ If you currently have, or have had diarrhoea in the last 14 days, you should not enter a swimming pool.

For further information about *Giardia*, please contact your local doctor or public health unit.

For enquires related to the guideline please contact:

*Communicable Diseases Unit Queensland Health –
Telephone (07) 3234 1155*

Copies of the guideline can be downloaded from <http://www.health.qld.gov.au>

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