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## Summary of TRC Call Agenda for 8/14/20

The following is a summary of phone-based discussions for Change Requests (CRs) addressed by the Technical Review Committee (TRC) for Friday, 8/14. A link the recording of the call can be viewed at the CMAHC's Youtube channel by visiting our website at <https://cmahc.org/technical-review-committee.php>. This call completes the TRC CR review process.

Members Present: James Amburgey, Kevin Boyer, Michele Hlavsa, Jodi Jensen, Joe Laco, Cindy Marshall, Ellen Meyer, Tina Moore, Chris Nelson, Joe Stefanyak, Amanda Tarrier, Miklos Valdez

Members Absent: Jason Schallock

**4.10.4.2.1-0001:** This CR proposes to change how to calculate the number of cleansing showers required as follows: The minimum number of CLEANSING SHOWERS shall be one per sex for each 200 bathers based on the THEORETICAL PEAK OCCUPANCY (excluding calculated Deck and Stadium Seating occupants ) AQUATIC FACILITIES less than 4000 square feet (372 m<sup>2</sup>) in collective AQUATIC VENUE surface area. This CR generated a lot of discussion. The TRC discussed that there were also separate requirements for rinse showers, and that patrons may be more likely to use those prior to swimming and the cleansing showers after. Ultimately the TRC felt that there is not enough data suggesting a change in the required number of showers is needed, and that although more showers would be ideal the cost of installing is not inconsequential. The TRC unanimously recommended a No vote on this CR.

**6.4.2.2.6-0001:** This CR proposes to add the following required language to the signage section: Health Information Signage shall be posted at the entrance to communicate risk of illness to immunocompromised persons as follows: Important Health Information Some people are more vulnerable to contaminants found in swimming pools and spas than the general population. Germs such as cryptosporidium can survive for days even in a properly disinfected pool and can cause serious illness. Immunocompromised persons such as those with cancer undergoing chemotherapy, those who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, people with conditions treated with immunosuppressant drugs, pregnant women as well as some elderly, and infants may be particularly at risk from infections. These people should seek advice about swimming in public

pools from their health care providers. The U.S. CDC (Centers for Disease Control and Prevention) has additional information on Healthy Swimming and Recreational Water Illnesses on their website at: <https://www.cdc.gov/healthywater/swimming/index.html>, <https://www.cdc.gov/healthywater/swimming/swimmers/rwi.html>. The TRC felt that although the statements were valid Crypto is not the only concern (Legionella is another) and there is already sign messages about not swimming with diarrhea, etc. that need to be posted at the aquatic venue and in hygiene facilities. The TRC questioned if patrons would read this type of extensive messaging and felt that signage could not cover all conditions and it needed to be more general about checking with one's healthcare professional if there are concerns about using a pool. The TRC unanimously recommended a No vote on this CR but did recommend that this type of messaging be included in the Annex.

**6.5.3.1.1-0001:** This CR proposes changes to the formed stool incident response guidelines as follows: ~~n AQUATIC VENUE water that contains CYA or a stabilized CHLORINE product, water shall be treated by doubling the inactivation time required under MAHC 6.5.3.1.~~ In AQUATIC VENUE water that contains CYA or a stabilized CHLORINE product, water shall be treated by using the following procedure: 1. Measure the CYA concentration 2. Choose the DPD-FC concentration that will be used for the treatment 3. Calculate the CYA/DPD-FC ratio for the DPD-FC concentration that will be used for the treatment 4. Use the following equation or table to determine the disinfection time. The CR champion reported that the Disinfection and Water Quality TSC agreed on steps 1-3. The TRC discussed that this type of guidance has always come from CDC, so if this CR had a recommended Yes vote it would set a new precedent as to how guidance is developed and issued. Also, CDC takes public comment and suggestions into account when developing guidance. In addition, outbreak data does not suggest the current guidance needs to be changed, as the data does not show many giardiasis outbreaks. Ultimately the TRC felt that this type of guidance should remain under CDC's purview, and recommended a No vote on this CR, with one member recommending a Yes vote and one member (the CR submitter) abstaining.

**4.8.5.3.2-0001:** The TRC had originally voted Yes on this CR as part of the vote on the 8/10 call for the 8/7 email agenda CRs; however it was mistakenly not pulled for discussion on the 8/10 call. The concerns with this CR, which proposes the following change to the section on lifeguard chairs: "The chairs/stands shall be designed: 1) With no sharp edges or protrusions; 2) With sturdy, durable, and UV resistant materials; 3) To provide enough height to elevate the lifeguard to an eye level at or above their eye level while standing and above the heads of the BATHERS; and 4) To provide safe access and egress for the lifeguard." were that everyone is a different height, this may not be necessary for wave pools where the freeboard already places the lifeguard at height above the water, it could be a lifeguard safety issue and patrons would not be standing directly in front of a lifeguard chair, and that the MAHC requirements for positioning are already sufficient. The TRC unanimously recommended a No vote on this CR.

**4.12.11-0001:** This CR, submitted by the Artificial Lagoons Ad Hoc Committee, had been previously addressed but a small group of TRC and ad hoc committee members were going to try to improve it to address the TRC's concerns. It was determined that a more substantial rewrite was needed and there were no proposed modifications to review. There was discussion that even though guidance for this aquatic venue type is needed in the MAHC there are too many issues with the current CR to revise it within the timeframe of this Change Request cycle, but that once revised it could be issued as interim guidance by CDC and then considered as part of the next change request cycle. The TRC reached consensus to recommend a No vote on this CR, with one member recommending a Yes vote. The CR Champion will reach out to the Ad Hoc Committee to determine if they would like to withdraw the CR from consideration.

**4.12-0001:** This CR, submitted by the Surf Pools Ad Hoc Committee, had been previously addressed but a small group of TRC and ad hoc committee members were going to try to improve it to address the TRC's concerns. It was determined that a more substantial rewrite was needed and there were no proposed modifications to review. There is too much ambiguity of the parts of the MAHC these facilities would or would not be exempt from. There was discussion that even though guidance for this aquatic venue type is needed in the MAHC there are too many issues with the current CR to revise it within the timeframe of this Change Request cycle, but that once revised it could be issued as interim guidance by CDC and then considered as part of the next change request cycle. The TRC reached consensus to recommend a No vote on this CR, with one member recommending a Yes vote. The CR Champion will reach out to the Ad Hoc Committee to determine if they would like to withdraw the CR from consideration.

**5.7.3.1.1.2-0001:** This CR was originally addressed by the TRC on the 6/8 call with a recommended Yes vote. It was revised and resubmitted by the CMAHC CYA Ad Hoc Committee; the revision was to change the CYA:DPD-FC ratio from 20:1 to 30:1. Although the TRC had previously had lengthy discussions to reach consensus on a 20:1 ratio, they felt that they could also support a 30:1 ratio and that it was still a step forward for public health. The TRC continues to recommend a Yes vote on this CR, with one TRC member who was also on the Ad Hoc Committee abstaining.

**5.7.3.1.3.2-0004:** This CR was originally addressed by the TRC on the 6/8 call with a recommended No vote. It was revised and resubmitted by the CMAHC CYA Ad Hoc Committee; the revisions were to keep the CYA maximum of 90 ppm instead of deleting, and to add an exception that operators could operate above 90 ppm CYA and up to 180 ppm CYA as long as the ratio of CYA:DPD-FC (30:1) was maintained and they had measurement equipment that could test up to 200 ppm CYA or they could measure up to 200 ppm CYA through diluting the

water sample. TRC members had 3 primary concerns with the revisions: 1) They questioned if performing dilutions to measure higher levels was within the NSF/ANSI certification of the water quality testing devices, which is required in MAHC 4.7.3.5.1, and the accuracy of the devices when measuring high levels through dilution, and there are no currently no NSF-listed WQTD's with a CYA range above 110 ppm, 2) the challenges of operating at 180 ppm CYA if ORP/pH controllers were used, and 3) the difficulty in responding to a diarrheal fecal incident, as the guidelines require diluting to less than 15 ppm CYA prior to starting the hyperchlorination process. There were also concerns that there was no rationale proposed for operating above 90 ppm CYA with respect to any benefit it would provide. Ultimately, 4 TRC members recommended a Yes vote, 7 TRC members recommended an no vote, and one TRC member abstained who was on the Ad Hoc Committee. Therefore, the TRC was unable to reach consensus as there were not 9 members voting Yes or No, so the TRC abstains from a voting recommendation on this CR.

[At this time it was 3 PM and one member had to drop off the call, leaving 11 TRC members on the call.]

**6.6.3.1-0005:** This CR was originally addressed by the TRC on the 6/8 call with a recommended No vote. It was revised and resubmitted by the CMAHC CYA Ad Hoc Committee; the revisions were to add an imminent health hazard for venues using CYA of a failure to maintain a 45:1 CYA:DPD-FC ratio. Therefore, the proposed CR is: 6.6.3.1<sup>A</sup> Violations Requiring Immediate Correction or Closure Any of the following violations are IMMEDIATE HEALTH HAZARDS which shall require immediate correction or immediate POOL closure:

1) Failure to provide supervision and staffing of the AQUATIC FACILITY as prescribed in MAHC 6.3.4.1;

2) Failure to provide the following minimum DISINFECTANT residual levels; ~~listed in various sections of this CODE;~~

- For AQUATIC VENUES using chlorine SANITIZERS: DPD-FC concentrations below 1 ppm (mg/L) while also not exceeding a 45:1 CYA:DPD-FC ratio;
- For SPAS using chlorine SANITIZERS: DPD-FC concentrations below 3 ppm (mg/L);
- For AQUATIC VENUES or SPAS using bromine SANITIZERS: as listed in section 5.7.3.1.2 of this code.

....

20) CYA concentrations above 300 ppm (mg/L).

The TRC felt that the addition of the 45:1 CYA:DPD-FC ratio was sensible, especially in light of the fact that as the MAHC currently reads, with the acceptance of the 30:1 ratio, the current reference to “various sections of this CODE” would by default make failure to maintain a 30:1 ratio an imminent health hazard, and TRC members did not feel that such would constitute an IHH. Members were more concerned about the IHH for CYA above 300 ppm, since as with the previous CR there are no approved test kits for that range, so there was concern that when an AHJ went to take enforcement action it would not hold up in court, and unknown accuracy when doing dilutions. The TRC considered revisiting CR 6.6.3.1-0003, which had the same proposed changes for minimum disinfectant residual but did not include the 300 ppm CYA IHH. Despite the concerns about testing up to 300 ppm and how AHJs would do so during inspections, the TRC felt that overall this was a step forward for public health and ultimately reached consensus to recommend a Yes vote on this CR, which 10 members recommending a Yes vote and one member abstaining due to being on the Ad Hoc Committee.