

Model Aquatic Health Code Webinar  
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**“Understanding and Applying Lifeguard/Bather Supervision and Operational Entries in the MAHC”**

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Resources

2016 Model Aquatic Health Code & Annex (2<sup>nd</sup> Edition) ([LINK](#))

CDC MAHC: An All-Inclusive Model Public Swimming Pool and Spa Code ([LINK](#))

MAHC search tool on the CMAHC website ([LINK](#))

**Q1: What is meant by the 30 foot deck and lifeguard requirement?**

The 30 foot deck rule is explained in the MAHC Annex (Section 6.3.2.1) and refers to any section of water that is greater than 30 feet from any deck. This recommendation comes from an assumption that any person would be capable of throwing a buoy 15 feet from any place on the deck and reach a victim. MAHC states, “Any AQUATIC VENUE with a configuration in which any point on the AQUATIC VENUE surface exceeds 30 feet (9.1 m) from the nearest DECK.”

**Q2: So if a pool is wider than 30 feet (or longer than 30 feet), is a lifeguard needed?**

Yes to wider, but not necessarily for longer if pool is still less than 30 feet wide. In essence, the largest a square pool can be before it needs a lifeguard is 60x60, a round pool 60 feet in diameter. A pool that is rectangular or any other shape will need a lifeguard if any part of the pool surface is not within 30 feet of any deck.

**Q3: Is this the responsibility of pool management or the inspectors?**

Code requirements are the responsibility of the pool owner/operator but an understanding of the requirements by the inspector is necessary to be able to assess compliance.

**Q4: Will inspectors have to review the lifeguard rotation for adequate rotation?**

Essentially, yes, to be able to determine if proper surveillance is being provided.

**Q5: Can you describe what the new chlorine concentration and time (CT) is for cryptosporidium? Is it different than the 2010 fecal response fact sheet by CDC?**

The biggest change is the lower ppm for Cyanuric Acid that is required in order for hyperchlorination to be effective against Cryptosporidium, which may require partial draining of the pool. See the healthy swimming page for guidelines for crypto inactivation with and without stabilizer ([LINK](#)). The MAHC covers this in section 6.5.3.2.1. The pool stabilizer concentration will need to be reduced to 15ppm and then the free chlorine residual raised to 20 mg/L for at least 28 hours; 30 mg/L for at least 18 hours; 40 mg/L for at least 8.5 hours.

**Q6: Wisconsin is considering the minimum age for a lifeguard to 15 instead of 16. What would be the recommendation of minimum age?**

E&A has no issue with 15-year-old lifeguards. As long the individual is capable of passing all prerequisites, written exam, and curriculum pieces of the training program, as well as the practical test-out at the end of the class there is no issue. I would, however, be certain of any and all federal, state, and local labor laws as related to job functions they can perform and at what age.

**Q7: We are a small school. How often should we do in-service training? We have 2 full-time and 20 part-time individuals.**

The frequency of in-service training is somewhat dependent upon the needs of your staff and their ability to maintain test-ready levels of performance. The Objective of In-Service training is to maintain each lifeguard's skills (Rescue Skills, CPR/FA/AED and Oxygen Administration, First Aid, etc.) at or above a Test-Ready Level. "Test-Ready" from my perspective is defined, as the same level of competency the lifeguard was required to perform to gain the lifeguard credential. The standards that we advocate are, at a minimum:

- If a lifeguard works 20 or more hours per week, a minimum of 4 hours of in-service training per month is required.
- If a lifeguard works less than 20 hours per week, a minimum of 3 hours of in-service training per quarter, with at least 1 hour In-Service per month, is required.
- ***If the lifeguard does not possess test-ready skills and knowledge at the conclusion of the minimum in-service hours provided above, additional in-service is required until such objectives are achieved.***

**Q8: Who is expected to confirm/validate zones of bather surveillance? The facility (who may be taking their bottom line into consideration in regards to staffing levels)?**

Ownership of validation has to lie with the facility Owners/Operators. They are ultimately the ones who have to be able to defend the Zones of Patron Surveillance that they define should an incident occur. So the burden of doing the validation and documenting the same falls on their shoulders. Should the inspector question what they have provided or provide consulting as to how this should be completed, they run the risk of being on the hook should an incident occur? There can certainly be dialogue, but at the end of the day it is the owner/operators responsibility.

That being said, I do believe there is a responsibility, not to verify complete and total accuracy, but to confirm that it has been documented properly. Rest assured the operator will consider the bottom line impact of staffing, however, by going through this process they can determine the true needs as related to staffing to ensure there are no blind-spots, and to validate the expense of staffing with regard to that bottom line.

**Q9: Are there templates available for the pre-service training and everything that they should cover?**

Sub-Section 6.3.3.3 - Pre-Service Training, outlines the critical components of Pre-Service Training. This includes: Safety Team EAP Training, Safety Team Skills Proficiency, Qualified Lifeguard EAP Training, Qualified Lifeguard Skills Proficiency, CPR/AED and First Aid Training, Documentation of Pre-Service Training, Aquatic Supervisor Training. I am not aware of any templates for this, as there are a lot of variables from one facility to another that would make this challenging to create. We do provide some templates that address certain pieces of this that are available to our Clients, but not a singular template that covers all.

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