

**CHAPTER 52****RECOGNIZED PUBLIC HEALTH ACTIVITIES AND  
MINIMUM STANDARDS OF PERFORMANCE FOR  
LOCAL BOARDS OF HEALTH IN NEW JERSEY****Authority**

N.J.S.A. 26:1A-15.

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See: 23 N.J.R. 2528(a), 24 N.J.R. 144(a).**Executive Order No. 66(1978) Expiration Date**

Chapter 52, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, expires on December 11, 1996.

**Chapter Historical Note**

Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey was filed and become effective prior to September 1, 1969, as Chapter 51. Chapter 51 was repealed and new rules on the subject were adopted at Chapter 52 by R.1986 d.476, effective December 15, 1986 (operative January 1, 1987). See: 18 N.J.R. 1690(a), 18 N.J.R. 2448(a). Chapter 52 was readopted without change as R.1992 d.24, effective December 11, 1991. See: Source and Effective Date.

See section annotations for additional rulemaking activity.

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**SUBCHAPTER 1. GENERAL PROVISIONS****8:52-1.1 Purpose**

The purpose of this chapter is to establish minimum standards of performance for recognized public health activities and to designate those public health activities to be provided by all local boards of health in order to protect and improve the health of New Jersey residents.

**8:52-1.2 Scope**

Each local board of health is required to establish and maintain a program to meet the minimum standards of performance for each activity designated as core as defined in this chapter. No such minimum standard shall be construed as authorizing a lesser standard than that prescribed by statute or regulation or as empowering or requiring a local health agency to act in matters solely under the jurisdiction of a State, county or municipal agency.

**8:52-1.3 Compliance**

A local board of health that is determined by the Department to be deficient in meeting "Minimum Standards of Performance . . ." for mandated public health activities shall submit a plan of correction to the Department as directed.

Failure to implement the provisions of the approved plan of correction shall result in action by the Department of Health in accordance with N.J.S.A. 26:3A2-11.

#### 8:52-1.4 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Community Health Profile” means health planning document which examines the health status as well as the social, economic and demographic risk factors of the community to determine public health problems and needs within a local health jurisdiction.

“Department of Health” means the New Jersey Department of Health.

“Full-time health officer” means a holder of a license as a health officer issued by the State Department of Health who is employed by a local board of health to function during all the working hours of the regularly scheduled work week of the governmental unit to which the local health agency is attached and not regularly employed during the working hours of that scheduled work week in other activities for which he receives remuneration.

“Local board of health”, as defined in N.J.S.A. 26:1A-1 and N.J.S.A. 26:3-1, shall be the enforcement, policy and rule making body with respect to Local Health Services provided by local health agencies under N.J.S.A. 26:3A2-1 et seq.

“Local health agency” means a municipal, county, regional or other governmental agency conducting a public health program pursuant to law.

“Local Health Service Plan” means a multi year public plan prepared by a local health agency which identifies specific program goals and objectives to address the public health problems and needs identified in the community health profile and the activities mandated by N.J.A.C. 8:52.

“Recognized public health activities” are those activities which either have been provided by local boards of health or which are reasonable activities to be provided by local boards of health to meet the public health needs of the local health jurisdiction. Recognized public health activities are classified as either Core or Elective as defined in these rules.

“Core activities” means those recognized public health activities which are mandatory for local boards of health in all municipalities. The activities designated as Core represent those which are considered necessary for the provision of basic public health services.

“Elective activities” means those recognized public health activities which the local board of health may choose to provide based on special health needs identified within the jurisdiction of the local health agency and available resources.

#### 8:52-1.5 Contractual services

A core or elective recognized public health activity meeting the standards prescribed in N.J.A.C. 8:52 may be planned and offered directly by the local board of health or by a person or agency under contract to the board, provided that the contract specifies that services provided shall be in accordance with N.J.A.C. 8:52 and shall not violate State statute or regulation.

#### 8:52-1.6 Modification or waiver of program standard

(a) A local health agency may apply in writing to the Department of Health, Health Aid Services Program to obtain a modification or waiver of a program standard when:

1. The Community Health Profile indicates that the local health jurisdiction does not contain a high risk population sufficient to warrant the provision of a particular program services; or
2. The local health agency can demonstrate that the public health needs with respect to a given activity are being adequately met by other health care providers serving the local health jurisdiction; or
3. The local health agency can demonstrate to the satisfaction of the Department of Health that an alternative method exists to providing services in a manner which meets the intent of N.J.A.C. 8:52 and is appropriate to the public health needs of the local health jurisdiction; or
4. The local health agency can demonstrate that a significant unmet health need exists within the local health jurisdiction and resources are not available to adequately address all mandated public health needs.

(b) The Department of Health may allow a local health agency to provide certain mandated activities at a lesser level of service than is required by these standards in order to focus additional resources on critical health issues.

(c) Authorization to provide mandated activities at a lesser level of service shall be granted for a period of one year and shall be thoroughly reevaluated if documented requests are received for an extension of the authorization.

(d) The decision of the Department of Health regarding the request for a modification or waiver of standard shall be rendered in writing within 45 days of receipt and shall outline the conditions upon which the request is approved or denied. If the request is not approved, the Department of Health shall outline the procedure by which the decision may be reviewed.

**8:52-1.7 County Environmental Health Activities**

Local health agencies shall comply with applicable provisions of the County Environmental Health Act (N.J.S.A. 26:3A2-21) and the standards adopted by the Department of Environmental Protection pursuant to the Act.

**8:52-1.8 Personnel**

(a) A Health Educator shall have completed the following:

1. A degree of Master of Public Health in health education or Master of Arts or Master of Science in health education from a program accredited by the Council on Education for Public Health; or

2. A Master's degree in a related field from an accredited college or university which includes or is supplemented by the successful completion of coursework in each of the following areas: health education theory, education program planning and evaluation, educational processes, social and behavioral sciences, research methodology, and public health administration; or

3. A Bachelor's degree which includes or is supplemented by the successful completion of coursework in each of the following areas: health education theory, education program planning and evaluation, educational processes, social and behavioral sciences, research methodology, and public health administration and has three years of experience in assessing health education needs, planning, implementation, and evaluation of health education programs, and community organization in either a local health department or State or local health agency.

(b) A Field Representative, Health Education is a person with a Bachelor's degree who receives consultation and guidance from a qualified Master's person as specified in (a)1 or 2 above.

(c) A public health nurse director shall be a registered professional nurse currently licensed in New Jersey who has completed a Master's Degree program accredited by the National League for Nursing with a nursing major in supervision, teaching, consultation or administration and advanced study in a clinical specialty; or has completed a Master's program in public health in an institution accredited by the American Public Health Association, and five years of experience in public health nursing, one year of which shall have been a supervisory capacity.

(d) A public health nurse supervisor shall be a registered professional nurse currently licensed in New Jersey who has completed a baccalaureate degree program approved by the National League for Nursing for public health nursing preparation and three years of experience in public health nursing experience under qualified nursing supervision.

Amended by R.1987 d.216, effective May 18, 1987.  
See: 19 N.J.R. 398(b), 19 N.J.R. 879(a).

Deleted "four of the six" and substituted "each of the"; deleted "and completed three ... or 2 above" and substituted "and has three ... local health agency".

**SUBCHAPTER 2. ADMINISTRATION: CORE ACTIVITIES****8:52-2.1 Administrative services**

(a) Administrative mechanisms shall be established to manage the activities of the local health agency.

(b) The general structure and organization of the board of health or authority shall be in accordance with the following:

1. The local health department shall have a board of health or an authority as prescribed in N.J.S.A. 26:3-1 related to the chosen organizational structure of the local health department and appropriate to the existing form of local government; and

2. Shall have legal responsibility for the local health department, shall be the policy making body for the agency, shall assure that efficient and effective administration of the agency is provided; and

3. Shall hold meetings as prescribed in N.J.S.A. 26:3-12 and provide documentation of such meeting through minutes; and

4. Shall notify the commissioner of any changes in health officer coverage, or of public health activities 30 days prior to the change.

(c) The health officer shall function as the chief administrative officer to the board or authority, and shall be accountable to that board or authority.

(d) The health officer, as authorized by the board of health or authority, shall be the responsible agent for all public health services and activities of the local health agency and shall:

1. Direct and supervise all employees of the local health department inclusive of those employees providing contractual services;

2. Plan, manage and implement the programmatic components of the local health agency and prepare the budget;

3. Develop and maintain a system of evaluation for all public health services and activities of the local health department;

4. Maintain administrative relationships and communication with support services and community resources such as hospitals, emergency medical services providers, government agencies, voluntary organizations and other

health care providers to promote inter-agency cooperation and effective allocation of health resources;

5. Enforce all public health laws, regulations and ordinances and ensure appropriate disposition of all enforcement action;

6. Provide for open lines of communication within the organization;

7. Develop a referral directory and implement a referral log or file for health services provided by other agencies to community residents;

8. Oversee the completion of the Community Health Profile and the implementation of the Local Health Service Plan as requested by the Department of Health;

9. Determine and define the health needs and priorities of the community based upon analyses and interpretation of health statistics and other pertinent information; and

10. Maintain proper records in accordance with the local health agency records retention schedule as promulgated by the New Jersey State Department of Education, Bureau of Archives and History, Records Committee. (See N.J.A.C. 15:3-3.8.)

(e) Public health services and activities of the local health department shall include, but not be limited to, programs in the following functional areas:

1. Administrative Services;
2. Environmental Health;
3. Communicable Disease;
4. Maternal and Child Health; and
5. Adult Health Services.

(f) All Public Health services and activities of the Local Health Agency shall be carried out in compliance with the following:

1. Public Health services and activities of the local health department shall be provided on an ongoing scheduled basis to meet the needs of residents within the jurisdiction of the local health department.

2. Public Health services and activities of the local health department shall comply with all applicable state and local laws and regulations.

3. The local health department shall be so organized that clear lines of responsibility, authority and accountability are present and functioning to assure an integrated continuum of public health services and activities.

4. All professional personnel of the local health department shall be licensed, certified or authorized as required to provide recognized public health services and activities.

5. A written report of the entire public health program approved by the board or authority of the local health department shall be submitted to the Commissioner annually according to format established by the Department of Health.

6. The local health department shall have a written contractual agreement for services and activities listed in these standards which are not provided directly by the local health department. This contractual service agreement shall be entered into only with a licensed, certified or otherwise approved facility, individual or service organization.

(g) A policy and procedure manual shall be developed, and approved by the board or authority, as a guide for the organization and operation of the local health agency and shall be accessible to all employees of the Agency.

(h) Individual medical and/or health records in the possession of local health department shall be kept in confidence and not be revealed or disclosed in any manner except to the individual or his authorized representative, the Department of Health, or as otherwise authorized by law.

(i) A coordinated program shall be provided for staff education and development which should include attendance at seminars, workshops, conferences, inservice programs, and/or formal courses to improve employees' skills and knowledge in accordance with their professional needs.

(j) Laboratory services shall be provided by facilities licensed under P.L. 1975, Clinical Laboratory Improvement Act (N.J.A.C. 8:45) as needed to comply with individual activity standards.

(k) A coordinated vital records and statistics program shall be conducted as required by law.

(l) The following support services shall be provided:

1. Physical facilities in compliance with applicable State and local regulations pertaining to:

- i. Building;
- ii. Zoning;
- iii. Fire; and
- iv. Safety;

2. Space adequate for offices and clinics to operate efficiently.

3. Office equipment that enables personnel to function competently and efficiently.

4. Transportation for field personnel as needed.

**8:52-2.2 Health promotion**

(a) A structured program shall be provided by the Health Educator or Field Representative, Health Education, in accordance with community health education needs, which shall include health components for Alcohol Abuse Control, Drug Abuse Control, Smoking Prevention and Cessation, Nutrition, Injury Control, and Physical Fitness and Exercise and shall include the following:

1. An assessment of health education needs and identification of target populations based on information from the New Jersey Department of Health Community Health Profile and other relevant health related data;

2. Written health education program plans with measurable objectives for the six components in (a) above, based on the Health Promotion Guidelines, contained in the Adult Health Services Guidelines and other identified health education needs.

3. Identification and involvement of local leadership in the planning, implementation, and maintenance of needed health education services and programs to include collaboration with other agencies serving the community where such opportunities exist, and consultation with content specialists in the six required components in (a) above; and other areas as needed.

4. Application of appropriate health education interventions to provide for the effective implementation of health education programs (i.e., community development, skill development, simulation, peer group discussion, behavior modification, lecture, media awareness, programmed learning, individual instruction, etc.);

5. Integration of a health education component into health department programs and services, covering the six required promotion topics in (a) above;

6. Consultation and training in the application of health education techniques for the professional staff of the health department; and

7. Evaluation and report of the degree of success in achieving predetermined health education objectives.

8. The health educator or Field Representative, Health Education shall serve as a community health information resource.

**8:52-2.3 Public health nursing services**

(a) Provision of public health nursing services shall include the following:

1. The services of a public health nurse director or supervisor to assess, plan, implement and evaluate public health nursing services in accordance with community health needs;

2. Up-to-date written objectives, policies and procedures developed in cooperation with the health officer, for each activity in which there is nursing participation

which relate to the overall goals of the local health agency;

3. The maintenance and use of individual, family and other service records according to current professional standards;

4. Orientation inservice and continuing education programs for nursing staff;

5. Annual reports of services rendered which include pertinent statistics and descriptive narrative as related to objectives;

6. Integration, in conjunction with the health educator, of the relevant components of the health promotion program into all activities involving public health nursing services.

(b) All recognized public health nursing activities must meet the minimum standards of performance outlined in N.J.A.C. 8:52 for those activities.

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**SUBCHAPTER 3. ENVIRONMENTAL HEALTH:  
CORE ACTIVITIES**
**8:52-3.1 Recreational bathing**

(a) The local board of health shall:

1. Conduct a sanitation and safety program at public bathing places (that is, swimming pools, lakes, rivers and ocean bathing places), based upon the current "Recreational Bathing" regulations contained in the State Sanitary Code (see N.J.A.C. 8:26);

2. Inspect, using an inspection form designed by the Department of Health, each public bathing place at least twice during the operating season, make follow-up inspections when deficiencies are found, and take necessary enforcement actions;

3. Assure sanitary surveys of natural bathing areas as indicated by bacterial counts and/or epidemiological evidence;

4. Inspect public spas and/or whirlpools at least yearly in accordance with the provisions of the Recreational Bathing regulations (N.J.A.C. 8:26);

5. Conduct investigation within 24 hours of all deaths and serious injuries and report such occurrences as outlined in the Recreational Bathing Regulations (N.J.A.C. 8:26) on a form developed by the Department of Health.

**8:52-3.2 Campgrounds**

(a) The local board of health shall:

1. Conduct a sanitation and safety program for campgrounds based upon State law and Chapter II of the State Sanitary Code (N.J.A.C. 8:22-1).

2. Inspect each campground at least annually to insure compliance; conduct follow-up inspections and initiate enforcement action as necessary.

### 8:52-3.3 Youth camps

(a) The local board of health shall conduct a youth camp sanitation and safety program (N.J.A.C. 8:25) and shall:

1. Inspect each youth camp once prior to opening;

2. Perform necessary follow-up inspections at the request of Environmental Health Services; and,

3. Submit copies of each inspection to Environmental Health Services, Department of Health.

### 8:52-3.4 Food surveillance

(a) The local board of health shall maintain surveillance of retail food establishments, food and beverage vending machines and shall:

1. Conduct a retail food establishment program based upon State laws and regulations, including Chapter 12 of the State Sanitary Code and local ordinances, if applicable (N.J.A.C. 8:24);

2. Inspect retail food establishments using forms approved by the Department of Health at least once a year, inspect vending machines dispensing potentially hazardous foods at least once a year and those dispensing non-potentially hazardous foods on a complaint basis or as required by local ordinance;

3. Initiate appropriate enforcement action to secure compliance with State law and local ordinance; collect and prepare evidence for legal action; follow a protocol for taking appropriate enforcement actions to secure compliance (such as abatement letters, administrative hearing, summons, court actions and condemnations);

4. Maintain food establishment and vending machines files at the local health agency office containing inspection reports, food sample reports, and reports of enforcement actions taken and other pertinent data associated with the program;

5. Provide for, or conduct training courses for food service supervisors using curricula approved by the Department of Health such as the Food Manager's Certification Program;

6. Collect samples and provide for laboratory analyses of any food suspected of being associated with a foodborne illness or, as necessary, any food suspected of being adulterated, misbranded or unwholesome;

7. Embargo all food known or suspected of being adulterated, misbranded, unwholesome or associated with foodborne illness within the meaning of local ordinance or State law.

8. Assist the Department of Health upon request in conducting recalls and recall effectiveness checks of foods found to be contaminated, adulterated or misbranded; and

9. Condemn and supervise the destruction or otherwise dispose of food which is adulterated, misbranded, unwholesome or associated with foodborne illness within the provisions of local ordinance or State law.

### 8:52-3.5 Occupational health (operative January 1, 1989)

(a) The local board of health shall conduct an occupational health program operative January 1, 1989, and shall:

1. Maintain a comprehensive profile of all employers in each designated four digit Standard Industrial Classification (SIC) operating in local jurisdiction. This profile should utilize Department of Labor and Right to Know data filed (see N.J.A.C. 8:59) and include for each employer:

Name of company,	SIC Code,
Address of company,	
Number of employees,	
Major product or service,	
Right to Know Data—DEP/DOH,	
History of emergency calls,	
History of complaints;	

2. Maintain a list of all information and/or agency occupational health resources and make appropriate referrals in response to requests for information or complaints;

3. Train or obtain at least one staff person in Occupational Health and Industrial Hygiene through a continuing education program provided or made available by the Occupational Health Program of the Department of Health.

4. Conduct initial and follow-up interviews, utilizing standardized procedures and forms developed by the Department of Health, upon receipt of reports of occupational disease cases (N.J.A.C. 8:57-1.13); and

5. Conduct preliminary surveys in response to reported occupational diseases or referrals from the Department of Health, using standardized forms provided by the Department of Health to record observations and collect information. (These standardized forms shall be forwarded to the Department of Health Occupational Health Program for follow-up).

(b) Although this core activity does not become operative until January 1, 1989, the local boards of health shall consider it an elective activity, upon the promulgation of these rules.

**8:52-3.6 Public health nuisances**

(a) The local board of health shall conduct a public health nuisance program to include the following:

1. Investigations of public health nuisances including but not limited to noxious weeds, housing, solid waste and insects and rodents, which shall be conducted in accordance with applicable State laws and local ordinances, which are at least equivalent to the "Weed Control Code of New Jersey", the "Solid Waste Code of New Jersey", and the "Public Health Nuisance Code of New Jersey" (which are model codes available from the Department of Health);
2. Conduct complaint investigations and surveys to identify nuisances, and through appropriate follow-up, ensure abatement in accordance with State law and local ordinances;
3. Maintain and make available educational information on the prevention and abatement of public health nuisances; and,
4. Maintain current files on all public health nuisances which shall include the investigation, follow-up, abatement and enforcement action taken in each instance.

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## SUBCHAPTER 4. COMMUNICABLE DISEASES: CORE ACTIVITIES

**8:52-4.1 Reportable diseases**

(a) The local board of health shall conduct a program for the surveillance, investigation and control of reportable diseases and shall:

1. Document episodes of reportable diseases including occupational diseases and/or incidents and transmit the information to the State and other agencies as required by Chapter Two, Reportable Diseases (N.J.A.C. 8:57-1) of the State Sanitary Code and N.J.S.A. 26:4;
2. Conduct prompt investigations of reportable illnesses as well as unusual manifestations of disease not listed as reportable in Chapter 2 of the State Sanitary Code (N.J.A.C. 8:57-1) and institute appropriate control measures, and promptly report all findings to the Department of Health.
3. Disseminate and exchange information relative to outbreaks of disease with physicians, hospitals, boards of education, and other responsible health agencies as appropriate; and,
4. Analyze reported data to provide a basis upon which to plan and evaluate an effective program for the prevention and control of infectious diseases.

**8:52-4.2 Immunization**

(a) The local board of health shall promote and provide immunizations for protection against childhood vaccine-preventable diseases and shall:

1. Promote and provide primary and booster immunizations to preschool and school age children for protection against diseases in accordance with current recommendations of the Department of Health;
2. Assist all schools, with an emphasis on preschool facilities, in implementing and enforcing the immunization requirements contained in Chapter 14, of the State Sanitary Code (N.J.A.C. 8:57-4) by providing immunization services and conducting periodic surveys and representative record audits every three years;
3. Secure prompt reporting of vaccine-preventable disease as required by Chapter Two of the State Sanitary Code (N.J.A.C. 8:57-1.2); and,
4. Maintain important information forms (consent forms) for individuals receiving State-issued vaccines according to State directives.

**8:52-4.3 Rabies and zoonosis control**

(a) The local board of health shall conduct a program for the control of rabies and other zoonoses and shall:

1. Require rabies vaccination of dogs to comply with current rabies statutory requirements and encourage the vaccination of cats, and provide for rabies vaccination clinics at least once a year;
2. Ensure that a report of an annual canvass of all dogs owned, kept, or harbored within the limits of the respective municipality is received by the local board of health by September 1st of each year;
3. Inspect, kennels, pet shops, shelters and pounds, to ensure compliance with the State laws and regulations prescribed by the Department of Health, and ensure that licenses issued to these facilities are in compliance with existing laws;
4. Report and investigate animal bites, ensure that persons bitten are advised to see a physician, quarantine biting animals as indicated and report immediately to the Department of Health clinically suspicious cases of rabies in animals as determined by a veterinarian, ensure availability of impounding facility where biting animals may be appropriately quarantined and observed for rabies;
5. Ensure that heads of animals that have died within 10 days after biting a person are delivered immediately to the Department of Health Laboratory for examination (Unwanted dogs or cats or any other animal which has bitten a human may be sacrificed immediately and the head promptly delivered to the New Jersey Department of Health Laboratory for examination);

6. Provide an organized program for control of stray dogs and other animals;
7. Inspect annually, or more often if necessary, records of dealers in psittacine birds as required by Chapter Three of the State Sanitary Code (N.J.A.C. 8:23); and,
8. Initiate appropriate enforcement actions to secure compliance with the State rabies statutes, collect and prepare evidence for legal action.

#### 8:52-4.4 Tuberculosis control

(a) The local board of health shall control the spread of tuberculosis and shall:

1. Ensure that all of the tuberculosis control services or services elements listed in the "Guidelines for Ambulatory or Outpatient Tuberculosis Control" (available at the New Jersey Department of Health) are available and accessible to all persons living within the jurisdiction of the local agency;
2. Secure prompt reporting of tuberculosis and transmit reports as required by the State Sanitary Code (N.J.A.C. 8:57-1.2) and encourage the reporting of suspects;
3. Ensure effective treatment and continuing medical supervision of suspect and diagnosed cases of tuberculosis;
4. Ensure that contacts are identified and brought to examination, diagnostic conclusion, and treatment in accordance with the policy of the Department of Health;
5. Ensure the provision of preventive therapy in accordance with current recommendations of the Department of Health;
6. Ensure reporting of the current status of diagnosed cases of tuberculosis in accordance with the policy of the Department of Health using forms provided by the State;
7. Provide for the discharge from tuberculosis supervision of patients whose treatment has been completed in accordance with current recommendations by the Department of Health;
8. Provide for testing using currently approved intradermal tuberculin tests, of pupils, teachers, employees, and volunteers in the non-public schools, and for follow-up of those in both the public and non-public schools as recommended in the current edition of "School Tuberculin Testing in New Jersey", published by the Department of Health; and,
9. Analyze reported data to provide a basis upon which to plan and evaluate an effective program for the prevention and control of tuberculosis.

#### 8:52-4.5 Sexually transmitted diseases

(a) The local board of health shall control sexually transmitted diseases and shall:

1. Provide for medical services for all persons seeking medical care for Sexually Transmitted Disease (STD);
2. Secure prompt reporting of any case of STD and forward reports immediately to the Department of Health, Communicable Disease Field Program, as required by Chapter Two of the State Sanitary Code (N.J.A.C. 8:57-1.2);
3. Provide interview and investigation services to priority STD cases in accordance with the policy established by the Department of Health and report results of these services on appropriate forms provided by the Department;
4. Provide counselling to all patients infected with STDs and treated at public health department STD clinics, to include, but not be limited to, disease prevention, sex partner referral, need for follow-up testing, and appropriate action to take when symptoms appear;
5. Provide public education services to the community or target population; and,
6. Analyze reported data and provide a basis upon which to plan and evaluate an effective program for the prevention and control of sexually transmitted diseases.

#### 8:52-4.6 Human Immunodeficiency Virus (HIV) infection

(a) The local board of health shall administer a planned program to prevent and control HIV infection and shall:

1. Utilizing seroprevalence and case reporting data provided by the Department of Health, identify ways to reach persons at high risk within the community and develop and implement a strategy to disseminate HIV prevention and control information to these groups;
2. Maintain supplies of educational materials to meet information requests on the transmission, prevention and control of HIV;
3. Provide or arrange for other suitable local health education resources (for example, Planned Parenthood, Red Cross) to conduct education programs addressing the epidemiology, prevention and control of HIV to civic and community organizations and occupationally at risk groups utilizing state prepared or equivalent curricula;
4. Provide or arrange for in-service training addressing the epidemiology, prevention and control of HIV to all local health department personnel;
5. Develop and implement a protocol to refer individuals concerned about their HIV status to counseling and testing sites and other health care providers;
6. Refer HIV infected persons and their families seeking services to appropriate provider agencies such as mental health, drug treatment and other social service agencies; and

7. Participate in the planning, development and implementation of a county or regional program to control HIV infection and the progression to AIDS.

New Rule, R.1989 d.574, effective November 6, 1989.  
See: 21 N.J.R. 2696(a), 21 N.J.R. 3663(b).

## SUBCHAPTER 5. MATERNAL AND CHILD HEALTH: CORE ACTIVITIES

### 8:52-5.1 Infants and preschool children

(a) The local board of health shall provide health supervision for infants and preschool children and shall:

1. Provide child health conferences for comprehensive preventive health care of infants and preschool children, with particular emphasis on the medically indigent, based upon the current Department of Health publication, "Guidelines For the Child Health Conference";

2. Prepare a Child Health Service Report (MCH20) for each session, and submit promptly on at least a monthly basis to the Maternal and Child Health Program in the New Jersey Department of Health;

3. Maintain an informational and outreach service to encourage physicians, hospitals and social agencies to refer families to the child health conference, women, infants and children supplemental Food Program (WIC) and the public health nursing agency; and,

4. Provide for information and guidance on physical, emotional, nutritional, and cognitive development of infants and preschool children through child health conferences and home nursing visits.

### 8:52-5.2 Childhood lead poisoning

(a) The local board of health shall provide for the prevention and control of lead poisoning in young children and shall:

1. Conduct a program, the major components of which shall include:

- i. Case identification;
- ii. Medical management;
- iii. Environmental surveillance; and
- iv. Education in conformance with N.J.S.A. 24:14A-1 et seq. and Chapter XIII of the State Sanitary Code (N.J.A.C. 8:51-7.7). (Also, a current issue of "Preventing Lead Poisoning in Children, a statement by the Centers for Disease Control" and findings of the New Jersey Physician Task Force on Lead Poisoning shall be used as guidelines for program delivery as appropriate.)

2. Develop a program plan based on elements in (a)1 above and on the degree of risk in the community as identified through the "Community Health Profile" and "Community Hazard Score for Lead Poisoning in Children" issued by the Department of Health;

3. Conduct case finding efforts among children one through five years of age by annual blood testing in accordance with approved collection techniques in such settings as child health conferences, WIC clinics, day care centers, nursery schools and door-to-door in high risk neighborhoods, with testing priority given to children at highest risk including:

- i. Those one through three years of age;
- ii. Those residing in or frequenting housing units or other sites where lead-based paint may be present;
- iii. Those whose parents or other household members may be occupationally or otherwise exposed to lead sources;
- iv. Those at increased risk of exposure to lead sources for whatever reason;
- v. Those with a history of pica or increased lead absorption; and
- vi. Those who are siblings of a child with increased lead absorption;

4. Assure that a confirmed positive test result based on current risk classification standards is immediately referred to medical supervision and that a child so referred shall receive on-going, medical management as appropriate;

5. Conduct environmental surveillance among patient cases identified and

- i. Provide staff capable of conducting environmental investigations;
- ii. Assure that, simultaneous with referral for medical attention, an environmental investigation will be initiated to identify the probable source(s) of lead exposure and to ensure the expedient and safe removal of the lead hazard(s);

iii. Assure that along with the owner of the property wherein the child resides, the parent or guardian of the child shall be notified in writing and kept abreast as to the findings of the environmental investigation and subsequent surveillance;

iv. Ensure that during periods when actual renovation work is underway, the affected child or children are removed from the premises; and

6. Provide a program of education directed toward parents, the general public, physicians and other health personnel regarding lead intoxication, sources of lead in the environment and control measures and

- i. Assure the provision of appropriate counseling and instruction to parents of lead intoxicated children and to parents of children at risk by trained professional personnel; and

- ii. Assure the provision of adequate in-service training and continuing education of program personnel.

### 8:52-5.3 Improved pregnancy outcome

(a) The local board of health shall reduce infant mortality by improving access to prenatal care and related services in accordance with guidelines established by the Department of Health and shall:

1. Maintain an information and referral system for those requesting family planning, or prenatal and WIC services, to include:
  - i. A file of all providers of such services in the jurisdiction; and
  - ii. An active referral file;
2. Maintain a liaison with prenatal clinic services, family planning clinics, WIC school nurses, school health educators, and others;
3. Provide public health nursing services as requested by agencies for prenatal follow-up to high risk women who are determined to be medically indigent, to include, at a minimum:
  - i. Pregnancy counseling,
  - ii. Prenatal information,
  - iii. Follow-up of all referred positive pregnancy tests to promote initiation of prenatal care in the first trimester as requested by agencies,
  - iv. Nursing support and education through prenatal and postpartum home nursing visits as needed, and
  - v. Referrals as appropriate to WIC or other nutrition services, social services, and family planning services;
4. Establish and maintain a community outreach and education program targeting high risk women including adolescents to encourage and facilitate early entrance into prenatal care; and,
5. Cooperate with the Department of Health, Newborn Biochemical Screening Program to locate and secure repeat specimens from infants when the sample cannot be obtained through the normal channels of a hospital and/or physician.

## SUBCHAPTER 6. ADULT HEALTH SERVICES: CORE ACTIVITIES

### 8:52-6.1 Cancer services

(a) The local board of health shall provide cancer prevention for populations at high risk according to criteria outlined in the Department of Health publication "Adult Health Services Guidelines" and as identified through the Community Health Profile and shall:

1. Provide screening personnel to meet the criteria for staffing as specified in the "Adult Health Services Guidelines";
2. Establish a coordinated plan for counseling, referral and follow-up of all persons with non-negative screening results;
3. Provide screening services yearly for three percent of women ages 15 to 34 and the three percent of women ages 35 to 64 who are at high risk for cervical cancer;
4. Provide education services yearly for five percent of women ages 15 to 34 and five percent of women 35 and older to receive instruction in these particular areas:
  - i. The risk factors for cervical cancer and breast cancer;
  - ii. The importance of the Pap Smear in the early detection of cervical cancer (in accordance with the American Cancer Society Guidelines on cervical cancer screening);
  - iii. The importance of comprehensive breast cancer screening which includes mammography at intervals specified by the American Cancer Society Guidelines and a physical breast examination by a health care professional;
  - iv. Breast self examination as one component in a total health care awareness program; and
  - v. Dietary and lifestyle modification to reduce the risks of breast and cervical cancer;
5. Provide yearly instruction to three percent of individuals over age 40 in these particular areas:
  - i. The risk factors for colon/rectal cancer;
  - ii. The importance of compliance with the guidelines on colon/rectal cancer prescribed in Department of Health Adult Health Services Guidelines; and
  - iii. Dietary and lifestyle modification to reduce the risk of colon/rectal cancer.
6. Provide annual reports to the State on the demographic characteristics of populations receiving screening and/or educational services and the results of these screening programs.
7. Serve as a community resource to disseminate information available from the State on types of screening services available.
8. Provide for cancer-related continuing education for nursing and other program personnel at least once every three years. Include current cancer-related information in the orientation of all newly-hired cancer program staff to be involved in Cancer Services.
9. Offer smoking prevention and cessation programs as defined in the "Adult Health Services Guidelines" (N.J.A.C. 8:52-6).

**8:52-6.2 Diabetes services**

(a) The local board of health shall provide for diabetes education services per the Department of Health "Adult Health Services Guidelines" and shall:

1. Conduct public education related to diabetes and its risk factors such as age, obesity, and family history;
2. Conduct diabetes risk assessment on all adult clients who utilize clinical or hypertension or cancer screening services, and counsel, refer, and follow-up clients where appropriate;
3. Educate or appropriately refer known diabetics to available diabetes-related education and other community resources (such as ophthalmologist, podiatrist, etc.); and,
4. Provide for diabetes-related continuing education for nursing and other program staff at least once every three years, and include current diabetes-related information in the orientation of all newly-hired staff to be involved in Diabetes Services.

**8:52-6.3 Cardiovascular disease services**

(a) The local board of health shall provide cardiovascular disease control services according to the Department of Health "Adult Health Services Guidelines" and shall:

1. Provide hypertension screening services yearly to one percent of the high risk population;
2. Provide cardiovascular risk factor assessment and counseling on all individuals screened for hypertension and include the following areas:
  - i. Family history of cardiovascular disease;
  - ii. Smoking;
  - iii. Excessive cholesterol intake;
  - iv. Obesity;
  - v. Diabetes; and
  - vi. Exercise, and counsel, refer and follow-up clients where appropriate;
3. Provide cardiovascular health education programs for the general public;
4. Provide cardiovascular health education programs for hypertensive individuals;
5. Provide for cardiovascular-related continuing education for nursing and other program staff at least once every three years, and include current cardiovascular-related information in the orientation of all newly-hired staff to be involved in cardiovascular disease services.

Amended by R.1990 d.19, effective January 16, 1990.  
See: 21 N.J.R. 3282(a), 22 N.J.R. 214(a).  
Five percent changed to one percent in (a)1.

**8:52-6.4 Health services for older adults**

(a) The local board of health shall provide for a health program at locations selected by the health department which identifies the health needs of adults age 65 and older, and shall:

1. Provide a health needs assessment yearly on one percent of the non-institutionalized elderly in accordance with "Guidelines for Health Services for Older Adults" contained in the Adult Health Services Guidelines (available at the New Jersey Department of Health);
2. Provide education on alcohol abuse and medication management;
3. Follow-up and make referrals as appropriate for abnormal screening results or for needs identified in the individual's history and/or intake;
4. Assure participation at service sites through advance notification (for example: publicity);
5. Provide for gerontology related continuing education for staff at least once every three years, and include current gerontology related information in the orientation program for all new staff providing these services; and
6. Provide immunizations (for example; influenza and pneumococcal vaccines) at the discretion of the local health agency in accordance with the Immunization Practices Advisory Committee of the U.S. Public Health Service.

Amended by R.1990 d.19, effective January 16, 1990.  
See: 21 N.J.R. 3282(a), 22 N.J.R. 214(a).  
Three percent changed to one percent in (a)1.

**SUBCHAPTER 7. ELECTIVE ACTIVITIES****8:52-7.1 Provision of elective activities**

(a) The Department of Health strongly recommends that the local boards of health meet the standards outlined in this subchapter for any elective activity undertaken.

(b) If all elements of an elective activity are not provided, the local board shall be able to demonstrate to the satisfaction of the Department of Health that the elements which are provided are in accordance with good public health practice and, if applicable, recognized medical procedures.

**8:52-7.2 Emergency medical services**

(a) The local board of health shall participate in the provision of emergency health services and shall:

1. Evaluate the existing emergency health care system with regard to communication services, staffing patterns, training of emergency personnel, record keeping, and equipment, including vehicles;

2. Encourage training of volunteer emergency workers and inspection of equipment in accordance with current state recommendations and guidelines;

3. Work with appropriate agencies, groups and individuals involved in the emergency health care system to improve problem areas identified by the system evaluation; and,

4. Work with volunteer services to inform the general public of emergency phone numbers and practical first aid tips for first responders to be practiced until more knowledgeable personnel arrive.

### 8:52-7.3 Institutional sanitation

(a) The local board of health shall conduct a general sanitation program in institutions and shall:

1. Assure the provision of a program of general sanitation in institutions, including but not limited to, hospitals, long-term care facilities, residential health care facilities and schools, based upon State laws and regulations and local ordinance;

2. Assure that at least annually inspections are conducted either through the appropriate State agency(ies), with local staff or through joint, State/local cooperation, and ensure that the necessary follow-up, surveillance and enforcement actions are taken; and

3. Provide periodic educational programs as appropriate to the staff of institutions concerning sanitation, safety and hygiene in the institutional environment.

### 8:52-7.4 Ambulatory health care for children

(a) The local board of health shall provide comprehensive ambulatory health care for children with particular emphasis on the medically indigent and shall:

1. Provide for expanding the role of the child health conference beyond the care of healthy children of infant and preschool age in conformance with the current Department of Health "Standards for Licensure of Ambulatory Care Facilities" (N.J.A.C. 8:43A), to include the care of these children as well as older children, in illness and in health;

2. Provide, through agreement with a community health facility, that is, hospital or health center, for 24 hour emergency coverage for patients registered with the Ambulatory Health Care program for children;

3. Provide for examination, immunization, laboratory services, diagnosis, treatment and follow-up for all infants and children receiving these services;

4. Provide for consultation with and/or referral to a nutritionist, (WIC), health educator, social worker or other ancillary medical personnel, as indicated;

5. Provide for home visits by public health nurses and community health aides; and,

6. Establish a referral system from school health programs to the ambulatory health care facility to ensure proper medical follow-up for students without a known health provider, as needed.

### 8:52-7.5 Dental health; children

(a) The local board of health prevent and correct dental disease in children and shall:

1. Promote a flouride mouthrinse program for elementary schools in cooperation with the Dental Program of the Department of Health;

2. Provide preventive dental health education including the health hazards of smoking and smokeless tobacco;

3. Provide dental health services for dentally indigent children within the limits of available resources which may include but is not limited to,

i. Examination;

ii. Oral and radiographic diagnosis;

iii. Dental prophylaxis, scaling, and flouride treatment;

iv. Periodontal evaluation; and

v. Complete restorations, endodontic therapy, extractions, and prosthetic appliances necessary for proper dental and speech functions; and

4. Promote flouridation of public water supply.

### 8:52-7.6 Family planning

(a) The local board of health shall provide family planning information and services to those who voluntarily participate in a program and shall:

1. Provide family planning services based upon the current Department of Health publication, "New Jersey Standards for Family Planning Services, Personnel and Program Standards";

2. Provide family planning services in keeping with good medical practice and ethical concepts of the individual patient;

3. Provide education and information on family planning to those who desire it;

4. Provide in-service training programs for health personnel;

5. Provide services and/or referral for problems in childlessness and other health problems;

6. Provide each program participant receiving family planning services with adequate medical supervision by a licensed physician; and,

7. Establish and maintain an adolescent pregnancy prevention program to target this high risk population working through schools, prenatal clinics, WIC, and community agencies.

#### 8:52-7.7 Obstetrics

(a) The local board of health shall provide public health obstetrical services and shall:

1. Provide a prenatal-postpartum service with a formal affiliation to a designated maternity service hospital in cooperation, where possible, with a health center or other appropriate health care facility, based upon the current Department of Health publication, "Standards for Licensure of Ambulatory Care Facilities" and "MCH Program Prenatal Care Guidelines";

2. Provide all necessary support services to insure proper prenatal care and to insure safe and properly supervised delivery of patients;

3. Maintain informational and outreach services to encourage private physicians, hospitals and social agencies to refer appropriate cases to the prenatal clinic and WIC services;

4. Provide information and guidance on physical and emotional aspects of pregnancy through:

- i. Home nursing visits;
- ii. Nursing conferences;
- iii. Expectant parent's classes; or
- iv. Other educational and psychological counselling efforts as needed.

5. Investigate registered births not attended by a physician or a midwife, and provide public health nursing follow-up of these births; and,

6. Provide and maintain procedures for proper referral of high risk patients to appropriate levels of medical care as well as other agencies to meet their needs.

#### 8:52-7.8 School health

(a) The local board of health shall provide school health services to children and shall:

1. Ensure that the school provides the services of a school physician who is licensed by the Board of Medical Examiners;

2. Provide school health services within the financial resources of the local health agency, based upon written health policies which are reviewed annually and signed by the school physician, which will, at a minimum, include:

- i. Maintenance of a cumulative health record for each pupil, utilizing form NJDE 915-2, including a comprehensive health appraisal completed prior to school entrance into any grade level;

ii. Performance of a medical examination including dental screening by the family physician or school physician at least every three years and record the findings on the pupil's cumulative health record (form NJDE 915-2);

iii. Review by the public health nurse of all reports of examinations performed by private physicians and recording of the pertinent findings on the pupil's cumulative health record (form NJDE 915-2);

iv. Follow-up of deficiencies found in the health appraisal and screening procedures;

v. Formal vision screening performed at school entry, annually on all pupils K-12, and any new pupils as specified in School Health: A Guide for Health Professionals, 1981, American Academy of Pediatrics;

vi. Formal hearing screening performed at school entry, on all pupils in grades K, 1, 3, 6, 9, 12, and any new pupils as specified in School Health: A Guide for Health Professionals, 1981, American Academy of Pediatrics;

vii. Scoliosis screening performed annually on all pupils 10 through 18 years of age unless the parent or guardian requests in writing that the student be excused from examination;

viii. Tuberculin testing of pupils, employees, and volunteers and follow-up as recommended by the current edition of "School Tuberculin Testing in New Jersey" and/or directives published by the Department of Health. Parental consent is required for tuberculin testing; and

ix. Medical policies covering first aid treatment and emergency orders.

3. Ensure that the school provide adequate physical facilities, materials and equipment for the health program which shall include, but not be limited to,

- i. Adequate heat, lighting, ventilation, and quiet for screenings and exams;
- ii. Easy access to toilet and sink facilities;
- iii. A telephone;
- iv. Vision acuity screening materials (Snellen E., titmus, etc.);
- v. Audiometer; and
- vi. First aid supplies.

4. Provide sanitary inspection of the school's toilets, washrooms, cafeterias, food vending machines, water supply and sewage disposal systems in accordance with local and State regulations; and,

5. Promote a fluoride mouthrinse program for elementary schools in cooperation with the Dental Program of the Department of Health.

**8:52-7.9 Alcoholism control**

(a) The local board of health shall provide a planned alcoholism control program and shall:

1. Identify the alcoholism problem in the community, establish objectives and priorities for treatment activities, and evaluate efforts consistent with the "County Comprehensive Alcoholism Plan";
2. Involve local leadership in community action through:
  - i. Development of local interest and support to address the problems of alcoholism control;
  - ii. Preparation of a local plan for comprehensive alcoholism services, providing for the allocation of resources and personnel, the coordination of existing services, and the initiation of needed services;
  - iii. Maintenance of linkages with alcoholism service providers, especially The Division of Alcoholism, the local councils on alcoholism, mental health and health care professionals, and other local agencies.
3. Provide information and referral services for alcoholics and their families;
4. Promote and support prevention and treatment activities approved by the Department of Health; and,
5. Promote the efforts of service agencies to meet the standards for alcoholism programs established by the Joint Commission on Accreditation of Hospitals.

**8:52-7.10 Ambulatory health care for adults**

(a) The local board of health shall provide comprehensive ambulatory health care services to adults with particular emphasis on the medically indigent population, and shall:

1. Provide comprehensive health services which shall include but not be limited to: screening, examination, treatment, laboratory diagnosis, and health education for all eligible patients, in conformance with the current "Department of Health Standards for Licensure of Ambulatory Care Facilities";
2. Provide, through agreement with a hospital or another appropriate health provider, emergency coverage on a 24 hours basis for all patients registered with the program;
3. Provide for a medical referral system, public health nursing follow-up, and/or consultation services such as a nutritionist, patient health educator, social worker or other ancillary medical personnel, as needed; and,
4. Provide for outreach services through the agency resources as well as those available in the community.

**8:52-7.11 Drug abuse control**

(a) The local board of health shall provide a planned drug abuse control program and shall:

1. Identify the drug abuse problem in the community, establish objectives and priorities for the educational and treatment activities and evaluate efforts;
2. Involve local leadership in community action through:
  - i. Development of local interest and support to address the problems of drug abuse;
  - ii. Preparation of a local plan for comprehensive drug abuse services, providing for the allocation of resources and personnel, the coordination of existing services, and the initiation of needed services;
  - iii. Maintenance of linkages with drug abuse service providers, especially, the Division of Alcoholism, Division of Narcotic and Drug Abuse Control, local prevention and treatment agencies, and other health and mental health professionals;
3. Provide information and referral services for drug abusers and their families;
4. Promote and support prevention and treatment activities approved by the Department of Health; and,
5. Promote the efforts of local service agencies to meet minimum standards for drug abuse programs established by Federal and State agencies.

**8:52-7.12 Nutrition**

(a) The local board of health shall administer a planned community nutrition program and shall:

1. Identify and evaluate needs with the health educator, and shall establish priorities for community nutrition programs;
2. Work cooperatively with existing community agencies such as WIC to coordinate, integrate, and develop nutritional services and educational programs;
3. Conduct or participate in in-service education and consultation with professional staff within the local board of health as well as other related community and voluntary organizations;
4. Provide diet information or counseling service to individuals with dietary problems; and
5. Work with the health educator and with illness prevention programs to promote desirable eating habits and to achieve good nutritional status.

**8:52-7.13 Dental health; adults**

(a) The local board of health shall prevent and correct dental disease in adults and shall:

1. Provide appropriate preventive dental health education including the health hazards of smoking and smokeless tobacco; and,

2. Provide services for dentally indigent adults within the limits of available resources, which may include but is not limited to:

- i. Examination;
- ii. Oral and radiographic diagnosis;
- iii. Formation of treatment plan;
- iv. Dental prophylaxis, scaling and fluoride treatment;
- v. Periodontal evaluation; and,
- vi. Complete restorations, endodontic therapy, extractions and prosthetic appliances necessary for proper dental and speech functions.

#### 8:52-7.14 Vision, hearing and speech

(a) The local board of health shall provide for vision screening, and/or hearing and speech screening services and shall:

1. Provide eye health screening as follows:
  - i. Screening for early glaucoma in people 35 years of age and over;
  - ii. Vision acuity screening (other than school population) by a method approved by the Department of Health;
  - iii. Follow-up of all abnormal screening results with a written referral outlining any abnormal screening results to the family physician or other source of eye health care designated by the patient.
  - iv. Public health nursing follow-up as needed.
2. Provide hearing screening and/or services:
  - i. Audiometric screening;
  - ii. Follow-up of all abnormal screening results, a written referral outlining any abnormal screening results to the family physician, or other source of health care designated by the patient;
  - iii. Provide public health nursing follow-up as needed.

iv. Provide diagnostic testing by licensed personnel as required by law for suspected hearing defects in a hospital, health department, health center or other approved setting; and,

3. Provide speech services as follows:

- i. Speech screening;
- ii. Referral of individuals with positive findings to the family physician or other source of health care designated by the patient, or, provision of therapy for speech disorders;
- iii. Public health nursing follow-up as needed;
- iv. Diagnostic testing by licensed personnel as required by law for suspected speech defects in a hospital, health department, health center or other approved setting.

#### 8:52-7.15 Home health care

(a) The local board of health shall provide home health care with public health nursing services as needed for individuals with acute or chronic diseases and/or disability and shall:

1. Provide home health care services based upon the current Department of Health publication "Standards for Licensure of Home Health Agencies" (N.J.A.C. 8:42);
2. Provide public health nursing guidance, therapeutic, and rehabilitation services in the home to individuals referred by physicians, hospitals, case registers and various community agencies;
3. Provide homemaker-home health aide services as needed, either directly or through contract with a licensed home health agency or home care service agency. The homemaker-home health aide shall have completed a training program approved by the Department, and while providing direct patient services shall have with him or her an identification card issued annually by the Department.
4. Make appropriate referrals to community agencies.