

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

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Comment

.04B(42) The definition of Routine Inspection is much more extensive than these inspections as they are now done by AA County. The definition includes numerous structural/equipment items that are not now included in our routine inspections. Routine inspections currently focus on water quality (Cl, pH, TA, CH, CYA) and staffing, and are performed in the summer by a temporary staff of college students. Adding this much material to a routine inspection would virtually preclude use of temporary staff for pool inspections. Inspections would have to be scheduled, rather than unannounced, creating a substantial administrative burden. I don't think 48-Sanitary Quality of Water belongs in the Routine inspection. Neither the operator nor the inspector has any way of determining the bacterial count at the time of the inspection. Reg. 48-1 Fecal/Vomit Cleanup also is problematic as part of a routine inspection. Reg. 21-Barriers belongs in the annual comprehensive inspection. I am concerned about the level of detail in 25-Circulation Systems, and 40-Safety. Most of these items are covered adequately at the annual comprehensive inspection.

The definition of Routine Inspection should be revised to include 25B, 28, 29, 40D-E and F(8), 44, 45A(1-4) and (10), 45C and 46. Delete 21, 48, and 48-1.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment ID: 2015-002

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Comment

.05 Previously Approved Pools: In .05A(2)(e) and in .05B(2)(e), existing facilities are given a 1/1/2018 deadline to comply with regulation .42, among others. Reg 42 has to do with approval of a Pool Operator Course. Is the wrong number cited in .05?

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.06-1 Replacements: This creates additional plan review and recordkeeping responsibilities for those local health departments which do their own plan review.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.07 Partial Construction Permits: Reg should be deleted. Either a project has plans which are complete enough to be approved, or else it doesn't. Additions to the facility can be reviewed and permitted separately at a later date. If an individual case came up in which a "partial" permit seemed appropriate, it could be handled as a variance. In addition, delete "partial construction" from .08A, .08B(1-2), .08C, and .08E.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.11 Inspections and Right of Entry: The meaning of “business day” is unclear. For the Department, it is understood to be 5 days/week. For pools, it will vary. It may be better to simply use 90 days, rather than calculate how long 90 business days is for each facility. If the term refers to the Department, that should be specified.

Additional administrative burden: A new system for tracking inspection results and the varying requirements for re-inspections will have to be created.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.19 User Load and Theoretical Peak Occupancy: I am unsure of how to use these when I do plan review. The user load has, up until now, been used to determine the fixture count in the rest rooms. TPO, since it applies to the facility, would be determined by the fire code, as acknowledged in 19C(2). The section on TPO seems superfluous. Is there a problem or “hole” in COMAR that this is supposed to address?

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-007

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Comment

.23B(5): Automatic closers and locks for pump room doors: This may be problematic for facilities that have pool equipment housed in a shed, rather than in a framed/insulated/finished building. Sheds may be of a type of construction that will not allow the addition of an automatic closer and lock.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.26G(2): Rooms which are *designed* to include ozone equipment...I am unsure what this means. If an ozonator is added to a pool's circulation system at some point after the original construction, does the pump room, which was not designed with an ozone system in mind, then not need an emergency ventilation system?

These requirements (lifted from the MAHC) seem designed to eliminate any use of ozone. My feeling is that ultraviolet light ozone units produce such a low level of ozone that these large ventilation systems are overkill. This will cause a useful secondary disinfection system, which is used at a fair number of spas and wading pools in AA County, to be eliminated.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.42A(3): typo error: combine chlorine should be combined chlorine.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.45C(8): Pump vacuum in PSI: wrong unit used; should be mm of Hg or inches of Hg.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.28B(2): Drafting error: The text now reads: B. Except as provided in E of this regulation, the main drain for a (2) within the splash zone of a public spray ground complies with 15 U.S.C. 8003;

I may be misinterpreting the proposal, but VGB contains a standard for submerged drains. Drains in a spray ground are not submerged, and should be flat and flush to the play surface. VGB-complaint drain covers would be a trip hazard. **.28B(2)** should be deleted.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.29B (1-2): Requiring automatic closers on chemical storage areas may be a hardship on many facilities. Chemical storage outside of a pump room is often in the form of a shed with a padlock. Sheds are often of a type of construction that will not allow the addition of an automatic closer and lock. Even with a compliance deadline of 1/1/18, many facilities will have difficulty constructing new storage. Compliance may be achieved by storing chemicals off site, where no inspector ever sees them. They may be in a backyard shed or garage, possibly not secured, possibly with other chemicals such as fertilizer, cleaning supplies, or fuels such as propane, gasoline and lighter fluid. Then they must be regularly transported to the pool. This is, in my opinion, more of a hazard than the padlocked shed.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

See also: 2015-019, 2015-022

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.48A(3): Bacteriological testing after fecal/vomit incidents. This requirement was not discussed at the winter 2014-15 meetings, and does not appear in the MAHC. I believe that managers will stop recording and reporting fecal incidents to avoid the burden of testing. Water analysis by a private lab is not free, and most pools operate on a shoestring budget. AA County is unusual in that we do a limited amount of routine testing of pools in the summer at no charge to the facility. We are limited in the number of samples that the DHMH Laboratory will process at no charge. The proposal requires 4 samples per incident, and many facilities have more than one incident per season. If we and the DHMH lab could handle it, I am certain there would be a fee for the service. I believe that most operators will still respond to fecal incidents, but due to the cost of testing the incidents will not be recorded.

In addition, what is the public health benefit of this requirement? It is known that E. coli is killed by chlorine with a very short contact time. Water analysis for coliform does not include giardia, crypto, or other pathogens that are more resistant. The proposal does not specify Fecal Coliform. Total Coliform is not an indicator of fecal contamination. Considering the time required to get a sampler out to the pool (currently pool samples can only be submitted to the DHMH lab Mon-Wed) and to analyze the sample, and that the pool is not required to be closed during this time—and I am not proposing that it should be—I don't see a health benefit.

This new requirement does not encourage better operation or ensure safer swimming water.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.48-1 Fecal Incident Response: 1) Incorporating the requirement that water be at 77°F is unrealistic. Outdoor unheated pools at the beginning of the season (late May to early June) are typically below 77°. A recommendation that treatment time be increased if the temp is below 77° should be included, if this section remains (see 2, below.)

2) Incorporating the current CDC protocol into the code removes flexibility. The CDC recommendations are likely to change as research progresses. The code is much more difficult to update—the last major revision was in 1999. I recommend that 48-1 be deleted and instead refer to the CDC protocol for fecal cleanup procedures.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.51 Incident Reports: Delete 51E(6-7) which refer to bacteriological testing after contamination incidents.

Comment Submitted By

Lucy Goszkowski, Environmental Health Specialist, Anne Arundel County Department of Health

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.03A(1) and .03B(1) – Previously .23B(7)(a-b) was included on the list of exemptions for all pools whose construction was approved by the Secretary prior to May 25, 2015 (now updated to May 30,2016 on the current document.) It is no longer on that list and I feel it should be included.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.10A – It is unclear if there is a difference in closing a facility and suspending that facility’s operating permit. It also does not explicitly state whether on-site corrections can be made during an inspection, which could potentially lead to a suspension of an operating permit for reasons that are not in line with the spirit of this section.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

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Comment

.19A-B – Potentially allows for more people to use the aquatic venue than are allowed inside of the aquatic facility. Unless I am missing a portion of code that states the deck must be a certain ratio compared to the size of the pool, there is the possibility that the facility has a similar capacity than the bodies of water it houses.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-019

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Comment

.23B(5)(b-c) – Does not address mechanical rooms that are locked by padlock, which is impossible to make self-locking. Most doors that are locked by padlock are done so because it is the only option given their current configuration. Would be onerous to require an entirely new mechanical room/doorframe be built to accommodate this. Recommend adding to exemption list for pools approved prior to May 30, 2016.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

See also: 2015-012, 2015-022

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.23B(7)(a)(b) – If there are no chemicals stored in a mechanical room, then the primary goal of ventilation would be the dissipation of heat, which would be best achieved by having the inlet in a high position, rather than near the floor. In addition, most exhaust fans are currently installed near the ceiling of mechanical rooms, and changing this to meet the proposed code would incur a significant expense. Recommend re-adding to exemption list for pools approved prior to May 30, 2016.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

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Comment

.29 – Does not address chemical storage areas that are open to air (e.g. fenced-in areas, open sheds, etc.), which would not be practical to have exhaust fans, but have good ventilation regardless.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

See also: 2015-044

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-022

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Comment

.29B(5)(b-c) – Does not address chemical storage rooms that are locked by padlock, which is impossible to make self-locking. Would be onerous to require an entirely new chemical room be built to accommodate this.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-023

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Comment

.29B(2) – Recommend adding to exemption list for pools approved prior to May 30, 2016, due to the significant expense in retrofitting existing setups.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.34C – Recommend adding to exemption list for pools approved prior to May 30, 2016(already exempt for pools constructed prior to 1997), as it can be difficult to change the location of existing water fountains without a major change to the fresh water plumbing of the facility. Alternately, make the 1 fountain per 5,000sqft requirement a separate line from the location requirement (i.e. ratio would be .34C(1) and location would be .34C(2)), and put the location portion on the exemptions list.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-025

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Comment

.43I – Does not mention what to document if there is no combined chlorine present at the time of the weekly report.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.44A(1)(c) – It's my understanding that the Secretary is currently undertaking a study to see what the actual impact of combined chlorine is on public health. I think it's worth waiting on the results of that study before setting an acceptable level.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

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Comment

48A(3) and B – There was no discussion of any amendment to .48 in the committee meetings. I feel that .48A(1-2) and .48C-E are all reasonable changes and promote better enforcement of public health without creating an undue burden on facility owners/operators or pool professionals. .48B on the other hand can cause extreme financial and operational hardship to pool owners, and while it would be a boon to Maryland certified laboratories, it would not cause a drastic increase in the safety of pool patrons.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

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Comment

.48-1 - This was also not discussed with the committee, however I think it is good to have these guidelines explicitly stated in the code. My only concerns are .48-1A(5) and (9). (5) will be unachievable for any pool without a heater, and (9) refers to the required testing in .48B. I feel that this section overall would be a good substitute for chapter .48. I think that adding further guidelines for what to do if 77 degrees is unachievable would improve the utility of this section.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.55(A) – This was discussed with a subcommittee that met after the final general committee meeting, so it was expected that it would not have text agreed upon by the general committee. My issue is that the text of this portion leaves it up to a fairly wide interpretation. For example, .55A(1) doesn't specify what exactly needs to be inspected. As that list can be exhaustive, maybe it can specify what does not need to be inspected: namely any structural steel in the pool shell, building or deck (alternately, the MAHC just says "where accessible", but that again can be open for interpretation.) I think it's also important to specify that it would be a bonding and grounding inspection, rather than just a bonding inspection. Is there a building or electrical code for bonding and grounding which has parameters that could be cited in this chapter? I think it would also be worth requiring the certification be posted in a conspicuous place.

Comment Submitted By

Matthew S. Huson, Regional Manager, American Pool

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

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Comment

.04 Definitions, (40) repair (a)

Add – Replacement of a motor whose total horsepower (horsepower x service factor) is less than .1 difference of the original shall be considered equal to the original

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.10 Suspensions...A, (2)

Add – for any of the following which cannot be corrected within 30 minutes – This would make enforcement of this uniform across the state

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

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Comment

.10 Suspension or Revocation B (1) (a)

Consecutive...Add critical violations of a requirement – Revocation for minor items would be inappropriate

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment ID: 2015-033

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Comment

.10 B (3) Add – Revocation must come from the office of the Chief of Center for Healthy Homes and Community Services

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

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Comment

.16 Standards G. Lazy River, (2), (c) Inlets (iii) or Add – In the event of a pump stoppage, a visual and audible alarm shall sound to alert staff immediately to shut down all pumps in the Lazy River

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.22 Decks C. Structural supports may be approved with a variance. This section should also be included in the list of exclusions for all of the pools already built, Section .05 (A) (1) and (B) (1).

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

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Comment

.23 Equipment Rooms B (5) – This entire section should be included for all pools already built, Section .05 (A) (1) and (B) (1). This requirement should be stricken as it is not only very expensive, and in some cases prohibitive, but does not address the need for such changes.

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment ID: 2015-037

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Comment

.26 Circulation Systems C (2) Eliminate the .4 maximum for combined chlorine
Pending the outcome of the study being conducted by your department, clarification of this issue is necessary. EPA allows up to 6.0 ppm of combined chlorine in drinking water which makes the requirement of this regulation incorrect.

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.29 Chemical Storage Area – Same objections as .23 (see above)

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.44 Disinfection – Maximum Bromine levels should mirror maximum chlorine levels and be raised to 20 ppm.

If ORP is being used at a correct level, there should be no requirement for testing free chlorine at all

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

Section .48, .48-1, .48-2 – All items need to be removed

These regulations are not only impractical, but overly burdensome and compliance is almost impossible. The burden for such testing and verification should be the responsibility of the Health Department

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

Section .55

If a previously approved component of a pool or spa is replaced, it should be verified for bonding. As a registered electrician, I can attest to the difficulty and great cost of inspection for bonding at an entire facility. Bonding is required at the time of construction and would only change if a component was changed as listed above

Comment Submitted By

John Jarvis, Atlantic Aquatech

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-042

[*Click to return to Table of Contents*](#)

Comment

.48-B - Of concern because it would set gate latch height to 54 inches, and according to Susan Jones of the Ocean City HMRA, would make aquatic venues in Maryland non-compliant with the Americans with Disabilities; and changes to operator certification regulations

Comment Submitted By

Mary Beth Carozza, State Delegate

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-043

[*Click to return to Table of Contents*](#)

Comment

.23 Equipment Rooms: Modification to B5:

Add: An entrance door that “is accessible to the public” Comment: There are several equipment rooms which do not pose a risk to public safety because the public does not have access to the area such as an equipment room in the basement of a secured building.

Modification to B7a&b:

Reinsert: a..... if chemicals are used or stored in the equipment room or b. Natural or mechanical exhaust ventilation if chemicals are not used or stored in the equipment room.

Comment: If there are no chemicals used or stored in the equipment room, there is no safety hazard. It can be argued that chlorine tubing can be interpreted as “chemicals used,” but there is no exposure to chemicals when chlorine is in the tubing.

Economic Impact: In many instances, the impact on the owner to modify the existing venting which was previously approved would be significant

Comment Submitted By

David O. Watts, Executive Vice President, DRD Pool Management, Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-044

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Comment

.29 Chemical Storage Areas:

An inherent problem with this section is it does not address open air fenced areas for chemical storage. These areas do not need any ventilation and are enclosed with a secured fence. The gate to the fenced area cannot be retrofitted to be self locking. Please note that many of the chemical storage areas see very little employee foot traffic on a weekly basis. In order to conform to this proposed section, it may be necessary to construct a building. The economic impact on the owner would be significant.

Modification to B1: Add: An entrance door that “is accessible to the public” Comment: There are several chemical storage areas which do not pose a risk to public safety because the public does not have access to the area.

Comment Submitted By

David O. Watts, Executive Vice President, DRD Pool Management, Inc.

See also: 2015-021

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-045

[*Click to return to Table of Contents*](#)

Comment

.48 Sanitary Quality of Water

Modification to A1: Add: “fecal” to coliform bacteria Comment: There is a distinct difference in the health risk between coliform and fecal coliform. The only way to have a coliform free pool is to have a sterile pool.

Modification to A3: Eliminate: “Is tested after a fecal or vomit” Comment: This puts an undue burden on the owners/operators to perform testing. If established protocol of disinfectant levels is followed after a fecal or vomit contamination, this is sufficient to protect public health.

Economic Impact: In order to have four samples tested by a certified lab, the cost is \$300 to \$500 per incident.

Modification to B1-4: Eliminate: B1-4 Comment: This puts an undue burden on the owners/operators to perform testing. If established protocol of disinfectant levels is followed after a fecal or vomit contamination, this is sufficient to protect public health.

Economic Impact: In order to have four samples tested by a certified lab, the cost is \$300 to \$500 per incident.

Comment Submitted By

David O. Watts, Executive Vice President, DRD Pool Management, Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-046

[*Click to return to Table of Contents*](#)

Comment

.48.1 Fecal, Vomit & Blood Incident Response

Modification to A-5: Add: Provide language for alternative sliding scale for pools in which 77 degrees or higher is not possible to achieve. An alternative is to add “where possible” to the language.
Eliminate: A-5 Comment: Where pool heaters are not present, reaching a 77 degree temperature is not realistic early in the summer. Please note the CDC’s Fecal Incident Response is a recommendation. The controlled testing environment at 77 degrees did not recognize variable pool water temperatures for aquatic venues. Economic Impact: Installing and operating heaters would be a significant expense to owners.

Modification to A-9:

Eliminate: A-9

Comment Submitted By

David O. Watts, Executive Vice President, DRD Pool Management, Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-047

[*Click to return to Table of Contents*](#)

Comment

.51 Aquatic Venue Incident Report:

Modification to E:

Eliminate: 3C, 4C, 5C, 6 & 7

Comment Submitted By

David O. Watts, Executive Vice President, DRD Pool Management, Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-048

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Comment

.55 Bonding

What is the definition of a bonding certification? There needs to be clarity on the bonding requirement of all metal and electrical equipment to be tested. The MAHC references “where accessible” which is also ambiguous. In order to inspect and correct all bonding issues, the compliance schedule should be extended to January 1, 2019. In many cases, corrective action will require significant repair and permitting. In addition, many of these repairs will have a significant economic impact on the owners. While this is clearly a positive step for public health and safety, the current compliance schedule is unachievable and may result in the closure of pools.

Comment Submitted By

David O. Watts, Executive Vice President, DRD Pool Management, Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-049

[*Click to return to Table of Contents*](#)

Comment

.04 – Definitions

.04B.(1) – Agitated Water – Remove “so people are standing or playing vertically”.

.04B.(6)(b) – add “and includes recreational park waterslides/fume/tube/roller coaster-type rides, etc.”

.04B.(10)(i) – Regulation of .43 – appears to be a disconnect in that it is called a critical violation. However, the presence of a pool operator is not an element of a routine inspection.

.04B.(14) – Flat water – Please define the term “spargers” that appears within this definition.

.04B.(42) – Add Regulation .43 as critical violation element to routine inspections.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-050

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Comment

.05 – Previously constructed aquatic facilities and venues.

This section will require significant effort to catalog prior approval dates and component status of every pool in order to make appropriate comparisons with what is required under the new scheduling regime for bringing pools into compliance. Obviously, this entails increased numbers of compliance inspections, as well.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-051

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Comment

.06 – Construction and Alteration Permits.

This entire section should not be denoted as critical violation status. Review of plans for pending projects and anticipated installations and alterations should not impact any aspect of public health. The exposure to the public comes after a project has been completed, is inspected, is found to be in compliance, and has been issued a permit to operate. The public does not get to jump in the pool until the Department has deemed everything to be safe and sanitary. It becomes a critical violation only after a pool is licensed and the owner alters or replaces parts without prior review and approval.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-052

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Comment

.06-1 – Replacements.

It is understood that this requirement for plan reviews will be delegated to the local Health Department in home rules counties. This will require additional staffing due to the significant number of elements that need to be processed through plan review and on-site approval as the “replacements” are made, whether timely or belatedly executed and inspected.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-053

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Comment

.07 – Partial Construction Permits.

Why not that full design insist plans for an aquatic facility be prepared and not issue partials? Better to incorporate this into a variance scenario where the plan reviewer analyzes the situation on a case-by-case basis subject to Section .53.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-054

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Comment

.08 Approval after construction, partial construction,...

This appears to be a conflict in which there is an allowance to issue a partial approval (implying it is okay to use the pool) but, at the same time, insufficiencies remain to pass a comprehensive inspection.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-055

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Comment

.09 Permits for operation – The County is troubled by the concept of issuing an operating permit for a pool that has received a partial approval of construction.

.09B – Modify end of sentence from “an aquatic venue for whichever...” to “an aquatic venue to whichever...”

.09C – Relying on the results of a comprehensive inspection performed within the last 12 months for insurance of a permit implies denying a permit for a failed comprehensive inspection from last year without having performed an inspection to see what the condition of the aquatic facility is this year. Is this the intent?

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-056

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Comment

.10 – Suspension or Revocation of an Operating Permit.

The Secretary will need to develop a detailed policy to expand on how to apply this component of the regulations and to assure consistency amongst the Counties. A standardization document must be created.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-057

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Comment

.26 Circulation System Components

.26F(3) – Relative to carbon dioxide cylinders, remove condition stating “if the cylinder is subject to tipping” – the cylinder must always be secured.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-058

[*Click to return to Table of Contents*](#)

Comment

.30 – Hydrostatic Relief Values – Reference to this section is missing from the Maryland Register posting.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-059

[*Click to return to Table of Contents*](#)

Comment

.33 Ventilation of an indoor... 33B. – Italicized addition on the end of the section B should be made section C and sections C & D shown should become subsections (1) and (2) to the new C.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-060

[*Click to return to Table of Contents*](#)

Comment

.42 Approval of Operator Course:

.42A(2) – Define the meaning of “CT”; presumably meaning “contact time”.

.42A(3) – Add “d” to end of combine, as in “combined chlorine”.

.42A(12) – Lost the (12) in the portion that is to be deleted.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-061

[*Click to return to Table of Contents*](#)

Comment

.45 Water Chemistry: .45A.(4) – Add “d” to the middle or harness, as in “calcium hardness”.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-062

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Comment

.46 Operating Records Required: .46C(8) – Pump vacuum should be measured in millimeters of mercury (mmHg), not psi.

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-063

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Comment

.48 Fecal, vomit, and blood incident...48-1.(A) – Fecal, Vomit, and Blood Incident Response at an Aquatic Venue – Since most seasonal aquatic venues do not have heaters, there is no overt means to assure that the temperature of the pool is maintained at 77F or above. This begs whether there needs to be revised tables to adjust the disinfectant contact times in light of possible lower temperatures in dealing with contamination incidents. In addition, 55ppm of chlorine is very high and can be dangerous. In addition to potential harm to people, what will happen to the pool plumbing?

Comment Submitted By

Pamela B. Creekmur, Health Officer

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-064

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Comment

.04B(1)

What is meant by “mechanical means”?

Does a diving sparger system or other air bubbler system qualify as mechanical means? Diving spargers are referenced in the definition of flat water at .04B(14).

Should the ending phrase be “as people are standing or playing vertically” rather than “so people..”?

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-065

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Comment

.04B(6)(a)

Consider rewording the definition of aquatic venue to be inclusive of other uses. The current phrase “water intended for recreational or therapeutic purpose” appears to exclude other uses such as swimming lessons or water safety training which are cited at .04B(22)(a)(ii).

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-066

[*Click to return to Table of Contents*](#)

Comment

.04B(10)

Regulation .55 on Bonding appears to be a mandatory requirement. Should it be listed as a critical violation?

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-067

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Comment

.04B(13)(a)

The definition of dry deck includes the phrase “not subject to frequent splashing or constant wet foot traffic.” What is the standard for “constant”? Based on user activity and time of day, some portions of a deck will be routinely wet from foot traffic and dry at other times. Consider replacing or removing the term “constant” to provide regulatory language that can be applied and understood by both aquatic venue professionals and inspectors.

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-068

[*Click to return to Table of Contents*](#)

Comment

.04B(14)

The phrase “movement made by users usually as a horizontal use as in swimming or from diving spargers” is awkward and confusing. Is the emphasis on horizontal motions of the user? Diving typically connotes vertical movement. Diving spargers may be an unfamiliar term and is not otherwise defined. Are diving spargers a mechanical means and if so, why are they not referenced at .04B(1)? Are diving spargers a specific component or is that a generic description that includes other systems (like air bubblers)?

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-069

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Comment

.04B(32)

Consider rewording the definition of pool to be inclusive of other uses. The current phrase “water that is used for the immersion of the human body for recreation, therapy or exercise” appears to exclude other uses such as swimming lessons or water safety training which are cited at .04B(22)(a)(ii).

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-070

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Comment

.04B(33)

Consider rewording “bathers” as “users” to be stylistically consistent with other definitions.

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-071

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Comment

.04B(53)

Does “may swim for exercise or therapy” allow for other uses of a swim spa such as for lessons or water safety training?

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-072

[*Click to return to Table of Contents*](#)

Comment

.04B(63)(a)

Consider rewording “patrons” as “users” to be stylistically consistent with other definitions.

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-073

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Comment

.06

The definition of owner at .04B(26) removes the phrase “or the owner’s agent” from the current 10.17.01.05B(12). What proof if any is required to verify that activities under regulation .06 are performed by an “owner” and not an owner’s agent (with the exception of the authorized agents of the owner who may act on the owner’s behalf during the construction or alteration of an aquatic facility or venue” as per .06C(1)(a))?

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-074

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Comment

.06F

The “owner” is required to obtain local approval and permits “before beginning construction, partial construction, or alteration work.” Since an owner authorized agent is only allow to act on the owner’s behalf during construction, per .06C(1)(a), is the regulatory intent for the owner to obtain any and all local approvals before construction?

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-075

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Comment

.06K and .06K(1)

If revisions to approved plans are submitted once construction has been initiated, please confirm if a previously identified owner authorized agent (per .06C(1)(a)) may submit the application with the revised plans.

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-076

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Comment

.11C(4)

Please clarify if the “three previous consecutive inspections” are inclusive of full compliance and routine inspections.

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-077

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Comment

.19B

Please clarify if a Health Officer (as a designee of the Secretary) may be required to determine the theoretical peak occupancy.

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-078

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Comment

.19C(2)

Does the required posting of the user load also need to include the theoretical peak occupancy?

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-079

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Comment

.23B(5)(a)

The configuration and size of an existing equipment rooms may be such that access to equipment will remain encumbered regardless of the size of the entrance door. The proposed wording suggests that complete and unencumbered access is a function of the entrance door. Consider rephrasing this regulation or clarify that alterations to existing equipment to allow complete and unencumbered access is not required for previously constructed pools until an alteration is requested.

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-080

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Comment

.23B(7)

Clarify when “continuous mechanical exhaust” is required.

.29B(2)

Clarify when “continuous mechanical exhaust” is required.

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-081

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Comment

.23B(10)(f)

Does the posting of maximum user load also need to include theoretical peak occupancy?

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-082

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Comment

.29

What is the definition of a chemical storage area? If a lockable free standing shelving unit is currently used, is a chemical storage area considered the shelving unit or the space/room housing the shelving unit?

.29B(1)

The configuration and size of an existing chemical storage area may be such that entrance by a person into the space is not possible (i.e. free standing storage shelves with lockable doors). The proposed wording suggests that complete and unencumbered access is a function of the entrance door and that the storage area is sufficient to allow a person to enter the area. Consider rephrasing this regulation or clarify that alterations to existing chemical storage areas to allow complete and unencumbered access is not required for previously constructed pools until an alteration is requested.

If an existing chemical storage area does not have space for a person to enter, is it necessary to comply with .29B(1)(d)?

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-083

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Comment

.29B(2)

Clarify when “continuous mechanical exhaust” is required.

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-084

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Comment

.33C and .33D

“Natatorium” is not defined in .04B. The general definition of natatorium appears to be an indoor swimming pool. If .33C and .33D apply to an indoor spray ground, consider rewording .33C and .33D to be clearly inclusive of all aquatic facilities and venues.

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-085

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Comment

.34E

Please clarify if compliance with .34E is required for existing spill spouts or when a new or replacement fill spout is installed.

Consider rewording .34E(1) which begins “If a fill spout is installed at a public pool or spa”.

Consider replacing “public pool or spa” with aquatic venue or facility at .34E(1).

Consider replacing “public pool, spa or spray ground” with aquatic venue or facility at .34E(2).

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-086

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Comment

.40A(1)(b)

A procedure manual or guide is not included in the list of items required as a minimum in a blood borne pathogen control kit. Consider adding that to list (which would be similar in content to requiring a first aid guide at .40A(1)(a)).

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-087

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Comment

.40B

Please confirm what types of telephones (e.g. wired landline, wireless, cell/mobile) are considered compliant with .40B.

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-088

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Comment

.40D(2) and .40D(6)

Consider rewording “patrons” as “users” to be stylistically consistent with other regulations.

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-089

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Comment

.41B

If an aquatic venue operator certification card (AVOCC) must be obtained in each jurisdiction, does .41B(2)(b) mean that when an AVOCC issued in one jurisdiction is presented to obtain an AVOCC from a second jurisdiction, the second jurisdiction shall require satisfactory completion of a refresher course or completion of a challenge exam?

Does the Department have a standard challenge exam available for use by local health departments?

.41C

How will the Department track the number of attempts by an individual to pass the exam to determine that person has retaken an approved course as stipulated at .41C?

If a person holding an AVOCC and seeking certification under .41B(2)(b) fails the 4 hour course refresher exam or the challenge exam, which course (as required by .41C) must be retaken, a 14 hour approved course or a four hour refresher course? Consider rewording .41C to make the intent clear.

.41D

Please clarify the date intended to be associated with .41D. Considering the language of .41B(2)(a), the term of an AVOCC may be interpreted as three years from the date of passing the exam from a 14 hour approved course while the language at .41B(2)(b) may be interpreted as three years from the date a current AVOCC is presented and a challenge exam or four hour refresher course exam is passed.

.41E

What is the reciprocity of AVOCC suspensions between jurisdictions?

.41H(2)

Is the intent of this regulation to restrict a person with a suspended AVOCC to taking an approved 14 hour course only after the six month period of suspension has been completed and not during the suspension?

.41I

Is an AVOCC suspension in one jurisdiction valid throughout the state?

.41J

What is the term of a limited public use pool operator certification card? A term is specified for an AVOCC at .41D but an equivalent term is not obviously addressed for a limited public use pool operator certification card nor are terms for retaking the exam or course.

Comment Submitted By

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-090

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Comment

.42A(2)

The term “CT” appears in this regulation but is not obviously defined at .04B. Please add “CT” to .04B or provide a reference or alternative phrase for CT.

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.44A(1)

Does removal of the term “continuously” mean that an approved automatic chemical feeder may be powered off when the pool is not in use provided minimum disinfectant residual is maintained?

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.46F

Please clarify the intent of the new language “and initial each entry” which appears after “Date and sign each record sheet.” Is a separate set of initials required for each individual reading or recorded measurement? If several parameters are measured during a set of observations, is one set of initials sufficient for that set?

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.46G

Will the Department provide the “Aquatics Venue Hazards Checklist”?

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.48A(1)

Please specify the test for coliform bacteria as total coliforms, fecal coliform or E. coli.

.48A(2)

Is the intent that an aquatic venue remain closed after a fecal or vomit incident until sampling confirms the water is “free of pathogenic organisms.”

What is the indicator pathogen?

.48A(3)

Is there a minimum or maximum time interval after the fecal or vomit incident when the water must be tested? Is it more correct to indicate when a sample must be collected following an incident? There is some ambiguity at .48B(1) to be resolved.

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.48B(1)

An operator or owner is required to contact the local health department or a Maryland certified laboratory to perform bacteriological testing within 72 hours of completing the requirements in .48-1. Regulation .48-1(9) is to test the water. If the sampling is to be done by the local health department, the “test” required at .48-1(9) will not be complete. Please rephrase 48B(1) to improve clarity and compliance.

If the sample collection is to be done by the local health department, what is the state laboratory response time for reporting the results for those samples?

If the test is done by the local health department, how soon after an aquatic venue notifies local health must the samples be collected? There are time, day of the week and courier schedule considerations which impact when a sample may be collected by a local health department and submitted to the state laboratory.

.48B(2)

Please clarify “various points”? Are the required four samples to be collected at four separate locations or may multiple samples be collected from two or three points? Are all four samples to be collected during one sampling event (i.e. within an interval of a few minutes) or over a longer span of time (hours or days)? Consider clarifying the language.

.48B(4)

Is the venue to remain closed following a fecal or vomit incident until the results of water samples indicate a coliform bacteria level which meets the requirements of .48A(1) to .48A(2)?

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.48-1

Consider clarifying that this regulation applies to incidents that occur in the water rather than on the deck or otherwise within the aquatic facility.

Consider adding language on how to address fecal, vomit and blood incidents which occur out of the water in an aquatic facility.

.48-1A(1)

Consider rewording “patrons” as “users” to be stylistically consistent with other regulations.

Is the intent to have the patrons/users exist the facility or the venue?

.48-1A(5)

What is the impact to compliance and the consequence to public health if the operator of an outdoor pool (not heated by mechanical means) is not able to maintain a temperature higher than 77 degrees Fahrenheit?

.48-1A(8)

Is the Department providing “the Fecal, Vomit and Blood Incident Response log”? If not, consider replacing “the” with a more general “a” article.

.48-1B(1)

A blood borne pathogen control procedure is not specifically required by .40A(b). What procedure is to be used to clean and disinfect the area?

.48-1B(2)

What is the consequence to compliance or impact to public health if the water is not compliant with .44?

.48-1B(3)

Is the Department providing “the Fecal, Vomit and Blood Incident Response log”? If not, consider replacing “the” with a more general “a” article.

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.49D(1)(a)

What typical PPE is likely to be specified in the safety data sheets? Will these be easy to acquire items?

.49D(1)(b)

Is standardized training on proper use of appropriate PPE available? How will a local health department determine that the necessary training has been provided?

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.51A to .51D

Will the Department provide “the Aquatic Venue Incident Report Form”? If not, consider changing “the” to a less specific article “an”.

.51D(7) to .51D(9)

What is the difference in the information to be provided as “license classification”, “type of aquatic venue” and “type of use.”

.51D(12)

Are the names of all persons treating the victim on site to be included (such as potential first responders) or just the staff of the aquatic venue?

.51D(13)

CPR is defined at .04B(9-1). Consider using the defined abbreviation.

Is the intent to determine if CPR was required or whether it was administered? Does this extend to CPR that may have initiated after the user victim left the facility or only CPR that was administered at the aquatic facility?

.51D(15)

Is the intent to determine if an automated external defibrillator was used at the aquatic facility? Does this extend to use initiated after the user victim left the aquatic facility?

.51D(18)

Is the intent to document when (an unfortunate) death is pronounced at the aquatic venue/facility and/or when it occurs away from the venue/facility as a direct consequence of the incident?

.51D(21)

Is the intent to document whether a certified aquatic venue operator (CAVO) was present during the incident or present during the response to the incident? Does present mean the CAVO was an eyewitness or was present at the venue/facility?

.51D(22) and .51D(23)

Is the intent to determine if a lifeguard was present during the incident (does that include incident response?) or was a lifeguard on duty? It is not unreasonable that an off duty lifeguard may be present as a user but not scheduled for duty.

.51D(24)(a)

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What “locations” are intended to be shown on the diagram? The location where the incident occurred? The location where the incident response occurred?

.51D(24)(c)

Clarify what supervision plan is being requested.

.51D(24)(f)

Revise to include “if applicable” as a lifeguard may not be required at some aquatic venues as per .40D

.51D(24)(g)

Is the intent to obtain a copy of the on duty certified aquatic venue operator (CAVO) present (or responding) to the incident, of all CAVO’s present (or responding) or all CAVO’s associated with the aquatic venue/facility?

.51D(31) and .51D(32)

Consider adding “if applicable” to allow for instances when the owner/operator completing the form does not have an e-mail address and/or fax number.

.51E

Will the Department provide “the Fecal, Vomit, Blood Incident Reponse log”? If not, consider changing “the” to a less specific article “an”.

.51E(3)

Are the required readings “new” readings taken soon after the incident or the readings from the most recent interval reading as per .46? Consider language to clarify the timing of these readings.

.51E(4)

Clarify if “halfway” refers to the midpoint in the amount of treatment time specified in .48-1 and consider adding language to ensure clear understanding.

.51E(5)

Clarify if “end of treating the water” refer to the levels once the treatment time specified in .48-1 has elapsed and consider adding language to ensure clear understanding.

.51E(7)

A specific reference is made to “The four locations where the bacteriological samples were taken.” Consider rewording “taken” as “collected”.

Provide similar specific language in .48B(2) that samples are collected from four locations rather than “various points.”

Comment Submitted By

St. Mary’s County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.52A(1)

Please confirm if the intent is to establish a standardization officer within each local health department.

.52A(2)

Please specify the current audit protocols or provide a regulatory citation.

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.53 and .54

The appeals process for denial of a variance is discussed at .53E. There is no obvious appeals process for denial of a compliance schedule. Does the right to appeal a denied compliance schedule exist? If so, please add that language.

Comment Submitted By

St. Mary's County Health Department

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

I. Summary of Economic Impact

I believe you need to be more forthcoming than “indeterminate”. Many of the changes (some referenced below) will have a major impact on the facility owners. In some cases I foresee facilities being forced to shut down. Not good for the residents of the State of Maryland.

Comment Submitted By

Douglas S. Winkler, President, Winkler Pool Management Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment ID: 2015-102

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Comment

.10 Suspension or Revocation of an Operating Permit:

In B(2) a: 6 months is far too long. Suspension could be for a continued citing of missing First Aid Kit item. An example is band aids. Pools go through band aids constantly. It is likely that an inspector could visit a pool twice and find an insufficient number of band aids on site during each inspection. There could have been the required amount the day before, but due to high demand, the stock depleted. Are band aids really a critical item?

Comment Submitted By

Douglas S. Winkler, President, Winkler Pool Management Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-103

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Comment

.19 User Load and Theoretical Peak Occupancy:

The math here simply does not work. According to proposed language, there are some cases where you would be allowed more patrons in the water, than in the whole facility. I know this comes from the MAHC but this required much more study before the code is enacted.

Comment Submitted By

Douglas S. Winkler, President, Winkler Pool Management Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.23 Equipment Room (B) 5:

Add “is accessible to the public”. There are many equipment rooms that are hidden, such as in a hotel or large aquatic venue. To require owners to incur expenses to comply with this section is truly unfair if there is no way that the public has access to these areas. On 7(a) it is suggested to delete the statement “if chemicals are used or stored in the equipment room,” but this should be kept.

Comment Submitted By

Douglas S. Winkler, President, Winkler Pool Management Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment ID: 2015-105

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Comment

.25 Circulation Systems (B. Turnover Rate)1 (a):

Text indicates for pools for swimming and diving turnover rate is 480 minutes or 8 hours. It does not say in the chart that follows is 480 minutes listed, so this discrepancy should be fixed.

Comment Submitted By

Douglas S. Winkler, President, Winkler Pool Management Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.29 Chemical Storage Area B (1)

Same argument as in section .23. “Accessible to the public” should be added.

Comment Submitted By

Douglas S. Winkler, President, Winkler Pool Management Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-107

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Comment

.40 Aquatic Facility and Venue Safety: A (1) (a):

As indicated in .10, this item on the detailed list is now a critical item. “One bag.” This list does not belong in the code.

Comment Submitted By

Douglas S. Winkler, President, Winkler Pool Management Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

Comment ID: 2015-108

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Comment

.48 Water Quality.

This entire modification is way too burdensome. Strike A(3) and B in their entirety. Lab tests take time and cost between \$300 and \$500. Leave the code as it was. Where is the data showing pool users in the State of Maryland became ill after a fecal or vomit incident? How many times does an infant have a fecal incident where the parent simply removes the child? The parents certainly are not going to report that their child had an accident.

Comment Submitted By

Douglas S. Winkler, President, Winkler Pool Management Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

Review of Comments on September 2015 Draft of COMAR 10.17.01

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Comment

.48-1 Fecal Response...Section A (5):

How is an outdoor pool without a heater supposed to maintain a water temperature of 77 degrees? The code is implying that all pools must install heaters: this could have a detrimental financial impact.

A (9):

Strike this statement

E (3) and 4 (C)

Strike this statement as well as (6) and (7).

Comment Submitted By

Douglas S. Winkler, President, Winkler Pool Management Inc.

**Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services**

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Comment

.55 Bonding:

Under A(1) add the word “accessible” after “tests all”. This section should also have a liberal compliance implementation schedule.

Comment Submitted By

Douglas S. Winkler, President, Winkler Pool Management Inc.