

NEW JERSEY, DEPARTMENT OF HEALTH,
111

REGULATIONS

SANITARY CODES

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THE SANITARY CODE

ENACTED BY

THE DEPARTMENT OF HEALTH

OF THE

STATE OF NEW JERSEY

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METAL POLISHES CONTAINING HYDROCYANIC ACID
PROHIBITED IN PUBLIC EATING PLACES

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New Jersey State Sanitary Code

EXTRACTS FROM THE REVISED STATUTES OF NEW JERSEY

26:1A-61. Construction of terms.

Whenever the terms "State Board of Health," "State Department of Health" and "Department of Health" occur or any reference is made to any of said terms, in any law, they, and each of them, shall be deemed to mean or refer to the State Department of Health as described in this act. The Commissioner of Health shall, except as may be otherwise provided by this act, have all powers conferred and perform all the duties imposed by law upon the State Board of Health, or any member, committee or officer thereof, including the secretary.

26:1A-62. Additional constructions.

Whenever the terms "State Director of Health," "Perth Amboy Port health officer" and "deputy Perth Amboy Port health officer" occur or any reference is made to any of said terms, in any law, they, and each of them, shall be deemed to mean or refer to the State Commissioner of Health as described in this act.

26:1A-7. Regulations; state sanitary code; public hearing.

The Public Health Council shall have power, by the affirmative vote of a majority of its members, to establish, and from time to time amend and repeal, such reasonable sanitary regulations not inconsistent with the provisions of this act or the provisions of any other law of this State as may be necessary properly to preserve and improve the public health in this State. The regulations so established shall be called the State Sanitary Code.

The State Sanitary Code may cover any subject affecting public health, or the preservation and improvement of public health and the prevention of disease in the State of New Jersey. In addition thereto, and not in limitation thereof, said State Sanitary Code may contain sanitary regulations: (a) prohibiting nuisances hazardous to human health; (b) prohibiting pollution of any water supply; (c) regulating the use of privies and cesspools; (d) regulating the disposition of excremental matter; (e) regulating the control of fly and mosquito breeding places; (f) regulating the detection, reporting, prevention and control of communicable and preventable diseases; (g) regulating the conduct of public funerals; (h) regulating the conduct of boarding homes for children; (i) regulating the conduct of maternity homes and the care of maternity and infant patients therein; (j) regulating the conduct of camps; (k) regulating the production, distribution and sale of certified milk; (l) regulating the preparation, handling, transportation, burial or other disposal, disinterment and reburial of dead human bodies; and (m) prescribing standards of cleanliness for public eating rooms and restaurants.

Prior to the final adoption by the council of any sanitary regulation or amendment thereto or repealer thereof the council shall hold a public hearing thereon. The council shall cause to be published, at least fifteen days prior to such hearing, in such manner as such council shall determine, a notice of such hearing, specifying the time when and the place where such hearing will be held, together with the text of the proposed regulation, amendment or repealer.

26:1A-8. Copy of regulations to municipal board of health and governing body; publication.

Every sanitary regulation or amendment thereto or repealer thereof adopted in accordance with the provisions of section seven of this act shall state the date on which it takes effect, and a copy thereof, duly signed by the chairman of the council, shall be sent by the commissioner to each local board of health and to the governing body of each municipality within the State, and shall be published in such manner as the Public Health Council may from time to time determine. The commissioner, or one of the bureau directors designated by him, shall, for a fee of one dollar (\$1.00) each, furnish copies of the State Sanitary Code and its amendments certified by the

chairman of the council and such certified copies shall be received in evidence in all court or other judicial proceedings in the State.

26:1A-9. Observance of code, enforcement.

The provisions of the State Sanitary Code shall have the force and effect of law. Such code shall be observed throughout the State and shall be enforced by each local board of health, the local police authorities and other enforcement agencies. Nothing herein contained however shall be deemed to limit the right of any local board of health to adopt such ordinances, rules and regulations, as, in its opinion, may be necessary for the particular locality under its jurisdiction; but such ordinances, rules and regulations shall not be in conflict with the laws of this State or the provisions of the State Sanitary Code, except, however, that such ordinances, rules and regulations may be more restrictive than the provisions of the State Sanitary Code.

26:1A-23. Notice to local board; determination; proceedings.

The commissioner shall call to the attention of any local board of health, by such notice as he may deem reasonable, any failure on its part to enforce the laws of the State or the provisions of the State Sanitary Code and afford such local board an opportunity to explain its failure. The determination of the commissioner as to what is a reasonable notice shall be conclusive. If, after a hearing, it is found that no good reason exists for the failure of the local board of health to enforce the law or the provisions of the State Sanitary Code, the commissioner shall issue an order directing it to do so.

If the local board fails to comply with such order within the time specified, or, if none is specified, within a reasonable time, the commissioner shall immediately take such action as may be necessary to perform the acts specified in the order.

In all legal proceedings the order of the commissioner shall be prima facie evidence of compliance with the provisions of this section, and conclusive evidence of the violation recited in the order.

26:1A-10. Penalty; action; execution.

Each violation of any provision of the State Sanitary Code shall constitute a separate offense and each such violation shall be punishable by a penalty of not less than twenty-five dollars (\$25.00) nor more than one hundred dollars (\$100.00). Each such penalty shall be sued for and recovered in an action at law, in any court of competent jurisdiction, by and in the name of the State Department of Health or by and in the name of the local board of health of the municipality in which the violation occurred.

The pleadings in any such action shall conform in all respects to the practice prevailing in the court in which the action shall be instituted, but no pleading or process shall be set aside or invalidated by reason of any formal or technical defects therein if the same contain a statement of the nature of the alleged violation and of the section of the State Sanitary Code alleged to have been violated. Upon the attention of the court being called to any such formal or technical defect, the same shall be immediately corrected and the pleading or process amended as a matter of course. As to all other defects in pleadings or process, the same may be amended in the discretion of the court, as in any other action or proceeding in such court.

In any such action when judgment is rendered against a defendant other than a body corporate, execution may be issued against his goods and chattels and body without any order of the court for that purpose first had and obtained.

If the officer executing such writ is unable to find within his jurisdiction sufficient goods and chattels of the defendant to satisfy the judgment, he shall deliver the body of the defendant to the keeper of the common jail of such county, there to be detained until discharged by the court in which the judgment was obtained, or by one of the justices of the Supreme Court, when such court or justice is satisfied that further confinement will not result in the payment of the judgment and costs.

If judgment is rendered against a body corporate, execution shall be issued against the goods and chattels of such body corporate as in other actions at law.

Any penalty recovered in any such action shall be paid to the plaintiff therein. When the plaintiff is the State Department of Health, the penalty recovered shall be paid by the department to the State Treasurer. When the plaintiff is a local board of health, the penalty recovered shall be paid by the local board into the treasury of the municipality within which the local board has jurisdiction.

Chapter I

NUISANCES AFFECTING HEALTH

This chapter repealed by the State Department of Health on July 10, 1945 because of the enactment by the Legislature of Chapter 192, Laws of 1945, (26:3B-1 to 26:3B-17 Revised Statutes).

Chapter II

(Enacted by the State Department of Health on December 3, 1929, to take effect on December 31, 1929.)

REGULATION 1.—The use of polishes or substances containing hydrocyanic acid or salts thereof for the cleansing or polishing of nickel, copper, silverware or other articles or utensils used for the service or preparation of food or foodstuffs is prohibited in any hotel, club, restaurant or public eating place.

Chapter III

(Enacted by the State Department of Health on January 14, 1947, and amended on May 13, 1947.)

REGULATION 1.—Any dog brought into the State, except those entering for exhibition or breeding purposes only, shall be accompanied by a health certificate issued by a licensed veterinarian of the State or Province of its origin, which certificate shall be forwarded immediately to the local board of health having jurisdiction and by it to the Veterinarian-in-Charge of the Rabies Control Unit of the State Department of Health. The certificate shall show that the dog is free from rabies and other communicable disease, and has not been recently exposed to any such disease; also, it shall give the breed, sex, age, point of origin and destination, and the name and post office address of the consignee and consignor. If the dog has been vaccinated, the health certificate shall include the date of vaccination.

If such certificate is not provided, the animal may be subjected to quarantine at the discretion of the local board of health.

REGULATION 2.—No animal confined by quarantine established by order of the Director of Health of the State of New Jersey or the local board of health pursuant to the provisions of R. S. 26:4-84, as the result of the presence of rabies in any area within the State of New Jersey, shall be moved to an area not under quarantine unless it be accompanied by a certificate showing the breed, sex, age, point of origin and destination and the name and post office address of the consignee and consignor. If the dog has been vaccinated the health certificate shall include the date of vaccination.

Chapter IV

(Enacted by the State Department of Health on April 17, 1917.)

REGULATION 1.—Definitions. Certain words and terms used in the Sanitary Code of the State of New Jersey are defined as follows:

1. The term "communicable diseases" refers to the diseases named as such in Chapter VI, of this code, and to all others that may hereafter be declared communicable by the State Department of Health.

2. The term "board of health" or "local board of health" refers to any board of health in any country, city, town, village, township or any other form of municipal government in this State, or to any board or body exercising the powers and performing the duties of a local board of health.

3. The term "health officer" and "executive officer" as used in this code refer to and include the person so designated by a local board of health or by any board

or body who shall exercise the powers and perform the duties of a local board of health, as the executive officer of such board or body.

4. The term "isolation" refers to the placing apart of infected persons for the purpose of preventing contact with other persons and to the establishment of restrictions directly surrounding such persons.

5. The term "quarantine" refers to the condition resulting from restrictive measures which are applied to household, premises or areas of greater magnitude for the prevention of the spread of communicable diseases to other areas, and also to restrictions applied at ports of entry to prevent the introduction of diseases from other ports, states or counties.

6. The term "cleansing" means the thorough removal of dust and other contaminating material in such a way as to prevent the entry thereof, as far as may be possible, into other rooms or dwellings, washing with soap and hot water; scouring, airing and exposure to sunlight.

7. The term "disinfection" means the application of disinfecting substances to infected materials, in sufficient concentration and for a sufficient length of time to destroy pathogenic bacteria. When gaseous disinfectants are used, all cracks, crevices and openings shall first be closed.

Chapter V

RESPECTING EMPLOYEES OF LOCAL BOARDS OF HEALTH

(Enacted by the State Department of Health on April 17, 1917.)

REGULATION 1.—*Secretary*.¹ Every local board of health shall appoint a secretary, whose duty it shall be, in addition to the duties imposed upon him by said board, to keep an accurate record of all official actions of said board.

REGULATION 2.—*Registrar of Vital Statistics*. Every local board shall appoint a Registrar of Vital Statistics, unless the appointment of such a registrar is otherwise provided for by statute, whose duty it shall be, in addition to any other duties imposed upon him by said board, to receive and transmit to the Director of Health of the State of New Jersey, certificates of births, marriages and deaths now required by law to be made. In the case of any decedent who is a resident of some other State or municipality than that in which the death occurred, the registrar shall transmit forthwith a copy of the death certificate to the registrar of the place of usual residence of such person; the birth of any child of non-resident parents shall in like manner be reported to the registrar of the State or municipality of the place of usual residence of said parents.

REGULATION 3.—*Executive Officer*. Every local board of health shall employ a person, not a member of said board, who shall be the executive officer of said board (designated hereinafter in this code as "health officer" or "executive officer"), who shall, in addition to the other duties that may be imposed upon him by said board, enforce the laws of the State relating to the public health, the provisions of the State Sanitary Code and the ordinances adopted by said local board. The executive officer shall be the person to whom all reports required by law or by this code shall be made, unless some other person is specifically designated by the local board to receive such reports. Such executive officer shall have secured, previous to employment, a license as health officer, issued under the provisions of Chapter 215 of the Laws of 1903.

In municipalities having a population of less than ten thousand, such executive officer shall, before employment, have secured a license either as health officer or as sanitary inspector of the first class, issued under the provisions of Chapter 215 of the laws of 1903; provided, however, that any two or more boards of health may join in employing an executive officer; and provided, further, that when the total population of the combined municipalities by whom such officer is employed exceeds 10,000, then such officer shall have secured before appointment a license as health officer.

¹ It is almost always desirable to appoint the executive officer as secretary and registrar of vital statistics.

Chapter VI

COMMUNICABLE DISEASES

(Originally enacted by the State Department of Health on April 17, 1917, and amended from time to time. Latest revision, April 15, 1946.)

REGULATION 1.—The following diseases are hereby declared to be communicable preventable, and specially dangerous to the public health:

Anthrax
Botulism
Chickenpox
Cholera, Asiatic¹
Diphtheria (membranous croup)¹
Dysentery, amoebic and bacillary¹
Encephalitis, lethargic
Filariasis
Food Infections and Food Poisonings
Glanders
Infectious Diarrhea of the New-born
Influenza
Leprosy
Malaria
Measles
Measles, German (rubella)
Meningitis, epidemic cerebrospinal
Mumps
Ophthalmia neonatorum³
Paratyphoid fever¹
Pneumonia (broncho, lobar)
Plague
Poliomyelitis, acute anterior (infantile paralysis)
Psittacosis
Rabies (Hydrophobia)²
Rocky Mountain spotted fever
Scarlet fever¹
Smallpox (varioid)
Streptococcic sore throat¹
Tetanus
Trachoma
Trichinosis
Tuberculosis, all forms¹
Tularemia
Typhoid fever¹
Typhus fever (Brill's Disease)
Undulant fever
Whooping cough
Yellow fever.

¹ Are reportable directly to State Department of Health when occurring on dairy premises.

² Required by law to be reported when occurring in dogs, cats or other animals.

³ Ophthalmia neonatorum has been defined by the State Department of Health "As any inflammatory redness or swelling of the eyes or eyelids of a child, occurring within three weeks after birth, and accompanied by any mucous or muco-purulent secretion in which any pathogenic micro-organism can be demonstrated." Cases must be reported within six hours if no physician is in attendance.

NOTE.—Venereal diseases including syphilis, gonorrhoea, chancroid, lymphogranuloma venereum and granuloma inguinale.

are required by law to be reported directly to the State Department of Health. (Article 3, Chapter 4, Title 26, Revised Statutes.)

Epilepsy and mental deficiency must be reported to the local health official designated to receive such reports. (See Chapter 5, Title 26, Revised Statutes.)

REGULATION 2.—Reporting of communicable diseases by physicians. Every physician shall, within twelve hours after his first professional attendance upon any person who is afflicted with any of the diseases enumerated in Regulation 1, report such sickness to the assessor of the township in which such sickness may be or to such other person as may be designated by the local board of health to receive such reports; if such sickness be within the limits of the jurisdiction of any local board of health other than the board of health of any township, then such physician shall report such sickness to the executive officer or such other officer of the local board of health who has been designated by such board or other board or body performing the functions of a local board of health to receive such reports; such report shall be in writing, signed by such physician, and shall set forth the nature of the disease, and the name, age, sex, color and precise location of the person suffering from or affected by such disease.

When a case of communicable disease is believed to have been contracted in any municipality other than the municipality in which it is reported, the officer designated by the local board of health to receive such report shall send a copy thereof, together with such other information relating to said case as he may have, to the executive officer, or secretary of the local board of health of the place where the disease was believed to have been contracted, if said municipality is located within this State, and if said municipality is located without this State he shall send such information as aforesaid to the Director of Health of New Jersey.

REGULATION 3.—Reporting of communicable diseases occurring in institutions.

(a) Every physician, superintendent or other person having control or supervision over any State, county or municipal hospital, sanatorium, or other public or private institution in which any person suffering from any of the communicable diseases enumerated in Regulation 1, is received for care or treatment, shall, within twenty-four hours after any such case of sickness has been received into said institution, report such sickness to the officer designated to receive such reports by the local board of health having jurisdiction over the territory in which such institution is located. Said report shall be in writing, signed by such physician, superintendent or other person having charge over said institution, and shall set forth the nature of the disease and also the name, age, sex, color of the sick person and the exact place of residence of such person or the name of the place from which he was received into the institution together with the date upon which he was received.

(b) Every person designated by any local board of health to receive such reports of the communicable diseases enumerated in Regulations 1 and 2, who shall receive any report of such sickness from any physician, superintendent, or other person having charge over any institutions referred to in Section (a) of Regulation 3, shall, when the sick person referred to in such report resides in some municipality or township other than that in which such institution is located, make a duplicate of any such report received by him and transmit the same, by mail, within twenty-four hours after the receipt of the original, to the officer legally designated to receive such reports, in the locality in which the sick person resided before being admitted into such institution.

REGULATION 4.—Reporting by physicians of certain communicable diseases occurring on dairy premises. (a) Every physician who shall attend any person sick with or infected with the causative agent of Asiatic cholera, diphtheria, dysentery (amoebic or bacillary), paratyphoid fever, scarlet fever, streptococcal sore throat, tuberculosis or typhoid fever, on any dairy or other premises where milk or milk products are produced for sale or distribution, or in any dwelling in which any person resides who is employed on any such dairy or other premises, shall report by telegram,¹ if practicable, and also in writing, to the Director of Health of New Jersey, within twelve hours after he has first had reason to believe any such person is sick with or infected with the causative agent of any of the said diseases, and shall state the name of the disease, the name, age, sex and color of the person who is ill with or infected with such disease, the location of the place where such person is ill as aforesaid, and the name of the owner or manager of said dairy or other premises if the same can be ascertained.²

¹ Such telegrams may be sent collect.

² This does not relieve the physician of the necessity of reporting to the local authorities.

(b) Where no physician is in attendance it shall be the duty of the owner or person in charge of any dairy or other premises on which milk, cream or other milk products are produced for sale or distribution, to report forthwith by telephone or telegram if practicable, and also in writing to the Director of Health of New Jersey, and also to the officer designated by the local board of health to receive such reports within the municipality within the jurisdiction of which the said dairy or other premises is located, the name, age, sex, color and exact location of any person employed about such dairy who appears to be affected with any of the diseases named in subdivision (a) of this regulation.

(c) When any of the diseases named in this regulation occur on a dairy or other premises on which milk or other dairy products are produced for sale or distribution, in any municipality other than in which the dairy upon which they are produced is located, it shall be the duty of the health officer to notify the Director of Health of New Jersey in writing within twenty-four hours after he has knowledge of the existence of any such case, of the action that is being taken by him to prevent the transmission of infection through milk or other food products produced or stored on any such premises.

REGULATION 5.—Reporting of communicable diseases by houseowner or householder. Every houseowner or householder who has reason to believe that any person living, dwelling or being in any building or apartment under his control, is affected with any of the communicable diseases enumerated in Regulation 1, shall, when no physician has attended such sick person, within twelve hours after discovering the same, report the facts in writing to the person designated to receive such reports by the local board of health within whose jurisdiction the said case may occur.

REGULATION 6.—Reporting cases and suspected cases of communicable disease occurring in children in attendance at schools. It shall be the duty of every teacher, nurse and medical school inspector to report forthwith to the principal or other person in charge of a school, the name of any child in such school who appears to be affected with a disease declared by this code to be communicable. It shall be the duty of the principal or person in charge of every school to report forthwith in writing, and by telephone or in person if practicable, to the person designated by this code or by the local board of health to receive such reports, the supposed nature of the disease and the name, age, sex, color and address of any person attending such school who appears to be affected with any communicable disease. Such person shall be at once sent home or isolated.

REGULATION 7.—Reporting cases and suspected cases of communicable disease in hotels, boarding or lodging houses. When no physician is in attendance, it shall be the duty of the proprietor or keeper of any hotel, boarding or lodging house, to report forthwith in writing, and by telephone or in person if practicable, to the person designated by this code or by the local board of health to receive such reports, the name, age, sex, and color and address of any person in any hotel or lodging house under his charge who appears to be affected with any communicable disease.

REGULATION 8.—Reporting cases and suspected cases of communicable disease by nurses and persons in charge of camps. When no physician is in attendance, it shall be the duty of every person in charge of any labor or other camp, having knowledge that any person living in or attached to such camp is affected with any communicable disease, to report at once in writing, and telephone or in person if practicable, to the person designated by this code or by the local board of health to receive such reports, within whose jurisdiction the said case occurs, the name, age, sex, color and address of such person and the suspected nature of the disease.

REGULATION 9.—Reporting cases and suspected cases of communicable disease on vessels. When no physician is in attendance, it shall be the duty of the master or person in charge of any vessel located in waters within the jurisdiction of any local board of health of this State, to report or cause to be reported immediately in writing and by telephone or in person if practicable to the person designated by such local board to receive such reports, the name, age, sex, color and location of any person in or on such vessel, suspected to be affected with any communicable disease together with the name of the vessel upon which such person is located.

REGULATION 10.—Reporting of cases of rabies. It shall be the duty of all persons owning or having interest in, or having in their possession or under their control, or having knowledge of any dog or cat or other animal, affected with rabies, or suspected of being affected with rabies, to forthwith notify the person designated by the local board of health having jurisdiction over the place in which such animal is located, to receive such reports, by telephone, telegraph or in person, if practicable, and also in writing, signed by the person making the same, which report shall state where such animal may be found and shall contain, if possible, a description of the animal, the location of the animal, and the name and address of the owner.

REGULATION 11.—Reporting of communicable disease to the State Department of Health. The officer to whom reports of communicable diseases are made in accordance with the provisions of Regulation 2 of this Chapter, shall transmit in writing, within twenty-four hours after the receipt by him of such reports, the facts stated therein, to the Director of Health of New Jersey, and upon request by said Director of Health, shall give full information concerning the measures which are being employed by the local board of health to prevent the spread of the disease named in such reports.

REGULATION 12.—Diphtheria material for cultures to be submitted. In every case of illness which there is reason to believe may be diphtheria, it shall be the duty of the attending physician, or if there be no physician in attendance, then of the nurse or other person in attendance, to take cultures forthwith from the throat and nose of the person suspected of being infected, or to permit the health officer or his representative to take such cultures. Provided, however, that if such cultures are forthwith taken by the health officer having jurisdiction, or his representative, it shall not be necessary for the attending physician or nurse to take such cultures. Such cultures shall be immediately submitted by the person taking the same, for examination to the State Laboratory of Hygiene, or to a laboratory which has been approved by the Director of Health of New Jersey.

REGULATION 13.—Establishment of isolation or quarantine by executive officers of the local boards of health. It shall be the duty of the executive officer of every local board of health, upon receiving a report of a communicable disease, to forthwith establish such isolation or quarantine, or other restrictive measures, as may be required by the State Sanitary Code or by local ordinances. Whenever isolation or quarantine is to be established on any premises, the health officer shall cause a written order establishing such isolation or quarantine to be served upon the person in charge of such premises. Service upon any responsible member of a household shall be deemed sufficient service upon all the members of the household of the person served. In lieu of such service, such order may be posted on the building or premises occupied by the affected person or persons. When so posted all persons on such premises shall be bound by such notice. When such isolation or quarantine has been established it shall remain in force until the health officer has caused to be served on the affected person or persons or posted on the premises, a notice in writing terminating such isolation or quarantine.

REGULATION 14.—Persons not to be isolated or quarantined in certain cases. When a person affected with a communicable disease is effectually isolated on the premises, the executive officer of the local board of health may, at his discretion refrain from isolating or quarantining other members of the family or household in which such disease may exist, who do not come in contact with the patient or his secretion or excretions, or with the nurse or other person caring for the patient,

REGULATION 14(a).—Person exposed to certain diseases. When any person has been exposed at home or elsewhere to a person affected with chickenpox, diphtheria, meningitis (epidemic cerebrospinal), measles, German measles (rubella), mumps, poliomyelitis (acute anterior), scarlet fever, smallpox or whooping cough, such person may be prohibited by the local board of health or the executive officer thereof from attending any public or private school, or any public gathering and, if in the judgment of said board or officer it is necessary in order to protect the public health, may be prohibited by such board or officer from leaving the premises upon which such exposed person resides or may be, until a permit so to do has been secured from the

local board of health or its executive officer; providing, however, that such prohibition shall not exceed the maximum period of incubation as fixed in Regulation 33, Chapter VI of this Code for the disease to which such person was exposed.

REGULATION 15.—Removal of cases of communicable disease. After isolation or quarantine of any person affected with or exposed to a communicable disease shall have been established such person shall not leave the apartment or premises where he is isolated, nor shall any other person remove such person, or permit him to be removed, unless a permit for such removal shall first have been issued by the executive officer of the local board of health.

REGULATION 16.—Right of entrance and inspection. No person shall interfere with or obstruct the entrance to any building, apartment or vessel by any inspector or officer of the State or local health authorities, in the discharge of his official duties; nor shall any person interfere with or obstruct the inspection or examination of any occupant of such building, apartment or vessel by any State or local medical inspector in the discharge of his duties.

REGULATION 17.—Disinfection of discharges of persons affected with communicable diseases. It shall be the duty of the physician in attendance on any case known or suspected by him to be a case of communicable disease, to inform the nurse or other person in attendance in regard to the disinfection and disposal of bodily discharges. Such information shall be given on the first visit, and shall be in accordance with the regulations of the State Department of Health, and it shall be the duty of the nurse or other person in attendance to carry out such disinfection and disposal until further or different directions have been given by the executive officer of the local board of health.

REGULATION 18.—Executive officer to visit premises where communicable disease is reported. It shall be the duty of the executive officer of each local board of health, as soon as a case of anthrax, Asiatic cholera, botulism, bubonic plague, diphtheria, dysentery (amoebic and bacillary), food infections and food poisonings, malaria, epidemic cerebrospinal meningitis, acute anterior poliomyelitis (infantile paralysis), paratyphoid fever, psittacosis, rabies (human), Rocky Mountain spotted fever, scarlet fever, smallpox, streptococcal sore throat, trachoma, typhoid fever, typhus fever, or undulant fever, is reported to the official designated to receive such reports, to visit the premises, or cause the same to be done, for the purpose of ascertaining the source of the infection, and to give all necessary directions in writing, or printed instructions, to the person in charge of the patient, regarding the disinfection and disposal of excreta and other discharges from the body, and other materials which may be or may have become infected.

REGULATION 19.—Precautions to be observed by physicians and attendants. The physician, nurse or other necessary attendant upon a case of communicable disease, after attending upon the case, shall take such precautions and practice such methods of cleansing or disinfection of his person or garments as will prevent the conveyance to others of infective material from the patient, or as may be required by the regulations of the State Department of Health.

REGULATION 20.—Posting placards. When a case of diphtheria, acute anterior poliomyelitis (infantile paralysis), scarlet fever or smallpox exists in any house or apartment, it shall be the duty of the health officer to post or cause to be posted upon such house, in plain view, near the entrance thereof, or upon the door of the apartment in which the case is isolated, a placard stating the existence therein of a communicable disease, and the name of such disease.

REGULATION 21.—Interference with placards. No person shall interfere with or obstruct the posting of any placard by any health official in or on any place or premises, nor shall any person conceal or mutilate any such placard or remove it except by permission of the health officer.

It shall be the duty of the occupant of the premises where a placard has been

posted, to immediately notify the health officer of any interference with or removal of such placard.

REGULATION 22.—Preventing the spread of communicable diseases in institutions. It shall be the duty of the superintendent or person in charge of any hospital, or other institution or dispensary, in which there is a person affected with any communicable disease, to take such precautions as will prevent the spread of infection.

REGULATION 23.—Exposure of persons affected with certain communicable diseases. No person who is affected with diphtheria, measles, scarlet fever, streptococcal sore throat, smallpox, plague, epidemic cerebrospinal meningitis, acute anterior poliomyelitis (infantile paralysis), typhus fever or whooping cough shall come in contact with others in such manner as to cause or contribute to, promote or render liable the spread of such diseases. No person shall permit any person under his charge who is affected with any of the above-mentioned diseases to violate this regulation.

REGULATION 24.—Needless exposure to certain communicable diseases forbidden. No person shall expose or permit the visiting, association or contact of any person under his charge with any person affected with epidemic cerebrospinal meningitis, diphtheria, measles, scarlet fever, smallpox, streptococcal sore throat, acute anterior poliomyelitis (infantile paralysis), typhus fever or whooping cough, or with discharges of any kind from the person of a patient affected with any of the said diseases.

No person shall needlessly expose himself, or visit or come in personal contact with a case of any of said diseases, or the discharge therefrom, or in any manner cause or contribute to, promote or render liable the spread thereof.

REGULATION 25.—Exclusion from school of cases of communicable diseases. It shall be the duty of the principal or other person in immediate charge of any public, private or Sunday school, to exclude therefrom any child or other person affected with a disease suspected to be communicable, until such child or other person shall have presented a certificate issued by the health officer, stating that such child or other person is not liable to transmit infection.

REGULATION 26.—Exclusion from schools and gatherings of cases of certain communicable diseases. No person affected with chickenpox, diphtheria, epidemic cerebrospinal meningitis, German measles, measles, mumps, acute anterior poliomyelitis (infantile paralysis), scarlet fever, smallpox, streptococcal sore throat, trachoma or whooping cough, shall attend or be permitted to attend any public, private or Sunday school, or any public or private gathering; nor shall such person visit or make use of any public library, or any of the books belonging thereto; nor shall the personal or bed clothing of any person affected with such disease be sent to a public laundry unless it shall have been first disinfected. Such exclusion shall be for such time and under such conditions as may be prescribed by the health officer, not inconsistent with the provisions of this code.

REGULATION 27.—Exclusion from schools and gatherings of children of households where certain communicable diseases exist. Every child in or who has visited any household, at the time when there has been therein a case of chickenpox, diphtheria, epidemic cerebrospinal meningitis, German measles, measles, mumps, acute anterior poliomyelitis (infantile paralysis), scarlet fever, smallpox, streptococcal sore throat or whooping cough may be excluded from every public, private or Sunday school, and from every public or private gathering, for such time and under such conditions as may be prescribed by the health officer of the board of health having jurisdiction over the place where such child resides, not inconsistent with the provisions of Regulation 33 of this Chapter; provided, however, that in the application of this Regulation (Regulation 27) the health officer may waive or decrease the period of exclusion if he has satisfactory information that the exposed child may have acquired immunity either by an attack of the disease or otherwise.

REGULATION 28.—Isolation or removal in smallpox. It shall be the duty of every health officer, whenever a case of smallpox occurs within his jurisdiction either to remove such case or cause it to be removed to a suitable hospital, or to isolate it. Every inmate of a household in which any case may have occurred, and every person who has been in contact with such case or with the secretions or excretions therefrom, shall either be immediately vaccinated or quarantined. If such vaccination has been done within three days of the date of his first exposure to the disease, the name and address of such inmate or person shall be taken and he shall be kept under daily observation until successful vaccination results, or for at least twenty days. If such vaccination has been done after the expiration of a longer period than three days from his first exposure to the disease, he shall be kept under quarantine until successful vaccination results, and a period of twelve days following vaccination has elapsed. If such inmate or other person refuses to be vaccinated, he shall be quarantined at his own expense for at least twenty days from the date of his last exposure, and until discharged by the health officer.

REGULATION 29.—Provisions for free vaccination. It shall be the duty of the board of health of every municipality to provide, at public expense, free vaccination against smallpox and free inoculation with typhoid fever bacterin, for all persons who apply for the same, and also to administer free diphtheria antitoxin and anti-rabic treatment to indigent persons, and to make public offer of free vaccination, inoculation and treatment.

REGULATION 30.—Removal to hospital or isolation and restriction of visiting in cases of certain communicable diseases. It shall be the duty of the health officer promptly to remove, or cause to be removed, every case of diphtheria, measles, scarlet fever, streptococcal sore throat, or acute anterior poliomyelitis (infantile paralysis), to a suitable hospital, or to see that such case is effectively isolated. When such isolation is established it shall be strictly maintained until terminated by order of the health officer.

No person, except the physician and the nurse or other person in attendance upon the patient, or duly authorized representatives of the State Department of Health or local board of health, shall be permitted to come in contact with or visit a person suffering from diphtheria, measles, scarlet fever or acute anterior poliomyelitis (infantile paralysis), except by written permission of the health officer.

REGULATION 31.—Removal to hospital from lodging houses, hotels or boarding houses; or isolation, and provision for persons who cannot be removed. It shall be the duty of the executive officer of the local board of health, whenever a case of diphtheria, measles, scarlet fever, smallpox, streptococcal sore throat, typhoid fever or acute anterior poliomyelitis (infantile paralysis), occurs in a lodging house, hotel or boarding house within his jurisdiction if a suitable hospital or other place is available, to promptly cause such case to be removed thereto, unless, in the judgment of the health officer, the case can be safely isolated on the premises, or unless such removal shall be attended with undue risk to the patient.

If there be no suitable hospital or other place available, or if, for any sufficient reason such case cannot be removed, it shall be the duty of the municipal authorities to make provision, when necessary, for the medical and nursing care of such case in such lodging house, hotel or boarding house, and the health officer may, if in his judgment such action seems necessary, remove the other inmates or cause them to be removed therefrom.

REGULATION 32.—Quarantine in certain emergencies. When, for sufficient reason, any case of diphtheria, epidemic cerebrospinal meningitis, measles, scarlet fever, streptococcal sore throat, acute anterior poliomyelitis (infantile paralysis), smallpox, or typhus fever is not or cannot be removed to a suitable hospital, and cannot be adequately isolated, it shall be the duty of the executive officer of the local board of health to prevent any member of the household from leaving the premises, except under such conditions as he may specify.

REGULATION 33.—Maximum period of incubation. For the purpose of this code, the maximum period of incubation (that is, the time which may elapse between the

date of the last exposure to a given disease and the date of its development), of the following communicable diseases is hereby declared as follows:

| | |
|--|---------|
| Chickenpox | 21 days |
| German measles | 21 days |
| Measles | 14 days |
| Mumps | 21 days |
| Meningitis, epidemic cerebrospinal | 10 days |
| Poliomyelitis, acute anterior | 14 days |
| Scarlet fever | 7 days |
| Smallpox | 20 days |
| Streptococcic sore throat | 7 days |
| Whooping cough | 14 days |

REGULATION 34.—*Minimum period of isolation.* The minimum period of isolation of persons affected with the disease hereinafter named shall be as follows:

Chickenpox, until ten days after the appearance of the eruption.

Diphtheria (membranous croup), until two successive negative cultures have been obtained from both the nose and throat at intervals of not less than twenty-four hours, or until the bacilli present have been shown to be non-virulent.

German measles, until five days after the appearance of the rash.

Measles, until ten days after the appearance of the rash.

Epidemic cerebrospinal meningitis, until ten days after the onset of the disease and until all clinical symptoms have disappeared.

Mumps, until ten days after the onset of the disease and all swelling of glands has disappeared.

Acute anterior poliomyelitis (infantile paralysis), until fourteen days after the onset of the disease.

Scarlet fever, until fourteen days after the onset of the disease and until all abnormal discharges from the nose, ears, throat or suppurating glands have ceased.

Streptococcic sore throat, until fourteen days after the onset of the disease and until all abnormal discharges from the nose, ears, throat or suppurating glands have ceased.

Smallpox, until fourteen days after the onset of the disease and until all scabs have disappeared and the lesions have completely healed.

Whooping cough, until at least twenty-one days after the onset of the disease and until the characteristic cough has ceased.

REGULATION 34 (a).—*Supervision of cases of typhoid fever and paratyphoid.* It shall be the duty of the local board of health when a case of typhoid fever or paratyphoid occurs within its jurisdiction to keep such case under supervision until the temperature has remained normal for seven successive days and until two successive specimens of both the intestinal discharges and the urine of the patient taken at an interval of not less than seven days, have been found to be free from typhoid bacilli, said examination to be made in the laboratory of the State Department of Health or a laboratory approved by the said Department for such examinations.

REGULATION 35.—*Sale of foods forbidden in certain cases.* When a case of diphtheria, amoebic or bacillary dysentery, epidemic cerebrospinal meningitis, scarlet fever, streptococcic sore throat, smallpox, paratyphoid fever or typhoid fever exists on any farm, dairy or other premises producing milk, cream, butter, cheese or other foods through which the infection of any of the above-named diseases might be

conveyed, no such foods shall be sold or delivered from such farm, dairy or other premises unless a written permit for the sale or distribution of such foods shall have been issued by the executive officer of the local board of health or by a representative of the State Department of Health.

REGULATION 36.—*Destruction of foods in certain cases.* When case or carrier of diphtheria, amoebic or bacillary dysentery, epidemic cerebrospinal meningitis, scarlet fever, streptococcic sore throat, smallpox, paratyphoid fever or typhoid fever exists on any farm, dairy or other premises producing milk, cream, butter, cheese or other foods through which infection of any of the diseases named herein may be conveyed, the Director of Health of New Jersey or the executive officer of the local board of health may destroy or order the destruction of any such foods which in his opinion may have been so contaminated as to be liable to cause disease; or he may cause such foods to be treated in such a manner as will destroy any infective material with which they may be contaminated.

REGULATION 37.—*Handling of food forbidden in certain cases.* No person affected with any communicable disease which may be transmitted through food, or who is a carrier of a causative agent of any such disease, shall handle food or food products intended for sale or distribution which are likely to be consumed raw or liable to convey infective material.

No person who resides, boards or lodges in a household where he may come in contact with any person affected with amoebic or bacillary dysentery, diphtheria, scarlet fever, streptococcic sore throat, paratyphoid fever or typhoid fever, or any person who is a carrier of the causative agent of any such disease, shall handle food, or food products intended for sale or distribution without a permit from the local board of health or the Director of Health.

No waiter, cook or other employee of a boarding house, hotel or restaurant or other place where food is served, who is affected with any communicable disease which may be transmitted through food or food products, and no person who is a carrier of the causative agent of any such disease, shall prepare, serve or handle food for others in any manner whatsoever.

No waiter cook or other employee of a boarding house, hotel or restaurant or other place where food is served, who lodges, or visits in a household where he comes in contact with any person affected with amoebic or bacillary dysentery, diphtheria, scarlet fever, streptococcic sore throat, paratyphoid fever or typhoid fever, or with any person who is a carrier of the causative agent of any such disease, shall serve or handle food for others in any manner whatsoever without a permit from the local board of health or the Director of Health.

Any waiter, cook or other person employed in any hotel, restaurant, boarding house or other place where cooked food is offered for sale, who handles or prepares food may be required to submit to a physical examination by a medical inspector of any local board of health or of the State Department of Health, for the purpose of ascertaining whether or not he is affected by any communicable disease, whenever in the judgment of the health officer such examination may be necessary.

REGULATION 38.—*Carriers of disease germs.* When the executive officer or other duly authorized representative of a local board of health or of the State Department of Health, has reason to believe that a person may be a carrier of disease germs, such officer or representative may require that materials for examination shall be taken from such person, and it shall be the duty of such person to furnish the necessary specimens for examination or to permit said officer or representative to collect such specimens.

REGULATION 39.—*Determination of diagnosis.* Whenever the executive officer of a local board of health or the Director of Health of New Jersey shall deem it necessary to establish the true character of any disease which in his opinion may be communicable, a medical examination of the person supposed to be affected by such disease may be required, and it shall be the duty of such person to submit to such examination.

REGULATION 40.—*Inoculation with living bacteria.* The use of living bacteria in the inoculation of human beings is hereby prohibited until full and complete data regarding the methods of use, including a specimen of the bacteria and other agents employed therewith, and full account of the details of preparation, dosage and administration, shall have been submitted to the Director of Health of New Jersey and until permission shall have been granted in writing by him for the use of the same.

REGULATION 41.—*Inspection of laboratories.* The Director of Health of New Jersey may cause to be inspected every bacteriological or chemical laboratory doing work for the health authorities of the State or for any county or municipality thereof, and shall report the results of such inspection to the local authorities using such laboratory. He may also issue certificates of approval of such laboratories, such certificates to be revocable for cause at any time. No laboratory not approved by the Director of Health shall continue to do any work for any local board of health after having received due notification from the Director of Health that its methods are disapproved.

Minimum Requirements for Issuance of Certificates

A. *Personnel Requirements.*

1. Every laboratory applying for a certificate shall be in charge of a competent supervisor who may be designated as "Director," "Serologist-in-Charge," or "Bacteriologist-in-Charge."

2. The Supervisor shall meet the following minimum qualifications:

a. He shall be a person of known integrity and professional ability who shall be capable of conducting a laboratory in which satisfactory standards of work are maintained at all times and he shall possess such personal qualifications as: ability to exercise meticulous care in technique, good judgment, sense of responsibility, ability to co-operate with and supervise the work of others.

b. He shall possess a doctorate degree in philosophy, science, public health, or medicine, with adequate experience in laboratory procedures, or

c. He shall have graduated from a college or university of recognized standing with at least a Bachelor of Science degree in bacteriology, biology, or allied sciences, and shall have had four years of acceptable laboratory experience, two of which shall have been spent in a public health laboratory, or its equivalent, preferably having served as assistant bacteriologist or assistant serologist.

3. Supervisors shall devote their full time, or at least a major portion of their time, to laboratory supervision. In the absence of a full-time Supervisor the person next in charge shall meet the full qualifications of the office of supervisor.

B. *Laboratory quarters, location and equipment.*

1. The laboratory shall be housed in well lighted, properly ventilated and adequately spaced quarters, to provide for the type of work for which a certificate is requested. Laboratories shall not be located in living quarters unless there are provisions for separate entrance, and plumbing fixtures and other facilities used for laboratory purposes are separate from those used for household purposes.

2. The laboratory shall be equipped with gas, electricity, and hot and cold running water. The minimum equipment shall consist of the following apparatus, meeting the requirements for the tests to be conducted: Autoclave, dry air sterilizer, constant temperature 37° incubator, microscope, centrifuge, constant temperature water bath and refrigerator. All necessary glassware, lamps, burners, reagents, stains, antigens and sera must be of recognized standard and good quality and available at all times for the various tests for which a certificate is requested.

3. The laboratory and equipment shall be subject to inspection and reinspection at any time.

4. Where laboratory animals are kept, adequate sanitary quarters shall be maintained separate from the rooms in which laboratory tests are conducted.

C. *Laboratory Methods.*

1. Serologic tests for syphilis as prescribed by the latest recommendations of their author, shall be the general rule.

2. Any modification of such tests must first be approved by the State Department of Health.

3. The basis of evaluation shall be:

a. Specificity: Standard of specificity (per cent of negative sera reported as negative) shall be at least 99 per cent as obtained by the control laboratory.

b. Sensitivity: Standard of sensitivity (per cent of positive sera reported as positive) shall not be more than 10 per cent below that obtained by the control laboratory.

4. The laboratory shall obtain a high degree of accuracy in identification of slides and cultures submitted for examination in any diseases for which the laboratory is to receive or has received a certificate.

D. *Records.*

1. All laboratories applying for a certificate must show facilities for keeping complete laboratory records. All such records shall be kept on file for a minimum of five years.

2. Records must be kept up to date and open to inspection by authorized representatives of the State Department of Health.

E. *Ethical Considerations.*

1. The laboratory shall conform to ethical professional practice. Advertising of the laboratory shall be restricted to announcements of the tests for which a certificate is granted and shall be so worded as not to give the impression of general coverage of procedures not listed on the certificate.

2. Reports shall be confined to laboratory findings only.

F. *Eligibility for and Invalidation of Certificates.*

1. No laboratory, other than a laboratory conducted by a department of health, shall be eligible to apply for a certificate until it has been established for at least one year.

2. Any change in the supervisor of a laboratory shall automatically invalidate any existing certificate and reapplication for a certificate is required. The State Department of Health shall be notified immediately of changes of responsible personnel which may occur. Responsible personnel shall be construed to include technicians who are actually performing and reporting results of examinations, but under supervision of the supervisor.

G. *Special Requirements.*

1. On all positive laboratory reports for venereal disease, the supervisor shall forward copies of such reports directly, within a period of seven days after such a report has been issued, to the Division of Venereal Disease Control, State Department of Health, Trenton, N. J.

2. In cases of reportable communicable disease, excepting venereal diseases, where evidence of such disease is found by the laboratory examination, the supervisor shall forward immediately a report of such finding to the physician who submitted the specimen and also a copy to the health officer having jurisdiction over the municipality in which the person from whom the specimen was obtained is located. He shall retain positive slides referable to communicable diseases for at least six months.

3. On each report for release from isolation or quarantine, whether said report is positive or negative, on each specimen of *C. diphtheriae*, *Eberthella*, *Salmonella* and *Shigella*, the supervisor shall forward immediately a report to the physician who submitted the specimen and also a copy to the health officer having jurisdiction over the municipality in which the person from whom the specimen was obtained is located.

4. Specimens for evaluation and comparative examinations may be sent to a laboratory by the State Department of Health at any time and the supervisor of the laboratory shall report the results of the examination of such specimens promptly to said Department.

5. Each certificate granted to a laboratory authorizing the performance of specific tests is automatically invalidated at the end of the calendar year for which it was issued. Before any such certificate can be granted the State Department of Health must receive an application for such certificate on a form supplied by the said department. Each such routine, annual request for a certificate must reach the State Department of Health not later than the first day of November preceding the beginning of the calendar year for which a certificate is desired. First requests for a certificate or requests for a new certificate following invalidation of a previous certificate for whatever reason may be submitted at any time.

6. Every laboratory granted a certificate to perform blood tests for syphilis under the pre-marital law (R.S. 37:1-23) and prenatal law (R.S. 26:4-49.2) shall have facilities and requests for the examination of at least 100 serologic specimens for syphilis per month.

7. Every laboratory, other than a laboratory conducted by a department of health, applying for a certificate shall have the endorsement of at least ten physicians desiring the facilities of such laboratory.

8. Every laboratory applying for certificate shall furnish evidence of the need for its services.

REGULATION 42.—Cleansing and disinfection required. Adequate cleansing of room, furniture and belongings, when deemed necessary by the executive officer of the local board of health, or required by this code or by law, shall immediately follow the recovery, death or removal of a person affected with a communicable disease. Such cleansing shall be performed by and at the expense of the occupant of said premises, upon the order and under the direction of the executive officer of the local board of health, in accordance with the provisions of this code.

Adequate disinfection of premises, furniture and belongings, when deemed necessary by the executive officer of the local board of health or required by this code or by law, shall immediately follow the recovery, death or removal of a person affected with a communicable disease. Such disinfection shall be performed by or under the direction of the executive officer of the local board of health in accordance with the regulations of the Sanitary Code and at the public expense unless otherwise provided by law.

REGULATION 43.—Destruction of furniture, clothing and other articles. Furniture, bedding, clothing, carpets, rugs, and other articles which may have been contaminated with infective material and which are of such nature or in such condition that they cannot, in the opinion of the executive officer of the local board of health

be properly cleansed or disinfected, shall upon his order, be destroyed in the manner designated by him, in accordance with the requirements of law.

REGULATION 44.—Cleansing and disinfection of the person. It shall be the duty of the patient, upon convalescence or recovery from any communicable disease, and of the nurse or other persons in attendance on such patient, throughout the course of the disease as well as at its termination, to cleanse, and, when necessary, to disinfect their persons.

REGULATION 45.—Letting of rooms forbidden while contaminated with infective material. No proprietor of a hotel, boarding house or lodging house, or owner of and dwelling, shall let or hire or cause or permit anyone to reoccupy any room or apartment previously occupied by a person affected with diphtheria, epidemic cerebrospinal meningitis, measles, acute anterior poliomyelitis (infantile paralysis), scarlet fever, streptococcal sore throat, smallpox, typhus fever or tuberculosis, until such room or apartment has been cleansed or disinfected under the direction of the executive officer of the local board of health.

When an order requiring the cleansing or disinfection of articles or premises is not completed with, the executive officer of the local board of health shall post a placard on the premises forbidding the occupancy of such rooms or premises until such order shall have been complied with. No person except an employee of a local board of health shall remove, mutilate, conceal or destroy any such order.

REGULATION 46.—The regulations contained in Chapters four, five and six of the State Sanitary Code shall take effect on the first day of June, one thousand nine hundred and seventeen.

REGULATION 47.—Birds of psittacine family. No person, firm nor corporation shall import into the State of New Jersey, any bird of the psittacine family; provided, however, that the importation of such birds for scientific research or for exhibition in public zoological gardens may be permitted, subject to the approval of the Director of Health of New Jersey.

No person, firm nor corporation shall sell, offer for sale or give away, for exportation from New Jersey, any bird of the psittacine family which is sick or which has been in this State for a period of less than one month, or which has been exposed to a bird sick or affected with psittacosis.

Chapter VIII

REGULATIONS GOVERNING CONDUCT OF BOARDING HOMES FOR CHILDREN

(Enacted by the State Department of Health on October 21, 1919. Amended by enactment on December 2, 1930, to take effect January 1, 1931. Revised March 10, 1942. Amended July 13, 1943.)

Definition of a Boarding Home for Children

Any place where one or more children are regularly received for care, apart from their parent, close relative or natural guardian, whether it be for periods less than one day, or for longer periods, shall be defined as a boarding home for children, exclusive of those homes licensed or under the supervision of the State Department of Institutions and Agencies, or licensed or under the supervision of the State Department of Public Instruction.

License

REGULATION 1.—No person shall conduct or maintain a boarding home for children without a written license from the local board or department of health or other body exercising the powers of such board.

REGULATION 2.—It shall be the duty of every person boarding one or more children not attended by parents or guardians to notify forthwith the health officer or secretary of the local board of health or other body exercising the powers of such board in the municipality or township in which such person is boarding or proposes to board children.

It shall be the duty of the health officer or secretary of any local board of health or other body exercising the powers of such board, when notified or when having knowledge of the establishment, construction or maintenance of any boarding home for children within its jurisdiction, to inspect such boarding home or to cause the same to be done, and to make such investigation as seems necessary to determine the fitness of the applicant to conduct a boarding home and the fitness of the premises for such purpose.

The building or any part thereof to be used as a boarding home for children shall be approved by the local fire authorities and health department.

There shall be adequate toilet and bathing facilities and proper provision for maintaining a room temperature of 68° Fahrenheit.

Rooms shall be above street level, well lighted, and sufficiently ventilated by windows opening to the outer air. Doors and windows shall be screened to exclude flies from May 1st to November 1st.

The sanitary quality of the drinking water, and the method of the disposal of sewage shall be inspected and approved by the local health officer before a license for a boarding home is issued.

Individual cots and cribs shall be provided for children kept over night.

Cots and cribs shall be provided for any infant or child kept for day care.

Individual toilet articles shall be provided for each child and shall include wash cloths, towels, comb and tooth brush.

Adequate provisions shall be made for the care of formulas, sterilization of bottles and nipples, and the care of soiled diapers and bed linen.

All formulas must be prescribed by a registered licensed physician.

REGULATION 3.—Every such license shall state the name of the licensee, the location of the premises, and the maximum number of children that may be maintained, boarded or cared for at any one time.

No greater number of boarding children shall be kept at one time on the premises than is authorized in the license.

All children must be examined by a doctor before admission.

The person to whom a license is issued must give personal supervision to the proper feeding, care and personal hygiene of the child or children entrusted for care, and must have some training and experience acceptable to the licensing body.

No normal child may be boarded in a home where any member of the family appears to be mentally deficient or where there is a mentally defective child. Each person conducting a boarding home shall, with application for license, present a physician's certificate that each person at the premises is free from communicable disease.

No child shall be left without proper supervision.

Terms of License

REGULATION 4.—No license provided herein shall be granted for a term exceeding one year.

Record and Revocation

REGULATION 5.—The record of such license when issued shall be kept by the local board of health or other body exercising the powers of such board. Said license shall be subject to revocation for violation of any law or regulations contained herein, or whenever in the judgment of said board, or other body exercising the powers of such board, such boarding home is not conducive to the well-being of the children.

Visitation and Inspection

REGULATION 6.—The health officer, or some person designated by him or by the local board or other body exercising the powers of such board, shall at least once a month visit and inspect the premises and investigate the manner of conducting the business licensed.

Record to be Kept by Licensee

REGULATION 7.—Every person who conducts a boarding home for children shall keep a record wherein shall be entered the name, age, sex, color, and religion of every child cared for by such person, together with the names and addresses of each of the parents of said child, or in lieu of the names and addresses of each of the parents of said child, the name and address of the child placing agency incorporated under the laws of this State, placing said child in such boarding home; the name of every child who dies while in his or her care, together with the date and the cause of such death; also the name and residence of the person who removes the child; this entry to be made within twenty-four hours after such child is given out, taken away or disposed of in any manner.

These records shall be accessible to the health officer of the local board of health or its representative or to the representative of the State Department of Health for his examination at any time.

REGULATION 8.—All licensees must submit proof to the local board of health or other body exercising the powers of such board that a Surety Bond for \$1,000 has been placed with the State Department of Institutions and Agencies for each child boarded or to be boarded from outside of the State of New Jersey.

Chapter IX

REGULATIONS GOVERNING CONDUCT OF MATERNITY HOMES AND CARE OF MATERNITY PATIENTS AND YOUNG INFANTS

(Enacted by the State Department of Health, May 18, 1920. Revised 1936.)

Definition: "A Maternity Home" shall mean any home or house or other place conducted by any person or association who advertises himself or holds himself out as conducting a maternity or obstetrical home, sanitarium, or who has in his care one or more women during pregnancy, labor or lying-in period, for the purpose of attending professionally or otherwise such women during pregnancy, labor or lying-in period, except such women as may be related to him by blood or marriage or have been legally adopted by him.

REGULATION 1.—*License.* It shall be unlawful for any person or association to conduct or maintain a maternity home or to engage in or assist in conducting a business of attending women during pregnancy, labor or lying-in period outside their several homes, without having a written license therefor from the Department of Health of the State of New Jersey, provided that nothing in this code shall apply to any institution or Department maintained by or operated by the State of New Jersey or by any county or municipality.

REGULATION 2.—*Term of license.* No license above provided for shall be granted for a term exceeding one year.

REGULATION 3.—*Information on license, and posting thereof.* Every such license shall state the name of the licensee, the particular premises in or at which the business shall be carried on, and the number of women and infants that may be cared for at any one time; and said license shall be posted in a conspicuous place in the house or other place at which the business is conducted.

REGULATION 4.—Any person licensed to conduct a maternity home must conform to the standards issued by the State Department of Health.

REGULATION 5.—*Number of inmates permitted.* No greater number of women during pregnancy, labor or lying-in periods shall be kept at one time on the premises than is authorized in the license, and no women or infants shall be kept or disposed of within a building or place not designated in the license.

REGULATION 6.—No Maternity Home shall be operated in connection with a Boarding Home for Children.

REGULATION 7.—*Record and revocation of license.* The record of such license when issued shall be kept by the Department of Health. Said license shall be subject to revocation for violation of any of the regulations mentioned herein, or whenever in the judgment of the State Department of Health such Maternity Home is no longer needed or is not conducive to the well-being of mothers and infants.

REGULATION 8.—*Visitation and inspection.* The Department of Health shall visit and inspect or designate persons to visit and inspect all parts of the premises and observe the manner of caring for inmates. Said Department and such persons shall have the right to call for and examine the records required by these regulations to be kept, and to inquire into all matters concerning such licensed premises and the patients therein, and it shall be the duty of the licensee to give all information to such persons and afford them every reasonable facility for examining the records, inspecting the premises, seeing the inmates thereof, and observing the care given the inmates.

REGULATION 9.—The building or any part thereof to be used as a Maternity Home shall be approved by the local Fire Commissioner and Health Department.

REGULATION 10.—*Record to be kept by licensee.* Every person, firm, corporation or association conducting a Maternity Home, or engaged in treating or providing care for women during pregnancy, labor or the lying-in period as defined in these regulations, shall keep a record in a form to be prescribed by the State Department of Health wherein shall be entered the name, age, color and religion of every woman cared for or treated by him, together with the name and residence of each of the parents, of the husband and of the two nearest relatives of said woman. The progress of labor and puerperium shall be recorded in form prescribed. The standard record of all births shall be kept. A record shall be kept in standard form of all deaths of women or infants occurring in the Maternity Home and of all women and infants removed from or leaving the Maternity Home together with the address of the place to which the woman or infant is removed. A true copy of such record shall be sent to the State Department of Health at such time as the State Department of Health shall require.

REGULATION 11.—Additional regulations may be formulated by the State Department of Health, whenever considered necessary by that body.

Chapter X

REGULATIONS GOVERNING THE CONDUCT OF CAMPS

(Enacted by the State Department of Health, July 6, 1920.)

REGULATION 1.—*Notice of establishment of camps to be given to local health officials.* It shall be the duty of every person or private or municipal corporation who shall establish, construct or maintain any construction camp, labor camp or other temporary living quarters for workmen and of the owner or person in charge of any other camp to be occupied by five or more persons for a period of three or more days, to notify forthwith the health officer or secretary of the local board of health of the municipality or township within which such camp or temporary living quarters is located. Said notice shall be in writing and shall set forth the exact location of such camp or temporary living quarters, the approximate number of occupants and the purpose for which such camp is to be used.

REGULATION 2.—*Health officer to inspect camps and inform persons in charge concerning sanitary regulations to be observed.* It shall be the duty of the health officer or secretary of any local board of health, when notified or when having knowledge of the establishment, construction or maintenance of any camp or temporary living quarters within his jurisdiction, promptly to inspect such camp or living quarters, or to cause the same to be done, and to examine into its sanitary conditions. At the time of this inspection the official of the local board of health making the inspection shall leave with the person in charge of such camp or temporary living quarters one or more copies of the State Sanitary Code, together with copies of any circular or other printed matter relating to camp sanitation, which the State Department of Health may have for distribution at the time such inspection is made.

REGULATION 3.—*Camps to be kept and left in clean and sanitary condition.* It shall be the duty of the owner or person in charge of any camp or temporary living quarters to see that the regulations of the State Sanitary Code are strictly observed by each occupant thereof. All tents, buildings in and the ground surrounding camps shall at all times be kept clean and free from refuse accumulations, and when vacated all buildings and appurtenances connected therewith shall be left clean and free from any accumulations or conditions detrimental to health.

REGULATION 4.—*Notice of intention to close camp to be given to health officer.* At least three days before any construction camp, labor camp or temporary living quarters for workmen, or any other camp at which five or more persons have remained three or more days, shall be vacated, it shall be the duty of the owner, manager or person in charge thereof to notify in writing the health officer or secretary of the local board of health having jurisdiction in the township or municipality within which such camp is located.

Chapter XI

REGULATIONS GOVERNING THE PRODUCTION, DISTRIBUTION AND SALE OF CERTIFIED MILK

(Enacted by the State Department of Health, November 9, 1920. Amended February 3, 1931, said amendments to take effect July 1, 1931.)

REGULATION 1.—*Sale of certified milk.* No person shall distribute or sell, or have in possession with intent to distribute or sell, as certified milk or cream, any milk or cream which has not been produced on a dairy operating under an agreement with a duly incorporated medical milk commission, and which is not produced, distributed and sold in accordance with the regulations hereinafter set forth.

REGULATION 2.—*Agreements.* Certified milk shall be produced in accordance with uniform, written agreements between the dairymen and the medical milk com-

missions. Such agreements shall require the observance of the rules and regulations hereinafter set forth.

REGULATION 3.—Certified cream. The term "Certified Milk" as used in these rules and regulations also includes certified cream produced from certified milk.

Duties of Professional Employees

REGULATION 4.—Employees designated by medical milk commissions and their duties. Certified milk shall be produced on dairies operated in accordance with regulations hereinafter set forth under the supervision of medical milk commissions incorporated or licensed in accordance with the provisions of Chapter 237 of the laws of 1909 and amendments and supplements thereto. Before milk may be certified, every milk commission shall designate a veterinarian, a physician, a chemist, a bacteriologist and a sanitary inspector (who may be one of the previously mentioned employees) and such other persons as the commission may deem necessary to enforce these regulations and the rules of the commissions. These employees shall be required to render regularly written reports of their inspections and examinations to the commissions. The duties of the above-named employees of medical milk commissions shall be as follows:

(a) *Veterinarian.* The Veterinarian shall have supervision over the physical condition of all animals constituting the dairy herd except that he shall not perform the tuberculin tests unless authorized so to do by the Federal and State Bureaus of Animal Industry. He shall perform the duties imposed on the veterinarian by these regulations.

(b) *The physician.* The physician shall have charge of the medical examination of all persons engaged in the production and handling of certified milk, supervision over the dormitories and surroundings, and shall perform the duties specified in these rules and regulations relating to his office.

(c) *Chemist.* The chemist shall make all chemical analyses of milk samples required by these rules and regulations.

(d) *Bacteriologist.* The bacteriologist shall make all bacteriological analyses of milk samples required by these rules and regulations.

(e) *Sanitary inspector.* The sanitary inspector shall supervise and be responsible for the sanitary conditions of the entire premises excepting the dormitories.

Dairy Buildings and Milk Plant

REGULATION 5.—Location and construction of buildings. Buildings in which certified milk is produced and handled shall be so constructed and located as to insure proper shelter and good drainage, and shall be sufficiently distant from other buildings, dusty roads and all other sources of contamination to protect the milk from contamination by dust.

REGULATION 6.—Surroundings of buildings. The surroundings of all buildings shall be kept clean and free from accumulations of dirt, rubbish, decayed vegetable or animal matter or animal waste, and the stable yard shall be well drained.

REGULATION 7.—Exclusion of flies, etc. All necessary measures shall be taken to prevent the entrance of flies and other insects, and rats and other vermin into dairy buildings and milk plant.

REGULATION 8.—Exclusion of animals. No horses, hogs, dogs, cats or fowls shall be allowed in the dairy buildings or milk plant.

Cow Stables

REGULATION 9.—Construction of milking stables. Milking stables shall be constructed so as to facilitate the prompt and easy removal of waste products. The floors and platforms shall be made of cement or other non-absorbent material and the gutters of concrete only. The floors and gutters shall be properly graded and drained, and the manure gutters shall be of sufficient depth and so placed in relation to the platform that all manure will drop into them. When cows are milked and stabled in separate apartments the stables shall be so constructed that they provide proper shelter for the cows. The floors shall be kept sufficiently dry and the cows shall be kept reasonably clean.

REGULATION 10.—Surface of walls and ceilings. The inside surfaces of the walls of all interior construction shall be smooth with tight joints. The surfaces of ceilings shall be even and tight. All horizontal and slanting surfaces which might harbor dust shall be avoided as far as possible.

REGULATION 11.—Drinking and feed troughs. Drinking troughs and other water containers shall be drained and cleaned each day and feed troughs and mixing floors shall be kept clean.

REGULATION 12.—Stanchions. Stanchions when used shall be constructed of iron pipe or hard wood, and throat latches shall be provided to prevent the cows from lying down between the time of cleaning and the time of milking, unless the cows are cleaned immediately before milking.

REGULATION 13.—Ventilation. The cow stable shall be provided with adequate ventilation, each cow to be provided with a minimum of six hundred cubic feet of air space.

REGULATION 14.—Windows. A sufficient number of windows shall be installed and so distributed as to provide satisfactory light and a maximum of sunshine; four square feet of window area to each six hundred cubic feet of air space to represent the minimum.

REGULATION 15.—Bedding. No dusty or moldy hay or straw, bedding from horse stalls, or other unclean materials, shall be used for bedding or for absorbent materials. Only bedding which is clean, dry and absorbent may be used. No horse manure shall be used in the manure gutters.

REGULATION 16.—Cleansing of stables and disposition of manure. In those stables in which cattle are kept in stanchions or stalls, soiled bedding and manure shall be removed at least twice daily and the floors shall be swept and kept free from refuse. Such cleaning and sweeping shall be done at least one hour before the milking time. This regulation shall not apply to dairy cow stables where separate milking stables are provided.

REGULATION 17.—Lavatories. Adequate and conveniently located lavatory facilities for employees shall be provided.

REGULATION 18.—Quarantine stables. A quarantine barn or stable shall be provided which shall have proper facilities for the quarantine or isolation of diseased cattle. Such building or buildings shall not be directly connected with the dairy barn or other buildings. The building shall be provided with sufficient light, ventilation and drainage and so constructed and maintained as to prevent the spread of infectious diseases among the herd. The interior and surroundings of the building shall be maintained in a sanitary condition.

Milk House and Bottling Room

REGULATION 19.—Milk house and bottling room required. A milk house and bottling room shall be provided which shall be separate from the stables and there shall be no hog pens or manure piles within three hundred feet of it. The interior and surroundings shall be kept in a clean and sanitary condition.

REGULATION 20.—Operations permitted in milk houses. The buildings shall not be used for purposes other than the handling of certified milk and the cleaning, sterilizing and storing of milk utensils which are in use. No parts of the building shall be used for dwelling or lodging purposes.

REGULATION 21.—Construction of milk house. The building shall be so constructed and arranged as to provide separate rooms for the bottling and the handling of milk, washing and sterilizing of bottles and utensils and a boiler room.

The floors of the bottling, washing and sterilizing rooms shall be water-tight and constructed of concrete or other non-absorbent material. The floors of these rooms shall be properly drained to a point or points at which drainage is disposed of and all drain pipes shall be well trapped.

The walls and ceilings shall be smooth and kept well painted. The walls should be constructed of non-absorbent material to a height of at least five feet.

Adequate light and ventilation shall be provided.

The rooms shall be thoroughly screened against flies.

REGULATION 22.—Bottling room and washing and sterilizing room. A bottling room shall be held to mean any room in the building in which milk is exposed or bottled. The washing and sterilizing room shall be held to mean any room in the building where any bottles, apparatus or utensils used in the handling of milk are cleansed and sterilized. The bottling room shall be used for no other purpose than the bottling and handling of certified milk and shall be kept scrupulously clean and free from odors and flies. The washing and sterilizing room shall be used for no purpose other than the cleansing and sterilizing of milk bottles and the apparatus and utensils used in handling of milk.

REGULATION 23.—Visitors not permitted in bottling room. All persons other than official inspectors and those directly engaged in the handling of the milk shall be excluded from the bottling room during the process of bottling milk.

REGULATION 24.—Drainage. Waste liquids from the milk house shall not be permitted to drain upon the ground under the milk house.

REGULATION 25.—Hot and cold water required. An abundant supply of hot and cold water and adequate apparatus for the cleansing of milk bottles and utensils used in the production and handling of milk shall be provided.

REGULATION 26.—Lavatory facilities. Adequate lavatory facilities for employees shall be provided, separate and distinct from apparatus used for handling milk or cleansing of milk utensils.

Milk Receiving Room

REGULATION 27.—Milk receiving room. The milk receiving room, which shall be held to mean any room or building established at or near the milking stables and used for the purpose of a central collecting room for milk as brought from the stables, if established, shall conform to the same rules as to construction, maintenance and cleanliness as applied to the milk and bottling room in the bottling plant, and shall not be directly connected with the stable.

Utensils, Containers and Bottles

REGULATION 28.—Utensils. All utensils shall be so constructed as to be easily cleansed. Small top milking pails shall be used. The milking pail should preferably have an elliptical opening five by seven inches in diameter. The cover of this pail should be so convex as to make the entire interior of the pail visible and accessible for cleaning. The pail shall be made of heavy tin, with seams which are flush and made smooth by solder. Wooden pails, galvanized iron pails or pails made of rough, porous materials are forbidden. All utensils used in milking or handling milk shall be kept in good repair and free from rust. Sterilizers and coolers shall be provided with recording thermometers.

REGULATION 29.—Cleansing and sterilization of bottles, utensils, etc. All bottles and utensils shall be thoroughly cleansed by washing with a solution of at least one per cent alkali at a temperature of not less than one hundred and twenty-five degrees Fahrenheit, scrubbed inside and out with suitable brushes, rinsed with warm water and then sterilized by heating with live steam or boiling water at a temperature of at least two hundred and ten degrees Fahrenheit, for a period of twenty minutes or by such other method of cleaning and sterilizing as will render such bottles and utensils free from bacteria or other foreign matter. After cleansing and sterilizing, all bottles and utensils shall be kept inverted in a place free from dust and other contaminating materials until used.

(Amendment enacted Dec. 3. 1929)

Dormitories

REGULATION 30.—Dormitories. When employees live upon the premises their dormitories shall be constructed and operated according to plans approved by the commission. Proper bathing facilities shall be provided for all employees living on the dairy premises.

Quarantine Quarters

REGULATION 31.—Quarantine quarters. Proper quarantine and isolation facilities shall be provided for sick employees living upon the premises.

Toilet Rooms

REGULATION 32.—Toilet rooms. Toilet rooms shall be provided with running water, wash basin, nail brush, soap and clean individual towels and shall be thoroughly screened.

Water Supply

REGULATION 33.—Water supply. The entire water supply shall be free from contamination and obtained from a source not liable to contamination and shall be sufficient in quantity for all dairy purposes.

Pastures or Paddocks

REGULATION 34.—Pastures or paddocks. Pastures or paddocks to which the cows have access shall be crossed by no stream which is dangerously contaminated and shall be at sufficient distances from offensive conditions to suffer no bad effects from them. Pastures should be free from infectious agents and deleterious plants and of such a character that they will furnish sound and nutritious food for the animals.

Nuisances

REGULATION 35.—Nuisances. Pig pens, manure piles and all other sources of contamination shall be so situated on the farm as to render impossible the contamination of the water supply, and shall be constructed, operated and maintained in such a manner as to prevent them from becoming breeding places for flies or otherwise objectionable.

Cows and the Milking Herd

REGULATION 36.—Make-up of herd. No cows except those receiving the same supervision as those of the certified herd shall be kept in the same barn or brought in contact with them.

REGULATION 37.—Exclusion of animals from the herd. No horses, hogs, cats, dogs or fowls shall be allowed to come in contact with the certified herd in the stables.

REGULATION 38.—*Cleaning of cows.* Each cow in the herd shall be groomed and cleaned before each milking.

REGULATION 39.—*Clipping.* Long hair shall be clipped from the udders and flanks of the cows and the tails shall be kept clean.

REGULATION 40.—*The cleaning of udders.* The udders and teats of the cows shall be thoroughly washed and dried with a clean cloth immediately before milking. In no case shall one cloth be used for more than four cows.

REGULATION 41.—*Feeding.* All foodstuffs shall be stored in an apartment separate from the cow stable. Foodstuffs shall not be brought into the milking stable until after milking is completed.

REGULATION 42.—*Foods shall be wholesome.* Only those foods shall be used which consist of sound, palatable and nutritious material, such as will not injure the health of the cows or unfavorably affect the taste or character of the milk. No dirty or mouldy food or food in a state of decomposition or putrefaction shall be given.

REGULATION 43.—*Balanced ration.* A well balanced ration shall be used, and all changes of food shall be made slowly. The first few feedings of grass, alfalfa, ensilage green corn, or other green feeds shall be given in small rations and increased gradually.

Veterinary Supervision of the Herd

REGULATION 44.—*Tuberculin test.* The herd shall be free from tuberculosis as shown by the tuberculin test applied semi-annually to the entire herd, excepting in tuberculosis-free accredited herds, maintained in accordance with the rules of the Bureau of Animal Industry, United States Department of Agriculture. The test shall be applied under the supervision of the Bureau of Animal Industry of the United States Department of Agriculture and the Bureau of Animal Industry of the State in which the herd is located or under the supervision of the Bureau of Animal Industry of the New Jersey Department of Agriculture or the corresponding bureau of the State in which the herd is located. All cattle which fail to pass a tuberculin test and all animals suspected of being affected with tuberculosis shall be isolated from the herd producing certified milk. All cattle showing physical evidence of tuberculosis shall be removed from the premises on which the herd is kept. No animal other than the one from an accredited herd shall be added to a herd producing certified milk until such animal has passed a tuberculin test as above required for the herd. Cattle from accredited herds may be admitted if moved in accordance with the regulations of the United States Department of Agriculture.

(Amendment enacted Feb. 3, 1931.)

REGULATION 45.—*Contagious abortion test.* The herd shall be free from contagious abortion as indicated by a test applied at least once in each year to the entire herd. Such test shall consist of the examination of the blood of each animal in the herd for agglutinins of Brucella organisms or some equally efficient test approved by the Bureau of Animal Industry of the New Jersey Department of Agriculture. The test shall apply under the supervision of the Bureau of Animal Industry, United States Department of Agriculture, and the Bureau of Animal Industry of the State in which the herd is located or under the supervision of the Bureau of Animal Industry of the New Jersey Department of Agriculture or the corresponding bureau of the State in which the herd is located. Each animal which fails to pass such test for contagious abortion shall be forthwith removed from the herd and the milk from such animal shall not be sold or distributed as certified milk. No animal shall be added to a herd producing certified milk unless such animal has passed the contagious abortion test as required for the herd.

(Amendment enacted Feb. 3, 1931.)

REGULATION 46.—*Disinfection of cow stables.* Immediately following the removal of reactors or other diseased cattle, the cow stable shall be disinfected under the supervision of the sanitary inspector of the medical milk commission.

REGULATION 47.—*Reporting of tests.* The results of all tuberculin tests and tests for contagious abortion shall be reported to the secretary of the medical milk commission certifying to the product and the results of these tests shall be kept on file by each medical milk commission.

(Amendment enacted Feb. 3, 1931.)

REGULATION 48.—*Identification of cows.* Each dairy cow, except pure bred registered cattle, in each of the certified herds, shall be labeled or tagged with a number or mark which will permanently identify her.

REGULATION 49.—*Herd records.* A record shall be kept of each animal in the herd which shall show the date of entrance to and the date of departure from the herd, date of breeding, date of calving and the results of tuberculin tests, tests for contagious abortion and physical examinations. These records shall be kept by the owner of the herd who shall be responsible for their accuracy and copies thereof shall be kept by the veterinarian of the medical milk commission certifying to the product.

(Amendment enacted Feb. 3, 1931.)

REGULATION 50.—*Physical examination of cattle.* The veterinary inspector of the commission shall make a careful physical examination of all cattle in the dairy herd at regular intervals not exceeding one month and shall report immediately in writing to the medical commission the results of the examinations.

REGULATION 51.—*Disposition of cows affected with disease other than tuberculosis.* Cows having rheumatism, inflammation of the uterus, severe diarrhoea or diseases of the udder, or cows that from any other cause may be a menace to the herd or to the consumers of the milk, shall be removed from the herd to the quarantine barn. These cows shall not be restored to the herd until permission has been given by the veterinarian after a careful physical examination and when necessary, a bacteriological examination has been made.

REGULATION 52.—*Notification of the veterinarian.* In the event of the occurrence of any of the diseases mentioned in Regulation 51 between the visits of the veterinarian, or if at any time a number of cows become sick at any one time, in such a way as to suggest the outbreak of a disease or poisoning, it shall be the duty of the dairyman to withdraw such sickened cattle from the herd, to exclude their milk from sale and to notify the veterinarian and the secretary of the medical milk commission immediately by telephone or telegraph.

REGULATION 53.—*Emaciated cows.* Cows that are emaciated from chronic diseases or from any other cause that may endanger the quality of the milk shall be removed immediately from the herd. Cows producing less than three quarts of milk daily shall be removed from the certified herd.

Medical Examination of Employees

REGULATION 54.—*Appointment of attending physician.* A medical officer, known as the attending physician, shall be selected by the commission who should reside near the dairy producing certified milk. He shall be a physician in good standing and authorized by law to practice medicine; he shall be responsible to the commission and subject to its direction. In case more than one dairy is under the control of the commission and they are in different localities, a separate physician may be designated for the supervision of each dairy.

REGULATION 55.—*Examination of employees.* Before any person shall come on the premises and remain as an employee, such person, before being engaged in milking or the handling of milk, shall be subjected to a physical examination by the attending physician. No person shall be employed who has not been vaccinated within five years as confirmed by the filing of a proper certificate of vaccination unless he is revaccinated at the time of employment, or who upon examination, is found to

have sore throat, or to be suffering from tuberculosis, venereal diseases, conjunctivitis, diarrhoea, dysentery, or who is shown to be a typhoid carrier or who has any inflammatory disease of the respiratory tracts or any suppurative process or infectious skin eruption, or any disease of an infectious or contagious nature.

Specimens of urine, feces, nose and throat cultures, and other necessary specimens must be examined. A cathartic shall be administered before specimens of feces are collected.

REGULATION 55 (a).—Duties of attending physicians. The attending physician must visit the dairy premises at intervals of not less than once a week for the purpose of determining the existence of communicable disease on the premises. The physician shall examine the nose, throat, ears and exposed skin surface of each employee and where clinical symptoms warrant or abnormal discharges are found specimens shall be submitted to the laboratory for examination; pending the result and report of same, the afflicted persons shall be isolated in such manner as to protect other employees and the milk supply from possible infection.

The attending physician must make complete physical examinations of all employees as required by Regulation 55 at intervals not exceeding six months, excepting the laboratory specimens other than those which may be indicated as necessary.

REGULATION 55 (b).—Laboratories. All cultures, specimens, etc., required by Regulations 55 and 55 (a) must be examined in laboratories approved by the State Department of Health.

REGULATION 56.—Duties of physician. In the event of any illness of a suspicious nature the attending physician shall immediately isolate the subject, notify the health authorities and the secretary of the commission, and examine each member of the dairy force, and in every inflammatory infection of the nose or throat occurring among the employees of the dairy, in addition to carrying out the above mentioned program, the attending physician shall take cultures and have them examined at once in a laboratory approved by the State Department of Health. Pending such examination the affected employee or employees shall be isolated.

REGULATION 57.—Secretary of commission to notify the local board of health in certain cases. It shall be the duty of the secretary of the medical milk commission on receiving notice of diseases suspected to be contagious at the dairy, at once to notify the local boards of health of the municipalities where the milk is sold and the State Department of Health of the names of the persons affected and of the nature of the disease.

REGULATION 58.—Record of employees. A record shall be kept on the dairy premises of each employee which shall show his name and address, date of employment, date of leaving employment, results of physical examinations by physician, and the results of examinations of cultures and other laboratory tests.

Employees

REGULATION 59.—Milkers required to wash their hands. Milkers shall wash their hands thoroughly with soap, water and brush and dry them on a clean individual towel immediately before milking. Milkers shall rinse their hands with clean water and dry them before milking each cow. The practice of moistening the hands with milk is prohibited.

REGULATION 60.—Bathing. Frequent bathing shall be required of all employees.

REGULATION 61.—Milking clothes. Clean overalls, jumper and cap shall be worn during milking and shall be used for no other purposes. When not in use they shall be kept in a clean place, protected from dust and dirt. Fresh suits shall be provided at least three times weekly.

REGULATION 62.—Employees other than milkers. The requirements for milkers, relative to garments and cleaning of hands, shall apply to all persons handling milk. Children or visitors unattended by adult employees, except official inspectors, shall not be allowed in the dairy nor in the stable during milking.

REGULATION 63.—Things to be avoided by milkers. While engaged about the dairy or in handling milk, employees shall not use tobacco. They shall keep their fingers away from their noses and mouths. No milker shall permit his hands, fingers, lips or tongue to come in contact with milk intended for sale. During milking the milkers shall be careful not to touch anything with their hands but the clean top of the milking stool, the milk pail and the cow's teats. Milkers are forbidden to spit upon the walls or floors of stables, or upon the floors or walls of the milk houses, or in the water used for cooling milk or in the water used for washing utensils.

Milk, Milking, Handling and Distribution

REGULATION 64.—Fore milk. The first streams from each teat shall be rejected. Such milk shall be drawn into a separate vessel provided with a sieve at the top and such milk shall not be poured upon the floor or in the gutters of the stable. Such milk shall not be distributed as certified milk.

REGULATION 65.—Milk during calving period. Milk from all cows shall be excluded for a period of forty-five days before and seven days after parturition. Milk from cows producing less than three quarts daily shall not be sold as certified milk.

REGULATION 66.—Bloody and stringy milk. If milk from any cow is bloody, stringy, of unnatural appearance or in any other way abnormal all the milk from that cow shall be rejected and the cow immediately isolated from the herd until the cause of such abnormal milk has been determined and removed. If dirt, other foreign matter, or abnormal milk gets into the pail the milk shall be discarded and the pail washed and sterilized before it is used again.

REGULATION 67.—Straining and strainers. After the milk is drawn it shall be promptly removed from the stable to a clean room and, if the milk is strained, strainers made of a double layer of finely meshed cheese cloth or absorbent cotton which have been sterilized shall be used and several strainers shall be provided for each milking in order that they may be frequently changed. While the strainer is in use it shall be protected from flies.

REGULATION 68.—Temperature of milk. Proper and adequate cooling equipment shall be provided. Coolers shall be so situated and constructed that they are protected from flies, dust and odors. After milking the milk shall be immediately cooled and maintained at a temperature below 50 degrees Fahrenheit until delivered to the consumer.

REGULATION 69.—Sealing of bottles. Milk after being cooled and bottled shall be immediately sealed. Such seal shall include a hood which completely covers the lip of the bottle.

REGULATION 70.—Labeling of container. All containers used in the distribution of certified milk shall have attached thereto or placed thereon a certificate or seal bearing the name of the medical milk commission certifying to the milk, the day or date of the production of the milk, and the words "Certified Milk" in plain legible form; provided, however, that for the purpose of this regulation a statement to the effect that the milk was produced on a definite night or morning shall be regarded as sufficient dating; for example, milk produced Monday night and Tuesday morning may be marked "Produced Monday night and Tuesday morning."

REGULATION 71.—Transportation of milk. In transit milk packages shall be kept free from dust and dirt. Vehicles, trays and crates shall be kept clean. No bottles shall be collected from houses in which communicable diseases exist except under the conditions prescribed by the local board of health having jurisdiction. All certified milk shall reach the consumer within thirty-six hours after milking.

Certified Milk Standards

REGULATION 72.—Bacterial counts. Certified milk shall contain not more than 10,000 bacteria per cubic centimeter when delivered. In case a count exceeding 10,000 bacteria per cubic centimeter is found, daily counts shall be made, and if legal counts are not restored within ten days the certificate shall be suspended, but if in the judgment of the medical milk commission such action is necessary the certificate may be revoked immediately. Bacterial counts shall be made at least once each week.

REGULATION 73.—Collection of samples. The samples to be examined shall be obtained from milk as offered for sale and shall be taken by a representative of the milk commission. The samples shall be collected in the original packages placed in properly iced containers, and they shall be so kept until examined as to limit as far as possible changes in their bacterial count.

REGULATION 74.—Temperature. For the purpose of ascertaining the temperature, a separate, original package shall be used, and the temperature taken at the time of collecting the samples, using for the purpose a standardized thermometer graduated in the Fahrenheit Scale.

REGULATION 75.—Interval between collection of samples and plating. The examination shall be made as soon after the collection of the sample as possible, and in no case shall the interval between the collection and plating of the sample be longer than four hours.

REGULATION 76.—Determination of taste and odor of milk. Immediately after the plates have been prepared and placed in the incubator, the taste and odor of the milk shall be determined.

REGULATION 77.—Methods and technique for bacteriological examination. The methods and technique used in the bacteriological examinations of certified milk shall conform to the standard methods and technique of the American Public Health Association for bacteriological examinations of milk.

REGULATION 78.—Records of bacteriological tests. The results of all bacteriological tests shall be kept on file by the secretary of the commission and copies shall be furnished the producer.

REGULATION 79.—Method of obtaining samples for chemical examination. The samples to be examined by the chemist may have been examined previously by the bacteriologist of the commission as to temperature, odor, taste and bacterial content.

REGULATION 80.—Fat standards. The fat standard for certified milk shall be four per cent; provided, however, that certified milk of a fat content of not less than three and five-tenths per cent may be sold if the fat content is stated upon the cap.

The fat standard for certified cream shall be not less than twenty per cent.

The fat contents of certified milk and certified cream shall be determined at least once each month.

REGULATION 81.—Methods and technique for chemical examinations. The methods and technique used in the chemical analysis shall conform to the methods and technique of the Association of Official Agricultural Chemists.

REGULATION 82.—Results of chemical analyses. The results of all chemical analyses shall be kept on file by the secretary of each medical milk commission and copies shall be furnished the producer.

REGULATION 83.—Pasteurization. Certified milk may be pasteurized. The pasteurization of certified milk is to be carried out on the farm on which the milk is produced and shall be pasteurized in accordance with the requirements fixed in Chapter 243 of the Laws of 1933. Equipment used for the pasteurization and bottling of pasteurized certified milk shall not be used for any other class of milk. Pasteurized certified milk shall be marked with the word "Pasteurized" and with the day of pasteurization in addition to the marking required in Regulation 70. This regulation shall apply to pasteurized certified cream.

(Amendment enacted September 10, 1935.)

Records and Reports

REGULATION 84.—Reports to the State Department of Health. The secretary of each medical milk commission certifying to milk produced or sold in this State shall submit to the Director of Health of the State of New Jersey the following reports:

- (a) Monthly reports showing the results of all examinations made by the physician, the veterinarian, the bacteriologist and the chemist.
- (b) Reports of all tuberculin tests.
- (c) Reports for all tests for contagious abortion.
- (d) Monthly reports showing the names of municipalities in New Jersey in which the certified milk is distributed.

(Amendment enacted Feb. 3, 1931.)

REGULATION 85.—Records available for inspection. Duplicates of all records of physical examinations of employees, records of dates of employment and discharge of employees and the character of work performed by them, together with the herd records and such other records as may pertain to the supervision of the production and handling of milk and the certificate from the commission shall be filed at the dairy in charge of the owner or manager. Such records shall be open to inspection by the representatives of the Department of Health of the State of New Jersey and by health officials of the municipalities in which the milk is sold or distributed. The original records on file with the secretary of the medical milk commission shall be open to inspection by the same authorities.

(Amendment enacted Feb. 3, 1931.)

Chapter XIII prohibiting certain physical connections upon public potable water supplies was repealed January 12, 1942, and superseded by Chapter 308, P. L. 1942, (Revised Statutes 58:11-9.1 et seq.)

Chapter XIV

REGULATIONS FOR THE PREPARATION, HANDLING, TRANSPORTATION, BURIAL AND DISINTERMENT OF DEAD HUMAN BODIES

(Enacted by the State Department of Health on April 9, 1946 to take effect on April 15, 1946.)

REGULATION 1.—No person shall allow a dead human body to remain unburied or uncremated in the State of New Jersey for a period longer than forty-eight hours unless embalmed by arterial and cavity injection or retained under adequate refrigeration.

No person shall bring an unembalmed body into the State of New Jersey more than forty-eight hours after death.

The requirements of this regulation shall not apply to bodies held as anatomical or pathological material or for purposes of criminal investigation.

REGULATION 2.—No person shall allow a human body dead of Asiatic cholera, diphtheria, meningitis (epidemic cerebrospinal), plague, poliomyelitis (acute anterior), scarlet fever, smallpox, streptococcal sore throat, typhus fever or yellow fever to remain without burial or other lawful disposition for a period longer than twenty-four hours after death unless said body is thoroughly embalmed and disinfected. If said body is to be buried or lawfully disposed of within twenty-four hours after death without embalming, said body, before removal from the place of death, shall be placed in a tight covered casket which shall not thereafter be opened.

If a body dead of any of the diseases set forth in this regulation remains unburied for more than twenty-four hours after death or is not otherwise lawfully disposed of within twenty-four hours after death, said body, after being thoroughly embalmed and disinfected, shall be placed in a tight casket which shall be kept tightly covered and unopened; provided, however, that this shall not be construed to prevent the encasement of such body in a casket so constructed that the decedent may be reviewed through glass or other transparent material and; provided, further, that the body after embalming is not touched or handled by anyone other than a funeral director, his employee, or a person acting under official authority.

REGULATION 3.—In the preparation for burial or transportation of a body dead of any of the diseases set forth in Regulation 2 or of any body dead of dysentery (amoebic or bacillary), psittacosis, rabies or typhoid or paratyphoid fever, the funeral director, the embalmer and assistants shall take due care to prevent any spread of infection in the handling of such body during transportation, in preparation and during embalming and, after contact with such body, shall thoroughly disinfect his hands and remove any soiled clothing. All instruments, gloves, coverings and utensils used in embalming or in handling the body shall be properly disinfected immediately after being used. All fluids or other matters removed from such body in the process of embalming shall be thoroughly disinfected before final disposition.

REGULATION 4.—It shall be the duty of the funeral director in charge of a body dead from any of the diseases set forth in Regulation 2 of this Chapter to notify promptly the local Health Officer or local Board of Health of the municipality in which the funeral is to be held. Such notice shall include the name of the deceased person, the cause of death and the time and place at which it is proposed to hold the funeral.

REGULATION 5.—No public funeral shall be held of any person who has died of any disease set forth in Regulation 2 of this Chapter unless a permit therefor shall first have been secured from the Health Officer or the local Board of Health of the municipality in which such funeral is to be held.

REGULATION 6.—(Section 26:6-23, Revised Statutes). No person shall convey or aid in conveying to a common carrier to be transported across or within this State, nor shall a common carrier accept for transportation or transport across or within this State, the dead body of a person who has died of smallpox, Asiatic cholera, yellow fever, typhus fever or bubonic plague, unless the body is enclosed in a hermetically sealed casket and a license for such transportation has been first obtained in writing from the State Department of Health.

REGULATION 7.—No human body dead from causes other than those included in Regulations 2 and 6, shall be transported by common carrier unless embalmed by arterial and cavity injection, and encased in a sound casket, enclosed in a strong, tight, wooden box; provided, that embalming shall not be required if destination can be reached within twenty-four hours after death and; provided further, that this regulation shall not apply to disinterred bodies.

Nothing in this regulation shall be construed to prevent the moving of the body of any person who has died on the property of or as a result of the activities of a common carrier, to a funeral director's establishment or the home of the deceased without embalming or encasing.

REGULATION 8.—No dead human body shall be transported out of the State by common carrier unless accompanied by a transit permit of the form adopted by the State Department of Health.

REGULATION 9.—(Section 26:6-37, Revised Statutes) "Disinterments: when allowed; permits. No dead body shall be disinterred or removed from any grave, tomb or burial place within this State between the first day of May and the first day of November, except by direction of a competent court of this State for the purpose of criminal investigation, but such disinterment or removal may be had at any time upon permit being given therefor by the local Board of Health in the locality where the body is interred or entombed."

REGULATION 10.—No common carrier shall transport a disinterred human body unless the body is enclosed in a metal or metal-lined case sealed by fire or by use of a metal or rubber gasket, provided that a metal or metal-lined sealed case shall not be required for a body from which no fluids or offensive odors emanate.

The State Sanitary Code

as revised and enacted

by the
Public Health Council
of the
State of New Jersey



June 22, 1953

FOREWORD

The Public Health Council, pursuant to the provisions of New Jersey Statutes Annotated 26:1A-7, as amended by Chapter 165, Laws of 1953, established the following regulations as necessary in its judgment to preserve and improve the public health in this State. This action of the Council was taken after considerable deliberation and research over a two-year period of time. These regulations include many of those enacted by the State Board of Health under authority vested in that body by the laws of 1915.

The provisions of the State Sanitary Code by statute (N.J.A.S. 26:1A-9) have the force and effect of law. Similarly it is required to be observed throughout the State and enforced by each local board of health, the local police authorities and other enforcement agencies. It is likewise provided that the regulations of this Code shall not be deemed to limit the right of any local board of health to adopt such ordinances, rules and regulations as, in its opinion, may be necessary for the particular locality under its jurisdiction provided that such ordinances, rules and regulations shall not be in conflict with the laws of this State or the provisions of the State Sanitary Code, except, however, that such ordinances, rules and regulations may be more restrictive than the provisions of the State Sanitary Code.

Pursuant to the Public Health and Sanitation Codes Adoption by Reference Act (N.J.S.A. 26:3-69.1 et seq.) any local board of health may adopt by reference any code approved by the State Department of Health without inclusion of the text thereof in the related ordinance.

New Jersey Statutes Annotated 26:1A-10 provide that each violation of any provision of the State Sanitary Code shall constitute a separate offense and each such violation shall be punishable by a penalty of not less than twenty-five dollars (\$25.00) nor more than one hundred dollars (\$100.00).

CHAPTERS OF THE

NEW JERSEY STATE SANITARY CODE

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CHAPTER I

LOCAL BOARDS OF HEALTH AND PERSONNEL

REGULATION 1.—Local board of health

As used in this Code, the term "local board of health" shall mean and include the board of health of a municipality or such boards, bodies or officers as may exercise the functions of a board of health according to law; Regional Health Commission, or a consolidated local board of health of a consolidated local health district; or a county local board of health of a county local health district. (R.S. 26:3-1, 84, 26:3A1-1)

REGULATION 2.—Local health district

As used in this Code, the term "local health district" shall mean and include that area under the jurisdiction of a local board of health as defined in Regulation 1.

REGULATION 3.—Secretary

Every local board of health shall appoint a Secretary, preferably the health officer, unless such appointment is otherwise provided for by statute, who shall keep an accurate record of all official actions of said board and perform such other duties as may be assigned him by that board. (R.S. 26:3-8.1, 17; 26:3A1-15)

REGULATION 4.—Registrar of vital statistics

Every local board of health shall appoint a Registrar of Vital Statistics, preferably the health officer, unless such appointment is otherwise provided for by statute. Said Registrar shall forward original birth, marriage and death certificates to the State Department of Health and perform other duties as required of him by law and perform those duties which may be assigned him by the board. (R.S. 26:8-11, 26:3A1-19, 20)

REGULATION 5.—Health Officer

(a) Every local board of health shall employ a person, not a member of said board, who is duly licensed as a health officer in this State as the executive officer of said board and designate him as "Health Officer." Said official shall in conformity with the law, enforce the laws of the State relating to the public health, the provisions of the State Sanitary Code, the ordinances adopted by said local board and perform the duties assigned him by said board. The Health Officer shall be the person to whom all reports required by law or by this code shall be made, in the absence of statutory provisions to the contrary. Prior to appointment a Health Officer shall be licensed as Health Officer by the State Department of Health. (R.S. 26:3-19,20,21; 26:3A1-13,14)

(b) Pursuant to the provisions of Chapter 3, Article 6, Title 26 of the Revised Statutes, boards of health of two or more municipalities may form an association to furnish such boards with public health services by the employment of a duly licensed Health Officer.

(c) A local board of health or regional health commission responsible for the public health of a municipality or municipalities having a population less than 10,000 may employ a licensed sanitary inspector of the first class as its executive officer until such time as the services of a licensed health officer may be secured or the population of such municipality or municipalities equals or exceeds 10,000, provided that such sanitary inspector of the first class shall not be employed or designated as a "Health Officer."

REGULATION 6.—Employment of laboratories and use of test results by health officers and local boards of health

(a) A health officer or local board of health shall only employ or utilize the facilities of a laboratory which complies with the provisions for certification and standards for laboratories contained in Chapter IV of the State Sanitary Code for laboratory services required to be performed in a laboratory approved by the State Department of Health under the provisions of New Jersey Statutes and Chapters II and VII of the State Sanitary Code.

(b) A health officer or local board of health shall not utilize any laboratory test report or reports in connection with the performance of duties required of him or it after being advised by the State Department of Health that the laboratory in which such test or tests were made is unacceptable for performing such tests, provided that any laboratory report indicating the existence of disease may be accepted subject to confirmation by an approved laboratory.

REGULATION 7.—Licensure of public health employees

Employees of a local board of health, or agency performing the functions of a local board of health, shall be licensed as may be required by law. (R.S. 26:3-20)

CHAPTER II

REPORTABLE DISEASES

REGULATION 1.

The following diseases, excepting those which are italicized, are declared to be communicable for purposes of this code. All diseases listed herein are to be reported in the manner prescribed by Regulations 2 through 11.

| | |
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| Amebiasis | Poliomyelitis |
| Anthrax | Psittacosis |
| <i>Botulism</i> | Q fever |
| Brucellosis | Rabies |
| <i>Cerebral Palsy</i> | Rocky Mountain spotted fever |
| Cholera | Salmonellosis (other than typhoid fever) |
| Dengue | Shigellosis |
| Diarrhea of New-born | Smallpox |
| Diphtheria | Streptococcal sore throat, including scarlet fever |
| <i>Epilepsy</i> | <i>Tetanus</i> |
| <i>Food Poisonings</i> | <i>Trachoma</i> |
| Glanders | <i>Trichinosis</i> |
| Infectious encephalitis | Tuberculosis, all forms |
| Infectious hepatitis, including serum hepatitis | Tularemia |
| Influenza | Typhoid fever |
| <i>Leprosy</i> | Typhus fever |
| Leptospirosis | Veneral diseases |
| Malaria | Chancroid |
| Measles (rubeola) | Gonorrhoea |
| Meningococcal meningitis | Granuloma inguinale |
| <i>Mental Deficiency</i> | Lymphogranuloma venereum |
| Ophthalmia neonatorum | Syphilis |
| Pertussis (whooping cough) | Yellow fever |
| Plague | (R.S. 26:1A-7 (f)) |
| Pneumonia, all forms | |

REGULATION 2.—Reporting of diseases by physicians

Every physician attending any person ill with or infected with any of the diseases listed in Regulation 1, within twelve hours after such disease has been diagnosed, shall report such disease to the officer designated to receive these reports by the local board of health of the jurisdiction wherein diagnosis is made, excepting cases of venereal diseases which are to be reported directly to the State Department of Health.

The report shall include the name of the reporting physician, the name of the disease, the name, age, sex, color, exact location of the person ill or infected with such disease, and such other information as may be requested by the State Department of Health.

Physicians shall also comply with the provision for reporting diseases described in Regulation 4, reporting of certain diseases occurring on or about dairy premises, and Regulation 6, reporting and isolating suspected cases of communicable disease occurring in schools.

Physicians having knowledge of any outbreak of a disease not listed in Regulation 1 or of unusual manifestations of disease shall report the facts to the health officer in whose jurisdiction the condition exists who shall make an investigation and submit a report thereof to the State Department of Health. (R.S. 26:4-15)

REGULATION 3.—Reporting of diseases occurring in institutions

(a) The superintendent or other person having control or supervision over any county or municipal hospital, sanatorium, clinic, or other public or private institution in which any person is ill or infected with any of the diseases listed in Regulation 1, within twenty-four hours after such disease has been diagnosed, shall report such disease to the officer designated to receive these reports by the local board of health having jurisdiction over the territory in which such institution is located, excepting cases of venereal diseases which are to be reported directly to the State Department of Health.

(b) The superintendent or other person having control or supervision over any hospital, sanatorium, clinic, or other institution maintained and operated by the State in which any person is ill or infected with food poisoning or any of the communicable diseases listed in Regulation 1, within twenty-four hours after such disease has been diagnosed, shall submit a report of this fact to the State Department of Health.

(c) The reports required by (a) and (b) of this regulation shall be signed by the superintendent, or other person having charge of the State, county, or municipal hospital, sanatorium, clinic, or other public or private institution, and shall state the name of the disease, the name, age, sex, color, exact location of the person ill or infected with such disease, the home address of such person, or the address from which he was received into the institution, the date upon which he was received for care or treatment, and such other information as may be required by the State Department of Health.

(d) The provisions of Regulation 4, reporting of certain diseases occurring on dairy premises, are applicable to any public or private institution operating a dairy on or about its premises. (R.S. 26:4-19, 20)

REGULATION 4.—Reporting of certain diseases occurring on dairy premises

(a) Every physician attending a person ill or infected with food poisoning or a communicable disease listed in Regulation 1 which may be transmitted through

milk or a milk product, on any dairy or other premise where milk or a milk product is produced or processed for sale or distribution, or any dwelling in which any person resides who is employed on or about any such dairy or other premise, shall report immediately such findings by telephone or telegram to the officer designated by the local board of health to receive such reports in the local health district having jurisdiction of the particular dairy or other premise and also to the State Department of Health, and within twelve hours thereafter shall submit a written report to said local reporting officer and the State Department of Health.

The report shall include the name of the reporting physician, the name of the disease, the name, age, sex, color, exact location of the person who is ill or infected with such disease, the name of the owner or manager of said dairy or other premise, and the trade name of the business. (R.S. 26:4-17)

(b) Where a physician is not in attendance upon a person suspected of being ill or infected under the circumstances described in (a) of this regulation, the owner or person in charge of any dairy or other premise on which milk or a milk product is produced or processed for sale or distribution, shall report immediately such findings by telephone or telegram to the officer designated by the local board of health to receive such reports in the local health district having jurisdiction of the particular dairy or other premise and also to the State Department of Health, and within twelve hours thereafter shall submit a written report to said local reporting officer and the State Department of Health.

The report shall be signed by the owner or person in charge of the dairy or other premise and shall state the name of the suspected disease, the name, age, sex, color, exact location of the person suspected of being ill or infected, the name of the owner or manager of said dairy or other premise and the trade name of the business. (R.S. 26:4-16)

(c) When a person is ill or infected with the causative agent of food poisoning or a communicable disease listed in Regulation 1 which may be transmitted through milk or a milk product, on a dairy or other premise where raw milk or a raw milk product is produced for sale, distribution or processing in a local health district other than the one in which the raw milk or raw milk product is produced, it shall be the duty of the health officer immediately upon being so informed to transmit this information by telephone or telegram to the health officer of the local health district to which the raw milk or a raw milk product is transported for sale, distribution or processing, and within twenty-four hours thereafter to notify the State Department of Health in writing of the restrictive measures he has established to prevent the transmission of infection. (R.S. 26:3-19; 26:3A1-14)

REGULATION 5.—Reporting of suspected communicable diseases by houseowner or householder

Every houseowner or householder who has reason to suspect that any person living, dwelling or being in any building or apartment under his control, is ill with food poisoning or any of the communicable diseases listed in Regulation 1, and a physician is not in attendance, shall within twelve hours after discovering the same, report the facts by telephone or in writing to the officer designated to receive such reports by the local board of health within whose jurisdiction the said case may exist. (R.S. 26:4-16)

REGULATION 6.—Reporting and isolating suspected cases of communicable disease occurring in schools

It shall be the duty of every teacher, nurse, and medical school inspector to report immediately to the principal or other person in charge of a school, the

name of any person attending or employed in such school suspected to be ill with food poisoning or a communicable disease listed in Regulation 1. It shall be the duty of the principal or person in charge of every school to report immediately by telephone or in writing to the officer designated by the local board of health to receive such reports, within whose jurisdiction the said case exists, the name, age, sex, color, and address of such ill person and the suspected nature of the disease. Such person shall be isolated at once under direction of the health officer.

REGULATION 7.—Reporting suspected cases of communicable diseases in hotels, boarding or lodging houses

It shall be the duty of the proprietor or keeper of any hotel, boarding or lodging house, having reason to suspect that any person being in any building under his control is ill with food poisoning or a communicable disease listed in Regulation 1, and a physician is not in attendance, to report immediately by telephone or in writing to the officer designated by the local board of health to receive such reports, within whose jurisdiction the said case exists, the name, age, sex, color, and address of such person and the suspected nature of the disease. (R.S. 26:4-16)

REGULATION 8.—Reporting suspected cases of communicable disease by person in charge of camps

It shall be the duty of the person in charge of any labor or other camp, having reason to suspect that any person living in or attached to such camp is ill with food poisoning or a communicable disease listed in Regulation 1, and a physician is not in attendance, to report immediately by telephone or in writing to the officer designated by the local board of health to receive such reports, within whose jurisdiction the said case exists, the name, age, sex, color, and address of such person and the suspected nature of the disease.

REGULATION 9.—Reporting suspected cases of communicable disease on vessels

It shall be the duty of the master or person in charge of any vessel located in waters within the jurisdiction of any local board of health of this State, having reason to suspect that any person on a vessel under his control is ill with food poisoning or a communicable disease listed in Regulation 1, and a physician is not in attendance, to report immediately by telephone or in writing to the officer designated by that local board to receive such reports, the ill person's name, age, sex, color, the suspected nature of the disease, and the name and location of the vessel upon which such person is located. (R.S. 26:4 Article 9)

REGULATION 10.—Reporting of diseases by reporting officers and health officers

Reporting officers who receive reports of diseases required under this Chapter shall send a copy thereof to the health officer having jurisdiction in the local health district in which the disease is reported.

Reporting officers who receive reports of diseases required under Regulations 2, 3, and 4, within twenty-four hours thereafter, shall send a copy thereof to the State Department of Health.

The health officer of a local health district who receives a report of a disease listed in Regulation 1 from his reporting officer shall immediately forward the facts contained therein together with such related information as he may have available to the health officer of the local health district where the disease was believed to have been contracted and the health officer of the local health district wherein the home address of the ill or infected person is situated. If either of the said health districts is not located in New Jersey the health officer shall forward this information in writing to the State Department of Health. (R.S. 26:4-24)

REGULATION 11.—Specimens to be submitted for laboratory examination

In every case of illness which there is reason to believe may be diphtheria, pulmonary tuberculosis or typhoid fever, it shall be the duty of the attending physician or, if there be no physician in attendance, then of the nurse, or other person in attendance, to take suitable specimens forthwith from the person suspected of being infected, or to permit the health officer having jurisdiction, or his representative, to take such specimens. These specimens shall be immediately submitted by the person taking the same to a laboratory approved by the State Department of Health for such examination. (R.S. 26:4-50, 59)

REGULATION 12.—Establishment of isolation or quarantine by health officers

Upon receiving a report of a communicable disease listed in Regulation 1, it shall be the duty of the health officer, to establish immediately by written order such isolation, quarantine, or other restrictive measures required by law or regulation, or as may be necessary to prevent or control disease. Such order shall remain in force until terminated by written permission of the health officer. (R.S. 26:4-2(d), 36, 37, 71.1-71.5)

REGULATION 13.—Health Officer to determine necessity for and conditions of quarantine

When a person has been exposed at home or elsewhere to a person ill with a communicable disease listed in Regulation 1, the health officer may, at his discretion, refrain from quarantining or quarantine such exposed person under conditions he may specify; providing such period of quarantine shall not exceed the maximum period of incubation of the disease to which such person was exposed.

REGULATION 14.—Removal of person ill, infected with, or exposed to a communicable disease

After isolation or quarantine of any person ill, infected with, or exposed to a communicable disease listed in Regulation 1 shall have been established, such person shall not leave the apartment or premises where he is isolated, nor shall any other person remove such person, or permit him to be removed, unless permission shall first have been granted in writing by the health officer.

REGULATION 15.—Right of entrance and inspection

No person shall interfere with or obstruct the entrance to any building, apartment, or vessel by any inspector or officer of the State or local health authorities in the discharge of his official duties; nor shall any person interfere with or obstruct the inspection or examination of any occupant of such building, apartment, or vessel by any State or local medical inspector in the discharge of his duties.

REGULATION 16.—Disinfection of discharges of persons ill with communicable diseases

It shall be the duty of the physician in attendance on any case known or suspected by him to be a case of communicable disease listed in Regulation 1 to instruct immediately the nurse or other person in attendance in regard to the disinfection and disposal of bodily discharges. It shall be the duty of the nurse or other person in attendance to carry out such instructions until further or different instructions have been given by the health officer.

REGULATION 17.—Health officer to make an investigation of certain reportable diseases

It shall be the duty of the health officer, as soon as a person ill with a disease listed in Regulation 1 is reported to the officer designated to receive such reports,

to make an investigation when necessary, in order to protect the public health for the purpose of ascertaining the source of the infection, securing such information as may be requested by the State Department of Health, and giving all necessary directions to prevent or control the spread of the disease.

REGULATION 18.—Cleansing and disinfection

(a) The physician, nurse, or other attendant upon a case of communicable disease listed in Regulation 1, after attending such case, shall take such precautions and practice such methods of cleansing or disinfection of his person or garments as will prevent the conveyance to others of infective material from the patient, or as may be required by law or regulation.

(b) Adequate cleansing and disinfection of premises, furniture and belongings, when deemed necessary by the health officer, or required by this Code or other law, shall immediately follow the recovery, death, or removal of a person ill or infected with a communicable disease. Such cleansing and disinfection shall be performed upon the order and under the direction of the health officer.

(c) It shall be the duty of the patient, upon convalescence or recovery from any communicable disease, and of the nurse or other persons in attendance on such patient, throughout the course of the disease as well as at its termination, to cleanse and, when necessary, to disinfect their persons and garments.

REGULATION 19.—Posting placards

When a communicable disease listed in Regulation 1 exists in any house or apartment, the health officer may post or cause to be posted upon such house, in plain view, near the entrance thereof, or upon the door of the apartment in which the case is isolated, a placard stating the existence therein of the communicable disease, and the name of such disease.

REGULATION 20.—Interference with placards

No person shall interfere with or obstruct the posting of any placard by any health official in or on any place or premises, nor shall any person conceal or mutilate any such placard or remove it except by permission of the health officer.

It shall be the duty of the occupant of the premises where a placard has been posted to notify the health officer immediately of any interference with or removal of such placard.

REGULATION 21.—Preventing the spread of communicable diseases listed in Regulation 1 in institutions

It shall be the duty of the superintendent or person in charge of any hospital, or other institution or dispensary, in which there is a person ill with any communicable disease, to take such precautions as will prevent the spread of infection.

REGULATION 22.—Prevention of spread of infection by persons ill or infected with communicable diseases

Persons advised that they are ill or infected with a communicable disease listed in Regulation 1 shall not contact others in such a manner as to cause or contribute to, promote or make possible the spread of such disease. Those responsible for the care, custody or control of persons ill or infected with a communicable disease shall not permit such persons to violate this regulation.

REGULATION 23.—Needless exposure to communicable diseases forbidden

A person shall not expose or permit the visiting, association or contact of any person under his care, custody, or control with any individual ill or infected with

a communicable disease listed in Regulation 1, or with discharges of any kind from such individual.

A person shall not needlessly expose himself, or visit, or come in personal contact with any individual ill or infected with a disease listed in Regulation 1, or with discharges of any kind from such individual or in any manner cause or contribute to, promote, or make possible the spread thereof.

REGULATION 24.—Exclusion from school of cases of communicable diseases

It shall be the duty of the principal or other person in immediate charge of any public, private, or Sunday school to exclude therefrom any child or other person suspected to be ill with a communicable disease listed in Regulation 1 until a statement is presented by the health officer that such child or other person is not likely to transmit infection. (R.S. 26:4-6)

REGULATION 25.—Exclusion from schools and gatherings of persons ill or infected with a communicable disease

Persons ill or infected with a communicable disease listed in Regulation 1 are prohibited from attending any public, private, or Sunday school, or any public or private gathering; nor shall the personal or bed clothing of any person ill or infected with a communicable disease be sent to a public laundry except under such conditions as may be prescribed by the health officer.

REGULATION 26.—Exclusion from schools and gatherings of persons living in or visiting households where communicable diseases exist

Every person living in or visiting a household, at the time when a communicable disease listed in Regulation 1 exists therein, may be excluded from every public, private, or Sunday school, and from every public or private gathering, for such time and under such conditions as may be prescribed by the health officer having jurisdiction over the place where that person resides; provided that in the application of this regulation the health officer may waive or decrease the period of exclusion if he has satisfactory information that the exposed person may have acquired immunity either by an attack of the disease or otherwise.

REGULATION 27.—Isolation, quarantine or surveillance of persons ill with or exposed to smallpox

A health officer having jurisdiction over a person ill with smallpox shall remove or cause such person to be removed to a suitable hospital, or to be isolated effectually.

Persons vaccinated after exposure to smallpox, at the discretion of the health officer and under conditions prescribed by him, shall be quarantined or kept under surveillance until the reaction at the site of the vaccination observed on the twelfth day establishes evidence of immunity to the satisfaction of the health officer.

Any person exposed to the risk of contracting smallpox by proximity to a case or suspected case of the disease, who refuses to be vaccinated shall be quarantined at his own expense for at least twenty-one days from the date of his last exposure.

REGULATION 28.—Hospitalization or isolation and restriction on visiting of persons ill or infected with communicable diseases

It shall be the duty of the health officer promptly to remove, or cause to be removed, a person ill with a communicable disease listed in Regulation 1 to a hospital, or to see that such case is effectually isolated if in the judgment of such health officer this is necessary.

When such hospitalization or isolation is established it shall be strictly maintained until terminated by order of the health officer.

No person, except the physician and nurse or other person in attendance upon the patient, or duly authorized representatives of the State Department of Health or local board of health, shall be permitted to come in contact with or visit a person hospitalized or isolated in accordance with the provisions of this regulation, except by permission of the health officer.

REGULATION 29.—Maximum period of incubation of certain communicable diseases

For purposes of this Code, the maximum period of incubation of the following communicable diseases is hereby declared as follows:

| | |
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| Diphtheria | 7 days |
| Measles (rubeola) | 14 days |
| Meningococcal meningitis | 7 days |
| Pertussis (whooping cough) | 14 days |
| Poliomyelitis | 14 days |
| Salmonellosis (other than typhoid fever) | 14 days |
| Smallpox | 21 days |
| Streptococcal sore throat, including scarlet fever | 7 days |

REGULATION 30.—Minimum period of isolation and quarantine

The minimum period of isolation and quarantine of persons who are isolated or quarantined because of illness or infection with the following communicable diseases shall be as follows:

Isolation for Patient

Quarantine for Contacts

CHICKENPOX (VARICELLA)

Until seven days after the appearance of the rash. No restrictions.

DIPHTHERIA

Until two successive cultures from the nose and two from the throat taken not less than twenty-four hours apart beginning at least seven days after cessation of drug therapy, if used, are found to be free from virulent diphtheria bacilli by a laboratory approved by the State Department of Health for such examination.

Twenty-four hours after satisfactory isolation of patient has been established, contacts may be released when one culture from the nose and another from the throat are found to be free from virulent diphtheria bacilli by a laboratory approved by the State Department of Health for such examination.

If satisfactory isolation of patient has not been established, members of household shall be quarantined until the period of isolation of the last case in the household has been terminated and the release culture standards described above have been met.

Isolation for Patient

Quarantine for Contacts

GERMAN MEASLES (RUBELLA)

No restrictions

No restrictions

MEASLES (RUBEOLA)

As soon as fever and catarrhal symptoms of the eyes, nose, and throat are detected and until seven days after appearance of rash.

Household contacts under eighteen years, who have not had measles, shall be quarantined from the seventh to the fourteenth day after exposure.

MENINGOCOCCUS MENINGITIS

Until seven days after onset, or for the duration of fever, if longer.

Household contacts under eighteen years shall be quarantined for seven days.

MUMPS

Until seven days after onset and all swelling of the salivary glands has subsided.

No restrictions.

PERTUSSIS (WHOOPIING COUGH)

Until twenty-one days after onset of the paroxysmal cough.

No restrictions.

POLIOMYELITIS (INFANTILE PARALYSIS)

For seven days after onset or for the duration of fever, if longer.

Intimate home contacts under the age of eighteen years shall be quarantined for fourteen days.

SCARLET FEVER (INCLUDING STREPTOCOCCAL SORE THROAT)

In uncomplicated cases, until clinical recovery, or not less than seven days. Patients with complications resulting in purulent discharges shall be isolated as long as discharges persist.

Home contacts under the age of eighteen years shall be quarantined for seven days.

SMALLPOX (VARIOLA)

Until fourteen days after onset of illness and until all lesions are healed.

Home contacts and other persons exposed to the risk of contracting smallpox by proximity to a case or suspected case of the disease shall be vaccinated and quarantined until vaccination is successful or until evidence of protection is established to the satisfaction of the local health officer. Persons released from quarantine shall be kept under observation for not less than twenty-one days from the date of last exposure.

Contacts who refuse to be vaccinated shall be quarantined for at least twenty-one days from the date of last exposure and until discharged by the local health officer.

TYPHOID FEVER

Until clinical recovery and until three successive, authentic, fresh specimens of feces and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been reported negative for *Salmonella typhosa* by a laboratory approved by the State Department of Health for such examination. Recovered cases shall submit, commencing ninety days after discharge from isolation, at least four authentic, fresh stool specimens not less than three months apart. If any of the specimens in this period are positive for *Salmonella typhosa*, the individual shall come under the regulations governing carriers.

SALMONELLOSIS OTHER THAN TYPHOID

Until clinical recovery and until three successive, authentic, fresh specimens of feces and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been reported negative for *Salmonella paratyphi*, *Salmonella schottmuelleri*, and other *Salmonella* organisms by a laboratory approved by the State Department of Health for such examination.

Family contacts need not be quarantined unless employed as food handlers. Family contacts who are food handlers shall not be employed as such during period of contact, and until two cultures of authentic, fresh specimens of feces and urine collected not less than twenty-four hours apart have been reported negative for *Salmonella typhosa* by a laboratory approved by the State Department of Health for such examination.

Family contacts need not be quarantined unless employed as food handlers. Family contacts who are food handlers shall not be employed as such during period of contact and until two cultures of authentic, fresh specimens of feces and urine collected not less than twenty-four hours apart have been reported negative for *Salmonella paratyphi*, *Salmonella schottmuelleri*, and other *Salmonella* organisms by a laboratory approved by the State Department of Health for such examination.

REGULATION 31.—Supervision of cases of typhoid fever and other *Salmonella* infections

It shall be the duty of the health officer when a person is ill or infected with typhoid fever within his jurisdiction to keep such case under supervision until clinical recovery and until three successive, authentic, fresh specimens of the intestinal discharges and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been found to be free from *Salmonella typhosa*, said examination to be made in a laboratory approved by the State Department of Health for such examinations.

A health officer shall require persons who have been ill with typhoid fever to submit, commencing ninety days after clinical recovery, at least four authentic,

fresh specimens of intestinal discharges not less than three months apart, to a laboratory approved by the State Department of Health for such examinations. If any of the specimens in this period are positive for *Salmonella typhosa*, the individual shall be considered a carrier of the causative agent of typhoid fever.

It shall be the duty of a health officer when a person is ill or infected with salmonellosis (other than typhoid fever) within his jurisdiction to keep such person under supervision until clinical recovery and until three successive, authentic, fresh specimens of intestinal discharges and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been found to be free from *Salmonella paratyphi* and *Salmonella schottmuelleri* and other *Salmonella* organisms, said examination to be made in a laboratory approved by the State Department of Health for such examination. (R.S. 26:4-50)

REGULATION 32.—Sale of foods forbidden in certain cases

When a person is ill with any communicable disease which may be transmitted through food, or who is infected with the causative agent of any such disease on any dairy or other premises where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled, such food shall not be sold or distributed from such dairy or other premises unless a written permit for the sale or distribution of such foods shall have been issued by the health officer or by a representative of the State Department of Health.

REGULATION 33.—Destruction of foods in certain cases

Food intended for sale or distribution, which is manufactured, packed, stored, or otherwise handled on any premises upon which a person ill or infected with a disease transmissible by food worked or was permitted to work, visit, board, or otherwise frequent, may be destroyed or ordered destroyed by the health officer or by the State Department of Health if such food is considered so contaminated as to be liable to cause disease; or the food may be ordered to be treated in a manner that will eliminate contamination. (R.S. 26:4-3)

REGULATION 34.—Handling of food forbidden in certain cases

Persons ill or infected with a communicable disease which may be transmitted through food are prohibited from working in any establishment where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled.

Persons who reside, board, lodge or visit in a household where they may come in contact with any person ill or infected with a communicable disease which may be transmitted through food are prohibited from working in any establishment where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled unless permission is granted by the health officer or the State Department of Health.

Persons employed in any establishment where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled may be required to submit to a physical examination for the purpose of ascertaining whether or not they are ill or infected with a communicable disease, whenever in the judgment of a health officer or the State Department of Health such examination may be necessary.

REGULATION 35.—Determination of diagnosis

The health officer or an authorized representative of the State Department of Health, who has reason to believe that a person is ill or infected with a communicable disease, may order such person to submit to a medical examination

and, if necessary, to furnish specimens for examination in a laboratory approved by the State Department of Health.

REGULATION 36.—Employment of laboratories and use of test reports

A health officer, local board of health, their representatives or a physician in the performance of his duties for a medical milk commission, shall only employ for laboratory services required by regulations of this chapter, a laboratory which complies with the provisions for certification and standards for laboratories contained in Chapter IV of the State Sanitary Code.

A health officer or local board of health shall not accept for use laboratory reports required by this Chapter, or Chapter VII, Regulation 42 from a laboratory that does not comply with the regulations of Chapter IV, provided that a laboratory report indicating the existence of disease may be accepted subject to confirmation by an approved laboratory.

REGULATION 37.—Inoculation with living microbiological agents

The use of living microbiological agents, other than vaccine virus or B.C.G. vaccine, in the inoculation of human beings is hereby prohibited until full and complete data regarding the methods of use, including a specimen of the living microbial agents and other agents employed therewith, and full account of the details of preparation, dosage, and administration, shall have been submitted to the State Department of Health and permission granted by the Department in writing for the use of the same.

CHAPTER III

ANIMALS AND BIRDS:

IMPORTATION, QUARANTINE, AND HERD

TESTING PROGRAM

REGULATION 1.—Importation of dogs; certification requirements

Dogs shall not be brought into this State excepting when in transit or for breeding, laboratory, or exhibition purposes unless accompanied by a health certificate issued by a licensed veterinarian of the state or nation of the dog's origin indicating that the dog is free from rabies and other communicable disease and has not recently been exposed to any such disease. This certificate shall also state the breed, sex, age, point of origin, point of destination, the name and post office address of the consignee or owner and the consignor or seller and if the dog has been vaccinated, the type and date of vaccination.

The owner or his authorized agent shall, upon arrival of the dog at its destination in this State, immediately forward the above-mentioned certificate to the health officer or board of health of the municipality or district wherein the dog is located and that health officer or Board, upon review and notation thereof, shall forward the same to the State Department of Health. (R.S. 26:4 Article 7)

REGULATION 2.—Reporting of cases of rabies in animals

It shall be the duty of all veterinarians or persons owning or having an interest in, or having in their possession or under their care or control, or having knowledge of any dog, cat, or other animal, affected with rabies, or suspected of being affected with rabies, to forthwith notify the person designated by the board of health having jurisdiction over the place in which such animal is located, to

receive such reports, by telephone, telegraph or in person, if practicable, and also in writing, signed by the person making the same, which report shall state where such animal may be found and shall contain, if possible, a description of the animal, the location of the animal, and the name and address of the owner. (R.S. 26:4-79, 80, 81)

REGULATION 3.—Transportation of quarantined animals

Animals confined by quarantine established by provisions of R.S. 26:4-84, as the result of the presence of rabies in any area within this State, shall not be transported from a quarantined area unless permission therefor shall be granted by the health officer of the municipality or district in this State into which such animal or animals are to be transported under conditions which may be prescribed by the Department. In the event the destination of a quarantined animal is beyond the boundaries of this State, permission must be obtained from the State Department of Health.

REGULATION 4.—Importation of birds of the psittacine family; certification requirements

Birds of the psittacine family shall not be brought into this State excepting when in transit unless accompanied by a certificate issued by the state or nation of origin or an authorized agency of that state or nation indicating such birds have not been transported from an area of that state in which psittacosis exists and that it has no reason to believe that such birds may be infected with or recently exposed to such disease.

The importation of birds of the psittacine family from an area declared to be infected with psittacosis by the United States Public Health Service or an authorized agency of the state of origin may be permitted for scientific research or other purposes only upon prior approval therefor having been granted by the New Jersey State Department of Health under conditions as may be prescribed by that Department.

REGULATION 5.—Quarantine and transportation of quarantined birds of the psittacine family

(a) Whenever a case of psittacosis exists among birds within the jurisdiction of a local board of health, or there is danger of the transmission of psittacosis from that jurisdiction, the local board of health shall establish adequate bird quarantine procedures.

The right of the State Department of Health to establish bird quarantine procedures for any area of the State wherein psittacosis exists, or danger exists of the spread of that disease, shall not be considered as limited or otherwise affected by the provisions of this Regulation.

(b) Quarantined birds shall not be transported from a quarantined area unless permission therefor shall be granted by the health officer of the municipality or local health district in this State into which such birds are to be transported under conditions which may be prescribed by the Department. In the event the destination of quarantined birds is beyond the boundaries of this State, permission must be obtained from the State Department of Health.

REGULATION 6.—Records required of dealers in birds of the psittacine family

Dealers in birds of the psittacine family shall keep a record for at least two years of each transaction relating to such birds. This record shall include the names and addresses of sellers and purchasers of these birds, the time when and

proof of the manner in which they were transported, and certificates required in Regulation 4 of this Chapter. Such record shall be available to inspection by authorized representatives of a board of health or the State Department of Health.

REGULATION 7.—Herd testing program

On and after April 1, 1958 milk may not be used or sold within New Jersey unless obtained from dairy animals free of brucellosis as determined by satisfactory blood tests or such other tests as are approved by the State Department of Health provided that animals which are the natural offspring of a brucellosis free herd and which have never been moved from the herd of origin may, for practical purposes, be considered free of brucellosis until they are old enough to be tested in accordance with the regulations of the State Department of Health. The tests shall be administered in accordance with standards approved by the State Department of Health and shall be subject to review and final acceptance by that Department. (R.S. 24:10-15 (6))

CHAPTER IV LABORATORIES

REGULATION 1.—Laboratory inspection, standards and reports

(a) Laboratories required by statute and those regulations of Chapter II and VII of the State Sanitary Code to be approved by the State Department of Health, shall comply with all the provisions of this chapter. (R.S. 37:1-23; 26:4-49.2)

(b) All laboratories shall comply with Regulations 10 and 11 of this chapter.

(c) All laboratory premises, equipment, supplies and records shall be made available to inspection and reinspection by authorized representatives of the State Department of Health.

(d) Reports of laboratories other than those referred to in (a) above which perform bacteriological or other sanitary tests associated with potable water, milk or other foods, for a health officer or a local board of health shall be based upon and confined to laboratory examinations performed in accordance with methods and techniques acceptable to the State Department of Health.

REGULATION 2.—Certification of certain laboratories

The laboratories designated by Regulation 1 (a) of this chapter shall make application for and obtain a certificate of approval from the Department. This certificate shall be posted in a conspicuous place at the entrance to the laboratory. Certificates of approval shall be subject to revocation for cause.

Notice of issuance of certificates of approval to laboratories and disapproval of laboratories shall be forwarded to the board of health of the municipality or district wherein the laboratory is located within 10 days of such approval or disapproval.

REGULATION 3.—Application for certification generally; certain exceptions

(a) Application for certification shall be made on a form supplied by the Department. Certificates of approval expire at the end of each calendar year. Application for renewal of certificates shall be submitted to the Department on or before November first. Initial requests for a certificate or requests for a certificate following invalidation of a previous certificate may be submitted at any time.

(b) Laboratories other than those conducted by a board of health shall not be eligible to apply for a certificate until they have been established for at least one year.

(c) A laboratory other than that conducted by a board of health shall not be eligible to apply for an initial certificate until it shall have obtained the signed endorsement of at least ten physicians attesting to the fact that they desire the facilities of such laboratory and other evidence as may be desired by the State Department of Health.

REGULATION 4.—Personnel requirements; change in personnel

(a) A supervisor who may be designated as "Director," "Bacteriologist-in-Charge," "Serologist-in-Charge," or "Chemist-in-Charge" shall be in charge of the laboratory applying for a certificate.

(b) The supervisor shall meet the following minimum qualifications:

He shall possess a doctorate degree in philosophy, science, public health or medicine, or be licensed to practice medicine in the State of New Jersey, with adequate experience in laboratory procedures, or

He shall have graduated from a college or university of recognized standing with at least a Bachelor's degree in bacteriology, biology, or allied sciences, shall possess a public health laboratory technician license issued by this Department, and shall have had four years of acceptable laboratory experience, two of which shall have been spent in a public health laboratory, or its equivalent, preferably having served as assistant bacteriologist or assistant serologist.

He shall be a person of known integrity and professional ability who shall be capable of conducting a laboratory in which satisfactory standards of work are maintained at all time and he shall possess such personal qualifications as: ability to exercise meticulous care in technique, good judgment, sense of responsibility, ability to cooperate with and supervise the work of others.

(c) Supervisors shall be present and direct the activities of the laboratory during its operating hours. In the absence of the supervisor, the person next in charge shall meet the full qualifications of the office of supervisor.

(d) Loss of services of a supervisor in charge of a laboratory shall automatically invalidate a certificate of approval of the Department and shall immediately be reported to the State Department of Health. Upon invalidation of a certificate of approval under such circumstances the Department, upon application therefor, may grant permission to a laboratory to perform services for a local board of health or a health officer for such period of time and under such conditions as it may prescribe.

REGULATION 5.—Laboratory quarters, location and equipment

(a) The laboratory shall be housed in well lighted, properly ventilated and adequately spaced quarters, to provide for the type of work for which a certificate is requested. Laboratories shall not be located in living quarters unless there are provisions for separate entrance, and plumbing fixtures and other facilities used for laboratory purposes are separate from those for household purposes.

(b) The laboratory shall be equipped with gas, electricity, and hot and cold running water. The minimum equipment shall consist of the following apparatus, meeting the requirements for the tests to be conducted: Autoclave, dry air sterilizer, constant temperature 37° incubator, microscope, centrifuge, constant temperature water bath and refrigerator. All necessary glassware, lamps, burners, reagents, stains, antigens and sera must be of recognized standard and good

quality and available at all times for the various tests for which a certificate is requested.

(c) The laboratory shall be equipped with an adequate reference library.

(d) Laboratory animals shall be kept in adequate sanitary quarters maintained separate from the rooms in which laboratory tests are conducted.

REGULATION 6.—Laboratory methods

(a) Serologic tests for syphilis shall be performed in the manner as prescribed by the latest recommendation of their authors and approved by the State Department of Health.

(b) Serologic evaluation shall be: Specificity: Standard of specificity (per cent of negative sera reported as negative) shall be at least 99 per cent as obtained by the control laboratory.

Sensitivity: Standard of sensitivity (per cent of positive sera reported as positive) shall not be more than 10 per cent below that obtained by the control laboratory.

(c) Modification of existing methods or new methods must be approved by the State Department of Health before they may be applied. The test for such approval is their ability to produce results the equivalent of standard tests now approved by the Department.

(d) The laboratory shall obtain a high degree of accuracy, 80-90%, in identification of bacteriological specimens submitted for examination in any diseases for which the laboratory is to receive or has received a certificate.

(e) Animal brains examined for rabies and found to be Negri-negative shall have a suitable portion thereof inoculated into mice in those instances where there is a record of a bite or intimate human or animal contact.

REGULATION 7.—Records

(a) Laboratories applying for a certificate must show facilities for keeping complete laboratory results. All such records (except negative serology records) shall be kept on file for at least one year. Positive slides referable to communicable diseases shall be retained for at least three months.

(b) Records shall be kept up to date and open to inspection by authorized representatives of the State Department of Health.

REGULATION 8.—Ethical considerations

(a) The laboratory shall conform to ethical professional practice. Public announcements of the laboratory shall be strictly limited to cover only tests for which a certificate is granted and shall be so worded as not to give the impression of general coverage of procedures not listed on the certificate.

(b) Reports shall be confined to laboratory findings; pertinent data may be added when required to interpret properly the examination results.

REGULATION 9.—Reporting by laboratory supervisors

Laboratory supervisors shall:

(a) immediately report results of laboratory examinations of specimens of humans, animals, or birds indicating or suggesting the existence of communicable diseases to the State Department of Health, to the physician or veterinarian submitting the specimen and, excepting results pertaining to venereal diseases,

simultaneously forward a copy thereof to the health officer having jurisdiction where the patient is located.

(b) immediately report results of laboratory examinations of specimens of persons being considered for release from isolation or quarantine from any disease listed in Chapter II, Regulation 1 of the State Sanitary Code, whether said report be positive or negative, to the physician submitting the specimen and simultaneously forward a copy thereof to the health officer having jurisdiction where the patient is located.

(c) promptly report to the State Department of Health the results of comparative and evaluation examinations made of specimens which may be sent to the laboratory by the Department.

REGULATION 10.—Inspection and registration concerning handling of live microorganisms or viruses pathogenic for humans, animals, or birds

(a) Laboratories or other places where live microorganisms or viruses pathogenic for humans, animals, or birds are handled, cultivated or kept shall be subject to inspection and reinspection at any time by authorized representatives of the State Department of Health.

(b) The Director of a laboratory or person in charge of any other place where live microorganisms or viruses pathogenic for humans, animals, or birds are handled, cultivated or kept shall, on forms provided by the State Department of Health, register such laboratory or place with the Department between the dates of March 1, 1954 and April 1, 1954. Such laboratories or other places established on or after April 1, 1954 shall register with the Department prior to handling, cultivating, keeping, selling, transporting or otherwise disposing of live microorganisms or viruses covered by this Regulation.

Laboratories or other places required to be registered under the provisions of this Chapter shall promptly forward all information requested by the Department.

(c) Registration requirements do not apply to laboratories maintained by official governmental agencies, voluntary general hospitals, those physicians licensed to practice medicine and surgery in this State, those veterinarians licensed to practice veterinary medicine in this State, or manufacturers of biologics licensed by the United States Government.

REGULATION 11.—Sale transportation or other disposal of live microorganisms or viruses pathogenic for humans, animals, or birds

Live microorganisms or viruses pathogenic for humans, animals, or birds shall not be sold, knowingly transported or otherwise disposed of in viable form without written permission of the State Department of Health, excepting: (a) such products manufactured and clearly identified, as required by law, by manufacturers of biologics licensed by the United States Government and in compliance with Federal Postal and other regulations, or (b) diseased tissue, exudate, or other specimens which are enroute to laboratories for the sole purpose of laboratory examination as an aid in diagnosis or control of disease and which are transported in compliance with Federal Postal regulations or under conditions as may be prescribed by the Department and sent by physicians licensed to practice medicine and surgery in this State, by veterinarians licensed to practice veterinary medicine in this State or by licensed health officers of this State in the performance of their official duties.

CHAPTER V

PREPARATION, HANDLING, TRANSPORTATION, BURIAL AND DISINTERMENT OF DEAD HUMAN BODIES

REGULATION 1.—Disposition of bodies generally; emergencies

The person or persons responsible for the burial or cremation or other lawful disposition of a dead human body shall not allow the same to remain unburied or uncremated in the State of New Jersey for a period longer than forty-eight hours unless embalmed by arterial and cavity injection or kept refrigerated at 45°F or below or unless authorized by the State Commissioner of Health under conditions prescribed by him during the existence of an emergency declared by the Governor.

A person shall not bring an unembalmed body into the State of New Jersey more than forty-eight hours after death unless authorized by the State Commissioner of Health during an emergency as prescribed above.

The requirements of this regulation shall not apply to bodies held as anatomical or pathological material or for purposes of criminal investigation.

REGULATION 2.—Disposition of body dead of certain communicable diseases

The person or persons responsible for the burial or cremation of a human body dead of cholera, plague, smallpox, typhus fever, or yellow fever shall not allow the same to remain without burial or other lawful disposition for a period longer than twenty-four hours after death unless said body is thoroughly embalmed and disinfected. If said body is to be buried or lawfully disposed of within twenty-four hours after death without embalming, said body, before removal from the place of death, shall be placed in a tight covered casket which shall not thereafter be opened.

If a body dead of any of the diseases set forth in this regulation remains unburied for more than twenty-four hours after death or is not otherwise lawfully disposed of within twenty-four hours after death, said body, after being thoroughly embalmed and disinfected, shall be placed in a tight casket which shall be kept tightly covered and unopened; provided, however, that this shall not be construed to prevent the encasement of such body in a casket so constructed that the decedent may be viewed through glass or other transparent material and; provided, further, that the body after embalming is not touched or handled by anyone other than a funeral director, his employee, or a person acting under official authority.

REGULATION 3.—Preparation of body dead of a communicable disease

In the preparation for burial or transportation of a body dead of any communicable disease, the funeral director, the embalmer and assistants shall take due care to prevent any spread of infection in the handling of such body during transportation, in preparation and during embalming, and after contact with such body, shall disinfect their hands and remove any soiled clothing. All instruments, gloves, coverings and utensils used in embalming or in handling the body shall be disinfected immediately after being used. All fluids or other matters removed from such body in the process of embalming shall be disinfected before final disposition.

REGULATION 4.—Notification to be given Health Officer by Funeral Director

It shall be the duty of the funeral director in charge of a human body dead from diphtheria, meningococcal meningitis, poliomyelitis, streptococcal sore throat

including scarlet fever or any of the diseases listed in Regulation 2 of this Chapter to notify promptly the local Health Officer or local Board of Health of the municipality or district in which the funeral is to be held. Such notice shall include the name of the deceased person, the cause of death and the time and place at which it is proposed to hold the funeral.

REGULATION 5.—Permit requirements for certain public funerals

No public funeral shall be held of any person who has died of any disease referred to in Regulation 4 of this Chapter unless a permit therefor shall first have been secured from the Health Officer or the local Board of Health of the municipality or district in which such funeral is to be held.

REGULATION 6.—Transportation of certain bodies in sealed casket

A person shall not convey or aid in conveying to a common carrier to be transported across or within this State, and a common carrier shall not accept for transportation or transport into or within this State, the body of a person who has died of any of the diseases referred to in Regulation 2 of this Chapter, unless the body is enclosed in a hermetically sealed casket and a license for such transportation has been first obtained in writing from the State Department of Health. (Section 26:6-23, Revised Statutes.)

REGULATION 7.—Transportation of bodies generally

A human body dead from causes other than those included in Regulation 2 of this Chapter shall not be transported by common carrier unless embalmed by arterial and cavity injection, and enclosed in a leak-proof casket, or a leak-proof box, provided, that embalming shall not be required if destination can be reached within twenty-four hours after death and; provided, further, that this regulation shall not apply to disinterred bodies.

This regulation shall not be construed to prevent the moving of the body of any person who has died on the property of or as a result of the activities of a common carrier, to a funeral director's establishment or the home of the deceased without embalming or encasing.

REGULATION 8.—Necessity of transit permit

A dead human body shall not be transported out of the State by common carrier unless accompanied by a transit permit of the form adopted by the State Department of Health. (Section 26:6-26, Revised Statutes.)

REGULATION 9.—Disinterments; when allowed; permits

A dead human body shall not be disinterred or removed from any grave, tomb or burial place except by direction of a competent court of this State, or upon permit being given therefor by the local board of health having jurisdiction in the locality where the body is interred or entombed. (Section 26:6-37, Revised Statutes.)

REGULATION 10.—Acceptance of disinterred body for transportation

A common carrier shall not accept for transportation or transport a disinterred human body unless the body is enclosed in a metal or metal-lined case sealed by heat or by use of a metal or rubber gasket, provided that a metal or metal-lined sealed case shall not be required for a body from which no fluid or offensive odor emanates.

CHAPTER VI

RADIATION

* * *

Definitions

Lead equivalent. The thickness of lead affording the same protection under the specified conditions, as the material in question.

Milliroentgen (mr). One one-thousandth of a roentgen.

Primary radiation. Radiation coming directly from the tube target.

Stray radiation. Radiation not serving any useful purpose. It includes direct radiation and secondary radiation.

Useful beam. That part of the primary radiation which passes through the aperture, cone, or other collimator.

Roentgen (r). The International Unit of quantity or dose of X-rays or gamma rays. That quantity of x- or gamma radiation such that the associated corpuscular emission per 0.001293 g. of air, produces, in air, ions carrying 1 e.s.u. of quantity of electricity of either sign.

e.s.u. The electrostatic unit (e.s.u.) of charge which is repelled with a force of 1 dyne by an equal charge 1 centimeter distant.

* * *

REGULATION 1.—Application of chapter

(a) X-ray machines and all other sources of radiation shall be shielded, transported, handled, used and kept in such manner as to prevent all users thereof and all persons within effective range thereof from being exposed to excessive dosage of radiation. Owners or users of sources of radiation shall not expose themselves or permit others within effective range to be exposed contrary to regulations which may be promulgated by the State Department of Health relative to sources of radiation.

(b) Every incident of exposure to radiation in violation of the aforementioned regulations or of this Chapter shall be considered a separate offense.

CHAPTER VII

PRODUCTION, DISTRIBUTION AND SALE OF CERTIFIED MILK, CREAM AND SKIM MILK

REGULATION 1.—Definitions

As used in this and other chapters of the State Sanitary Code the term:

(a) Certified milk shall mean milk produced in compliance with the laws of this State, including the provisions of this Chapter, rules and regulations of the

State Department of Health, and such methods and standards as may be established by a medical milk commission so empowered by law and shall include certified milk which may have been pasteurized, homogenized, and/or modified, in accordance with practices approved by the State Department of Health and the certifying medical milk commission.

(b) Certified cream shall mean cream produced from certified milk.

(c) Certified skim milk shall mean skim milk produced from certified milk.

REGULATION 2.—Production of certified milk

(a) All dairies producing certified milk shall comply with the laws of this State, including the State Sanitary Code, all of the provisions of this Chapter and such methods and standards as may be established by a medical milk commission with which it is under contract.

(b) All certified milk shall be produced on dairies in accordance with a uniform written agreement between a medical milk commission established and operating in accordance with the laws of this State and a dairyman or dairymen, which agreement shall require compliance with the provisions of this chapter.

REGULATION 3.—Distribution and sale of certified milk, cream and skim milk

No person shall distribute or sell, or have in possession with intent to distribute or sell, as certified milk, certified cream or certified skim milk, any milk, cream, or skim milk, which has not been produced as defined by the provisions of Regulation 1.

REGULATION 4.—Qualifications and duties of personnel designated by medical milk commissions

Before milk may be certified by a medical milk commission it must have designated a licensed veterinarian, a physician licensed to practice medicine and surgery, a chemist, a bacteriologist, a sanitary inspector licensed as Sanitary Inspector Grade I by this State or possessing such license or the equivalent thereof in another state, a secretary, and such other persons as it may consider necessary to enforce the provisions of this chapter and regulations of the commission.

Duties of the personnel to be designated are as follows:

(a) Veterinarian

A Veterinarian shall have supervision over the physical condition of all animals constituting the dairy herd except that he shall not perform the tuberculin tests unless authorized so to do by the Federal and State Bureaus of Animal Industry and shall perform such other duties required by this chapter relating to his office.

(b) Physician

The physician shall have charge of the medical examination of all persons engaged in the production and handling of certified milk, certified cream and certified skim milk and shall perform such other duties required by this chapter relating to his office.

(c) Chemist

The chemist shall make all chemical analyses of milk samples required by this chapter.

(d) Bacteriologist

The bacteriologist shall make all bacteriological analyses of milk samples required by this chapter.

(e) Sanitary Inspector

The sanitary inspector shall supervise and be responsible for the sanitary condition of the entire dairy premises including the dormitories.

(f) Secretary

The secretary shall attend the meetings of the medical milk commission, keep a careful record of its proceedings, perform all duties as required by the provisions of this chapter and such other duties as may be assigned him by said commission.

REGULATION 5.—Exclusion of insects, vermin and animals from dairy buildings

All necessary measures shall be taken to prevent insects, vermin, and animals other than animals of the dairy herd from entering dairy buildings where milk is handled or processed or dairy animals are housed.

REGULATION 6.—Construction of stables, milking stables, and milking parlors

All stables, milking stables or milking parlors shall be so constructed as to facilitate prompt and easy removal of waste products and provide proper shelter for dairy animals.

REGULATION 7.—Surface of walls and ceilings of milking stables or parlors

The inside surfaces of the walls of all interior construction shall be smooth with tight joints. The surfaces of ceilings shall be smooth and tight. Horizontal and slanting surfaces which might harbor dust shall be avoided as far as possible.

REGULATION 8.—Drinking and feed troughs

Drinking troughs and other water containers shall be drained and cleaned each day and feed troughs and mixing floors shall be kept clean.

REGULATION 9.—Stanchions and throat latches

Stanchions, when used, shall be constructed of metal tubing or hard wood. Unless dairy animals are cleaned immediately before milking, throat latches shall be provided to prevent them from lying down between the time of cleaning and the time of milking.

REGULATION 10.—Ventilation

Each cow shall be provided with a minimum of 600 cubic feet of air space and each goat shall be provided with a minimum of 100 cubic feet of air space.

REGULATION 11.—Windows

A sufficient number of windows shall be installed and so distributed as to provide satisfactory light and a maximum of sunshine; at least four square feet of window area shall be provided for each six hundred cubic feet of air space.

REGULATION 12.—Bedding

Dusty, wet, moldy or unclean materials shall not be used for bedding or absorbent purposes.

REGULATION 13.—Cleansing of stables or milking parlors and disposition of manure

Soiled bedding and manure of dairy animals kept in stanchions or stalls shall be removed at least twice daily and the floors shall be swept and kept free of refuse. Such cleaning and sweeping shall be done at least one hour before milking time. Milking parlors shall be kept clean at all times.

REGULATION 14.—Quarantine and isolation stables

An appropriate building or buildings shall be available for quarantine and isolation of diseased dairy animals and the same shall be a building or buildings separate and apart from all other dairy buildings or enclosures. Said buildings shall be provided with sufficient light, ventilation and drainage and so constructed, located and maintained as to prevent the spread of infectious diseases amongst the herd. The interior and surroundings of such buildings shall be maintained in a sanitary condition.

REGULATION 15.—Separate milk house

Milk houses shall be kept clean at all times and shall be located in a building or buildings separate and apart from stables, milking stables and dwelling places.

REGULATION 16.—Operations permitted in milk houses

Milk houses shall not be used for purposes other than the handling or processing of certified milk or its cream or skim milk and the cleansing, sterilizing and storing of milk utensils which are in use. No parts of buildings housing such activities shall be used for dwelling or lodging purposes.

REGULATION 17.—Construction of milk houses

Milk houses shall be so constructed and arranged as to provide separate rooms for the bottling and handling of milk, washing and sterilization of bottles and utensils, and heating plant.

The floors of bottling, washing, and sterilizing rooms shall be watertight and shall drain to properly trapped drain pipes.

The walls and ceilings shall be smooth and kept well painted. The walls should be constructed of non-absorbent material to a height of at least five feet.

REGULATION 18.—Bottling room and washing and sterilizing room

A bottling room shall be held to mean any room in a milk house or milk plant in which milk is exposed or bottled. The bottling room shall be used for no purpose other than the bottling and processing of certified milk and shall be kept scrupulously clean and free from odors.

The washing and sterilizing room shall be held to mean any room in a milk house or milk plant where any bottles, apparatus or utensils used in the handling of certified milk are cleansed and sterilized. The washing and sterilizing room shall be used for no purpose other than the cleaning and sterilizing of milk bottles and the apparatus and utensils used in handling of certified milk.

REGULATION 19.—Cleansing facilities for bottles and utensils

Washing and sterilizing rooms shall have an abundant supply of hot and cold water and adequate apparatus for the cleansing of milk bottles and utensils used in the production, processing, separation and handling of certified milk.

REGULATION 20.—Milk receiving room

A milk receiving room is any room or building located at or near the milking stables used for the purpose of a central collecting room for milk brought from

the stables or milking parlors. Such room shall conform to the same rules of construction, maintenance, and cleanliness as applied to the milk and bottling room in a milk house or milk plant, and shall not be directly connected with the stable.

REGULATION 21.—Utensils

All utensils shall be so constructed as to be easily cleaned. Small top or hooded milking pails shall be used. The milking pail should preferably have an elliptical opening five by seven inches in diameter. The hood of this pail should be so convex as to make the entire interior of the pail visible and accessible for cleaning. Sterilizers and coolers shall be provided with recording thermometers.

REGULATION 22.—Dormitories

Dormitories or other residences in which employees live on dairy premises shall be constructed and operated according to plans approved by the medical milk commission. Adequate bathroom facilities shall be provided for all employees living on the dairy premises.

REGULATION 23.—Quarantine quarters

Proper quarantine and isolation facilities shall be provided for sick employees living on dairy premises.

REGULATION 24.—Toilet rooms

Adequate and convenient toilet rooms shall be provided having a sufficient number of lavatories equipped with hot and cold running water, nail brushes, soap or detergent, and clean individual towels. These rooms shall be kept clean at all times and outside openings shall be properly screened. All doors opening into toilet rooms shall be provided with self-closing devices.

REGULATION 25.—Pastures or paddocks

Pastures or paddocks for dairy animals shall not be crossed by a contaminated stream and shall be located a sufficient distance from offensive conditions that dairy animals will suffer no bad effects therefrom. Pastures should be free from infectious agents and deleterious plants and shall be of such character that they will furnish sound and nutritious food for the animals.

REGULATION 26.—Make-up of herd

Only animals receiving the same supervision as those of the certified herd shall be kept in the same barn or be allowed to come in contact with said herd.

REGULATION 27.—Cleaning of dairy animals

Each dairy animal in the certified herd shall be cleaned before each milking.

REGULATION 28.—Clipping

Long hair shall be clipped from the udders and flanks of dairy animals and the tails shall be kept clean.

REGULATION 29.—Cleaning of udders

Udders and teats of dairy animals shall be thoroughly washed and dried with a clean cloth immediately before milking and shall be clean at the time of milking. In no case shall one cloth be used on more than four udders.

REGULATION 30.—Feeding

(a) A well balanced ration shall be used and all changes of food shall be made slowly. The first few feedings of grass, alfalfa, ensilage, green corn, or other green feeds shall be given in small rations and increased gradually.

(b) All foodstuffs shall be stored in a compartment separate from the stable. Dusty foodstuffs shall not be brought into a milking stable or milking parlor until after milking is completed.

REGULATION 31.—Tuberculin and brucellosis testing

All dairy animals shall be tested for tuberculosis and brucellosis in accordance with tests and procedures acceptable to the State Department of Health.

REGULATION 32.—Reporting of tests

The results of all tests made of dairy animals shall be reported to and filed by the secretary of the medical milk commission under contract with the owner of the dairy animal tested.

REGULATION 33.—Disinfection of stables

Immediately following the removal of reactors or other diseased animals from a stable or other exposed structure or area on a dairy premises, the same shall be disinfected under the supervision of the sanitary inspector of the medical milk commission.

REGULATION 34.—Identification of animals

Each dairy animal, except purebred registered cattle, in each of the certified herds, shall be labeled or tagged with a permanent identification number or mark.

REGULATION 35.—Herd records

A record shall be kept of each animal in the herd which shall show the date of entrance to and the date of departure from the herd, date of breeding, date of calving and the results of tuberculin tests, tests for brucellosis and physical examinations. These records shall be kept by the owner of the herd who shall be responsible for their accuracy and copies thereof shall be kept by his medical milk commission's veterinarian.

REGULATION 36.—Physical examination of animals

The veterinarian designated by a medical milk commission shall make a careful physical examination of all animals in the dairy herd at regular intervals not exceeding one month and shall report examination results immediately in writing to the secretary of the medical milk commission.

REGULATION 37.—Isolation, quarantine and permanent removal of diseased animals

Dairy animals having tuberculosis, brucellosis, rheumatism, inflammation of the uterus, severe diarrhea, or diseases of the udder or producing abnormal milk, or dairy animals that for these or other causes may be a menace to the health of the herd or the consumers of their milk, shall be effectively isolated or quarantined under the direction of the veterinarian so designated by a medical milk commission in a manner acceptable to the State Department of Health. Said dairy animals shall not be restored to the herd until permission has been given by that veterinarian after their careful physical examination and if necessary a bacteriological examination has been made excepting that dairy animals diagnosed as having tuberculosis or brucellosis shall be promptly and permanently excluded from the dairy premises.

REGULATION 38.—Isolation or quarantine of dairy animals by the dairyman

The dairyman having knowledge or suspecting that a dairy animal or dairy animals under his care or control are ill or infected with any of the diseases or

physical signs listed in Regulation 37, shall effectively isolate or quarantine said animals and immediately notify by telephone or telegraph the secretary of the medical milk commission and its veterinarian of his findings and action taken.

REGULATION 39.—Isolation of emaciated dairy animals

Dairy animals emaciated from chronic diseases or from any other cause that may endanger the purity or nutritious quality of the milk shall be removed immediately from the certified herd.

REGULATION 40.—Milk production cause for removal from certified herd

Regardless of the cause therefor, cows producing less than three quarts of milk daily and goats producing less than one-half pint of milk daily shall be removed from the certified herd.

REGULATION 41.—Pre-employment examinations

Every person to be employed on a dairy premise shall be examined by a physician designated by the medical milk commission before the person may begin work. No person shall be employed or approved by the aforementioned commission for employment unless satisfactory evidence of recent successful vaccination or immunity against smallpox is presented, and who upon examination is found not to be ill or infected with a disease transmissible through milk or a milk product.

REGULATION 42.—Duties of physicians designated by medical milk commissions

The duties of a physician designated by a medical milk commission shall be to:

(a) Obtain authentic fresh specimens of feces, nose and throat cultures and other necessary specimens from persons at the time of their pre-employment examination and submit said specimens for examination to a laboratory approved by the State Department of Health.

(b) Visit dairy premises designated by a medical milk commission at intervals of not less than once a week for the purpose of determining the existence of a communicable disease on the premises. At that time he shall examine the nose, throat, ears and exposed skin surface of each employee and when clinical symptoms warrant or abnormal discharges are found, obtain specimens from such employee, and submit the same for examination to a laboratory approved by the State Department of Health.

(c) Visit the dairies and make complete physical examination of the employees referred to in (b) above at intervals not exceeding six months. Laboratory specimens need not be taken at this time unless conditions indicate the same are necessary.

(d) Isolate or quarantine persons known or suspected to be ill or infected with, or exposed to, a disease transmissible through milk or a milk product in such manner as to protect other employees and the milk supply from possible infection.

(e) Immediately report diseases to the officer designated by the local board of health as required by the provisions of Regulation 4, Chapter II of the State Sanitary Code and forward a copy of that report to the secretary of the medical milk commission.

(f) Upon discovery of a person known or suspected to be ill or infected with a communicable disease on dairy premises immediately examine all employees of the dairy.

REGULATION 43.—Reporting of diseases by secretary of the medical milk commission

It shall be the duty of the secretary of the medical milk commission upon receiving notice of diseases suspected to be contagious on a dairy to notify at once the health officer or the local board of health of each municipality where milk of that dairy is sold and the State Department of Health of the names of the persons affected, the nature of the disease and the restrictive measures that have been established to prevent the transmission of the infection.

REGULATION 44.—Employee records

Records of each employee showing name, address, date of employment, date of leaving employment, results of physical examinations by physician, and the results of examination of cultures and other laboratory tests shall be maintained by the employing dairy on the dairy premises.

REGULATION 45.—Clothing and personal cleanliness of employees handling or processing milk

(a) The hands, body and clothing of persons handling or processing milk shall be clean.

(b) The hands of milkers shall be clean and dry during the milking of each cow.

(c) Clean overalls, jumper and cap shall be worn during the handling or processing of milk and shall be used for no other purposes. When not in use these clothes shall be kept in a clean place, protected from dust and dirt. Complete change of this clothing shall be provided at least three times per week.

REGULATION 46.—Lavatory facilities

Lavatory facilities for employees which shall include hot and cold water, soap or detergent, and clean individual towels shall be located:

(a) in the milk house or milk plant separate and distinct from apparatus or facilities used in handling certified milk or cleaning milk utensils;

(b) in or convenient to milking stables or milking parlors.

REGULATION 47.—Practices prohibited dairy employees

Dairy employees shall not:

(a) Use tobacco in any form when handling or processing milk.

(b) Permit any part of their body to come in contact with milk intended for sale or other distribution.

(c) Touch anything with their hands when milking excepting the clean seat of the milking stool, the clean milk pail, and the cleaned teats of the dairy animals.

(d) Spit upon or within the confines of stables, milking parlors, milk houses, or the milk plant.

REGULATION 48.—Foremilk

The first three streams of milk from each teat shall be rejected. Such milk shall be drawn into a strip cup and such milk shall not be poured upon the floor or in the gutters of the milking stable or milking parlor, nor shall such milk be distributed for human consumption.

REGULATION 49.—Milk prohibited distribution for human consumption

Milk from dairy animals known or suspected of having any of the diseases or physical signs listed in Regulation 37 or milk which has an unnatural appearance or is in any other way abnormal shall not be distributed for human consumption.

REGULATION 50.—Dirty or contaminated milk

Milk contaminated or exposed to contamination in any manner shall not be distributed for human consumption.

REGULATION 51.—Certain milk not to be certified or sold as certified milk

(a) Milk obtained from dairy animals during a period of forty-five days before and seven days after parturition or such longer period as is necessary to render the milk colostrum-free shall not be certified or sold as certified milk.

(b) Milk obtained from cows producing less than three quarts daily or from goats producing less than one-half pint daily shall not be certified or sold as certified milk.

REGULATION 52.—Restricted use of milking stables or milking parlors

(a) Dairy animals shall not be permitted to calve or kid in the milking stables or milking parlor and shall not be returned to the milking stable while the uterine discharges are putrid or purulent and under no circumstances before the seventh day following parturition.

(b) Milk shall promptly be removed from milking stables or milking parlors and shall not be strained therein.

REGULATION 53.—Persons prohibited entrance to milk handling or processing rooms

Persons other than dairy employees or inspecting officials shall be prohibited entrance to all rooms or enclosures on dairy premises wherein milk is being handled or processed.

REGULATION 54.—Milk cooling

Adequate sanitary equipment shall be provided for cooling milk. After milking, the milk shall be immediately cooled and maintained at a temperature below 50° F. except during the process of pasteurization or separation. Milk shall not be allowed to freeze at any time.

REGULATION 55.—Sealing of bottles

Milk, after being cooled and bottled, shall be sealed immediately. Such seal shall include a hood constructed in such fashion that it covers the lip of the bottle and permits ready detection of tampering.

REGULATION 56.—Container labels

(a) All containers used in the distribution of raw milk that has been certified shall have attached thereto or placed thereon a certificate or seal bearing the name of the medical milk commission certifying that milk, and the word "Certified" in plain legible form in addition to the information required by paragraph 30 of R.S. 24:10-16 relating to raw milk.

(b) All containers used in the distribution of certified milk, certified cream and certified skim milk that has been pasteurized shall bear the word "Pasteurized" and the date of pasteurization in addition to the information specified in (a) of this regulation.

REGULATION 57.—Transportation of milk

Milk containers in transit shall be kept free from dust and dirt. Vehicles, trays and crates shall be kept clean. All certified milk, certified cream and certi-

fied skim milk shall be delivered to the consumer within 48 hours after the close of the day of production.

REGULATION 58.—Bacterial counts

Certified raw milk shall contain not more than a 10,000 bacteria count per milliliter or more than a 10 coliform count per milliliter when delivered. Certified pasteurized milk shall contain not more than 500 bacteria count per milliliter nor more than a count of 1 coliform per milliliter when delivered. In case a count exceeding the above is found, daily counts shall be made, and if legal counts are not restored within ten days, the certificate shall be suspended, but if in the judgment of the medical milk commission such action is necessary, the certificate may be revoked immediately. Bacterial counts shall be made at least once each week.

REGULATION 59.—Collection of samples

Certified milk, certified cream and certified skim milk samples shall be obtained by a representative of the medical milk commission for examination.

REGULATION 60.—Determination of milk temperature

Temperature of milk shall be determined by a standardized thermometer graduated in the Fahrenheit scale.

REGULATION 61.—Determination of taste and odor of milk

The taste and odor of the milk shall be determined immediately after the plates have been prepared and placed in the incubator.

REGULATION 62.—Fat standards

The fat standard for certified milk shall be four per cent; provided, however, that certified milk of a fat content of not less than three and five-tenths per cent may be sold if the fat content is stated upon the cap.

The fat standard for certified cream shall be not less than twenty per cent.

The fat contents of certified milk and certified cream shall be determined at least once each month.

REGULATION 63.—Examination and sampling methods and techniques

Methods and techniques used in the collection of samples and the performance of biological and chemical examinations shall be acceptable to the State Department of Health.

REGULATION 64.—Employment of laboratories and use of test reports

(a) A physician in the performance of his duties for a medical milk commission, a health officer or local board of health shall only employ for laboratory services required by Regulation 42 of this Chapter, a laboratory which complies with the provisions for certification and standards for laboratories contained in Chapter IV of the State Sanitary Code.

(b) Other representatives of a medical milk commission shall not utilize any laboratory test report or reports in connection with duties required of them under the provisions of this chapter after the secretary of the medical milk commission is advised by the State Department of Health that the laboratory in which such test or tests were made is unacceptable for performing such tests.

REGULATION 65.—Records of bacteriological and chemical tests

The results of all bacteriological and chemical tests shall be filed by the medical milk commission secretary and copies forwarded to the producer.

REGULATION 66.—Restrictions on use of equipment

Equipment used in the handling or processing of certified milk, certified cream or certified skim milk shall not be used for any other class of milk.

REGULATION 67.—Reports to the state department of health

The secretary of each medical milk commission certifying to milk produced or sold in this State shall upon request of the Commissioner of Health of the State of New Jersey submit to the Department of Health:

- (a) Monthly reports showing the results of all examinations made by the physician, the veterinarian, the bacteriologist, the chemist and the sanitary inspector.
- (b) Reports of all tuberculin tests.
- (c) Reports of all tests for brucellosis.
- (d) Semi-annual reports showing the names of municipalities in New Jersey in which the certified milk is distributed.

REGULATION 68.—Records available for inspection

Duplicates of all records of physical examinations of employees, records of dates of employment and discharge of employees and the character of work performed by them, together with the herd records and such other records as may pertain to the supervision of the production and handling of milk and the certificate from the commission shall be filed at the dairy in charge of the manager. Such records shall be open to inspection by the representatives of the Department of Health of the State of New Jersey and by health officials of the municipalities in which the milk is sold or distributed. The original records on file with the secretary of the medical milk commission shall be open to inspection by the same authorities.



The State Sanitary Code

as revised and enacted

by the

Public Health Council

of the

State of New Jersey

Reprint 1960

FOREWORD

The Public Health Council, pursuant to the provisions of New Jersey Statutes Annotated 26:1A-7, as amended by Chapter 165, Laws of 1953, established the following regulations as necessary in its judgment to preserve and improve the public health in this State. This action of the Council was taken after considerable deliberation and research over a two-year period of time. These regulations include many of those enacted by the State Board of Health under authority vested in that body by the laws of 1915.

The provisions of the State Sanitary Code by statute (N.J.A.S. 26:1A-9) have the force and effect of law. Similarly it is required to be observed throughout the State and enforced by each local board of health, the local police authorities and other enforcement agencies. It is likewise provided that the regulations of this Code shall not be deemed to limit the right of any local board of health to adopt such ordinances, rules and regulations as, in its opinion, may be necessary for the particular locality under its jurisdiction provided that such ordinances, rules and regulations shall not be in conflict with the laws of this State or the provisions of the State Sanitary Code, except, however, that such ordinances, rules and regulations may be more restrictive than the provisions of the State Sanitary Code.

Pursuant to the Public Health and Sanitation Codes Adoption by Reference Act (N.J.S.A. 26:3-69.1 et seq.) any local board of health may adopt by reference any code approved by the State Department of Health without inclusion of the text thereof in the related ordinance.

New Jersey Statutes Annotated 26:1A-10 provide that each violation of any provision of the State Sanitary Code shall constitute a separate offense and each such violation shall be punishable by a penalty of not less than twenty-five dollars (\$25.00) nor more than one hundred dollars (\$100.00).

CHAPTERS OF THE

NEW JERSEY STATE SANITARY CODE

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CHAPTER I

LOCAL BOARDS OF HEALTH AND PERSONNEL

REGULATION 1.—Local board of health

As used in this Code, the term "local board of health" shall mean and include the board of health of a municipality or such boards, bodies or officers as may exercise the functions of a board of health according to law; Regional Health Commission, or a consolidated local board of health of a consolidated local health district; or a county local board of health of a county local health district. (R.S. 26:3-1, 84, 26:3A1-1)

REGULATION 2.—Local health district

As used in this Code, the term "local health district" shall mean and include that area under the jurisdiction of a local board of health as defined in Regulation 1.

REGULATION 3.—Secretary

Every local board of health shall appoint a Secretary, preferably the health officer, unless such appointment is otherwise provided for by statute, who shall keep an accurate record of all official actions of said board and perform such other duties as may be assigned him by that board. (R.S. 26:3-8.1, 17; 26:3A1-15)

REGULATION 4.—Registrar of vital statistics

Every local board of health shall appoint a Registrar of Vital Statistics, preferably the health officer, unless such appointment is otherwise provided for by statute. Said Registrar shall forward original birth, marriage and death certificates to the State Department of Health and perform other duties as required of him by law and perform those duties which may be assigned him by the board. (R.S. 26:8-11, 26:3A1-19, 20)

REGULATION 5.—Health Officer

(a) Every local board of health shall employ a person, not a member of said board, who is duly licensed as a health officer in this State as the executive officer of said board and designate him as "Health Officer." Said official shall in conformity with the law, enforce the laws of the State relating to the public health, the provisions of the State Sanitary Code, the ordinances adopted by said local board and perform the duties assigned him by said board. The Health Officer shall be the person to whom all reports required by law or by this code shall be made, in the absence of statutory provisions to the contrary. Prior to appointment a Health Officer shall be licensed as Health Officer by the State Department of Health. (R.S. 26:3-19,20,21; 26:3A1-13,14)

(b) Pursuant to the provisions of Chapter 3, Article 6, Title 26 of the Revised Statutes, boards of health of two or more municipalities may form an association to furnish such boards with public health services by the employment of a duly licensed Health Officer.

(c) A local board of health or regional health commission responsible for the public health of a municipality or municipalities having a population less than 10,000 may employ a licensed sanitary inspector of the first class as its executive officer until such time as the services of a licensed health officer may be secured or the population of such municipality or municipalities equals or exceeds 10,000, provided that such sanitary inspector of the first class shall not be employed or designated as a "Health Officer."

REGULATION 6.—Employment of laboratories and use of test results by health officers and local boards of health

(a) A health officer or local board of health shall only employ or utilize the facilities of a laboratory which complies with the provisions for certification and standards for laboratories contained in Chapter IV of the State Sanitary Code for laboratory services required to be performed in a laboratory approved by the State Department of Health under the provisions of New Jersey Statutes and Chapters II and VII of the State Sanitary Code.

(b) A health officer or local board of health shall not utilize any laboratory test report or reports in connection with the performance of duties required of him or it after being advised by the State Department of Health that the laboratory in which such test or tests were made is unacceptable for performing such tests, provided that any laboratory report indicating the existence of disease may be accepted subject to confirmation by an approved laboratory.

REGULATION 7.—Licensure of public health employees

Employees of a local board of health, or agency performing the functions of a local board of health, shall be licensed as may be required by law. (R.S. 26:3-20)

CHAPTER II

REPORTABLE DISEASES

REGULATION 1.

The following diseases, excepting those which are italicized, are declared to be communicable for purposes of this code. All diseases listed herein are to be reported in the manner prescribed by Regulations 2 through 11.

| | |
|---|--|
| Amebiasis | Poliomyelitis |
| Anthrax | Psittacosis |
| <i>Botulism</i> | Q fever |
| Brucellosis | Rabies |
| <i>Cerebral Palsy</i> | Rocky Mountain spotted fever |
| Cholera | Salmonellosis (other than typhoid fever) |
| Dengue | Shigellosis |
| Diarrhea of New-born | Smallpox |
| Diphtheria | Streptococcal sore throat, including scarlet fever |
| <i>Epilepsy</i> | <i>Tetanus</i> |
| <i>Food Poisonings</i> | <i>Trachoma</i> |
| Glanders | <i>Trichinosis</i> |
| Infectious encephalitis | Tuberculosis, all forms |
| Infectious hepatitis, including serum hepatitis | Tularemia |
| Influenza | Typhoid fever |
| <i>Leprosy</i> | Typhus fever |
| Leptospirosis | Veneral diseases |
| Malaria | Chancroid |
| Measles (rubeola) | Gonorrhoea |
| Meningococcal meningitis | Granuloma inguinale |
| <i>Mental Deficiency</i> | Lymphogranuloma venereum |
| Ophthalmia neonatorum | Syphilis |
| Pertussis (whooping cough) | Yellow fever |
| Plague | (R.S. 26:1A-7 (f)) |
| Pneumonia, all forms | |

REGULATION 2.—Reporting of diseases by physicians

Every physician attending any person ill with or infected with any of the diseases listed in Regulation 1, within twelve hours after such disease has been diagnosed, shall report such disease to the officer designated to receive these reports by the local board of health of the jurisdiction wherein diagnosis is made, excepting cases of venereal diseases which are to be reported directly to the State Department of Health.

The report shall include the name of the reporting physician, the name of the disease, the name, age, sex, color, exact location of the person ill or infected with such disease, and such other information as may be requested by the State Department of Health.

Physicians shall also comply with the provision for reporting diseases described in Regulation 4, reporting of certain diseases occurring on or about dairy premises, and Regulation 6, reporting and isolating suspected cases of communicable disease occurring in schools.

Physicians having knowledge of any outbreak of a disease not listed in Regulation 1 or of unusual manifestations of disease shall report the facts to the health officer in whose jurisdiction the condition exists who shall make an investigation and submit a report thereof to the State Department of Health. (R.S. 26:4-15)

REGULATION 3.—Reporting of diseases occurring in institutions

(a) The superintendent or other person having control or supervision over any county or municipal hospital, sanatorium, clinic, or other public or private institution in which any person is ill or infected with any of the diseases listed in Regulation 1, within twenty-four hours after such disease has been diagnosed shall report such disease to the officer designated to receive these reports by the local board of health having jurisdiction over the territory in which such institution is located, excepting cases of venereal diseases which are to be reported directly to the State Department of Health.

(b) The superintendent or other person having control or supervision over any hospital, sanatorium, clinic, or other institution maintained and operated by the State in which any person is ill or infected with food poisoning or any of the communicable diseases listed in Regulation 1, within twenty-four hours after such disease has been diagnosed, shall submit a report of this fact to the State Department of Health.

(c) The reports required by (a) and (b) of this regulation shall be signed by the superintendent, or other person having charge of the State, county, or municipal hospital, sanatorium, clinic, or other public or private institution, and shall state the name of the disease, the name, age, sex, color, exact location of the person ill or infected with such disease, the home address of such person, or the address from which he was received into the institution, the date upon which he was received for care or treatment, and such other information as may be required by the State Department of Health.

(d) The provisions of Regulation 4, reporting of certain diseases occurring on dairy premises, are applicable to any public or private institution operating a dairy on or about its premises. (R.S. 26:4-19, 20)

REGULATION 4.—Reporting of certain diseases occurring on dairy premises

(a) Every physician attending a person ill or infected with food poisoning or a communicable disease listed in Regulation 1 which may be transmitted through

milk or a milk product, on any dairy or other premise where milk or a milk product is produced or processed for sale or distribution, or any dwelling in which any person resides who is employed on or about any such dairy or other premise, shall report immediately such findings by telephone or telegram to the officer designated by the local board of health to receive such reports in the local health district having jurisdiction of the particular dairy or other premise and also to the State Department of Health, and within twelve hours thereafter shall submit a written report to said local reporting officer and the State Department of Health.

The report shall include the name of the reporting physician, the name of the disease, the name, age, sex, color, exact location of the person who is ill or infected with such disease, the name of the owner or manager of said dairy or other premise, and the trade name of the business. (R.S. 26:4-17)

(b) Where a physician is not in attendance upon a person suspected of being ill or infected under the circumstances described in (a) of this regulation, the owner or person in charge of any dairy or other premise on which milk or a milk product is produced or processed for sale or distribution, shall report immediately such findings by telephone or telegram to the officer designated by the local board of health to receive such reports in the local health district having jurisdiction of the particular dairy or other premise and also to the State Department of Health, and within twelve hours thereafter shall submit a written report to said local reporting officer and the State Department of Health.

The report shall be signed by the owner or person in charge of the dairy or other premise and shall state the name of the suspected disease, the name, age, sex, color, exact location of the person suspected of being ill or infected, the name of the owner or manager of said dairy or other premise and the trade name of the business. (R.S. 26:4-16)

(c) When a person is ill or infected with the causative agent of food poisoning or a communicable disease listed in Regulation 1 which may be transmitted through milk or a milk product, on a dairy or other premise where raw milk or a raw milk product is produced for sale, distribution or processing in a local health district other than the one in which the raw milk or raw milk product is produced, it shall be the duty of the health officer immediately upon being so informed to transmit this information by telephone or telegram to the health officer of the local health district to which the raw milk or a raw milk product is transported for sale, distribution or processing, and within twenty-four hours thereafter to notify the State Department of Health in writing of the restrictive measures he has established to prevent the transmission of infection. (R.S. 26:3-19; 26:3A1-14)

REGULATION 5.—Reporting of suspected communicable diseases by houseowner or householder

Every houseowner or householder who has reason to suspect that any person living, dwelling or being in any building or apartment under his control, is ill with food poisoning or any of the communicable diseases listed in Regulation 1, and a physician is not in attendance, shall within twelve hours after discovering the same, report the facts by telephone or in writing to the officer designated to receive such reports by the local board of health within whose jurisdiction the said case may exist. (R.S. 26:4-16)

REGULATION 6.—Reporting and isolating suspected cases of communicable disease occurring in schools

It shall be the duty of every teacher, nurse, and medical school inspector to report immediately to the principal or other person in charge of a school, the

name of any person attending or employed in such school suspected to be ill with food poisoning or a communicable disease listed in Regulation 1. It shall be the duty of the principal or person in charge of every school to report immediately by telephone or in writing to the officer designated by the local board of health to receive such reports, within whose jurisdiction the said case exists, the name, age, sex, color, and address of such ill person and the suspected nature of the disease. Such person shall be isolated at once under direction of the health officer.

REGULATION 7.—Reporting suspected cases of communicable diseases in hotels, boarding or lodging houses

It shall be the duty of the proprietor or keeper of any hotel, boarding or lodging house, having reason to suspect that any person being in any building under his control is ill with food poisoning or a communicable disease listed in Regulation 1, and a physician is not in attendance, to report immediately by telephone or in writing to the officer designated by the local board of health to receive such reports, within whose jurisdiction the said case exists, the name, age, sex, color, and address of such person and the suspected nature of the disease. (R.S. 26:4-16)

REGULATION 8.—Reporting suspected cases of communicable disease by person in charge of camps

It shall be the duty of the person in charge of any labor or other camp, having reason to suspect that any person living in or attached to such camp is ill with food poisoning or a communicable disease listed in Regulation 1, and a physician is not in attendance, to report immediately by telephone or in writing to the officer designated by the local board of health to receive such reports, within whose jurisdiction the said case exists, the name, age, sex, color, and address of such person and the suspected nature of the disease.

REGULATION 9.—Reporting suspected cases of communicable disease on vessels

It shall be the duty of the master or person in charge of any vessel located in waters within the jurisdiction of any local board of health of this State, having reason to suspect that any person on a vessel under his control is ill with food poisoning or a communicable disease listed in Regulation 1, and a physician is not in attendance, to report immediately by telephone or in writing to the officer designated by that local board to receive such reports, the ill person's name, age, sex, color, the suspected nature of the disease, and the name and location of the vessel upon which such person is located. (R.S. 26:4 Article 9)

REGULATION 10.—Reporting of diseases by reporting officers and health officers

Reporting officers who receive reports of diseases required under this Chapter shall send a copy thereof to the health officer having jurisdiction in the local health district in which the disease is reported.

Reporting officers who receive reports of diseases required under Regulations 2, 3, and 4, within twenty-four hours thereafter, shall send a copy thereof to the State Department of Health.

The health officer of a local health district who receives a report of a disease listed in Regulation 1 from his reporting officer shall immediately forward the facts contained therein together with such related information as he may have available to the health officer of the local health district where the disease was believed to have been contracted and the health officer of the local health district wherein the home address of the ill or infected person is situated. If either of the said health districts is not located in New Jersey the health officer shall forward this information in writing to the State Department of Health. (R.S. 26:4-24)

REGULATION 11.—Specimens to be submitted for laboratory examination

In every case of illness which there is reason to believe may be diphtheria, pulmonary tuberculosis or typhoid fever, it shall be the duty of the attending physician or, if there be no physician in attendance, then of the nurse, or other person in attendance, to take suitable specimens forthwith from the person suspected of being infected, or to permit the health officer having jurisdiction, or his representative, to take such specimens. These specimens shall be immediately submitted by the person taking the same to a laboratory approved by the State Department of Health for such examination. (R.S. 26:4-50, 59)

REGULATION 12.—Establishment of isolation or quarantine by health officers

Upon receiving a report of a communicable disease listed in Regulation 1, it shall be the duty of the health officer, to establish immediately by written order such isolation, quarantine, or other restrictive measures required by law or regulation, or as may be necessary to prevent or control disease. Such order shall remain in force until terminated by written permission of the health officer. (R.S. 26:4-2(d), 36, 37, 71.1-71.5)

REGULATION 13.—Health Officer to determine necessity for and conditions of quarantine

When a person has been exposed at home or elsewhere to a person ill with a communicable disease listed in Regulation 1, the health officer may, at his discretion, refrain from quarantining or quarantine such exposed person under conditions he may specify; providing such period of quarantine shall not exceed the maximum period of incubation of the disease to which such person was exposed.

REGULATION 14.—Removal of person ill, infected with, or exposed to a communicable disease

After isolation or quarantine of any person ill, infected with, or exposed to a communicable disease listed in Regulation 1 shall have been established, such person shall not leave the apartment or premises where he is isolated, nor shall any other person remove such person, or permit him to be removed, unless permission shall first have been granted in writing by the health officer.

REGULATION 15.—Right of entrance and inspection

No person shall interfere with or obstruct the entrance to any building, apartment, or vessel by any inspector or officer of the State or local health authorities in the discharge of his official duties; nor shall any person interfere with or obstruct the inspection or examination of any occupant of such building, apartment, or vessel by any State or local medical inspector in the discharge of his duties.

REGULATION 16.—Disinfection of discharges of persons ill with communicable diseases

It shall be the duty of the physician in attendance on any case known or suspected by him to be a case of communicable disease listed in Regulation 1 to instruct immediately the nurse or other person in attendance in regard to the disinfection and disposal of bodily discharges. It shall be the duty of the nurse or other person in attendance to carry out such instructions until further or different instructions have been given by the health officer.

REGULATION 17.—Health officer to make an investigation of certain reportable diseases

It shall be the duty of the health officer, as soon as a person ill with a disease listed in Regulation 1 is reported to the officer designated to receive such reports,

to make an investigation when necessary, in order to protect the public health, for the purpose of ascertaining the source of the infection, securing such information as may be requested by the State Department of Health, and giving all necessary directions to prevent or control the spread of the disease.

REGULATION 18.—Cleansing and disinfection

(a) The physician, nurse, or other attendant upon a case of communicable disease listed in Regulation 1, after attending such case, shall take such precautions and practice such methods of cleansing or disinfection of his person or garments as will prevent the conveyance to others of infective material from the patient, or as may be required by law or regulation.

(b) Adequate cleansing and disinfection of premises, furniture and belongings, when deemed necessary by the health officer, or required by this Code or other law, shall immediately follow the recovery, death, or removal of a person ill or infected with a communicable disease. Such cleansing and disinfection shall be performed upon the order and under the direction of the health officer.

(c) It shall be the duty of the patient, upon convalescence or recovery from any communicable disease, and of the nurse or other persons in attendance on such patient, throughout the course of the disease as well as at its termination, to cleanse and, when necessary, to disinfect their persons and garments.

REGULATION 19.—Posting placards

When a communicable disease listed in Regulation 1 exists in any house or apartment, the health officer may post or cause to be posted upon such house, in plain view, near the entrance thereof, or upon the door of the apartment, in which the case is isolated, a placard stating the existence therein of the communicable disease, and the name of such disease.

REGULATION 20.—Interference with placards

No person shall interfere with or obstruct the posting of any placard by any health official in or on any place or premises, nor shall any person conceal or mutilate any such placard or remove it except by permission of the health officer.

It shall be the duty of the occupant of the premises where a placard has been posted to notify the health officer immediately of any interference with or removal of such placard.

REGULATION 21.—Preventing the spread of communicable diseases listed in Regulation 1 in institutions

It shall be the duty of the superintendent or person in charge of any hospital, or other institution or dispensary, in which there is a person ill with any communicable disease, to take such precautions as will prevent the spread of infection.

REGULATION 22.—Prevention of spread of infection by persons ill or infected with communicable diseases

Persons advised that they are ill or infected with a communicable disease listed in Regulation 1 shall not contact others in such a manner as to cause or contribute to, promote or make possible the spread of such disease. Those responsible for the care, custody or control of persons ill or infected with a communicable disease shall not permit such persons to violate this regulation.

REGULATION 23.—Needless exposure to communicable diseases forbidden

A person shall not expose or permit the visiting, association or contact of any person under his care, custody, or control with any individual ill or infected with

a communicable disease listed in Regulation 1, or with discharges of any kind from such individual.

A person shall not needlessly expose himself, or visit, or come in personal contact with any individual ill or infected with a disease listed in Regulation 1, or with discharges of any kind from such individual or in any manner cause or contribute to, promote, or make possible the spread thereof.

REGULATION 24.—Exclusion from school of cases of communicable diseases

It shall be the duty of the principal or other person in immediate charge of any public, private, or Sunday school to exclude therefrom any child or other person suspected to be ill with a communicable disease listed in Regulation 1 until a statement is presented by the health officer that such child or other person is not likely to transmit infection. (R.S. 26:4-6)

REGULATION 25.—Exclusion from schools and gatherings of persons ill or infected with a communicable disease

Persons ill or infected with a communicable disease listed in Regulation 1 are prohibited from attending any public, private, or Sunday school, or any public or private gathering; nor shall the personal or bed clothing of any person ill or infected with a communicable disease be sent to a public laundry except under such conditions as may be prescribed by the health officer.

REGULATION 26.—Exclusion from schools and gatherings of persons living in or visiting households where communicable diseases exist

Every person living in or visiting a household, at the time when a communicable disease listed in Regulation 1 exists therein, may be excluded from every public, private, or Sunday school, and from every public or private gathering, for such time and under such conditions as may be prescribed by the health officer having jurisdiction over the place where that person resides; provided that in the application of this regulation the health officer may waive or decrease the period of exclusion if he has satisfactory information that the exposed person may have acquired immunity either by an attack of the disease or otherwise.

REGULATION 27.—Isolation, quarantine or surveillance of persons ill with or exposed to smallpox

A health officer having jurisdiction over a person ill with smallpox shall remove or cause such person to be removed to a suitable hospital, or to be isolated effectually.

Persons vaccinated after exposure to smallpox, at the discretion of the health officer and under conditions prescribed by him, shall be quarantined or kept under surveillance until the reaction at the site of the vaccination observed on the twelfth day establishes evidence of immunity to the satisfaction of the health officer.

Any person exposed to the risk of contracting smallpox by proximity to a case or suspected case of the disease, who refuses to be vaccinated shall be quarantined at his own expense for at least twenty-one days from the date of his last exposure.

REGULATION 28.—Hospitalization or isolation and restriction on visiting of persons ill or infected with communicable diseases

It shall be the duty of the health officer promptly to remove, or cause to be removed, a person ill with a communicable disease listed in Regulation 1 to a hospital, or to see that such case is effectually isolated if in the judgment of such health officer this is necessary.

When such hospitalization or isolation is established it shall be strictly maintained until terminated by order of the health officer.

No person, except the physician and nurse or other person in attendance upon the patient, or duly authorized representatives of the State Department of Health or local board of health, shall be permitted to come in contact with or visit a person hospitalized or isolated in accordance with the provisions of this regulation, except by permission of the health officer.

REGULATION 29.—Maximum period of incubation of certain communicable diseases

For purposes of this Code, the maximum period of incubation of the following communicable diseases is hereby declared as follows:

| | |
|--|---------|
| Diphtheria | 7 days |
| Measles (rubeola) | 14 days |
| Meningococcal meningitis | 7 days |
| Pertussis (whooping cough) | 14 days |
| Poliomyelitis | 14 days |
| Salmonellosis (other than typhoid fever) | 14 days |
| Smallpox | 21 days |
| Streptococcal sore throat, including scarlet fever | 7 days |

REGULATION 30.—Minimum period of isolation and quarantine

The minimum period of isolation and quarantine of persons who are isolated or quarantined because of illness or infection with the following communicable diseases shall be as follows:

Isolation for Patient

Quarantine for Contacts

CHICKENPOX (VARICELLA)

Until seven days after the appearance of the rash. No restrictions.

DIPHTHERIA

Until two successive cultures from the nose and two from the throat taken not less than twenty-four hours apart beginning at least seven days after cessation of drug therapy, if used, are found to be free from virulent diphtheria bacilli by a laboratory approved by the State Department of Health for such examination.

Twenty-four hours after satisfactory isolation of patient has been established, contacts may be released when one culture from the nose and another from the throat are found to be free from virulent diphtheria bacilli by a laboratory approved by the State Department of Health for such examination.

If satisfactory isolation of patient has not been established, members of household shall be quarantined until the period of isolation of the last case in the household has been terminated and the release culture standards described above have been met.

Isolation for Patient

Quarantine for Contacts

GERMAN MEASLES (RUBELLA)

No restrictions

No restrictions

MEASLES (RUBEOLA)

As soon as fever and catarrhal symptoms of the eyes, nose, and throat are detected and until seven days after appearance of rash.

Household contacts under eighteen years, who have not had measles, shall be quarantined from the seventh to the fourteenth day after exposure.

MENINGOCOCCUS MENINGITIS

Until seven days after onset, or for the duration of fever, if longer.

Household contacts under eighteen years shall be quarantined for seven days.

MUMPS

Until seven days after onset and all swelling of the salivary glands has subsided.

No restrictions.

PERTUSSIS (WHOOPIING COUGH)

Until twenty-one days after onset of the paroxysmal cough.

No restrictions.

POLIOMYELITIS (INFANTILE PARALYSIS)

For seven days after onset or for the duration of fever, if longer.

Intimate home contacts under the age of eighteen years shall be quarantined for fourteen days.

SCARLET FEVER (INCLUDING STREPTOCOCCAL SORE THROAT)

In uncomplicated cases, until clinical recovery, or not less than seven days. Patients with complications resulting in purulent discharges shall be isolated as long as discharges persist.

Home contacts under the age of eighteen years shall be quarantined for seven days.

SMALLPOX (VARIOLA)

Until fourteen days after onset of illness and until all lesions are healed.

Home contacts and other persons exposed to the risk of contracting smallpox by proximity to a case or suspected case of the disease shall be vaccinated and quarantined until vaccination is successful or until evidence of protection is established to the satisfaction of the local health officer. Persons released from quarantine shall be kept under observation for not less than twenty-one days from the date of last exposure.

Contacts who refuse to be vaccinated shall be quarantined for at least twenty-one days from the date of last exposure and until discharged by the local health officer.

TYPHOID FEVER

Until clinical recovery and until three successive, authentic, fresh specimens of feces and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been reported negative for *Salmonella typhosa* by a laboratory approved by the State Department of Health for such examination. Recovered cases shall submit, commencing ninety days after discharge from isolation, at least four authentic, fresh stool specimens not less than three months apart. If any of the specimens in this period are positive for *Salmonella typhosa*, the individual shall come under the regulations governing carriers.

SALMONELLOSIS OTHER THAN TYPHOID

Until clinical recovery and until three successive, authentic, fresh specimens of feces and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been reported negative for *Salmonella paratyphi*, *Salmonella schottmuelleri*, and other *Salmonella* organisms by a laboratory approved by the State Department of Health for such examination.

Family contacts need not be quarantined unless employed as food handlers. Family contacts who are food handlers shall not be employed as such during period of contact, and until two cultures of authentic, fresh specimens of feces and urine collected not less than twenty-four hours apart have been reported negative for *Salmonella typhosa* by a laboratory approved by the State Department of Health for such examination.

Family contacts need not be quarantined unless employed as food handlers. Family contacts who are food handlers shall not be employed as such during period of contact and until two cultures of authentic, fresh specimens of feces and urine collected not less than twenty-four hours apart have been reported negative for *Salmonella paratyphi*, *Salmonella schottmuelleri*, and other *Salmonella* organisms by a laboratory approved by the State Department of Health for such examination.

REGULATION 31.—Supervision of cases of typhoid fever and other *Salmonella* infections

It shall be the duty of the health officer when a person is ill or infected with typhoid fever within his jurisdiction to keep such case under supervision until clinical recovery and until three successive, authentic, fresh specimens of the intestinal discharges and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been found to be free from *Salmonella typhosa*, said examination to be made in a laboratory approved by the State Department of Health for such examination.

A health officer shall require persons who have been ill with typhoid fever to submit, commencing ninety days after clinical recovery, at least four authentic,

fresh specimens of intestinal discharges not less than three months apart, to a laboratory approved by the State Department of Health for such examinations. If any of the specimens in this period are positive for *Salmonella typhosa*, the individual shall be considered a carrier of the causative agent of typhoid fever.

It shall be the duty of a health officer when a person is ill or infected with *Salmonellosis* (other than typhoid fever) within his jurisdiction to keep such person under supervision until clinical recovery and until three successive, authentic, fresh specimens of intestinal discharges and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been found to be free from *Salmonella paratyphi* and *Salmonella schottmuelleri* and other *Salmonella* organisms, said examination to be made in a laboratory approved by the State Department of Health for such examination. (R.S. 26:4-50)

REGULATION 32.—Sale of foods forbidden in certain cases

When a person is ill with any communicable disease which may be transmitted through food, or who is infected with the causative agent of any such disease on any dairy or other premises where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled, such food shall not be sold or distributed from such dairy or other premises unless a written permit for the sale or distribution of such foods shall have been issued by the health officer or by a representative of the State Department of Health.

REGULATION 33.—Destruction of foods in certain cases

Food intended for sale or distribution, which is manufactured, packed, stored, or otherwise handled on any premises upon which a person ill or infected with a disease transmissible by food worked or was permitted to work, visit, board, or otherwise frequent, may be destroyed or ordered destroyed by the health officer or by the State Department of Health if such food is considered so contaminated as to be liable to cause disease; or the food may be ordered to be treated in a manner that will eliminate contamination. (R.S. 26:4-3)

REGULATION 34.—Handling of food forbidden in certain cases

Persons ill or infected with a communicable disease which may be transmitted through food are prohibited from working in any establishment where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled.

Persons who reside, board, lodge or visit in a household where they may come in contact with any person ill or infected with a communicable disease which may be transmitted through food are prohibited from working in any establishment where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled unless permission is granted by the health officer or the State Department of Health.

Persons employed in any establishment where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled may be required to submit to a physical examination for the purpose of ascertaining whether or not they are ill or infected with a communicable disease, whenever in the judgment of a health officer or the State Department of Health such examination may be necessary.

REGULATION 35.—Determination of diagnosis

The health officer or an authorized representative of the State Department of Health, who has reason to believe that a person is ill or infected with a communicable disease, may order such person to submit to a medical examination

and, if necessary, to furnish specimens for examination in a laboratory approved by the State Department of Health.

REGULATION 36.—Employment of laboratories and use of test reports

A health officer, local board of health, their representatives or a physician in the performance of his duties for a medical milk commission, shall only employ for laboratory services required by regulations of this chapter, a laboratory which complies with the provisions for certification and standards for laboratories contained in Chapter IV of the State Sanitary Code.

A health officer or local board of health shall not accept for use laboratory reports required by this Chapter, or Chapter VII, Regulation 42 from a laboratory that does not comply with the regulations of Chapter IV, provided that a laboratory report indicating the existence of disease may be accepted subject to confirmation by an approved laboratory.

REGULATION 37.—Inoculation with living microbiological agents

The use of living microbiological agents, other than vaccine virus or B.C.G. vaccine, in the inoculation of human beings is hereby prohibited until full and complete data regarding the methods of use, including a specimen of the living microbial agents and other agents employed therewith, and full account of the details of preparation, dosage, and administration, shall have been submitted to the State Department of Health and permission granted by the Department in writing for the use of the same.

CHAPTER III

ANIMALS AND BIRDS:

IMPORTATION, QUARANTINE, AND HERD

TESTING PROGRAM

REGULATION 1.—Importation of dogs; certification requirements

Dogs shall not be brought into this State excepting when in transit or for breeding, laboratory, or exhibition purposes unless accompanied by a health certificate issued by a licensed veterinarian of the state or nation of the dog's origin indicating that the dog is free from rabies and other communicable disease and has not recently been exposed to any such disease. This certificate shall also state the breed, sex, age, point of origin, point of destination, the name and post office address of the consignee or owner and the consignor or seller and if the dog has been vaccinated, the type and date of vaccination.

The owner or his authorized agent shall, upon arrival of the dog at its destination in this State, immediately forward the above-mentioned certificate to the health officer or board of health of the municipality or district wherein the dog is located and that health officer or Board, upon review and notation thereof, shall forward the same to the State Department of Health. (R.S. 26:4 Article 7)

REGULATION 2.—Reporting of cases of rabies in animals

It shall be the duty of all veterinarians or persons owning or having an interest in, or having in their possession or under their care or control, or having knowledge of any dog, cat, or other animal, affected with rabies, or suspected of being affected with rabies, to forthwith notify the person designated by the board of health having jurisdiction over the place in which such animal is located, to

receive such reports, by telephone, telegraph or in person, if practicable, and also in writing, signed by the person making the same, which report shall state where such animal may be found and shall contain, if possible, a description of the animal, the location of the animal, and the name and address of the owner. (R.S. 26:4-79, 80, 81)

REGULATION 3.—Transportation of quarantined animals

Animals confined by quarantine established by provisions of R.S. 26:4-84, as the result of the presence of rabies in any area within this State, shall not be transported from a quarantined area unless permission therefor shall be granted by the health officer of the municipality or district in this State into which such animal or animals are to be transported under conditions which may be prescribed by the Department. In the event the destination of a quarantined animal is beyond the boundaries of this State, permission must be obtained from the State Department of Health.

REGULATION 4.—Importation of birds of the psittacine family; certification requirements

Birds of the psittacine family shall not be brought into this State excepting when in transit unless accompanied by a certificate issued by the state or nation of origin or an authorized agency of that state or nation indicating such birds have not been transported from an area of that state in which psittacosis exists and that it has no reason to believe that such birds may be infected with or recently exposed to such disease.

The importation of birds of the psittacine family from an area declared to be infected with psittacosis by the United States Public Health Service or an authorized agency of the state of origin may be permitted for scientific research or other purposes only upon prior approval therefor having been granted by the New Jersey State Department of Health under conditions as may be prescribed by that Department.

REGULATION 5.—Quarantine and transportation of quarantined birds of the psittacine family

(a) Whenever a case of psittacosis exists among birds within the jurisdiction of a local board of health, or there is danger of the transmission of psittacosis from that jurisdiction, the local board of health shall establish adequate bird quarantine procedures.

The right of the State Department of Health to establish bird quarantine procedures for any area of the State wherein psittacosis exists, or danger exists of the spread of that disease, shall not be considered as limited or otherwise affected by the provisions of this Regulation.

(b) Quarantined birds shall not be transported from a quarantined area unless permission therefor shall be granted by the health officer of the municipality or local health district in this State into which such birds are to be transported under conditions which may be prescribed by the Department. In the event the destination of quarantined birds is beyond the boundaries of this State, permission must be obtained from the State Department of Health.

REGULATION 6.—Records required of dealers in birds of the psittacine family

Dealers in birds of the psittacine family shall keep a record for at least two years of each transaction relating to such birds. This record shall include the names and addresses of sellers and purchasers of these birds, the time when and

proof of the manner in which they were transported, and certificates required in Regulation 4 of this Chapter. Such record shall be available to inspection by authorized representatives of a board of health or the State Department of Health.

REGULATION 7.—Herd testing program

On and after April 1, 1958 milk may not be used or sold within New Jersey unless obtained from dairy animals free of brucellosis as determined by satisfactory blood tests or such other tests as are approved by the State Department of Health provided that animals which are the natural offspring of a brucellosis free herd and which have never been moved from the herd of origin may, for practical purposes, be considered free of brucellosis until they are old enough to be tested in accordance with the regulations of the State Department of Health. The tests shall be administered in accordance with standards approved by the State Department of Health and shall be subject to review and final acceptance by that Department. (R.S. 24:10-15 (6))

CHAPTER IV LABORATORIES

REGULATION 1.—Laboratory inspection, standards and reports

(a) Laboratories required by statute and those regulations of Chapter II and VII of the State Sanitary Code to be approved by the State Department of Health, shall comply with all the provisions of this chapter. (R.S. 37:1-23; 26:4-49.2)

(b) All laboratories shall comply with Regulations 10 and 11 of this chapter.

(c) All laboratory premises, equipment, supplies and records shall be made available to inspection and reinspection by authorized representatives of the State Department of Health.

(d) Reports of laboratories other than those referred to in (a) above which perform bacteriological or other sanitary tests associated with potable water, milk or other foods, for a health officer or a local board of health shall be based upon and confined to laboratory examinations performed in accordance with methods and techniques acceptable to the State Department of Health.

REGULATION 2.—Certification of certain laboratories

The laboratories designated by Regulation 1 (a) of this chapter shall make application for and obtain a certificate of approval from the Department. This certificate shall be posted in a conspicuous place at the entrance to the laboratory. Certificates of approval shall be subject to revocation for cause.

Notice of issuance of certificates of approval to laboratories and disapproval of laboratories shall be forwarded to the board of health of the municipality or district wherein the laboratory is located within 10 days of such approval or disapproval.

REGULATION 3.—Application for certification generally; certain exceptions

(a) Application for certification shall be made on a form supplied by the Department. Certificates of approval expire at the end of each calendar year. Application for renewal of certificates shall be submitted to the Department on or before November first. Initial requests for a certificate or requests for a certificate following invalidation of a previous certificate may be submitted at any time.

(b) Laboratories other than those conducted by a board of health shall not be eligible to apply for a certificate until they have been established for at least one year.

(c) A laboratory other than that conducted by a board of health shall not be eligible to apply for an initial certificate until it shall have obtained the signed endorsement of at least ten physicians attesting to the fact that they desire the facilities of such laboratory and other evidence as may be desired by the State Department of Health.

REGULATION 4.—Personnel requirements; change in personnel

(a) A supervisor who may be designated as "Director," "Bacteriologist-in-Charge," "Serologist-in-Charge," or "Chemist-in-Charge" shall be in charge of the laboratory applying for a certificate.

(b) The supervisor shall meet the following minimum qualifications:

He shall possess a doctorate degree in philosophy, science, public health or medicine, or be licensed to practice medicine in the State of New Jersey, with adequate experience in laboratory procedures, or

He shall have graduated from a college or university of recognized standing with at least a Bachelor's degree in bacteriology, biology, or allied sciences, shall possess a public health laboratory technician license issued by this Department, and shall have had four years of acceptable laboratory experience, two of which shall have been spent in a public health laboratory, or its equivalent, preferably having served as assistant bacteriologist or assistant serologist.

He shall be a person of known integrity and professional ability who shall be capable of conducting a laboratory in which satisfactory standards of work are maintained at all time and he shall possess such personal qualifications as: ability to exercise meticulous care in technique, good judgment, sense of responsibility, ability to cooperate with and supervise the work of others.

(c) Supervisors shall be present and direct the activities of the laboratory during its operating hours. In the absence of the supervisor, the person next in charge shall meet the full qualifications of the office of supervisor.

(d) Loss of services of a supervisor in charge of a laboratory shall automatically invalidate a certificate of approval of the Department and shall immediately be reported to the State Department of Health. Upon invalidation of a certificate of approval under such circumstances the Department, upon application therefor, may grant permission to a laboratory to perform services for a local board of health or a health officer for such period of time and under such conditions as it may prescribe.

REGULATION 5.—Laboratory quarters, location and equipment

(a) The laboratory shall be housed in well lighted, properly ventilated and adequately spaced quarters, to provide for the type of work for which a certificate is requested. Laboratories shall not be located in living quarters unless there are provisions for separate entrance, and plumbing fixtures and other facilities used for laboratory purposes are separate from those for household purposes.

(b) The laboratory shall be equipped with gas, electricity, and hot and cold running water. The minimum equipment shall consist of the following apparatus, meeting the requirements for the tests to be conducted: Autoclave, dry air sterilizer, constant temperature 37° incubator, microscope, centrifuge, constant temperature water bath and refrigerator. All necessary glassware, lamps, burners, reagents, stains, antigens and sera must be of recognized standard and good

quality and available at all times for the various tests for which a certificate is requested.

(c) The laboratory shall be equipped with an adequate reference library.

(d) Laboratory animals shall be kept in adequate sanitary quarters maintained separate from the rooms in which laboratory tests are conducted.

REGULATION 6.—Laboratory methods

(a) Serologic tests for syphilis shall be performed in the manner as prescribed by the latest recommendation of their authors and approved by the State Department of Health.

(b) Serologic evaluation shall be: Specificity: Standard of specificity (per cent of negative sera reported as negative) shall be at least 99 per cent as obtained by the control laboratory.

Sensitivity: Standard of sensitivity (per cent of positive sera reported as positive) shall not be more than 10 per cent below that obtained by the control laboratory.

(c) Modification of existing methods or new methods must be approved by the State Department of Health before they may be applied. The test for such approval is their ability to produce results the equivalent of standard tests now approved by the Department.

(d) The laboratory shall obtain a high degree of accuracy, 80-90%, in identification of bacteriological specimens submitted for examination in any diseases for which the laboratory is to receive or has received a certificate.

(e) Animal brains examined for rabies and found to be Negri-negative shall have a suitable portion thereof inoculated into mice in those instances where there is a record of a bite or intimate human or animal contact.

REGULATION 7.—Records

(a) Laboratories applying for a certificate must show facilities for keeping complete laboratory results. All such records (except negative serology records) shall be kept on file for at least one year. Positive slides referable to communicable diseases shall be retained for at least three months.

(b) Records shall be kept up to date and open to inspection by authorized representatives of the State Department of Health.

REGULATION 8.—Ethical considerations

(a) The laboratory shall conform to ethical professional practice. Public announcements of the laboratory shall be strictly limited to cover only tests for which a certificate is granted and shall be so worded as not to give the impression of general coverage of procedures not listed on the certificate.

(b) Reports shall be confined to laboratory findings; pertinent data may be added when required to interpret properly the examination results.

REGULATION 9.—Reporting by laboratory supervisors

Laboratory supervisors shall:

(a) immediately report results of laboratory examinations of specimens of humans, animals, or birds indicating or suggesting the existence of communicable diseases to the State Department of Health, to the physician or veterinarian submitting the specimen and, excepting results pertaining to venereal diseases,

simultaneously forward a copy thereof to the health officer having jurisdiction where the patient is located.

(b) immediately report results of laboratory examinations of specimens of persons being considered for release from isolation or quarantine from any disease listed in Chapter II, Regulation 1 of the State Sanitary Code, whether said report be positive or negative, to the physician submitting the specimen and simultaneously forward a copy thereof to the health officer having jurisdiction where the patient is located.

(c) promptly report to the State Department of Health the results of comparative and evaluation examinations made of specimens which may be sent to the laboratory by the Department.

REGULATION 10.—Inspection and registration concerning handling of live microorganisms or viruses pathogenic for humans, animals, or birds

(a) Laboratories or other places where live microorganisms or viruses pathogenic for humans, animals, or birds are handled, cultivated or kept shall be subject to inspection and reinspection at any time by authorized representatives of the State Department of Health.

(b) The Director of a laboratory or person in charge of any other place where live microorganisms or viruses pathogenic for humans, animals, or birds are handled, cultivated or kept shall, on forms provided by the State Department of Health, register such laboratory or place with the Department between the dates of March 1, 1954 and April 1, 1954. Such laboratories or other places established on or after April 1, 1954 shall register with the Department prior to handling, cultivating, keeping, selling, transporting or otherwise disposing of live microorganisms or viruses covered by this Regulation.

Laboratories or other places required to be registered under the provisions of this Chapter shall promptly forward all information requested by the Department.

(c) Registration requirements do not apply to laboratories maintained by official governmental agencies, voluntary general hospitals, those physicians licensed to practice medicine and surgery in this State, those veterinarians licensed to practice veterinary medicine in this State, or manufacturers of biologics licensed by the United States Government.

REGULATION 11.—Sale transportation or other disposal of live microorganisms or viruses pathogenic for humans, animals, or birds

Live microorganisms or viruses pathogenic for humans, animals, or birds shall not be sold, knowingly transported or otherwise disposed of in viable form without written permission of the State Department of Health, excepting: (a) such products manufactured and clearly identified, as required by law, by manufacturers of biologics licensed by the United States Government and in compliance with Federal Postal and other regulations, or (b) diseased tissue, exudate, or other specimens which are enroute to laboratories for the sole purpose of laboratory examination as an aid in diagnosis or control of disease and which are transported in compliance with Federal Postal regulations or under conditions as may be prescribed by the Department and sent by physicians licensed to practice medicine and surgery in this State, by veterinarians licensed to practice veterinary medicine in this State or by licensed health officers of this State in the performance of their official duties.

CHAPTER V

PREPARATION, HANDLING, TRANSPORTATION, BURIAL AND DISINTERMENT OF DEAD HUMAN BODIES

REGULATION 1.—Disposition of bodies generally; emergencies

The person or persons responsible for the burial or cremation or other lawful disposition of a dead human body shall not allow the same to remain unburied or uncremated in the State of New Jersey for a period longer than forty-eight hours unless embalmed by arterial and cavity injection or kept refrigerated at 45° F or below or unless authorized by the State Commissioner of Health under conditions prescribed by him during the existence of an emergency declared by the Governor.

A person shall not bring an unembalmed body into the State of New Jersey more than forty-eight hours after death unless authorized by the State Commissioner of Health during an emergency as prescribed above.

The requirements of this regulation shall not apply to bodies held as anatomical or pathological material or for purposes of criminal investigation.

REGULATION 2.—Disposition of body dead of certain communicable diseases

The person or persons responsible for the burial or cremation of a human body dead of cholera, plague, smallpox, typhus fever, or yellow fever shall not allow the same to remain without burial or other lawful disposition for a period longer than twenty-four hours after death unless said body is thoroughly embalmed and disinfected. If said body is to be buried or lawfully disposed of within twenty-four hours after death without embalming, said body, before removal from the place of death, shall be placed in a tight covered casket which shall not thereafter be opened.

If a body dead of any of the diseases set forth in this regulation remains unburied for more than twenty-four hours after death or is not otherwise lawfully disposed of within twenty-four hours after death, said body, after being thoroughly embalmed and disinfected, shall be placed in a tight casket which shall be kept tightly covered and unopened; provided, however, that this shall not be construed to prevent the encasement of such body in a casket so constructed that the decedent may be viewed through glass or other transparent material and; provided, further, that the body after embalming is not touched or handled by anyone other than a funeral director, his employee, or a person acting under official authority.

REGULATION 3.—Preparation of body dead of a communicable disease

In the preparation for burial or transportation of a body dead of any communicable disease, the funeral director, the embalmer and assistants shall take due care to prevent any spread of infection in the handling of such body during transportation, in preparation and during embalming, and after contact with such body, shall disinfect their hands and remove any soiled clothing. All instruments, gloves, coverings and utensils used in embalming or in handling the body shall be disinfected immediately after being used. All fluids or other matters removed from such body in the process of embalming shall be disinfected before final disposition.

REGULATION 4.—Notification to be given Health Officer by Funeral Director

It shall be the duty of the funeral director in charge of a human body dead from diphtheria, meningococcal meningitis, poliomyelitis, streptococcal sore throat

including scarlet fever or any of the diseases listed in Regulation 2 of this Chapter to notify promptly the local Health Officer or local Board of Health of the municipality or district in which the funeral is to be held. Such notice shall include the name of the deceased person, the cause of death and the time and place at which it is proposed to hold the funeral.

REGULATION 5.—Permit requirements for certain public funerals

No public funeral shall be held of any person who has died of any disease referred to in Regulation 4 of this Chapter unless a permit therefor shall first have been secured from the Health Officer or the local Board of Health of the municipality or district in which such funeral is to be held.

REGULATION 6.—Transportation of certain bodies in sealed casket

A person shall not convey or aid in conveying to a common carrier to be transported across or within this State, and a common carrier shall not accept for transportation or transport into or within this State, the body of a person who has died of any of the diseases referred to in Regulation 2 of this Chapter, unless the body is enclosed in a hermetically sealed casket and a license for such transportation has been first obtained in writing from the State Department of Health. (Section 26:6-23, Revised Statutes.)

REGULATION 7.—Transportation of bodies generally

A human body dead from causes other than those included in Regulation 2 of this Chapter shall not be transported by common carrier unless embalmed by arterial and cavity injection, and enclosed in a leak-proof casket, or a leak-proof box, provided, that embalming shall not be required if destination can be reached within twenty-four hours after death and; provided, further, that this regulation shall not apply to disinterred bodies.

This regulation shall not be construed to prevent the moving of the body of any person who has died on the property of or as a result of the activities of a common carrier, to a funeral director's establishment or the home of the deceased without embalming or encasing.

REGULATION 8.—Necessity of transit permit

A dead human body shall not be transported out of the State by common carrier unless accompanied by a transit permit of the form adopted by the State Department of Health. (Section 26:6-26, Revised Statutes.)

REGULATION 9.—Disinterments; when allowed; permits

A dead human body shall not be disinterred or removed from any grave, tomb or burial place except by direction of a competent court of this State, or upon permit being given therefor by the local board of health having jurisdiction in the locality where the body is interred or entombed. (Section 26:6-37, Revised Statutes.)

REGULATION 10.—Acceptance of disinterred body for transportation

A common carrier shall not accept for transportation or transport a disinterred human body unless the body is enclosed in a metal or metal-lined case sealed by heat or by use of a metal or rubber gasket, provided that a metal or metal-lined sealed case shall not be required for a body from which no fluid or offensive odor emanates.

CHAPTER VI RADIATION

* * *

Definitions

Lead equivalent. The thickness of lead affording the same protection under the specified conditions, as the material in question.

Milliroentgen (mr). One one-thousandth of a roentgen.

Primary radiation. Radiation coming directly from the tube target.

Stray radiation. Radiation not serving any useful purpose. It includes direct radiation and secondary radiation.

Useful beam. That part of the primary radiation which passes through the aperture, cone, or other collimator.

Roentgen (r). The International Unit of quantity or dose of X-rays or gamma rays. That quantity of x- or gamma radiation such that the associated corpuscular emission per 0.001293 g. of air, produces, in air, ions carrying 1 e.s.u. of quantity of electricity of either sign.

e.s.u. The electrostatic unit (e.s.u.) of charge which is repelled with a force of 1 dyne by an equal charge 1 centimeter distant.

* * *

REGULATION 1.—Application of chapter

(a) X-ray machines and all other sources of radiation shall be shielded, transported, handled, used and kept in such manner as to prevent all users thereof and all persons within effective range thereof from being exposed to excessive dosage of radiation. Owners or users of sources of radiation shall not expose themselves or permit others within effective range to be exposed contrary to regulations which may be promulgated by the State Department of Health relative to sources of radiation.

(b) Every incident of exposure to radiation in violation of the aforementioned regulations or of this Chapter shall be considered a separate offense.

CHAPTER VII

PRODUCTION, DISTRIBUTION AND SALE OF CERTIFIED MILK, CREAM AND SKIM MILK

REGULATION 1.—Definitions

As used in this and other chapters of the State Sanitary Code the term:

(a) Certified milk shall mean milk produced in compliance with the laws of this State, including the provisions of this Chapter, rules and regulations of the

State Department of Health, and such methods and standards as may be established by a medical milk commission so empowered by law and shall include certified milk which may have been pasteurized, homogenized, and/or modified, in accordance with practices approved by the State Department of Health and the certifying medical milk commission.

(b) Certified cream shall mean cream produced from certified milk.

(c) Certified skim milk shall mean skim milk produced from certified milk.

REGULATION 2.—Production of certified milk

(a) All dairies producing certified milk shall comply with the laws of this State, including the State Sanitary Code, all of the provisions of this Chapter and such methods and standards as may be established by a medical milk commission with which it is under contract.

(b) All certified milk shall be produced on dairies in accordance with a uniform written agreement between a medical milk commission established and operating in accordance with the laws of this State and a dairyman or dairymen, which agreement shall require compliance with the provisions of this chapter.

REGULATION 3.—Distribution and sale of certified milk, cream and skim milk

No person shall distribute or sell, or have in possession with intent to distribute or sell, as certified milk, certified cream or certified skim milk, any milk, cream, or skim milk, which has not been produced as defined by the provisions of Regulation 1.

REGULATION 4.—Qualifications and duties of personnel designated by medical milk commissions

Before milk may be certified by a medical milk commission it must have designated a licensed veterinarian, a physician licensed to practice medicine and surgery, a chemist, a bacteriologist, a sanitary inspector licensed as Sanitary Inspector Grade I by this State or possessing such license or the equivalent thereof in another state, a secretary, and such other persons as it may consider necessary to enforce the provisions of this chapter and regulations of the commission.

Duties of the personnel to be designated are as follows:

(a) Veterinarian

A Veterinarian shall have supervision over the physical condition of all animals constituting the dairy herd except that he shall not perform the tuberculin tests unless authorized so to do by the Federal and State Bureaus of Animal Industry and shall perform such other duties required by this chapter relating to his office.

(b) Physician

The physician shall have charge of the medical examination of all persons engaged in the production and handling of certified milk, certified cream and certified skim milk and shall perform such other duties required by this chapter relating to his office.

(c) Chemist

The chemist shall make all chemical analyses of milk samples required by this chapter.

(d) Bacteriologist

The bacteriologist shall make all bacteriological analyses of milk samples required by this chapter.

(e) Sanitary Inspector

The sanitary inspector shall supervise and be responsible for the sanitary condition of the entire dairy premises including the dormitories.

(f) Secretary

The secretary shall attend the meetings of the medical milk commission, keep a careful record of its proceedings, perform all duties as required by the provisions of this chapter and such other duties as may be assigned him by said commission.

REGULATION 5.—Exclusion of insects, vermin and animals from dairy buildings

All necessary measures shall be taken to prevent insects, vermin, and animals other than animals of the dairy herd from entering dairy buildings where milk is handled or processed or dairy animals are housed.

REGULATION 6.—Construction of stables, milking stables, and milking parlors

All stables, milking stables or milking parlors shall be so constructed as to facilitate prompt and easy removal of waste products and provide proper shelter for dairy animals.

REGULATION 7.—Surface of walls and ceilings of milking stables or parlors

The inside surfaces of the walls of all interior construction shall be smooth with tight joints. The surfaces of ceilings shall be smooth and tight. Horizontal and slanting surfaces which might harbor dust shall be avoided as far as possible.

REGULATION 8.—Drinking and feed troughs

Drinking troughs and other water containers shall be drained and cleaned each day and feed troughs and mixing floors shall be kept clean.

REGULATION 9.—Stanchions and throat latches

Stanchions, when used, shall be constructed of metal tubing or hard wood. Unless dairy animals are cleaned immediately before milking, throat latches shall be provided to prevent them from lying down between the time of cleaning and the time of milking.

REGULATION 10.—Ventilation

Each cow shall be provided with a minimum of 600 cubic feet of air space and each goat shall be provided with a minimum of 100 cubic feet of air space.

REGULATION 11.—Windows

A sufficient number of windows shall be installed and so distributed as to provide satisfactory light and a maximum of sunshine; at least four square feet of window area shall be provided for each six hundred cubic feet of air space.

REGULATION 12.—Bedding

Dusty, wet, moldy or unclean materials shall not be used for bedding or absorbent purposes.

REGULATION 13.—Cleansing of stables or milking parlors and disposition of manure

Soiled bedding and manure of dairy animals kept in stanchions or stalls shall be removed at least twice daily and the floors shall be swept and kept free of refuse. Such cleaning and sweeping shall be done at least one hour before milking time. Milking parlors shall be kept clean at all times.

REGULATION 14.—Quarantine and isolation stables

An appropriate building or buildings shall be available for quarantine and isolation of diseased dairy animals and the same shall be a building or buildings separate and apart from all other dairy buildings or enclosures. Said buildings shall be provided with sufficient light, ventilation and drainage and so constructed, located and maintained as to prevent the spread of infectious diseases amongst the herd. The interior and surroundings of such buildings shall be maintained in a sanitary condition.

REGULATION 15.—Separate milk house

Milk houses shall be kept clean at all times and shall be located in a building or buildings separate and apart from stables, milking stables and dwelling places.

REGULATION 16.—Operations permitted in milk houses

Milk houses shall not be used for purposes other than the handling or processing of certified milk or its cream or skim milk and the cleansing, sterilizing and storing of milk utensils which are in use. No parts of buildings housing such activities shall be used for dwelling or lodging purposes.

REGULATION 17.—Construction of milk houses

Milk houses shall be so constructed and arranged as to provide separate rooms for the bottling and handling of milk, washing and sterilization of bottles and utensils, and heating plant.

The floors of bottling, washing, and sterilizing rooms shall be watertight and shall drain to properly trapped drain pipes.

The walls and ceilings shall be smooth and kept well painted. The walls should be constructed of non-absorbent material to a height of at least five feet.

REGULATION 18.—Bottling room and washing and sterilizing room

A bottling room shall be held to mean any room in a milk house or milk plant in which milk is exposed or bottled. The bottling room shall be used for no purpose other than the bottling and processing of certified milk and shall be kept scrupulously clean and free from odors.

The washing and sterilizing room shall be held to mean any room in a milk house or milk plant where any bottles, apparatus or utensils used in the handling of certified milk are cleansed and sterilized. The washing and sterilizing room shall be used for no purpose other than the cleaning and sterilizing of milk bottles and the apparatus and utensils used in handling of certified milk.

REGULATION 19.—Cleansing facilities for bottles and utensils

Washing and sterilizing rooms shall have an abundant supply of hot and cold water and adequate apparatus for the cleansing of milk bottles and utensils used in the production, processing, separation and handling of certified milk.

REGULATION 20.—Milk receiving room

A milk receiving room is any room or building located at or near the milking stables used for the purpose of a central collecting room for milk brought from

the stables or milking parlors. Such room shall conform to the same rules of construction, maintenance, and cleanliness as applied to the milk and bottling room in a milk house or milk plant, and shall not be directly connected with the stable.

REGULATION 21.—Utensils

All utensils shall be so constructed as to be easily cleaned. Small top or hooded milking pails shall be used. The milking pail should preferably have an elliptical opening five by seven inches in diameter. The hood of this pail should be so convex as to make the entire interior of the pail visible and accessible for cleaning. Sterilizers and coolers shall be provided with recording thermometers.

REGULATION 22.—Dormitories

Dormitories or other residences in which employees live on dairy premises shall be constructed and operated according to plans approved by the medical milk commission. Adequate bathroom facilities shall be provided for all employees living on the dairy premises.

REGULATION 23.—Quarantine quarters

Proper quarantine and isolation facilities shall be provided for sick employees living on dairy premises.

REGULATION 24.—Toilet rooms

Adequate and convenient toilet rooms shall be provided having a sufficient number of lavatories equipped with hot and cold running water, nail brushes, soap or detergent, and clean individual towels. These rooms shall be kept clean at all times and outside openings shall be properly screened. All doors opening into toilet rooms shall be provided with self-closing devices.

REGULATION 25.—Pastures or paddocks

Pastures or paddocks for dairy animals shall not be crossed by a contaminated stream and shall be located a sufficient distance from offensive conditions that dairy animals will suffer no bad effects therefrom. Pastures should be free from infectious agents and deleterious plants and shall be of such character that they will furnish sound and nutritious food for the animals.

REGULATION 26.—Make-up of herd

Only animals receiving the same supervision as those of the certified herd shall be kept in the same barn or be allowed to come in contact with said herd.

REGULATION 27.—Cleaning of dairy animals

Each dairy animal in the certified herd shall be cleaned before each milking.

REGULATION 28.—Clipping

Long hair shall be clipped from the udders and flanks of dairy animals and the tails shall be kept clean.

REGULATION 29.—Cleaning of udders

Udders and teats of dairy animals shall be thoroughly washed and dried with a clean cloth immediately before milking and shall be clean at the time of milking. In no case shall one cloth be used on more than four udders.

REGULATION 30.—Feeding

(a) A well balanced ration shall be used and all changes of food shall be made slowly. The first few feedings of grass, alfalfa, ensilage, green corn, or other green feeds shall be given in small rations and increased gradually.

(b) All foodstuffs shall be stored in a compartment separate from the stable. Dusty foodstuffs shall not be brought into a milking stable or milking parlor until after milking is completed.

REGULATION 31.—Tuberculin and brucellosis testing

All dairy animals shall be tested for tuberculosis and brucellosis in accordance with tests and procedures acceptable to the State Department of Health.

REGULATION 32.—Reporting of tests

The results of all tests made of dairy animals shall be reported to and filed by the secretary of the medical milk commission under contract with the owner of the dairy animal tested.

REGULATION 33.—Disinfection of stables

Immediately following the removal of reactors or other diseased animals from a stable or other exposed structure or area on a dairy premises, the same shall be disinfected under the supervision of the sanitary inspector of the medical milk commission.

REGULATION 34.—Identification of animals

Each dairy animal, except purebred registered cattle, in each of the certified herds, shall be labeled or tagged with a permanent identification number or mark.

REGULATION 35.—Herd records

A record shall be kept of each animal in the herd which shall show the date of entrance to and the date of departure from the herd, date of breeding, date of calving and the results of tuberculin tests, tests for brucellosis and physical examinations. These records shall be kept by the owner of the herd who shall be responsible for their accuracy and copies thereof shall be kept by his medical milk commission's veterinarian.

REGULATION 36.—Physical examination of animals

The veterinarian designated by a medical milk commission shall make a careful physical examination of all animals in the dairy herd at regular intervals not exceeding one month and shall report examination results immediately in writing to the secretary of the medical milk commission.

REGULATION 37.—Isolation, quarantine and permanent removal of diseased animals

Dairy animals having tuberculosis, brucellosis, rheumatism, inflammation of the uterus, severe diarrhea, or diseases of the udder or producing abnormal milk, or dairy animals that for these or other causes may be a menace to the health of the herd or the consumers of their milk, shall be effectively isolated or quarantined under the direction of the veterinarian so designated by a medical milk commission in a manner acceptable to the State Department of Health. Said dairy animals shall not be restored to the herd until permission has been given by that veterinarian after their careful physical examination and if necessary a bacteriological examination has been made excepting that dairy animals diagnosed as having tuberculosis or brucellosis shall be promptly and permanently excluded from the dairy premises.

REGULATION 38.—Isolation or quarantine of dairy animals by the dairyman

The dairyman having knowledge or suspecting that a dairy animal or dairy animals under his care or control are ill or infected with any of the diseases or

physical signs listed in Regulation 37, shall effectively isolate or quarantine said animals and immediately notify by telephone or telegraph the secretary of the medical milk commission and its veterinarian of his findings and action taken.

REGULATION 39.—Isolation of emaciated dairy animals

Dairy animals emaciated from chronic diseases or from any other cause that may endanger the purity or nutritive quality of the milk shall be removed immediately from the certified herd.

REGULATION 40.—Milk production cause for removal from certified herd

Regardless of the cause therefor, cows producing less than three quarts of milk daily and goats producing less than one-half pint of milk daily shall be removed from the certified herd.

REGULATION 41.—Pre-employment examinations

Every person to be employed on a dairy premise shall be examined by a physician designated by the medical milk commission before the person may begin work. No person shall be employed or approved by the aforementioned commission for employment unless satisfactory evidence of recent successful vaccination or immunity against smallpox is presented, and who upon examination is found not to be ill or infected with a disease transmissible through milk or a milk product.

REGULATION 42.—Duties of physicians designated by medical milk commissions

The duties of a physician designated by a medical milk commission shall be to:

(a) Obtain authentic fresh specimens of feces, nose and throat cultures and other necessary specimens from persons at the time of their pre-employment examination and submit said specimens for examination to a laboratory approved by the State Department of Health.

(b) Visit dairy premises designated by a medical milk commission at intervals of not less than once a week for the purpose of determining the existence of a communicable disease on the premises. At that time he shall examine the nose, throat, ears and exposed skin surface of each employee and when clinical symptoms warrant or abnormal discharges are found, obtain specimens from such employee, and submit the same for examination to a laboratory approved by the State Department of Health.

(c) Visit the dairies and make complete physical examination of the employees referred to in (b) above at intervals not exceeding six months. Laboratory specimens need not be taken at this time unless conditions indicate the same are necessary.

(d) Isolate or quarantine persons known or suspected to be ill or infected with, or exposed to, a disease transmissible through milk or a milk product in such manner as to protect other employees and the milk supply from possible infection.

(e) Immediately report diseases to the officer designated by the local board of health as required by the provisions of Regulation 4, Chapter II of the State Sanitary Code and forward a copy of that report to the secretary of the medical milk commission.

(f) Upon discovery of a person known or suspected to be ill or infected with a communicable disease on dairy premises immediately examine all employees of the dairy.

REGULATION 43.—Reporting of diseases by secretary of the medical milk commission

It shall be the duty of the secretary of the medical milk commission upon receiving notice of diseases suspected to be contagious on a dairy to notify at once the health officer or the local board of health of each municipality where milk of that dairy is sold and the State Department of Health of the names of the persons affected, the nature of the disease and the restrictive measures that have been established to prevent the transmission of the infection.

REGULATION 44.—Employee records

Records of each employee showing name, address, date of employment, date of leaving employment, results of physical examinations by physician, and the results of examination of cultures and other laboratory tests shall be maintained by the employing dairy on the dairy premises.

REGULATION 45.—Clothing and personal cleanliness of employees handling or processing milk

(a) The hands, body and clothing of persons handling or processing milk shall be clean.

(b) The hands of milkers shall be clean and dry during the milking of each cow.

(c) Clean overalls, jumper and cap shall be worn during the handling or processing of milk and shall be used for no other purposes. When not in use these clothes shall be kept in a clean place, protected from dust and dirt. Complete change of this clothing shall be provided at least three times per week.

REGULATION 46.—Lavatory facilities

Lavatory facilities for employees which shall include hot and cold water, soap or detergent, and clean individual towels shall be located:

(a) in the milk house or milk plant separate and distinct from apparatus or facilities used in handling certified milk or cleaning milk utensils;

(b) in or convenient to milking stables or milking parlors.

REGULATION 47.—Practices prohibited dairy employees

Dairy employees shall not:

(a) Use tobacco in any form when handling or processing milk.

(b) Permit any part of their body to come in contact with milk intended for sale or other distribution.

(c) Touch anything with their hands when milking excepting the clean seat of the milking stool, the clean milk pail, and the cleaned teats of the dairy animals.

(d) Spit upon or within the confines of stables, milking parlors, milk houses, or the milk plant.

REGULATION 48.—Foremilk

The first three streams of milk from each teat shall be rejected. Such milk shall be drawn into a strip cup and such milk shall not be poured upon the floor or in the gutters of the milking stable or milking parlor, nor shall such milk be distributed for human consumption.

REGULATION 49.—Milk prohibited distribution for human consumption

Milk from dairy animals known or suspected of having any of the diseases or physical signs listed in Regulation 37 or milk which has an unnatural appearance or is in any other way abnormal shall not be distributed for human consumption.

REGULATION 50.—Dirty or contaminated milk

Milk contaminated or exposed to contamination in any manner shall not be distributed for human consumption.

REGULATION 51.—Certain milk not to be certified or sold as certified milk

(a) Milk obtained from dairy animals during a period of forty-five days before and seven days after parturition or such longer period as is necessary to render the milk colostrum-free shall not be certified or sold as certified milk.

(b) Milk obtained from cows producing less than three quarts daily or from goats producing less than one-half pint daily shall not be certified or sold as certified milk.

REGULATION 52.—Restricted use of milking stables or milking parlors

(a) Dairy animals shall not be permitted to calve or kid in the milking stables or milking parlor and shall not be returned to the milking stable while the uterine discharges are putrid or purulent and under no circumstances before the seventh day following parturition.

(b) Milk shall promptly be removed from milking stables or milking parlors and shall not be strained therein.

REGULATION 53.—Persons prohibited entrance to milk handling or processing rooms

Persons other than dairy employees or inspecting officials shall be prohibited entrance to all rooms or enclosures on dairy premises wherein milk is being handled or processed.

REGULATION 54.—Milk cooling

Adequate sanitary equipment shall be provided for cooling milk. After milking, the milk shall be immediately cooled and maintained at a temperature below 50°F. except during the process of pasteurization or separation. Milk shall not be allowed to freeze at any time.

REGULATION 55.—Sealing of bottles

Milk, after being cooled and bottled, shall be sealed immediately. Such seal shall include a hood constructed in such fashion that it covers the lip of the bottle and permits ready detection of tampering.

REGULATION 56.—Container labels

(a) All containers used in the distribution of raw milk that has been certified shall have attached thereto or placed thereon a certificate or seal bearing the name of the medical milk commission certifying that milk, and the word "Certified" in plain legible form in addition to the information required by paragraph 30 of R.S. 24:10-16 relating to raw milk.

(b) All containers used in the distribution of certified milk, certified cream and certified skim milk that has been pasteurized shall bear the word "Pasteurized" and the date of pasteurization in addition to the information specified in (a) of this regulation.

REGULATION 57.—Transportation of milk

Milk containers in transit shall be kept free from dust and dirt. Vehicles, trays and crates shall be kept clean. All certified milk, certified cream and certi-

fied skim milk shall be delivered to the consumer within 48 hours after the close of the day of production.

REGULATION 58.—Bacterial counts

Certified raw milk shall contain not more than a 10,000 bacteria count per milliliter or more than a 10 coliform count per milliliter when delivered. Certified pasteurized milk shall contain not more than 500 bacteria count per milliliter nor more than a count of 1 coliform per milliliter when delivered. In case a count exceeding the above is found, daily counts shall be made, and if legal counts are not restored within ten days, the certificate shall be suspended, but if in the judgment of the medical milk commission such action is necessary, the certificate may be revoked immediately. Bacterial counts shall be made at least once each week.

REGULATION 59.—Collection of samples

Certified milk, certified cream and certified skim milk samples shall be obtained by a representative of the medical milk commission for examination.

REGULATION 60.—Determination of milk temperature

Temperature of milk shall be determined by a standardized thermometer graduated in the Fahrenheit scale.

REGULATION 61.—Determination of taste and odor of milk

The taste and odor of the milk shall be determined immediately after the plates have been prepared and placed in the incubator.

REGULATION 62.—Fat standards

The fat standard for certified milk shall be four per cent; provided, however, that certified milk of a fat content of not less than three and five-tenths per cent may be sold if the fat content is stated upon the cap.

The fat standard for certified cream shall be not less than twenty per cent.

The fat contents of certified milk and certified cream shall be determined at least once each month.

REGULATION 63.—Examination and sampling methods and techniques

Methods and techniques used in the collection of samples and the performance of biological and chemical examinations shall be acceptable to the State Department of Health.

REGULATION 64.—Employment of laboratories and use of test reports

(a) A physician in the performance of his duties for a medical milk commission, a health officer or local board of health shall only employ for laboratory services required by Regulation 42 of this Chapter, a laboratory which complies with the provisions for certification and standards for laboratories contained in Chapter IV of the State Sanitary Code.

(b) Other representatives of a medical milk commission shall not utilize any laboratory test report or reports in connection with duties required of them under the provisions of this chapter after the secretary of the medical milk commission is advised by the State Department of Health that the laboratory in which such test or tests were made is unacceptable for performing such tests.

REGULATION 65.—Records of bacteriological and chemical tests

The results of all bacteriological and chemical tests shall be filed by the medical milk commission secretary and copies forwarded to the producer.

REGULATION 66.—Restrictions on use of equipment

Equipment used in the handling or processing of certified milk, certified cream or certified skim milk shall not be used for any other class of milk.

REGULATION 67.—Reports to the state department of health

The secretary of each medical milk commission certifying to milk produced or sold in this State shall upon request of the Commissioner of Health of the State of New Jersey submit to the Department of Health:

- (a) Monthly reports showing the results of all examinations made by the physician, the veterinarian, the bacteriologist, the chemist and the sanitary inspector.
- (b) Reports of all tuberculin tests.
- (c) Reports of all tests for brucellosis.
- (d) Semi-annual reports showing the names of municipalities in New Jersey in which the certified milk is distributed.

REGULATION 68.—Records available for inspection

Duplicates of all records of physical examinations of employees, records of dates of employment and discharge of employees and the character of work performed by them, together with the herd records and such other records as may pertain to the supervision of the production and handling of milk and the certificate from the commission shall be filed at the dairy in charge of the manager. Such records shall be open to inspection by the representatives of the Department of Health of the State of New Jersey and by health officials of the municipalities in which the milk is sold or distributed. The original records on file with the secretary of the medical milk commission shall be open to inspection by the same authorities.

CHAPTER VIII**REFUSE DISPOSAL****REGULATION 1.**

Dumps are hereby declared to be nuisances hazardous to human health.

Beginning July 1, 1958, disposal of organic and/or combustible matter on lands in this State shall be made only through use of:

- (a) Sanitary landfills established, conducted, operated and maintained in accordance with standards heretofore established by the State Department of Health

OR

- (b) Incinerators constructed, operated and maintained in accordance with standards heretofore established by the State Department of Health, and Code or Regulation of the New Jersey Air Pollution Control Commission, or other methods of disposal as may be permitted by Code or Regulation of that Commission.

REGULATION 2.

The provisions of this Code shall not be applicable to disposal of family garbage or family refuse on the premises where the family resides nor shall the provisions of this Code be interpreted as permitting disposal of domestic sewage in any manner other than that prescribed by law.