

Questionnaire for the study "Resistant pathogens in hospital swimming pools"

1. Information about the hospital:

Hospital name:	
Hospital plan number:	
Street:	
Postal code:	
Number of beds:	

Contact person:	Pool:	Hospital hygienist:	Hygiene specialist
Titel:			
Surname:			
Name:			
Telephone:			
Fax:			
E-Mail:			

2. Information on the use of the bath:

∅ Visitor per day:

∅ Visitor per year:

Estimated person frequency (persons per h):

Nominal load of the bath (1 / h):

Which patient groups use the bath?

Surgical

yes no

Internal medicine

yes no

Others

yes no

Are certain patients excluded from use?

yes no

If yes, specify:

Gastroenteritis

yes no

Open wounds

yes no

MRE-Carrier

yes no

Others

Extern users:

yes no

Baby swimming:

yes no

other events:

3. Type and number of pools (one column per pool for several pools):

Type of pool (DIN 19543-1 Point 7)				
Construction year				
Last modernisation (year)				
Pool size (m ²)				
Pool volume (m ³)				
Flow (m ³ /h)				
circulation time (min)				
Temperature (°C)				
Ø pH value				

4. Water treatment and origin:

Process combination with fixed bed and precoat filters

- Flocculation - Filtration - Chlorination
- Adsorption on activated carbon - Flocculation - Filtration - Chlorination
- Flocculation - Multi-layer filtration with adsorptive carbon - Chlorination
- Flocculation - Filtration - Adsorption on grain activated carbon - Chlorination
- Flocculation - Filtration - UV-Desinfection - Chlorination
- Adsorption on activated carbon --- precoat filtration --- Chlorination

Process combination with ozonation

- Flocculation - Filtration –Ozonation- Chlorination
- Flocculation - Ozonation - Multi-layer filtration – Chlorination

Process combination with ultrafiltration

filter flushing

automatically manually

Frequency of filter flushing:

x per Day Week Month

Origin filling water

Public

Own source

Filling water (m³/d):

Desinfection

Disinfectant:

Documentation yes no

Microbiological controls according DIN 19643 1x per month
More often
Less often

Chemical controls according DIN 19643 1x per month
More often
Less often

Handling of fecal contamination or abnormal microbiological findings (e.g., high chlorination): █

5. Technical details:

Automatic measuring and control technology yes no

Last maintenance / calibration:

Last filter change:

6. General hygiene

Ventilation system available yes no

Cleaning and disinfection plan available yes no

As part of the hygiene plan yes no

Which cleaning devices are used?

Scrubbers and cleaning brushes yes no

Mop / flat mop yes no

Brush roller machine yes no

high pressure cleaner yes no

Wet vacuum / dry vacuum cleaners yes no

Proper cleaning and disinfection of the devices after use? yes no

Who carries out the purification of the cleaning utensils? 

Subsequent sufficient drying guaranteed? yes no

Frequency of change for cleaning utensils set in the hygiene plan? yes no

Storage of cleaning utensils and equipment

dry yes no

wet yes no

Regular cleaning checks

Visuell yes no

Chemical (e.g. Glowcheck) yes no

Mikrobiological yes no

sanitary facilities

Number of showers Women:
Men:

Number of toilets Women:
Men:

Carrying out of cleaning and disinfection measures

	Cleaning substance and concentration	cleaning interval (e.g., occasion, daily, weekly, etc.)	Disinfectant substance and concentration	disinfection interval (e.g., occasion, daily, weekly, etc.)
Pool floor				
Pool walls				
Spillway				
Balance water tank				
Water-tank				
Seats / Furniture				
Barefoot areas				
Shower				
Toilet				

7. Personnel

Qualified specialists yes no

Master for baths yes no

Specialist for baths yes no

At least annual instruction of the cleaning staff in the cleaning and disinfection plan

yes no

Use of external cleaning personnel yes no

8. Swimming aids and physiotherapy equipment

Use of swimming aids and physiotherapy equipment (e.g., noodles) yes no

Regular cleaning of swimming aids and physiotherapy equipment yes no

Regular disinfection of swimming aids and physiotherapy equipment yes no

Storage of swimming aids and physiotherapy equipment

dry

yes no

wet

yes no

Comments:

Date:

Signature: