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Council for the Model Aquatic Health Code
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February 2, 2021

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Dr. Walensky,

We are pleased to report the results of the Council for the Model Aquatic Health Code (CMAHC) member voting on the 530 MAHC Change Requests (CRs) submitted in 2020. All CR-associated materials can be found for review on the CMAHC website. We have reviewed the 530 CRs along with the CMAHC Board of Directors. We endorse the voting results, except for concerns we have for eight of the CRs discussed below. We offer the following comments on these specific CRs for CDC to consider when reviewing the CRs and making revisions to create the 4th Edition of the Model Aquatic Health Code.

CR 3.2-0038: This CR was a modification to the definition of “NO DIVING MARKER” to remove the requirement of the words and use the international “no diving” symbol. The membership vote is contradictory to the vote on CR 4.5.19.4 which removes the use requirement of the words “NO DIVING.”

If both CRs were to be incorporated into the 4th edition of the MAHC, there would be conflicting information. We recommend that **CR 3.2-0038** pass to remain consistent with the voting results of CR 4.5.19.4.

CR 4.7.1.3.1.1.1-0002: This CR allows for alternative design for in-pool circulation if adequate engineering justification can be made using a CFD model. This CR did not pass and the vote on this CR is inconsistent with the membership vote to allow CFD models for perimeter overflows in CR 4.7.1.4.1.1.2-0001. This is a science-based tool that can be used to assist in design. The CMAHC Technical Committee recommended allowing CFD since CFD is widely used.

We recommend that **CR 4.7.1.3.1.1.1-0002** pass to remain consistent with the voting results of CR 4.7.1.4.1.1.2-0001 and in favor of allowing more science-based tools to be utilized.

CR 4.7.1.9.1.1-0001: This CR removes language requiring flow meters to be certified to NSF/ANSI Standard 50 by an ANSI-accredited certification organization. There may be issues with finding meters that meet the standard but removing the requirement would disincentivize certification. Testing and certification assure accuracy.

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There are unintended health consequences by removing requirements for flow meters to meet the ANSI Standard, especially in venues requiring secondary disinfection. As such, we recommend the CDC not pass **CR 4.7.1.9.1.1-0001**.

CR 4.8.6.2.2.3.0001: This CR seeks to replace the term “barrier” with “enclosure” with regard to seasonally operated AQUATIC VENUES. Other CRs list alternative methods to keep people out that don’t meet the definition of an enclosure – this does not include those.

The Board of Directors feels this does not meet the definition of enclosure and could cause unintended consequences for operators. We recommend that **CR 4.8.6.2.2.3** not pass.

CR’s 5.7.3.1.1.2.2-0001 and 5.7.3.1.3.2-0001: While following the science from the journal article *Water*, these CRs are more revolutionary than evolutionary. **CR 5.7.3.1.1.2.2-0001** modifies CYA from 90 ppm to 25 ppm. The concern is for thousands of pools that use trichlor and dichlor, it is cost prohibitive from water replenishment and staffing standpoint.

We recommend no votes on **CRs 5.7.3.1.1.2.2-0001 and 5.7.3.1.3.2-0001** due to the more revolutionary nature of these changes than evolutionary. The CMAHC will review the need for further research into CYA for future MAHC updates.

CR 4.7.3.3.3.3-0001: This CR would require that 100 percent of interactive water play elements pass through a secondary treatment system. This exact CR was submitted in 2017 and passed. The Board of Directors had concerns with it then which included:

- This CR would establish alternate secondary treatment system sizing criteria for interactive water play elements by modifying the language contained in the “installation” portion of the secondary treatment section. This is confusing and misplaced. Sizing criteria for secondary disinfection systems is defined in 4.7.3.3.2.5.
- While reducing the risk of exposure, passing 100 percent of the water through a secondary treatment system does not guarantee that water being discharged from a play element will be below an infective dose.
- Cost impact is another concern. While it was represented to the TRC by the author (UV manufacturer) that the cost impact would be minimal (it was stated that the changes would require 300-500 gpm through a UV unit in lieu of 100-150 GPM as currently required per the MAHC), that is not universally true. Looking at an actual interactive water play system in operation today, it has 900 gpm passing through a UV system (meeting MAHC secondary disinfection



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requirements) but has a total of 9,060 gpm flowing through the various water play elements. This code change would require a 10x increase in the amount of installed UV if this same system were built again.

For the same concerns as in 2017 and the fact that the Board has already voted on and made recommendations regarding this CR, the Board of Directors recommends a no vote on **CR 4.7.3.3.3-0001**.

CR 6.3.4.3.3-0001: This CR prohibits lifeguards from being assigned to a body of water to which any part of that body of water is greater than that for which they are certified.

The board recommends not passing **CR 6.3.4.3.3-0001** based on the lifeguard shortage – it does not increase safety, does not clarify applicability for large venues with mixed water depths, and hinders the operator’s ability to use trained shallow water lifeguards appropriately in venues such as waterparks.

A complete database containing all Change Requests, Technical Review Committee reports, member comments, and voting results can be found on the CMAHC website at <https://cmahc.org/display-change-request-vote.php>.

The CMAHC Board of Directors looks forward to a continued CDC-CMAHC partnership and working with the CDC to make the MAHC the best model code it can be so that our collaboration achieves the common vision of “Healthy and Safe Aquatic Experiences for Everyone.”

Sincerely,

Kristie Riester
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