pennsylvania
DEPARTMENT OF HEALTH

CONTAMINATION PROTOCOL

Part 1: Formed Stool & Weekly Bacteriological Test Failure Treatment

1. Close the aquatic facility including all units that share the same water
2. Communicate to patrons about the length and nature of closure
3. If applicable, manually remove the fecal matter and dispose of in a sanitary facility. Do not use the vacuum for this
4. Disinfect the removal device
5. Bring cyanuric acid level to less than 20 ppm by partial water changes
6. Bring pH to 7.2-7.5
7. Bring combined chlorine level to less then 0.2 ppm by superchlorination
8. Maintain 5-10 ppm residual free chlorine for 30 minutes
9. Bring water chemistry back to recommended operational levels
10. Log the events, date, remedial procedures, pH, and chemical levels used during enhanced treatment
11. Reopen the unit(s)

Part 2: Unformed Stool & Cryptosporidia Treatment

Unformed stool or diarrhea material is an indication that a person with an infectious disease of the digestive tract has used the pool. Some of these infectious diseases or recreational water illnesses can be resistant to free chlorine. Cryptosporidia are the most chlorine resistant of the known organisms that cause recreational water illnesses. As such, higher levels of chlorine should be used to ensure that Cryptosporidia and any other less chlorine resistant organisms that cause recreational water illnesses are neutralized. This can be accomplished by following the instructions below:

1. Close the aquatic facility including all units that share the same water
2. Communicate to patrons about the length and nature of closure
3. If applicable, manually remove the fecal matter and dispose of in a sanitary facility Do not use the vacuum for this
4. Disinfect the removal device
5. Bring cyanuric acid level to less than 20 ppm by partial water changes
6. Bring pH to 7.2-7.5
7. Bring combined chlorine level to less than 0.2 ppm by superchlorination
8. Bring residual chlorine to 20 ppm then maintain 20 ppm for 12.75 hours or follow the recommendations in the following Table 2 (broadcasting calcium hypochlorite is the fastest way to reach high shock chlorination levels)
9. Check and record pH and free chlorine at least hourly during enhanced treatment and maintain at recommended levels
10. Bring water chemistry back to recommended operational levels
11. Log the events, date, remedial procedures, and hourly pH and chemical levels used during enhanced treatment
12. Reopen the unit(s)

Taken from: *DOH Operational & Biological Contamination Protocol Recommendations*