



Aquatic Therapy Policy 4.0

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1.0	Oct 2020	Jules McDonald & Emily Heys	Initial version
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1. Introduction

This information is to ensure that Connections practitioners carry out a risk assessment for clients who receive Aquatic Therapy. This is to identify any risks and how these risks will be mitigated to ensure the safety of all clients whilst within a pool environment.

2. Purpose

The purpose is to support Connections practitioners in maintaining health and safety of clients, staff, and carers.

3. Definitions

Aquatic Therapy is “a physiotherapy programme utilising the properties of water, specifically designed by a suitably qualified physiotherapist. The programme should be specific for an individual to maximise function, which can be physical, physiological, or psychosocial.

Treatments should be carried out by appropriately trained personnel, ideally in a purpose built, and heated Aquatic Therapy pool” (Aquatic Therapy Association of Chartered Physiotherapists, 2007). However, in instances of a “teaching approach” being adopted it may be carried out within a “normal pool environment”.

Connections practitioners will ensure that the implementation of this policy and monitoring it is effective.

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4. Consent to Treatment

All clients will provide verbal consent which will be documented. If a child or young person is participating, it may be necessary to gain formal written consent, particularly if they are to attend with a carer or “other person”.

5. Aquatic Therapy Health & Safety Risk Assessment Policy

5.1. Risk Assessment

- All clients must be risk assessed to take part in Aquatic Therapy.
- Consideration should be given to all areas below when considering risks associated with Aquatic Therapy.
- If the client does not have any specific risk factors when accessing Aquatic Therapy, then in most cases this can be undertaken within the Generic Individual Risk Assessment form.
- If the individual has specific/complex needs or requires an individual moving and handling plan in order to access Aquatic Therapy, then additional documentation may be required.

5.2. Moving and Handling

- Prior to moving and handling, ensure that the floor is dry, the environment is free from clutter and there is enough space available.
- Refer to and adhere to any individual moving and handling risk assessment completed by Connections practitioners.
- For clients changing - moving and handling in the changing area it is the responsibility of the clients and/or those attending with them to perform any moving and handling required outside the pool.
- All persons must wear either overshoe covers, indoor only shoes or be barefooted when in the designated pool area.
- All staff must have read and understood the Connections policies on Health & Safety and Manual Handling, be up to date with Manual Handling mandatory training, Pool Evacuation procedure and aware of their own limitations and safety.
- All staff to follow the directions of the Lifeguard in the event of an emergency pool evacuation if one is present.

5.3. Slipping Hazard and entering the pool

- Floors can be wet on the poolside and changing area. Always walk with caution, taking responsibility for your own safety and take extra care if using walking aids.
- Do not wring out swimwear on the floor at the pool. Do this in the shower area.
- Care should be taken when entering and exiting the pool using the steps and handrails.
- All clients will be supervised by the physiotherapy team staff.
- Do not jump or dive into the pool.
- Clients should not enter the pool until instructed to do so by Connections staff practitioner.

5.4. Drowning/Unexpected Submersion

- To prevent unexpected submersion or drowning all persons are to be made familiar with the layout and depth of the pool and the safety procedures prior to entering the pool.
- Connections practitioners to follow the individual's risk assessment and moving and handling assessment and have appropriate training to use any moving and handling equipment safely.
- The treating professional will always supervise clients, providing physical support and assistance as directed by the Risk Assessment.
- Use floatation aids as directed by the practitioners.
- Be aware of other pool users. Avoid collision with others.
- Always maintain client head support as identified in the individual risk assessment to avoid submersion.

5.5. Deterioration of Health in the Pool

- Practitioners and clients who are unwell must not enter the pool.
- People who have been unwell from vomiting, watery diarrhoea and abdominal cramp, nausea, headache, myalgia, fever, and malaise less than 48 hours prior to attending their appointment must inform the staff.
- The practitioners will monitor any changes in health of the client whilst in the pool. Clients/carers should report any changes to the practitioner immediately for assessment.

5.6. Epilepsy and Seizures

- The client should include any history of epilepsy and current status on the application form.
- Carers of clients/clients themselves who have epilepsy should inform the team prior to entering the pool.
- Clients with poorly controlled epilepsy should not enter the pool.
- Clients with controlled epilepsy should be monitored at all times, should attend with an appointed person/carer who should bring all rescue medication to the pool session.

5.6.1 Procedure to Manage Seizures in the Pool

- Note time of onset of seizure
- The practitioner/carer etc.... should record the incident and any advice or treatment provided.
- If a seizure occurs:
 - Always maintain head support to avoid submersion.
 - Ensure client is clear from injury.
 - Ensure client is not at risk from or to others.
 - The alarm will be raised by the poolside lifeguard.
 - If an ambulance is required, a 999 call can be made directly from the poolside phone. No outside line is necessary.

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- Commence emergency evacuation once the seizure has stopped.

5.7. Fatigue/Dehydration

- Clients should follow staff advice on time spent in the pool.
- Clients should spend no longer than 30 minutes in an Aquatic Therapy pool in one session, other pool session times may vary, and practitioner will guide this.
- Staff should supervise and monitor clients and themselves.
- Practitioners to regularly drink water in-between client sessions to keep hydrated if practicing with multiple clients consecutively.
- Anyone who has been in the pool environment should rest for 10 minutes after the session and keep hydrated that day and have a small snack if attending Aquatic Therapy pools.

5.8. Rest after the Session

- Use towels after leaving the pool to keep warm and dry.
- Staff to shower after the session.
- Take a short rest for at least 10 minutes in the building after the session and continue to keep hydrated.
- Monitor clients whilst they are still in the environment/facility to ensure they are well.

5.9. Skin Rash/Irritation

- Shower after the session to wash off any chlorine.

5.10. Faulty Equipment

- Staff to check all equipment prior to use.
- Do not use faulty equipment.

5.11. Building Evacuation

- Follow facility fire procedures.
- Follow instructions from the poolside Lifeguard in the event of emergency pool evacuation if in place.

5.12. Infection Prevention and Control

- With regards to Infection Control a measured and adaptable approach to managing the risks of infection control (including the risks of covid19) will be adopted at all times.

5.12.1 General Infection Control:

- Staff, students, carers or clients **should not** enter the pool if they are unwell, have been recently unwell in the last 48 hours or have any infections such as gastro-intestinal infection, ear infection, chest infections, urine infections, uncovered wounds, any skin rashes, skin shedding, psoriasis or eczema.
 - Covid-19 specific protocols should be followed if appropriate/necessary.

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- General infection protocols should be followed as necessary.
- Waterproof dressings should be used to cover minor cuts and abrasions.
- Continence pads/nappies must not be worn in the pool, pads designed for use when swimming can be worn.
- Use plastic shoe covers, indoor only shoes or barefoot on pool side.

5.12.2. Verruca

- Verrucae to be appropriately treated prior to attending Aquatic Therapy.
- Verruca socks must be privately purchased and worn at the sessions until the Verruca has gone.

5.12.3. Water Fouling

- Staff, students, carers and clients should not enter the pool if they have diarrhoea or vomiting or have had any symptoms within the last 48 hours.
- Staff, students, carers and clients **must not** enter the pool if they are unable to use internal feminine sanitary protection during menstruation.

6. Dissemination and Implementation

All staff must ensure that they comply with the arrangements in place to implement and maintain this policy, within the areas they work.

7. Monitoring Compliance

The policy will be reviewed on a yearly basis. The compliance will be monitored in accordance with new guidance from the Chartered Society of Physiotherapy Guidelines on Aquatic Therapy.

8. References

- Chartered Society of Physiotherapy (CSP) (2001) Hazards in Aquatic Therapy Pool London; CSP
- CSP (2005) Service Standards of Physiotherapy Practice London; CSP (Specifically Standards 17-18 Management of the Aquatic Therapy Pool)
- Aquatic Therapy Association of Chartered Physiotherapists (HACP) (2006) Guidance on Good Practice in Aquatic Therapy London; CSP
- Working Group of the Resuscitation Council UK (2009) Guidance for Safer Handling During Resuscitation in Healthcare Settings London; Resuscitation Council UK
- 'ATACP Recommendations for safe aquatic physiotherapy practice in relation to the COVID-19 pandemic' Updated Sept 2021

9. Appendices

Appendix 1 – Client Consent Form



Appendix 2 – Screening Questions

Appendix 3 – Appointment Letter

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Appendix 4 – Aquatic Therapy Outcome Measures EQ-5D-5L

Appendix 5 – Aquatic Therapy Individual Risk Assessment

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Date written	10 th October 2020
Date most recently reviewed	1 st April 2025
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Print & Signed	J McDonald  E Heys 

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Appendix 1 – Client Consent Form

Consent to use Aquatic Therapy

I, parent/carer/guardian (please indicate as appropriate) of _____ give
my consent for me/my child to participate in Aquatic Therapy at
_____ .

Signature of Client/Parent/Carer/Guardian (please indicate as appropriate):

_ Date:

Print Name:

Contact Numbers:

Landline:

Mobile:

Appendix 2 – Screening Questions

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CONTRAINDICATIONS	YES	NO	COMMENTS
ABSOLUTE			
Acute diarrhea or vomiting			
Recent acute CVA/DVT/PE			
Resting angina			

NAME:		DOB:		NHS NO:	
CONTRAINDICATIONS	YES	NO	COMMENTS		
Resting shortness of breath					
Uncontrolled cardiac failure					
Weight in excess of evacuation equipment					
Proven chlorine allergy					
PRECAUTIONS					
Acute systemic illness					
Irritated skin as a result of radiotherapy					
Infected wounds					
Any skin rashes, skin shedding, psoriasis or eczema					
Poor integrity of skin					
Epilepsy					
Unstable diabetes					
Known aneurysm					
Fear of water/non swimmer					
Behavioural problems					
Incontinence of urine/faeces					
Haemophilia					
MRSA					
Hypotension					
Renal failure					
Open surgical wounds					
Pregnancy					
Cardiac conditions/pacemaker					
Tracheotomy					
Contagious viral/fungal infection					
Hearing or visual efficiency					

Appendix 3 - Appointment Letter

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CONFIDENTIAL

Dear

Name:

We would like to offer the following Aquatic Therapy sessions

DATES:

TIME:

Please arrive 10-15 minutes earlier to allow time for changing prior to treatment.

Please bring the following items with you:

- Towel and swim wear
- Aquatic Therapy pant/swim nappies and a plastic bag for disposal if appropriate
- Any medication that may be required in an emergency
- A soft drink

If for any reason you cannot attend or are delayed please ring Jules or Emily. In the event of unforeseen pool closure we will make every effort to contact you beforehand.

Due to health and safety reasons we are unable to accommodate siblings in the pool during these sessions.

We look forward to seeing you.

Yours faithfully

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Aquatic Therapy Outcome Measure

Date: Treatment: Pre ☐ Post ☐

Body Region: Upper limb ☐ Lower limb ☐ Spine ☐ Other ☐

Under headings, tick **ONE** box that best describes your health **TODAY**

MOBILITY

I have no problems in walking about ☐1

I have slight problems in walking about ☐2

I have moderate problems in walking about ☐3

I have severe problems in waling about ☐4

I am unable to walk about ☐5

SELF-CARE

I have no problems washing or dressing myself ☐1

I have slight problems washing or dressing myself ☐2

I have moderate problems washing/dressing myself ☐3

I have severe problems washing or dressing myself ☐4

I am unable to wash or dress myself ☐5

USUAL ACTIVITIES

(e.g. work, study, housework or leisure activities)

I have no problems doing my usual activities ☐1

I have slight problems doing my usual activities ☐2

I have moderate problems doing my usual activities ☐3

I have severe problems doing my usual activities ☐4

I am unable to do my usual activities ☐5

PAIN / DISCOMFORT

I have no pain or discomfort ☐1

I have slight pain or discomfort ☐2

I have moderate pain or discomfort ☐3

I have severe pain or discomfort ☐4

I have extreme pain or discomfort ☐5

ANXIETY / DEPRESSION

I am not anxious or depressed ☐1

I am slightly anxious or depressed ☐2

I am moderately anxious or depressed ☐3

I am severely anxious or depressed ☐4

I am extremely anxious or depressed ☐5

Appendix 5 – Aquatic Therapy Individual Risk Assessment

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Name:

DOB:

Potential Risk Identified	Steps to be taken to manage Risk	Relevant to Named Person (please circle)
Use of Equipment/ Flotation devices	<ul style="list-style-type: none"> Equipment for each Individual to be ready on poolside before Aquatic Therapy session and to be checked for safety 	YES/NO
Staff Ratio to clients	<ul style="list-style-type: none"> Independently mobile Individual who can walk into the pool will only require 1 member of the team in the water. 	YES/NO
Pool Temperature	<ul style="list-style-type: none"> Monitor Individual's condition and length of time in the pool. Pool temperature should not exceed 36 degrees Celsius. 	YES/ NO
Length of time in pool	<ul style="list-style-type: none"> Monitor Individual condition and finish session as appropriate. 	YES/NO
Dehydration	<ul style="list-style-type: none"> Encourage Individual to have a drink when they have left the pool. 	YES/NO
Risk of choking and drowning	<ul style="list-style-type: none"> Head and neck of Individual to be supported out of the water by staff or use of flotation device if client doesn't have enough head control. Staff trained in basic life support. Staff to follow facility staff direction in the event of an emergency. 	YES/NO
Emergency evacuation	<ul style="list-style-type: none"> Staff to be aware of emergency evacuation procedures. Evacuate pool and pool area and move into Community area. In the event of an emergency evacuation follow the direction of the facility staff 	YES/NO
Hoisting	<ul style="list-style-type: none"> If an Individual requires hoisting of any kind, a separate risk assessment will be carried out. 	YES/NO
Behavioural Problems	<ul style="list-style-type: none"> Follow guidelines in specific behaviour plan. 	YES/NO

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Visual Impairment	<ul style="list-style-type: none">• Events/people/situations are made known to them.• Support to interact with events/situations/people.• Explain and talk through any loud noises to avoid startle.	YES/NO
Health and Hygiene	<ul style="list-style-type: none">• Swimming Pants are compulsory for those who are incontinent and where there is a risk of soiling the pool.	YES/NO
Seizures in the water	<ul style="list-style-type: none">• High temperature may affect Individual and initiate epileptic seizure.• Staff to be aware of possibility of seizures occurring for specific Person. Accompanying person to stay calm and support Person in the \ water ensuring air ways are clear and well above the water.• In the event of an emergency within the pool area, the pool facility staff and those of Connections will liaise and follow relevant emergency protocols.	YES/NO