THE SANITARY CODE

OF THE

STATE OF FLORIDA

FLORIDA STATE BOARD OF HEALTH

Jacksonville

1942

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OF THE

STATE OF FLORIDA

Established by
THE FLORIDA STATE BOARD OF HEALTH
Under Authority of Chapter 19366, General Laws of Florida 1939.

RULES AND REGULATIONS CONCERNING THE COMMUNICABLE DISEASES

FLORIDA STATE BOARD OF HEALTH
Jacksonville
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The Rules and Regulations contained in this Sanitary Code of the State of Florida were adopted by the Florida State Board of Health in executive session on October 2, 1941, to be effective from that date; except that Regulation 35 shall not take effect until October 2, 1942.

AN ACT TO AUTHORIZE THE STATE BOARD OF HEALTH TO ADOPT, PROMULGATE AND ENFORCE RULES AND REGULATIONS FOR THE BETTERMENT AND PROTECTION OF THE PUBLIC HEALTH OF THE STATE OF FLORIDA

Chapter 19366, General Laws of Florida, 1939

SECTION 1. The State Board of Health shall have power to make, adopt, promulgate, enforce, and from time to time, amend, and repeal, rules and regulations covering sanitation and quarantine as may be necessary for the protection of the public health. The regulation so established shall be called and known as the Sanitary Code of the State of Florida. The Sanitary Code may deal with any matters affecting the security of life or health or the preservation and improvement of public health in the State of Florida.

SECTION 2. The Sanitary Code shall insofar as may be deemed necessary by the State Board of Health, include regulations covering drinking water either sold in pipe systems, bottled or in any manner made accessible to the public; watersheds used for public water supplies; the disposal of excreta, sewage, or other wastes; the production, handling and sale of foods and drink; the disposal of garbage and refuse; the pollution by sewage, industrial or other wastes, of streams, lakes and other waters; drainage in connection with mosquito breeding control; plumbing; sanitation of State, County, or Municipal institutions or private institutions serving the public; the sanitation of public buildings; the sanitation of schools, publicly or privately owned and operated; tourist and trailer camps; swimming pools and bathing beaches; roadside service stations; food canning plants; shellfish dealing and handling establishments; restaurants and all places where food is handled, sold, or served; places of entertainment where food or drink is sold or served or accommodations are provided for the public; dairies and milk plants; the sanitation and disinfection of all passenger cars, sleeping cars, dining cars, steamboats and other public vehicles of transportation in this State; the sanitation of all convict camps, jails, penitentiaries, factories, hotels, summer camps and recreation camps, and the sanitary regulation of any other condition, practice, establishment or institution as may be necessary for the control of communicable disease or the protection of public health; Provided that the State Board of Education and the State Board of Health shall jointly prescribe regulations relating to the sanitation of schools.

SECTION 3. The Sanitary Code may provide for the care, segregation, and isolation of persons having, or suspected of having, any communicable, contagious, or infectious disease; and for the treatment,

segregation, isolation, and disinfection of all animals or birds, having, or suspected of having, diseases communicable to man. Also the Sanitary Code may include provisions regulating the practice of midwifery in the State.

SECTION 4. The State Board of Health shall have power to prescribe by regulations incorporated in and as a part of the Sanitary Code, the qualifications of milk plant operators, operators of water purification plants and operators of sewage treatment plants.

SECTION 5. The provisions of the Sanitary Code shall, as to public health matters to which it relates, supersede all regulations heretofore or hereafter enacted by other State Departments, Boards, or Commissions, or by local ordinances heretofore or hereafter enacted by incorporated villages, towns, or cities. Each city, town or village, may, in manner prescribed by law, enact sanitary regulations not inconsistent with the Sanitary Code established by the State Board of Health.

SECTION 6. The actions, proceedings, and authority, of the State Board of Health and the State Health Officer, in enforcing the provisions of the Sanitary Code applying them to specific cases, shall at all times be regarded as in their nature judicial and shall be treated as prima facie, just, and legal.

SECTION 7. The State Board of Health shall provide for the thorough investigation and study of the causes of all diseases, epidemic and otherwise, in this State and the means for prevention, and the publication and distribution of such information as may contribute to the preservation of the public health and prevention of disease.

SECTION 8. The State Board of Health shall supervise and regulate municipal and county sanitation and shall have the power, and it shall be their duty to exercise general supervision over the work of local health authorities. It shall be the duty of local health officials and other appropriate local officials, concurrently with the State Board of Health, to enforce the provisions of the State Sanitary Code and of such local ordinances and sanitary regulations as may be consistent with it.

SECTION 9. Nothing herein contained in this Act shall be construed as in any wise limiting any duty, power, or powers now possessed or heretofore granted to the said State Board of Health, by the Statutes of this State, or as affecting, or repealing any rule or regulation heretofore adopted by said Board.

SECTION 10. Any person who shall violate, disobey, refuse, omit or neglect to comply with any of the rules and regulations of the

Sanitary Code shall be guilty of a misdemeanor and upon conviction, shall be punished by imprisonment, not exceeding six months, or by fine not exceeding one thousand ($1,000) dollars.

SECTION 11. Any person who shall interfere with, or hinder, or oppose, any officer, agent or member of the State Board of Health in the performance of his duty as such, under this Act, or shall violate a quarantine regulation, or shall tear down, mutilate, deface, or alter any placard, or notice, affixed to premises in the enforcement of the Sanitary Code, shall be guilty of a misdemeanor or punishable upon conviction, by imprisonment for not exceeding six months or by a fine not exceeding one thousand ($1,000) dollars.

SECTION 12. If any section, provisions, or clause, of this Act, or the application thereof to any circumstance or circumstances, shall be held invalid or unconstitutional, then, unless the validity of such section, provision, or clause, as so applied, shall render the entire act ineffectual for the purposes for which it is intended, then the provisions of this Act not so held invalid shall be construed to be valid and effective.

THE SANITARY CODE OF THE

STATE OF FLORIDA

COMMUNICABLE DISEASE SECTION*

Rules and Regulations Relating to the Communicable Diseases

Repeal of Former Regulations

Regulation 1: All rules and regulations adopted or approved by the State Board of Health prior to the first day of October nineteen hundred and forty-one relating to the communicable diseases are hereby declared null and void.

WORDS AND TERMS DEFINED

Regulation 2: Certain words and terms used in this code are defined as follows:

State Health Officer. The term state health officer means and includes acting state health officer, assistant state health officer, or any person legally authorized to act for the state health officer.

Health Officer, Local Health Officer, and Local Health Authority. The terms health officer, local health officer, and local health authority mean and include county and city health officers, state health officer, assistant state health officer, and any officer or person upon whom the powers of a health officer have been conferred by the state health officer or the State Board of Health.

Professional Attendant. The term professional attendant means and includes all those who make a profession or business of giving aid or advice to others for the purpose of alleviating physical or mental distress.

Communicable Disease. A communicable disease is a disease incited by the entrance into a body and the multiplication therein of disease-producing organisms capable of being transmitted, directly or indirectly, to other persons or animals. The terms infectious disease, communicable disease, and contagious disease are used interchangeably.

Infectious Agent. An infectious agent is a living microorganism, capable, under favorable conditions, of inciting a communicable disease. The words germ, organism, microorganism, and infectious agent are used interchangeably.

*For VENEREAL DISEASE SECTION see page 25.

Incubation Period. The incubation period of a communicable disease is the interval elapsing between the entrance into the body of the disease-producing organism and the manifestation of the first symptoms of the disease.

Period of Communicability. The period of communicability is the time during which a person infected with a communicable disease is capable of transmitting the infectious agent to others.

Susceptibles. A susceptible is a person or animal who is not known to be immune to a communicable disease.

Immunes. An immune is a person who is insusceptible to the influence of a particular infectious agent. Immunity usually follows recovery from an attack of a disease or successful vaccine or serum treatment.

Contacts. A contact is a person or animal that has been sufficiently near to an infected person, animal, or thing to make probable the transmission of the infectious agent to him.

Carriers. A carrier is a person who, without symptoms of a communicable disease, harbors and disseminates the specific microorganisms.

Cultures. Cultures are growths of microorganisms propagated in or upon artificial media. The material for culture is obtained from body fluids, secretions and excretions, for the purpose of determining the presence of disease-producing organisms.

Quarantine. Quarantine is a method of control intended to prevent the spread of disease, accomplished by confining contacts, animals, or materials within a designated area, and excluding other persons, animals, or materials from such area.

Isolation. By isolation is meant the separating of persons suffering from a communicable disease, or carriers of the infecting microorganisms from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent to susceptible persons.

Restriction of Movement. Restriction of movement signifies the exclusion of an individual from school and places of public assembly, and the restriction, so far as possible, of his or her association with persons not known to be immune to the disease in question.

Quarantine Notice. A quarantine notice consists of a written or printed order of the health officer posted at one or more entrances, forbidding unauthorized persons to enter or leave a quarantined area.

Placards. A placard is a notice, written or printed, posted as a warning of the presence of a communicable disease on the premises or in the apartment or room so placarded.

Disinfection. Disinfection is the process of destroying the vitality of disease-producing organisms by physical or chemical means.

Concurrent Disinfection. Concurrent disinfection signifies the immediate disinfection and disposal of body discharges, and the immediate disinfection or destruction of all infected or presumably infected materials.

Terminal Disinfection. Terminal disinfection signifies the precautions taken to destroy or remove infectious material after the removal of the patient on the termination of isolation or quarantine.

Fumigation. Fumigation is the use of poisonous gas for the destruction of insect vectors and rodents. **Fumigation as a method of destroying bacteria is not effective and is therefore not recommended for this purpose.**

Renovation. Renovation consists of such repapering, painting, whitewashing, or other alteration of rooms or apartments as may be necessary to place the same in a proper and sanitary condition.

Cleansing. Cleansing consists of the removal of possible infectious material by scrubbing, washing, and exposure to sunlight and air.

DISEASES DECLARED COMMUNICABLE

Regulation 3. The term communicable disease shall include the following diseases, which are hereby declared to be infectious and communicable:

Amebiasis
Anthrax
Botulism
Chancroid
Chickenpox
Cholera, Asiatic
Dengue
Diphtheria (all forms)
Dysentery, bacillary
Encephalitis, Epidemic
Favus
German Measles
Glanders
Gonorrhea
Hookworm Infestation
Influenza
Leprosy
Plague
Pneumonia (all forms)
Poliomyelitis
Psittacosis
Rabies (in humans)
Rocky Mountain Spotted Fever (Eastern Type)
Scarlet Fever
Smallpox
Streptococcic Sore Throat
Syphilis
Tetanus
Trachoma
Trichinosis
Tuberculosis (all forms)
Tularemia
Typhoid fever

Malaria
Measles
Meningitis, meningococcic
Mumps
Ophthalmia neonatorum
Paratyphoid fever
Typhus fever
Undulant fever
Vincent's Angina
Whooping Cough
Yellow Fever

DISEASES NOT ENUMERATED

Regulation 4. Communicable diseases not specifically enumerated in Regulation 3 shall be reported and controlled in accordance with special instructions from the State Board of Health.

PHYSICIANS TO REPORT COMMUNICABLE DISEASE TO HEALTH OFFICER, HEALTH OFFICER TO REPORT TO STATE BOARD OF HEALTH

Regulation 5. Every physician or professional attendant having under his care or observation a person affected with or apparently affected with a communicable disease, shall report to the health officer or other health authority within whose jurisdiction such patient is, the full name, age, address, and occupation of the patient, with the name of the disease. Such report may be made by telephone if practicable, but if not practicable the report shall be made in writing within twelve hours after his recognition of the disease; provided in reporting discase of a venereal nature, a number may be substituted for a name unless the patient is a food handler or has failed to return for treatment while in a communicable stage of the disease when the name, address, age, and occupation are to be reported.

The health officer upon receiving a report of a case of communicable disease shall make, or cause to be made, a record of the case for his own file and immediately forward the original report to the State Board of Health.

INSTITUTIONS TO REPORT COMMUNICABLE DISEASE

Regulation 6. The superintendent, or if there be no superintendent, the person in charge of any hospital, dispensary, or other institution having under its care or observation any person affected with, or apparently affected with, a communicable disease shall report to the health officer or other health authority within whose jurisdiction such patient is, the full name, age, address, and occupation of the patient, with the name of the disease.

PRESUMABLY COMMUNICABLE DISEASE TO BE REPORTED BY PHYSICIANS

Regulation 7. Every physician or professional attendant having under his care or observation a person with an illness presumably a communicable disease shall introduce such precautions as are necessary

to prevent the spread of the infectious agent until a diagnosis is established, or report such case to the local health officer or the State Board of Health, **provided**, when an illness is presumably—

Diphtheria	Scarlet fever
Encephalitis, Epidemic	Smallpox
Meningitis, meningococcic	Tularemia
Paratyphoid fever	Typhoid fever
Plague	Typhus fever, epidemic
Poliomyelitis	Yellow Fever

Psittacosis

he shall report such suspected case to the local health officer or the State Board of Health without waiting for a diagnosis.

PARENTS, GUARDIANS, AND HOUSEHOLDERS TO REPORT SUSPECTED CASES OF COMMUNICABLE DISEASE

Regulation 8. Every parent, guardian, or householder shall report immediately to the local health officer any case or suspected case of a communicable disease existing among persons in the house or apartment under his care, and give such further information as may be required; except when such case or suspected case is under the supervision of a licensed physician.

PRESUMABLY COMMUNICABLE DISEASE IN HOTELS, BOARDING, AND LODGING HOUSES TO BE REPORTED

Regulation 9. The proprietor or keeper of any hotel, boarding house, or lodging house shall report forthwith to the local health officer any knowledge he may have relating to the illness or physical condition of any person in the hotel or house under his control who appears to be affected with a communicable disease, giving the name of such person; unless a licensed physician is in attendance upon such person.

NURSES AND PERSONS IN CHARGE OF CAMPS TO REPORT PRESUMABLY COMMUNICABLE DISEASE

Regulation 10. Any visiting, school, industrial, or public health nurse or midwife, and any person in charge of a tourist, recreation, or labor camp, having knowledge of a person affected with a disease presumably communicable, shall report at once to the local health officer within whose jurisdiction such case occurs, all known facts relating to the illness and physical condition of such person; unless such nurse or other person is acting under the immediate direction of a licensed physician.

MASTER OF VESSELS TO REPORT PRESUMABLY COMMUNICABLE DISEASE

Regulation 11. The master or person in charge of any vessel lying within the jurisdiction of the state shall immediately report to the

health officer at the nearest port or landing all known facts relating to the illness and physical condition of any person aboard such vessel with any disease presumably communicable.

PRESUMABLY COMMUNICABLE DISEASE ON DAIRY FARM, ETC., TO BE REPORTED

Regulation 12. The owner or person in charge of every dairy farm, or other establishment producing or handling milk, cream, or ice cream for sale or distribution shall immediately report to the local health officer any knowledge he may have regarding any person visiting or located on, in, or about such dairy farm or other establishment, who has, or who is suspected of having, a communicable disease.

INCUBATION PERIODS DECLARED

Regulation 13. For the purpose of this code the accepted periods of incubation of certain communicable diseases are hereby declared to be as follows, and shall be observed by health officers in controlling contacts and cases of presumably communicable disease, except where otherwise specified:

	(INCUBATION PERIOD)
Amebiasis	Unknown
Anthrax	2 - 7 days
Chickenpox	14 - 21 days
Cholera, Asiatic	5 days
Diphtheria (all forms)	2 - 7 days
Dysentery, bacillary	2 - 7 days
German Measles	10 - 21 days
Glanders	Unknown
Influenza	2 - 5 days
Measles	7 - 14 days
Meningitis, meningococcic	2 - 10 days
Mumps	12 - 26 days
Paratyphoid fever	4 - 10 days
Plague, bubonic	7 days
Pneumonia, Lobar	2 - 5 days
Poliomyelitis	7 - 14 days
Psittacosis	5 - 21 days
Rocky Mt. Spotted Fever (Eastern type)	2 - 7 days
Scarlet fever	2 - 10 days
Smallpox	10 - 21 days
Streptococcic Sore Throat	1 - 3 days
Typhoid fever	7 - 21 days
Typhus fever	5 - 20 days
Whooping Cough	5 - 16 days

MINIMUM PERIODS OF COMMUNICABILITY DECLARED

Regulation 14. For the purpose of this code, the minimum periods of communicability of certain diseases are hereby declared to be as follows, and shall be observed by health authorities in controlling cases of communicable disease:

Amebiasis—From onset until six successive specimens of feces taken at intervals of at least twenty-four hours shall show the absence of the infecting organisms upon examination in an approved laboratory.

Anthrax—During the clinical course of the disease and until all lesions have healed.

Chickenpox—Until primary scabs have disappeared.

Diphtheria (all forms)—From onset until two successive cultures from both the nose and throat taken at least twenty-four hours apart show the absence of diphtheria bacilli when examined in an approved laboratory.

Dysentery, bacillary—From onset until free from infection. Such cases shall not be considered free from infection until laboratory examinations of two specimens of feces taken not less than twenty-four hours apart shall fail to show the presence of infective organisms when examined in an approved laboratory.

Encephalitis, Epidemic—During the acute stage of the disease.

Favus—Until skin and scalp lesions have all healed.

German Measles—From onset of the catarrhal stage to five days after the appearance of the rash.

Gonorrhea—Until discharges show the absence of gonococci.

Influenza—During the acute stage of the disease.

Measles—From onset of the catarrhal stage to five days after the appearance of the rash.

Meningitis, meningococcic — During the clinical course of the disease.

Mumps—Unknown, but assumed to persist until the glands have returned to normal, never less than fourteen days from onset.

Paratyphoid fever—From onset until free from infection—no case of paratyphoid fever shall be considered free from infection until laboratory examination of two successive specimens of feces and urine taken at least twenty-four hours apart shall show the absence of the infective organisms when examined in an approved laboratory.

Plague, bubonic—During the clinical course of the disease.

Pneumonia, lobar—During the clinical course of the disease.

Poliomyelitis—At least fourteen days from the onset of the disease.

Psittacosis—During the clinical course of the disease.

Scarlet fever—At least twenty-one days from onset, and until all open sores have healed and all abnormal discharges have stopped.

Smallpox—Until all lesions have healed.

Streptococcic Sore Throat—During the clinical course of the disease.

Syphilis—As long as open lesions of the skin or mucous membrane exist.

Trachoma—During the existence of lesions of the conjunctivae.

Tuberculosis—As long as the specific organism is discharged.

Typhoid Fever—From onset until free from infection. A case of typhoid fever shall not be considered free from infection until laboratory examination of two successive specimens of feces and urine taken at intervals of at least twenty-four hours show the absence of the infective organisms when examined in an approved laboratory.

Whooping Cough—From onset of catarrhal symptoms until three weeks after development of the characteristic whoop.

REPORTS BY THE HEALTH OFFICER TO THE STATE BOARD OF HEALTH

Regulation 15. Any county or city health officer having knowledge of a case or suspected case of—

Amebiasis	Poliomyelitis
Diphtheria	Scarlet Fever
Dysentery, bacillary	Streptococcic Sore Throat
Encephalitis, Epidemic	Tuberculosis
Meningitis, meningococcic	Typhoid Fever
Paratyphoid fever	Undulant Fever

shall, when such case resides on or is connected with any farm, dairy, or other establishment where milk, cream, or ice cream is produced or handled, and the products therefrom are sold or consumed elsewhere than within his jurisdiction, immediately report to the State Board of Health, giving the name and location of such farm, dairy, or establishment and the place or places where said products are sold or consumed. If the dairy, farm, or milk plant be located in an area without the services of a county or city health officer, then it shall be the duty of the physician in attendance to report this information directly to the State Board of Health.

GENERAL MEASURES FOR CONTROL OF COMMUNICABLE DISEASES

Regulation 16. The local health officer in instituting measures for the control of communicable diseases,

(a) Shall make, or cause to be made, such investigation as may be necessary for the purpose of securing data regarding contacts and, if possible, the time, place, and source of infection.

(b) Shall establish and maintain isolation, quarantine, or such other measures for control as required by statute, sanitary code, or special instructions of the State Board of Health.

(c) Shall provide, directly or indirectly, for the instruction of persons affected, and their attendants, in the proper methods of concurrent disinfection.

(d) Shall make, at intervals during the period of communicability, inquiry, or investigation to satisfy himself that the measures instituted by him for the protection of others are being properly observed.

(e) Shall introduce such other measures, consistent with the sanitary code, and instructions of the State Board of Health, as may be deemed advisable because of wide-spread infection or threatened epidemic.

GENERAL MEASURES FOR CONTROL OF PRESUMABLY COMMUNICABLE DISEASE

Regulation 17. It shall be the duty of the health officer on receiving a report of a disease presumably comumnicable to confer with the physician or other person making such report, make further examination or investigation as he deems necessary, and advise, recommend or establish such quarantine or isolation measures as may be necessary to protect the public health until the character of the disease is definitely determined.

METHODS OF ISOLATION OF CERTAIN DISEASES

Regulation 18. The local health officer upon receiving a report of a case of any of the diseases designated in this regulation shall promptly institute and maintain control during the period of communicability by the method hereinafter designated:

When the disease is **smallpox, asiatic cholera, plague,** and **epidemic typhus fever** the health officer shall isolate such case and establish and maintain quarantine for the periods hereinafter provided. When isolation on the premises is impracticable, the health officer may cause the removal of the patient to a suitable hospital or other building where isolation is practicable.

Smallpox: Isolation of the patient until fourteen days after the development of the disease and until all skin lesions have healed.

Quarantine of contacts who have not been previously vaccinated or have not had a previous attack of smallpox until three weeks after last exposure except that household contacts who do not continue to reside

on the same premises as the patient and all other contacts who are successfully vaccinated **within three days** following first exposure may be released from quarantine after the reaction to vaccination has reached its height. Such contacts shall be kept under daily observation by the health officer until three weeks have elapsed from the date of last exposure. Contacts presenting evidence satisfactory to the health officer of previous successful vaccination or a previous attack of smallpox who do not reside or continue to reside on the same premises with the patient, and upon re-vaccination show either a reaction of immunity or an accelerated reaction may be released from quarantine after the vaccine reaction has reached its height. Such contact shall be kept under daily observation by the health officer until three weeks have elapsed from the date of the last exposure.

Quarantine of Premises—Until release or removal of the patient and the household contacts.

Cholera, Asiatic: Until release by the health officer upon instructions from the State Board of Health.

Plague: Until release by the health officer upon instructions from the State Board of Health.

Typhus Fever (epidemic): Until release by the health officer upon instructions from the State Board of Health.

Regulation 19: Diphtheria, Meningitis, meningococcus, Poliomyelitis and Scarlet Fever. Isolation of Case, Quarantine of Children of Household, and Modified Quarantine for Adult Household Contacts.

Whenever a case of one of the diseases mentioned in this regulation shall come to the attention of the health officer, he shall isolate the patient and establish and maintain quarantine for the periods hereinafter stated, **provided,** however, that adult household contacts to a case of poliomyelitis or meningococcus meningitis shall not be quarantined and that if a case of diphtheria or scarlet fever is properly isolated on the premises, quarantine shall be so modified as to permit adult household contacts who show no evidence of infection and will not be subsequently exposed to the patient or his secretions or excretions to follow any vocation which does not involve the handling of food or close association with children. When isolation on the premises is impracticable, the health officer may cause the removal of the patient to a suitable hospital.

Diphtheria: Isolation of patient until two successive cultures taken from the nose and throat at intervals of not less than twenty-four hours have been found free from diphtheria bacilli in an approved laboratory. If diphtheria bacilli continue to be present in cultures after five weeks from date of taking the first release culture, the health officer in his discretion may declare the person to be a diphtheria carrier.

Personal Quarantine of household contacts except as otherwise provided herein until cultures taken from both nose and throat subsequent to last exposure have been found free from diphtheria bacilli in an approved laboratory.

Quarantine of Premises—Until release of patient and household contacts.

Meningitis, meningococcus: Isolation until two weeks after the temperature has become normal.

Personal Quarantine of children of household until release of the patient.

Poliomyelitis: Isolation until fourteen days after the day of onset of the disease.

Personal Quarantine of children of household until release of the patient.

Scarlet Fever: Isolation of patient until twenty-one days after the development of the disease and until all discharges from the nose, throat, and ears, and suppurating glands have ceased, provided that such isolation shall not continue for more than ninety days.

Personal Quarantine of household contacts except as otherwise provided herein until the release of the patient, provided that if such contact does not continue to reside on the same premises as the patient, quarantine shall continue until one week after last exposure.

Quarantine of Premises—Until release of patient and household contacts.

Regulation 20: Amebiasis, Anthrax, Chickenpox, Dengue, Dysentry (bacillary), Encephalitis (Epidemic), Favus, German Measles, Glanders, Leprosy, Measles, Mumps, Ophthalmia neonatorum, Paratyphoid Fever, Rabies (human), Rocky Mountain Spotted Fever, Streptococcic Sore Throat, Trachoma, Tularemia, Whooping Cough, Yellow Fever.

A person affected with or presumably affected with one of the diseases enumerated in this regulation shall be effectively isolated for the minimum period of communicability as declared in Regulation 14 **of this Code and the contacts thereto shall be controlled without quar**antine in a manner satisfactory to the health officer. The health officer may modify the restrictions required for contacts when such contacts are known to be immunes.

Regulation 21: Gonorrhea — Syphilis — Tuberculosis

A person affected with or presumably affected with one of the diseases mentioned in this regulation shall when necessary for the protection of the public health be isolated or restricted in accordance with statute law and specific regulations of the sanitary code.

HEALTH OFFICER MAY MODIFY RESTRICTIONS IN CERTAIN DISEASES

(1) When a case of any of the diseases mentioned in regulations 19, 20, 21, is under hospital care satisfactory to the health officer, quarantine restrictions and placards may be omitted.

(2) When two or more rooms in any house are considered by the **health officer to be satisfactory for the isolation of Diphtheria, Menin ingitis, meningococcic, Poliomyelitis, or Scarlet Fever** they may be considered as an apartment.

(3) When a health officer finds the methods designated ineffective in maintaining proper control of any individual case of communicable disease he may isolate, quarantine, and placard or employ such other measures as are proper for the protection of public health, reporting such action to the state health officer. Suspected cases of communicable disease shall be subject to the administrative procedures specified for cases of the disease until the diagnosis is determined or laboratory tests required for the release of cases have been found to be negative.

PRESUMABLY EXPOSED PERSONS MAY BE EXAMINED AND CONTROLLED

Regulation 22. When a health officer has reasonable grounds to believe that a person or persons may have been exposed to a communicable disease, he may control them as known contacts, making such examinations and adopting such measures as he deems necessary and proper for the protection of public health and the prevention of spreading of disease.

METHODS OF ISOLATION OF CARRIERS

Regulation 23: Carriers of the infectious agents of **Amebiasis, Cholera (Asiatic), Dysentry (bacillary), Paratyphoid fever,** and **Typhoid fever** shall be controlled by isolation or restriction of movement until repeated examinations of excreta show the absence of the infectious agent (See Regulation 14).

CONTROL OF TYPHOID CARRIERS

For the purpose of carrying out the provisions of these regulations certain terms are defined as follows:

A **case** of typhoid fever is any person ill with the disease or still discharging typhoid bacilli up to twelve (12) weeks after recovery.

A **typhoid carrier** is any person who harbors typhoid bacilli within his body for more than twelve (12) weeks after recovery from typhoid fever or without history of an attack of the disease.

Paratyphoid fever is declared to be analogous to typhoid fever as regards definition of "case" or "carrier" and to be subject to the same methods of administrative procedure as typhoid fever.

(a) Any health officer or physician who discovers a typhoid or paratyphoid carrier shall immediately report the fact to the State Board of Health, giving the name, age, sex, occupation, and address of such carrier. The State Board of Health will immediately upon receipt of such report from a physician notify the health officer of the county or city wherein the carrier resides. The health officer shall then communicate the fact to the carrier himself, or his guardian, instructing him specifically regarding the Sanitary Code regulations and the precautions necessary to protect others from infection.

(b) An outside toilet used by a typhoid or paratyphoid carrier shall be a sanitary pit privy constructed in accordance with the specifications of the State Board of Health.

(c) A typhoid or paratyphoid carrier shall not engage in any occupation involving the handling of milk, soft drinks, bottled water, or other food products intended for the use of others. Such carrier shall not work on any public water supply.

(d) A typhoid or paratyphoid carrier who changes his residence shall notify the health officer of the county, or city, in which he has resided of the date of departure, destination, and new address. The health officer shall immediately forward this information to the State Board of Health.

(e) The health officer shall visit each typhoid or paratyphoid carrier within his jurisdiction at least once each three months and shall render quarterly reports concerning each such carrier to the State Board of Health upon forms prescribed for this purpose.

(f) At suitable intervals the health officer may cause specimens of both feces and urine from each typhoid or paratyphoid carrier within his jurisdiction to be examined bacteriologically in a laboratory approved by the State Board of Health. A chronic typhoid carrier may be released from restriction only on approval of the State Health Officer.

(g) The State Board of Health will not recommend the release of a typhoid or paratyphoid carrier from observation unless the cessation of the carrier state has been indicated by the procedures outlined in Regulation 24.

RELEASE OF TYPHOID CARRIERS FROM CONTROL RESTRICTIONS

Regulation 24: A chronic typhoid carrier may be released from restrictions only on approval of the State Health Officer, and for a chronic carrier in whose feces typhoid bacilli have been found, release may be granted only after submission of the following evidence:

(1) That the gall bladder has been removed.

(2) That subsequent to removal of the gall bladder, each of three specimens of the duodenal contents, taken in a hospital at intervals

of not less than twenty-four hours, has been examined in a laboratory approved by the State Board of Health and found to contain no typhoid bacilli.

(3) That each of at least eight successive specimens of liquid feces, taken in a hospital on successive days, and under circumstances which do not permit of substitution, has been examined in a laboratory approved by the State Board of Health and found to contain no typhoid bacilli.

REMOVAL TO HOSPITAL OF CERTAIN CASES

Regulation 25: When in the opinion of the health officer proper isolation or quarantine of an affected person, persons, carrier, or contact is not or cannot be effectively maintained on the premises occupied by such person or persons by methods designated in this code, he may remove or require the removal of such person or persons to a hospital or other proper place designated by him; or he may employ such guards or officers as may be necessary to maintain effective isolation or quarantine.

HEALTH OFFICER TO GIVE SPECIFIC INSTRUCTIONS

Regulation 26: It shall be the duty of the health officer in instituting measures for the control of communicable diseases to supply, directly or indirectly, such information and literature as may be required by this code and the instructions of the State Board of Health, and when possible to issue instructions and orders in writing or on printed forms. Quarantine Notices and Placards should be so placed as to effectively warn and protect.

CONCURRENT DISINFECTION

Regulation 27: It shall be the duty of the physician in attendance on any case or suspected case of Amebiasis, Cholera (Asiatic), Dysentery (bacillary), Typhoid or Paratyphoid Fever to give detailed instructions to the nurse or other person in attendance in regard to the disinfection and disposal of the urine and bowel discharges of such case and it shall be the duty of the physician in attendance on any case or suspected case of:

Diphtheria	Psittacosis
Encephalitis, Epidemic	Scarlet fever
Measles	Smallpox
Meningitis, meningococcic	Streptococcic Sore Throat
Pneumonia (all forms)	Tuberculosis
Poliomyelitis	Whooping Cough

to give detailed instructions to the nurse or other person in attendance in regard to the disinfection and disposal of the discharges from the nose and mouth and any suppurative lesions which may occur. Such instructions should be given on the first visit and should conform to

the special rules and regulations of the State Board of Health. It shall be the duty of the nurse or person in charge to carry out the disinfection in detail until isolation is terminated by the health officer.

TERMINAL DISINFECTION

Regulation 28: It shall be the duty of the health officer when a case of communicable disease ceases to be infectious or after the death or removal of such case, to institute and have properly executed such terminal disinfection and cleansing as may be necessary as an added precaution, but terminal disinfection should in no case be employed as a substitute for concurrent disinfection. Cleansing with soap and water, sterilization with boiling water or steam, and the use of antiseptic solutions should be employed where practicable. Renovation may be required in certain cases. **Fumigation is not an effective method for the destruction of disease producing organisms and for this reason is not recommended as a method of terminal disinfection.**

PREVENTING SPREAD OF DISEASE BY COMMON CARRIER

Regulation 29: In the event of the epidemic prevalence of a communicable disease, and a written declaration to that effect having been made by the State Health Officer, it shall be the duty of any common carrier operating within the state or in the waters thereof, to strictly comply with an order issued by the State Health Officer for the purpose of preventing the introduction into the state or the transmission from one point to another within the state, of any person, animals, insects, or materials liable to convey disease.

OBSERVANCE OF QUARANTINE AND INSTRUCTIONS

Regulation 30. Every person who is affected with a communicable disease, who is the carrier of the germs of a communicable disease, or who is suspected of having come in contact, directly or indirectly, with a case of communicable disease shall strictly observe and comply with all orders, quarantine regulations, and restrictions given or imposed by the health officer in conformity with law.

INVASION OF QUARANTINE AREAS AND NEEDLESS EXPOSURE OF OTHERS

Regulation 31: No person other than the attending physicians and authorized attendants shall enter or leave, and no one except the health officer or his representative shall permit any other person to enter or leave any room, apartment, or premises quarantined for a communicable disease, nor shall any person needlessly expose a child or other person to a communicable disease. No person shall remove any article from a quarantined area without the permission of the health officer.

DUTY OF HEALTH OFFICER WHEN INFECTED PERSONS LEAVE HIS JURISDICTION WITHOUT PERMISSION

Regulation 32: It shall be the duty of the health officer to immediately report to the State Health Officer by telegraph or telephone

the name, address, probable destination, and route of departure of any person who is affected with, or has presumably been exposed to any one of the following diseases, and who has left his jurisdiction without his consent:

Anthrax	Poliomyelitis
Cholera, Asiatic	Scarlet Fever
Diphtheria	Smallpox
Glanders	Typhoid fever
Leprosy	Typhus fever (epidemic)
Plague	Yellow fever

DUTY OF HEALTH OFFICER TO QUARANTINED PERSONS IN NEED

Regulation 33: When a person under quarantine is, in the opinion of the health officer, unable to obtain medical care, food or other actual necessities, it shall be the duty of the health officer to report his findings to the proper county or city authority. Should such county or city authority fail at once to supply the needed care it shall be the duty of the health officer to supply such quarantined person with medical attention, food, and other actual necessities, and the expense incurred in performing such duty shall constitute a legal expense of the health officer which shall be paid by the proper county or city authority upon presentation.

INTERFERENCE WITH PLACARDS PROHIBITED

Regulation 34: No person shall interfere with or obstruct any health authority in the posting of any placard stating the existence of a case of communicable disease, in or on any place or premises, nor shall any person conceal, mutilate, or remove any such placard, except by permission of the health officer.

In the event of any such placard being concealed, mutilated, or torn down, it shall be the duty of the occupant of the premises whereon such placard was posted immediately to notify the health officer of such fact.

IMPORTATION, PURCHASE, BREEDING, GIVING AWAY, SALE OR OFFER OF SALE OF BIRDS OF THE PSITTACINE FAMILY PROHIBITED

Regulation 35: The importation, purchase, breeding, giving away, sale or offer of sale of birds of the psittacine family is hereby prohibited; provided, however, that the importation and breeding of such birds for scientific research or exhibition in public zoological gardens may be permitted subject to the approval of the State Health Officer.

For the purpose of carrying out the provisions of this regulation, birds of the psittacine family shall mean and include any parrot, parrakeet, love bird, macaw, cockatoo, lory, lorikeet, or any other bird of the parrot or psittacine family not specifically enumerated herein.

This regulation shall become effective not less than twelve months after the date of its adoption. (Effective date—October 2, 1942).

CASES OF CANCER TO BE REPORTED

Regulation 36: Every physician in attendance upon a case of cancer or other malignant tumor shall report such case to the health officer of the county or city wherein the case resides, giving the name, age, sex, and address together with such other information as may be required by the State Board of Health. When such case is located in a county or city without the services of a health officer then it shall be the duty of the physician in attendance to make such report direct to the State Board of Health.

HEALTH OFFICERS TO ENFORCE SANITARY CODE

Regulation 37: Any county or city health officer or official charged with the enforcement of health laws shall enforce or assist in the enforcement of the Sanitary Code and all other rules and regulations as may be adopted from time to time by the State Board of Health. In any emergency when the health of any locality shall be menaced or when any county or city health officer has concealed information from the State Board of Health concerning the true incidence of communicable disease the State Health Officer, or his duly authorized agent, may investigate and take such action as he deems necessary to enforce such rules and regulations of the Sanitary Code as may be required for the protection of public health.

VENEREAL DISEASE SECTION

Rules and Regulations Relating to Venereal Diseases.

Repeal of Former Regulations

RULES AND REGULATIONS RELATING TO VENEREAL DISEASES

Regulation 38: Rule 56, relating to Venereal Disease Control, and Instruction 57, relating to Instructions as to Proper Procedure for Control of Venereal Diseases, which rule and instruction have heretofore been adopted by the State Board of Health, as compiled in the Sanitary Code of the Florida State Board of Health of February 8, 1921, are hereby repealed.

Relation to Public Health

Regulation 39: The words "health officer," when used in these rules and regulations relating to venereal diseases, shall mean any local health officer, or the State Health Officer, or any authorized deputy, or any duly accredited representative of a local health officer or the State Health Officer.

Regulation 40: Syphilis, gonorrhea, chancroid, granuloma inguinale, and lymphogranuloma venereum are hereby designated as venereal diseases and are declared to be contagious, infectious communicable diseases and dangerous to the public health.

Reportable

Regulation 41: All cases of venereal diseases shall be reported in accordance with the provisions of law. All cases of venereal diseases shall be reported to the County Health Officer (if a municipality, to the City Health Officer), if such are available, or to the Bureau of Epidemiology of the State Board of Health, on a card, Form VD-3 or VD-3A, and enclosed and sealed in a stamped envelope, provided by the State Board of Health. The name and locality of the patient, the character of the disease, together with such other details as will furnish adequate information shall be specified in the report. All cases of venereal diseases must be so reported within forty-eight hours after first diagnosis or treatment.

Regulation 42: When a person applies to a physician or other person for the diagnosis or treatment of a venereal disease, it shall be the duty of the physician or person so consulted to inquire of and ascertain from the person seeking such diagnosis or treatment, whether such person has heretofore consulted with, or has been treated by any physician or person, and if so, to ascertain the name and address of the physician or person last consulted. It shall be the duty of the applicant for diagnosis or treatment to furnish this information, and a refusal to do so, or a falsification of the name and address of such

physician or persons consulted by such applicant shall be deemed a violation of these Rules and Regulations. It shall be the duty of the physician or other person whom the applicant consults to notify the physician or other person last consulted of a change of advisors. Should the physician or person previously consulted fail to receive such notice within ten days after the last date upon which the patient was instructed by him to appear, it shall be the duty of such physician or person to report to the health officer, the name and address of such venereally diseased person, setting forth the essential facts in the case.

If an attending physician or other person knows or has good reason to suspect that a person having a venereal disease is so conducting himself or herself as to expose other persons to infection, or is about so to conduct himself or herself, he shall notify the health officer of the name and address of the diseased person and the essential facts in the case.

Regulation 43: No person infected with a venereal disease shall change residence from one county to another within the state or from one community to another within the same county, except upon a permit in writing from the local health officer of the jurisdiction from which such person proposes to move, or from the State Health Officer, or his duly accredited representative. An applicant for a permit to change such residence shall inform the health officer to whom application is made as to the intended place of residence, and shall agree in writing to report in person to the proper health officer one week after arrival at the new place of residence.

It shall be the duty of the health officer who issues a permit for change of residence to another jurisdiction to promptly notify the health officer under whose jurisdiction the infected person proposes to enter, that such permit has been issued. This notice shall contain the name and address of the infected person.

Upon receiving such notice any health officer shall ascertain and report the arrival of such infected person to the health officer who issued the permit for change of residence, and shall also notify the State Board of Health that such change of residence has taken place.

Regulation 44: All reports of venereal diseases are required to be confidential, and all administrative measures for the control of venereal diseases should be carried out with as little publicity as possible.

Examination

Regulation 45: If any person or persons suspected of being infected with a venereal disease should refuse to voluntarily submit to examination, the health officer shall, in that event, follow the procedure set forth in Sections 3949 and 3951 of the Compiled General Laws of Florida (1927), that where such person or persons suspected of being infected are reputed to be promiscuous source or sources

of infection, the health officer shall take immediate steps to isolate such person or persons or quarantine the house or premises of such person or persons.

Regulation 46: The following shall be prima facie grounds and reasons for suspecting that such persons are infected with a venereal disease:

(a) Being a common prostitute, that is, a person commonly reputed in the neighborhood where he or she lives as practicing promiscuous sexual intercourse, whether such person be male or female;

(b) Being a person known to be associating with prostitutes;

(c) Being a person who has been convicted in any court, or before a police judge, or before a justice of the peace, upon any charge growing out of sex-immorality, such as keeping a house of ill-fame or bawdy house, or loitering in any such house, or of street-walking, fornication or adultery;

(d) Being a person heretofore arraigned upon any charge as set out in the last sub-section, where the evidence does not justify a conviction but does raise the inference that such person is infected with a venereal disease;

(e) Being a person heretofore reported by a physician as infected with a venereal disease, where such person is afterwards reported as having failed to return for treatment;

(f) Being a person designated in a venereal disease report as the source of such infection of the person reported.

Rgulation 47: The health officer should examine promptly and thoroughly by both clinical and laboratory methods, all persons referred by peace officers as suspected of having venereal disease, and take appropriate action to protect the public health in all cases found to be infected.

Treatment

Regulation 48: It shall be the duty of every physician and of every other person who examines or treats a person infected with a venereal disease to instruct such person in measures for preventing the spread of such disease, and to inform such person of the necessity for treatment until cured, and to hand such person a copy of the circular of information obtainable for this purpose from the State Board of Health.

Regulation 49: Any person afflicted with a venereal disease who fails or refuses to undergo proper treatment for the disease shall be isolated or quarantined for the period during which the patient refuses treatment, or until the health officer is satisfied that he is no longer capable of disseminating infection.

Regulation 50: The health officer shall inform any person who is about to be released from isolation or quarantine for venereal disease, in case he is not cured, what further treatment should be taken

to complete his cure. Any person not cured before release from isolation or quarantine shall be required to sign the following statement after the blank spaces have been filled to the satisfaction of the health officer:

"I, ...residing at..... hereby

acknowledge the fact that I am at this time infected with.....

and agree to place myself under the medical care of.....
Name of physician or clinic

..... within ..... hours.
Address

and that I will remain under treatment of said physician or clinic until released by the health officer, or until my case is transferred with the approval of said health officer to another regularly licensed physician or approved clinic. I hereby agree to report to the health officer within four days after beginning treatment as above agreed, and will send to said health officer a statement from the above physician or clinic of the medical treatment applied in my case, and thereafter will report as often as may be demanded of me by the health officer.

I agree, further, that I will take all precautions recommended by the said health officer to prevent the spread of the above disease to other persons, and that I will not perform any act which would expose other persons to the above disease.

I agree, until finally released by the health officer, to notify him of any changes of address and to obtain his consent before moving my abode outside an area designated by the health officer."

.....
Signature

.....
Date

All persons signing the above agreement shall observe its provisions, and any failure so to do shall be a violation of these Rules and Regulations.

Regulation 51: Each application for a permit to travel or change residence must contain an agreement signed by the applicant to continue treatment under the direction of a legally licensed physician until permission to discontinue treatment has been received from the health officer. No health officer shall permit the discontinuance of treatment under such conditions until the infected person has become non-infectious according to the standards fixed by the State Board of Health.

Regulation 52: Physicians, health officers, and all other persons are prohibited from issuing certificates of freedom from venereal disease; provided, however, that this rule shall not prevent the issuance of necessary statements about infectious diseases written in such form or given under such safeguards that their use in solicitation for sexual intercourse would be impossible.

Regulation 53: The parents or guardians of minors suffering from a venereal disease shall be legally responsible for the compliance of

such minors with the requirements of these rules and regulations relating to venereal diseases.

Quarantine

Regulation 54: State, County, or Municipal health officers, or their authorized deputies, within their respective jurisdictions; are hereby directed and empowered when in their judgment it is necessary to protect the public health to isolate a person infected or suspected of being infected with a venereal disease or to quarantine such person's house or premises.

Regulation 55: The health officer is authorized and directed to isolate or quarantine a person who has or is suspected of having a venereal disease, whenever, in the opinion of the health officer, isolation or quarantine is necessary for the protection of the public health. In establishing isolation or quarantine, the health officer shall designate and define the limits of the area in which the person known to have a venereal disease and his immediate attendants are to be isolated or quarantined and no persons other than the attending physician shall enter or leave the area of quarantine without the permission of the health officer. No one but the health officer shall terminate said isolation or quarantine and this shall not be done until the diseased person has become non-infectious, as determined by the health officer through clinical examination and all necessary laboratory tests, or for other sufficient reason the health officer shall deem it proper to sooner terminate said isolation or quarantine.

Regulation 56: When the person whose name is reported is known to be a prostitute or pimp, or to be engaged in any way in commercialized vice, it may be assumed that such person can not be trusted to protect others from exposure or infection, and it is the duty of the health officer to take immediate steps to isolate or quarantine such person without waiting to interview either the physician or the patient. In all other cases where isolation or quarantine is instituted, the health officer should satisfy himself as to the accuracy of the diagnosis.

Regulation 57: Whenever it shall appear from any venereal disease report made by a physician, or other person, or otherwise, or whenever other reasonable facts are brought to the attention of any health officer having jurisdiction which show that any hotel, boarding house, rooming house, or other house, place or thing is the source of infection of a venereal disease, without such report or other facts showing the particular person or thing therein as the source of such infection, then the health officer shall at once notify the owner, proprietor or person operating, running or managing said hotel, boarding house, rooming house, or other house, or place, of the essential facts in the case; and if the place reported as being the source of such infection be a place or house, commonly reputed in the neighborhood to be a house or

place of prostitution, or house or place of like character or kind, or is commonly known to be such by the police of the city (if in any municipality), then the proprietor, manager or operator of such house and all the inmates therein shall be dealt with the same as other persons suspected of being infected with a venereal disease are arrested, detained, examined, quarantined, and treated.

Regulation 58: When a case or suspected case of venereal disease is found on premises used for immoral purposes or when found upon premises where the infected person can not be properly isolated or controlled or where the infected person will not consent to removal to a hospital or sanitarium where proper isolation or control during the period of infectiousness can be had, the health officer or the representative of the State Board of Health is empowered to placard the entrance to the premises with a notice as follows:

WARNING

VENEREAL DISEASE
EXISTS ON THESE PREMISES

Posted by order of

_____, 19..... .....
Health Officer

Such notice shall be printed in black bold-face type upon a red card with the words **Venereal Disease** in letters not less than two inches high.

Regulation 59: It is the duty of the health officer having jurisdiction, upon being notified in any way of the existence of a venereal disease in a communicable stage to immediately, in person, or by deputy, quarantine the infected house, rooms or premises, so as effectually to isolate the case, or cases, and the family, if necessary, in such manner and for such time as may be necessary to prevent transmission of the disease; and, whenever a house, tenement, or room is placed in quarantine, a placard shall be posted in a conspicuous position, giving the name of the disease in letters not less than two inches high, and also containing the following quarantine order:

"The State Health Officer under authority of Law, forbids any person with the disease of ..... from leaving this house until released by the physician in charge of the case. Any person is likewise forbidden to enter or leave the premises unless by authorized permission. Anyone violating the above orders will be arrested and prosecuted to the full extent of the law."

Regulation 60: In establishing quarantine for a venereal disease under the provisions of this rule, said health officer establishing said quarantine may quarantine any person infected, or suspected of having such venereal disease, or any other person liable to spread such disease, to the house or premises in which he lives, or the health officer may require any such person to be quarantined in any other place, hospital or institution in the jurisdiction that may have been provided. If no such place has been provided, then such person shall be confined in the county or city jail under quarantine order, and such jails shall always be available for such person. But if such person is to be quarantined in his home, then said health officer, shall designate the area, room or rooms that such person is to occupy while so confined, and no one except the attending physician or his immediate attendants shall enter or leave such room or rooms so designated without permission of said health officer, and no one except the health officer shall terminate said quarantine, and this shall not be done by the health officer, until the diseased person has become non-infectious as determined by thorough clinical tests, or until permission has been given by the State Health Officer. If, to make any quarantine effective as provided herein, it becomes necessary, the health officer may summon a sufficient guard for the enforcement of his orders in the premises. Every person who fails or refuses to obey or comply with any order made by said health officer hereunder, or under any other rule or regulation concerning quarantine shall be punished in accordance with the provisions of law.

Regulation 61: No person shall interfere with or obstruct any health authority in the posting of any placard stating the existence of a case of venereal disease, nor shall any person conceal, mutilate, or remove any such placard. In event of any such placard being concealed, mutilated, or torn down, the occupant of the premises shall immediately notify the health authority. Failure to do so shall be construed a violation of this rule.

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FLORIDA STATE SANITARY CODE

Regulation 38-B

CHAPTER XXXIV

Food Handler's Health Certification

Section (1) Definition - Food Handler: The term food handler shall include domestics; cooks; waiters; waitresses; dish washers; milk handlers; canning plant workers; butchers; seafood handlers, including gatherers, shuckers, pickers, and packers; water bottlers; and any one handling or coming in contact with food or drink for public sale or consumption, or who in any way comes in contact with food or eating and cooking utensils, during the time food or drink is being prepared or served.

Section (2) Health Certification - The health certification of food handlers shall be made by the Florida State Health Officer.

Section (3) Application - Application for health certification of food handlers shall be made to the director of the local health department or his representative or in counties without a full time health department to the State Health Officer, or his representative. The application shall be made on the approved form of the State Board of Health.

A statement shall be made on the application as to the applicant's communicable disease history and his agreement to submit to subsequent laboratory tests and physical examinations if indicated and requested. This statement shall be signed by the applicant.

The laboratory and examination findings shall be recorded on the application prior to certification and reporting to the Bureau of Epidemiology.

Section (4) Health Certificate - Health certification shall be made on an approved certificate form prescribed by the State Board of Health. This form shall contain the name, age, sex, and race, of the employee, the nature of employment, and the name and address of the firm employing the applicant. It shall contain the certification date and expiration date and shall contain the description and signature of the applicant. It shall contain the signature or facsimile of the signature of the Health Officer, and the signature of the director and the seal of the department issuing the certificate.

Only the laboratory serial numbers or x-ray numbers are to be recorded on the back of the certificate in the indicated space. No information relative to the food handler's incapacities should be placed on the certificate.

Section (5) Basis of Health Certification - No person suffering from a communicable disease or who is known to be or suspected of being a carrier of a communicable disease shall be certified as a food handler.

Certification for physical fitness for the handling of food shall be on the basis of continued good health as evidenced by an initial and subsequent examinations. The health officer or a physician authorized by him shall examine and

take a careful morbidity history. If such examination or history suggests that the applicant may be a carrier of, or is infected with the organisms of tuberculosis, typhoid, or paratyphoid fever, or any other communicable disease likely to be transmitted by a food handler, the examiner shall secure appropriate specimens of the body discharges of the applicant, and cause them to be examined in a laboratory approved by the State Board of Health for such examinations. The examiner shall submit a report of the examination of the applicant, together with his recommendations for or against certification of the applicant, to the director of the local health department or to the State Board of Health.

Other tests and examinations may be required at the time of or subsequent to time of application, and if the results justify, the applicant may be refused health certification or the certified food handler's health certificate revoked at any time prior to the expiration date of his certificate.

Section (6) Reporting - A report of the health certification of each food handler shall be made on the form prescribed by the State Board of Health to the State Health Officer, State Board of Health, Jacksonville, Florida.

This report shall contain a record of all laboratory tests, x-rays, or other examinations on the basis of which the certificate was granted.

Any employer of a food handler shall report to the director of the local health department or to the State Board of Health the illness of any of his employees, or the known illness of any member of an employee's family. Such report made to a local health department shall be investigated, and its findings shall be promptly reported to the State Board of Health.

The director of the local health department shall report the revocation of any food handler's certificate to the State Board of Health immediately.

Section (7) Revocation - The director of the local health department, for cause, and with the approval of the State Health Officer, may revoke a food handler's certificate at any time prior to its expiration date.

Section (8) - It shall be unlawful to employ a food handler who is not in possession of certification as required herein which has not been revoked nor modified.

Section (9) - Violations of this Chapter shall be punishable as provided by Section 381.59, Florida Statutes, 1941.

Section (10) - Any sections or provisions of the Sanitary Code heretofore adopted which shall be in conflict or inconsistent with the provisions of this Regulation are hereby repealed. All provisions heretofore adopted relating to the certification of food handlers are superseded by the provisions of this Regulation.

Section (11) - Should any section, paragraph, sentence, clause, or phrase, of this regulation be declared unconstitutional or invalid for any reason, the remainder of the provisions shall be unaffected thereby.

The employment of persons in the activities affected by this regulation shall be governed by the provisions of Regulation 38-B of the Communicable Disease Section of the Florida Sanitary Code.

The Sections of this Chapter were adopted by the State Board of Health in executive session on November 25, 1942, to be effective from that date.

REGULATION 5. Every physician or professional attendant having under his care or observation a person affected with or apparently affected with a communicable disease, shall report to the health officer or other health authority within whose jurisdiction such patient is, the full name, age, address, and occupation of the patient, with the name of the disease. Such report may be made by telephone if practicable, but if not practicable the report shall be made in writing within twelve hours after his recognition of the disease.

The health officer upon receiving a report of a case of communicable disease shall make, or cause to be made, a record of the case for his own file and immediately forward the original report to the State Board of Health.

REGULATION 37B. Every physician, technician, or other person who makes an examination of any body fluid, excretion or secretion, or who is in charge of a laboratory in which such examination has been made, and finds evidence indicating the possible existence of a communicable disease in the body from which the specimen was obtained, shall forthwith report such finding to the State Board of Health, and to the county or city health officer of the county or city from which the specimen was obtained giving the name and address of the person from whom the specimen was obtained, and the name and address of the physician for whom the examination was made; provided further that all negative reports and specimens obtained from foodhandler's contacts of known cases or suspected carriers in epidemiological investigations shall also be reported, in the same manner, to the State Board of Health and the county or city health officer from which the specimen was obtained.

In each and every instance where a laboratory report indicates evidence of any reportable, contagious, or infectious disease where private physicians are concerned, all state, city, or county health officers receiving such laboratory reports shall make ethical contact with the private physician before contacting his or her patient.

These Regulations were revised and approved by the Florida State Board of Health in executive session on November 25, 1942, to be effective from that date.