

# Capacity Assessment Key Findings

## Swimming Pools

In the fall of 2022, the Office of Local and Regional Health conducted a Capacity Assessment of local health departments in Massachusetts to evaluate local public health's current ability to provide basic public health services based on their available resources, including staffing levels, funding, and training. The first-ever Massachusetts Local Public Health Performance Standards, which defined basic levels of services and workforce credentials and training, framed the assessment. As part of this assessment, a qualitative review of documentation submitted by municipalities was conducted, focusing on various subject areas to evaluate the implementation of crucial public health services.

The swimming pool documents included 2018, 2019, and 2021 inspection reports and associated follow-up for two swimming pools.



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### UNDERSTANDING COMPREHENSIVE SWIMMING POOL INSPECTIONS

**Inspectors must be well-versed in a wide array of factors, from pool enclosures to understanding water chemistry levels, in order to identify environmental health risks and take corrective measures effectively for Swimming Pool inspections.**

- Requires a deep understanding of what to inspect, how to assess those elements, and the significance of compliance.
- Items include but are not limited to, public and semi-public in-ground swimming pool enclosures, cross connections, flow meters and turnover rates, emergency communication, Virginia Graeme Baker Pool and Spa Safety Act (VGB), water clarity, plan approval, sewage disposal, permits, water chemistry and water chemistry testing equipment, filtration systems, etc.



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### PROPER DOCUMENTATION AND SIGNATURES

**Ensuring that documentation is thorough and all necessary signatures have been collected is imperative.**

- Exemplary inspection documents provided clear and detailed narratives about what inspectors saw.
- All documentation should be clearly written and also outline corrective and follow-up actions to address compliance requirements during the onsite inspection. Documentation should also ensure to indicate items that are compliant for confirmation that they were checked.
- All reinspections should clearly indicate violations were resolved and corrective actions taken.



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### ADDITIONAL TRAINING AND STANDARDIZED INSPECTION FORMS

**Most of the issues identified with the swimming pool inspections could be resolved with additional technical and on-site training.**

- It was noted that inspections that utilized digital forms were of higher quality than those that were paper-based.
- There is an opportunity to develop a standardized inspection form to ensure consistency of inspections across the state.

**Proper swimming pool documentation should include but is not limited to: valid permit, public and semi-public pool enclosure information, pool size and volume, flow rate/turnover, bather load capacity, certified pool operator (CPO) certifications, VGB main drain and equalizer line cover(s) information, water chemistry test results and corrective action, water clarity assessments, pool incidents and closures, emergency communication testing, findings during facility supervisor visit(s), and any other pertinent information which the Board of Health may require. Additionally, all documentation should be signed by the person in charge for legitimacy**

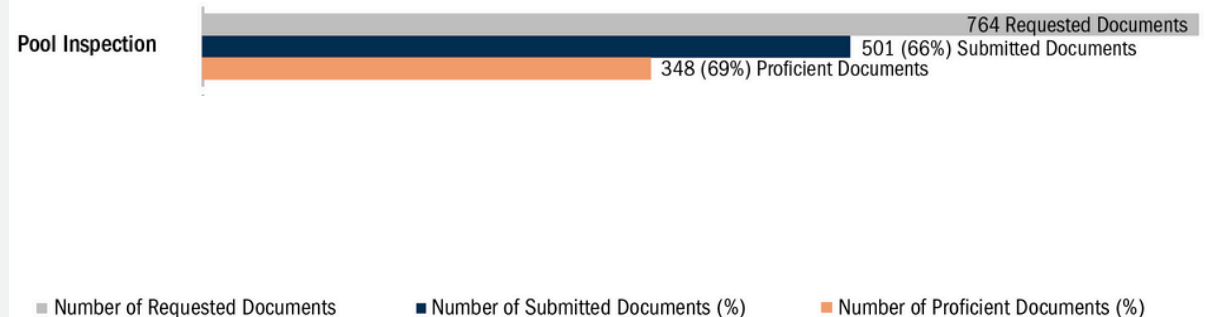


# Swimming Pool Qualitative Findings

The tables below outline the reasons the swimming pool inspection reports did not meet the proficiency standard. **The most frequently selected evaluation criteria are bolded in red and ordered by frequency from greatest to least.**

The figure to the right presents the percentage of submitted documents and their proficiency for the swimming pool category. The most significant issue for swimming pools overall was that conditions that may put participants at risk were not appropriately addressed.

## BACKUP DOCUMENTATION RESULTS



## SWIMMING POOLS 2018/19/21 DOCUMENTS

### EVALUATION CRITERIA

**Conditions that may put participants at risk not addressed properly**

**Conditions that may contribute to illness or hazardous conditions not properly addressed**

**Critical fields not completed**

**Follow-up action not completed or documented**

Initial inspection not completed or documented

Form insufficient or not approved