Royal Cornwall Hospitals
NHS Trust

Emergency Evacuation Plan for the Hydrotherapy Pool Clinical Guideline

V3.0

September 2025

Summary

This is an outline of the evacuation arrangements for the hydrotherapy service and pool that must be followed in the event of an emergency.

This guideline is to maintain a well-managed, safe, environment for staff and patients who use the hydrotherapy pool.

1. Aim/Purpose of this Guideline

1.1. This emergency evacuation procedure relates to an emergency event that may occur during a routine planned hydrotherapy session, including out of hours 'clubs' or external hiring groups.

1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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2. The Guidance

This guideline will be utilised by the hydrotherapy team, Child Development Unit and relevant groups hiring the pool, following full liaison with the relevant services on which it relies for outside support/assistance during an emergency evacuation of the hydrotherapy pool and in line with required clinical governance process.

2.1. **Definitions:**

- Hydrotherapy - A therapy utilising the properties of water designed by suitably qualified therapists in a purpose-built pool at therapeutic temperature of between 34-35.5 degrees Celsius.
- Child Development Unit – uses the Hydrotherapy pool on Thursday afternoon.
- Hydrotherapy Lead – Clinical Lead Band 7 working in the Hydrotherapy Pool.
- Hydro Club/NASS/Water Babies – Hydro Club runs after hours on a Monday and Tuesday, for patients who have been seen by a Physiotherapist at the Royal Cornwall Hospital Hydrotherapy Pool. NASS is the National Ankylosing Spondylitis Society (NASS) which is physiotherapist-led and Water Babies is an external group hiring the pool independently, i.e. without NHS staff member present.

2.2. **Ownership and Responsibilities**

2.2.1. Line Managers are responsible for:

- Ensuring that the hydrotherapy emergency evacuation plan is implemented and annually reviewed/updated accordingly.

2.2.2. Hydrotherapy Team Lead is responsible for:

- Producing the emergency evacuation plan and annually reviewing it.
- Implementing the emergency evacuation plan and ensuring that all relevant staff maintains their knowledge and skills relating to the plan.

2.2.3. Individual staff must:

- Be made aware of the evacuation procedure as part of their local induction on joining the team.
- Practice the evacuation procedure every year.

2.2.4. All Hydrotherapy Club Staff, NASS staff and Staff from the Child Development Unit (CDU) and Trelawny Out-patient Department/fracture clinic who are likely to be involved in assisting in an evacuation must:

- Practice the evacuation procedure every year.

2.3. Fire (response to continuous fire alarm / visible fire)

2.3.1. It is important that if a fire is discovered or suspected, the fire alarm is activated immediately by the nearest fire alarm call point.

2.3.2. Sound the fire alarm and contact switchboard on extension 4444 to inform them of the location of the fire. If an outside group hiring the pool does not have access to an internal telephone, they should still sound the fire alarm and call (01872) 252444.

2.3.3. The senior person present/fire warden should, on hearing the alarm, carry out an inspection of the area to assess the situation.

2.3.4. The alarm may be continuous or intermittent.

2.3.5. Continuous – means the fire is within your area and you should proceed with the evacuation procedure.

2.3.6. Intermittent – means the fire or incident is in an adjacent zone (hydrotherapy, CDU or roof space). The senior person available/fire warden in the intermittent zone should proceed to the adjacent area in order to ascertain the extent of the situation and then act accordingly. If the incident is within the roof space then the building should be evacuated. It is possible to establish the area in which the alarm has

been activated from the fire alarm panel within the entrance lobby to Dolphin House.

2.3.7. If following the inspection carried out by the senior person /fire warden it is confirmed that the alarm has been activated accidentally or by some other source which proves beyond any doubt to be false, then there will be no need to evacuate the building. If there is any doubt about the origin of the source of the alarm then the procedures as indicated must be implemented in full.

2.3.8. If a fire has been confirmed within the department, then begin immediate evacuation. If there is a minimum of two FD30 fire doors separating persons from a fire, then service providers and staff will have sufficient time to dry and change prior to evacuating to the assembly point. Staff should start to initiate evacuation procedures, removing everyone from immediate danger, closing all doors and windows. Evacuate the pool immediately. Only 2 hoist patients to be allowed in the pool at one time to allow a safe and timely evacuation of all patients.

2.3.9. The building should be evacuated using the nearest available exit.

2.3.10. Staff and patients should proceed to the designated assembly points via horizontal evacuation. These exit points are:

Within link corridor or Trauma Assessment Unit as the situation dictates

Dolphin House – Inside the Main Foyer Entrance

2.3.11. Patients and carers should leave by the main emergency exit and re-group at the designated evacuation point following the Hydrotherapy Lead/staff instructions. The group must stay together, and a member of staff must complete a register check once at the designated evacuation point.

2.3.12. The nominated fire officer on their arrival should be informed of the circumstances, the action taken and the results of a role call taken at the assembly points, who will in turn report to the Fire Brigade Officer on his arrival.

2.3.13. Fire extinguishers are positioned throughout the department for use. If there is no personal risk and you are confident/have been trained to do so, the fire may be tackled using a suitable fire extinguisher.

2.3.14. The fire alarm within Dolphin House is an addressable analogue system with electronic sounders and can be actuated manually or automatically by the detection of heat or smoke.

2.3.15. Staff should follow the RCHT Fire policy on evacuating a building in the event of a fire.

2.3.16. Staff must remain on hand to assist and reassure service users throughout the emergency.

2.4. Power / Lighting failure / Structural failure

2.4.1. Evacuate the pool immediately and close the pool.

2.4.2. Patients should leave by the main emergency exit and re-group at the designated evacuation point following the Hydrotherapy Lead/staff instructions. The group must stay together and a member of staff must complete a register check once at the designated evacuation point.

2.4.3. Staff must remain on hand to assist and reassure service users throughout the emergency.

2.5. Emission of toxic gas (Chlorine Gas Leak)

2.5.1. Chlorine is an intensively irritating substance of yellow/green colour with a sharp acrid odour. It acts suffocatingly. It especially irritates your airways (causes irritating cough), eyes, and skin.

2.5.2. On the detection of a suspected/confirmed chlorine leak evacuate the pool immediately. All doors and windows should shut on exiting the area.

2.5.3. On inhalation of chlorine gas staff should first take precautions of their own safety before attempting to rescue others, e.g. wear appropriate protective equipment.

2.5.4. Patients, carers and staff should leave by the main emergency exits and re-group at the designated evacuation point in the fresh air following the Hydrotherapy Lead/staff instructions. These exit points are:

Emergency exit via the link corridor

Dolphin House –main entrance foyer

2.5.5. The group must stay together, and a member of staff must complete a register check once at the designated evacuation point. Following an exposure to chlorine gas:

- flush affected eyes with flowing lukewarm water
- remove all clothing exposed to chlorine gas
- rinse affected area properly with water
- keep affect people warm and calm
- Inform the emergency servcies immediately of a hazardous substance leak

2.5.6. Staff must remain on hand to assist and reassure service users throughout the emergency.

2.6. Serious injury to a bather / Discovery of a casualty in the water

2.6.1. In the event of a serious injury to a patient, a patient collapsing in the pool and/or discovery of a casualty in the water, staff in the pool should immediately:

- Support the patient in supine (lying on their back).
- Call for assistance/pull overhead cord.

2.6.2. The most senior member of staff in the water with the patient should be in charge and take the lead of the evacuation until the patient has been evacuated and crash team have arrived.

2.6.3. The staff member in charge will:

- Instruct the staff on poolside to PULL red knob on the wall in the office to summon help from the Trelawny out-patient department.
- Instruct the staff on poolside to dial 2222 (for external groups hiring the pool its (01872) 252222) for the Crash Team if a cardiac arrest is suspected and give clear concise instructions, i.e.:

“Crash team to Hydrotherapy Department, Dolphin House – accessible internally via Trauma Assessment Unit, located in level 1 Trelawny Wing or externally via the Dolphin House entrance”

- If possible, instruct one member of additional staff to go directly to the Child Development Unit (CDU) reception for further assistance.
- Instruct staff arriving from out of department (CDU / Out-patients) to fetch the crash trolley from the waiting room.

2.6.4. Ideally, there need to be 2 people in the pool and 2 people poolside for most rescue scenarios if possible.

2.6.5. The first person to arrive from out-patients/CDU may be instructed to enter the pool to ensure the ratio of staff/patient for a safe rescue to be achieved.

2.6.6. The staff member in charge will:

- Instruct additional support staff to assist other patients out of the pool and to the changing room.
- Request another member of staff to stand at the entrance to Dolphin House in case the crash team come from the external route.

2.6.7. Instructions to safely evacuate a patient (under 20 stone in weight) from the water, which will be given by the lead Hydrotherapy staff member in charge, are:

- Float patient in supine over to the evacuation point (side of pool between steps and hoist). Poolside staff to bring evacuation board to poolside. Board goes foot end first into the pool. Poolside staff kneels on the pad at the head end.

Image provided by Ferno (UK) Ltd., manuafacturer of the Evacuation Board used by RCH.

- Grip the side of the board and lean your weight over the board to push it down into the water.

Image provided by Ferno (UK) Ltd.

- Patient is supported over to the board and floated to be ontop of it. Poolside staff then releases the board so it comes up to support the patient. The person in the pool starts to fasten the straps diagonally, blue and green first, then yellow and black.

Image provided by Ferno (UK) Ltd.

- Staff in the pool secure the patient to the board with the 2 sets of body straps. The head and feet only need to be secured if a spinal injury is suspected. In the case of the head, 2 orange boards sit on velcro either side of the patient's head and strap across the forehead. Poolside staff will support the head.

Image provided by Ferno (UK) Ltd.

- The person in the pool moves to the feet end to push, the poolside help stands and holds the kneeling pad to pull. Pool person is in charge of counting to 3 and move the board out of the water.

- The board is then pulled as far away from the water as possible and poolside towels are used to dry the patient off.

Image provided by Ferno (UK) Ltd.

- **Staff must leave the patient on the board away from the water's edge. Do not attempt to move them any further than is safe for the pateint and staff looking after them.**

- The area around the patient should be dried and a mat of towels put on the floor around the patient.

- The Lead Hydrotherapy staff member/member of staff in charge must then make the initial assessment of patient, i.e.:

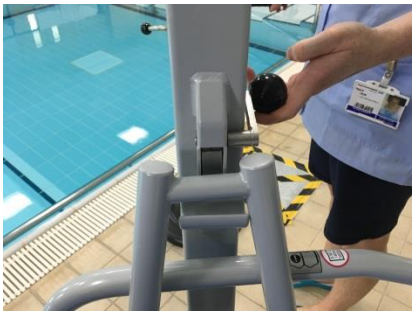
    - D.R.S.A.B.C. and commence CPR if appropriate.

    - Continue with assessment of patient and appropriate support (DEFIB/O_2/CPR) until the crash team arrives.

2.6.8. Instructions to safely evacuate a patient (between 20 and 25 stone in weight or someone who is not suitable to be evacuated on the board) from the water, using the hoist bed are:

All images on pages 12-15 are of staff members.

- Bring the stretcher over to the hoist arm.



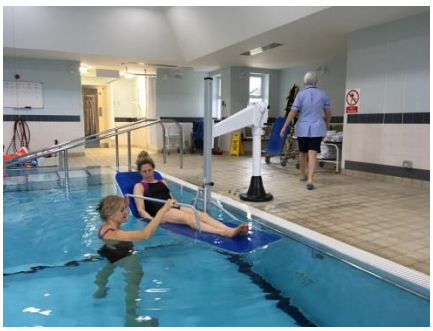
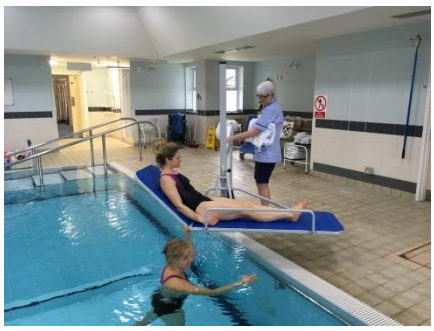
- Lift the handle on the side of the hoist arm to attach the bed. Raise the bed using the crank handle until the latch clicks over.

- As you raise the stretcher by turning the crank handle clockwise, lift the handle at the end of the stretcher to release the bed from the wheels.


- Remove the legs from the stretcher.

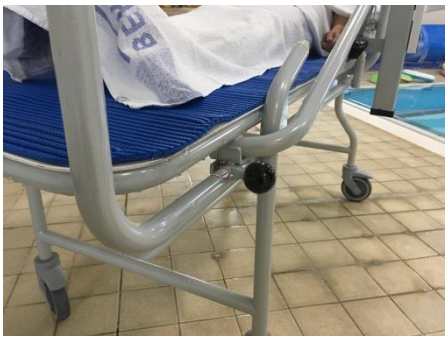

- The poolside assistant removes the stretcher's side bar, swings the bed over the pool and lowers it turning the crank handle anticlockwise.


- The staff member in the pool floats the patient onto the lowered stretcher bed.

- The staff member in the pool replaces the stretchers side bar and once the stretcher is being raised, helps to push it over to the poolside.

- The poolside staff member then raises the stretcher fully from the pool and places towels over the patient.

- The poolside assistant then replaces the stretcher legs, lining up the supports with the marked lines on the rear underside of the stretcher, then lines up the supports at the foot end. The handle will click down automatically when the bed is lowered.

- As the stretcher is lowered to the floor, the handle on the hoist arm is lifted to allow the bed to be detached.

- The patient is taken away from the poolside.
- In the event of a fire, the patient is taken to the adjacent safe zone.
- In the event of a cardiac arrest or medical emergency, the Lead Hydrotherapy Staff Member must then make the initial assessment of patient, and commence CPR if appropriate. Continue with assessment of patient and appropriate support (DEFIB/O2/CPR) until the crash team arrives.
- Only 1 patient between the weights of 20 and 25 stone to be allowed in the pool at one time.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Evacuation Training/competency.
Lead	Hydrotherapy Clinical Lead.
Tool	Practical session led and assessed by Hydrotherapy Lead/staff.
Frequency	Annual training.
Reporting arrangements	Hydrotherapy Team to hold a record of training completed.
Acting on recommendations and Lead(s)	Hydrotherapy Team.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned immediately. The Hydrotherapy Lead will take each change forward where appropriate. Lessons will be shared with all the relevant users.

4. Equality and Diversity

4.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2 Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Emergency Evacuation Plan for the Hydrotherapy Pool Clinical Guideline V3.0
This document replaces (exact title of previous version):	Emergency Evacuation Plan for the Hydrotherapy Pool Policy V2.0
Date Issued/Approved:	September 2025
Date Valid From:	September 2025
Date Valid To:	September 2028
Directorate / Department responsible (author/owner):	Sue Horne, Hydrotherapy Clinical Lead Physiotherapist
Contact details:	01872 254918
Brief summary of contents:	Clarifies roles and responsibilities during a foreseeable emergency evacuation procedure from the hydrotherapy pool.
Suggested Keywords:	Hydrotherapy; Emergency Evacuation.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Nursing Officer
Approval route for consultation and ratification:	Therapy Outpatient Team Leads meeting
General Manager confirming approval processes:	Clare Rotman
Name of Governance Lead confirming approval by specialty and care group management meetings:	Becky Osborne
Links to key external standards:	Professional Standards and Guidance that accompany this policy include: • Staff Safety Policy (Including Pregnancy and Hydrotherapy). • Guidance on Good Practice in Hydrotherapy (ATACP 2006).

Information Category	Detailed Information
	• Hazards In Hydrotherapy Pools (CSP, July 2001
Related Documents:	• RCHT Fire Safety Policy and Procedures Incorporating the Arson Prevention Policy. • RCHT Moving and Handling of Patients and Inanimate Objects Policy. • RCHT First Aid Policy. • RCHT Health and Safety General Policy. Local Policies that accompany this policy found on the Trust documents library. • Hydrotherapy Pool Standard Operating Procedure. • RCHT Health and Safety Policy and guidance for the use and management of hazardous substances.
Training Need Identified?	Yes – training required on induction and annual update in emergency procedures.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Therapies

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
30 Sept 2015	V1.0	Initial Issue	Sue Horne – Hydrotherapy Clinical Lead. Carrie Biddle, Therapy Clinical Governance Lead
18 March 2019	V2.0	Updated template Sentence added at Section 1.3 GDPR Update to Trust policies Updates to changes in weight limit to access the pool and additional evacuation instructions safely evacuate a patient (between 20 and 25 stone in weight) from the water Updates to Governance table	Sue Horne, Hydrotherapy Clinical Lead. Carrie Biddle, Therapy Clinical Governance Lead

Date	Version Number	Summary of Changes	Changes Made by
		All references to 'Divisional' changed to 'Care Group'. Updated Names and signatures of members in Appendix 1 and 2.	
June 2025	V3.0	Change of evacuation board and instructions.	Sue Horne, Clinical Lead Therapist, Hydrotherapy

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Emergency Evacuation Plan for the Hydrotherapy Pool Clinical Guideline V3.0
Directorate and service area:	Clinical Support; Therapies
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sue Horne – Hydrotherapy Clinical Lead
Contact details:	01872 254918

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To ensure that all service users can be safely evacuated from the hydrotherapy pool in the event of an emergency.
2. Policy Objectives	The purpose of this document is to ensure that all hydrotherapy staff, staff from outside the department who assists in an emergency and groups using the pool e.g. Hydrotherapy club/NASS/Water Babies are fully aware and informed of their roles and responsibilities during a foreseeable emergency evacuation procedure from the hydrotherapy pool including: • Disorderly behaviour (including violence to staff). • Fire (response to continuous fire alarm / visible fire). • Power / Lighting failure. • Structural failure. • Emission of toxic gas. • Serious injury to a bather / Discovery of a casualty in the water/cardiac arrest in the water.

Information Category	Detailed Information
3. Policy Intended Outcomes	The hydrotherapy pool can be safely evacuated in an emergency.
4. How will you measure each outcome?	Review of actions /procedures via annual training updates. Reflect on real situations that occur via a debrief.
5. Who is intended to benefit from the policy?	Staff, Hydrotherapy Club, Service users.
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Hydrotherapy Team, Health and Safety Team, Care and Community Support Manager, CDC Manager, Estates Operations Manager. Hydrotherapy Club Chairperson, NASS Chairperson, Water Babies Lead, Therapies Clinical Governance Forum, Therapies Clinical Quality and Effectiveness Group. Clinical Support Care Group Governance Meeting.
6c. What was the outcome of the consultation?	Agreed.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	

Protected Characteristic	(Yes or No)	Rationale
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Sue Horne, Hydrotherapy Clinical Lead.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis