

Name of Facility _____

Site Address _____

Telephone _____

Prepared By _____

Title _____

Signature _____ Date _____

New York State Sanitary Code 6-3 requires that recreational aquatic spray ground operators develop, update and implement a written safety plan. This plan must be submitted to your local health department for their review and approval. The plan must include procedures for daily patron supervision, injury prevention, reacting to emergencies, injuries and other incidents, providing first aid and summoning help.

Please review and complete this document. Include any attachments (i.e. photos), as necessary. Once completed, it will serve as your facility's comprehensive written safety plan, which will meet the requirements of the State Sanitary Code (SSC). This plan must meet the specific conditions of your facility and operations, as well as serve as a training and reference document for you and your staff.

In addition, if your facility has features that are regulated by SSC Subparts 6-1, Swimming Pools or 6-2, Bathing Beaches, you must prepare and submit the appropriate safety plans for each of those portions of the facility that apply.

Additional information may be obtained at <http://www.health.ny.gov/>

Please send a copy to:

And, please retain a copy of this document for your use.

FOR LHD USE ONLY

Approved Yes No

Reviewer _____

Title _____ Date _____

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SPRAY GROUND CHARACTERISTICS

Name of Facility _____

1. Please fill in the table below for each spray ground:

Type of Facility (Outdoor Spray Ground, Indoor Spray Ground, Combined Spray Ground/Swimming Pool Facility) Please list all that apply.	Number of Spray Pads	Number of Spray Features	Average Daily Patron Use	If Combined Facility, check this box if the water for the pool(s) and spray ground is blended.
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Definitions

- **Spray Grounds** are the buildings and appurtenances used with a spray pad in which sprayed water is continually drained and collected in a treatment and recirculation system.
- **Spray Features** are the devices and plumbing used to convey the treated water to the spray pad to spray the patrons.
- **Spray Pad** is the specific area consisting of the play surface, spray features, and drains, upon which the patrons are sprayed with water.

When spray features are installed in a swimming pool, wading pool, wave pool or other pool regulated under Subpart 6-1, the spray ground code shall not apply. These operations will be regulated as swimming pools.

PROCEDURES FOR DAILY MONITORING AND PATRON SUPERVISION

- The effective monitoring of the spray ground operation and maintenance and periodic supervision of all patrons is essential to health and safety.
- **SSC Section 6-3.22 requires at least one supervisory staff person to provide periodic supervision of the spray ground as specified in the safety plan.**
- **Each spray ground must be maintained by an operator familiar with its equipment and who must comply with all the regulations in 6-3 and any permit conditions. (SSC Section 6-3.20(a).)**
- **All spray grounds must be maintained by a qualified swimming pool water treatment operator. (SSC Section 6-3.20(b).)**
- The supervisory staff person(s) is an individual or individuals responsible for supervising and monitoring the spray ground to ensure compliance with regulations for use, is familiar with its equipment and is trained in the operation and maintenance of the spray pad treatment system. The facility must have a qualified swimming pool operator to maintain the water treatment system and someone to provide the periodic supervision. These roles can be filled by the same or different individuals.

Number and Qualifications of Supervisory Personnel

2. Is your qualified swimming pool water treatment operator the same person who will provide the periodic supervision of the patrons? Yes No
3. How many supervisory staff will you use to maintain and supervise your facility?
(Please list all your spray pads within the spray ground.)

<i>Number</i>	<i>Spray Pad (Name)</i>	<i>Supervisory Staff (Name and/or Title)</i>	<i>Frequency of Visual Checks (When and how often?)</i>	<i>Check this box if staff is on-site</i>
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>

Patron Supervision

Supervision of a spray ground includes a combination of periodic monitoring, posting required signs, enforcing all rules and providing required safety equipment.

Rules and Regulations

Signs stating the following must be posted conspicuously at the spray pad or enclosure/entrance and in the dressing rooms at all spray grounds. These signs must include:

- The hours during which the spray ground is open and that use at other times is prohibited.
- Individuals with diarrhea shall not use the spray pad.
- Spray features use recirculated water; do not drink.
- Children who are not toilet trained must wear a swim diaper covered by rubber pants.
- No animals on or near the spray pad.
- Pollution of the spray pad area is prohibited, including urination, discharge of fecal matter, spitting and nose blowing.
- May also include prohibitions against glass containers, as well as running and horseplay, etc.

4. Where are the required signs located?

- Spray pad enclosure/entrance Dressing rooms
 Other (Specify) _____

5. Who monitors and enforces the patron use rules?

- Qualified pool operator
 Other (Specify) _____

The most important responsibility of a spray ground operator and supervisory staff is to maintain sanitation of the spray ground. This includes maintaining adequate water quality and responding to fecal incidents.

Daily Monitoring

Daily inspections of the facility are necessary to assure that adequate safety and sanitary conditions are maintained. Any problems, such as unsafe water conditions, broken equipment, electrical equipment malfunctions, broken/loose drain grates, etc. are to be reported and immediately corrected. If the problem cannot be immediately corrected, the specific area, spray pad or entire spray ground facility must be closed, as appropriate.

The daily compliance checks must include:

- Inspection ensuring no equipment deficiencies/hazards
- Clean and flush spray pad prior to use
- Ensure spray pad drain(s) are not blocked
- Check disinfectant residual
- Check UV light intensity meter

6. Who is responsible for performing the daily compliance check prior to the facility opening each day?

- Qualified pool operator
 Other (Specify) _____

7. Please list any additional duties performed during the daily compliance check:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

- Complete daily operation records must be kept of the operation of each spray pad. These records must be available for review by the Permit Issuing Official for at least 12 months.

8. Who maintains the daily operational log?

- Qualified pool operator
- Other (Specify) _____

TREATMENT SYSTEM

All spray grounds must be maintained by a qualified swimming pool water treatment operator who is familiar with its equipment.

9. Who is the qualified swimming pool water treatment operator for your facility? (Name and title)

10. What is the availability of this person?

- On-site On-call
- Other _____

11. Who is responsible for contacting this person when a problem occurs? (Title)

Chemical Storage and Handling

- Improper handling of pool/spray ground chemicals can result in explosions, fires or poisonous gas. Procedures for safe storage and handling must be developed and staff trained in safe practices. Safety rules should be prominently posted in the chemical use area.
- Suggested safety rules include:
 - Follow manufacturer's instructions.
 - Never add water to chemicals. Always add chemicals to water.
 - Wear eye protection when handling chemicals and breathing protection for chlorine gas.
 - Never mix any chemical with chlorine products. A dangerous chlorine gas could develop immediately.
 - Always use a clean scoop when dispensing powdered chlorine as a potential fire hazard exists.
 - All chemicals, including dispensing crocks, must be clearly labeled.
 - An emergency response plan in case of a chemical incident.

12. What type of disinfectant do you use at your spray ground? (Check all that apply.)

- Sodium hypochlorite (Liquid) Bromine (Solid) Calcium hypochlorite (Powder / Tablet)
 Other (Specify) _____

13. Where do you store your chemicals? _____

14. Is this storage area inaccessible to the public and kept locked? Yes No

a. If "No," please explain how unauthorized access is prevented? _____

15. Do you have established safety rules and are they posted in the storage area? Yes

Treatment System

- Free and total chlorine or bromine residual and pH must be tested at least three times a day, at the beginning, during and at the end of each use period, at the spray ground. (SSC Section 6-3.11(c)(6).)

16. How often do you check the disinfection levels at your spray ground?

- 3 times a day
 Other (Specify) _____

17. Who is responsible for maintaining the chemical levels in your spray pad treatment tank?

- Qualified pool operator
 Other (Specify) _____

18. Who is responsible for draining and cleaning the spray pad treatment tank?

- Qualified pool operator
 Other (Specify) _____

19. How often does the spray pad treatment tank get drained and cleaned?

- Once a week Once a month
 Other (Specify) _____

Ultraviolet Disinfection System Maintenance

- Ultraviolet light (UV) disinfection is required in addition to an approved chemical disinfectant.
- UV systems must have a properly calibrated light intensity meter, automatic water flow shutoff in the event the light intensity decreases below the manufacturer's recommended level for the flow rate and an audible alarm to alert the attendant of a system malfunction.
- The UV light units must be cleaned and the lamps replaced in accordance with the manufacturer's recommendations.
- The UV's intensity meter reading must be monitored and recorded at least twice daily. If the intensity level falls below the setpoint level, the condition must be evaluated and appropriate corrections made.
- An operation log for the UV system must be maintained. It should include any repairs, cleaning, lamp replacement, etc.

20. How often is the UV system checked to ensure the proper operation of the automatic water flow shutoff and alarm system?
(Specify) _____

21. If the alarm goes off, who will hear it and respond?

Qualified pool operator

Other (Specify) _____

22. Who is responsible for monitoring the intensity on the UV system and recording the results?

Qualified pool operator

Other (Specify) _____

23. How often does staff monitor the UV system throughout the day?

2 times a day

Other (Specify) _____

LIGHTING AND ELECTRICAL

- Any defects in the electrical system, including any lights must be immediately repaired.
- Portable electrical devices, such as radios and announcing systems within reach of the patrons are prohibited.
- At all indoor spray pads and spray pads used at night, surface lighting shall be adequate to allow an observer to clearly see the spray pad, deck and patrons.

24. Do you allow night use at your facility?

Yes

No

ENVIRONMENTAL CONDITIONS AND WEATHER

- Environmental conditions must be constantly evaluated at all spray ground facilities. Conditions that may require that the spray ground be cleared of patrons include: unsanitary water conditions, inadequate disinfection levels, fecal or vomit incidents, power outages, and thunderstorms.
- Each facility should have procedures in place for clearing the spray pad whenever one of these conditions occurs. These procedures should include who is responsible for monitoring facility closure and what type of communication system will be used to do so.

- The National Lightning Safety Institute (NLSI) recommends that both indoor and outdoor aquatic facilities be closed during a thunderstorm.
- The NLSI recommends that bathing facilities monitor storm activities, suspend activities when lightning is within 6-8 miles and wait until at least 30 minutes after lightning has been seen before resuming water activities.

Fecal, Vomit and Blood Contamination Incidents

- Fecal, vomit and blood incidents that occur on spray pads pose a potential risk of infection to patrons. Feces, vomit and blood may contain pathogenic or harmful bacteria, viruses and parasites that are resistant to chlorine at concentrations found in a spray pad’s treatment system under normal operating conditions. Diarrhea may be an indication that the person is ill with pathogens such as the highly chlorine-resistant parasite, *Cryptosporidium*. UV systems are required at spray pads to help inactivate these more resistant pathogens; however, additional precautions must be taken to ensure that the water is made safe for patrons.
- **When a contamination incident occurs, the water must be flushed to waste and not discharged into the spray pad treatment tank. (SSC Section 6-3.10(i).)**
- Please refer to the NYS DOH fact sheets, “Fecal Incident Response Recommendations for Pool and Spray Ground Staff” at: http://www.nyhealth.gov/environmental/outdoors/swimming/docs/fs_fecal_incident.pdf and “Vomit and Blood Contamination of Pools and Spray Grounds” at: http://www.nyhealth.gov/environmental/outdoors/swimming/docs/fs_vomit_blood_contamination.pdf

25. When unsafe or unsanitary conditions occur, who is responsible for monitoring spray pad closure at your facility?
- Qualified pool operator
- Other (Specify) _____
26. What communication system is used for clearing the spray pad?
- Whistle (Specify signal) _____
- Voice (Specify) _____
- Bullhorn (Specify signal) _____
- Other (Specify) _____
27. How will you prevent patrons from using the spray pad until conditions are safe and it is re-opened?
- Lock gate Rope off spray pad and post closed sign
- Other (Specify) _____
28. Where is the first aid kit located?
- Spray pad area Facility office Bathhouse
- Other (Specify) _____

An injury/incident log book must be maintained and should include:

- Date and time of the incident
- Type of incident
- Victim’s name, address, phone number. If a minor, include the parents’/guardian’s name
- Care provided at spray ground and if victim was transported to a medical facility

REPORTING

It is the responsibility of the facility operator to report all incidents occurring at a spray ground which result in death, require resuscitation, require referral to a hospital or other medical facility, or is an illness alleged to be from the water quality. Any injuries, deaths and communicable diseases at a spray ground must be reported to the Permit Issuing Official (PIO) as soon as possible, but within 24 hours.

29. Who is responsible at your facility for maintaining the required daily records, including the injury/illness log?

- Qualified pool operator
 Other (Specify) _____

30. Who is responsible at your facility for reporting any of the above to the PIO?

- Qualified pool operator
 Other (Specify) _____

EMERGENCY RESPONSE

- An effective prevention program will greatly reduce the occurrence of illness or injuries. A written procedure responsive to potential incidents or emergency situations must be developed and practiced.
- An emergency should be considered as any situation that jeopardizes the health and safety of a patron.
- Emergency response procedures must include responding to unsanitary water quality, such as contamination of the spray pad or disinfection equipment failure.
- These procedures must include clearing the spray pad area until water quality has been restored to acceptable levels.
- Communication is essential during an emergency. A chain of command should be established as part of an emergency response plan.
- Acceptable means of communication, such as a conveniently located phone, should be provided at all spray grounds, with emergency numbers prominently posted at the telephone(s).

31. Please indicate the emergency numbers _____

32. What is your emergency response plan for your facility in the event of a chemical incident, including evacuation of patrons and staff? _____

If you provide AEDs at your spray ground:

- Please attach a copy of the signed Collaborative Agreement with the appropriate Regional Emergency Medical Services Council (REMSCO) as defined in the PAD program requirements.
- Please indicate any attachments with this document:
 AED collaborative agreement Staff certifications/credentials Facility sketch Additional emergency procedures
 Other (Specify) _____
- Please indicate the number of additional pages attached. _____