

HOA Brief Newsletter

Tips for the HOA Community

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California Regulations Mandate Stricter Maintenance Requirements for Community Association Pools

Community pools provide welcome relief from summer heat. They also impose certain



obligations on operators of those pools, including community associations. Recent regulations adopted by the California Department of Health define "public pools" to include pools maintained by community associations. The most dramatic changes are set forth in [Title 22 of the California Code of Regulations](#) (the "Regulations") which were amended effective January of 2015. Others are contained in the California Building Code contained in the [California Code of Regulations, Title 24](#), which also were amended, effective January 2014. Associations should know that local health agencies are starting the process of enforcing these new standards. Because some of these changes

significantly impact the way associations must service, monitor, and track activity at community pools, associations would be well-advised to note the requirements and implement any necessary changes to ensure compliance now and down the road.

Specifically, there are several amendments to the Regulations that affect association management of community pools, including (1) new parameters for water characteristics; (2) strict daily monitoring of public pool facilities and requirements for written records; (3) enforcement of specific safety and first aid equipment; (4) requirements that a public pool have at least one keyless exit and self-closing latches; and (5) imposition of health restrictions for employees or pool users.

New Parameters for Water Characteristics

As has been the case, operators of community association pools must use a chemical disinfectant to preserve the clarity of the water. It should be noted, however, that the amended Regulations require higher chlorine levels. Pools have one level of chemicals necessary, and spas, wading pools, and spray grounds (i.e., grouped together) have other,

separate standards for free chlorine residual and bromine residual as well as lower range for pH tolerance. The pool operator must maintain a test kit for measuring the disinfectant residual, pH level, and, if used, cyanuric acid at the pool site.

Associations should confirm that their pool vendor is knowledgeable and compliant with the minimum and maximum acceptable levels of chemicals in public pools.

Moreover, a little-known requirement of the Regulations which also governs use of public pools and of which associations should be aware is the mandate that the water temperature of a spa shall not exceed 104 degrees.

More Stringent Daily Monitoring and Record Keeping Requirements
Perhaps the most important change to be aware of relates to requirements for *daily* testing of pool water. Except for associations with 24 or fewer separate interests, associations must comply with detailed testing and written recording obligations.

Specifically, associations with 25 or more separate interests must now test and record the free chlorine/bromine and pH levels *at least once daily*. Other actions that must be recorded daily include equipment readings, calibrations, and corrective actions taken. Daily testing can be done automatically if by a properly calibrated system approved by the enforcing authority (e.g., Orange County Department of Environmental Health). If

cyanuric acid is used, the levels must be tested and recorded at least once monthly.

Associations must keep on site (i.e., at the community pool facilities) written records of routine maintenance and repairs as well as manufacturer's instructions for operation of all mechanical and electrical equipment and water treatment systems.

In addition, upon incidents at community pools of fecal, vomit, blood contamination or drowning or near-drowning, associations are required to record the incident and, if there is more than one pool in the community, identify the particular pool affected. In addition, there are now mandates, that associations respond to and remedy incidents of contamination. Associations should also be aware that they must report any incidents where two or more pool users or lifeguards have diarrhea within five days of each other.

There are also now lifeguard record keeping mandates for associations providing lifeguard services. Associations must make sure that there is written proof at the community pool for inspection by the enforcing agent that lifeguards comply with the certification requirements of the California Health and Safety Code.

Lastly, associations must retain the records maintained in accordance with the Regulations for a period of at least two years. Thus, associations should check their document retention policies

as well as those of their community managers and/or pool vendors to ensure compliance with this requirement.

Safety and First Aid Equipment

On the issue of lifesaving measures, and even where a community pool does not include lifeguards, associations should ensure that they have, at a minimum, the safety and first aid equipment required by the Regulations, including a life ring and rescue pole. Specifically, there must be present at the community pool a 17-inch minimum diameter life ring with 3/16-inch diameter throw rope attached. The rope should be at least as long as the pool is wide. Also, there must be a rescue pole, measuring a minimum of 12 feet fixed length with a permanently attached body hook. A shorter pole is permissible for spas so long as it is long enough to facilitate rescue.

Where associations provide lifeguards, additional safety and first aid equipment is required, including a Red Cross 10-person industrial first aid kit or the something comparable, an operating telephone, and a backboard and head immobilizer.

Requirements for Entry Gates

The Building Code includes another notable section, which mandates that all public pools have enclosures that include self-closing and self-latching gates or doors. The enforcing agent can close a public pool for failure to include and maintain the required self-closing and self-latching gates or for any other activity or condition that "creates an

unhealthful, unsafe, or unsanitary condition."

Associations should notice that the Building Code also requires that "[t]he pool enclosure shall have at least one means of egress without a key for emergency purposes." In addition, the gate or door that allows egress without a key must be marked with a sign stating "EMERGENCY EXIT" with letters four inches high or more. Such requirement is not necessary if all gates or doors can be exited without a key.

Association should check with the local enforcement and city building agencies to determine if and when any modifications to their entry gates are required. The California Building code requires associations to retrofit pool enclosures to include at least one keyless exit gate should the association renovate the pool enclosure.

Section 3119B.3 of the Building Code specifically states, in pertinent part, that keyless exit gate requirement shall apply only to public pool enclosures constructed on or after July 1, 1994." Thus, at a minimum, it is certain that any new pool enclosures (i.e., not yet constructed) must include a keyless exit gate. However, the County of Orange Health Care Agency published an Information Bulletin stating that such requirement was one of the minimum requirements for new enclosures/fences around public pools. Any new or rebuilt enclosures around an association pool should comply with these requirements.

Health Restrictions

The Regulations prohibit pool employees from working at public pools if they have any active communicable disease, defined as “an illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual via an animal, vector, or the inanimate environment to a susceptible animal or human host.”

In addition, the Regulations further ban pool users, including pool employees, from entering the water while having a communicable disease in an infectious state, which includes various specific types of infection but also notably extends to “having any symptoms such as a cough, cold sore, or nasal or ear discharge or while wearing bandages.” A current written statement signed by a doctor suffices as an exception to both of these proscriptions.

Conclusion

The information above is intended to provide a general overview and, of course, is not the last word on the subject of association requirements under California law for maintenance and operation of community pools. Associations should make sure their pool vendor is up to date on the new regulations, and understands the new requirements so that they can assist in making sure they are followed. Any board that has questions regarding the enforcement of restrictions in light of these new regulations should discuss the

matter with the association's legal counsel.

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