

I. Operation-TMCSEA maintains standard operating procedures that assure quality water, secured pool use and personnel to maintain general operations. The warm water therapy pool will maintain a license through the Illinois Department of Public Health (IDPH) in meeting the requirements of the Illinois Swimming Pool and Bathing Beach Code.

Water Testing:

- Pool water chemical levels are tested two times per day for pH, chlorine and alkalinity.
- The pool is tested on a weekly basis for calcium hardness, cyanic acid.
- The IDPH Daily Swimming Pool Operation Report is used to document pool chemical level. This document is kept for 3 years to provide confirmation to ongoing pool chemical maintenance.
- Refilling of the pool water levels is done with city water that meets all clean water tests for drinking and public use.
- Will use the **Taylor technologies, Inc Test Kit and following the instructions below:**

POOL & SPA WATER TESTS

(Taylor technologies, Inc Test Kit instructions)

1. Keep test kit out of reach of children.
2. Read precautions on all labels.
3. Store Test Kit in cool, dark place.
4. Replace solutions once each year.
5. Do not dispose of solutions in pool or spa.
6. Rinse tubes before and after each test.
7. Obtain samples 18" below water surface.
8. Hold bottle vertically when dispensing.

Pool Testing substitute need only to test/ document **Highlighted items (Chlorine and pH)**

**All chemical measurements listed in this document are for a 3000 gallon pool*

Chlorine (Free, Combined, Total) Test (checked Daily)

- Chlorine reading should be **2-4 ppm**
Free Chlorine (FC)
 1. Rinse and fill sample tube to desired mark with water to be tested.
 - For 1 drop= 0.2 ppm, use 25 mL sample
 - For 1 drop= 0.5 ppm, use 10 mL sample
 2. Add 2 drops R-0870 DPD Powder. Swirl until dissolved. Sample will turn pink if free chlorine is present.
 3. Add R-0871 FAS-DPD Titrating Reagent (chlorine) dropwise, swirling and counting after each drop, until color changes from pink to colorless. Always hold bottle in vertical position.
 4. Multiply drops in Step 3 by drop equivalence (step 1). Record as ppm free Chlorine.
 - Record as parts per million (ppm) on data sheet. Chlorine. reading should be **2-4 ppm**
 - If reading it >4 ppm add 1/8 cup of Chlorine neutralizer/reducer/eliminator (make sure it is totally dissolved before adding it to the pool)
 - If reading it 1ppm add 1/8 cup of Booster/shock (to raise level 1 ppm). Turn on the wave machine to mix. Then wait 30 minutes before anyone swims. Retest Chlorine.
 - If reading is 0 add ¼ cup Booster/shock and add a tablet to feeder. Turn on the wave machine to mix. Then wait 30 minutes before anyone swims. Retest Chlorine.

Combined Chlorine (CC)

5. Add 5 drops R-0003 DPD Reagent #3. Swirl to mix Sample will turn pink if combined chlorine is present.
6. Add R-0871 FAS-DPD Titrating Reagent (Chlorine) dropwise, swirling and counting after each drop, until color changes from pink to colorless. Always hold bottle in vertical position.
7. Multiply drop in Step 6 by drop equivalence (Step 1). Record as ppm combined chlorine (CC).

Total Chlorine (TC)

8. FC + CC.= TC

pH Test (checked daily)

- pH reading should be **7.2-7.6**
 1. Rinse and fill large comparator tube to 44 mL mark with water to be tested.
 2. Add 5 drops R-0004. Cap and invert to mix.
 3. Match color with color standard, record as ppm on data sheet. Reading should be **7.2-7.6**
 - If reading is > 7.6 – 8.0 add 1 cup Muriatic Acid, put in the middle of the deep in of the pool. Wait 30 minutes before anyone swims. Retest pH.
 - If reading is > 8.0 add 2 cups Muriatic Acid, put in the middle of the deep end of the pool. Wait 30 minutes before anyone swims. Retest pH.

Total Alkalinity (TA) Test (checked daily)

- Alkalinity range should be **50-200 ppm**
 1. Rinse and fill large comparator tube to 25 mL mark with water to be tested.
 2. Add 2 drops R-0007. Swirl to mix.
 3. Add 5 drops R-0008. Swirl to mix. Sample should turn green.
 4. Add R-0009 dropwise. After each drop, count and swirl to mix until color changes from green to red.
 5. Multiply drops in Step 4 by 10. Record as parts per million (ppm) total alkalinity as calcium carbonate. Reading should be **50-200 ppm**.
 - *When high TA is anticipated*, this procedure may be used: Use 10 mL sample 1 drop R-0007, 3 drops R-0008, and multiply drops in Step 4 by 25.
 - Or
 - Add pH minus - 1 cup will drop TA 2ppm and drop pH .5 ppm.
 - Muriatic Acid- 1 cup will drop TA 10 ppm.

Acid Demand Test (Checked 1 time per week)

1. Use treated sample from pH test.
2. Add R-0015 dropwise. After each drop, count, mix, and compare with color standards until desired pH is matched. See treatment tables to continue.

Base Demand Test (Checked 1 time per week)

1. Use treated sample from pH test.
2. Add R-0016 dropwise. After each drop, count, mix and compare with color standards until desired pH is matched. See treatment tables to continue.

Calcium Hardness Test (checked 1-2 times per week)

1. Rinse and fill large comparator tube to 25 mL mark with water to be tested.*
2. Add 20 drops R-00010. Swirl to mix.
3. Add 5 drops R-0011L. Swirl to mix. If calcium hardness is present, sample will turn red.
4. Add R-0012 dropwise. After each drop, count and swirl to mix until color changes from red to blue.
5. Multiply drops in Step 4 by 10. Record as parts per million (ppm) calcium hardness calcium carbonate.
 - When high CH is anticipated, this procedure may be used: Use 10 mL sample, 10 drops R-0010, 3 drops R-0011L, and multiply drops in Step 4 by 25.

Cyanuric Acid Test (checked 1 time per week)

1. Rinse and fill CYA dispensing bottle (#9191) to 7 mL mark with water to be tested.
2. Add R-0013 to 14 mL mark. Cap and mix for 30 seconds.
3. Slowly transfer cloudy solution to small comparator tube until black dot on bottom just disappears when viewed from top.
4. Read tube at liquid level on back of comparator block. Record reading as parts per million (ppm) cyanuric acid.
 - When the Cyanuric acid is high, partially drain the pool water.

Filter:

- A new filter reading should be 10 psi. Record the initial reading when the pressure increases 7 psi over initial reading- clean or change filter.

Pool Contamination: The therapy pool will be maintained in a manner consistent with IDPH rules and regulations

- Upon discovery of pool contamination, pool attendant will discretely inform patrons to immediately evacuate pool.
- Patrons will be instructed to take a shower using soap for a minimum of 5 minutes.
- TMCSEA maintenance will be contacted for de-contamination.

If the contamination (I) is **local and solid**, pool operator or designee will:

- Clean out any and all possible contamination.
- Determine combined chlorine
 - If reading is $<.5$ ppm no shock is needed.
 - If reading is $>.5$ ppm increase the chlorine residual to 10 times the combined chlorine reading.-Add 1/8 cup Booster/shock to increase free chlorine by level 1 ppm)
CC X 10= amount to add
- Example- $.6 \times 10 = 60$. $1/8 \text{ cup} \times 6 = 3/4 \text{ cup}$
- Then wait 30 minutes and allow pump to circulate water. Check the pool chemicals after 1 hour to insure proper chemical balance in accordance to IDPH.

If the contamination (II) is **liquid and widely dissipated**, pool operator or designee will:

- Clean out any and all possible contaminants. Then do one of the following two:
 1. Drained the pool, disinfected and refilled.OR
 2. Super chlorinate to 20 ppm for 12.75 hour.
- Check the pool chemical and adjust to meet IDPH standards. Reduce to appropriate chlorine reading 2-4 ppm.
 - Add 1/8 cup neutralizer to decrease free chlorine by 1 ppm.
 - Example- If free chlorine is 6 ppm. Add $1/8 \text{ cup} \times 2 = 1/4 \text{ cup}$ neutralizer,=
 - Wait 30 minutes and retest free chlorine levels.

Chloramines: Additional time to shock the pool.

- When the combined chlorine is greater than 0.5 ppm, increase the chlorine residual to 10 times the combined chlorine reading.

Infection Control: The therapy pool will be maintained in a manner consistent with the IDPH rules and regulations.

- Wound/Infection Control:
 - Students: Student's with open wounds that could become infected or could transmit infections will not be allowed into the therapy pool. Students with post-operative wound closures will be allowed in the therapy pool with physician approval. Transparent dressings may be used over open wounds, scabs, stitches or staples. Incisions must be clean, dry, pink, and non-tender, with edges approximated. No bandages or Band-Aids are allowed in the pool.
 - Therapist: The therapist will contact the building nurse regarding supposes wounds that expose considerable areas of sub-epidermal tissue, open blisters, and cuts that could become infected. The therapist and nurse will recommend if the student should be allowed admittance in the pool. The same holds true for staff members and other adults that use the therapy pool. No person with a wound or rash that appears infected shall be allowed in the pool.

Reporting Communicable Diseases or Infections:

- Program Coordinator and pool operator shall be made aware of persons using the pool with complaints of illness following the use of the therapy pool. If there are several reported incidents of illness, the pool shall be closed. The Tazewell Mason Health Department will be contacted for a plan of action.

Security:

- The entry to the therapy pool is secured with an automatic locking system and keycard is required for entry.
- TMCSEA uses a 24-hour surveillance camera to monitor security.
- The entry and emergency door to the warm water therapy pool are equally linking to the building security and fire alarm systems.
- A telephone is also available in the pool area for emergency and security use.

Scheduled maintenance shutdowns:

- The therapy pool is closed for a week at least two times per year. The therapy pool is drained and refilled. Other maintenance services will be scheduled during this shutdown period.
- The closure will be attempted during regular scheduled breaks in the school calendar (winter-spring or early summer). Every attempt will be made to schedule the work outside of normal scheduled therapy services.

Pool Attendant:

- A pool attendant will be on deck at all times when a student is in the therapy pool. The program coordinator or designee will assure proper training of this individual or substitute.

Staff use of the Warm Water Therapy Pool:

- TMCSEA employees may use the therapy pool at scheduled times. Use of the therapy pool must be with two or more individuals at a time.
- The General Pool Rules must be observed.
- The program coordinator and pool operator should be notified of the pool use.

Student with G-Tube:

- G-tubes can be covered with some type of occlusive dressing and/or device. The covering may help protect the student from G-tube dislodgement.

Procedure for Menstruating Student:

- If a student is menstruating and cannot use internal protection, her treatment appointment will be cancelled.

Pool Water Temperature- *Class E Pool (therapy pool) guidelines from the certified pool operator manual:*

- The pool water temperature should be maintained between 87 and 97 degrees.
- A therapist and/or teacher should use their clinical judgement to determine the appropriate for the student.

Room Temperature:

- The room temperature should be between 75 to 85 degrees.

Glossary

Parts per Million (ppm) = is used to describe the amount of a certain chemicals in a substance. One ppm is equal to 1 pound of chemical in 1 million pounds of water.

Free Chlorine (Free Chlorine) = the amount of chlorine that has not been used to kill contaminants such as ammonia, living organisms and bacteria. OR is chlorine that is available for disinfection.

Combined Chlorine (CC) = the chlorine particles that are bound to bacteria or ammonia and not available for disinfection. This is also referred to as "chloramines,"

Total Chlorine (TC) = free chlorine and combined chlorine combined.

Forms for Operation of the Warm Water Therapy Pool

Illinois Department of Public Health Record form

Illinois Department of Public Health

Daily Swimming Pool Operation Report

(This form must be completed daily and maintained at the pool for a period of three years)

Swimming Pool Name		City		County		Month		Year		REMARKS (Include comments relating to equipment failure, pool closure, injuries, weather, accidents, floating matter, etc.)			
Day	Total Daily Number of Swimmers (Approx.)	pH		Disinfectant		Flow Rate	Filter Backwashed	Temperature	Combined Chlorine (Weekly)		Cyanuric Acid (Weekly)	Completed By:	
		7.2 to 7.6 Pool		*Free Chlorine between 1.0 & 4.0 ppm (2.0 & 4.0 if >85°) *total bromine between 2.0 & 8.0 ppm (4.0 & 8.0 if >85°)		Required ___ GPM						(Initials)	
		am	pm	am	pm	Actual						(√)	°F
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3													
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II. Warm Water Therapy Pool Rules:

General Pool Rules-The following rules have been established to promote safe swimming/therapy for the staff and patrons. These rules will be posted in the pool area.

- Appropriate swimming apparel shall be worn, swim suits/trunks or shorts and T- shirt. No cut offs.
- Everyone will take a soapy shower before entering pool.
- Long hair must be worn in a bathing cap or pulled up.
- No diapers in the pool. Child must wear a rubber/plastic pant or swim diaper under swim attire
- Individuals with open wounds that could become infected or could transmit infections will not be allowed into the therapy pool.
- Students must not enter pool until staff members direct them to do so.
- Food, gum or glass is not permitted in the pool area.
- No diving, pushing, running, or rough play will be tolerated.
- Equipment must be utilized for its intended use.
- No one should leave valuables in the lockers. TMCSEA is not responsible for lost items.
- Any activity which, in the opinion of the pool staff is a threat to the safety or detrimental to the treatment programs of other patrons will not be tolerated and may result in expulsion from the pool.
- Admission to the pool can be refused to all persons having any contagious disease, infectious conditions.
- Water shoes are recommended but not required.
- Each student must be accompanied in the pool with a staff member and at least one other person will remain on deck.
- When staff members are using the therapy pool outside of work hour there must be at least two people in pool area at a time; don't swim alone.
- Note postings on: No Food/Drinks, No diving, No running, Swim at your own risk.
- Maximum number in pool at any one time 8 people; and room 140 capacity is 11 people.

III. Warm Water Therapy:

Advantages to Warm Water Therapy- The following advantages of warm water pool therapy will be considered by therapist when determining the use of the warm water therapy pool as a therapeutic modality. Movement with more freedom and less pain is possible. Exercises can be more enjoyable and free of the fear of falling. Spasticity can be reduced by the warmth and buoyancy of the water, and the slow, rhythmic motions possible in the water. Strengthening can be enhanced by the buoyancy and viscosity of the water. Range of motion can be increased with greater ease and comfort. Pain can be reduced by the warmth, stimulation, pleasure, relaxation, and weight relief of being in the water. Vital capacity can be significantly increased. Pulse rate can be significantly decreased. Peripheral circulation can be improved. Cardiac output, stroke volume, general metabolism, and high-density lipoprotein can be increased. Aerobic endurance can be increased, particularly with swimming and exercises. Balance and coordination can be more easily restored. Tension, depression, anger, and confusion can be reduced. Enhance the acquisition practice of a generalization of motor to educational skill development.

Indications for Warm Water Pool Therapy- The following list of indications will be considered by each therapist when determining if a student is appropriate for warm water pool therapy; Arthritis, Peripheral Neuropathies, Cerebellar Ataxia, Parkinson Disease, Developmental Delay, Muscle Atrophy, Amputations, Mental Illness, Traumatic Brain Injury, Myelopathies, Ankylosing Spondylitis, Pre and Post Natal, Down Syndrome, hypotonia, respiratory disorders (C.O.P.D., Asthma, Cystic Fibrosis), orthopedic disorders (Injury, Joint Replacement, Low Back Pain, Sport Injuries), Poliomyelitis, hemiplegia, Muscular Dystrophy, Cerebral Palsy, Spinal Cord Injury, Cardiovascular Disease, Visual/Auditory Impairment, Guillian-Barre Syndrome, Chronic Pain Disorders, Cancer, Peripheral Vascular Disease, Spina Bifida, Sensory Integration Impairments, Fetal Alcohol Syndrome, and any other condition the Therapist may deem appropriate.

Precautions for Warm Water Pool Therapy-The following list of precautions will be considered by each therapist, prior to determining if a student is eligible for warm water pool therapy; incontinence of bowel and bladder, significant open wounds or skin abrasions, demonstration of unsafe behavior, Atlanto-Occipital instability (therapist needs to be aware of instability), latex allergy (pool toys/equipment), Guillian-Barre Syndrome, ear tubes (ear plugs), decreased sensation (pool shoes), nothing per mouth, recent seizure activity, inability to tolerate at least 1/2 hour activity, and tracheostomy. These precautions will be made known to the treating therapy assistant, prior to the first pool therapy session.

Contraindications to Warm Water Pool Therapy- Prior to determining a student's eligibility for warm water pool therapy the therapist will review these contraindications. Presence of any of the following contraindications will deem a student as ineligible for warm water pool therapy. The contraindications are as follows; fever over 100 degrees Fahrenheit, uncontrolled epilepsy and or seizures, cardiac instability, diarrhea, respiratory disease where vital capacity is less than 1500 cm³, menstruation without internal protection, infectious disease (flu, ringworm, foot infections, skin lesions, inflamed eyes or and condition which has the appearance of being infectious), significant open wounds that can not be appropriately dressed, intravenous lines, Hickman lines, and nasogastric tubes, severe hydrophobia, Multiple Sclerosis, absence of cough reflex, urinary tract infection, skin rashes and wounds that cannot be protected with waterproof dressing, high or low blood pressure (uncontrolled), vital capacity of <1L, unclamped drain tubes, unattached catheter bags, unavailability of special handling needed for people (with ostomies, cardiac involvement, orthostatic hypotension, autonomic dysreflexia, hypothermia, and halo traction), cardiac failure, active lung infection, communicable skin rashes, colostomy,

Discharge Criteria from Warm Water Therapy- The following procedures will be followed during the discharge of any warm water therapy pool student receiving services.

- Therapy is discontinued by a physician
- The goals have been met and it is felt that the student will not benefit from the warm water therapy pool
- The course of therapy as prescribed has been completed
- When student exhibits any contraindications as indicated in policies and as determined by the educational team. (Duration of discharge based on degree of contraindications.)

Physicians and Medical Records- A completed release of information form and physicians prescription must be obtained prior to the first warm water therapy visit.

- Change in student and prescription status (e.g., surgery, casting, etc.) requiring a long absence from the program requires an updated prescription before resuming pool therapy.

Informed Consent and Waiver of Liability- students who participate in warm water therapy or supplemental motor programming will have a parent/caregiver sign a waiver of liability yearly.

Orientation of New Therapist and/or Staff- New therapists, staff, volunteers, students will be provided with a pool orientation. Including the following information:

- Access to warm water therapy pool policies and procedures for review
- Scheduling students for therapy
- Documentation
- Water safety instruction
- Emergency procedures
- Infection control
- Pool Contamination

Pool Clothing- staff will wear appropriately attired in a manner which projects professionalism, competence and respect yet allows for comfort and safety in the hot, humid aquatic environment.

- Therapy staff, when providing treatment in pool, will wear the bathing suit as provided by the Association. (T-shirt coverage is allowed.)
- When out of the pool between treatments or when off duty, staff will wear same as number one. Cover-up or neat T-shirt, shorts and tennis shoes/other shoes are acceptable for brief trips out of pool area but dress for meetings or presentations should be same as when not providing treatment in the pool.
- In questionable situations, the program coordinator will decide whether or not an employee's clothing is appropriate.
- Therapy staff, when not providing treatment and remaining in the pool area, can wear the coverall as provided by the Association.
- Appropriate dress for meeting and daily scheduled activities is expected when not dressed for warm water therapy.

Students, Interns, Volunteer and/or Observers-

- All parties should schedule their observations or participation time with the program coordinator and pool attendant .The pool attendant will inform parties (i.e., supervising therapists, COTA, PTA and other appropriate staff person/s) providing direct service.
- All requests for observation will be considered. The Association reserves the right to coordinate the availability.
- Confidentiality requirements are to be observed at all times.

Pool Attendant

- Be on deck at all times when someone is in the pool
- See TMCSEA Pool Attendant job description.
- Will work with pool operator and therapist in tracking pool contaminations.

Volunteers

- Transporting students
- Assist in the warm water pool as needed
- Assisting students in entering and leaving pool
- Assisting students changing clothes, showering, etc
- Other duties as assigned by program coordinator

Dear Parents,

Beginning __ (insert date) __ your child will have an opportunity to experience our warm water therapy pool through direct therapy or supplemental motor programming. Student will be exposed to the Warm Water Therapy Pool on a rotating basis throughout the __ (insert school year) __ school year.

- I give consent for _____ to participate in therapy pool as part of his/her educational program.
- I understand that videotaping and/or photographs for instructional data collection may occur.
- I give permission for other parties approved by TMCSEA to observe the pool therapy for training purposes.
- In consideration of participation in warm water pool therapy, I hereby covenant and agree to release, indemnify and hold harmless TMCSEA instructors from any and all losses, costs, claims, damages, injuries, and liabilities whatsoever, whether or not based on negligence, including strict liability, arising out of or in any way connected with my participation in the aquatic program.

Student's Name

Parent/Legal Guardian's Signature

Date



Tazewell-Mason Counties Special Education Association
 300 Cedar Street
 Pekin, IL 61554
PH. 309/347-5164 * Fax 309/346-0440



AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

I authorize Tazewell-Mason Counties Special Education to release/obtain information from the following sources. I understand I have the right to inspect and copy the information disclosed to Tazewell-Mason Counties Special Education Association. I also understand that I may challenge the content of the records.

Student Name: _____ BD: _____

Physician/Agency: _____

Physician/Agency: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Physician/Agency: _____

Physician/Agency: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Release

Obtain

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Physician's Prescription

[]

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Health, Medical, and Surgical Records

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[]

Occupational Therapy Reports

[]

[]

Physical Therapy Reports

[]

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Communication: Verbal & Written

Signature: _____

(Parent, Guardian)

Address: _____

Email: _____

Phone: _____

The above information is for the _____ school year.

Person requesting information: _____

**** Permission from TMCSEA must be obtained if there are any fees associated in obtaining information from the above mentioned Physicians and or Agencies. Please call 347-5164 for more information.**

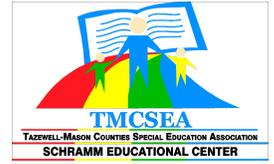
Form revised: 9/09 Z=TM²C



Tazewell-Mason Counties Special Education Association

300 Cedar Street
Pekin, IL 61554

PH. 309/347-5164 Fax 309/346-0440



Date: _____

To: _____, MD

Regarding: _____

BD: _____

Dear Physician:

The above named student, your patient, has been referred to us for **educationally relevant therapy** services. We have enclosed a Physician's Authorization Form for completion to be in compliance with the state regulations.

In keeping with state regulations, we provide evaluations and services for Occupational/Physical Therapy to ensure the students ability to benefit from his/her educational programming.

For student's currently in programming, we have specified on the Physician's Authorization Form current performance levels and educational relevant information.

Please complete the attached prescription form with particular attention to:

1. Precautions
2. Restrictions
3. Medications

Please return or fax all completed forms to:

TMCSEA
Attention: OT/PT Department
300 Cedar Street
Pekin, IL 61554
Fax number: 309- 346-0440

Sincerely,

Occupational & Physical Therapy



Tazewell-Mason Counties Special Education Association

300 Cedar Street

Pekin, IL 61554

PH. 309/347-5164 * Fax 309/346-0440



***Physician's Prescription
Physical and/or Occupational Therapy***

Student's Name: _____ Sex: _____ BD: _____

Address: _____ City/State/Zip: _____

Diagnosis: _____

MEDICATION: _____

PRECAUTIONS/RESTRICTIONS:

- Osteoporosis Position Restrictions _____
- Dislocation _____ Latex allergy Shunt
- Physical Exercise Restrictions _____
- Weight Bearing Status: Partial _____ Full _____

AQUATIC CONTRAINDICATIONS:

- Cardiac Instability Absence of cough reflex
- Uncontrolled blood pressure Vital capacity of <1L
- Active lung infection Uncontrolled epilepsy

APPROPRIATE TREATMENT:

- Physical Therapy _____ Minutes Per _____
 - Strengthening Progressive Gait Training Developmental Skills
 - Range of Motion Weight Bearing Activities Aquatic Therapy
- Occupational Therapy _____ Minutes Per _____
 - ADL Fine Motor/ Visual Perception Strengthening
 - Range of Motion Gross Motor Balance Sensory
 - Aquatic Therapy

COMMENTS:

Physician's Signature: _____ NPI# _____ Date: _____

The above information will serve as authorization to implement Physical and/or Occupational Therapy services for the _____ school year.

Person Requesting information: _____

Form revised: 10/19/17zy