

**Safety Standards
for
Aquatic Therapy
and
Rehabilitation
Practitioners**

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Practitioners

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I. All aquatic therapy practitioners should maintain appropriate certifications to demonstrate professionalism

A. Practitioners in aquatic therapy and rehabilitation should be certified by a national organization recognized in their specific field, and in aquatic therapy.

1. Certification and licensure specific to the professional field of the practitioner should be maintained.
2. Practitioners should qualify for and maintain aquatic therapy and rehabilitation industry certification.

B. Practitioners in aquatic therapy and rehabilitation should hold current certification in the following area of emergency response training:

1. *Risk Awareness and Safety Training* or an equivalent certification.
2. First aid
3. CPR - (advanced life support / professional rescuer level recommended)
4. Oxygen Administration
5. Automated External Defibrillation
6. Bloodborne Pathogens

II. Practitioners in aquatic therapy and rehabilitation industry should have knowledge and ability to maintain personal safety and safety of clients.

A. Practitioner Safety. Personal safety for the practitioner includes awareness of safe length of immersion time in an enclosed pool area, self-rescue skills, appropriate attire for the environment, and emergency communication avenues.

1. Immersion time for practitioners depends on the situation and the individual. Water temperature, and water and air chemistry, as well as personal medical status are factors determining immersion time. Current recommendation is: Maximum of 4 continuous hours per day in an enclosed area.
2. Self-rescue includes basic water adjustment skills of breath holding and recovery-to-standing abilities. Deep-water protocols should require swimming comfort without flotation to save self. Practitioners in deep water should have a monitor or assistant on deck with ability to effect a rescue.
3. Appropriate attire for the environment includes, but is not limited to heat retention attire and foot gear.
4. Emergency communication avenues include ability to activate the facility emergency action plan as soon as an emergency is recognized.

B. Client Safety. Personal safety for the client includes attention to transfer protocols, pool entry and exit, equipment use, and positioning in water.

1. Transfers in and out of the pool should be appropriate and safe for the client and the practitioner.
2. Positional, equipment, and support transfers within the pool should be appropriate to the needs of the client.

3. A position of safety should always be maintained by the practitioner when assisting client pool entries. Transfer method should be appropriate to the pool, ability of the practitioner to assist, and ability of client.
 4. Equipment for pool entry and exit transfers should be non-slip and in safe working condition.
 5. The client should maintain a position of safety so as not to go beyond a safe depth and/or stability area in the pool. Safe positioning requires practitioner to have back-to-deep-end or back-to-steps, drop-offs, or slippery lane markers.
- C. Communication between practitioner and client should be eye-to-eye, with clear voice instructions and appropriate gestures and/or demonstrations.
1. Clients with visual impairment should be allowed to wear their glasses in the pool. They may need their ears clear of the water. Practitioner should speak with audible, distinct voice. Noise distractions in pool areas should be minimal. Tactile markings should be used to show water depth and pool deviations.
 2. Clients with hearing impairments need visual contact with practitioner.
 3. Predetermined emergency signals should be arranged with all clients and are particularly important for clients who are not vocal.

III. Practitioners in aquatic therapy and rehabilitation industry should have knowledge of supervisory guidelines.

- A. Client Surveillance should be provided in a safe and appropriate manner at all times.
 - 1. Practitioner-to-client ratio should, at the minimum, follow all local and state regulations.
 - 2. Staffing by trained lifeguards should comply with local and state codes.
 - 3. Water depth should be appropriate for treatment protocol, practitioner size and functioning, client ability, and monitoring of the entire treatment environment.
 - 4. Staff trained to assist in emergencies should be present at all times when the practitioner is working on a one-to-one basis.
- B. Precautions and Contraindications. Advantages vs. potential risks of aquatic intervention should be determined to establish appropriateness of aquatic therapy and rehabilitation.

Note: Contraindications are guidelines to preclude treatment in the pool. Precautions are discretionary conditions.

- 1. Practitioners should consider current status of each client regarding treatment in the pool.
- 2. Written policies and procedures for aquatic therapy and rehabilitation intervention should be the basis of determining recommended precautions and contraindications.
- 3. Proper care should require adherence to medical recommendations and guidelines.
- 4. Infection control policies should be followed at all times.

C. Practitioners in aquatic therapy and rehabilitation should have knowledge and understanding of bioethics as related to therapist/client interaction, including familiarization with:

1. Resuscitation orders.
2. Refusal of care guidelines.
3. Client choice of treatment options.

Facility policies and procedures regarding documentation of understanding and agreement with the above.

IV. Practitioners in aquatic therapy and rehabilitation industry have responsibility for the safety of their clients in the facility.

- A. Practitioners should have the knowledge and ability to recognize emergencies and precursors to emergency situations, and be able to respond as practiced in the EAP. This includes familiarization with--
 - 1. Signs of physiologic stress demanding immediate attention (including, but not limited to, hypothermia and hyperthermia, seizure, low blood sugar, skin, eye and respiratory distress, heart attack or sudden cardiac events, stroke, and general fatigue or fear leading to distress)
 - 2. The ability to perform aquatic assists and rescues appropriate to the water depth of their facility and as required by the current safety and rescue certification they hold (see Standard I).

- B. Practitioners should have adequate knowledge of facility evaluation to determine whether the environment is safe, including--
 - 1. Familiarization and documentation of compliance with federal and local regulations and codes.
 - 2. Facility design compliance with ADA standards.
 - 3. Daily inspection of facility to determine safe usage of pool.
 - a. Inspection of facility using prepared checklist. Problems and corrective action needed noted and referred immediately to appropriate staff.
 - b. Rescue equipment and first aid supplies are checked for location, serviceability, and complete supply.
 - c. Signage stating pool rules and cautions is clearly posted. Any hazards are clearly marked.

- d. Water chemistry, including water-testing procedures, chemical accident procedures, and general sanitizers is the responsibility of the pool operator. Practitioners are responsible for *reviewing* current postings and testing when indicated to determine the safety of the water. Practitioners are also responsible for immediately reporting any water quality problems and immediately clearing the pool for any infectious agent accident.
 - e. Knowledge of optimum water and air temperatures and humidity levels to determine the appropriateness of pool usage.
4. During severe weather and lightning storms following the Safety Standards for Therapy Pools that is based on recommendations by the National Weather Service and the National Lightning Safety Institute.
 5. Following hygiene rules regarding hot soap showers prior to entering pool are encouraged as body oils, perfumes, lotions, etc. affect the pool environment and safety of the practitioner and client. Medicated topical ointments should be covered with a bioculsive dressing.

V. Practitioners in aquatic therapy and rehabilitation industry should understand and implement a risk management program including--

- A. Maintaining all standards based on a legal and liability perspective.
- B. Knowing basic assists, rescues, and emergency extrication in and from the pool.
- C. Making sure facility access and security meets ADA guidelines and state/local codes for safe environment.
- D. Demonstrating awareness of Occupational Safety and Health Administration (OSHA) standards, as evidenced by documentation of plans, training and practice records, and filing in an orderly fashion for inspection.
 - 1. An Emergency Action Plan (EAP) written in compliance with industry guidelines of a nationally recognized aquatic organization, and containing emergency evacuation plans, is posted, practiced, and updated.
 - a. Accident/incident follow up, de-briefing, and investigation plans are completed and filed after incidents requiring medical care.
 - b. Posttraumatic stress disorder (PTSD) counseling is available to staff as needed following emergencies.
 - 2. Written Bloodborne Pathogen and Exposure Control Plans, compliant to OSHA Standards, are on file, implemented and annually updated.