



Southwest District Health

Environmental Health Services
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Fecal Accident Response Recommendations for Swimming Pools

Fecal accidents are an inconvenience to both the recreational swimmer and pool operator. Those managing pools should carefully explain the importance of closing the pool in response to a fecal accident for their patrons own health and safety. Not all fecal accidents need to be treated the same way. The following material is here to explain the correct procedures to insure public safety.

Formed Stool in Pool

Formed stools often act as a container for germs. Removing the feces without breaking it apart will decrease the likelihood of greater pool contamination

1. Direct all patrons out of the pool. If there are multiple pools that use the same filter, all pools must be closed to swimmers. Do not allow patrons in pools until all decontamination actions are finished.
4. Maintain the chlorine concentration at 2.0 ppm, pH 7.2-7.5, for at least 25 minutes before allowing patrons back into the pool. Keep the filtration system running during the entire process.

2. Using a net or scoop, remove as much of the fecal contamination as possible. Clean and disinfect the net or scoop (submerge the net or scoop in the pool during the disinfection process).

VACUUMING STOOL FROM THE POOL IS NOT RECOMMENDED.

This will allow stool to be forced through the pools filtering system.

3. Raise the chlorine level to at least 2ppm (if free chlorine is less then 2 ppm) and ensure the pH activity is between 7.2 – 7.5.

Giardia Inactivation for Formed Fecal Count	
Chlorine Levels (ppm)	Disinfection Time in Minutes
1.0	45
2.0	25
3.0	19
Information from the Center for Disease Control (CDC)	

The destruction of the Giardia bacteria is used as a base. This is the toughest bacteria to destroy that may be found in formed stools



Diarrhea in the Pool

Those that swim with diarrhea like symptoms can put others at greater risk for recreational water illnesses. Diarrhea accidents are much more likely to contain harmful bacteria than formed stool.

1. Direct all patrons out of the pool. If there are multiple pools that use the same filter, all pools must be closed to swimmers. Do not allow patrons in pools until all decontamination actions are finished.
2. Using a net or scoop, remove as much of the fecal contamination as possible. Clean and disinfect the net or scoop (submerge the net or scoop in the pool during the disinfection process).
VACUUMING STOOL FROM THE POOL IS NOT RECOMMENDED. This will allow stool to be forced through the pools filtering system.
3. Raise the free available chlorine concentration to 20 ppm (shocking the pool), and maintain the pH at 7.2-7.5. This chlorine and pH level will be sufficient to inactivate any risk of **Cryptosporidium**. The pH and chlorine concentration must be maintained for a minimum of eight hours.
4. The filtration system must be kept running during the entire chlorination process.
5. Backwash the filter thoroughly after the eight hours. Make certain the effluent is discharged directly to the sewer line. When/if appropriate, replace filter media.
6. Swimmers should be allowed back into the pool after the eight hour disinfectant period and when the chlorine level has been returned to the normal operating range (1.0-5.0 ppm).

Cryptosporidium Inactivation Time for Diarrheal Accident	
Chlorine Levels (ppm)	Disinfection Time in Minutes
1.0	6.7 days
10	16 hours
20	8 hours

Information from the Center for Disease Control (CDC)

***There are no recommendations for the disinfection of the vacuum system. If a vacuum is used, discharge the product through the sewer line and not through the filtration system.**

*** Many pool testing kits cannot read to 20 ppm. If possible, litmus test strips used at local food establishments may be used to check chlorine concentrations > than 5 ppm**

**** Information Compiled from the Center for Disease Control (CDC)**

